NHS Lothian Board

12 February 2020, 09:30 to 13:00
Edinburgh Training Centre, 16 St Mary's St, Edinburgh EH1 1SU

Agenda

Declaration of Interests

1. Declaration of Interests

Martin Hill

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

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

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision

Martin Hill

2.1. Minutes of Previous Board Meeting held on 8 January 2020

For Approval

Martin Hill

08-01-20-Public.pdf (16 pages)

2.2. Healthcare Governance Committee Minutes - 12 November 2019

For Noting

Moira Whyte

HGC 12-11-19 Minutes signed.pdf (9 pages)

2.3. Finance and Resources Committee Minutes - 27 November 2019

For Noting

Martin Hill

F&R 27-11-19 Signed Minutes.pdf (7 pages)

2.4. West Lothian IJB Minutes - 26 November 2019

For Noting

Martin Hill

West Lothian IJB Minute - 26-11-19.pdf (14 pages)

2.5. Midlothian IJB Minutes - 10 October 2019

For Noting

Carolyn Hirst

Midlothian IJB Minutes 10-10-19.pdf (9 pages)

2.6. East Lothian IJB Minutes - 31 October 2019

For Noting

Peter Murray

East Lothian IJB Minutes - 31-10-19.pdf (8 pages)

2.7. Edinburgh IJB Minutes - 20 August, 03 September, 22 October & 10 December 2019

For Noting

Angus McCann

Edinburgh IJB Minutes 20-08-19.pdf (7 pages)

Edinburgh IJB Minutes 03-09-19.pdf (2 pages)

Edinburgh IJB Minutes 22-10-19.pdf (6 pages)

Edinburgh IJB Minutes 10-12-19.pdf (7 pages)

Items for Discussion

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

Discussion

Martin Hill

4. Lothian Recovery Plan Update

Discussion

Appendix 1: Waiting Times Improvemenent Plan Recovery & Sustainability

Pete Lock

Appendix 2: Unscheduled Care Improvement Programme

Board Paper_Recovery Feb 2020 v0.2.pdf (7 pages)

Appendix 1 - Board Paper_WTIP_Feb 20.pdf (16 pages)

Appendix 2 - USC Board Paper_Feb 2020 v3.pdf (20 pages)

5. RHCYP, DCN and CAMHS Update

Discussion

Susan Goldsmith

Public Board paper- RHCYP DCN Feb 2020 (004) (002).pdf (4 pages)

6. Our Priorities for Continuous Improvement

Discussion

Alex McMahon

120220 Board- Our Priorities (final 030220).pdf (5 pages)

App 1- OUR PRIORITIES FOR CONTINUOUS IMPROVEMENT v6 (040220).pdf (1 pages)

App 2- Explanatory Note - Why we have Our Priorities _030320_.pdf (2 pages)

7. 2019/2020 Financial Position, Quarter 3 Financial Forecast & Financial Outlook 2020/2021

Discussion

Susan Goldsmith

2019 Mth 9 Financial Performance Forecast - (5 pages)

Board Final.pdf

8. NHS Lothian Corporate Risk Register

Discussion

Tracey Gillies

Board Corporate Risk Register Report 12 Feb 2020 - Final.pdf (46 pages)

9. Any Other Business

Verbal

Martin Hill

10. Future Board Meetings

Information

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

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

Decision

Martin Hill

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 8 January 2020 in the Carrington Suite, Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Ash; Dr P Donald; Mr M Hill (Vice Chair); Ms C Hirst; Ms F Ireland; Mr A McCann; Mr W McQueen; Mrs A Mitchell; Mr P Murray; Cllr F O'Donnell; Professor M Whyte and Dr R Williams.

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

In Attendance: Mr C Briggs (Director of Strategic Planning, for item 65); Mrs J Butler (Director of HR & OD); Mr J Crombie (Deputy Chief Executive); Dr B Hacking (Director of Psychology, for item); Mrs N Jones (Strategic Programme Manager, for item 63); Mr P Lock (Director of Improvement); Mrs J Mackay (Director of Communications and Public Engagement); Ms T McKigen (Site Director, for item 63); Mr D Pickering-Gummer (General Manager, for item 63); Mr D Small (Director of Primary Care Transformation, for item 64) and Mr D Weir (Business Manager, Chairman, Chief Executive and Deputy Chief Executive's Office).

Apologies for absence were received from Mrs J Campbell, Mr M Connor, Professor T Humphrey and Dr S Watson.

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.

Chairman's Welcome and Introduction

The Chairman welcomed members of the public and press to the Board meeting. In addition he welcomed Mr Briggs, Dr Hacking, Mrs Jones, Mrs McKigen, Mr Pickering-Gummer and Mr Small to the meeting advising they would be inputting in to particular parts of the agenda.

In addition the Chairman on behalf of the Board extended a warm welcome to Mr Crombie who had returned to work following a period of sickness leave.

61. Items for Approval

61.1 The Chairman sought and received the agreement of the Board to agree items 2.1 – 2.4. The following were approved.

61.2 Minutes of previous Board meeting held on 4 December 2019 – Approved.

61.3 Appointment of Members to Committees – The Board agreed to appoint Mr Bill McQueen to the Strategic Planning Committee with immediate effect and to nominate Dr Patricia Donald as voting member of East Lothian Integration Joint Board with effect from 1 February 2020 to 31 January 2023.

61.4 Healthcare Governance Committee minutes 10 September 2019 – Noted

61.5 West Lothian IJB (Integration Joint Board) minutes 10 September 2019 – Noted

Items for Discussion

62. Opportunity for Committee Chair or IJB Lead to Highlight Material Items for Awareness

62.1 No material items were reported.

63. NHS Lothian Recovery Plan Update

63.1 Mr Lock advised that it was his intention to provide a brief overview of the paper which included validated performance data over 6 specific items in respect of performance over the festive period. He commented in terms of the current process that since the previous NHS Board meeting there had been no further feedback from the Scottish Government in respect of NHS Lothian's escalation status. It was reported that a final recovery plan meeting was scheduled with the Scottish Government for 23 January 2020 and at that point it was hoped that a positive outcome would be obtained in respect of the escalation position. Mr Lock commented not withstanding this that there still remained significant performance challenges in unscheduled care. The corporate risk register has been updated to reflect the risks specifically associated with the recovery programme and would be subject to ongoing review and update by the Recovery Programme Team. It was important to recognise that there were other performance areas that were not recovery based and that update reports on these would come forward on a quarterly basis.

63.2 Mr Lock commented that for the current Board meeting the 3 themes of recovery would be around unscheduled care, scheduled care and mental health and learning disabilities. He commented that for the current meeting that particular focus would be on unscheduled care and that for the following Board meeting the focus would be around scheduled care. A detailed update would be provided at the current meeting on mental health and learning disabilities with it being proposed to provide an update to the Board every 3-4 months on this area.

63.3 The following performance updates were provided.

63.4 Unscheduled Care – Mr Lock advised that the matrix detailed in the paper commented that broadly speaking that there had been no significant changes since

October with the exception of the 4 hour waiting time position. It was reported that new data was now available that provided contextualisation in respect of variation against a backdrop of increased attendances last year with it being important to notice that NHS Lothian was not alone in the Scottish context in respect of Emergency Department (ED) performance. Mr Lock advised that the November performance moving into December had shown in an increase in 8 and 12 hour breaches which effectively replicated broader system pressures and exit blocks with there currently being an increased focus on improving flow against a backdrop of significant activity. It was noted that a management team was in place and were taking workstreams forward. In terms of increased capacity the new East Lothian Community Hospital had opened with there being space on the top floor for 10 beds which would reduce pressure on the Royal Infirmary of Edinburgh (RIE). In addition additional beds were available at the Western General Hospital (WGH) in respect of the opening of ward 15. The Board noted however that there was a possible tension about opening beds and then being able to close them at a later stage.

63.5 The Board noted that there had been additional investment by Health and Social Care Partnerships (HSCPs) in respect of home first practice at the RIE and WGH as well as the creation of flow centres. It was noted that further winter plans would come on stream in December / January which would result in different staffing being in place. Mrs Mitchell commented in respect of paragraph 3.10 of the circulated paper and the reference to variation that occurred on a daily basis that she would welcome a flavour of the analysis provided to explain erratic performance to be included in the February Board paper. Mr Lock advised that the issue was about understanding drivers and improving reliability of performance and that work was underway with respective teams to address this position. He commented that it might never be possible to get to the root of the issues although it would be important to bring thoughts and ideas around this important area to the next Board meeting. Mr McQueen commented in respect of daily variation whether NHS Lothian as a learning organisation did not have access to learning / data and questioned whether the system would ever get to the root of the position. He commented that despite a mild winter that performance had deteriorated and that if the weather worsened that this would be an issue of concern.

63.6 Mr Lock commented in respect of variation on a daily basis that this reflected volume, complexity and pressures on the system. He concurred that it might never be possible to get to the root cause given that the issue was multifaceted although he felt there was a need to better understand the facts and their consequences. Mr Crombie advised that Mr Lock's appointment brought to the system the ability to have time to dedicate to look at specific issues and to undertake dedicated analysis.

63.7 The Chief Executive commented in respect of the multifaceted point that the process was about flow which often started with people contacting primary care. He commented thereafter things needed to happen simultaneously to ensure patient flow was enabled including physical buildings and staff availability. He commented all parts of the system needed to work to enable smooth flow and if at any point one of the gateways was not operating optimally then this might cause a blockage in the system. He commented at St John's Hospital (SJH) prior to Christmas and before access to the new space in the new year performance had been better prior to the additional space coming on stream. This might be as a result of a blockage in the system elsewhere for example in delayed discharges resulting in flow being slowed

down at the back door of the organisation. He commented in terms of the multifaceted approach the system needed to get all gateways functioning simultaneously and currently there was not sufficient total capacity in this system and until this position was resolved the difficulties would remain.

63.8 Mr Murray questioned whether there were too many specialties within the system for its own good. Mr Hill commented in terms of the complexity described by the Chief Executive that in terms of redesign it would be important to consider the appropriateness of reducing the number of gateways and to stand back and take stock around the need for the various gateways although he currently did not know how to do that conceptionally. The Chief Executive commented that the biggest correlating factor impacting on performance was the size of individual departments with it being noted that the biggest centres in Scotland were performing worst largely as a consequence of smaller centres being able to process patients quicker.

63.9 The Chairman commented in respect of a question raised by Mr Hill that it was pertinent that the Board should seek assurance that the work being undertaken by Mr Lock and his colleagues was addressing the underlying issue. He commented that it was largely for this reason that more regular Board meetings had been implemented in order to scrutinise and seek assurance around the recovery plan and other aspects of performance. The Chief Executive commented that in debate to be held later in the meeting around the Annual Operational Plan (AOP) that a lot of the issues expressed by colleagues would be covered in more detail. Dr Williams advised that he was delighted that a deep dive approach was being undertaken and questioned whether the system was mature enough to look at the possibility of revisiting previous decisions for example the closure of smaller units. The Chief Executive commented that the system would be unable to staff smaller units. Mr Hill commented that he felt that in many instances patients required generalist treatment and he felt that there was a need to be clear about the delineation of specialism. He commented that there was a need to consider whether the system was making best use of the people available to it. The Chairman commented that performance recovery in the first instance was about immediate actions to get the system deescalated from its current performance status and that he felt that service transformation was a different issue.

63.10 Professor Whyte commented that whilst gateways in the system could be barriers that they also ensured that specialist care was available where it was needed although it was easy to over provide rather than divert people more appropriately. She commented that the key issue was about where generalist and specialist care was required. Ms Gillies commented that in the shorter term work was under way to look at variation in terms of patients referred for assessment with it being noted that there was a need for better consistency in respect of diagnostics and to reduce gateways albeit this was dependant on capacity. She felt that there was also a need to broaden the workforce with it being noted that NHS Lothian had recently appointed physician associates. The point was made in respect of the December 2020 targets set by the Scottish Government that there was a need to work back from this deadline and identify areas of vulnerability and reflect these in future Board papers in order to provide assurance around appropriate mitigation. Mr Lock advised this process was already underway for the scheduled care programme and also in respect of the mental health team. The Chief Executive commented that the AOP to be discussed later in the agenda and also in the private session would cover

in more detail issues around this. He commented however that elective capacity largely depended on the level of resource on the table.

63.11 Mr Murray commented in respect of the risk register that he had questioned what the system thought it was able to provide and that if current constraints remained what a sustainable solution would look like. He also questioned what Chief Officers would say in respect of community aspects in respect of getting flow correct. He questioned whether even if the NHS system managed to get the numbers correct whether there was clear evidence that other parts of the system were working together and were able to evidence this. Professor McMahon suggested that this issue would be discussed under the AOP in the private session later in the day.

63.12 Scheduled Care – Mr Lock provided an update in respect of outpatients, treatment time guarantees (TTG) and cancer waiting times. It was noted in respect of inpatient TTG that the system remained on track. The outpatient position had reduced in November and was currently now ahead of trajectory. The position in respect of cancer waiting times was broadly unchanged although significant work was being undertaken behind the scenes. It was noted in respect of cancer that weekly meetings were being held with the Scottish Government and that work was underway to address the current backlog.

63.13 Mr Crombie spoke to the circulated paper advising that it replicated the format seen previously by the Board. He advised that there continued to be pressure on outpatient performance albeit a month on month improvement had been seen with a reduction of 1000 cases against the October position although this was subject to validation. Despite this there remained a pressure in this area.

63.14 Mr Crombie commented that several specialties had reported challenges in meeting trajectory capacity assumptions due to workforce issues as well as increases in demand over and above levels declared within AOP plans. It was noted in terms of reduction in waiting list initiatives that work undertaken at midyear indicated that there had been a 11% reduction in waiting list initiative activity against original plans. The most significant impact had been seen in colorectal, urology, ENT and general surgery.

63.15 The Board were advised of mitigating actions taken to address these issues as there remained a significant mountain to climb in respect of the remaining 23695 patients on the waiting list. It was noted that increases to capacity were being factored in to the equation.

63.16 The Board were reminded that there had been concern at the beginning of the year around delivery in respect of urgent suspicion of cancer with the position now having moved to 8-16 days for people waiting for a colonoscopy and 7 days or less for an endoscopy. It was noted that a targeted focus had been made in respect of the most vulnerable patients. Mr Crombie advised that the inpatient and day case position was positive with the prediction being below trajectory. He commented however that the TTG impact was a real issue and steps taken elsewhere would result in a wave of TTG demand. Elective cancellations to support unscheduled care delivery were discussed.

63.17 Mr Crombie advised in respect of radiology that there had been an impact in not being able to run the service out of hours and that there would be a need to put radiographers on shifts once they were recruited. The impact of Christmas was detailed to the Board.

63.18 Mr Crombie advised in respect of cancer performance that whilst the 31 day position had not been a significant concern the 62 day performance was the issue of most risk. There had been a 5.4% improvement in performance related to a focus on endoscopy with further areas of focus being considered.

63.19 The Board were advised in respect of the Edinburgh Dental Institute (EDI) that there remained a further evolution of issues and that the integration to Trak had now happened.

63.20 The Board noted that the Waiting Times Improvement Programme Board continued to oversee the programme of work of the current recovery phase, implementation of WTIP for the end of March 2021 and the longer term sustainability actions.

63.21 Mrs Butler in response to a question from Mr McCann updated on the position in respect of the temporary changes in tax that would be in place until 31 March 2020 advising that this related to HMRC policy and was not within the remit of NHS Lothian given that it was a UK treasury issue. She commented that she was aware that discussions were ongoing on a UK wide basis. It was noted that work had been undertaken on an East Regional basis with KPMG to better identify the risk to the workforce in terms of the potential impact of pension and taxation in order to better asses risk and inform future planning.

63.22 Mrs Butler advised that NHS Lothian had participated in the international recruitment event hosted by NHS Scotland in respect of radiologist and anaesthetists. Professor Whyte questioned whether the system maximised the opportunities afforded by virtual clinics and the distance screening of issues like skin lesions. Mr Crombie commented that further work was needed in this area and updated on a dermatology project which demonstrated real technological opportunities.

63.23 Mrs Hirst advised that she would welcome more information around feedback from patients and families particularly in respect of whether they were able to attend outpatient appointment and whether technology could help in this respect. She commented that it would also be important to find out why people were not keeping their appointments. The Board were advised that a 2019 outpatients survey had provided some important intelligence in this area and that a pilot minor injuries unit initiative was about to commence to test some of the issues discussed. The point was made that more elegant patient and public engagement was relevant. The Chief Executive commented that part of the recovery agenda would be to look at aspects like artificial intelligence and robotics. He commented that NHS Tayside had adopted an approach around this position although this had been difficult to implement in Lothian for a variety of reasons.

63.24 The Chairman questioned whether recovery plans were addressing these issues. The Chief Executive commented that this was not currently the position although this would need to change. Dr Donald advised that she felt that the recovery planning process allowed the opportunity to look down on the position from a more strategic

perspective and to flatline performance away from current mountainous peaks as there was clearly a need to do things differently.

63.25 Cllr O'Donnell commented on the need to continue to engage with GP practices and patient participation groups who were good sources of feedback. In response to a further comment Mr Crombie provided an update on the position in respect of the endoscopy improvement. He advised that there was a need to move to a position where patients were seen within 7 days and commented on issues in respect of direct access to diagnostic services.

63.26 Mr Murray commented in respect of issues raised about the need to make changes in the radiographer rota and issues around difficulties in accessing services during predictable holiday periods that other emergency services would consider these to be part of normal working days. Mr Crombie commented that this was a good point and advised that the CT issue was elective and access could therefore be closed down. He commented however in respect of urgent suspicion of cancer that CT and MRI services still continued to work over these periods in order to ensure that emergency issues were addressed.

63.27 Mental Health and Learning Disabilities – The Chairman welcomed Mrs McKigen, Dr Hacking, Mr Pickering-Gummer and Mrs Jones to the meeting with it being noted that they would provide a presentation based largely around patient focus booking and the cognitive behaviour therapy (CBT) computerised approach.

63.28 Professor McMahon commented that the attendance of colleagues and the presentation would provide an opportunity to give the Board more oversight of what was happening within mental health and learning disability services. He advised that work was underway looking at systems and processes as well as the option of using technology in addition to supporting people into psychological therapies and child and adolescent mental health services (CAMHS).

63.29 Mrs McKigen provided an update in respect of adult acute mental health beds advising that since August 2019 that no patients had been inappropriately placed. She advised that a report was submitted to the Mental Welfare Commission on a monthly basis. The Board noted that this continued to be an area of challenge and was monitored on a daily basis.

63.30 Professor McMahon commented that the position was showing an improving trend largely as a consequence of the introduction of the new management team and the focus on working better with the 4 HSCP's. Professor McMahon advised that the first meeting of the Programme Board had been held earlier in the week and a very positive discussion had been held around the need for collaboration.

63.31 Mr Hill commented that he was delighted to hear about the impressive progress in respect of the Royal Edinburgh Hospital (REH). He sought an update in respect of the impact of the changes on clinical and treatment regimes and current policies in place as well as seeking assurance that there was satisfaction that these were not impacting inappropriately and whether the position was bench marked. Mrs McKigen advised that patients and staff now felt safer and that staff were encouraged that they were able to spend more time with patients. In addition the Patients Council had responded positively. She advised that the management team

continued to look at issues like readmission rates. In terms of benchmarking the Board was advised that NHS Lothian had the lowest numbers of acute beds and the lowest level of stay in Scotland albeit this had always been the case.

63.32 Dr Williams commented that he was pleased to receive this reassuring good news and referred back to previous discussion around the need to revisit previous decisions particularly in respect of whether the REH had access to enough beds and whether the additional beds were being provided on a permanent basis. Professor McMahon commented that performance was currently at 90% and that any acute hospital would welcome that position. He commented in respect of phase 1 of the REH development that the commissioning of community rehabilitation services in Edinburgh had taken around 1 year to come on stream and had not yet made a significant impact. He commented that a major feature of the process moving forward would be to ensure that an appropriate community response was in place from the 4 HSCPs prior to new facilities opening. He advised that a 15 bedded facility had been built for contingency and resilience purposes although it was hoped to find capacity to bring the position back down to the required number of beds. He commented that not all beds were currently funded and this was an issue.

63.33 Professor McMahon in response to a question in respect of measuring the impact of investment advised that this was multifaceted area and that the quality initiative and data as well as better working with HSCPs would bring a different discipline. Mr McCann commented that it would be important to replicate lessons learned at the REH. Professor McMahon assured the Board that phase 2 would take on board lessons learned particularly in respect of the need to ensure that community resources were in place prior to the opening of the new facility in order to move to the reduced bed number.

63.34 Mr McQueen questioned whether there as an understanding of why the estimation of bed numbers had been wrong in the first instance and again sought assurance that lessons had been learned. Professor McMahon advised that the fundamental issue was that the proposals had been predicated on the basis of no delayed discharges and this would not be a feature of the phase 2 development. The Chief Executive advised that there had actually been an increase in bed numbers between the publication of the outline business case and the final business case in recognition of concerns that bed numbers were tight. He commented that with the benefit of hindsight that bed numbers perhaps should have been increased further. The Board were advised that there had always been a view that further phases of the REH reprovision would be able to address issues that became evident in respect of phase 1. The Chief Executive commented that it was important to remember that the initial business case had not been affordable and that the revenue to support beds had not been adequate with this issue having been fully discussed at the Board. It was noted that the provision of an additional 15 beds was not a reality in terms of the resource available. The Chief Executive commented that again there was an issue about the need for capacity across the system. He commented that an immediate impact had been evident at the REH with increased bed numbers having increased flow. He commented that if this position was contrasted to the unscheduled care debate then the Royal Infirmary of Edinburgh was currently operating at a 97% occupancy level which provided no headroom and in that respect it would be important to learn lessons from the REH experience.

63.35 Mr Murray questioned what the projections, if any, were in respect of the Scottish Governments action 15 proposal to increase mental health support as well as the potential impacts of patient flows both in and out of the service. Professor McMahon advised that this would be covered as part of the CAMHS debate with connections being made to maximise resource and consider potential impacts on plans. The Board in general welcomed the better integration and collaboration with HSCPs. The percentage impact of the additional beds were detailed to the Board.

63.36 Mrs McKigen in response to a question advised that most acute patients did not come in to the REH with a package of care. The position was different in respect of rehabilitation and older patients. Professor McMahon commented that learning disabilities was an area where if support packages broke down then the impact was catastrophic and that this would be a key component of future phase 2 planning. It was noted that the impact of the new arrangements at the REH had made it easier to recruit staff.

63.37 Adult Psychology Overview – Dr Hacking provided the Board with a detailed presentation of key actions being undertaken in respect of the adult psychology service including a situation of analysis and computerised Cognitive Behavioural Therapy (CBT). It was noted that the key actions were around the standardisation of processes, standardising operational plans as well as a phased implementation and revised job planning by HSCPs starting with West Lothian. Additional recruitment had also been made in Midlothian and Edinburgh. A single central waiting list for the administration of longest waits and Edinburgh had been created. In addition there had been an expansion of computerised CBT and other digital interventions. It was noted that in terms of the projected December 2020 performance that this was expected to be around 77-79% as well as reducing those patients waiting more than 18 weeks.

63.38 Mr Murray commented that his question also impacted and overlapped on the CAMHS debate and referenced the fact about whether the system knew the impact of people not being seen within the prescribed time and whether their conditions improved or deteriorated. It was noted that the Board did not keep contact with everyone on the list and that some peoples conditions might change because of other factors and this might include a deterioration. The Board were assured however that there were mechanisms for GPs getting back in touch with the service to obtain escalation if patients conditions merited this and in that regard it was important to recognise that people were not always seen in chronological order as groups of people might get prioritised for early intervention if they met appropriate criteria. Mr Murray questioned how achievable it would be to review and contact people on the list. Dr Hacking advised that there were a range of other organisations and areas where patients could link in to the service including the use of computerised CBT. It was noted with so many people waiting it was difficult to provide constant input on an individualised basis.

63.39 Mr Ash commented that in the past he had been engaged with a process of increased access to psychological therapies which had resulted in increased referrals meaning that a number of organisations had gave up on this model. He commented however that those who had persevered had experienced additional capacity improvement and good community intervention. He questioned whether the proposals outlined in the presentation would result in opening up increased

demand. Dr Hacking advised that she recognised the value of increased access to psychological therapies services that these provided greater clarity around pathways with people engaging in simpler effective interventions in the build up to more complex requirements. She commented that this would be reflected as part of future redesign although there was a need to work out a reasonable process albeit this was in her mindset to progress. She commented that there would always be a group of individuals who would never need to move to higher level interventions. Dr Hacking advised that there was always an issue about increased demand when new models were introduced. She felt that there was a need to consider a more public health type of approach to manage demand for specialised intervention.

63.40 Dr Donald advised that the transformation of primary care included the employment of practice mental health nurses into the team and this had resulted in increased work load which could not currently be met. She advised that she had visited GP clusters where there had been concerns raised in respect of mental health about the 'knock back' of referral letters and in that regard she welcomed the standardisation of procedures and criteria. Dr Hacking advised that there was a need to work on a collaborative basis about what constituted a referral and there was a need for greater clarity with GPs around this position. It was noted that a GP practice audit was being undertaken.

63.41 Mrs Ireland commented in respect of fixed term contracts that it would be important to learn lessons from the CAMHS service where it had been demonstrated that this was an inhibitor to positive performance. She commented that the organisation should consider taking a risk and recruiting to substantive permanent posts. Professor McMahon advised that the investment principle around this had been discussed and agreed with Chief Officers and that a recurrent investment programme would be adopted moving forward. Mr McQueen commented in respect of the process of engaging with clinical leads whether this challenge was different in Lothian from other parts of Scotland. Dr Hacking advised that the opportunities and tensions were not different and work had been underway with other Health Boards for some time albeit they had lighter case loads. She commented that a key issue was around cultural change and that people were always ambivalent about this with there being a need for colleagues to understand the improvements and benefits of the change process.

63.42 The Chief Executive commented that in terms of the complexity of stakeholder engagement that it was important to recognise the following nuances. In terms of adult services NHS Lothian managed services that were strategically commissioned by IJBs. In respect of psychological therapies and this service was managed by HSCPs and strategically planned and advised by them. The position in respect of CAMHS was different with NHS Lothian being the only stakeholder with total responsibility. He commented therefore that it was critical that plans for phase 2 etc at the REH required robust HSCP engagement.

63.43 CAMHS – Mr Pickering-Gummer provided a presentation on the CAMHS overview providing details of a situational analysis as well as the development of a strategic plan. A full resume of key actions was provided including the recruitment of additional psychology, administration and occupational therapy support, service diagnosis, stakeholder engagement / review, reshaping CAMHS service and the building of an internal and external campaign around CAMHS with an accompanying

communications strategy. The final part was the progression of a CAMHS digitalisation project (TRAK).

63.44 Mr Murray commented that discussion had been held around stakeholder engagement and access to a QI project. He advised that he assumed in terms of consultation with the community setting that a child's referral was much less likely to be challenged than an adults by general practitioners and questioned therefore what the engagement process needed to be to address this. Mr Pickering-Gummer advised that a process would be undertaken in terms of the consultation exercise to engage with GPs, HSCPs and other corporate parties to discuss key questions. In terms of GP pushback it was agreed that GPs would be consulted with at each stage of the process. Mr Pickering-Gummer stressed that communication would be important to ensure that no false expectations developed. Professor McMahon advised there would be a requirement to rebrand what tier 3 services were as well as also being clear about tier 1 and 2 services. He advised that community and schools planning and communication would be an important part of the process.

63.45 Dr Williams commented that there was a significant issue in primary care in respect of the development of allied health practitioners and psychological health and wellbeing services. He commented that a significant amount of the longer term case handling was due to the need to monitor medication. He commented that it would be important to reflect on the impact of the extended primary care team. Professor McMahon advised in terms of school councils and school nurses that the assumption was that they would deal with tier 1 and 2 patients. He commented in terms of patients with AHD and autism that there was a need to reflect on the prescribing issue as this was currently only undertaken by consultants. He stressed that there was a need to knit together an understanding of who was doing what and to clarify appropriate referrals.

63.46 Dr Williams advised that he was not aware of any evaluation being undertaken on the impact of new people in to the primary team either nationally or locally. He commented that he felt there would be benefit in undertaking such an exercise locally. Professor McMahon commented that there was a need to get better at comparing patient feedback and that this would be an important part of the communication process. Professor McMahon reiterated previous comments about a renewed sense of collectiveness amongst the 4 HSCPs as well as shared responsibility and collaboration and he felt that this was encouraging in terms of the system coming together. It was agreed that a further update report on mental health and learning disabilities would be made to the Board in 3-4 months times.

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

64. Operational Performance throughout the Festive Period

64.1 The Chairman welcomed Mr Small Director of Primary Care Transformation to the meeting advising that he would provide an overview of the festive period from a primary care perspective.

64.2 Mr Small advised that the presentations main focus was around the general practitioner out of hours services although it would also touch on in-hours general

practice during the festive period. The Board were provided with an update on the care home service which involved planned visits to care homes by practices to improve quality and prevent admission and calls to the Lothian Unscheduled Care Service (LUCS). This service had run on 22, 26 and 29 December and had involved 26 practices, 48 care homes and 1700 residents. In addition a festive practice had been established which had run on a day time service basis on the 1 and 2 January 2020 and had seen 41 patients in total. It was noted that this activity had been quieter than in the previous year. In addition a GP had been located at the Royal Hospital for Sick Children and had seen 16 patients in total which was a reversal of normal proportions with the A&E being quieter than normal.

64.3 The Board also received an update on the LUCS festive operation which had operated at the RIE and SJH on Christmas day. This had included an enhanced home visiting service. During other days in the festive period a normal based service had applied throughout. A breakdown of Christmas and New Year activity was provided which included details of patient sources. In terms of staffing the service it was reported that recruitment challenges remained and that despite earlier predictions that some bases might have to close that all bases had opened as planned thanks to a huge effort by the LUCS team. It was noted that there was a particular vulnerability around nurse practitioners in respect of vacancies and sickness.

64.4 In summary Mr Small advised that daytime practices had seen 80-90,000 patient contacts whilst LUCS had received 6256 contacts. It was difficult to compare festive periods but the demand on LUCS was typical. It was noted that NHS24 were resolving higher proportions of calls without using LUCS. As previously commented there were staffing challenging within LUCS with a continuous effort being made by the team to maintain services.

64.5 Mr Small in response to a question from Mr Murray commented that the sustainability of the LUCS service was dependant on doctors and nurses with there currently being a doctor base with a desire to move more to a more nurse practitioner model which would require training to be undertaken. It was noted that a shared training programme had been agreed with HSCPs as well as shared staffing appointments into LUCS and other initiatives elsewhere in the system particularly in East Lothian. It was estimated it could take up to 5 years to get to a stable cohort of nurses. The point was made that there was need to look at terms and conditions that NHS Lothian could influence in order to enhance and stabilise the staffing position although it was recognised that many of these were nationally set and incapable of local influencing. Mr Small advised that work moving forward was being undertaken on the assumption that the HSCPs would wish to maintain the current 5 bases and a collective view on the funding issues around this would be required.

64.6 Dr Williams advised that it was reassuring that things had gone well over the festive period albeit it had been a relatively easy one in terms of winter weather pressures. He observed in terms of the percentage of attendances ending up at the ED that in the past patients would have been referred directly to wards and therefore in that respect the data might be slightly misleading. He felt that it would be important to look underneath the figures and see how many patients could have waited for treatment as he felt there was a need to educate patients in that regard. Mr Small

advised that a pilot exercise would be undertaken around the psychiatric nursing out of hours service over the course of the next year.

64.7 Mr Hill commented that it was important to recognise that albeit it had been a relatively quiet weather scenario over the festive season that it had still been well managed. He questioned what work had been undertaken in respect of the potential for NHS24 to do more in the future. He commented also that there had been no influenza over the festive period and that he had been advised there had been a poor uptake of vaccine. He felt that there was a need to work through such a situation in future. In terms of NHS24 it was noted that a musculoskeletal and mental health service was provided by them. The point was made that influenza performance was relatively static if the 2009/10 was factored out. Professor McCallum advised that there had been an early onset of influenza that had suggested that another 2009/10 outbreak position might occur. She stressed that there was still the possibility of a second peak with there being cases of acute respiratory infection within the system. She advised that her team were looking at local data. She commented however that the larger area of impact was the delay in access to the children's vaccination. The Board were advised by Professor McCallum that the uptake of the flu vaccination by staff and patients appeared to be good although she was happy to discuss this with Mr Hill off-line.

64.8 The point was made that patient demand for services was traditionally low over the Christmas period partly as a result of more family support being available as people came together which was not a factor of modern day society in general.

64.9 Mr Ash questioned whether there was any scope for professional research to be undertaken rather than relying on speculation given the level of investment in this area. He felt that a professional market research exercise into people's behaviours would be of benefit. Mr Small recalled that some qualitative research had been undertaken a number of years ago although he would capture the suggestion made by Mr Ash.

64.10 Acute Performance over the Festive Period - Mr Crombie provided a presentation covering current performance, performance against the 4 hour emergency access standard covering the period 23 December - 30 December 2019/20 and 30 December – 6 January 2019/20 versus the position for 2018/19. The Board were advised of 4 hour emergency access attendances versus discharges over these periods. In summary the main issues emerging from the presentation were that there had been queues for admission, high numbers of boarding, high acuity with more resuscitation activity, overcrowding and high occupancy rates. In addition there had been higher acuity at the backdoor leading to a lower discharge profile. The system had not discharged as many people as had been the case in the previous year.

64.11 Mr Crombie advised that an additional 10 beds had been opened in East Lothian and that ward 15 at the Western General Hospital had come on line. All those additional beds were already full and experiencing congestion. It was noted that efforts to open additional beds at East Lothian were predicated on nursing availability. The position was exacerbated by an unexpected care home provider issue in Edinburgh resulting in 30 patients requiring to be relocated which was impacting on NHS capacity.

64.12 The Board noted that the acute system was under significant duress and that in the previous year there had been discussions about safety and the impact of this on patients particularly in respect of overcrowding at the ED. The position was continuing into January with some inpatients at the RIE being accommodated in day surgery areas which had consequently resulted in a reduction in day surgery capacity. The Board were advised that the system was starting to see care package availability improvements during the course of the week with it being hoped that this would bring some relief to the system. Notwithstanding this the system was under duress with this being an ongoing issue. Mr Crombie advised that the majority of planned winter initiatives had been deployed although there had been some delays because of recruitment issues. It was noted that over 20 patients had been cancelled from the elective programme. He commented that there was a significant issue about resilience in respect of the acute sector having to support the whole system over the festive period as a consequence of winter plans elsewhere not obtaining the anticipated traction.

64.13 Mr Murray commented that the new minor injuries unit at the RIE had 30,000 attendances and he questioned whether this was in addition to those who had presented at the front door. Mr Crombie advised that this was a combined position and was at the level anticipated although it had not changed the percentage of people being seen on time. He reminded the Board of the Chief Executive's comments about all of the 12 gateways requiring to work simultaneously with the point being made that the number of people who had attended services was in excess to the capacity available. It was noted that delayed discharge issues had impacted on the service. It was noted that acuity amongst patients had been more complex which made it a multi-factorial issue. Mr Murray commented that he would welcome an additional analysis of the contribution of the minor injuries unit. Mr Crombie advised that the minor injuries unit was embedded in the hospital and was provided from a modular unit and was not a new service. This approach had been adopted to allow focus on protocols and improvements in performance with the demand profile being under constant review.

64.14 The Board noted the update position in respect of operational performance over the festive period.

65. Towards a System Transformation Plan

65.1 Professor McMahon advised that the update report was before the Board as a follow up to a previous session. He advised that the deadline for the submission of the AOP was the end of the calendar year and that he had committed to bring a report back to the Board in advance of this. The Board noted that there had been a change in the guidance from the Scottish Government about what the AOP should be with it having been advised that this should now reflect a 3 year position. Professor McMahon advised that a move to a 3 year planning position was to be welcomed and would require further work with the Scottish Government. He commented that he felt that it was helpful that the guidance provided space to bring the plan together in a more comprehensive way and that this would provide an opportunity to address comments that he had received about previous plans being 'bitty' from a patient and staff perspective.

65.2 Mr Hill advised that he was impressed with the approach that had been undertaken commenting that this was the correct way forward and that the Board should be supportive of this as it represented a more meaningful and beneficial way of knitting together various documents. It was noted that this item would be discussed in further detail in the private session of the Board.

66. RHCYP, DCN and CAMHS Update

66.1 Mrs Goldsmith advised that a letter of agreement had been agreed by the Oversight Board following the previous discussion at the private session of the Board in December. She undertook to circulate a copy of the minute to Board members. It was noted that the letter of engagement had been signed by IHSL on 16 December 2019. It was noted that a new contractor was on site this week and Mrs Goldsmith understood that informal discussions were underway in respect of outlining the scope of work with a high level programme plan being anticipated in the next few weeks. It was noted that a process of due-diligence on the scope of work and how this needed to be signed off was being discussed and currently represented work in progress.

66.2 The Board noted the update report and the fact that this issue would be discussed in more detail in private session later in the day.

67. Any Other Competent Business

67.1 **Professor Tracey Humphrey Valedictory Comments** - The Chairman advised that he had only just received a message from Professor Humphrey representing her departure as a Non Executive Board member. He commented that Professor Humphrey wished him to inform the Board how much she had appreciated the opportunity and members support over the last couple of years. She commented that she had learned a lot and could only hope she had made a positive contribution in some way to the governance of the Board. She had commented that the Boards continuing commitment to quality and sustainability was impressive and she had always been confident that this had been at the forefront at all times. Professor Humphrey had commented that there had been and would continue to be significant challenges ahead but she knew the Board would do its very best within its span of control to overcome these and wished everyone the very best in the future. The Chairman commented that he would like to record the Board's thanks to Professor Humphrey and her contribution and in particular through her adept chairing of the Healthcare Governance Committee.

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

68.1 The Chairman sought permission to invoke Standing Order 4.8 to allow a meeting of Lothian NHS Board to be held in Private. The Board agreed to invoke Standing Order 4.8.

69. Date and Time of Next Meeting

69.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 12 February 2020 at the **Edinburgh Training Centre, 16 St Mary's Street, Edinburgh.**

Chair's Signature……

Date……

Mr Brian Houston
Chair – Lothian NHS Board

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 12 November 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Professor T. Humphrey, Non-Executive Board Member (chair); Ms J. Clark, Partnership Representative; Dr P. Donald, Non-Executive Board Member; Ms W. Fairgreive, Partnership Representative; Ms C. Hirst, Non-Executive Board Member.

In Attendance: Ms J. Campbell, Chief Officer, Acute Services; Ms M. Cuthbert, Associate Director of Pharmacy, Acute Services; Dr E. Doyle, Associate Divisional Medical Director (item 51.2); Ms S. Egan, Director and Child Health Commissioner (items 51.2, 52.1, 53.6); Ms S. Gibbs, Quality and Safety Assurance Lead; Mr B. Houston, Board Chariman; Ms M. Hughes, Chief Nurse, West Lothian Health and Social Care Partnership; Mr A. Jackson, Assistant Director of Healthcare Planning; Mr S. Kerr, Patient and Public Representative; Mr S. Malzer, Public Involvement Manager; Ms G. McAuley, Nurse Director, Acute Services (item 50.1); Professor A. McCallum, Director of Public Health and Health Policy; Ms L. McMillan, Feedback and Complaints Team Manager; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Ms C. Rostron, Associate Nurse Director, Western General Hospital (item 51.6); Mr A. Short, Chief Officer, West Lothian Health and Social Care Partnership; Dr S. Tucker, Clinical Director, Lothian Unscheduled Care Service (item 53.5); Dr D. White, Strategy, Planning and Quality Manager (item 53.4); Mr P. Wynne, Chief Nurse, Primary Care Sustainability.

Apologies: Mr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director, Non Executive Board Member; Ms A. MacDonald, Chief Officer, East Lothian Health and Social Care Partnership; Professor A. McMahon, Executive Nurse Director; Ms J. Morrison, Head of Patient Experience; Mr D. Small, Director of Primary Care Sustainability; Professor A. Timoney, Director of Pharmacy; 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.

45. Minutes from Previous Meeting (10 September 2019)

45.1 The minutes from the meeting held on 10 September 2019 were approved as a correct record.

45.2 The updated cumulative action note had been previously circulated.

46. Patient story

46.1 Mr Malzer read out feedback from the relative of an elderly patient who had been resident at Tippethill House for 3 years before her death. The relative thanked staff of all roles for the friendliness, support and comfort that they gave both the patient and family during this time.

46.2 This feedback highlighted the importance of the relationship between healthcare providers and patients' families especially in long term care situations. Ms Myles noted that the palliative care unit in Midlothian was aware of the bond between relatives and staff and had some relatives coming back each year to visit staff after the death of the patient. An open invitation or event was being considered to make relatives feel welcome to do this.

46.3 This feedback had been shared with staff.

47. Matters Arising

47.1 Patient Representation

47.1.1 Mr Malzer gave an update on the new process for patient representation on the Committee. A group of patient representatives would meet prior to each Healthcare Governance Committee meeting and would focus on three papers for the Committee chosen by the chair as where patient input would be particularly helpful. Two representatives would then attend the Committee meeting and discuss the points raised at the group meeting. This would begin at the next meeting.

47.1.2 Mr Malzer was supporting this group and was currently investigating training needs both for the patient representatives and for Committee members on how to write papers that were understandable to lay members, and and how to utilise patient feedback in a meaningful way.

48. Committee Effectiveness

48.1 Quality and Performance Improvement Report

48.1.1 Mr Jackson presented the previously circulated paper and noted that the format would be revised from the next meeting. Members accepted the recommendations laid out.

49. Acute Hospitals Assurance Report

49.1 Ms Campbell introduced the previously circulated paper and Ms McAuley gave a presentation on governance processes for shared learning and improvements. Members were supportive of the approach of using data from various sources.

49.2 The care assurance framework was based on nursing impact as 80% of patient contact was with nursing but if any themes for improvements were identified relevant to other professions there were links through the Clinical Management Group for working on these.

49.3 Patient feedback was used to inform the data including the Tell us Ten Things questionnaire, Care Opinion and cards and letters received by wards, as well as a

band 5 nurse employed to collect patient stories and feedback. This would be developed further as part of the Care Assurance Framework and would be an important criteria for wards gaining accreditation. The work done would be shared through the patient outcomes group chaired by Professor McMahon.

49.4 Each hospital and ward would have a score on the Care Assurance Programme, so that Board Members could look at overall scores or examine particular areas of good practice or where improvement was needed. Trends on certain incidents such as falls could be considered across all areas. This would be available for acute services first with the plan to later develop datasets for community services also.

49.5 It would be part of the accreditation that all staff groups would be included in presentations, but there could be further work on collecting staff experience.

49.6 Implementation of the Framework was in progress with the data matrix expected to be available in the next six months, followed by roll out of training and embedding and then implementation of the assurance accreditation process.

49.7 The risks and actions for Acute Services were noted in the presentation as follows: tartegted focused recruitment strategies and development of workforce planning, skill mix and alternative roles against current and future workforce risks; scoping if IT solutions to support delivery of personcentred care planning; review of processes for overnight observations were in progress and improvement plans were in development.

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

50. Person Centred Culture

50.1 Patient Experience and Feedback

50.1.1 Ms McMillan presented the previously circulated paper.

50.1.2 Mr Malzer summarised the discussions of the patient representatives group on this paper, who welcomed the reorganisation of the Feedback Team and hoped that this would lead to use of complaints information to make improvements, felt that patients could be involved in the development of the Welcoming policy, and would like Care Opinion to be promoted more within the organisation.

50.1.3 Ms McAuley noted that the Welcoming policy was to strengthen what was already happening and ensure a person centred approach to communication with patients when they enter a ward or healthcare setting.

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

51. Safe Care

51.1 Systemic Anti-Cancer Treatment Assurance

51.1.1 Ms Gillies presented the previously circulated paper, noting that systemic anti-cancer treatment covered chemotherapy and other treatments including immunotherapy. It was noted that it was reassuring to have a standard which ensured that all patients would receive the same service, but noted that the disadvantage was the ability to quickly update from trial to clinical practice where there was expertise to do so.

51.1.2 Ms Cuthbert noted that a standard national template for medicines protocol had been recently agreed and that as reach Board currently used resources separately to write these, having it done once for Scotland was thought to reduce duplication of effort and resource.

51.1.3 Members accepted the recommendations laid out in the paper and accepted significant assurance that the defined protocol would be implemented, and moderate assurance that it would be implemented in a way that would still allow opportunities for care improvements. An update on progress with actions would be submitted to the meeting in May 2020. **TG**

51.2 Children's Services

51.2.1 The chair welcomed Dr Doyle and Ms Egan to the meeting and they presented the previously circulated paper which included proposals on future reporting to the Healthcare Governance Committee. The chair emphasised that the focus of reporting should be on key risks to patients and what oversight there was on these and mitigating actions. Any gaps in oversight should be escalated to the Healthcare Governance Committee as well as the Integration Joint Boards in the case of East and Midlothian Children's Services.

51.2.2 Members accepted the proposals for the Children and Young People Health and Wellbeing Programme Board and suggested that a non-executive Board Member be part of this group. Members did not think it appropriate that they should decide on who would chair the group. Ms Egan agreed to make the Terms of Reference clearer regarding composition of the group and oversight of co-ordination between NHS Lothian, Integration Joint Boards and other relevant groups. The updated document would be submitted for exception reporting to the next meeting. **AMcM**

51.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance. A further report would be brought to the Committee in six months' time with a focus on Children and Families and risk, this would give time for the Programme Board to become established and clarify its purpose. **AMcM**

51.3 Drug Related Deaths – Health and Social Care Partnership actions

51.3.1 Professor McCallum presented the previously circulated paper. An oversight board would be established and would report to the Healthcare Governance Committee. Members commended the approach noting that this patient group had complex and specific needs and chaotic lifestyles so that integration of services were needed to better encourage access and engagement.

51.3.2 In response to a suggestion that as this area was delegated to Integration Joint Boards there should also be reporting here, Professor McCallum noted that there were also other relationships including the Scottish Ambulance Service, Police Scotland, NHS

24, council services and Integration Joint Boards, but that NHS Lothian had overall responsibility and therefore needed oversight which would take all relationships into account and work on developing them further. The oversight would include representatives from all these groups, including Integration Joint Boards. It was agreed that governance should be at the Board and that management of delivery should be at the Integration Joint Boards.

51.3.3 Mr Short noted that the wording in the report suggested that fragmentation of services under Integration Joint Boards had lead to an increased rate of drug related deaths, but that actually the number had reduced in Midlothian in the last year. Programmes for drug related death service delivery were already in place in each of the Integration Joint Board areas and the current report included some areas already being covered locally. The oversight Board could give an oversight of themes, ensure that services were delivering optimally, patterns were identified and opportunities for improvement were taken, according to NHS Lothian's responsibilities. This would ensure getting assurance from the Health and Social Care Partnerships.

51.3.4 Professor McCallum noted that there were large numbers of premature potentially avoidable deaths, and a variety of different services in different areas, and that there needed to be assurance that optimal care was taking place in each case. Currently there was no overarching forum to allow learning from good practice to be evaluated and spread and ensure a high quality of care for vulnerable people. This would operate alongside local service delivery and improvement.

51.3.5 Members asked Professor McCallum to feedback to the author of this well written paper and noted that it would be helpful for Integration Joint Board members to read as it showed links between community and acute services.

51.3.6 Members accepted the recommendations laid out in the paper. An annual report from this group would be added to the Healthcare Governance Committee workplan. **AMcC**

51.4 Maple Villa Whistleblowing

51.4.1 Ms Hughes presented the previously circulated paper. It was noted that the period between the review in 2013 and the whistleblowing incident in 2019 had been part of the investigation by the external professional and was taken into account in the report.

51.4.2 Members accepted the recommendations laid out in the paper.

51.5 Healthcare Associated Infection Update

51.5.1 Mr Wynne presented the previously circulated paper. Ms Gillies advised that moderate assurance was offered that systems were in place to meet the HEAT targets. *Staphylococcus aureus* Bacteraemia was an area where there had been lower compliance, but Antiseptic Non Touch Technique and the change in criteria to exclude community acquired infections from the figures was expected to bring improvements.

51.5.2 Mr Malzer noted that the patient group spoke about the accessibility of this technical paper to lay members and had been interested in input from patient representatives at infection control committees. It was suggested that a meeting could be set up with these representatives to discuss effectiveness of patient representation.

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

51.6 Antiseptic Non Touch Technique

51.6.1 The chair welcomed Ms Rostron to the meeting and she gave a presentation. A paper had been previously circulated. The final element of training would be complete in December 2019 and there was a programme of ongoing updates for new staff. This was also included in the junior doctors induction.

51.6.2 Members commended the process of testing, implementing improvements, demonstrating results, and rolling out to other areas and supported the work done. The education plan tried to ensure that learning would be sustained.

51.7 Confirmation of low outlier status in Neonatal Audit Programme

51.7.1 Ms Gillies presented the previously circulated paper and advised that the outlier status shown was based on a change in systems for recording data, and not due to NHS Lothian care processes.

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

51.8 Improving Management and Learning from Significant Adverse Events

51.8.1 Ms Gillies presented the previously circulated paper and noted that a well established openness of reporting, and areas such as falls with harm and pressure ulcers where all incidents are reviewed meant that reporting figures were higher.

51.8.2 Due to the learning required among staff on Duty of Candour significant assurance was not being offered here. There was still a discrepancy between professional and organisational duty of candour. A definition for organisational duty of candour regarding whether something the organisation did or did not do caused something to happen to a patient which met the criteria of harm should be used. Currently some incidents not meeting the criteria for major harm were being reported.

51.8.3 It was noted that there should be a holistic approach to learning and improvement from different types of feedback including incidents and complaints. Litigation reports showed that there were links with compaints and adverse events. Improvement on this was needed throughout Scotland where the focus of the Scottish Government was reporting rather than learning.

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

51.9 Winter Planning

51.9.1 Ms Campbell presented the previously circulated paper. The winter plan had been built on learning from what actions had made an impact in previous years. There would also be evaluation following the winter period. Significant assurance was offered that there

was a whole system approach to the winter plan to deliver the optimum efficiency of service with the resources available. The Scottish Government funded winter planning from January to March and NHS Lothian had added more money to extend the period, however there had already been a drop in performance in waiting times.

51.9.2 Members were confident that there had been learning from previous years and commended the data driven approach, and were confident that actions would be taken to deliver the plan, but were less confident that the actions would have the expected impact on patient safety.

51.9.3 Members accepted recommendations laid out in the paper and accepted significant assurance that a robust winter plan was in place and would be implemented, but limited assurance that patient safety and waiting times performance would be maintained throughout the winter period. A further paper would be submitted in January 2020 on monitoring of impact and implementation of the plan so far. **JCa**

52. Effective Care

52.1 Community Perinatal Service

52.1.1 Ms Egan presented the previously circulated paper. This was regular update on changes made to the service following review, and policy changes. Members asked for the next update to be more clear on the progress against actions agreed and to explain what additional investment may be needed to achieve these.

52.1.2 Members noted the improvements made and accepted the recommendations laid out in the paper, and accepted moderate assurance.

53.2 Joint Inspection of Older People's Services in Edinburgh - update

53.2.1 Ms Proctor presented the previously circulated paper. The progress against each action from the review was clearly laid out in the paper, but the chair asked for the next update to also include areas of good practice in the unit. Ms Proctor noted that some good areas of work included; the '3 conversations' work based on GP house of care and anticipatory care plan which was currently on seven pilot sites and would be rolled out further; and improvements made to Power of Attorney and welfare rights processes.

53.2.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance. It was agreed that this area could now be reported annually in the Health and Social Care Partnership Annual Report and could be removed as a separate item on the Committee workplan.

53.3 Dental Services – quality of care data

53.3.1 Professor McCallum presented the previously circulated paper. Members accepted the recommendations laid out in the paper and accepted limited assurance. A verbal update would be given at the next meeting in January 2020. **AMcC**

53.4 Edinburgh Primary Care – 2C Practices

53.4.1 The chair welcomed Dr White to the meeting and he presented the previously circulated paper. It was suggested that the result of options appraisal of the options for the future of 2C practices and where there were opportunities for a move to private practice or to further development.

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

53.5 Lothian Unscheduled Care Service Update

53.5.1 The chair welcomed Dr Tucker to the meeting and she presented the previously circulated paper. Ms Gillies noted that this was a significant service provided on behalf of the four Integration Joint Boards but delivered by NHS Lothian which should have oversight on the relationship between the service and other organisations such as the Scottish Ambulance Service and NHS 24.

53.5.2 Mr Malzer reported that the patient representatives group had suggested that there was more scope for patient engagement in designing this service. Dr Tucker agreed and advised that a workshop was being held that week to discuss across Scotland how to get patient feedback on consolidating bases, patient access and transport arrangements.

53.5.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance, recognising some risks in workforce but also that processes were in place to mitigate these.

53.6 Review of Edinburgh Children's Partnership Arrangements

53.6.1 Ms Egan presented the previously circulated paper. Firm proposals would be ready by the end of the financial year and there would be a further report to this Committee in May 2020. **AMcM**

54. Exception Reporting Only

Members noted the following previously circulated papers for information:

54.1 Public Protection Update;
54.2 Litigation Annual Report;
54.3 Respiratory Managed Clinical Network Annual Report;
54.4 Scottish Intercollegiate Guidelines Network (SIGN) Annual Report;
54.5 Scottish Patient Safety Programme Annual Report.

55. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

55.1 Clinical Management Group, 13 August;
55.2 Lothian Infection Control Advisory Committee, 10 September 2019;
55.3 Health and Safety Committee, 27 August 2019;
55.4 Area Drug and Therapeutics Committee, 4 October 2019;
55.5 Peer Approval Group, 27 August 2019.

56. Date of Next Meeting

56.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 14 January 2020** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

57. Further Meeting Dates

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

Chair's Signature

Date: 03/02/2020

Original kept in file

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Tuesday 27 November 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

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

In Attendance: Mr N. Bradbury, Capital Finance Manager; Ms J. Campbell, Chief Officer, Acute Services; Dr J. Hopton, Programme Manager, Facilities (item 20.2 and 20.3); Ms J. McKay, Solicitor, MacRoberts LLP (item 19.4); Mr A. McCreadie, Head of Management Accounts, Finance (item 20.1); Mr C. Marriott, Deputy Director of Finance; Mr D. Mill, Senior Project Manager, Facilities (item 19.2 and 20.2); Ms M. Morgan, Senior Programme Director, Scottish Government, [Royal Hospital for Sick Children and Department of Clinical Neurosciences] (item 19.4); Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes).

Apologies: Mr J. Crombie, Deputy Chief Executive; Mr I. Graham, Director of Capital Planning and Projects; Professor A. McMahon, Nurse Director; Professor M. Whyte, Non Executive Board Member.

Chair's Welcome and Introductions

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

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

18. Committee Business

18.1 Minutes and Actions from Previous Meeting (25 September 2019)

18.1.1 The minutes from the meeting held on 25 September 2019 were approved as a correct record.

18.1.2 The updated cumulative action note had been previously circulated.

18.1.3 It was noted that the action on page 3 of the minute to commission an internal audit on the failure to open the Children's Hospital and to agree a remit had happened by email and this had been discussed with the Scottish Government. The audit was in progress and would be discussed at an extra Audit and Risk Committee on 13 January 2020.

18.1.4 The work on identifying the costs to NHS Lothian of the delay in opening the new hospital was not ready to be discussed at the next oversight board but would be

discussed at the following one and then at the subsequent Finance and Resources Committee. Oversight board meetings were fortnightly. **SG**

18.2 Members Feedback on the Audit Scotland Non Executive Checklist

18.2.1 Mr Payne presented the previously circulated paper. The paper summarised the feedback from non executive members of this Committee on the checklist. It was agreed that the points identified at 3.7 in the paper where there had been less confidence was a statement of reality which the Board were aware off, but that there were some areas for further work in the points identified at 3.8.

18.2.2 Three areas of interest were identified by members: the NRAC formula and how this related to changing demographics in the area, and whether enough was being done on wider engagement to make the public aware of the effect of demographic change on services; work done on socio economic inequalities and how to ensure services were appropriately directed; workforce planning and requirements from Audit Scotland. It was noted that these topics were part of the remit of other Board Committees and that this Committee could indicate its wish for them to focus on these.

18.2.3 The paper suggested that the financial instability of NHS Lothian would be improved with better working with the Integration Joint Boards, but Members noted that this would not be enough to improve financial sustainability.

18.2.4 Mr Payne agreed to bring a paper back to the next Committee highlighting the issues that have been discussed but with which Members were not comfortable, and how these related to the Committees' remits and the Integration Joint Boards. **AP**

18.2.5 Mr Davison noted that meetings would take place with Scottish Government colleagues to discuss the gap in funding and the Scottish Government health budget. Any additional funding would be likely to be aimed at specific services. It needed to be made clear what the consequences of reducing funding would be for services.

18.3 Our Priorities for Continuous Improvement

18.3.1 Mr Payne presented the previously circulated paper. Members wanted to be clear that these were priorities, and that the Board was also aware of all areas. The priorities were based on work already being done and were designed to be general enough to align with the strategic plans. Many had expected timescales from the Scottish Government. This would be reviewed annually.

18.3.2 The priorities diagram would be published and a communications plan and Impact Assessment would be part of the implementation. This paper would be brought to the Board in January 2020. It was agreed that comments would be invited from other relevant Committees and there would be informal consultation with all Board members. **AP**

18.3.3 Members supported this work.

19. Capital

19.1 Property and Asset Management Investment Programme

19.1.1 Mr Bradbury presented the previously circulated paper. The reallocation of costs for the St John's Hospital elective centre had not compromised any items for the project, and the team were confident that the Business Case would now be approved by the Scottish Government Capital Investment Group.

19.1.2 It was noted that there had been an application for the Astley Ainslie Hospital site from a Community Development Trust. If the application was successful NHS Lothian would receive a capital payment but it was likely to be less than might be obtained on the open market.

19.1.3 The Royal Edinburgh Hospital phase 2 outline business case was in development and this would be submitted to the Committee and then to the Scottish Government for approval. It was noted that because of the engagement with the Scottish Government on the phase 1 bed modeling, more scrutiny was expected on the ability to deliver the community based alternatives required to reduce the bed numbers.

19.1.4 The East Lothian Community Hospital was now open with moves taking place. The hospital would take on some day surgery work as part of the waiting times improvement plan.

19.1.5 Members accepted the recommendations laid out in the paper.

19.2 Western General Hospital Infrastructure Phase 1 Full Business Case

19.2.1 The chair welcomed Mr Mill to the meeting and he presented the previously circulated paper. Framework 2 was being used for phase 1 and there was confidence that this would deliver the project. This was inherited from the principle supply chain but in future phases the different frameworks would be considered. A benefits analysis would be carried out following the work.

19.2.2 Members approved the Business Case.

19.3 Establishing and Maintaining Safety of the Built Environment

19.3.1 Ms Gillies presented the previously circulated paper. To ensure robust governance over the built environment, each of the Medical Director, Finance Director and Nurse Director would oversee a different area ensuring that they had the information available for decisions to be made. This would be laid out in the responsibility matrix which was currently being finalised.

19.3.2 The Centre for Excellence was a national initiative which was initially to be a way to check that new or refurbished buildings met the required standards, although early discussions had also suggested that it could usefully concentrate Scottish expertise in managing contracts.

19.3.3 Ms Gillies advised that there was a regular programme of internal, unannounced walkrounds covering all areas using the Healthcare Environment Inspectorate checklist, so that any issues could be raised and actions taken for improvement.

19.3.4 Due to the difficulties that had been seen in evaluating a building for readiness for commissioning or re-commissioning within the timescale, longer contingency times

were being discussed dependent on the size of the project so that there was time for checks and rectifications to be carried out.

19.3.5 The report of the review carried out on cladding on NHS Lothian's buildings following the Grenfell recommendations was requested for circulation around members for information and assurance. **SG**

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

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

19.4.1 Ms Goldsmith presented the previously circulated paper and Members accepted the governance and accountability arrangements described for the payment mechanism. This was formalising the current arrangement and the SFT had been consulted and were comfortable.

19.4.2 Ms McKay explained that the proposed indemnity agreement for the works to take place meant that if there was any defect and it could be attributed to Imtech, Multiplex or Bouygues then they would pay the indemnity, but that if the defect was purely as a result of the works being requested by NHS Lothian, then NHS Lothian would be liable. In the case of one of the above partners being liable, NHS Lothian may provide funding to keep facilities open but would expect to be reimbursed by the relevant organisation. NHS Lothian intended to negotiate a 5 year time limit for the indemnity. A cost limit would be more problematic as there would then need to be agreement as to who would pay the extra.

19.4.3 The other options for NHS Lothian, including following strict contractual terms of the change procedure and termination of the contract were both discussed. Members agreed that, due both to the extra time required to begin the design process again and the likelihood that the same risks and indemnity negotiations would need to take place with any new contractors, neither of these options were viable. Termination of the contract would additionally require buy back of the facility and begin again with a public procurement process which would probably not begin until 2020. Under the contract, the buy back cost for termination of the project by default would be in the region of £163 million, or voluntary termination £239 million.

19.4.4 The Cabinet Secretary had committed to opening DCN in the spring and the Children's Hospital in autumn 2020, and it was also key to NHS Lothian's services and clinical safety for services to move into the updated building before next winter. In addition, NHS Lothian was currently spending £1.4 million per month for the hospital. Scottish Government had agreed to fund the works required.

19.4.5 NHS Lothian was being asked to sign the indemnity before the programme of works had been developed. There was a lead time of 3 months for ordering the air handling system and further for installing it. The ordering could not be done until the programme design had been agreed. IHSL were reluctant to use resources to start work on the design before the indemnity was signed as some of the work needed to do the design would involve intrusive works and this was a risk to them.

19.4.6 Ms Morgan advised that operational level discussions with Imtech were going well and that timelines had been considered. There were indicators of an improved strategic relationship with IHSL which also had a new project board. The delay so far had been due to waiting for reports from IOM, commissioned by the Board, and from Health Facilities Scotland, both of which had resulted in change submissions being made in September. Appropriate investigation and assessment work had been in progress on site by IHSL.

19.4.7 The Cabinet Secretary was aware of these points, including the putative timetable, through the oversight board and through briefings to the government.

19.4.8 If agreed in principle, the letter of engagement would be submitted to the Board at the meeting on 4 December 2019. There would be a paper on the Board agenda for public discussion, with the commercial agreement discussed in private session.

19.4.9 It was agreed that a further recommendation would be added to the paper when submitted to the Board, suggesting that a 'triple lock' would be implemented to ensure that the specifics in the final agreement were correct, including sign off of the specific wording by the project team and the technical advisors. **SG**

19.4.10 It was agreed that the report to the Board would include what NHS Lothian expected to gain in return for the concessions made in the indemnity. **SG**

19.4.11 Members accepted the recommendations laid out in the paper, with the addition of the recommendation added as described above.

20. Revenue

20.1 Integration Joint Boards Cost and Budget Allocation Model

20.1.1 Mr McCreadie gave a presentation. This had also been presented to the Integration Joint Board Chief Officers and Chief Finance Officers. Once the numbers for the year 2019/20 were finalised in the next few weeks this would be shared more widely.

20.1.2 The new way of presenting the data allowed consideration of spending trends which would allow Integration Joint Boards to more accurately see how resources were used and inform decisions made. It was noted that reducing overspends to bring spending within the expected position would benefit other areas but would not release a transferrable resource.

20.1.3 Members supported the development of this helpful strategic tool.

20.2 Sustainability and Climate Change Update

20.2.1 Mr Mill presented the previously circulated paper. It was noted that at a Board Development Session on this area a lack of strategic focus on sustainability and climate change had been identified. Dr Hopton advised that the team was a focal point for staff to come to with questions and ideas.

20.2.2 eHealth was being considered both as a hotspot for energy consumption and for ideas and technology which would reduce consumption and could help transform patient pathways. The sustainability and climate change assessment would begin in a relevant area, for instance Theatres and Anaesthetics to consider processes including medical gases and eHealth.

20.2.3 It was noted that NHS Lothian was certified at 68% on the carbon plan, but that the best in class was 85%. Dr Hopton agreed to find out what could be learned from the best in class to improve NHS Lothian's standard.

20.2.4 Transport use by NHS Lothian covered 15 million kilometers per year. Members requested a frame of reference for instance the distance covered by Council services. Dr Hopton advised that scheduling tools had been considered in some areas to improve efficiency, but that transport was used in different departments and so overall planning was complex.

20.2.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance. It was agreed that this would become standard item on the agenda with a brief update each month, reflecting the importance of this area. **SG**

20.3 Transfer of Portering and Waste Management at the Royal Infirmary of Edinburgh

20.3.1 Dr Hopton presented the previously circulated paper. The Scottish Government had agreed to fund the compensation payment for the transfer as a one off so that the transfer would be cost neutral to NHS Lothian.

20.3.2 Catering and food waste would remain with the contractor. Food waste had been brought in under new legislation so there was a separate agreement on this. Catering was a large service and transfer would not be considered until later due to the size of compensation required.

20.3.3 A review of costings would be undertaken after the transfer to check whether costs had been as planned. For the waste costs this could be done quickly, but there would be a longer review period for staffing as changes would be made to the structure.

20.3.4 Staff had not yet been consulted due to uncertainty with timescales.

20.3.5 Members accepted the recommendations laid out in the paper and accepted significant assurance. An initial evaluation of the change would be brought to the Committee in 6 months' time. **SG**

21. 2019/20 Financial Position and 2020/21 Financial Outlook

21.1 Financial Position

21.1.1 Mr Marriott presented the previously circulated paper. It was noted that although a balanced budget may be achieved, there was still a care deficit and that it should be recognised that current funding arrangements were not sufficient meet this. This had been previously raised with the Scottish Government.

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

22. Reflection on the Meeting

22.1 Members agreed that the chair would highlight to the Board the discussion on the following three areas: RHCYP and DCN; Integration Joint Board budget allocation; and sustainability and climate change.

23. Date of Next Meeting

23.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 22 January 2020** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

24. Meeting Dates in 2020

24.1 It had been agreed that the frequency of Committee meetings would increase in 2020. Further meetings would therefore take place on the following dates in 2020:
- 26 February 2020;
- 25 March 2020;
- 22 April 2020;
- 20 May 2020;
- 17 June 2020;
- 22 July 2020;
- 26 August 2020;
- 23 September 2020;
- 28 October 2020;
- 25 November 2020.

Signed by the Chair
Date 28-01-2020
Original kept in file

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

Present

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

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

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

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

1 OPENING REMARKS

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

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

2 ORDER OF BUSINESS

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

3 DECLARATIONS OF INTEREST

There were no declarations of interest made.

4 MINUTE

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

5 MINUTES FOR NOTING

The Board noted the minutes of the following meetings:

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

6 MEMBERSHIP & MEETING ARRANGEMENTS

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

Decision

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

7 REVIEW OF STRATEGIC PLANNING GROUP AND LOCALITY PLANNING

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

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

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

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

It was recommended that the Board:

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

2. Note the challenges experienced in locality planning;

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

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

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

Decision

1. To approve the terms of the report.

2. To note the Board's support for:

- SPG meetings being held in private;
- Inclusion of a Service User Representative in the SPG membership; and
- The SPG Chair being held by a Board member.

8 NATIONAL MEMORANDUM OF UNDERSTANDING BETWEEN IJBS AND HOSPICES

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

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

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

It was recommended that the Board:

1. Note the contents of the report;

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

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

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

Decision

1. To approve the terms of the report.

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

9 PUBLIC SECTOR CLIMATE CHANGE DUTIES

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

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

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

It was recommended that the Board:

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

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

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

4. Agree to submit a response supporting removing Integration

Authorities from the list of public bodies required to report.

Decision

To approve the terms of the report.

10 CHIEF OFFICER REPORT

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

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

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

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

It was recommended that the Board:

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

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

Decision

1. To approve the terms of the report.

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

11 PRIMARY CARE IMPROVEMENT PLAN

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

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

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

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

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

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

It was recommended that the Board:

1. Note the contents of the report;

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

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

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

Decision

To approve the terms of the report.

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

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

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

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

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

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

It was recommended that the Board:

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

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

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

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

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

Decision

To approve the terms of the report.

13 ACTION 15 OF THE MENTAL HEALTH STRATEGY UPDATE ON PROGRESS

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

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

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

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

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

It was recommended that the Board:

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

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

Decision

To approve the terms of the report.

14 RISK MANAGEMENT

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

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

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

Decision

To approve the terms of the report.

15 REVISED INTEGRATION SCHEME

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

Scheme by Scottish Ministers.

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

It was recommended that the Board:

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

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

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

Decision

To approve the terms of the report.

16 WINTER PLAN

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

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

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

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

It was recommended that the Board:

1. Note the contents of the report; and

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

Decision

1. To approve the terms of the report.

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

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

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

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

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

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

It was recommended that the Board:

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

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

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

Decision

To note the terms of the report.

18 JOINT INSPECTION (ADULTS) THE EFFECTIVENESS OF STRATEGIC PLANNING

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

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

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

It was recommended that the Board:

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

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

Decision

1. To approve the terms of the report.

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

19 COMPLAINTS AND INFORMATION REQUESTS QUARTER 2 OF 2019/20

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

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

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

It was recommended that the Board:

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

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

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

Decision

To approve the terms of the report.

21 IJB QUARTER 2 FINANCE UPDATE

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

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

It was recommended that the Board:

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

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

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

Decision

To approve the terms of the report.

22 ST JOHN'S HOSPITAL STAFFING PRESSURES

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

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

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

It was recommended that the Board:

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

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

Decision

To approve the terms of the report.

23 IJB PERFORMANCE

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

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

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

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

It was recommended that the Board:

1. Note the contents of the report;

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

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

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

Decision

To approve the terms of the report.

23 WORKPLAN AND LIST OF CYCLICAL REPORTS

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

Decision

To note the workplan and list of cyclical reports.

Midlothian Health & Social Care Partnership

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 10 October 2019	2.00pm	Conference Room, Melville Housing,The Corn Exchange, 200 High Street, Dalkeith, EH22 1AZ.

Present (voting members):

Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)
Cllr Jim Muirhead	Mike Ash (substitute for Angus McCann)
Cllr Derek Milligan	

Present (non-voting members):

Morag Barrow (Chief Officer)	Claire Flanagan (Chief Finance Officer)
Alison White (Chief Social Work Officer)	Hamish Reid (GP/Clinical Director)
Caroline Myles (Chief Nurse)	Fiona Huffer (Head of Dietetics)
Wanda Fairgrieve (Staff side representative)	Keith Chapman (User/Carer)
Pam Russell (User/Carer)	Jane Crawford (Third Sector) (substitute for Ewan Aitken)

In attendance:

Jill Stacey (Chief Internal Auditor)	Mairi Simpson (Integration Manager)
Mike Broadway (Clerk)	Clare Cartwright (NHSL Strategic Planning)
Bhav Joshi (NHSL Strategic Planning)	Chris Myers (NHSL Acute)

Apologies:

Cllr Pauline Winchester	Angus McCann
Tricia Donald	Alex Joyce
Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)	Ewan Aitken (Third Sector)
Jamie Megaw (Strategic Programme Manager)	Tom Welsh (Integration Manager (Acute))

Midlothian Integration Joint Board

Thursday 10 October 2019

1. Welcome and introductions

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

2. Order of Business

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

It was agreed to take agenda item 5.3 - Royal Infirmary of Edinburgh Front Door Redesign as the first item of public business in order to allow colleagues from NHSL Strategic Planning who were in attendance to present the item, the opportunity to leave at its conclusion.

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 22 August 2019 were submitted and approved as a correct record, subject to the addition of Wanda Fairgrieve to the list of those present.

4.2 The Minutes of Special Meeting of the Midlothian Integration Joint Board held on 12 September 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 June 2019 were submitted and noted.

4.4 A Rolling Action Log – October 2019 was submitted.

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

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

(b) to note that reports on the review of the Strategic Planning Group and a further paper on Midlothian Community Hospital were included on today's agenda; and

(c) to note that the 6 monthly update on progress against delivery of the Midlothian IJB Directions 2019-20 would be included as part of the December Board agenda.

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

Midlothian Integration Joint Board

Thursday 10 October 2019

5. Public Reports

Report No.	Report Title	Presented by:
5.3	Royal Infirmary of Edinburgh Front Door Redesign	Clare Cartwright/ Bhav Joshi (NHSL Strategic Planning)

Executive Summary of Report

The purpose of this paper was to set out the responsibilities of the IJB with regard to unscheduled care in acute hospitals, communicate the need for change in RIE Front Door services, and seek support in principle from the Board to take work forward to redesign the RIE front door to meet future demand, up to 2033.

The report explained that the front door comprises the entry points to acute hospital unscheduled care and includes the Emergency Department, Minor Injuries, Ambulatory Emergency Care and Surgical Receiving. Front Door services have been under continual and growing pressure for a number of years and this is projected to increase in line with the changing population in Lothian over the next 14 years.

The case was made for further investment in the service to cope with this changing demand. This included a significant capital investment to address overcrowding as well as increased staffing in the longer term.

As Unscheduled Care was a delegated function under the Public Bodies Act 2014 (integration legislation), the responsibility for revenue costs rested with the four Lothian Integration Joint Boards. This report seeks the agreement in principle of Midlothian IJB to the Initial Agreement seeking capital funding through NHS Lothian. This report also describes the potential opportunities to reduce demand within the Emergency Department through the development of community based services.

Summary of discussion

The Board, having heard from Clare Cartwright and Bhav Joshi, NHS Lothian Strategic Planning, who responded to Members' questions and comments, discussed the proposals and acknowledged the importance of delivering changes that ensured people got the right support at the right time by the right service, both in the community and in acute hospital settings.

In response to concerns regarding the potential implications, Morag Barrow, Chief Officer, sought to reassure Members by explaining that this tied into the currently ongoing work on unscheduled care, and whilst it was acknowledged that there was a role for community based services, acute services would also be required and it was vitally important they too remained fit for purpose. This was the start of a process and there would be on-going dialogue with the IJBs as the proposals progressed and developed.

Decision

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

- **To support, in principle, the "Initial Agreement" application for capital investment in the RIE Front Door; and**

Midlothian Integration Joint Board

Thursday 10 October 2019

• **To approve the proposal that Midlothian HSCP undertakes a programme of work to assess whether there were viable and cost-effective community based alternatives to acute hospital care.**
Action
Chief Officer/Chief Finance Officer

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

Executive Summary of Report

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

Summary of discussion

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

- Update on the progress being made on the delivery of the NHS Lothian Recovery Plan, following the decision by Scottish Government to place NHS Lothian on Level 3 of Performance Escalation matrix.
- Midlothian Intermediate Care Clinical model redesign was being progressed by the clinical team, focusing initially on a 12 week short term plan for winter, before progressing to a longer term model redesign.
- A separate report on Winter Planning was included on the agenda (item 5.5 refers) seeking the MIJB support to agree Midlothian HSCP contribution to NHS Lothian plan.
- An update on the Workforce in particular the arrangements for the recruitment of the new Head of Service for Older People and Primary Care
- Midlothian Health and Social Care Partnership were managing BREXIT risks through both NHS Lothian Strategic BREXIT Management Group, and Midlothian Council EU Exit Group.
- The 2018/19 Annual Performance Report event which had been held on 17 September 2019 had been well received and plans were being put in place to build on this approach in 2020 and support more service users to be part of any event.
- The refurbishment of Primrose Lodge would allow it to be used for people with a Learning Disability and complex physical disability to be supported in their community.

On a more general issue the role of the IJB in the Development and Strategic Planning processes; its links into Community Planning and how it interacted with other agencies was discussed, concerns having been raised that opportunities to influence/input into decision making that might also impact on delivery of services in the future may be being missed. In response, Alison White, Chief Social Work Officer and Head of Adult and Social Care suggested that this would be best addressed by way of a further report.

Midlothian Integration Joint Board

Thursday 10 October 2019

Decision
After further discussion and questions to the Chief Officer, the Board:- • **Noted the issues and updates raised in the report.** • **Acknowledged the importance of the Brexit ready message in reassuring the public;** • **Noted the progress being made in the recruitment to the Head of Service for Older People and Primary Care position; and** • **Agreed to seek a further report on the role of the IJB in the Development and Strategic Planning processes; its links into Community Planning and how it interacted with other agencies.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.2	IJB Improvement Goals Progress	Alison White
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		
The Board having heard from Alison White, Head of Adult and Social Care, who responded to Members' questions and comments, considering the current progress against the local improvement goals. The inclusion of information about performance in Midlothian against the Core Suite of Indicators was welcomed as it allowed performance to be compared against other IJBs in Scotland.		
Decision		
After further discussion, the Board:- • **Noted the current performance across the improvement goals.** • **Noted the inclusion of further information about performance in Midlothian against the Core Suite of Indicators.**		
Action		
Chief Officer/Strategic Programme Manager		

Report No.	Report Title	Presented by:
5.4	Planning for the future development at Midlothian Community Hospital	Morag Barrow

Midlothian Integration Joint Board

Thursday 10 October 2019

Executive Summary of Report
With reference to paragraph 5.4 of the Minutes of 13 June 2019 and to the Development Workshop session held on 12 September 2019 at Midlothian Community Hospital, there was submitted a report sharing with the Board the comments from IJB members regarding what developments they would like to see at Midlothian Community Hospital in the future arising from the development session and seeking agreement on an approach to future planning. The report suggested holding a further Development Workshop session in November as a way of maintaining momentum, in order to allow for a future Business case to be developed early in 2020.
Summary of discussion
Having heard from Chief Officer, Morag Barrow who responded to Members' questions and comments, the Board in considering the suggested approach to future planning discussed possible issues for inclusion in the deliberations, it being acknowledged that whatever was finally agreed the question of funding would be a critical factor in being able to progress matters.
Decision
After further discussion, the Board agreed to: • **noted the report; and** • **approve the suggested methodology and timescales to develop a robust future plan for Midlothian Community Hospital.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.5	Winter Planning	Morag Barrow

Executive Summary of Report
The report explained that Health and Social Care Services came under increased pressure over the winter months as a result of a greater incidence of ill-health and the impact of adverse weather conditions. This can lead to particularly severe pressure in acute hospitals with the consequent cancellation of planned operations. This report outlined the work being undertaken locally to prepare for these winter pressures and to ensure Midlothian HSCP took all possible steps to assist in controlling the pressures on Acute Hospitals during the winter months through effective forward planning and the provision of additional capacity in key services, including proposals to use short term funding made available by Scottish Government

Midlothian Integration Joint Board

Thursday 10 October 2019

Summary of discussion
The Board, having heard from Morag Barrow, Chief Officer, who responded to Members questions and comments, discussed the winter plans that were being developed locally, giving particular consideration to opportunities for the voluntary sector to contribute to the planning process, flu vacinations and the importance of protecting frontline staff and carers.
Decision
The Board, after further discussion: • **Noted the work being taken forward to make preparations for coping with additional pressures which are likely to arise during the winter months; and** • **Delegated the responsibility for signing off the Lothian Winter Plan on behalf of Midlothian IJB to the Chief Officer.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.6	Midlothian Strategic Planning Group	Mairi Simpson
Executive Summary of Report		
With reference to paragraph 4.3 of the Minutes of 14 March 2019, there was submitted a report updating the Board on recent developments regarding the Strategic Planning Group, including the recommended appointment of a new Chair and Terms of Reference, approved by the Group on 15 July 2019. The report advised that the Scheme of Integration requires Integration Joint Boards (IJBs) to establish a Strategic Planning Group (SPG). The Group plays a critical role in ensuring the development and implementation of the Partnership's Strategic Plan, ensuring that the integration delivery principles are met and adhered to.		
Summary of discussion		
Having heard from Integration Manager, Mairi Simpson who responded to Members' questions and comments, the Board welcomed the proposals, particularly moves to strengthen the links to the MIJB.		
Decision		
After further discussion, the Board agreed to approve • **the Terms of Reference for the Strategic Planning Group** • **the appointment of Carolyn Hirst as the new Chair for the Strategic Planning Group.** **In addition, it was also noted that the minutes of the Strategic Planning Group would in future be shared with the Board.**		

Midlothian Integration Joint Board

Thursday 10 October 2019

Action
Chief Officer

Report No.	Report Title	Presented by:
5.7	Review of IJB Reserves Policy	Claire Flanagan

Executive Summary of Report

With reference to paragraph 5.7 of the Minutes of 9 February 2017, there was submitted a report providing the Board with an opportunity to review its Reserves Policy, which laid out what reserves would be held and how these would be reported.

The report explained that because governance of the IJB was under the local authority regulations, the IJB was permitted to hold a reserve. Put simply a reserve was a mechanism to carry forward from one financial year to another a balance of unused funds. These funds may be specifically earmarked for a particular purpose(s) or just held as a general financial buffer against unforeseen in year events or as part of a longer term financial plan.

Summary of discussion

Having heard from Claire Flanagan, Chief Finance Officer, who responded to Members' questions and comments, the Board in reviewing the Reserves Policy acknowledged the role of its partners, Midlothian Council and NHS Lothian in this process.

Decision

After further discussion, the Board:

- **Noted the review of the IJB reserves policy; and**
- **Agreed to the continuation of this reserves policy.**

Action
Chief Finance Officer

Report No.	Report Title	Presented by:
5.8	Midlothian Health and Social Care Integration Joint Board Audit and Risk Committee Annual Report 2018/19	Jill Stacey

Executive Summary of Report

With reference to paragraph 5.5 of the Minutes of the MIJB Audit and Risk Committee of 5 September 2019, there was submitted a report presenting the Board with the inaugural MIJB Audit and Risk Committee Annual Report 2018/19 which sets out how it is performing against its remit and incorporates its annual self-assessment using the CIPFA Audit Committees Guidance.

Summary of discussion
Having heard from Chief Internal Auditor, Jill Stacey, who responded to Members' questions and comments, the Board welcomed the Annual Report.
Decision
After further discussion, the Board agreed to approve • **the MIJB Audit and Risk Committee Annual Report 2018/19 (Appendix 1) which sets out how it is performing against its remit.** • **the proposed amendment to the Terms of Reference of the MIJB Audit and Risk Committee as detailed in Appendix 1 and in paragraph 3.6.**
Action
Chief Officer

5. Date of next meeting

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

- Thursday 14 November 2019* 2pm Development Workshop
- Thursday 12 December 2019 2pm Midlothian Integration Joint Board

(**NB** – * the venue for the November Development Workshop would be Midlothian Community Hospital, 70 Eskbank Rd, Bonnyrigg. Detailed arrangements would be given nearer the time.)

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

The meeting terminated at 3.35 pm.

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 31 OCTOBER 2019
EAST LOTHIAN COMMUNITY HOSPITAL, HADDINGTON

Voting Members Present:
Councillor F O'Donnell (Chair)
Councillor S Akhtar
Councillor N Gilbert
Mr P Murray
Councillor S Kempson (Items 1 – 9)

Non-voting Members Present:
Ms C Flanagan
Ms E Johnston
Ms A MacDonald
Ms M McNeill
Mr T Miller
Dr J Turvill

Officers Present from NHS Lothian/East Lothian Council:
Ms T Carlyle
Mr P Currie
Ms R Crichton
Ms M Goodbourn
Mr I Gorman
Ms J Holland
Ms R Laskowski
Ms R Miller
Ms J Odgen-Smith

Visitors Present:
Ms N Cochran, NHS Lothian
Mr M Bonnar, MELDAP

Clerk:
Ms F Currie

Apologies:
Ms F Ireland
Mr A Joyce
Prof. M Whyte
Mr D Binnie
Dr G Choudhury
Ms L Cowan

Declarations of Interest:
None

The Chair welcomed everyone to the meeting. She informed members that Jean Trench, non-voting member and independent sector representative, had resigned from the IJB. Discussions were underway to appoint a replacement.

1. PRESENTATION BY MID & EAST LOTHIAN DRUGS AND ALCOHOL PARTNERSHIP (MELDAP)

Martin Bonnar of MELDAP and Nicky Cochran, NHS Lothian gave a detailed presentation to members on the drug-related deaths in 2018; the impact of poly-drug use; current actions to mitigate and minimise risk; prevention and early intervention work and plans for future expansion of services.

Mr Bonner and Ms Cochran responded to questions from members providing further detail on priorities for the service going forward and assessing the needs of clients who are accessing services. They also asked members to promote the message that drug and alcohol abuse was not restricted to one area of the community and should be everyone's concern. Talking about these issues openly and reducing the stigma of drug and alcohol issues would be an important step in dealing with the problem and helping to reduce future drug deaths.

The Chair thanked both Mr Bonnar and Ms Cochran for their very informative presentation and hoped that a future session could be arranged with IJB members to discuss some of the issues in more detail.

2. MINUTES OF THE EAST LOTHIAN IJB MEETINGS ON 29 AUGUST AND 11 SEPTEMBER 2019 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board (IJB) meetings on 29 August and 11 September were approved.

3. MATTERS ARISING FROM THE MINUTES OF 29 AUGUST AND 11 SEPTEMBER

The following matters arising were discussed:

29 August 2019
The Chair noted that a number of actions had been progressed but sought an update regarding David Binnie's request for the inclusion of more detailed risk information in financial reporting. Claire Flanagan indicated that the format for the annual accounts was fairly rigid but that it may be possible to include more information in the Management Commentary.

11 September 2019
Item 2 - Peter Murray to give feedback on the development session with NHS Lothian. He said that, for him, the session had raised questions about whether the existing NHS Committee structure complemented the IJB governance structures or whether there would have to be a change in future. No answers had been forthcoming at the development session but it was a subject which would likely evolve over time.

Item 5 – the Chair said it was important to consider how to take forward work on demonstrating Best Value as part of performance reporting. Mr Murray referred to the Improvement Service which offered a free assessment which may be worth considering but he cautioned that any such assessment should complement the work already being done.

Mr Murray raised the issue of strengthening the service user voice on the IJB and ensuring that it had the opportunity to influence the work being done. The Chair agreed adding that having service user input at an earlier stage was also an important factor.

Jon Turvill observed that the challenge would be to increase representative at Change Board and planning group levels. Jane Ogden-Smith added that the Health & Wellbeing Groups set up by each of the Area Partnerships and the new Patient Participation Groups provided opportunities for service users to feed into discussions on local issues.

4. CHAIR'S REPORT

The Chair said that the issues she intended to highlight were covered in the agenda business.

5. NHS HEALTHCARE GOVERNANCE COMMITTEE

Alison MacDonald informed Members that there was no update as the Committee had not met since the last IJB meeting on 11 September.

6. ISSUES OF RELEVANCE TO THE IJB:

Clinical & Care Governance
Ms MacDonald reported on the Clinical & Care Governance Committee meeting which had taken place earlier that day. She informed members that the main areas of interest were the Self-Directed Support action plan, the Community Justice Services inspection planned for January 2020 and the review of complaints. There were no areas of concern noted at the meeting.

Trish Carlyle confirmed that no significant risks had been identified that needed immediate action.

Delayed Discharges
Ms MacDonald reported that at the time of this month's census the team had reached its target trajectory of 12. However, she was concerned about the trend over the next few weeks as staff and services move to the new community hospital.

7. WINTER PLANNING

The Chief Officer had submitted a report explaining East Lothian HSCP's plans to ensure all possible steps are taken to assist in controlling pressures on Lothian's acute hospitals during the winter months through effective planning and provision of additional capacity in key services.

Members were asked to note that the report did not cover the ongoing resilience work being undertaken across the partners to plan for business continuity across the county.

Ms MacDonald presented the report outlining some of the proposals including Enhanced Discharge to Assess, 7 Day Working Patient Flow Team, increasing the capacity of Hospital to Home and increasing the Emergency Social Care Service. She said that the proposals were being funded through additional monies from the Scottish Government specifically for winter planning.

The Chair said it would be extremely important to evaluate how the new and expanded services impacted on pressures within other areas.

Jon Turvill endorsed the proposals adding that as well as being very valuable from a primary care perspective they also strengthened out of hours care.

Mr Murray expressed disappointment that the IJB was having to rely on additional monies to deal with any form of service planning and particularly matters which were delegated functions of the IJB.

Councillor Akhtar welcomed the proposals as being very positive; especially Hospital to Home. She asked if there was any review of service user feedback.

Ms MacDonald confirmed that a care survey was undertaken with users of the Hospital to Home service and high levels of satisfaction had been recorded. Feedback was regularly reported to the Clinical and Care Governance Committee.

Mr Murray endorsed Councillor Akhtar's point and said that measuring performance through service user feedback was the type of approach and focus that the IJB should be adopting across its local services.

The Chair said it would be interesting to see that reflected at a national level. She informed members of feedback she had received through a constituent who had had a very positive experience of local services.

Decision

The IJB agreed to note the work being taken forward to cope with additional pressures which were likely to arise in the Lothian acute hospitals during the winter months.

8. ROYAL INFIRMARY OF EDINBURGH (RIE) FRONT DOOR SERVICES

The Chief Officer had submitted a report informing the IJB of developments concerning the 'Front Door' entry points to the Royal Infirmary of Edinburgh (RIE) unscheduled care services.

Rebecca Miller gave a presentation outlining the background to the redesign of front door services at the RIE, which had included assessing future capacity requirements and identifying the most appropriate clinical assessment models. She highlighted the pressures on existing services and that these would continue to increase over the coming years due to an increasing and ageing population in Lothian. A core group had considered the strategic case for change and a Programme Board had been subsequently established to determine the scope of the redesign and to develop the preferred clinical model. She explained that the Lothian IJBs were now being asked to support, in principle, the proposal for capital investment and the Health & Social Care Partnerships would be required to develop appropriate community-based alternatives to acute hospital care to reduce demand on the RIE front door.

Ms Millar responded to questions from members providing clarification and additional details on the planning process, the impact of the opening of the Children's Hospital on

demand and the impact investment in acute services may have on other IJB budget priorities.

Dr Turvill observed that the percentage increase in demand was quite alarming and he worried about expanding capacity rather than looking at suitable alternatives in the community. While he acknowledged that patients were dealt with differently when assessed in hospital and that the increase in capacity may be inevitable, he echoed the points regarding the potential impact on budgets and on opportunities for developing community based services.

Ms MacDonald reminded members that as the population increased so too would the number of patients who required treatment in the RIE and there were no community-based alternatives to some of these services.

Mr Murray commented that the timing of the second recommendation in the report, regarding the development of community-based alternatives, should be given priority.

Decision

The IJB agreed:

i. To support, in principle, an application for capital investment from NHS Lothian, in the RIE Front Door services; and
ii. That East Lothian HSCP would undertake a programme of work in conjunction with the RIE and the other Lothian HSCPs to examine and develop, as appropriate, viable and cost-effective community based alternatives to acute hospital care to reduce demand on the RIE Front Door.

Sederunt: Councillor Kempson left the meeting.

9. IJB DIRECTIONS AND DELIVERY PLAN

The Chief Officer had submitted a report updating the Integration Joint Board (IJB) on progress against the 2018-19 Directions; the proposed suite of 2019-20 Directions; and the associated Delivery Plan.

The Chair commented that a significant amount of work had gone into the Directions and Delivery Plan; both of which were making real progress in improving services for people living in East Lothian.

Melissa Goodbourn presented the report summarising the background to the preparation of the Directions and the Delivery Plan; the focus on streamlining and linking Directions to the key priorities within the IJB's Strategic Plan and with national targets; and the emphasis on monitoring with six monthly and annual reporting. She also reminded members that the Directions could be reviewed and amended to take account of changing circumstances and priorities during the year.

Paul Currie added that the Directions only worked when the Partners engaged with them. He informed members that once the Directions were approved discussions would take place with the Partners to agree arrangements for performance monitoring and reporting.

Ms Goodbourn responded to questions from the Chair on some of the detail within the Plan, including the purpose of the 'Link' column and identifying Directions with the work of individual Change Boards.

Marilyn McNeill queried the co-production approach listed against Direction D12d. She said that, as far as she was aware, those with an interest were not consulted on the project plan. Ms MacDonald explained that this referred to a Hub Southeast event held at Queen Margaret University and added that the plan was a live document and would be kept under review.

Mr Murray welcomed the Directions and the Delivery Plan noting the clear links between Directions, budgets and Change Board leads. Referring to the increased level of performance reporting he noted that the scrutiny arrangements had yet to be agreed; whether Audit & Risk Committee should take the lead in reviewing this information and report by exception to the IJB or whether all reports should come directly to the IJB. He personally favoured the Audit & Risk Committee taking on the main scrutiny role.

Councillor Akhtar noted the new Directions in relation to mental health priorities and asked whether the IJB could be confident that existing services had the capacity to deliver these new Directions.

Ms Goodbourn said that in many cases the work had been underway for some time but had never previously been reflected formally in the Directions.

Rona Laskowski added that this was particularly true for mental health services which had been reviewed over the past 18 months or so to take account of Strategic Plan priorities and the Mental Health Implementation Plan. She also referred to the transformation programme for day services as another example.

Mr Currie said that officers were trying hard not to increase the number of Directions year on year to the point where they got in the way of delivery, but rather to have a core set of Directions that matched the IJB's strategic priorities.

Mr Murray proposed an amendment to the wording of recommendation (iv); that it should be revised to read "agree that all of the partners responsible for delivering Directions will be asked to report to the IJB on progress for the purposes of monitoring achievement". This proposal was seconded by the Chair and the IJB agreed to amend recommendation (iv).

Decision

The IJB agreed:

i. Note progress against all the Directions operating through 2018-19.

ii. Accept the proposed Directions for 2019-20 which the Strategic Planning Group approved on 16th October 2019.

iii. Accept the associated Delivery Plan produced in collaboration with the Change Boards and their Reference Groups.

iv. Agree that all of the partners responsible for delivering Directions will be asked to report to the IJB on progress for the purposes of monitoring achievement.

v. Agree the IJB should, during its future business sessions, take the opportunity to review the requirement for changes to or retirement of existing Directions or development of new Directions.

vi. Note that the Directions intended to operate in 2019-20 reflect either the IJB priority areas as outlined in the IJB Strategic Plan or operational priorities.

10. MONTH 5 FINANCIAL REVIEW 2019/20

The Chief Finance Officer had submitted a report providing an update to the IJB on its year to date financial position in 2019/20 and the recent financial forecast projections which considered the projected year out-turn undertaken during August 2019 by East Lothian Council and NHS Lothian.

Ms Flanagan presented the report advising members that as of end August 2019 the position for the IJB was a total overspend of £115,000 and a forecasted year end position of £645,000 overspent. She explained that these figures were based on the first 5 months of the year and that the formal Quarter 2 position would be presented to the IJB at its next meeting. She outlined some of the factors which had impacted on financial performance and the key challenges for the IJB during the remainder of the year.

The Chair acknowledged that the position remained challenging and that the IJB needed to ensure that money was available to spend on transformation of services and that it was getting Best Value for its money. However, she cautioned against the use of reserves to bolster the overall financial position. She also noted that the budget planning was based on the assumption of a flat cash position and that much would depend on the Scottish Government budget settlement.

Ms Flanagan reminded members that the figures were based on only 5 months of the year. She added that the Quarter 1 forecast for health had been fairly prudent and the Quarter 2 position may present a more favourable picture. She pointed out that the forthcoming General Election was creating some uncertainty in relation to future budget planning.

Mr Murray said it would be helpful if the report to the December IJB included examples of recovery actions should the financial forecast for the current year remain unchanged.

The Chair observed that there were factors that may still influence the current year performance and that the IJB was not yet at the stage of requiring recovery plans.

Decision

The IJB agreed to:

i. Note the current financial position; and
ii. Note the Month 5 financial reviews undertaken by the partners.

11. MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION JOINT BOARD AND THE AUDIT & RISK COMMITTEE

The Chief Officer had submitted a report asking the IJB to agree that the newly appointed Head of Operations within the Health & Social Care Partnership should become a non-voting member of the IJB. The report also sought approval for the appointment of David Binnie as a non-voting member of the Audit & Risk Committee.

The Chair invited members to consider the recommendations as set out in the report.

Decision

The IJB agreed that:

i. the Head of Operations within the Health & Social Care Partnership was appointed as a non-voting member of the IJB; and
ii. David Binnie was appointed as a non-voting member of the Audit & Risk Committee.

12. MINUTES OF THE AUDIT & RISK COMMITTEE (FOR NOTING)

Minutes of the IJB's Audit & Risk Committee meetings on 10 January, 19 March and 4 June 2019 were presented for noting.

Decision

The IJB agreed to note the minutes of the Audit & Risk Committee.

Danny Harvie
The Chair informed members that Danny Harvie, who had previously been a non-voting member of the IJB, had passed away. She paid tribute to his dedication and commitment to making people's lives better and expressed her condolences to his family and friends.

Signed .....

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

Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 20 August 2019

Robertson Suite – Eric Liddell Centre, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (in the Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Councillor Phil Doggart, Christine Farquhar, Helen Fitzgerald, Kirsten Hey, Jacqui Macrae, Martin Hill, Jackie Irvine, Councillor Melanie Main, Ian McKay, Peter Murray, Moira Pringle, Judith Proctor and Richard Williams

Officers: Philip Brown, Tom Cowan, Kirsty Dewar, Tony Duncan, Jamie Macrae, Martin Scott, Julie Tickle and Cathy Wilson

Apologies: Angus McCann (Chair), Mike Ash, Andrew Coull and Ella Simpson.

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 21 June 2019 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for August 2019 was presented.

Decision

1) To agree to close the following actions:

   (a) Action 1 – Locality Improvement Plans

   (b) Action 3 - City of Edinburgh Council Motion by Councillor Miller – Attracting and Retaining Carers

   (c) Action 5 (2) - 2018/19 Financial Plan

   (d) Action 6 – The inclusive Homelessness Service at Panmure St Ann's

   (e) Action 8 - Publication of Annual Performance Report

   (f) Action 18 – 2019/20 Financial Plan

   (g) Action 20 – Finance Update

   (h) Action 25 – Finance Update

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 20 August 2019, submitted.)

3. Strategic Plan 2019-2022

On Friday 29 March 2019, the Edinburgh Integration Joint Board (EIJB) approved the draft Strategic Plan 2019-2022. A 3-month consultation period then took place from 16 April to 12 July 2019. The final Strategic Plan 2019-2022 was submitted for EIJB approval.

Decision

1) To approve the final version of the Strategic Plan 2019-2022.

2) To approve the Strategic Plan 2019-2022 synopsis.

3) To note the briefing note on the consultation period analysis.

4) To note the briefing note on the mapping exercise from the supporting Outline Strategic Commissioning Plans.

(References – Edinburgh Integration Joint Board, 24 May 2019 (item 3); report by the IJB Chief Officer, submitted.)

Declaration of Interest

Christine Farquhar declared a non-financial interest in this item as a former trustee of VOCAL and Upward Mobility and as a carer.

4. Edinburgh's Joint Carers Strategy

The draft Edinburgh Joint Carers' Strategy 2019-2022 was presented to the Edinburgh Integration Joint Board (EIJB) on 29 March 2019 at which the six priority areas were approved. A revised strategy was presented to the EIJB for approval.

Decision

1) To approve the revised Edinburgh Joint Carers' Strategy 2019-2022.
2) To approve the associated implementation plans.
3) To note the timelines for implementation.
4) To agree the extension of the grant funded carer organisations.
5) To agree the commissioning principles.
6) To note the existing commitments.
7) To note the consolidated funding available to support the carers strategy and implementation plans.
8) To note that Scottish Government statutory guidance for the Carers Scotland Act (2016), identified the 'responsible local authority' in relation to an Adult Carer Support Plan as the local authority for the area in which the cared-for person resided.
9) To agree to develop a performance and evaluation framework around the Carers Strategy, which would be reported back to the Joint Board in two cycles.
10) To agree that there would be annual progress reports on the Carers Strategy.

(References – Edinburgh Integration Joint Board, 29 March 2019 (item 4); report by the IJB Chief Officer, submitted.)

Declaration of Interest

Christine Farquhar declared a non-financial interest in this item as a former trustee of VOCAL and Upward Mobility and as a carer.

5. Psychological Therapies Additional Investment

Details were provided of proposals to recruit additional temporary staff for a period of 18 months, in order to clear the queue of patients waiting longer than 18 weeks for Psychological Therapy. To maintain compliance with the waiting times standard there was also a requirement for additional permanent staffing. Through developing Thrive centres across the city it was anticipated that the requirement for additional permanent psychological therapy staff may reduce; however, the impact of these plans would need to be evaluated.

Decision

1) To agree that the investment in additional temporary and permanent staffing which would be funded by:

   i. Non-recurring slippage on 2018/19 Action 15 plans, currently held in the IJB reserve (this was compatible with the requirements of the funding).
   ii. A non-recurring contribution from NHS Lothian identified through their financial planning process.
   iii. Uncommitted recurring Action 15 funding.

2) To agree that a briefing note would be circulated to members providing more detail on how the investment would be used, staff numbers, grades, and how they would be deployed.

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

6. Performance Report

An overview was provided of the activity and performance of the Edinburgh Health and Social Care Partnership and certain set aside functions of the Joint Board. The report provided an overview of performance covering key local indicators and national measures to the end of June 2019.

Decision

1) To note the performance of the Joint Board from the period January 2018 until June 2019.

2) To agree that a progress report on delayed discharges would be reported to the Joint Board at the October 2019 meeting.

3) To remit the Performance and Delivery Committee to look at delayed discharges, progress and investment at its first meeting.

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

7. Edinburgh IJB Annual Performance Report 2018/19

The Annual Performance Report for 2018-2019 presented. In order to comply with legislative requirements, the Joint Board was required to publish the Annual Report online by 31 July 2019.

The Annual Report described progress in the Partnership's national health and wellbeing outcomes.

Decision

To approve the Annual Performance Report.

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

8. IJB Risk Register

The current version of the Joint Board's risk register was presented for consideration and to update the board on the processes which were being established to manage, mitigate and escalate risks.

Decision

1) To note the continued development of the Joint Board's risk register and associated action plan.

2) To note the introduction of risk assurance level reporting.

3) To note that the latest version of the risk register had been scrutinised by the Audit and Risk Committee on 31 May 2019.

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

9. Reserves Policy

Details were provided on the Reserves Policy of the Integration Joint Board, and the purposes for which reserves may be held.

Decision

To approve the Reserves Policy

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

10. NHS Lothian Board Escalation

Details were provided of the Scottish Government's decision to move NHS Lothian to level 3 of the NHS Scotland escalation process. Areas of particular focus for improvement and recovery were also highlighted.

Decision

1) To note the content of the NHS Lothian Board paper.

2) To agree that a collaborative, whole system approach to addressing sustainable, longer term change is necessary.

3) To direct the Chief Officer of the Joint Board to support the developing improvement plans, ensuring alignment to work already underway within the Joint Board.

4) To agree to report back in six months on progress being made, or earlier if significant matters arise.

5) To agree that the recovery plan and any financial changes would be reported to the Board within six months, as soon as it was available.

6) To agree that a briefing note would be circulated providing more detail on responsibilities for mental health interactions.

7) To agree that the notes of Integrated Care Forum meetings would be distributed to members of the Joint Board.

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

11. New EIJB Directions Policy

A new policy setting out the process for formulating, approving, issuing, monitoring and reviewing directions was developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government good practice guidance.

The policy sought to enhance governance, transparency and accountability between the Joint Board and its partner organisations, NHS Lothian and City of Edinburgh. Council by clarifying responsibilities and relationships. The policy had been developed to ensure compliance with the emerging statutory guidance on directions

Decision

1) To approve the new Directions Policy.

2) To agree that the Strategic Planning Group would consider the set of Directions, before being submitted to the Joint Board for approval.

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

12. Appointments to Edinburgh Integration Joint Board and Committees

Approval was sought to appoint a non-voting member to the Joint Board, to note the appointment of a voting member by the City of Edinburgh Council, Details were provided of the appointment of two members to the Joint Board and members to the EIJB committees.

Decision

1) To note that the City of Edinburgh had appointed Councillor Phil Doggart as a voting member of the EIJB, replacing Councillor Susan Webber.

2) To approve the appointment of Jacqui Macrae as a non-voting member of the EIJB, in her capacity as Interim Chief Nurse, replacing Pat Wynne.

3) To approve the appointment of the following members to the Chair/Vice-Chair positions on the following committees:

   iv. Councillor Ricky Henderson as Chair and Angus McCann as Vice-Chair of the Strategic Planning Group, as a Council elected member and an NHS Lothian board member of the Joint Board.
   v. Peter Murray as Chair of the Futures Committee in his capacity as an NHS Lothian board member of the Joint Board.
   vi. Richard Williams as Chair of the Clinical and Care Governance Committee in his capacity as an NHS Lothian board member of the Joint Board.
   vii. Councillor Melanie Main as Chair of the Performance and Delivery Committee, as a Council elected member of the Joint Board.
   viii. Councillor Phil Doggart as Chair of the Audit and Assurance Committee as a Council elected member of the Joint Board.

4) To approve the appointment of members to the Joint Board's committees, as set out in Appendix 1 of the report.

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

Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 3 September 2019

Robertson Suite – Eric Liddell Centre, Edinburgh

Present:

Board Members:

Martin Hill (in the Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Councillor Phil Doggart, Christine Farquhar, Councillor George Gordon, Ian McKay, Peter Murray, Moira Pringle, Judith Proctor and Ella Simpson.

Officers: Tony Duncan, Jamie Macrae and Martin Scott.

Apologies: Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair) and Andrew Coull.

1. Edinburgh Integration Joint Board Accounts 2018/19

The 2018/19 annual accounts for the Edinburgh Integration Joint Board (IJB) were presented for approval.

Decision

1) To note the final 'significant enhancements' red rated Internal Audit opinion for the year ended 31st March 2019.

2) To approve and adopt the annual accounts for 2018/19.

3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.

4) To authorise the designated signatories (Vice Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board.

5) To authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

(References – Edinburgh Integration Joint Board, 21 June 2019 (item 9); report by the IJB Chief Officer, submitted.)

Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 22 October 2019

McDonald Suite - Hanover Scotland Housing Association, 95 McDonald Road, Edinburgh

Present:

Board Members:

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

Officers: Tom Cowan, Tony Duncan, Jamie Macrae, Martin Scott and Fiona Wilson.

Apologies: Kirsten Hey and Jackie Irvine.

1. Minutes

Decision

1) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 20 August 2019 as a correct record.

2) To approve the minute of the meeting of the Edinburgh Integration Joint Board of 3 September 2019 as a correct record.

3) To note the minute of the meeting of the Strategic Planning Group of 11 June 2019.

4) To note the minute of the meeting of the Additional Strategic Planning Group of 11 July 2019.

2. Rolling Actions Log

The Rolling Actions Log for October 2019 was presented.

Decision

1) To agree to close the following actions:
   - Action 6 – Draft Edinburgh IJB Strategic Plan 2019-2022
   - Action 11 – Carers Strategy
   - Action 12 – Short Break Services Statement (Unpaid Carers)
   - Action 17 – Update on the 2019 Health and Social Care Grants Programme
   - Action 20 – IJB Risk Register
   - Action 22 – Psychological Therapies Additional Investment
   - Action 24 (3) and (4) – NHS Lothian Board Escalation
2) To note that Action 23 was noted as being on the agenda for October 2019, but the report was no longer on the agenda and would come at a future date.
3) Action 24 (3) – To agree to circulate details of where responsibilities sit for the various mental health interactions.
4) Action 14 – To note that the date of proposed workshop would be provided.
5) Actions 8 and 15 – To agree to receive a single report that covers both audits (Audit Scotland and MSG).
6) To note that the Integrated Care Forum meetings were ongoing and notes from these meetings would be distributed to members of the Joint Board.
7) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 22 October 2019, submitted.)

3. South East Outer GP Provision Initial Agreement

An Initial Agreement for Edinburgh South East (Outer Area) GP capacity provision was provided. As the proposal sought capital funding from NHS Lothian, the Initial Agreement had been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Decision

1) To note that the four GP practices immediately affected by housing developments in the area (Ferniehill, Southern, Gracemount and Liberton medical practices) did not have sufficient physical capacity to ensure that all the new population from the extensive local planned housing developments would be able to access General Medical Services (GMS).

2) To note that the options under consideration in the Initial Agreement would enable the practice lists in the area to expand from 14,000 to 21,000 if sufficient GMS premises capacity were provided.

3) To note that NHS Lothian had invited the Edinburgh Health & Social Care Partnership (EHSCP) to submit an Initial Agreement for this proposal following the conclusion of the 2018-19 Capital Prioritisation Process.

4) To note the Initial Agreement was supported by the EHSCP Senior Management Team on 26 September 2019 and that Strategic Planning Group members had been able to comment prior to the Joint Board meeting.

5) To agree to the submission of the Initial Agreement to the NHS Lothian Capital Investment Group in accordance with the capital prioritisation process.

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

Declaration of interest

Councillor Phil Doggart and Peter Murray declared non-financial interests in this item as registered patients at GP practices mentioned in the report.

4. Financial Framework 2020-2023

An initial financial outlook based on where the partners were in their respective financial planning cycles was presented. The numbers presented were indicative but provided an insight into the scale of the financial gap over the next 3 years.

Decision

1) To support the approach to the financial framework set out in this paper, including the role of the Strategic Planning Group

2) To note that the financial outlook for 2020-2023 was unbalanced.

3) To support the proposed approach to developing a savings and recovery programme for agreement by the Joint Board.

4) To support the development of a financial strategy for the Joint Board.

5) To agree that details relating to the financial planning assumption on hospital drugs growth would be provided as part of the presentation on prescribing at the next Development Session.

6) To agree that a response would be sent to the Council's Head of Finance highlighting the Joint Board's concerns about the impact of any uplift provided by the Scottish Government to support health and social care not being passed on in full to the Joint Board.

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

5. Home First

The Edinburgh Integration Joint Board's performance in the area of delayed discharges had improved significantly over the last 12 months, with the gross number reducing from 265 as at August 2018 to 188 at August 2019, an improvement of 29.1%. The number of bed-days lost had reduced from 7,616 to 5,893 over the same period, an improvement of 22.6 %. The next major step for Edinburgh was the expansion of the Home First model, whereby they would build confidence of clinical teams in the proposition that more people could be cared for in their own homes or in homely settings, by stepping up the care they already receive, and that admission to hospital should only be when there are no other options.

Decision

1) To approve the accelerated roll-out of the Home First model in Edinburgh;

2) To approve a planned reduction in the set-aside bed base.

3) To require a report on progress no later than April 2020.

4) To agree that timescales would be added to the Direction.

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

6. Finance Update

An update was provided on the in-year financial position, including progress towards a balanced financial plan for 2019/20.

Decision

1) To note that a version of this report was considered at the first meeting of the Performance and Delivery Committee.

2) To note the financial position for delegated services for the first 5 months of the year.

3) To agree the use of slippage to offset the in-year position.

4) To note the potential to achieve a balanced financial position for the Joint Board for the year.

5) To agree to remit the Chief Officer and Chief Finance Officer to continue working with colleagues in the Council and NHS Lothian.

6) To agree that details of the financial dynamics of the set aside budget would be reported to the Performance and Delivery Committee.

7) To note that a programme was underway to look at transitions of school leavers to adult services and that this would take account of the Scottish Government's bill on statutory sector care planning.

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

7. John's Campaign

In September 2018, a paper was presented to the Edinburgh Integration Joint Board recommending the implementation of John's Campaign across all hospital and residential care homes managed by the Edinburgh Health and Social Care Partnership. An update was provided on progress with implementing and embedding John's Campaign.

Decision

1) To acknowledge the progress made to date with implementing and embedding John's Campaign in hospitals and residential care homes across the Edinburgh Health and Social Care Partnership.

2) To agree that the Communications Service and the Joint Board would take a more active role in promoting John's Campaign.

(References – Edinburgh Integration Joint Board, 28 September 2018 (item 11); report by the IJB Chief Officer, submitted.)

Declaration of interest

Christine Farquhar declared a non-financial interest in this item as a carer.

8. Chief Social Work Officer's Report 2018/19

The Chief Social Work Officer's Annual Report for 2018/19 was presented. Details were provided of the key issues facing social work and social care in Edinburgh, including data on statutory services, areas of decision making and the main developments and challenges.

Decision

1) To note the Chief Social Work Officer's Annual Report for 2018/19.

2) To note the report would be submitted to the Clinical and Care Governance Committee.

3) To agree that the Chief Social Work Officer would provide a presentation at a future meeting.

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

9. Directions linked to the Strategic Plan

An initial set of directions was developed to take forward the Edinburgh Integration Joint Board's Strategic Plan 2019-22. The directions were developed in accordance with the new Directions Policy approved by the Joint Board in August 2019 and met the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and emerging Scottish Government good practice guidance. The Strategic Planning Group reviewed the new directions on 23 September 2019.

Decision

1) To approve the initial directions.

2) To agree that any future reports which had been discussed at IJB Committees would include details of the discussion and decisions.

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

10. Public Bodies Climate Change Duties

The Joint Board was required, under the obligations placed on public bodies by the Climate Change (Scotland) Act and associated regulations, to complete a Public Bodies Climate Change Duties Report to cover the financial year 2018-19. This was submitted to the Joint Board for approval.

Decision

1) To note the requirements of the Climate Change (Scotland) Act.

2) To approve the draft Edinburgh Integration Joint Board Public Bodies Climate Change Duties Report: 2018-19.

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

11. Care at Home

The Joint Board resolved that the public be excluded from the meeting during consideration of the item of business on the grounds that it involved the disclosure of exempt information as defined under Standing Order 5.9.

The Joint Board considered a report providing information about the care at home contract awarded in 2016.

Decision

To agree to proceed as described in the report by the Chief Officer, Edinburgh Integration Joint Board.

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

Minutes

Edinburgh Integration Joint Board

10:00 am, Tuesday 10 December 2019

Eric Liddell Centre, Edinburgh

Present:

Board Members:

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

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

Apologies:. Ian McKay

1. Minutes

Decision

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

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

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

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

2. Rolling Actions Log

The Rolling Actions Log for December 2019 was presented.

Decision

1) To agree to close the following actions:

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

2) To otherwise note the remaining outstanding actions.

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

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

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

Decision

To note the update.

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

4. Appointments to the Edinburgh Integration Joint Board

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

Decision

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

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

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

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

5. Royal Infirmary Front Door Redesign

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

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

Decision

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

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

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

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

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

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

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

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

Decision

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

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

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

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

Declaration of Interests

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

7. Learning Disability Step Down – Royal Edinburgh Hospital

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

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

Decision

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

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

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

8. Adult Sensory Support

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

Decision

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

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

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

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

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

9. Winter Plan 2019/20

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

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

Decision

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

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

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

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

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

Declaration of Interests

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

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

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

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

Decision

1) To note the newly developed monitoring action plan.

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

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

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

11. Finance Update

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

Decision

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

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

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

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

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

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

12. Equality Outcomes and Mainstreaming Report

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

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

Decision

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

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

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

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

13. Update on Implementation of Committee Structures

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

Decision

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

2) To agree the meeting schedule for all committees.

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

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

NHS LOTHIAN

Board Meeting
12th February 2020

Director of Improvement

LOTHIAN RECOVERY PLAN UPDATE

1 Purpose of the Report

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

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

2 Recommendations

2.1 Accept this report as a source of moderate assurance that a comprehensive programme of whole system work has been initiated to support the delivery of the Lothian Performance Recovery Programme and delivery of core performance targets. In particular, the plans and actions in place within the Unscheduled Care Programme as set out in Appendix 2.

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

3 Discussion of Key Issues

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

De-escalation

John Connaghan advised that a decision around de-escalation was hoped to be made early in 2020/21 financial year, although this was dependant on a number of factors, including acceptance of the Board's AOP and trajectories and continued progress.

Progress was noted in all areas (Scheduled Care, Unscheduled Care, Cancer Waiting Times, Mental Health – patients no longer accommodated on mattresses and Delayed Discharges) and NHS Lothian will consider what more might be done to improve the situation at Paediatric Services at St John's, following the review/advice from The Royal College of Paediatrics and Child Health in February, 2020.

AOCB

NHS Lothian officials were thanked for their open and regularl communication which had contributed to the efficiency of Group business, throughout its cycle, which Tim Davison agreed ran well, with NHS Lothian being kept informed throughout.

The meeting ended at 4pm, concluding the final meeting of the NHS Lothian Recovery Oversight Group. From now on SG will continue to monitor progress and meet with NHS Lothian to finalise their AOP for 2020/21 during Feb/March.

3.2 The remainder of this paper provides an update on performance against each of the core targets included within the scope of the Recovery Plan as of December 2019. Provisional management information is available for the festive period and January and has been presented where relevant.

Table 1. Core Recovery Plan Metrics

Metric		Dec 2019	Nov 2019	Nov 2018	Change	Target
Delayed Discharges	Standard	201	197	266	-24%	200 (Dec 19)
	Standard & Complex	228	228	294	-22%	-
4 Hour ED Waiting Time		80.3%	81.5%	89.2%	-10%	95%
Outpatient >12 week waiting time		23,274	23,181	25,647	-9%	16,151*
Treatment Time Guarantee		2,753	2,530	2,135	+29%	2,472*
Cancer Waiting Times (62 day target)		83.8%	80.8%	77.5%	+8%	95%
Mental Health & Learning Disability Bed occupancy		88.1%	87.3%	96.4%	-9%	85-90%
CAHMS >18 week target		45.0%	48.4%	54.3%	-17%	90%
Psychological Therapies > 18 week target		84.7%	80.0%	72.7%	+16%	90%
Paediatrics and St John's		4 days a week 24x7	4 days a week 24x7	Closed to inpatients	-	7 days a week 24x7

[p] some November 2019 is provisional management information and may be subject to small variation.
* 2019/20 AOP Trajectory at year end
* Green denotes an improvement, red deterioration, and amber no change since Nov 2018

3.3 The table illustrates that whilst performance has improved across a number of metrics over the past year, it is still significantly below Government targets in a number of areas with particular concern in relation to the 4 Hour ED access standard. Provisional management information illustrates that during January 2020 performance deteriorated in a number of areas including scheduled care and delayed discharges. Part of this reflects the usual challenges of maintaining services over the festive break. Further details are set out below and in Appendices 1 and 2.

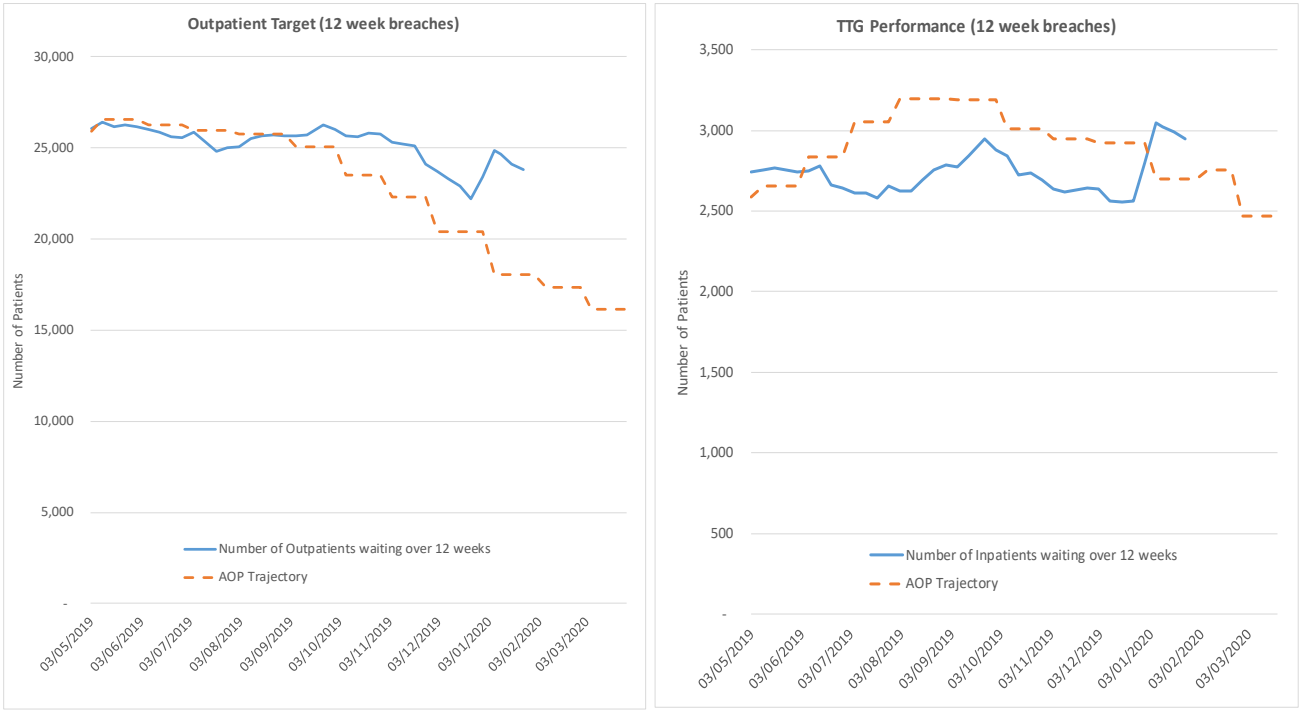
Cancer

3.4 The 62 day Cancer Waiting Time target is now on an upward trajectory following actions put in place to improve colorectal and prostate cancer pathways with performance in December at 83.8%. These actions have focused on ensuring earlier diagnosis and reducing the decision to treat backlog through a multidisciplinary approach to patient tracking within weekly cancer huddles. Over the festive period this backlog increased slightly, but has since recovered. The team are confident that performance will continue to incrementally improve up until March 2020 and will be in the 84-88% range over this period. Planning for next year is underway, although the team recognises that achieving the 95% target will be difficult without further redesign and will be constrained by the availability of clinical staff in certain cancer subspecialties. The 31 day Cancer Waiting Time target is now above the Government target at 96.1%.

Scheduled Care

3.5 The total number of outpatient and TTG 12 week waits both increased in December with outpatients now behind planned trajectory. The figure below illustrates the latest position for January based on un-validated management information. It illustrates that performance deteriorated for both outpatients and TTG over the festive period and work is now underway to bring these waits back down.

Figure 1. OP and TTG waits
(un-validated weekly management information)



3.6 The last quarter of 2019/20 requires a significant reduction in the number of patients waiting longer than 12 weeks, to meet the outpatient AOP trajectory. Work continues to ensure all existing capacity is fully booked and a number of plans are in place to increase further the use of external facilities, in particular the East Lothian Community Hospital. From October 2019 to March 2020, over 13,000 cases will be seen in external facilities compared to an initial plan of 9,750. This is largely due to the external provision of ENT capacity as well as the planned booking of 2,000 patients into the ELCH (predominately for dermatology and GI clinics). Further opportunities are being activity pursed in relation to the external provision of rheumatology and dental activity, although limited benefits will be realised this performance year.

3.7 These actions will continue to reduce the number of over 12 week outpatient waits. However, following a review of the projected outturn at a specialty level, NHS Lothian is now forecasting a March 2020 position of 18,000 outpatient breaches. There are a number of reasons for this variance, such as workforce shortages, a reduction in weekend waiting list initiatives linked to pension changes and under-performance within the Edinburgh Dental Institute (EDI). As members are aware, waiting time information for outpatients at EDI was moved onto Trak in November and following a data cleansing exercise, over 3,500 12 week breaches have been identified compared to an initial estimate of around 2,000 – 2,750.

3.8 Achievement of the revised outturn forecast would still represent a 25% reduction in outpatient 12 week breaches from April last year.

3.9 Performance against TTG deteriorated slightly in December and whilst under trajectory, the latest management information highlights a continued increase into January 2020. Our latest forecasts indicate that performance will not meet the AOP target (2,474 vs a revised forecast of 3,100). This relates to shortfalls in a number of specialties as well as further cancellations over the winter period (127 since early November). One of the primary drivers of this change in forecast relates to the inability to use theatre capacity in Forth Valley Health Board. It was anticipated that Lothian would be able to send approximately 1,000 TTG patients to Forth Valley, however due to delays in preparing the theatres, restrictions on the type of procedure that could be undertaken and low patient uptake, it is expected that only 200 procedures will be performed. Appendix 1 provides further details at a specialty level, long waits and the performance in diagnostics within the Waiting Time Improvement Plan paper.

3.10 These changes were communicated to the Scottish Government as part of the Recovery Plan update on the 23 January. The changes were noted, and it was recognised that the outpatient target is still expected to significantly lower than the start of the year, and whilst TTG breaches have increased, they remain below the Scottish average. However, any further material deviations from these re-forecasted positions may negatively impact on the Scottish Government's confidence in the Recovery Programme.

3.11 Work is underway to develop waiting time trajectories for the 2020/21 financial year and will be submitted as part of the AOP process. Initial estimates comparing expected demand with capacity illustrate a structural capacity gap for both outpatients and TTG. In order to deliver a net neutral position next year there will remain heavy reliance on external provision as well as a continued focus on service redesign. Preliminary analysis indicates that it will be challenging to maintain further downward momentum into March 2021 without redesign, other actions and external capacity higher than historical levels.

3.12 A more detailed paper setting out these issues will be brought to the Board at the March 2020 meeting. This will link to the longer term strategy to increase scheduled care capacity including the proposed Short Stay Elective Centre at St John's Hospital. At present, the Outline Business Case is still awaiting sign off from the Scottish Government, at a recent Capital Investment Group meeting, the development was not approved as further clarity was being sought in a number of areas. The team are now working closely with the Scottish Government to minimise any subsequent delays.

Paediatrics at St Johns

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

3.14 The Paediatric Programme Board (PPB) met again on the 14 January 2020 to make a further assessment of whether it would be possible to move to seven day 24/7 opening. A full assessment of the current out of hours staffing position for the resident middle grade rota was made, and the unanimous view was that the current rota position would not support full opening at this point.

3.15 The decision was based on the continued fragility of the mid-grade staffing model with one of the Hybrid Consultants absent due to sickness, further training was required for one of the APNPs and a deterioration in the Neonatal staffing position (the RIE has been allocated less Trainees than usual from February onwards). In addition, there were no applicants for the last recruitment adverts at the end of 2019 for a trained APNP. Some of these issues are expected to be resolved in the next 3-6 months with a newly appointed consultant due to take post at the end of Feb 2020. A number of roles will also be re-advertised.

3.16 Lothian will seek further advice of the Royal College or Paediatrics and Child Health as they will be carrying out a further review of the service in mid-February 2020. This will inform NHS Lothian's decision on full opening and next steps. In particular, NHS Lothian will request guidance on the likely prospects of success of another international recruitment drive.

3.17 Moving towards a seven day a week services remains a high priority for the Scottish Government and therefore the current position remains a risk to the delivery of the Recovery Programme.

Mental Health and Learning Disabilities

3.18 Performance in relation to the CAHMS and Psychological Therapies 18 week target has remained relatively consistent in the last month, albeit below the Government standard. The focus remains on recruitment into new roles to increase capacity and manage changes in operating policies as discussed at the last Board meeting. The latest management information indicates that patients waiting over 18 weeks for the CAMHS service are starting to reduce. Performance against the 90% access standard improved in December within Psychological Therapies, although the number of patients waiting over 18 weeks on the adult waiting list is still increasing as recruits are yet to come into post.

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

Unscheduled Care

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

3.21 Performance in December continued to be extremely challenging with adherence to the four hour access standard dipping to 80.3%. There were over 200 twelve hour breaches in the run up to Christmas (mainly between the 11th to the 22nd December) and the RIE was under particular strain. However, over the festive period performance was much improved, with a number of days at or near 95% against the access standard and in general staff reported positively on ED morale over the period.

3.22 This improved performance continued into early January, but pressure on the system has been building up over the course of the month. Performance has been particularly challenged at the Western General (mid to low 70%) and despite St John's opening additional cubicle capacity it is also running in the region of 85% against the 4 hour target.

3.23 In part, these challenges are related to a spike in delayed discharges particularly in the Edinburgh HSCP. Whilst Each HSCP has made significant progress in reducing the number of unplanned OBDs lost to delayed discharges and met plan at circa 200 for standard delays in December, this increased to over 250 in early January. This increase is primarily related to challenges in the Edinburgh care at home market over Christmas with a number of providers handing back care at home contracts. Further details are set out in Appendix 2 in the Unscheduled Care Recovery paper.

3.24 The Scottish Government is aware of both the performance challenges in December as well as the improvement over the festive period (when Lothian was one of the best performing Boards in the country). They recognised that delayed discharges tend to increase during the winter period and the Partnerships have all committed to bringing delays back down to 200 by the end of March 2020.

4 Key Risks

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

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

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Appendix 1. Waiting Times Improvement Paper
Appendix 2. Unscheduled Care Recovery Plans

Peter Lock
Director of Improvement
30 January 2020

NHS LOTHIAN

NHS Lothian Board Meeting
12 February 2020

Chief Officer, Acute Services

WAITING TIMES IMPROVEMENT PLAN
RECOVERY & SUSTAINABILITY

1 Purpose of the Report

1.1 The purpose of this report is:

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

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

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

2 Recommendations

Board Members are recommended to;

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

2.2 **Acknowledge** that 61.2% of patients were waiting 12 weeks or less for a new outpatient appointment in December 2019, and that 77.3% of patients were seen within the 12 Week Treatment Time Guarantee.

2.3 **Recognise** that Cancer 31 day performance for December 2019 was 96.1% - better than trajectory of 94.8%. 62 day performance whilst 83.8% against a trajectory of 84.1%, has improved month on month since July (8.4% improvement).

2.4 **Accept** that TTG performance has remained better than trajectory since May 2019. However there is increasing pressures to deliver the TTG trajectory in the last quarter, with current service predictions increasing anticipated performance position from 2, 457 to 3,100 by end March 2020.

2.5 **Accept** that due to changes in demand/capacity for a number of services since AOP trajectory submission that December 2019 outpatient performance resulted in a breach of the Trajectory milestone, despite improvement of more than 2,500 since August 2019. Current service pressures have resulted in an updated anticipated performance position of 18,000 patients over 12 weeks by the end of March 2020, an increase from AOP trajectory of 16,151

3 Discussion of Key Issues

3.1 Current Performance 2019/20

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

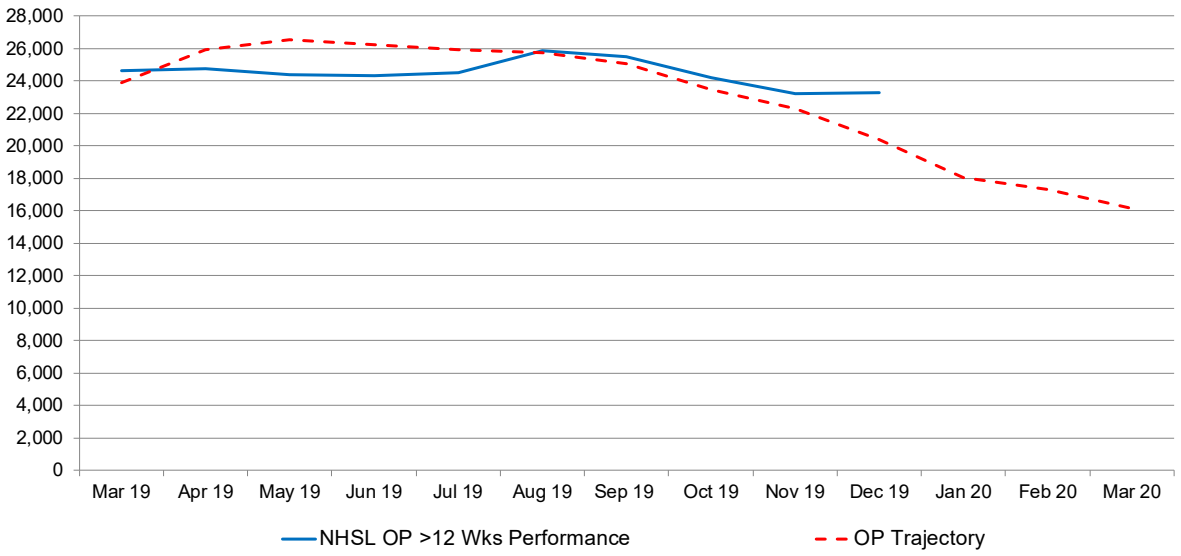
3.2 Outpatients

3.2.1 Validated MMI performance for December was 23,274 against a AOP trajectory of 20,393 (please see Appendix 1 and Chart 1 below). Although November and December performance was static, there has been a reduction of more than 2,200 patients waiting longer than 12 weeks from September to December.

Table 1 – New Outpatients waiting in excess of 12 weeks (Dec 2020)

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

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



3.2.2 The last quarter of 2019/20 requires a significant reduction in the number of patients waiting longer than 12 weeks, in line with our AOP trajectory commitment to reach 16,151 patients waiting over 12 weeks by March 2020. This constitutes a reduction of just under one third against current position. Following a detailed review of the positions of each individual specialty it is now expected that NHS Lothian will achieve a maximum of 18,000 Out – patients waiting over 12 weeks by the end of March 2020.

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

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

3.3 Waiting time information for outpatients at EDI was moved onto Trak in November and following a data cleansing exercise, over 3,500 12 week breaches have been identified compared to an initial estimate of around 2,000 – 2,750. This has been assessed as an accurate position, and has been driven by a combination of accurate data reporting, increased additions to waiting list and reduced capacity during migration period and festive period.

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

3.3.2 Significant progress has been made against since April 2019 in terms of Long Waits >52 and >70 Weeks for Dermatology, Endoscopy and Gastroenterology, which Charts 1-4 below demonstrate. These three services have high volumes of urgent patients, so capacity has been balanced to meet this need and reduce excessively long waits.

Chart 1 – NHS Lothian

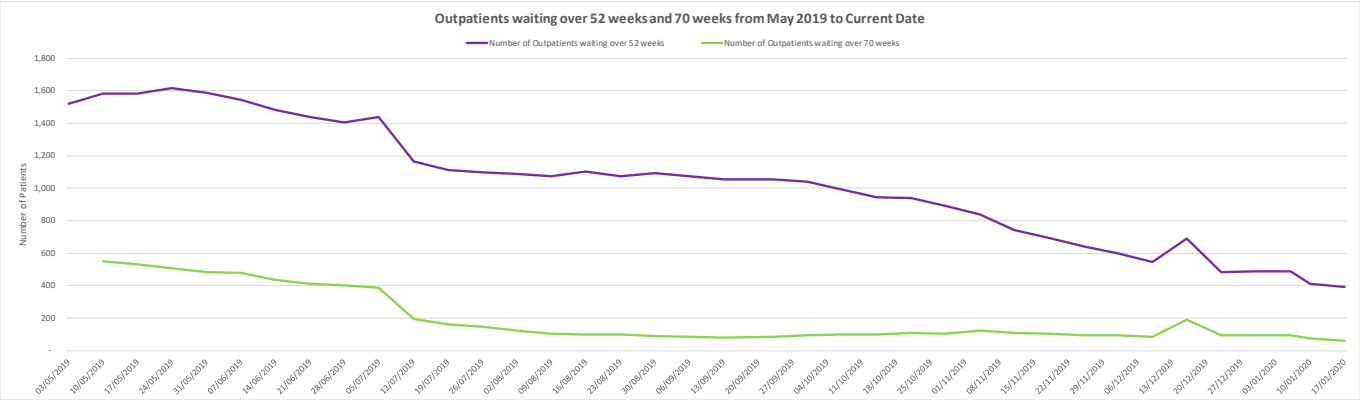


Chart 2 – Dermatology

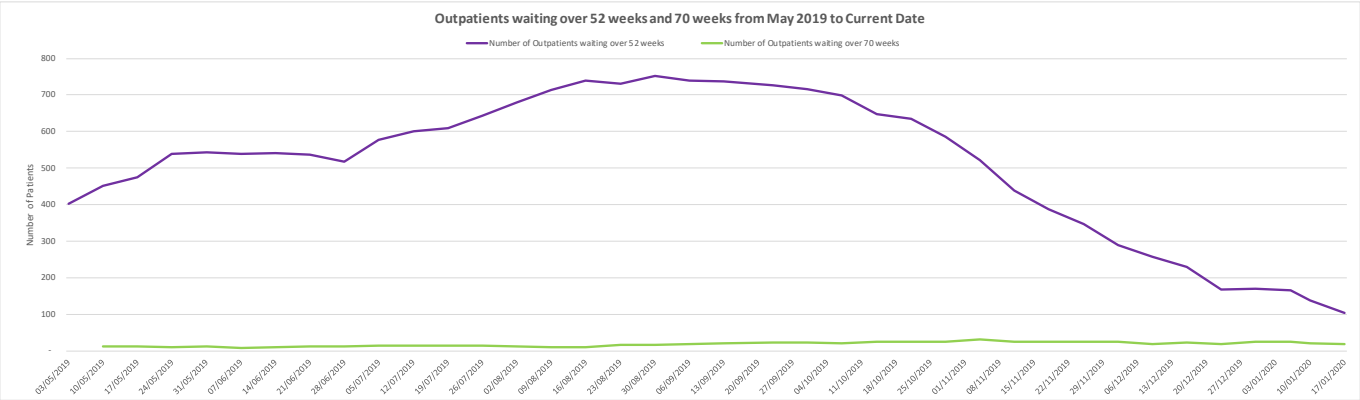


Chart 3 – Endoscopy

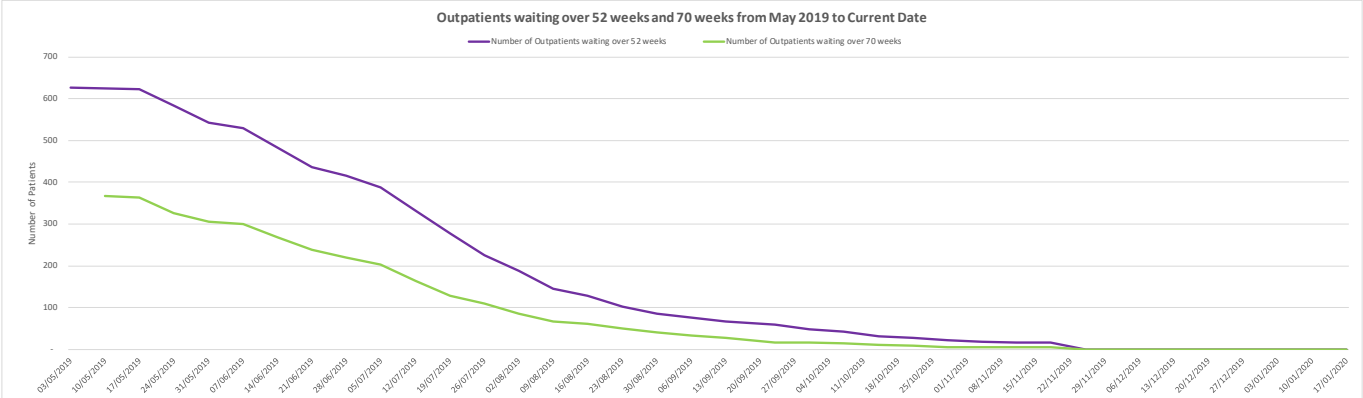
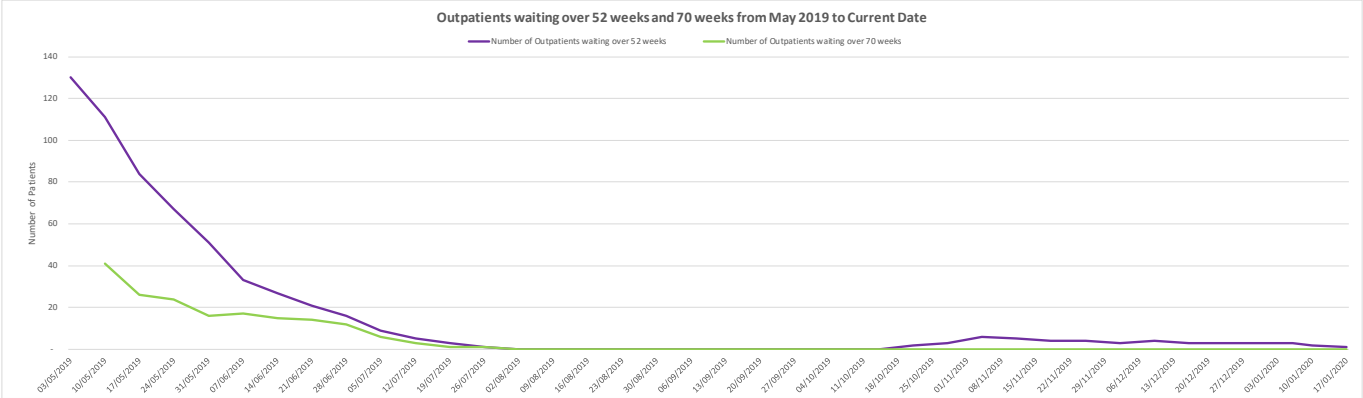


Chart 4 – Gastroenterology



3.3.3 **Mitigating Actions**

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

3.4.1 Waiting List Initiatives (WLIs) are being undertaken where possible and requests being made for additional external provider capacity. As above WLI uptake continues to reduce due to pension and tax regulatory changes. Support is also being actively provided by the new Head of Access, and Capacity Modeller.

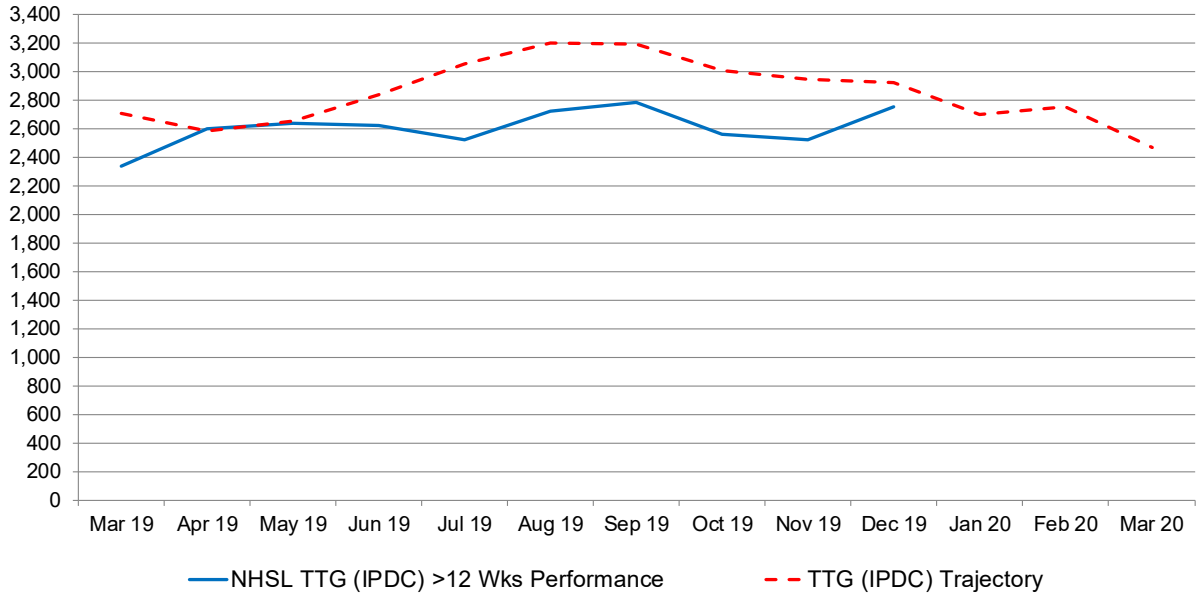
3.5 Inpatients & Day Cases

3.5.1 Validated TTG MMI performance figures for December 2019 of 2,753 indicate continued achievement of AOP Trajectory as per the table and chart below. Please see Appendix 1 for detail.

Table 3 – Inpatients/Day Cases waiting in excess of 12 weeks (Dec 2020)

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

Chart 5 – Inpatient and Day Case waits over 12 Weeks (ongoing) versus AOP Trajectory



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

3.5.3 This relates to shortfalls in a number of specialties as well as further cancellations over the winter period (127 since early November). One of the primary drivers of this change in forecast relates to the inability to use theatre capacity in Forth Valley Health Board. It was anticipated that Lothian would be able to send approximately 1,000 TTG patients to Forth Valley, however due to delays in preparing the theatres, restrictions on the type of procedure that could be undertaken and low patient uptake, it is expected that only 200 procedures will be performed.

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

3.5.5 Mitigating actions include focus on increasing patient throughput via initiatives within the Theatres Optimisation Programme; further capacity to be sought within the independent sector.

3.6 Diagnostics

3.6.1 The DMMI Diagnostics >6 Week standard covers two key areas of Diagnostics - Gastroenterology (incl. Endoscopy and Urology), and Radiology - for which reporting is required for four separate performance metrics each. Please see Appendix 1 for figures.

3.7 Endoscopy

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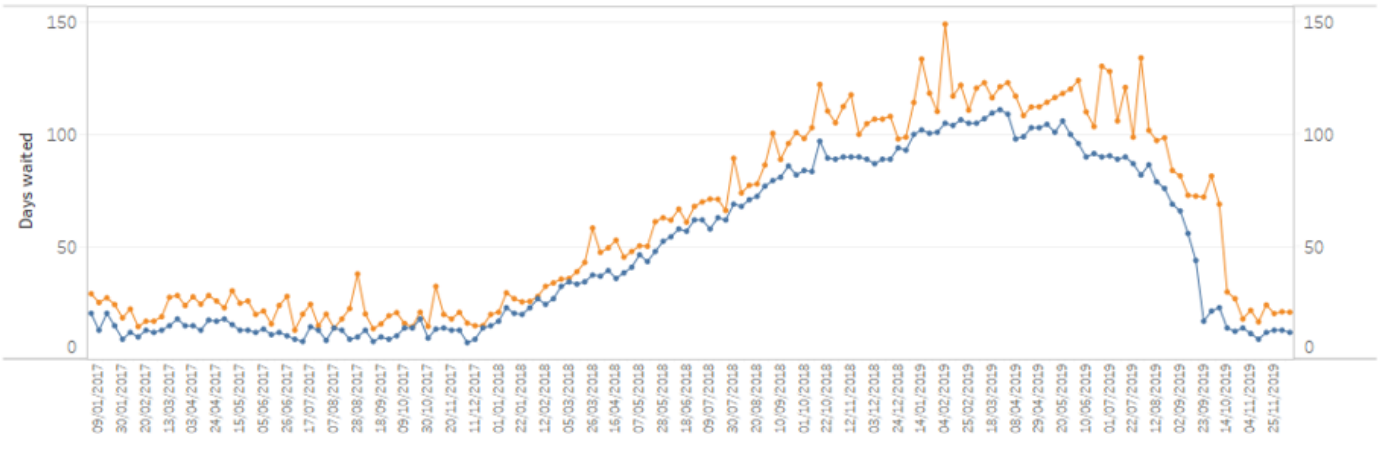
3.7.1 Gastroenterology diagnostic procedure 6 week trajectory has not been met for November as a result of reduced capacity for Endoscopy. The service had planned to deliver 20-25% additional activity this year via internal efficiencies and utilisation of the Vanguard Unit and external providers. However, the capital project refurbishment of Leith Community Treatment Centre (LCTC) resulted in a loss of capacity November 2019-February 2020, a locum vacancy and unexpected short term special leave at Vanguard, have impacted performance. Further mitigations are in place and improved performance should be delivered early in the next financial year. For validated figures please see Appendix 1.

3.7.2 Nurse Endoscopist posts (2 posts) were advertised on 3 occasions in 2019 with no applicants. Posts will be re-advertised in February 2020. Approval has also been received to recruit two consultants, neither post received any applicants. One post has now been recruited to on a fixed term basis and further advert is underway.

3.7.3 Once LCTC is open (Mid February) it will provide 150 extra slots per month and as a result of additional this additional capacity will increase colonoscopy slots.

3.7.4 The service has however been achieving the national target for Bowel Screening of 31 days since November 2019, following introduction of an additional Nurse Triage post in April to mitigate the impact of a change in national guidelines – please see Chart 3 below.

Chart 6 – Bowel Screening Endoscopy New OP Referrals to All Sites – Days Waited and Median Wait



Key
90th percentile days waited
Median days waited

3.7.5 An administrative Band 3 post to support pre-Assessment booking to reduce the time from referral to pre-assessment will be in post from March 2020. Reduction in waiting time will be achieved by booking the pre-assessment appointment by telephone as opposed to the current system of utilising letters. This action should reduce the time from referral to pre-assessment to 5 days, compared with the current situation of 7–10 days, further supporting colorectal cancer pathway improvement work.

Radiology

3.7.6 The main pressures within Radiology CT have arisen from delays to the move to RHCYP/ DCN; staff issues including vacancy, maternity leave, and the introduction of a new rota to comply with major trauma centre. This new rota ensures that a CT radiographer is available on site overnight/ at weekends instead of being on call. .

3.7.7 Actions to reduce current CT waiting times are in place including optimising capacity across the system, including weekend working and seeking external capacity.

3.7.8 MRI, the replaced scanner at RIE is now fully operational, but the impact of downtime is still evident. Additional internal sessions and additional activity by University will provide an improved position.

3.8 **Cancer**

3.8.1 Cancer performance continues to improve, although areas of risk remain. The 62 day standard is now in line with trajectory and has increase by 3 percentage points from November and 31 day performance is exceeding target (see Charts below). Colorectal and Urology (Prostate) performance remain areas of biggest pressures, whilst Melanoma and Upper GI have shown improvement. Significant reductions in waits have been made within some elements of the Colorectal pathway since mid-September.

Chart 7 - NHS Lothian 31 Day Trajectory versus Reported Performance

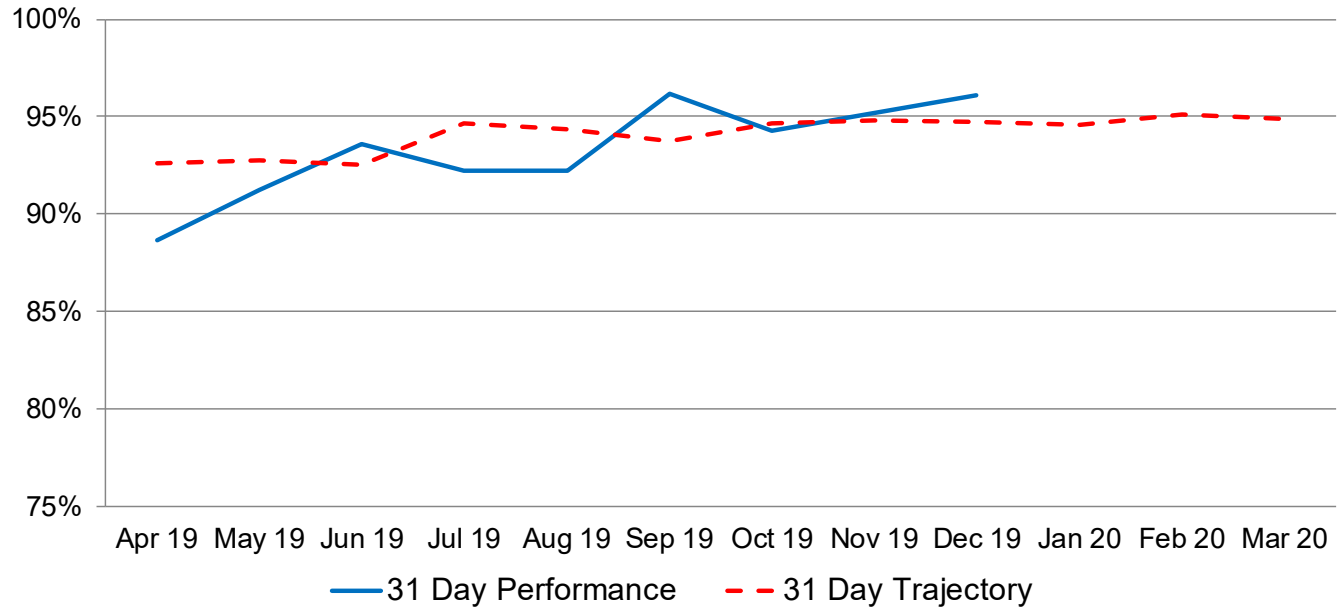
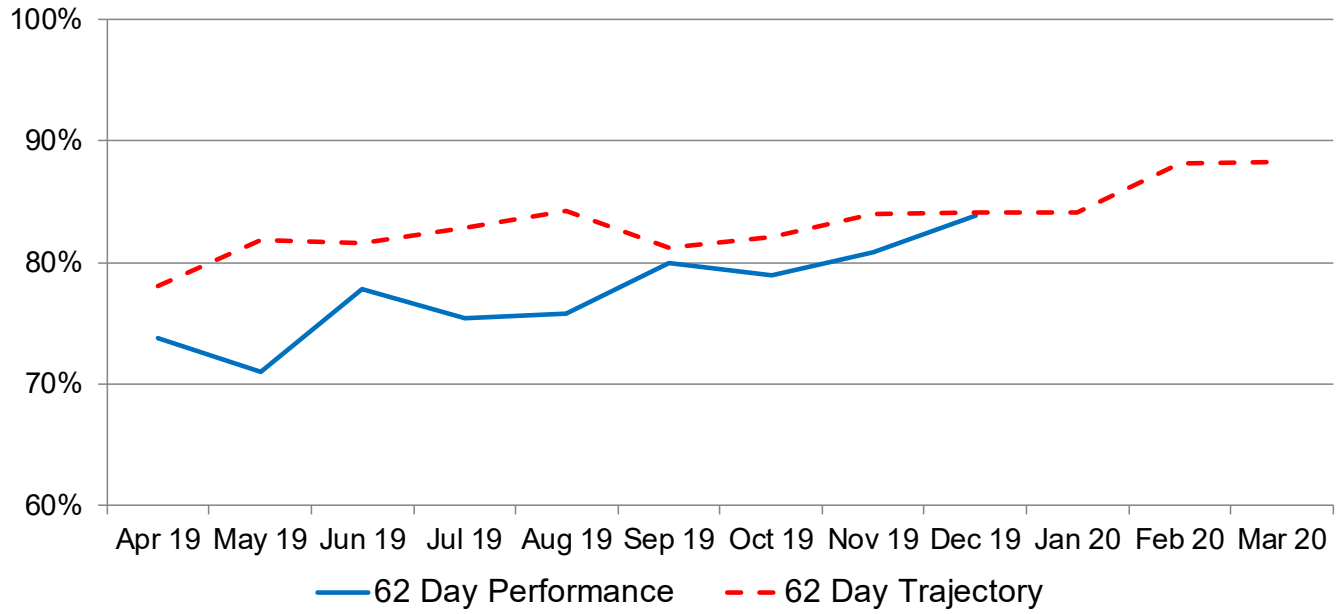


Chart 8 - NHS Lothian 62 Day Trajectory Versus Reported Performance



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

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

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

3.9 **Edinburgh Dental Institute (EDI)**

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

3.9.2 Indicative January >12 week breach figures (3,514) are higher than anticipated (2,750), partly as a result of reduced clinic capacity both before and after the move to Trak, planned to allow for appropriate training of approximately 300 staff, and increased referrals.

3.9.3 Mitigating actions in place include awarding of an external provision contract to provide dental resource covering 12 new patients per session from late February. Use of weekend clinics at St Johns, appointment of locums and waiting list initiatives are all being explored.

3.10 Short Stay Elective Centre

3.10.1 The Outline Business Case (OBC) for the Short Stay Elective Centre cost reduction analysis has been completed and approved by the November meetings of the Lothian Capital Investment Group and the Finance & Resource Committee, with a capital cost of £70.9m. The outline business case was submitted to the Scottish Government Capital Investment Group on the 24 January 2020. CIG did not approve progress to Full Business Case and have sought further clarity on aspects of the project plan. The team are working closely with colleagues from the National Elective Centre Programme to agree the appropriate way forward to ensure there are no material delays to the approval process.

3.11 Local Access Collaborative

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

4 Key Risks

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

4.2 Scheduled Care risks are also captured within an NHS Lothian Clinical Risk Matrix, updated monthly within this paper. Clinical risks as at 27th January 2020 were scored and ranked as below.

			Risk Rating			
OP Specialty	No. of weeks 9 out of every 10 patients had been seen within, in the quarter ending Dec 2019 - for adults unless otherwise specified	No. of patients waiting over waiting time standard as at 27/01/2020. Standard is 12 weeks for all but GI and Urology Diagnostics*, which have a six week standard.	Risk based on current length of wait for 90% of patients (1-5)	Probability of clinical risk (e.g. cancer) (1-5)	Risk based on number of patients waiting over the waiting time standard (1-5)	Risk score (from highest, descending) (1-125)
GI Diagnostics*	61	2,003	4	5	4	
Dermatology	60	3,413	4	4	4	
Urology	40	1,926	3	4	4	
Colorectal	38	1,580	3	4	4	
Gastroenterology	44	1,092	3	5	3	
ENT (paed)	35	644	3	3	3	
Ophthalmology	43	3,017	3	2	4	
Orthopaedics	37	2,231	3	2	4	
ENT (adult)	39	1,154	3	2	3	
Neurosurgery	43	447	3	3	2	
General Surgery (paed)	27	291	3	3	2	
Gynaecology	17	480	2	4	2	
General Surgery (adult)	12	45	2	3	2	
Urology Diagnostics*	18	362	2	3	2	
Vascular	16	105	2	3	2	
Gastroenterology (paed)	41	1	3	1	1	

**The number of weeks waited has been suppressed for specialties where the number of completed waits was fewer than 50 patients in the quarter.

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

8.1 Resource impact as detailed within body of the paper.

Jacquie Campbell
Chief Officer, Acute
Services
28/01/2020

List of Appendices

Appendix 1 - Scheduled Care Performance

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL OP >12 Wks Performance	**24,669**	**24,755**	**24,425**	**24,307**	**24,502**	**25,851**	**25,529**	**24,201**	**23,243**	**23,274**			
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	-1,178	-2,127	-1,962	-1,462	91	478	701	950	2,881			
% of patients waiting 12 weeks or less for a new outpatient appointment	**64.5%**	**64.9%**	**64.6%**	**64.0%**	**64.6%**	**62.8%**	**62.5%**	**62.0%**	**61.8%**	**61.2%**			

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

IPDC Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL TTG (IPDC) >12 Wks Performance	**2,340**	**2,597**	**2,642**	**2,622**	**2,526**	**2,727**	**2,788**	**2,563**	**2,527**	**2,753**			
TTG (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	-529	-471	-402	-448	-420	-169			
% Patients Seen Within 12 Week Treatment Time Guarantee	**73.6%**	**78.4%**	**75.3%**	**74.7%**	**76.6%**	**75.2%**	**74.2%**	**73.5%**	**76.1%**	**77.3%**			

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

Gastroenterology Diagnostic Performance against Trajectory

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

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

Urology Diagnostic Performance against Trajectory

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

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

Radiology Diagnostic Performance against Trajectory

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

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

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

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

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

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

Cancer Performance The following tables 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%	86.4%	92.9%	91.2%	81.7%	86.4%	92.2%	89.4%	85.9%	90.3%			
Colorectal (screened excluded)	85.7%	82.9%	76.7%	78.3%	73.3%	78.1%	88.6%	90.3%	83.3%	96.3%			
Colorectal (screened only)	100.0%	100.0%	55.6%	100.0%	87.5%	20.0%	83.3%	72.2%	77.8%	55.6%			
Melanoma	91.7%	100.0%	100.0%	95.7%	100.0%	88.9%	100.0%	93.8%	97.9%	100.0%			
Breast (screened excluded)	98.1%	97.1%	97.5%	97.5%	100.0%	100.0%	100.0%	100.0%	98.1%	97.5%			
Breast (screened only)	100.0%	78.1%	91.1%	95.1%	97.1%	100.0%	100.0%	96.6%	97.7%	96.9%			
Cervical (screened excluded)	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
Cervical (screened only)	100.0%	100.0%	n/a	100.0%	100.0%	100.0%	n/a	100.0%	n/a	n/a			
Head & Neck	100.0%	100.0%	100.0%	100.0%	93.1%	100.0%	100.0%	100.0%	100.0%	100.0%			
Lung	93.2%	95.2%	100.0%	93.9%	98.6%	94.9%	94.9%	98.5%	100.0%	100.0%			
Lymphoma	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			
Ovarian	100.0%	66.7%	100.0%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%			
Upper Gastro-Intestinal (GI)	97.7%	96.4%	95.1%	100.0%	100.0%	97.3%	100.0%	100.0%	100.0%	100.0%			
All Cancer Types	95.3%	91.1%	93.9%	94.5%	92.2%	92.2%	96.2%	94.3%	95.2%	96.1%			
All Cancer Types Trajectory	92.9%	92.6%	92.8%	92.5%	94.7%	94.4%	93.7%	94.7%	94.8%	94.8%	94.6%	95.1%	94.9%
Difference	2.4%	-1.5%	1.1%	2.0%	-2.5%	-2.2%	2.5%	-0.4%	0.4%	1.3%			

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

NHS LOTHIAN

Board Meeting
12th February 2020

Director of Improvement

UNSCHEDULED CARE IMPROVEMENT PROGRAMME

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on progress in relation to the ongoing Lothian Performance Recovery Programme with specific reference to workstreams being taken forward under the Unscheduled Care Improvement Programme.

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

2 Recommendations

The Board is recommended to:

2.1 **Accept** this report as a source of moderate assurance that a comprehensive programme of whole system work has been initiated and is being overseen by relevant management and oversight groups.

2.2 **Accept** there is moderate assurance that the unscheduled care programme will meet performance levels set out in the Recovery Plan by the end of March 2020 (4-hour emergency access performance of 85-90% and 200 delayed discharges due to health and social care / family and patient reasons).

2.3 **Note** current 4-hour emergency access performance is 82.6% for the month of January 2020 against the Scottish Government standard of 95%, and that delayed discharges[1] due to health and social care / family and patient reasons are 249, and with inclusion of complex delays are 272.

3 Discussion of Key Issues

Overview

3.1 The provision of unscheduled care for the people of the Lothians is the responsibility of five organisations; East Lothian Integration Joint Board (IJB), Edinburgh IJB, Midlothian IJB, NHS Lothian (NHSL) and West Lothian IJB, working with national partners Scottish Ambulance Service and NHS24.

3.2 There are significant issues with the sustainable, high-quality delivery of these services, with poor performance against a range of national targets and standards, and difficulties in appropriately utilising the inpatient bed base. More broadly, there are questions regarding

[1] as per management information up to 24 January for delayed discharges.

the design of the model for provision, and how best to sustain community services and ensure the effective shift in the balance of care that all five organisations wish to see.

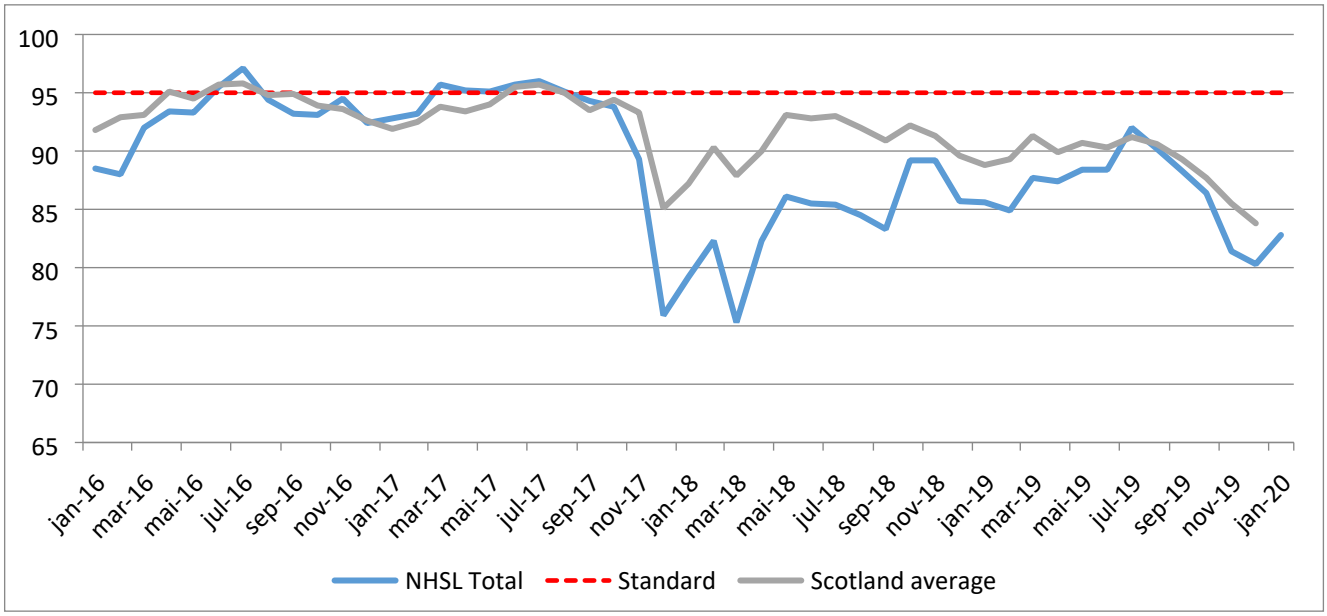
3.3 The pan-Lothian Unscheduled Care Programme has been established to develop a whole system approach to developing a sustainable model of unscheduled care. The aim is to provide timely access to care in the right place at the right time, avoiding delays anywhere in the whole system. The Programme Board is chaired by the Chief Officer of West Lothian Integration Joint Board and had its first meeting in January. Further detail on the programme is provided below.

Performance

4-hour Emergency Access Standard

3.4 The 4-hour emergency access standard (4EAS) is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to ensure flow. Performance against the 4EAS across NHSL deteriorated sharply after October 2017. While a gradual upward trend was observed over the following 21 months, performance deteriorated again after July 2019.

Figure 1. 4 Hour Emergency Access performance, All Sites, NHS Lothian, January 2016 - January 2020



3.5 4-hour emergency access performance varies by acute site, with the Royal Hospital for Sick Children (RHSC) reliably meeting the 95% standard, with the exception of a slight dip over winter 18/19. The three adult acute sites have all experienced greater challenges, and while St John's Hospital (SJH) and the Western General Hospital (WGH) did sustain performance at over 90% for a significant proportion of 2019, recent performance over November and December 2019 was lower than the same time in 2018. These challenges are not unique to Lothian and similar patterns are occurring across Scotland. A breakdown of performance by site is provided at Annex A.

3.6 In addition to variation across sites, there is also significant daily variation in performance within the adult acute sites. A difference in performance day-to-day of 10-15% is not unusual at RIE and WGH (see figures 2 and 3, Annex A).

3.7 Minor injuries unit (MIU) performance at WGH and the Royal Infirmary of Edinburgh (RIE) continues to exceed the access standard, with performance in December 2019 at 97% for RIE and 99% for WGH (see Figure 4, Annex A). MIU performance expected to be between 99-100%, and this sustained high performance of the MIUs and the RHSC pull up the overall NHSL average performance. Any changes to activity levels in these high performing areas will have a subsequent effect on overall NHSL performance. For example, while attendances at WGH have remained similar in 2019 and 2018 (48,662 vs 48,592), there has been a 9% decrease in Minors activity (2,275 attendances) in 2019, with a corresponding increase in Medical/Surgical activity. This has resulted in pressure on the medical and surgical assessment units, with a resulting negative impact on overall 4-hour emergency access performance at WGH over recent months.

3.8 8-hour and 12-hour waits have increased with over 200 twelve hour breaches in December 2019, which has risen to 400 in January 2020. Some degree of seasonality is seen over the winter period, however, long waits have increased over winter 19/20 compared with 18/19 (see Figure 5, Annex A). These long waits result in over-crowding of the emergency department, queues for beds and elective cancellations, which all increase clinical risk and are indicators of an over-stretched system.

3.9 Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to, the pattern of arrival of attendances i.e. high volumes within a short period, patient acuity, and hospital occupancy. It has been widely demonstrated that the key factor that contributes to reliably meeting the 4-hour emergency access standard is hospital occupancy ideally at 85%, and not higher than 90%. The WGH and RIE always operate above 90%.

3.10 Although total attendances across all NHSL sites have risen, with a growth of approximately 27% over the past 10 years (see figure 6, Annex A), outstripping the population growth of 11%[2], this in itself does not correlate with 4-hour emergency access performance. This is well documented for major hospitals across the UK, and is no different for NHSL sites.

3.11 The growth in attendances across NHSL has been fairly steady with predictable seasonal fluctuations, with the exception of a significant increase in attendance at the RIE in 2019 (128,080 attendances compared with 119,783 in 2018; an activity increase of 6.9%). This coincides with the opening of a new Minor Injuries Unit at RIE in January 2019 which will have contributed to increased activity.

3.12 With hospital occupancy, and therefore whole system flow, being the key to improving 4-hour performance, the focus needs to be on improving timely discharge for those people who no longer require acute care, and improving access to community-based urgent care services so that acute admission is not the default pathway for many urgent care needs.

[2] NRS census figures between 2008 and 2018.

3.13 In summary the key issues relating to 4-hour emergency access performance are:

- RHSC and Minor Injury Units have reliable high performance and pull up NHSL average;
- RIE and WGH are routinely operating above 90% occupancy and often close or at 100%, providing no flex for unplanned admissions;
- the complexity of the system makes it difficult for Healthcare Professionals (e.g. GPs, paramedics, NHS24 clinicians) to navigate community based services as alternatives to admission, resulting in acute admission via the front door being the most accessible option for urgent care and therefore contributing to high levels of hospital occupancy;
- daily variation in performance will make improvement difficult to sustain;
- there has been significant investment in the acute sites over 19/20 and sustainable solutions may lie in system redesign;
- hospital occupancy, and therefore flow through the system is the most important factor.

3.14 As described below the new unscheduled care programme will take forward work streams to address these key issues, and a number of recovery actions are also underway including:

- **SJH**: Building work completed 20 December at SJH ED providing 22 cubicles (9 additional) and revised patient pathways. 3 protected rooms for minors live end December with dedicated Emergency Nurse Practitioners in post;
- **RIE**: RIE Senior Management Team are now working 7 days with extended evening cover to support decision making. Winter capacity in place to support pre-12 discharge. POD improvement working groups planned for early February to develop further tests of change;
- **WGH**: Focusing on front door and discharge processes with Home First navigators, plus opened bed capacity in Ward 15;
- **System working**: Edinburgh Home First Navigator in Lothian Flow Centre from mid December to support access to alternatives to admission and planned to extend. Workshop planned on 7 February to develop a pan-Lothian single point of access to navigate HSCP alternatives to admission. Edinburgh Home First Winter Support Team – Crisis in Care in place from mid-December to enable people to stay at home and reduce admissions.

3.15 Following discussions with each acute site, it is expected that the NHS Lothian 4-hour emergency access performance will be in the region of 85-90% at the end of March 2020, recognising performance will still be challenged at WGH due to increasing medical activity.

Delayed Discharges

3.16 Delayed discharges have been a significant challenge within Lothian and the resulting impact on patients, both those who are delayed in hospital and the corresponding impact on those waiting to access a hospital bed, is not an acceptable position. However, there has been good progress made across Lothian and delayed discharges have been on a downward trajectory since the peak seen in 2018.

Figure 2. Delayed Discharges, all HSCPs, NHS Lothian, January 2016 – January 2020[3]

3.17 The aim in 2019 was to reduce the number of delayed discharges relating to health and social care and patient and family reasons (standard delays) to 200 by December across the four Lothian HSCPs. The figure submitted to ISD for the December census was 201 for NHS Lothian, which included 5 patients from outside Lothian, therefore achieving our aim. However, due to the usual seasonal variation for January and February, we have already seen an increase in delays, and in January 2020[4] the average standard delays are 249, and with inclusion of complex delays at 272. The Health and Social Care Partnerships (HSCPs) are continuing efforts to reduce delays; however, this is against a backdrop of challenges in the care market which will restrict recovery.

3.18 All HSCPs have invested in additional capacity for care at home as well as increasing flexibility of teams to move towards 7 day working. The impact of this has been demonstrated in the reduction of Occupied Bed Days (OBDs) across NHS Lothian due to delays. In November 2019 (latest available ISD census data) there were 7,344 OBDs due to all delays[5] with an average daily number of beds occupied of 245. This represents a 27% reduction in OBDs from November 2018, or the equivalent of an additional 91 daily beds (see longer term trend in Annex B). However, despite this reduction the acute sites are still experiencing high occupancy as described above.

[3] December 2019 and January 2020 (up to 24 January) data is management information and subject to change, while all other data points are ISD validated census data. Note standard delays include delays relating to health and social care / patient and family reasons, while complex delays include the code 9s.
[4] Management information up to 24 January 2020
[5] Delays relating to health and social care / patient and family reasons and complex code 9 delays.

3.19 There is variation in the number of delays across the four Lothian HSCPs (see Annex B). Each HSCP has different challenges in terms of geography and demography, with Edinburgh HSCP providing services for the largest population at more than four times the size than those served by Midlothian and East Lothian HSCPs. As would be expected Edinburgh has the greatest number of delays, however when these are broken down by population it can be clearly seen that whilst East Lothian is the highest performing HSCP, Edinburgh had a rate similar to that seen across Scotland in November.

Table 1. Delayed Discharges (standard and complex), by HSCP and rate per population[6]

HSCP	Population 18+	All delays November 2019	Rate per 100,000	All delays December 2019	Rate per 100,000	All delays January 2020	Rate per 100,000
Midlothian	71,840	26	36.2	24	33.4	26	36.2
West Lothian	142,455	51	35.8	35	24.6	48	33.7
Edinburgh	431,634	142	32.9	154	35.7	184	42.6
East Lothian	84,200	9	10.7	8	9.5	10	11.9
SCOTLAND	4,409,302	1,485	33.7	n.a.[7]			

3.20 Table 1 illustrates that Edinburgh has seen the largest increase in delays over December 2019 and January 2020. Whilst delays normally increase over January and February, the fragility of the external care provider market has caused significant challenges for Edinburgh over the past year. Their in-house care at home capacity was planned to reduce due to an ageing workforce, with plans to grow partner providers. However, since May 2019 two providers were suspended, two withdrew and two handed back 650 hours of packages of care on 23 December 2019. Therefore Edinburgh have had to re-provide about 2,300 hours just to sustain provision which had been planned to support growth in capacity. In addition, in-house resource has been used differently to prevent admissions e.g. to staff Home First winter prevention teams.

3.21 Despite these challenges, Edinburgh is working with external providers to grow care at home capacity in a sustainable way. Within Edinburgh there is no shortage of self-funding care home places across the city and there remains capacity in statutory care home beds. However, there are queues for specialty dementia care home places. There is also capacity within the new discharge to assess service with referrals from acute teams lower than expected. In addition, Edinburgh is on schedule to open a minimum of 15 intermediate care beds in February 2020.

3.22 Care at home capacity is a challenge for all the HSCPs, particularly meeting short term 'spikes' in demand which are difficult for community teams to manage. Ensuring the HSCPs are involved earlier in the discharge planning process should help to prevent delays which increase the length of stay whilst appropriate care arrangements are made. The assessment of care needs when the person is still in hospital can often result in over-prescription of the care at home packages required, which compounds the capacity challenges. All partnerships now have Discharge to Assess services in place whereby the

[6] December 2019 and January 2020 (up to 24 January) data is management information and subject to change, while all other data points are ISD validated census data. All delays refer to health and social care / patient and family reasons and the complex code 9 delays.

person's needs are assessed in their own home, providing a more accurate assessment of need and generally reducing the additional support required than when assessed in hospital. However, collaborative working across acute and community sectors is further complicated by the variance in the level and type of services provided by each HSCP.

3.23 In addition to issues with care at home capacity, the care home market can also be under pressure across Lothian, with restrictions by the Care Inspectorate or one-off events resulting in a need to re-provision care for residents, for example a West Lothian care home was closed due to fire in September 2019 and is due to re-open in April 2020. There are also constraints on intermediate care capacity (that can support up to 6 weeks of rehabilitation and assessment of longer-term needs) resulting in decisions about long-term care being made in periods of acute crisis which are then not revisited.

3.24 In summary the key issues relating to delayed discharges are:

- loss of function for a person during their acute period can result in increased needs in the community i.e. hospital settings can cause harm for people and the focus should be on getting people home as soon as possible;
- the fragility of the external care provider market results in capacity challenges;
- over-prescribing of care packages from acute teams can result in mismatched capacity and demand;
- variation in services provided across the four Lothian HSCPs makes the system difficult to navigate by acute staff;
- there remains a lack of confidence in the acute sector in relation to the responsiveness and reliability of services provided from the community, and this can result in an unwillingness to transfer care from acute to community teams;
- discharge decision making rests with acute teams with community teams involved once patients become a delay, therefore reducing flow and increasing length of stay;
- long-term care decisions made during times of crisis are difficult to revisit which can result in long delays for care home places.

3.25 As described below the new unscheduled care programme will take forward work streams to address these key issues, and a number of recovery actions are also underway including:

- expansion of West Lothian Discharge to Assess teams from January 2020;
- EHSCP Home First Navigator in WGH from October 2019 with further capacity from February 2020, with navigator in RIE from January 2020, and an orthopaedics pathway coordinator in RIE from January 2020;
- EHSCP plan for 15 additional intermediate care / step-down beds from February 2020, with potential to increase to 30 beds;
- EHSCP Discharge to Assess went live in November 2019 for the North of the city, and go live planned for February in the South of the city;
- changes to Midlothian homecare team in November 2019 to increase flexibility and capacity;
- Midlothian Discharge to Assess expansion to 7 day working in January 2020;
- East Lothian expansion of 10 beds in ELCH from December 2019, with potential to increase to 20.

3.26 Each HSCP expects these actions will maintain delays at the 200 delayed discharges due to health and social care / family and patient reasons at the end of March 2020, following recovery after the usual January and February seasonal increase. Trajectories for 20/21 are being developed with plans to further reduce the number of delays by March 2021.

Unscheduled Care Improvement Programme

3.27 The Unscheduled Care programme builds on work that has been underway over the past few years, including the reviews and improvement support following whistle-blowing concerns raised in October 2017 which concluded in June 2019 (see Annex C for more detail).

3.28 As described above, the most important factor in unscheduled care is improving flow through the system. The Unscheduled Care programme will therefore take a collaborative and whole system approach to improve unscheduled care performance, by providing safe, effective and person-centred care that supports stronger community systems and sustainable acute services.

3.29 The Unscheduled Care Programme Board met for the first time on 20 January 2020, and agreed the outputs of the programme will include:

- clear implementation plans to support the delivery of national target:
  - delayed discharges;
  - a sustainable average performance of 95% against the 4-hour emergency access standard;
- an agreed capacity model across the system (bed, clinical, community and voluntary) to reliably deliver 85-90% occupancy within inpatient beds in Lothian at the Royal Hospital for Sick Children, Royal Infirmary of Edinburgh, St John's Hospital, and the Western General Hospital, and deliver the vision for unscheduled care services laid down in IJB Strategic Plans;
- agreed commissioning plans for community and acute services to support delivery of these models;
- an agreed pan-Lothian financial strategy for unscheduled care services for the period to 2025.

3.30 There are four key areas of focus of the programme, with the first two aimed at working differently together across the system to implement transformation change, and the last two providing a renewed focus on ensuring current processes are as effective and reliable as possible:

- where acute hospital treatment is required there is a focus on getting people home or to a community setting as soon as appropriate by working across community and acute teams;
- shifting emergency unscheduled care to urgent scheduled care (right care in the right place at the right time);
- acute front door process improvements;
- back door process improvements.

3.31 Further detail about the aims and outcomes of these four areas is provided at Annex D, along with the high-level initial programme plan for the next six months. It is expected that the programme will balance the short term requirements of the Recovery Programme whilst setting out a more sustainable long term plan for unscheduled care. The following

provides an overview of the main aspects to the programme, which will be refined and agreed over the next few weeks:

Governance, performance and finance

The Unscheduled Care Programme Board is now in place and will meet monthly over 2020 to develop the strategic pan-Lothian set of approaches to deliver high quality and sustainable unscheduled services for the period 2020-2025, approve major investment and disinvestments across unscheduled care, and support joint accountability for performance delivery and increased collaboration across Lothian.

The existing Unscheduled Care Committee has been strengthened with representation (clinical and managerial) from across the whole system, including national partners NHS24 and Scottish Ambulance Service. Its remit has been extended to cover all aspects of unscheduled care as well as winter planning, and it will continue to meet monthly.

Reporting and Programme Management Office (PMO)

The establishment of the Unscheduled Care Programme has provided an opportunity to coordinate and prioritise the improvement activity underway across acute sites and HSCPs, as well as monitoring and tracking performance. A programme management approach is being used to ensure plans and actions are progressed, risks and issues are identified and managed, and these are visible at the appropriate level throughout the programme structure. This is being achieved by a clear monthly reporting process which will inform updates to the Programme Board, NHS Lothian Board and Integration Joint Boards.

The PMO is coordinating and supporting trajectory planning for both 4 hour emergency access performance and delayed discharges until March 2021, ensuring a whole system approach is taken i.e. understanding the impact of reducing delays on expected 4-hour emergency access performance. The trajectories are currently being developed and further work will then be undertaken to assess whole system capacity.

Cross-system working

The Programme Board agreed that a set of system-wide principles were needed that clearly explain the Lothian approach to unscheduled care, and a co-ordinated approach to embed these principles into our ways of working across the system. Following the success of a recent Edinburgh Home First event (29th January), where learning points were shared from the Home First approach in Medway as well as NHS Tayside's improvements in unscheduled care, similar events and an ongoing communications strategy are being designed and developed for staff working pan-Lothian. As well as challenging assumptions about where care is best provided this is about building confidence across acute and community teams that there are reliable and consistent community services for transfers of care once acute clinical care is no longer needed. Clinical leadership will be key to supporting this change.

Discharge management

Tests of change are being developed at both RIE and WGH with the aim to improve discharge management and reduce length of stay by early involvement of the community teams in the patient journey. Decision-making points are being reviewed to try to create

more of a ‘pull’ from the community teams rather than responding to a referral from the acute teams.

A review of discharge processes with the aim to improve effectiveness and seamless processes across organisations is also planned, which will include how to improve the use of discharge lounges.

Healthcare Professional (HCP) navigation of HSCP services

An initial workshop is taking place on 7 February to develop a whole system specification for how urgent care should be accessed pan-Lothian. This will include HCPs accessing care from a community setting e.g. GPs, paramedics, NHS24 clinician, and being supported to navigate the services available across the four HSCPs and three acute sites to ensure access to the right care, in the right place at the right time, and moving away from acute admission being the default pathway. It will also include supporting HCPs in hospitals accessing community care required following acute treatment.

Front door

A minor injuries telehealth pilot (Call Minor Injury Assessment) is being developed with the aim to go live in April for a six month period. This will use established telehealth technology to triage minor injury patients across Lothian and shift unscheduled care to scheduled care. This is a test of concept and will be extended to other unscheduled care presentations if proven successful. Front door redesigns at SJH and RIE are continuing and the unscheduled care programme will support this through the planning, operational modelling and analysis, as well as a renewed focus on processes and performance.

4 Key Risks

4.1 There is a risk that failing to meet the 4 hour standard leads to poor patient and staff experience, including performance impacts pertaining to safety issues such as overcrowding in emergency departments, long waits and a patients boarded out with required speciality.

4.2 There is a risk that the external care provider market capacity continues to deteriorate resulting in increased capacity challenges to provide care at home and increased delays.

4.3 There is a risk that failing to improve early discharge planning with involvement from all members of the multi-professional team across health and social care results in increased lengths of stay causing harm to people and increasing hospital occupancy.

4.4 There is a risk that the workstreams outlined may not deliver a sustained performance improvement to support flow, discharge and overcrowding.

5 Risk Register

5.1 The Corporate Risk Register has been updated to reflect the risks specifically associated with the Recovery Programme. The Risk Register will be subject to ongoing review and update by the newly established Recovery Programme team.

5.2 The Acute and Corporate Risk Register already contains risks associated with “A&E four hour performance and Delayed Discharges”. 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 An integrated impact assessment associated with the Unscheduled Care Recovery Plan has not been undertaken. Following approval of individual components of the Recovery Plan communication will be sent to responsible directors where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian’s lead on Equalities and Human Rights to follow up and review whether the necessary integrated impact assessments have been completed as appropriate.

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

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

8 Resource Implications

8.1 There have been significant recent investments in unscheduled care services over 19/20 with the aim to improve performance. A review of the impact of these investments is underway and planning is taking place to develop a sustainable model for unscheduled care that balances resources to build community capacity and sustain acute capacity.

8.2 Resources are required for continued improvement support, further analytics and operational modelling. While the programme will draw upon existing functions and resources within the system to deliver the aims, an initial assessment of current resourcing has highlighted limited service improvement resource within the HSCPs which have not had the same level of centralised support via the national 6 Essential Actions programme as the acute sector.

Pete Lock
Director of Improvement

31 January 2020

Annex A – Additional emergency access data

Figure 1. 4-hour emergency access performance by site, January 2016 – January 2020 (including Minor Injuries Units where applicable)

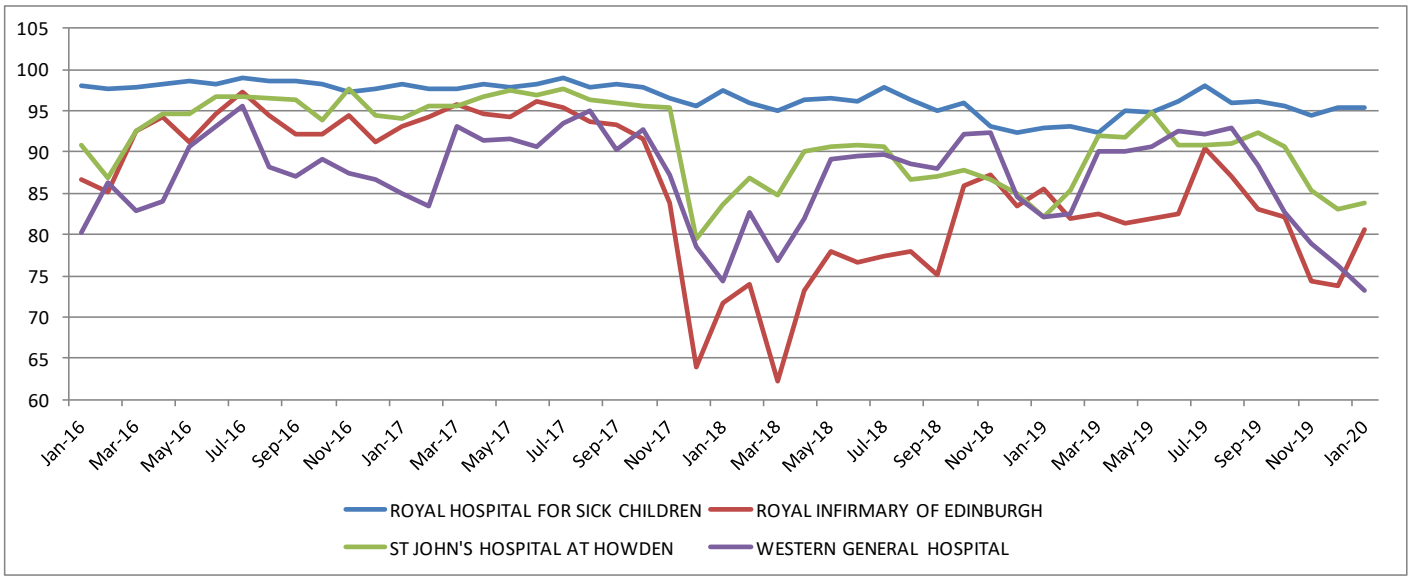


Figure 2. Daily 4-hour emergency access performance at RIE (including Minor Injuries Unit), July – December 2019

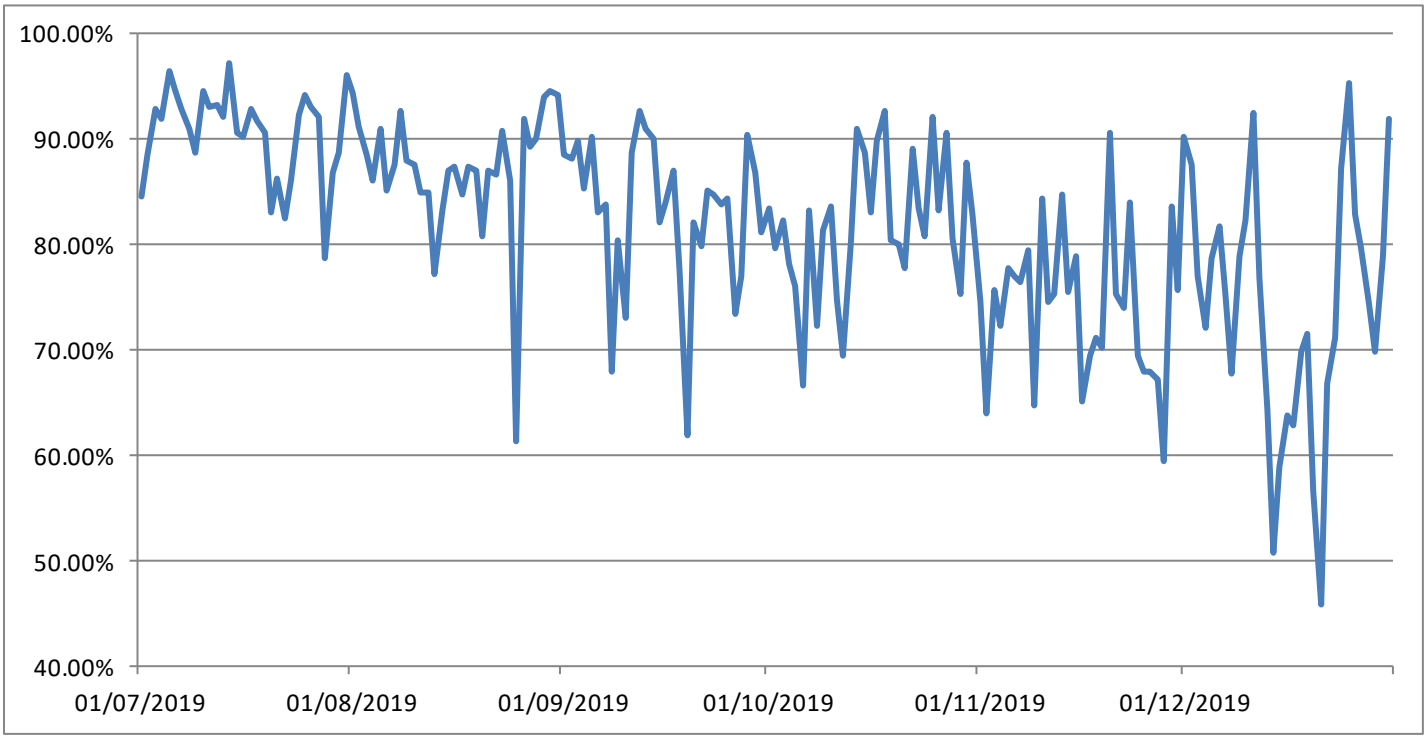


Figure 3. Daily 4-hour emergency access performance at WGH (including Minor Injuries Unit), July – December 2019

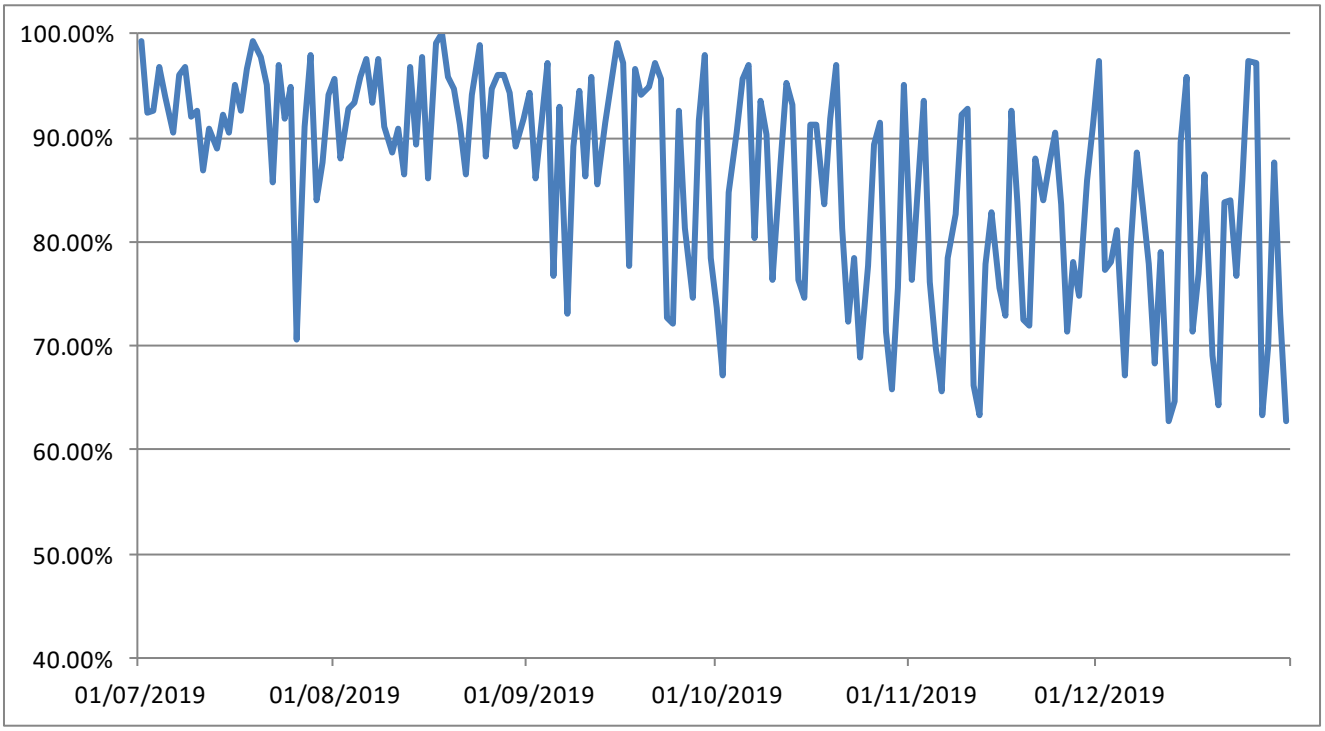
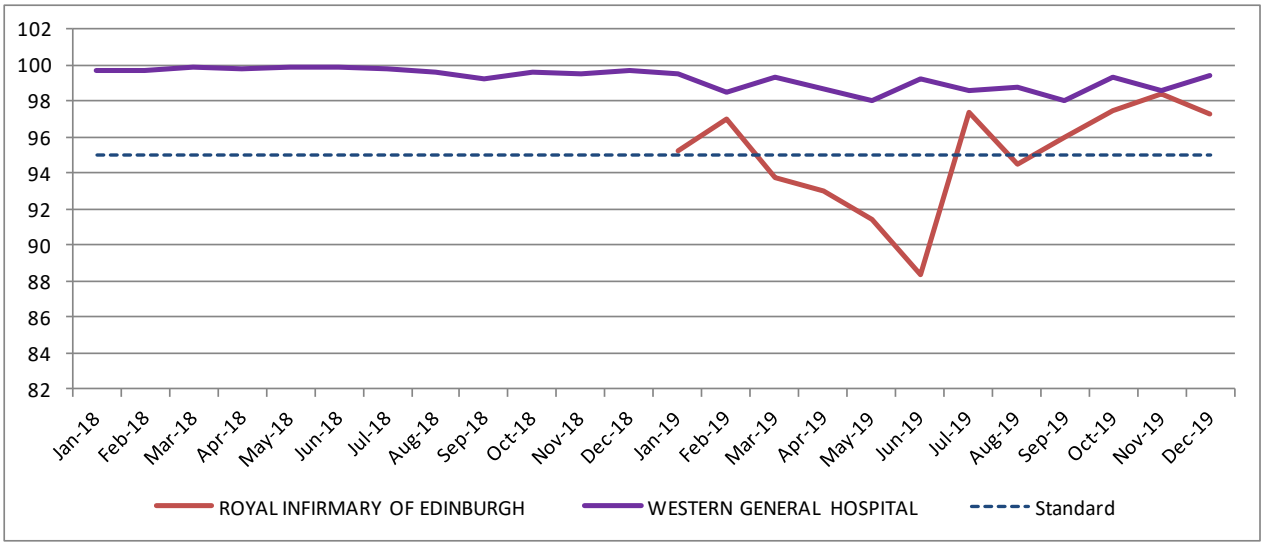


Figure 4. Minor Injuries Units 4-hour emergency access performance



The Minor Injuries Unit at RIE opened on 31 January 2019 and performance was variable while new processes were embedded. Performance has been above the 95% standard since September 2019.

The Minor Injuries Unit at WGH continues to sustain performance above 98%.

Figure 5. Number of over 8 hour and over 12 hour emergency access waits across all NHSL acute sites, September 2018 – January 2020

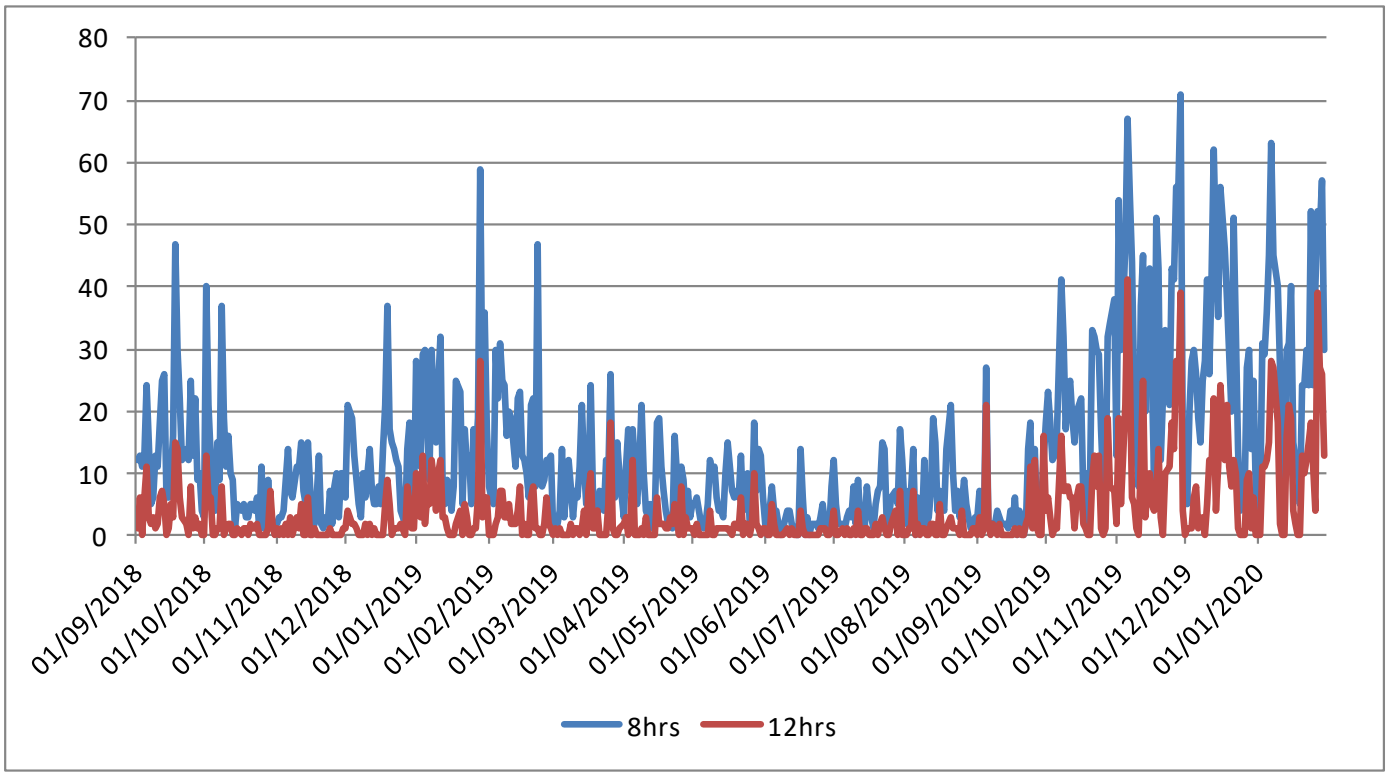
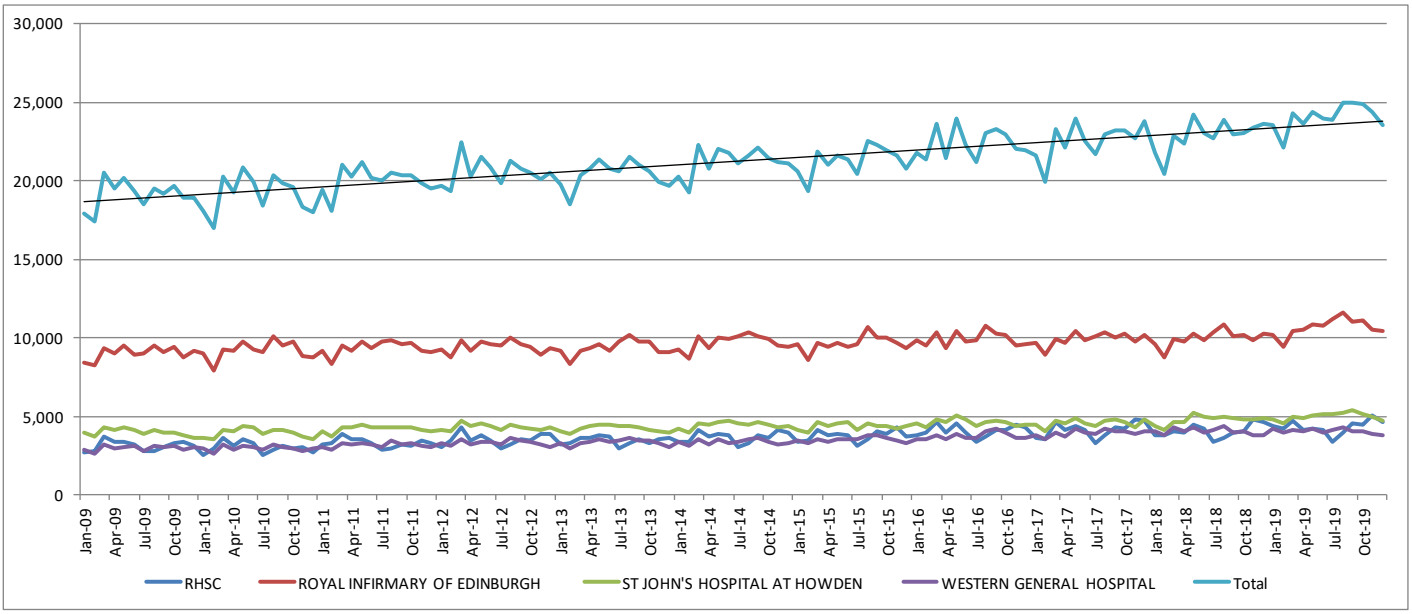


Figure 6. Attendances across NHS Lothian by site, January 2009 – December 2019



Annex B – Additional delayed discharge data

Figure 1. Bed days occupied by Delayed Discharges, NHS Lothian

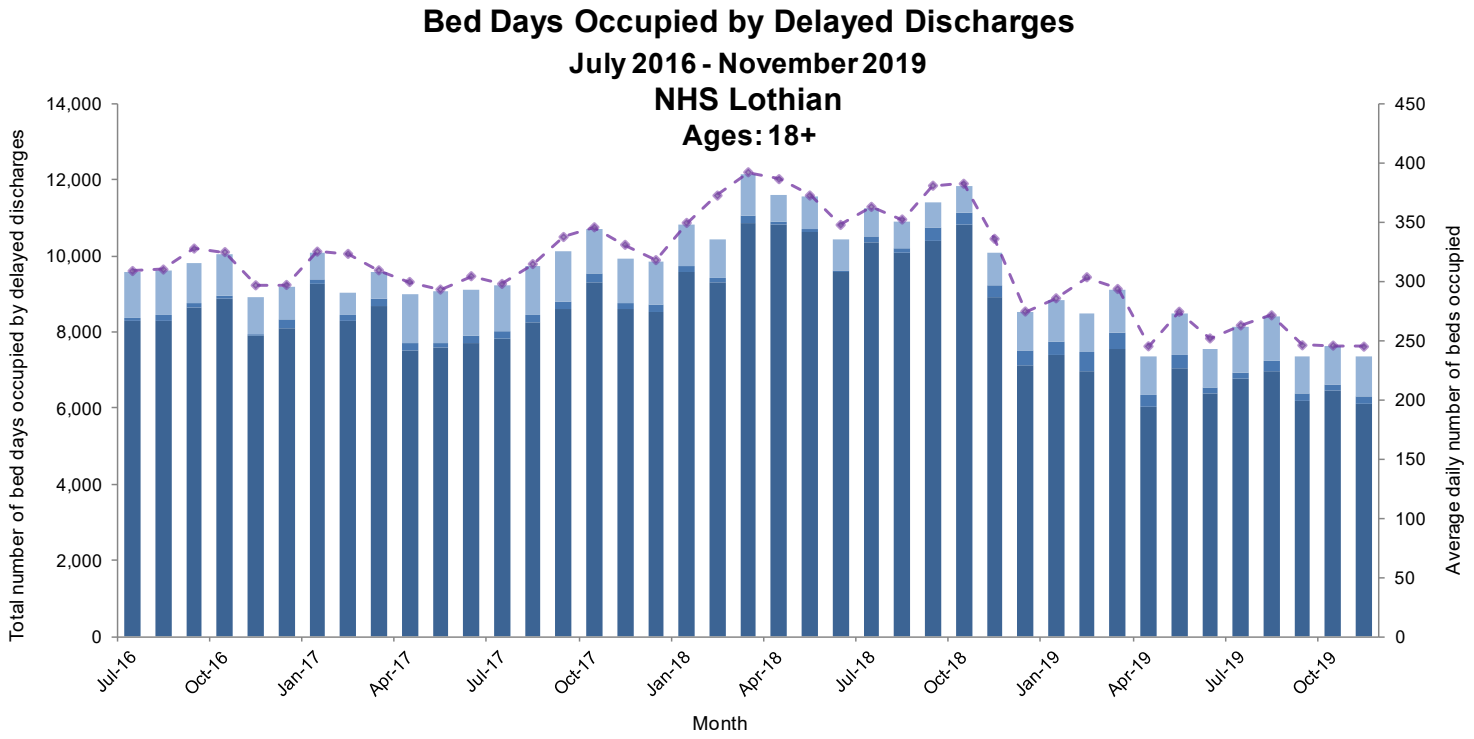
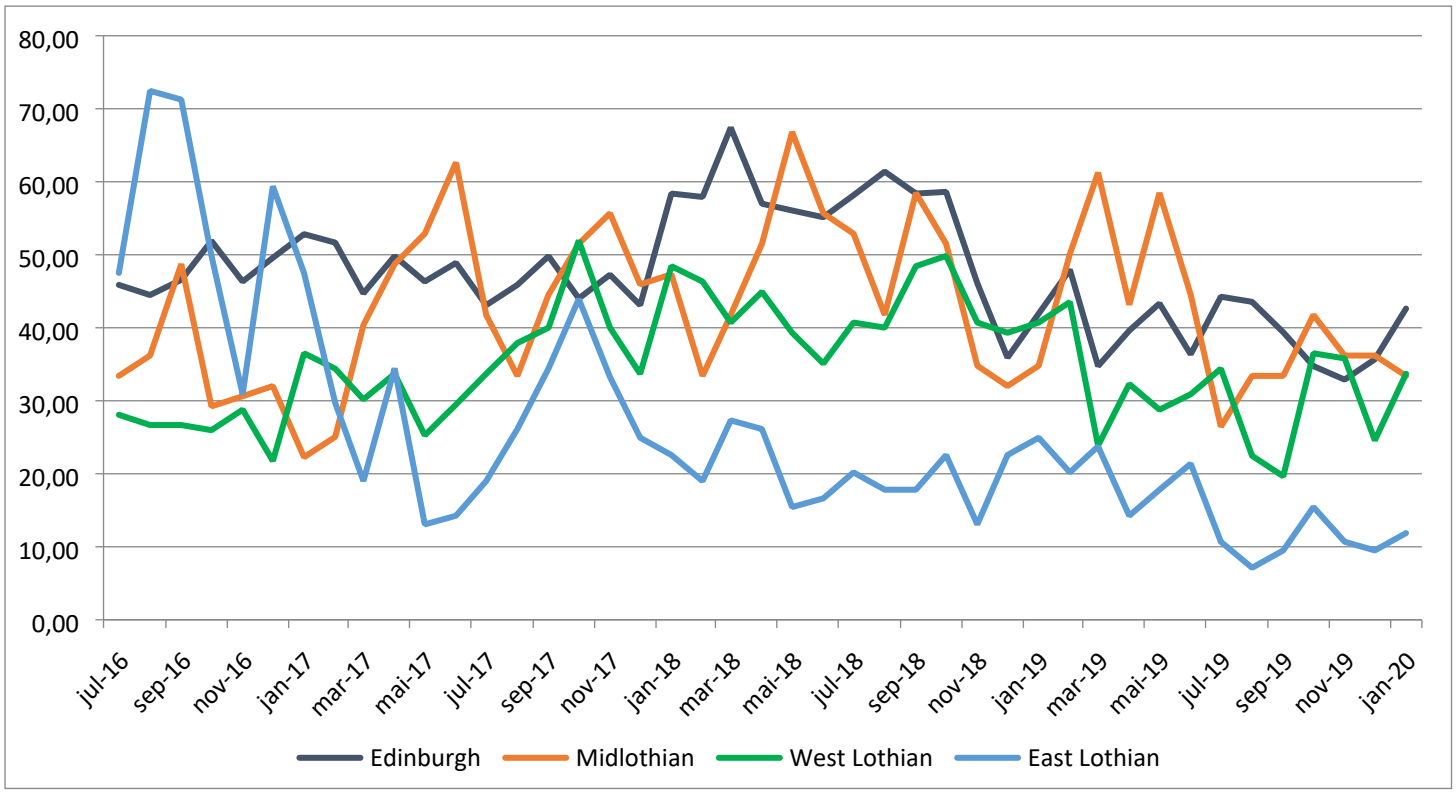


Figure 2. Delayed discharges as rate per 100,000 by HSCP, July 2016 to January 2020[7]



[7] ISD census published data up to November 2019. December and January data are management information and subject to change

Figure 3. City of Edinburgh delayed discharges, July 2016 – January 2020[8]

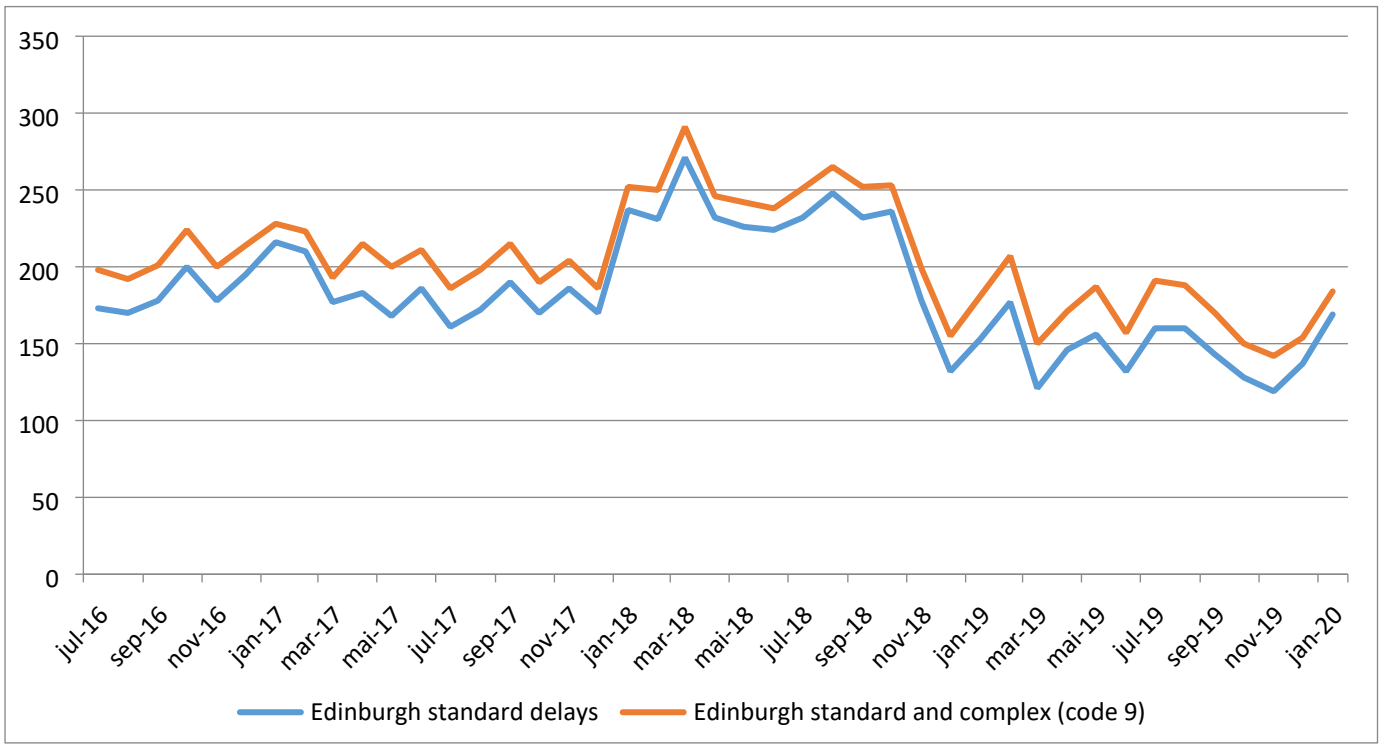
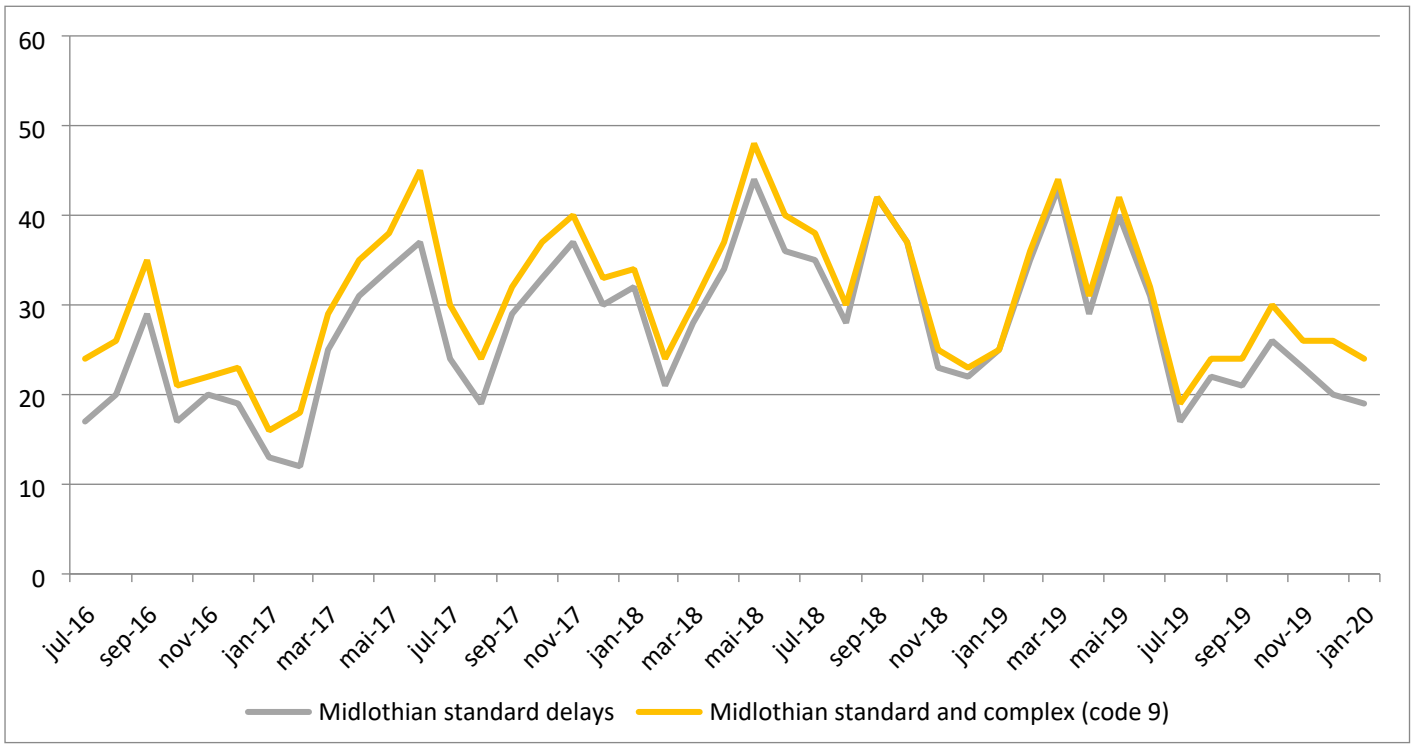


Figure 4. Midlothian delayed discharges, July 2016 – January 2020[9]



[8] ISD census published data up to November 2019. December and January data are management information and subject to change

Figure 5. West Lothian delayed discharges, July 2016 – January 2020[9]

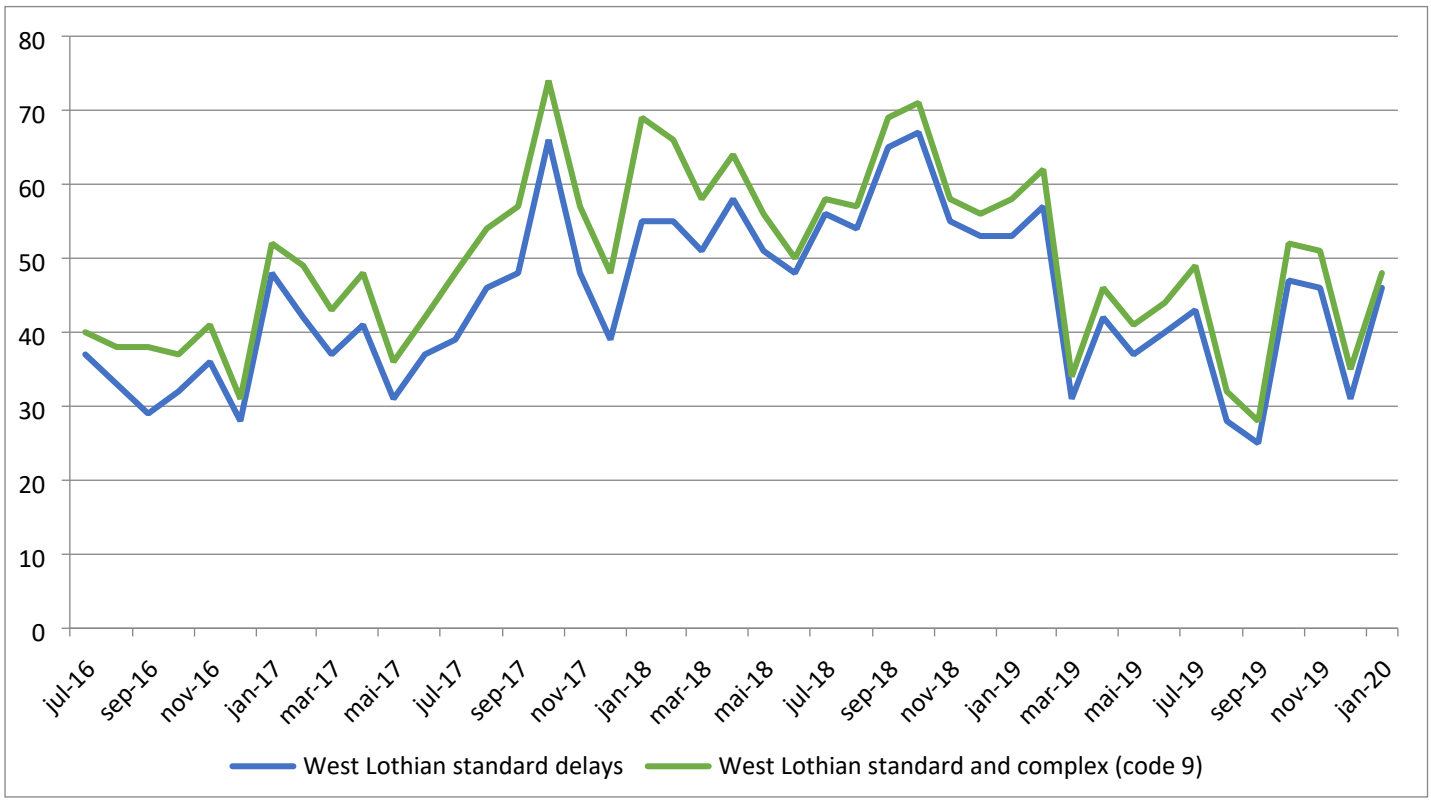
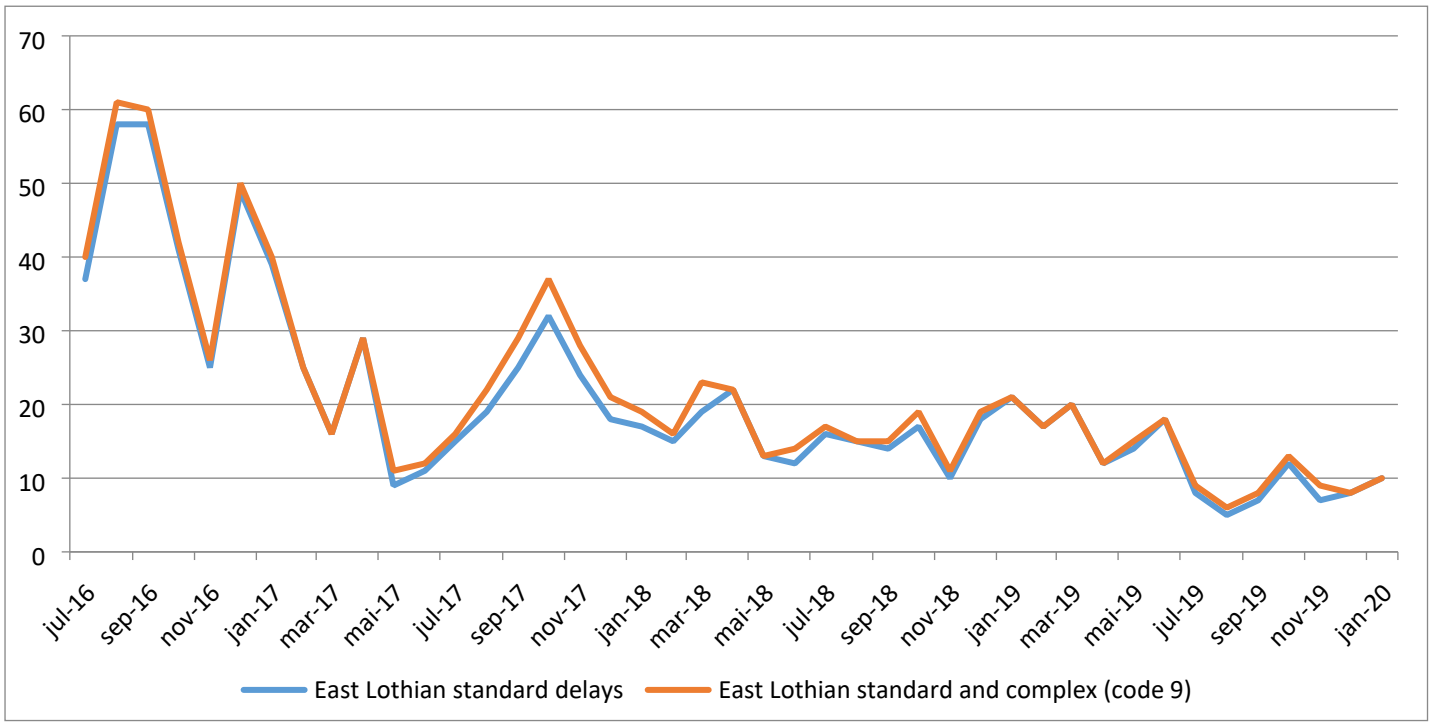


Figure 6. East Lothian delayed discharges, July 2016 – January 2020[10]



[9] ISD census published data up to November 2019. December and January data are management information and subject to change

Annex C – External Review and NECS Support (October 2017 – July 2019)

In October 2017, a whistle blowing letter was received by NHS Lothian, copied to the Scottish Government. This letter raised concerns about the validity of the recording of breaches of the 4 hour Unscheduled Care standard on the St John's Hospital site. It also alleged that there was coercion of staff by certain individuals on other hospital staff to amend breach times. NHS Lothian triggered an internal review soon after the letter was received.

The subsequent External Review which was led by Professor Derek Bell, Scottish Academy of Medical Royal Colleges and Faculties was published in June 2018 and made note of a number of priority actions to be progressed by the Board.

The approach taken to plan and execute rapid change work streams resulted in the establishment of a formal management and assurance groups tasked with providing leadership, strategic advice and guidance for the delivery of the 4 Hour Emergency Access Standard (4EAS) Programme which included, the short/mid-term improvements against quality and Unscheduled Care performance standards, the development of sustainable leadership capacity and capability as well as the implementation of the recommendations made by the Academy of Medical Royal Colleges and Faculties In Scotland report. The Scottish Government also appointed an External Support Team (NECS) led by Sir James Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust.

Following a period of support, a concluding meeting, chaired by Sir Jim Mackey, took place on the 13th June 2019. The agenda for the day centred upon the key themes identified in the Academy Report and a review of commitments made across the Royal Infirmary of Edinburgh and St John's Hospital. A subset of these commitments is detailed below:

- A dedicated AMD for SJH was created (where previously the role was shared across Outpatients also).
- A dedicated Minor Injuries Unit was opened at the RIE
- A Clinical Director for each adult emergency department (ED) at RIE and SJH was appointed – previously this was a shared role.
- A Deputy Clinical Director Role was created at the RIE and SJH
- A new General Manager for Unscheduled Care Role was created and appointed for SJH
- Additional Medicine of the Elderly (MoE) Consultant and Clinical Fellows appointed across the Acute Sites

Annex D – Programme workstreams and plan

There are four key areas of focus:

1. **Where acute hospital treatment is required there is a focus on getting people home or to a community setting as soon as appropriate, by working across community and acute teams** to:
    a. Manage admissions
    b. Reduce Length of Stay
    c. Early multi-professional discharge planning to support timely discharge

    Outcomes: Ensuring patients are optimally cared for in their own homes or homely setting; patient rather than bed management; reduced admissions; increased daily discharges and reduced delayed discharges; reduced occupancy which will improve patient flow, reduce boarders, reduce wait at EDs, improve 4EAS performance and reduce breaches

2. **Shifting emergency unscheduled care to urgent scheduled care (right care in the right place at the right time)**
    a. Access to quality primary care services 24/7
    b. Simplifying and signposting community provision, and aligning with Primary Care Improvement Plans – including flow centre triage and telehealth approach
    c. Consistency in community provision across Lothian HSCPs
    d. Redirection to right service upon arrival at ED
    e. Improve HCP referral pathways e.g. GP/SAS/NHS24

    Outcomes: Improved access to right care first time; reduced attendance at EDs; reduced wait at EDs for those requiring emergency unscheduled care; ensuring patients are optimally cared for in their own homes or homely setting; reduced admissions

3. **Acute front door process improvements**
    a. Productivity
    b. Capacity – clinical model
    c. Front door redesign projects
    d. Medical/surgical processes designed to pull from ED

    Outcomes: Improved patient safety; reduced over-crowding; improved patient flow; reduced wait at EDs, improve 4EAS performance and reduce breaches

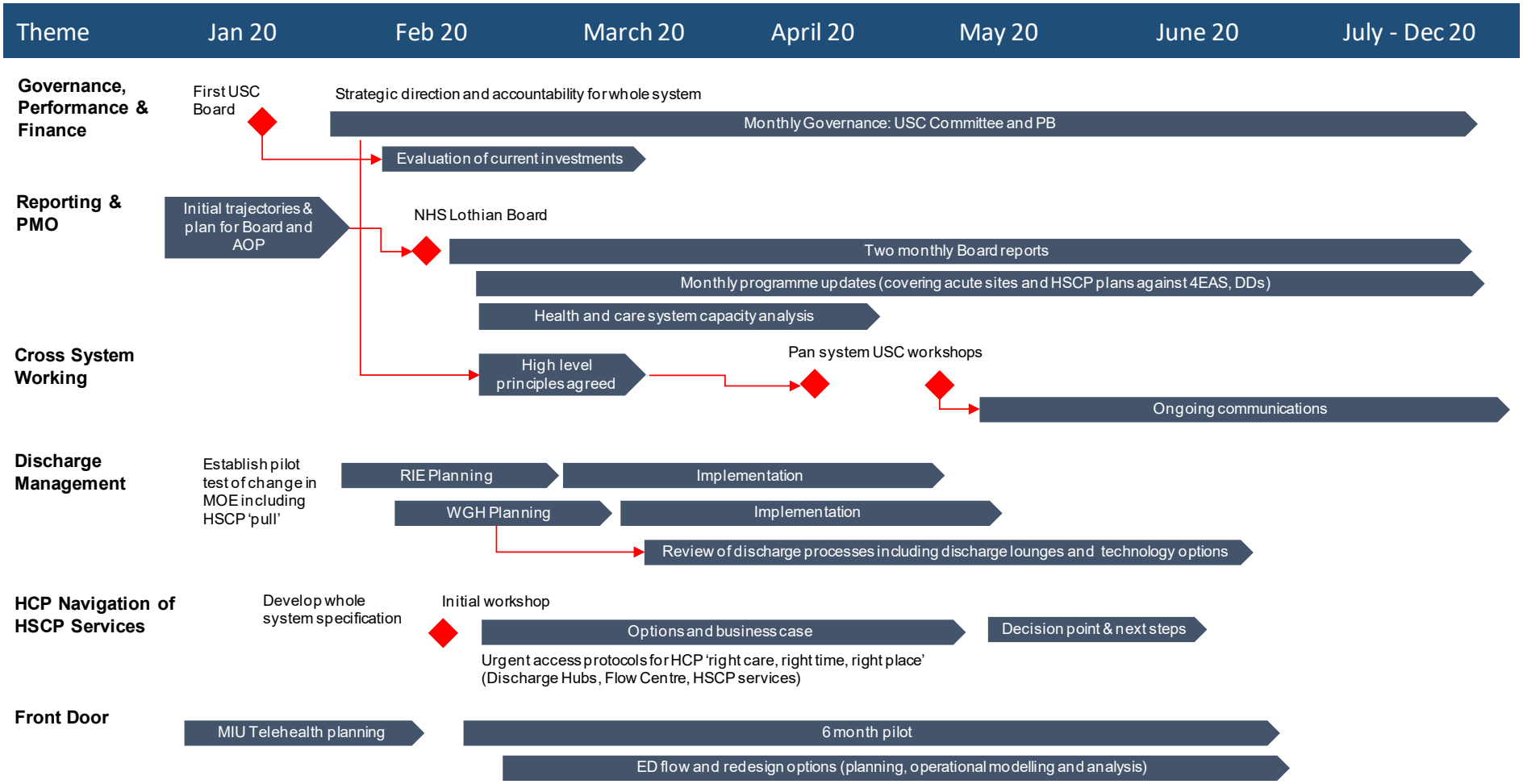
4. **Back door process improvements**
    a. Productivity
    b. Capacity
    c. Streamlining discharge processes across acute sites and HSCPs

    Outcomes: Reduced delayed discharges; increased daily discharges; reduced occupancy which will improve patient flow.

With the programme underpinned by:

a. system-wide data and information which is visible and shared across all partners
b. staff are supported and work together across organisations to make the best decisions with the people they are caring for
c. seven day services appropriately aligned to reduce variation and out of hours working, and consistency in care services provided across the Lothian HSCPs

Unscheduled Care Programme Plan January – June 2020



NHS LOTHIAN

NHS Lothian Board
12th February 2020

Director of Finance

UPDATE ON THE ROYAL HOSPITAL FOR CHILDREN & YOUNG PEOPLE AND DEPARTMENT OF CLINICAL NEUROSCIENCES (RHCYP & DCN)

1 Purpose of the Report

1.1 The purpose of this report is to provide the Board with an update on the above project.

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

2 Recommendations

The Board is recommended to;

2.1 Consider and discuss the issues raised in this report.

3 Discussion of Key Issues

3.1 The Scottish Government's Oversight Board meetings for RHCYP & DCN continue to meet fortnightly, chaired by Fiona McQueen, Chief Nursing Officer. The Oversight Board receives regular progress updates from Mary Morgan, Senior Programme Director.

3.2 NHS Lothian has made significant progress in addressing the issues identified in the building through NHS Lothian's own commissioning checks and the Scottish Government commissioned NSS Review. All actions related to drainage and medical gases have been completed. The workstreams focussing on ventilation, fire safety, water safety and electrical safety continue to close actions with the agreement of Health Facilities Scotland and Health Protection Scotland colleagues. An update on key issues is provided below.

Ventilation

3.3 IHSL / MPX have completed the remedial works, identified by the Board's independent expert, to all air handling units (AHUs) serving DCN, with the remaining AHUs anticipated to be complete by the end of February, 2020. Multi-stakeholder sign off has taken place as groups of AHU's have been offered for inspection.

3.4 Theatres ventilation work on theatre scrub extract, anaesthetic rooms and corridors, is anticipated to be complete by the end of February, when independent ventilation validation will commence. Further to our report to the Board in December 2019, a high value change has been agreed to progress the rectification of ventilation in critical care, and at the same time enhance ventilation in haematology/oncology ward, having learned the lessons from the QEUH which is supporting clinical opinion on the safest possible environment for this patient group

3.5 IHS Lothian have now appointed Imtech to deliver the work and progress is being seen through weekly meetings. Any proposed departures from technical standards are being

reviewed and signed off at both NHS Lothian's Executive Steering Group and the Oversight Board. A fully developed Concept Design Report is in preparation by IHSL and will form a key milestone in moving to the construction stage.

3.6 The Board have taken the opportunity to request that remedial work to ventilation systems serving isolation rooms and enhancements to fire dampers, corridor walls and doors to sleeping accommodation are addressed along with these works. The isolation room works is as a result of insufficient assurance from IHSL / Multiplex that satisfactory bypass arrangements are in place to allow for planned or unplanned shutdown of AHUs serving the isolation rooms.

3.7 The project team continue to assist in the preparation of a Supplementary Agreement (SA2) in relation to completion criteria, independent validation and technical governance arrangements. The Supplementary Agreement is the contractual document with IHSL for the completion of the works, and their ongoing maintenance over the life of the contract with IHSL.

Fire safety

3.8 A medium value change for the fire safety enhancements suggested by NSS in DCN is underway. Once this is finalised, a final migration date for DCN can be set.

3.9 A further change will follow in relation to fire enhancements in the remaining paediatric areas. Completion of these is in envisaged within the overall timeline of the ventilation works above.

Child and Adolescent Mental Health Services (CAMHS) (Meville Unit)

3.10 Extensive engagement has been undertake with the clinical and management team in relation to further modifications required to be made within the CAMHS unit prior to entry and occupation. This work has been in line with work required to be undertaken throughout the building but also elements of which are bespoke given the nature of the patient group. It is anticipated that the CAMHS service would move into the new hospital once other services are on site.

Programme/Mobilisation

3.11 The completion of the design work over the next 2/3 weeks will allow IHSL to formally issue a programme and a cost for the works. This will include the process for testing and assurance required by the Board and the Cabinet Secretary before a date for full occupation can be set which takes account of the Board's requirement for mobilisation.

3.12 This mobilisation includes the requirement to plan the move, issue patient appointments to attend the new building and to give staff notice of changes to rotas and their employment base.

3.13 The Chair of the Oversight Board has asked the Board to consider whether it can undertake this mobilisation in parallel with the work being completed, tested, and assurance given to the Cabinet Secretary, recognising that there may be some risk associated with this. The Executive Steering group will discuss how this is taken forward at its next meeting.

Continuing Service Delivery at the Royal Hospital for Sick Children and DCN

3.14 NHS Lothian continues to deliver against the action plan from fire safety and HEI inspections of the existing RHSC at Sciennes and DCN in the Western General Hospital.

3.15 In addition to the improvements to accommodation and capacity described at the December Board meeting:

- Replacement of the theatre lighting in RHSC is scheduled in downtime in February
- DCN's interventional neuroradiology equipment is scheduled to be active from 6th February

Internal audit

3.16 Both the Board's Audit and Risk Committee and the Finance and Resources Committee received a presentation in January on the progress of the Internal Audit commissioned from Grant Thornton, through the Board's Chief Internal Auditor.

3.17 Further work is underway to complete the first phase of the audit by the end of February. This includes discussion with the Boards external advisers.

Public Inquiry

3.18 A meeting with the CLO is planned for next month to consider the Board's preparation for the Public Inquiry. However until the scope of the Inquiry is announced initials preparations will focus on ensuring that the Boards documentation is clear and comprehensive

4 Key Risks

4.1 There is a risk that IHSL will require extended engagement with their funders and supply chain to reach a conclusion to commercial agreement, which may impact on the programme for high value changes.

5 Risk Register

5.1 *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.* Risk 4813, and its mitigation, is described in the separate Risk Register paper for the Board.

6 Impact on Inequality, Including Health Inequalities

6.1 Management will need to undertake impact assessments as part of the programme of work.

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

7.1 Users of the service were contacted in July to inform them of the change in interim service provision. Continuing communication will focus on mitigating the disruption for service users.

8 Resource Implications

8.1 The resource implications of the decision made last June to delay the opening of the hospital have been discussed with the Scottish Government and provision has been made to meet the additional cost from within the national health budget.

Susan Goldsmith
Director of Finance
5 February 2020

NHS LOTHIAN

Board
12 February 2020

Director of Nursing, Midwifery & Allied Health Professionals

OUR PRIORITIES FOR CONTINUOUS IMPROVEMENT

1 Purpose of the Report

1.1 This report gives the Board the opportunity to review and approve 'Our Priorities for Continuous Improvement'. This has been taken forward as part of the NHS Lothian Governance Action Plan, which includes the following two areas for development:

- Identifying Priorities and Developing Plans
- Implementation and Delivery of Outcomes

2 Recommendations

The Board is recommended to:

2.1 Consider whether or not the transfer of services to the new RHCYPDCN and the aim to fully re-open (24/7) the paediatric inpatient ward at St John's should be included within 'Our Priorities for Continuous Improvement'

2.2 Review and approve 'Our Priorities for Continuous Improvement'.

3 Discussion of Key Issues

Process to Develop Our Priorities for Continuous Improvement

3.1 At an early stage management identified that we would like to get away from the traditional format of corporate objectives (which is a lengthy detailed document of what we are doing), and move towards a one-page document which can be used for universal communication. We intended to make the Board's four-part Mission more prominent. There have been developments during 2019/20 at the Board and the Finance & Resources Committee with regard to climate change and sustainability. Consequently we would like to amend the Board's Mission to focus on sustainability in its widest sense (taking into account the environment, service design, workforce), rather than just financial sustainability.

3.2 Starting with the previous model of corporate objectives, the content has been refined to identify the Board's priorities. The members of the Corporate Management Team have contributed throughout the development process. The Finance & Resources Committee reviewed a draft on 27 November and it supported the approach. At the Committee's request all Board members received a copy of the draft so that they had an opportunity to comment.

3.3 On 2 December there was an integrated impact assessment of Our Priorities. The session involved several managers, a staff-side representative, and several representatives from the public. This identified further opportunities to develop the draft, which led to edits as well as the creation of an explanatory note to give

context. This work led to a further consultation with the members of the Corporate Management Team for input and review.

3.4 The Strategic Planning Committee reviewed the draft on 19 December, and also supported the principle of one-page document. However it identified further opportunities to develop the draft, and asked for there to be a wider consultation exercise within the organisation. The Head of Corporate Governance prepared a revised version and then sent it to the members of the Corporate Management Team so that they may distribute it through their teams for comment.

3.5 The consultation feedback raised a query. 'Achieving Value and Sustainability' includes the transfer of services to the new RHCYPDCN and the aim to fully re-open the paediatric inpatient ward at St John's (so that it is open 24 hours a day, 7 days per week). The feedback highlighted that these items are different in nature from the other priorities. They are specific projects which the organisation is taking forward. These items were included within 'Our Priorities' to reflect that they are specific Government priorities which are caught within the scope of the performance escalation arrangements. The Board is invited to consider whether or not they should be included in the final version of Our Priorities.

3.6 The consultation highlighted opportunities to edit and refine the text, and these have been taken. The respondents unanimously welcomed the simplicity of the one-page approach together with the accompanying two-page explanatory note. For comparison the 2018/19-2022/23 Corporate Objectives had 3,092 words. 'Our Priorities' has 484 words and the explanatory note has 831.

3.7 Thinking ahead to communication and implementation, the consultation asked respondents specific questions. The boxes below summarise the feedback.

Q. How can individuals and teams throughout NHS Lothian factor in and apply 'Our Priorities' within their area of responsibility, and contribute to their delivery?
• This needs to be a regular point of reference like 'Our Values'. It needs to be embedded into the culture, and considered as part of everything we do. In every process or discussion or before starting any new project, specifically consider 'Our Priorities'. • Incorporate 'Our Priorities' into the annual objectives and development plans for teams and individuals, as well as imatter action plans and quality improvement work. Encourage all staff to have at least one objective linked directly to a priority within 'Our Priorities'. • Managers to take a leading role to introduce 'Our Priorities' to their teams, and help them identify what it means in their local context. • Introduce 'Our Priorities' into the recruitment and selection process. For example they can be included in recruitment packs, and there could be a menu of interview questions and presentation titles based on the priorities. • Incorporate 'Our Priorities' into the staff induction process. • Make the 'right thing to do' the easiest option.

Q. Thinking about the process of communicating and introducing 'Our Priorities' throughout the organisation, what would be helpful steps to take?
• A communications plan using all of the established channels, such as team brief, intranet banner, all leaders emails, newsletters etc. Use site communications to reinforce the message continuously, e.g. what is planned, what has been achieved etc. Use a range of promotional materials to help launch and reiterate 'Our Priorities' at various events. • A senior individual in the organisation could present 'Our Priorities' in drop-in sessions. 'Our Priorities' is inspirational and sets out the 'what'. It may be helpful to have further sessions with staff to explore 'the how'. Include 'Our Priorities' within development days for different groups of staff, ask for their feedback and test understanding. • Create another document laid out in the same way as 'Our Priorities' signposting relevant supporting information. • Use Plain English as part of the communication process to help explain commonly used but perhaps not consistently understood terms, e.g. 'health inequalities', 'capacity and capability', 'sustainability'. Consider creating a memorable and accessible strap line. • Create a tool which teams can use, or modify current tools to allow then to reflect 'Our Priorities'. Consider preparing examples of how people in different roles can factor in and apply 'Our Priorities'. Give some examples of how individual services can (or are) translate 'Our Priorities' into practice within their service. • Re-design 'Our Values' cards into 'Our Priorities and Values in Action'. They can ask prompt people to reflect on questions that are relevant to both, for example; "Give an example of how you supported colleagues or your own wellbeing at work?" , "What do you see as your best opportunity to improve the health of our population?" • Define measures of success relating to 'Our Priorities' • Include within the standard meeting paper templates a section to allow the author to demonstrate consideration of environmental impact. Make this distinct from the current section on inequalities and the integrated impact assessment process, as the environmental issues may get lost.

3.8 The consultation process has been positive and has already generated ideas. The Corporate Management Team will agree what the next steps are, which will certainly include a communication and engagement plan.

Key Features of Our Priorities for Continuous Improvement

3.9 The key features are*:*

- ✓ It brings together issues from a diverse range of activities into one place. It is structured around the four parts of the Board's Mission. The term 'Mission' has been purposely excluded in response to feedback to reduce jargon

- ✓ It fits on one page of A4, but can be printed on A3.

- ✓ The priorities are pitched to promote continuous improvement. They are broad enough to allow departments to identify one or more priorities that they can contribute towards.

- ✓ Our Priorities does not attempt to include the detail of all the activities and objectives of the organisation. It provides a reference point for the operational management processes of setting personal objectives and developing department/ service level work plans. It is within those processes that the detail would be captured, informed by things such as the Annual Operational Plan, service needs, Government/ legal/ regulatory requirements, NHS Board strategies, IJB directions etc. Our Priorities give managers the latitude to develop how they will take them forward in their local circumstances.

- ✓ If we can get to a place where there is a discipline of linking operational activity to Our Priorities, this would then give a basis for reporting progress to senior management and the governance system.

- ✓ *Our Priorities* will be owned by Lothian NHS Board and there is no intent to interfere with the authority of each IJB to determine its own strategy and priorities. However *Our Priorities* have been prepared to facilitate whole system working.

4 Key Risks

4.1 The Board's system of governance is not designed properly, or does not operate effectively, leading to it not achieving the purpose of governance. The Blueprint defines the purpose of governance as '*to facilitate effective, innovative and prudent management that can deliver the long-term success of the organisation*'.

4.2 Collectively we miss opportunities to progress common actions efficiently and effectively, and to share information and developing thinking.

5 Risk Register

5.1 This report is pertinent to all risks on the corporate risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 On 2nd December we carried out an integrated impact assessment of Our Priorities. While there was general support for the concept, the session identified opportunities for improvement. The key points were:

- The context was not clear or who the intended audience was. It needed to be clearer to anyone in the organisation how this relates to them.
- The text was in place vague and could give a sense of being aspirational. It needs to be sharpened so that it does instigate action, with a link to the already agreed performance commitments. Some of the priorities needed to be clarified.
- It needed enhanced to pick up equitable outcomes, and the need for re-design to achieve this. There was also discussion on the importance of re-design so that services are person-centred. It was highlighted that the basic process of travelling to and visiting healthcare premises can be challenging.
- It needs to be clearer how the organisation supports staff to take the priorities forward.

6.2 To address this feedback, the draft has been edited to pick up specific elements of the feedback. Our Priorities is primarily addressed at management and employees, and an explanatory note has been prepared to provide context as well as the detail on the performance commitments. Our Priorities has summarised what the existing priorities are, rather than creating any new ones.

6.3 There was also feedback which indicated there was confusion about the terms 'Key Goals' and 'Key Enablers' which were in the draft. For simplicity these have been removed, together with the timelines that had previously been in the draft. The explanatory note has detail on timelines.

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

7.1 This duty does not apply to Our Priorities as it does not propose any changes to specific services. Nevertheless an invitation was issued to the NHS Lothian 'Get Involved' network, and several people participated in the above session.

8 Resource Implications

8.1 This proposal aims to simplify communication and does not create new commitments for the organisation. However there will need to be further internal communication and development work to make the most of this change.

Alan Payne
Head of Corporate Governance
3 February 2020
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Appendix 1: Our Priorities for Continuous Improvement

Appendix 2: Explanatory Note

Our Priorities for Continuous Improvement

Continuous Improvement can be small incremental changes over time, or one-off breakthrough improvements. Every clinical service should pursue continuous improvement in the quality of care with regard to the six dimensions of care (Safe, Effective, Person-Centred, Timely, Efficient, and Equitable). We must put environmental sustainability at the heart of everything we do.

NHS Lothian carries out its role through a wide range of staff, contractors, and partners working together to:

- promote the improvement of the physical and mental health of the population;
- provide primary care to individuals and families within in their communities;
- provide secondary care in hospitals and other facilities; and,
- deliver sustainable and equitable outcomes, with regard to the impact on the environment, service users, staff, carers, volunteers, other stakeholders, and the equitable use of resources.

Our Priorities help all staff understand:

- what the Board's overall priorities are and what it will be focussing on; and
- how their own role fits in with and supports the overall achievement of those priorities.

Improving the Health of the Population

1. Increase activity aimed at preventing people from developing health issues or becoming unwell. Reduce health inequalities and the burden of avoidable suffering and premature death.
2. Re-design our arrangements to provide sustainable access to primary care services.
3. Increase support for communities and individuals to take care of their own health and health conditions (where this is appropriate).

Improving the quality of healthcare

1. Improve performance on unscheduled care, and the timely discharge of people from our hospitals to home or a homely environment.
2. Increase the level of care and support provided within the community for adult mental health services, psychological services, and learning disabilities services.
3. Reduce waiting times for scheduled care, cancer services, and Child & Adolescent Mental Health Services.

Improving Staff Experience

1. Improve our workforce sustainability and widen our workforce supply routes. Maintain an up-to-date 3-year NHS Lothian Board Workforce Plan to support workforce and service sustainability across services, professions, sites, and health & social care partnerships.
2. Implement the Staff Experience and Engagement Programme, to have a workplace which is safe, staff are healthy, fit for their jobs, and feel that their work contributes to their wellbeing.
3. Develop the capacity and capability of leadership at every level of the organisation.

Achieving Value and Sustainability

1. Cut out avoidable travel and avoidable visits to healthcare premises.
2. Support integrated whole-system working across health and social care.
3. Transfer children's hospital services, the department of clinical neurosciences, and Child & Adolescent Mental Health Services to the new hospital at Little France.
4. Progress the sustainable workforce plan to fully re-open the paediatric inpatient ward at St John's Hospital.
5. Always develop and carry out robust implementation plans, and review their impact on Our Priorities. Learn from all attempts to make improvements, and share that learning with others.

Our Values Into Action

Why do we have Our Priorities for Continuous Improvement?

We have developed Our Priorities to help all employees understand:

- ✓ what the Board's overall priorities are and what it will be focussing on; and
- ✓ how their own role fits in with and supports the overall achievement of those priorities.

NHS Lothian carries out services for the population of East Lothian, Edinburgh, Midlothian and West Lothian, as well as some national and regional services. Lothian NHS Board is accountable to the Scottish Government and ultimately the Scottish Parliament. The Scottish Government appoints all Board members, sets the overall vision, strategies and policies for NHS Scotland, and issues funding and directions to NHS Boards.

There are also four integration joint boards in the Lothian area. They are responsible for the planning and performance of a range of health & social care functions. They issue directions which the NHS Board has to carry out.

The Scottish Government has asked NHS Lothian to develop a formal recovery plan to improve its performance. The Scottish Government has also introduced measures to progress and oversee the opening of the new Royal Hospital for Children and Young People and the Department of Clinical Neurosciences.

Our Priorities flow from the above and the Board's Risk Management Policy, which is: '...the Board expects employees to give greater priority to managing and reducing risks associated with the safety of people, the experience of people who receive care, and the delivery of effective care.'

NHS Lothian works in partnership with other organisations to improve outcomes. It will take forward Our Priorities through investment, re-design and improvement work. This includes:

- Putting environmental sustainability at the heart of everything we do. This in response to the Scottish Government's Declaration of a Climate Emergency and our commitment to the United Nations Sustainability Goals;
- Continuously improving our services so they are Safe, Effective, Person-Centred, Timely, Efficient, and Equitable;
- Continuing to implement the NHS Lothian Quality Strategy 2018-2023; and
- Continuing to develop our arrangements for improving staff experience.

Set out below is a summary of what NHS Lothian ,working together with the Scottish Government and the integration joint boards, is currently focussed on.

Area	Objective
Scottish Government Public Health Priorities (June 2018)	1. A Scotland where we live in vibrant, healthy and safe places and communities. 2. A Scotland where we flourish in our early years. 3. A Scotland where we have good mental health wellbeing. 4. A Scotland where we reduce the harm from alcohol, tobacco

Area	Objective
	and other drugs. 5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all. 6. A Scotland where we eat well, have a healthy weight and are physically active.
Primary Care	• Engage primary care in the delivery of all of Our Priorities. • Implement the 2018 General Medical Services contract in partnership with the integration joint boards. Move towards the Scottish Government's aim of 11% of the frontline NHS budget to be applied to general practice.
Delayed discharges	By December 2019, to reduce the number of standard delayed discharges to 200.
4-hour emergency access standard	By March 2020, deliver the Annual Operational Plan targets for the standard (St John's 95%, Royal Hospital for Sick Children 95%, Royal Infirmary 91% and Western General 91.1%)..
Scottish Government Healthcare Waiting Times Improvement Plan (October 2018)	By October 2020: - 85% of outpatients will wait less than 12 weeks to be seen. - 85% of inpatients and day cases will wait less than 12 weeks to be treated. By Spring 2021 - 95% of outpatients will wait less than 12 weeks to be seen. - 100% of inpatients and day cases will wait less than 12 weeks to be treated. - 95% of patients for cancer treatment will be seen within the 62-day waiting time standard.
Mental Health	By March 2020, the occupancy level of adult mental health beds to be 85% - 90%. By December 2020, 90% of patients for Child & Adolescent Mental Health Services will be seen and treated within 18 weeks. By December 2020, 90% of patients for psychological therapies will be seen and treated within 18 weeks.
Learning Disabilities	The integration joint boards are developing their strategic commissioning plans to further enhance community support for people with learning disabilities. By 2024 this will allow us to reduce the number of inpatient learning disability beds from 34 to 19 for NHS Lothian.
Royal Hospital for Children and Young People and the Department of Clinical Neurosciences	By Spring 2020, to move the Department of Clinical Neurosciences to the new hospital. By Autumn 2020, to move the children's services currently provided at the Royal Hospital for Sick Children to the new hospital.
Paediatric inpatient services at St John's Hospital	Building on the Royal College of Paediatrics and Child Health's review of 2016, continue with the 5-year development of a sustainable workforce plan. The aim is that the department will be providing inpatient services 24 hours a day, 7 days per week.

NHS LOTHIAN

Board Meeting
12th February 2020

Director of Finance

2019/20 FINANCIAL POSITION, QUARTER 3 FINANCIAL FORECAST AND FINANCIAL OUTLOOK 2020/21

1 Purpose of the Report

1.1 This paper provides an update to the Board on the NHS Lothian's financial position at period 9 and an updated year end forecast.

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 that the Finance and Resources (F&R) Committee has considered the year to date and year end forecast position of NHS Lothian and the required actions to support breakeven, and have accepted the **moderate assurance** currently provided on the achievement of breakeven by the year end;
- **Accept** this report as a source of significant assurance that the F&R Committee has been briefed and considered the draft Financial Outlook for 2020/21 and have acknowledged that, at this stage, NHS Lothian is not in a position to identify a balanced financial plan for next year.

3 Discussion of Key Issues

3.1 The F&R Committee received a paper on the period 9 financial position and the year-end outturn underspend projection for 19/20 at its meeting of 22nd January. The F&R paper highlighted a year to date overspend of £2.7m and an anticipated year-end underspend of £1.1m before any subsequent adjustments at year-end by the IJBs.

Quarter 3 Review and Year End Forecast

3.2 The movement in the forecast outturn position is due to further improvement in the operational position, principally in the Acute Division and Strategic budgets.

3.3 The reported forecast is dependent on achievement of the agreed recovery actions to reduce expenditure as well as delivery of corporate flexibility. Within this forecast there are a number of key assumptions:

- GP Prescribing – At this stage the forecast anticipates an overspend in Prescribing. The estimated outturn position has deteriorated in recent months as average prices and volumes impact, and this is an area of particular risk for the year end;

- Winter & Activity – The impact of winter on Acute hospitals in particular is difficult to forecast and the potential of a financial deterioration arising from this is a recognised risk;

3.4 A breakdown of the forecast by Business Unit is shown in Table 1.

Table 1: Forecast by Business Unit Summary

	Q3 Year End Forecast Variance £'k
Acute Services Division	**(15,407)**
REAS	(1,213)
Edinburgh Partnership	256
East Lothian Partnership	886
Directorate of Primary Care	(94)
Midlothian Partnership	1,048
West Lothian Partnership	(8)
Facilities And Consort	(5,442)
Corporate Services	**2,127**
Inc + Assoc Hlthcare Purchases	5,859
Research & Teaching	66
Strategic Services	5,525
Operational Position	**(6,398)**
Reserves	6,969
Additional Flexibility	5,374
Delay in Profit on Disposal	0
Other Identified Commitments	(4,883)
NHS Lothian Position	**1,061**

3.5 The third round of Quarterly financial performance meetings is due to begin in February, and this will be an opportunity to refine year end projections and identify further opportunities to support year-end breakeven. An update on the outcome of these discussions will be provided to the F&R Committee in due course.

Forecast by Integration Joint Board

3.6 In parallel with the forecast for NHS Lothian, separate forecasts have been prepared for each of the four IJBs, using the agreed allocation table at month 9. Table 2 below provides a summary, showing the movement from Q2.

Table 2: Quarter 3 Forecast by Integrated Joint Board

	19/20 Financial Plan	Q2 Forecast	Q3 Forecast	Movement
	£k	£k	£k	£k
East Lothian IJB	(1,027)	205	545	340
Edinburgh IJB	(2,801)	581	(452)	(1,033)
Mid Lothian IJB	424	380	692	312
West Lothian IJB	(2,070)	(972)	(1,454)	(482)
Non Delegated	(20,510)	392	1,730	1,338
Total	**(25,984)**	**586**	**1,061**	**475**

3.7 In recent years NHS Lothian has provided additional non-recurrent financial support where required to allow IJBs to achieve a breakeven outturn. Dialogue has begun with IJB CFOs to understand their requirements for year-end including the level of carry forward, if any, required by IJBs. This requires the health board to consider the implications for its own financial position.

3.8 The removal of any IJB underspends will have a detrimental impact on the NHS Lothian financial position. However, there is sufficient flexibility across NHS Lothian to manage this and continue to deliver a balanced outturn. For this reason a **moderate assurance** level on delivering financial balance remains.

4 Financial Outlook

4.1 The F&R Committee also considered the initial assessment of the financial position for 2020/21. The paper highlighted a projected financial gap for 2020/21 of £31m, based on an initial assessment of cost pressures and anticipated funding. A summary of the realistic Outlook is provided in Table 3.

Table 3 – Financial Outlook Summary

	20/21 Variance
	£k
Full Year Recurring Expenditure Budget	**1,703,694**
Baseline Carry Forward Pressures	(52,598)
Additional Expenditure, Growth, Uplift & Commitments	(86,002)
Total Projected Costs	**(138,600)**
Total Additional Resources	**90,204**
Financial Recovery Actions	**17,190**
Financial Gap	**(31,205)**

4.2 The Committee recognise the improvement in the Outlook for next year and agreed to revisit this again in March when the final version will be presented for endorsement and recommendation by the F&R Committee to the Board. This will reflect information from the Scottish Budget announcement on the 6th February.

5 Key Risks

5.1 The F&R Committee also considered the key risks relating to the delivery of a breakeven position and ongoing risks into 2020/21. Table 4 presents the risk schedule shared with the Committee that may impact on financial performance into next year.

Table 4 – Risks to achieving year-end financial balance

Key Assumptions / Risks	Risk rating	Impact / Description
Integration	Medium Risk	The forecast is based on the assumption that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource
Recovery Actions	Medium Risk	Delivery of planned recovery actions to the value required to cover the known pressures and developments within the individual Business Units.
RHSCYP and DCN	Low Risk	The full financial implication of the delays to the new hospital may yet change, however this is now expected to be met by SG
Escalation Framework	High Risk	Costs associated with improved operational performance may be greater than anticipated
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges - the forecast does not consider any further deterioration in this area.
Winter Costs	High Risk	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand
GP Prescribing	Medium Risk	The financial forecast has been reviewed in line with current unit cost and activity, this could change during the remaining months of the yearand this will be reviewed on a monthly basis
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimate in the Forecast. The impact of any additional growth or additional spend on high cost drugs remains an unresolved issue.
Backdated pay claims	Medium Risk	NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations	Medium Risk	The forecast assumes a level of additional Scottish Government funding for programmes and initiatives. Any change from the funding level assumed will have an impact on the forecast.
Waiting Times	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance.
Availability of trained staff	Medium Risk	The availability of trained staff has resulted in supply issues which has seen an increased use in agency staff and the associated costs. To maintain the current forecast the use of agency needs to be held static or reduce.
Brexit	Medium Risk	No additional costs for Brexit preparations have been built into the plan, at present they have not been quantified, however they will need to be considered as part of the longer term financial outlook currently being prepared
Safe Staffing	Low Risk	The impact of the Safe Staffing requirements are still being quantified and costed and have therefore not been included in the forecast. At present there are no obvious source of funding to meet additional costs and presents a risk. This will be an issue for the financial outlook

6 Risk Register

6.1 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)***

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

7 Impact on Inequality, Including Health Inequalities

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

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

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

9 Resource Implications

9.1 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
31st January 2020
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NHS LOTHIAN

Board
12 February 2020

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

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

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

2 Recommendations

The Board is recommended to:

2.1 Accept the corporate risk register which has been updated for Quarter 3.

2.2 Note the template in the new format is now included for the new risk - The delivery of NHS Level 3 Recovery Plans.

3 Discussion of Key Issues

3.1 Risk register update

3.1.1 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 and remains unchanged (see Appendix 1).

3.1.2 There are currently 19 risks in total in quarter 3; the 9 risks at Very High 20 are set out below.

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

8. Brexit
9. Delay in providing clinical care for RHCYP and DCN patients in new facility (new risk)

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

Table 1

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
4813	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences Update provided January 2020	Finance & Resources Committee (F&R) & Healthcare Governance Committee (HCG) HCG (July 2019) discussed the clinical risk and through the HAI report which is a standing item on the agenda. September 2019 HCG - accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian.	Very High 20				Very High 20
3600	Finance Update provided January 2020	Finance & Resources Committee (F&R) 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. September 2019 – F&R accepted limited assurance on achieving a breakeven outturn following Q1 review. November 2019 - F&R accepted moderate assurance on the management of the risk.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	4 Hours Emergency Access Standard (Organisational) Update provided January 2020	Healthcare Governance Committee (HCG) October 2018 Acute Services Committee continued to accept limited assurance. HCG Jan 2019 update accepted moderate assurance re plan in place to improve 4 hour performance and safety at RIE. Plan subject to external scrutiny.	High 10	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
4688	4 Hour Emergency Access Standard (Patient) Update provided January 2020	HCG Committee 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.	High 15	High 15	High 15	Very High 20	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Update provided January 2020 ***Note: This risk is under review with HSCP colleagues***	HCG Committee November 2018 HCG continued to accept limited assurance. September 2019 - as part of partnership annual report risk mitigation was discussed and improvements in delay discharges noted with a focus on sustainability.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Sustainability. Update provided January 2020	HCG Committee November 2018 HCG continued to accept limited assurance, with some evidence of improved stability with 'in hours' General Practice but increasing instability in 'out of hours' Action plan for 'out of hours' to report back to HCG in May 2019. July 2019 – HCG accepted limited assurance on demonstrating impact on sustainability. Reported back in September 2019 where further actions were agreed. January 2020 – HCG continue to accept limited assurance. To be re-considered in May 2020 to allow HSCPs to complete cycle of their risk register reviews.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment (Organisation Risk) Update provided January 2020	HCG Committee 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. November 2019 - Moderate assurance was accepted around healthcare governance	High 12	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
		arrangements across NHS Lothian's Acute Services.					
4191	Access to Treatment (Patient Risk) Update provided January 2020	HCG Committee January 2019 HCG – moderate assurance. To be considered by November 2019 HCG. September 2019 HCG accepted moderate assurance on the management of clinical risk related to cancer waiting times.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
4693	Brexit Update provided January 2020	HCG Committee July 2019 HCG accepted moderate assurance. Verbal update September 2019	Very High 20		Very High 20	Very High 20	Very High 20
4820	Delivery of level 3 recovery plans	Board January 2020 - Board accepted moderate assurance on the management of the risk and agreed to reduction in the risk grading.	Very High 20				High 12
4921	Bed Capacity in Acute Mental Health Update provided January 2020	Healthcare Governance Committee Jan 2020 HCG accepted moderate assurance.	High 15				High 15
4694	Waste Management Update provided January 2020	Staff Governance Committee Template approval July 2019. Health & Safety Committee in August 2019 accepted moderate assurance. The actions and control measures which are being implemented still represent moderate assurance to the Staff Governance Committee.	High 15	High 15	High 15	High 15	High 15
3454	Learning from Complaints Update provided January 2020	HCG Committee March 2019 HCG continued to accept moderate assurance. Reviewed at every second HCG meeting. July 2019 HCG accepted moderate assurance. November 2019 HCG continued to accept moderate assurance.	High 12	High 16	High 16	High 16	High 16
3527	Medical Workforce	Staff Governance Committee		High	High	High	High

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
	Update provided January 2020	October 2018 meeting continued to accept moderate assurance. Moderate Assurance continued to be accepted March 2019 and July 2019. Due to be considered by Staff Governance Committee February 2020.	High 16	16	16	16	16
3189	Facilities Fit for Purpose Update provided January 2020	Finance & Resources Committee F&R January 2018 - moderate assurance received. Moderate assurance accepted July 2019 September 2019 HCG- Accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian.	High 15	High 16	High 16	High 16	High 16
3455	Violence & Aggression. (Reported at H&S Committee) Update provided January 2020	Staff Governance Committee Staff Governance considered in October 2018 and accepted limited assurance due to access to training and lone working processes. Moderate Assurance March 2019. Health & Safety Committee August 2019 accepted moderate assurance. October 2019 – Staff Governance committee accepted moderate assurance. Due to be considered by Staff Governance Committee February 2020.	Med 9	High 15	High 15	High 15	High 15
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee). Update provided January 2020	Staff Governance Committee Update provided January 2019 Staff Governance Committee, January 2019 continued to accept moderate assurance. July 2019 – moderate assurance accepted, limited for RIE Due to be considered by Staff Governance Committee February 2020.	High 12	High 12	High 12	High 12	High 12

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jan-Mar 2019	Apr-Jun 2019	Jul-Sep 2019	Oct-Dec 2019
1076	Healthcare Associated Infection Update provided January 2020	HCG Committee 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 Update provided January 2020	Staff Governance Committee Moderate Assurance March 2019 July 2019- Staff Governance Committee considered a paper on this risk in and accepted significant assurance that actions have mitigated workforce pressures at corporate level and infrastructure is in place. Moderate assurance was accepted that actions are mitigating 'hot spots' and moderate assurance that Board is well placed to address the new legislation.	High 12	Med 9	Med 9	Med 6	Med 6

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

Not applicable.

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

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

8 Resource Implications

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

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List of Appendices:

Appendix 1 – Summary of Corporate Risk Register

Summary of Corporate Risk Register

Risk 4813 – Royal Hospital for Children & Young People/Dept of Clinical Neurosciences

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	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.	• (3600) Finance • (4191) Access to Treatment (Patient) • (3189) Facilities Fit for Purpose • (1076) HAI **Associated Plans** • 6 technical work streams **Assurance Committees** • Healthcare Governance • Finance & Resources **Grading** • Very high (20)	**Governance and management arrangements** An oversight Board, chaired by the CNO on behalf of the Scottish Government meets weekly and reviews progress. Within NHS Lothian, an executive steering group also meets weekly to review progress against plans and associated measures. This group is chaired by the Director of Nursing; membership includes Chief Executive, Finance, Medical, HR and Employee Directors, Chief Operating Officer. **Plans and processes** There are 6 technical work streams as listed below, each with an action plan • Ventilation • Water quality • Drainage • Fire safety • Electrical • Medical gases Prioritised programme of works to be agreed with contractor. In addition, a service continuity plan is in place for current RHSC and DCN, led by the acute services COO and reported to the Executive steering group, weekly and to the SG oversight group as required. This includes, for example: • Winter planning • Additional staffing and transport for double-running pharmacy and lab services • Ongoing maintenance via estates and facilities • Sustaining facilities e.g. restaurant on existing sites	• Number of complaints • Number of helpline enquiries from the public • Number of adverse events • HAI data and inspections Each technical work stream has **a** dashboard of measures against adherence to programme dates. (once agreed with contractor). Service continuity action plan progress against programme is reported **fortnightly.**	**January 2020 Update** **Oversight Board and Executive Steering Group meeting frequency is now fortnightly.** **Two technical work streams have been closed with all issues resolved:** **- Drainage** **- Medical gases** **Commercial agreement with the contractor to progress change instructions and develop an agreed programme of work.** **Adequacy of controls updated to satisfactory.** **HAI inspection report (both DCN and RHSC) has been published and is positive with 2 requirements for ward inspections and 2 requirements**

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			Regular Health & Safety walkrounds take place on both RHSC and DCN existing sites. Ongoing HAI inspections including monthly walk rounds by Infection control colleagues Elective admissions to DCN limited and DCN wards not used for boarding. Communications being managed proactively with regular briefing for staff via email and intranet. Helpline in place for patients and families. Response to press enquiries provided as required. Additional costs agreed with Scottish Government to manage the financial impact, as well as ongoing commercial discussions with contractor. **Adequacy of Controls** Satisfactory: commercial arrangements and work streams process in place to progress with the contractor. The control is adequately designed to manage the risk but dependant on contractor response.		**and 2 recommendations for theatres - action plans in place.**

Risk 3600 – Finance

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Achieve greater financial sustainability and value	There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is as a result of a combination of the level of resource available and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.	• (3211 & 4191) Organisational/ patient access to treatment risks **Associated Plans** • Board strategic plan • IJB strategic plans • Annual operational plans **Assurance Committees** • Finance and resource committee • Audit and risk committee **Grading** • Very high (20)	**Governance and management** Robust governance is in place through a comprehensive reporting framework to Finance and Resource Committee, which in turn, provides assurance to the Board. This incorporates reporting on: • delivery of the strategic financial plan • Financial performance Quarterly review meetings take place where acute services COO, site/service directors in acute and REAS, and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieving delivery of efficiency schemes. **Policies, procedures and plans** • There is a financial plan in place which maximises the use of non-recurring resource to support service delivery • There is a plan in place to further develop financial strategy by developing a financial framework for key service areas listed below, which is being tested during 2019/20. Associated measurement plans are being developed as an integral part of this work so that there is a baseline for each service, to test future investment proposals against. ➢ Scheduled care ➢ Unscheduled care ➢ Cancer services ➢ Women`s and children`s services ➢ Primary Care ➢ Mental health • The sustainability and value agenda has associated measures to demonstrate that resources are used as efficiently and effectively as possible.	In-year financial performance Delivery against Scottish Government financial targets: • Capital • Revenue • Cash • In-year care deficit Measurement plan being developed alongside the service-based financial framework.	**January 2020 Update** **Risk Grade/Rating remains Very High 20.** **The Draft minute of the 27 November 2019 Finance & Resources Committee states:** **21.1 Financial Position.** **21.1.1 It was noted that although a balanced budget may be achieved, there was still a care deficit and that it should be recognised that current funding arrangements were not sufficient meet this. This had been previously raised with the Scottish Government.** **21.1.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.** **NHS Lothian continues to plan to break-even at end 2019/20 and the risk to achieve break-even remains Very High.**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			• This supports investment in quality and innovation which delivers both improved resource utilisation and enables transformation of the future delivery of health and social care. **Adequacy of controls** Inadequate control due to a combination of uncertainty about the level of resource availability in future years, combined with known demographic pressure which brings major potential service costs requiring significant service redesign response. The extent of this is not yet known, nor tested.		**The Assurance for risk has changed to Moderate from Limited.**

Risk 3203 – 4 hour Emergency Access Standard (organisational)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety and Patient Experience	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.	• 3726 – Timely discharge of inpatients • 3211 & 4191 – Access to Treatment (when there are peaks of activity which lead to the cancellation of scheduled activity). **Associated Plans** • NHS Lothian Annual Operational Plan • Lothian Hospitals Plan • IJB Strategic Plans and directions **Assurance Committees** • Healthcare Governance • In addition keep reporting to NHS Board **Grading** • Very high 20	• The Unscheduled Care Committee is in place to develop a robust Winter plan through whole system engagement. • The Unscheduled care Committee is a whole system committee, chaired by a Chief Officer from the IJB to develop and share current ways of working from across the Acute and Community system. • An Unscheduled Care Programme Board **<u>has been</u>** established to manage **<u>short, mid and long term unscheduled care improvement.</u>** A programme board focussed on the redesign of the RIE front door is in place. • Each site has developed an action plan in response to the Scottish Government's 6 Essential Actions for Unscheduled Care. • Emergency Access Quality and Performance group review implementation of the 6 essential across NHS Lothian. • Routine review and planning of Front door demand and capacity based on real-time data. • There are a number of programme boards /groups in place to manage demand from Health and Social Care which includes Front Door Redesign at RIE & SJH. **Adequacy of Controls** Adequate but partially effective	• Levels of crowding in the emergency departments. • The number of 8 hour and 12 hour breaches. • Time to first assessment (standard is 15 minutes) • Time to triage • Wait for a bed • Level of boarding (should be zero). • Length of stay. • Number of cancelled elective procedures. • Performance against emergency access standard and trajectory. • Delayed Discharges	**<u>January 2020 Update</u>** • **<u>A Director of Unscheduled Care Recovery is now in place. There will be a greater focus on strategic coherence across the acute sites and partnerships to provide an integrated unscheduled care strategy for the next 3-5 years.</u>** • **<u>Monitoring arrangements are in place to report impact of winter initiatives 'in season'.</u>** • **<u>Additional Bed Capacity has been opened at the WGH as Ward 15.</u>** • **<u>A Prep Stat Framework for escalation is being piloted across the Acute system.</u>** • **<u>New Capacity and Flow management processes, including teleconferences and the use of the dashboard, address patient and capacity risks at Prep-Stat levels 1 and 2.</u>** • **<u>The Post Assessment Care Area (PACA) at the WGH has been converted to a bedded area to mitigate safety concerns.</u>** • **<u>GP flow is regularly diverted to WGH from RIE to support and reduce presentation profile and prevent safety issues through overcrowding at RIE.</u>**

Risk 4688 - 4 Hour Emergency Access Standard (Patient)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety & Patient Experience	There is a risk to patient safety and outcome of care in RIE ED due to unreliable timely triage, assessment, treatment and discharge due to overcrowding leading to increased likelihood of patient harm and poor experience of care.	• (3600) Finance • (3454)Complaint management • (3189) Facilities fit for purpose **Associated Plans** • NHS Lothian annual operational plan • Lothian hospitals plan • IJB Strategic plans and directions **Assurance Committees** • Healthcare governance • Additional reporting to NHS Lothian Board **Grading** • Very high 20	**Governance and management** • Robust governance process in place through routine reporting to HCG committee • Routine review at RIE site management group who monitor demand and capacity and its impact on patient safety, escalating issues to the Acute Services senior management team where required. • Improvement Plan in place to achieve reliability and delivery of the 6 essential actions monitored by the NHS Lothian Emergency Access Quality Performance Group, (EAQP). • 2 x hourly safety pause in place which is increased to hourly during periods of extremis, informed by real-time data. • Escalation process in place to senior leadership and 'whole system' to identify appropriate response where required informed by real-time data. • Safety debriefs are held following any incidents and SAEs are subject to review and learning shared and improvement plan put in place and monitored by management team. **Adequacy of Controls** Not noted on current risk	• Levels of overcrowding in ED • Time to Triage/first assessment • Wait for a bed • Time to triage • Major/Minors – compliance with 4 hour target • Complaints • Adverse Events & Harm • Staff Experience **(iMatter)**	**January 2020 Update** • **Thrice daily teleconferences focused on patient flow and de-crowding the emergency department.** • **Obs Unit now established and planned to run permanently taking on average 35 patients a day.** • **Time to triage has remained stable below 15mins since Sep-19.** • **Minor Injuries Unit activity and performance has now stabilized also at 98%.** • **Front Door Redesign continues to progress through governance routes following completion of the Initial Agreement.**

Risk 3726 – Timely Discharge of Inpatients

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Shift the Balance of Care from Hospital to a Community Setting	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.	• 3203 – 4 hour Emergency Access Standard (organisational) • 3211 & 4191 – Access to Treatment (when there are peaks of activity which lead to the cancellation of scheduled activity). **Associated Plans** • NHS Lothian Annual Operational Plan • Lothian Hospitals Plan • IJB Strategic Plans and directions **Assurance Committees** • Healthcare Governance • In addition keep reporting to NHS Board **Grading** • Very high 20	• NHS Lothian Board (bi-monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. • Each Partnership manages delayed discharges through a range of for a such as Delayed Discharges oversights groups • The Unscheduled Care Committee reports against Delayed Discharge Performance and mitigations monthly • A new Unscheduled Care Programme Board is to be established into which delayed discharges will also report **Adequacy of Controls** Adequate but partially effective	• Delayed Discharges • Length of stay. • Number of cancelled elective procedures.	**January 2020 Update** **East Lothian** • **Working to Home First Principles.** • **Expansion of Discharge to Assess Model has been rolled out to all areas.** • **In December 2019 an additional beds 10 were opened within East Lothian.** **Edinburgh** • **Expansion of Hospital at Home to NW Edinburgh.** • **Home First Prevention Team in working from the flow centre to target care needs to support people at home.** • **RIE Home First Coordinator working to support assessors on right sizing packages of care.** • **Orthopaedic Flow Coordinaror supported through winter focused on trauma patients to look at identifying collateral to support on the correct pathway following HF principles.** **Midlothian** • **Care at Home remains biggest challenge with full work programme underway to improve capacity.** **West Lothian** • **West Lothian are recruiting additional support workers to increase capacity of care team**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
					and have increased capacity and skill mix of team with OT and community nursing resources to support discharge model. • **Weekend equipment deliveries have been established to reduce delays associated with equipment.** • **REACT continue to focus on admission avoidance and supporting early discharge where possible.** • **There has been an increase in the resource for service matching and are working with providers to optimise care provision.**

Risk 3829 – GP Sustainability

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Update/Actions
Improve access to care and treatment	There is a risk that the Board will be unable to meets 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 issues (e.g. leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.	• Facilities Fit for Purpose (3189) • Nursing Workforce (3828) • Medical workforce (3527) • Finance (3600) (risk of running 2c practices and premises issues) **Associated Plans** • National Premises Plan • NHS Lothian/HSCP premises plans • IJB strategic plans • Primary care improvement plans • GMS contract implementation • Out of Hours action plan • Ehealth priorities **Assurance Committees** • Healthcare Governance **Grading** • Very high 20	**Governance and management** • Robust assurance mechanisms are in place to monitor delivery of plans through regular reporting to Healthcare Governance Committee and also to the Board and Strategic Planning Committee when required. • Development of Primary Care vision with links to HSCPs, Primary care improvement plans and IJB strategic plans. • Tripartite arrangements are in place with responsibilities for Board, GP-Sub-Committee and HSCPs clearly set out. **Policies, procedures and plans** • Implementation structure for the new GMS contract is in place through GMS Oversight Group which oversees implementation of local plans and measures associated improvement across NHS Lothian. • The Primary Care Joint Management Group review the position monthly with practices experiencing most difficulties to ensure a consistent approach across the HSCPs and advise on contractual implications. This includes review of a list of restrictions **on** access maintained by the PCCO to identify potential and actual pressures on the system which is also shared with HSCPs. • Practitioner Services Division (PSD) has the ability to assign patients to alternative practices. • "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. • Recruitment and retention – tracking and training programmes to support **Adequacy of Controls** Remains inadequate as Primary Care Improvement Plans are at midpoint of	• Number of practices with restricted list • Patient assignments to practices • Number of, and length of time as 2C practices • Number of contracts handed back to health board • Number of Out of Hours bases closures • Achievement of Out of Hours outcomes • National evaluation of GMS contract; local measures being developed • Funding available to support implementation of plans • HSCP PCIP trackers	**January 2020 Update** **Risk Register for GMS Contract implementation has been developed and agreed. Overall risk rating is "high". Contract implementation is only one part of the issues relating to primary care sustainability.** **HSCPs will review their risk ratings on GP sustainability between January and March 2020. This will inform the corporate risk level. At present Edinburgh and Midlothian are "very high" and East and West Lothian are "high".** **Out of Hours sustainability plan was agreed by HSCPs for 2019/20. Further long term plan to be presented in April 2020.** **The HGC agreed in January 2020 to receive a further update in May 2020.**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Update/Actions
			implementation programme and GP retention and recruitment is a national issue. Risk grading therefore remains very high/20.		

Risk 3211 – Access to Treatment (Organisational Risk)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	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 sub-optimal use of available capacity. These risks could lead to compromised patient safety and potential reputational damage.	• 3726 – Timely discharge of inpatients • 3203 - Unscheduled Care 4 Hour Performance **Associated Plans** • National Waiting Times Improvement Plan. • Scheduled Care Recovery Plan. • NHS Lothian Annual Operational Plan. • Lothian Hospitals Plan. • IJB Strategic Plans and directions. **Assurance Committees** • Healthcare Governance **Grading** • Very high 20	**Governance and management** • NHS Lothian Board Performance Reporting • Performance reporting at Executive Leadership Team (ELT) and Scheduled Care Recovery Board • Monthly Acute Service Senior management Team (SMT) meeting – monthly outturn and forecast position • Controls and actions for this risk are also reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and action agreed • Weekly Acute Services Senior management Group (SMG) meeting • Monthly Access and Governance Committee to ensure compliance with Board SOPs relating to waiting times Modernising Outpatients Programme Board, which considers demand management, clinic optimisation and modernisation **Policies, procedures and plans** • Management are currently developing service-based sustainability plans, aligned to national themes in order to manage the backlog and any recurring gap between demand and capacity • Resources prioritised informed by clinical risk matrix • Lothian Waiting Times Improvement Programme Board which has newly become the Scheduled Care Recovery Board, is reviewing sustainability plans at sub-specialty level for high risk areas. It is focused on designing the service for the future. Its programme structure is aligned to the national framework • Service trajectories developed for 2019/20 and mid-year forecast updates recently reviewed. • **Trajectories for 2020/21 shortly to be**	Number of people for whom we are breaching the Government's access standards: • Access to treatment for cancer services (31 days, 62 days). • The Treatment Time Guarantee for relevant inpatient and day case treatment. • 90% of planned/elective patients to be treated within 18 weeks of referral • 8 Key Diagnostic Tests – the Board must ensure that the verified report of the test or investigation is received by or made available to the requester within 6 weeks of receiving the request • 95% of patients to be seen within 12 week access to a first outpatient appointment Also: % of non-recurring funding (to improve access performance) which is spent. Operational efficiency measures, such as: - Did Not Attend rate - Rate of theatre utilisation - Rate of theatre cancellations Proportion of consultant time	**January 2020 Update** **Moderate assurance was accepted around healthcare governance arrangements across NHS Lothian's Acute Services; in terms of performance trends across various measures to Sept 2019; and proposed new arrangements to strengthen ward to board arrangements (within the Acute Assurance paper).**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			developed. • £21.5m of non-recurring financial support to increase capacity. • £18.5m of non-recurring financial support. • Scope for improvement identified with recommendations made to specialities e.g. target of 10% DNA rate, theatre session usage targets, consultants - 10 PAs recommendation of 6 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. • National elective care centres in place to increase capacity **Adequacy of controls** Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Risk remains high while demand continues to exceed available capacity.	directly attributed to clinic or theatre.	

Risk 4191 – Access to Treatment (Patient Risk)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
Improve quality, safety and patient experience	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.	• 3726 – Timely discharge of inpatients • 3203 – Unscheduled Care 4 Hour Performance • 3211 – Access to Treatment (Organisation Risk) **Associated Plans** • NHS Lothian Quality Strategy • NHS Lothian Annual Operational Plan. • IJB Strategic Plans and directions – with regard to demand management, and GP referrals **Assurance Committees** • Healthcare governance **Grading** • Very high 20	**Governance and management** • There are Delivering for Patients quarterly reviews for specialties on the clinical risk matrix. These are supported with more regular meetings with the service management and clinicians to develop and implement ideas for improvement, and to facilitate links with the outpatients and theatres programmes. • **The Scheduled Care Recovery Board (formerly the Lothian Waiting Times Improvement Board), is developing sustainability plans at sub-specialty level for high risk areas. It is focused on designing the service for the future. Its programme structure is aligned to the national framework.** • The Modernising Outpatients Programme Board is managing the change in delivery of 64,000 appointments to March 2020. This is calculated as 15.9% of the national target of 400,000 as outlined in the Modernising Outpatients Report (2017). This involves potential change in referral processes, demand management, clinic optimisation and role modernisation • **Service developed trajectories are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity.** • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. **Policies, procedures and practices** • A clinical risk matrix **is regularly updated** to inform how we prioritise resources; • Cancer performance improvement plans focus on Urology, Colorectal, **Melanoma and Lung** 62 day performance, **and are regularly**	• Waiting times, including those for surveillance patients • Adverse events linked to waits • Number of complaints linked to waits	**January 2020 Update** **Nov 2019 Healthcare Governance Committee (HGC) – this risk was due to be part reviewed as part of the Corporate Risk Register but was not. The Risk Register is due again for review at HGC on 15th January 2020.** **Moderate assurance was accepted however around healthcare governance arrangements across NHS Lothian's Acute Services; in terms of performance trends across various measures to Sept 2019; and proposed new arrangements to strengthen ward to board arrangements (within the Acute Assurance paper).** **Significant assurance was also accepted that processes are in place within the HB to ensure that systemic anti-cancer therapy SACT) is given within a defined protocol and that supporting**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
			reviewed at meetings, including by the Chief Officer. • Enhanced cancer monitoring and escalation • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is a specific process for Endoscopy patients. There is an expectation that the GP would communicate this to the patient at the time of re-referral • There is a 'keep in touch' process for patients who are waiting longer. This informs them that they are still on the waiting list • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training and have access to clear escalation guidance on how to deal with (potential) breaches. • National elective care centres in place to provide additional capacity • £21.5m of non-recurring financial support • Increased operational capacity to carry out pre-assessment in bowel screening in response to increasing demand and longer waits (eff. 1 June 2019) **Adequacy of controls** **Some controls are in place and additional controls are 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 auctioned. Risk remains high while demand continues to exceed available capacity.		**processes and outcomes are managed within acceptable limits. Moderate assurance was also accepted that recommendations in the Keel report can be addressed in NHS Lothian in a way that implements the opportunities to improve efficacy of the care provided to patients. (Both levels were sought within the SACT assurance paper).**

Risk 4693 – Brexit

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety & Patient Experience	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. There is a risk that patient experience and outcome care may be compromised due to uncertainty relating to Brexit. The areas that require close observation and require risk assessment and mitigation identified include:- • Workforce; • Supply of medicines and	• Finance Risk (3600) • Medical Workforce Sustainability (3527) • Nursing Workforce (3828) **Associated Plans** • National Plan • NHS Lothian Financial Plan **Assurance Committees** • Healthcare Governance Committee **Grading** Very High 20, due to: (i) potentially severe impacts (ii) level of uncertainty and (iii) complex interdependencies with other organisations involved in the supply chain and infrastructure provision, including national and international planning.	A system is in place to impact assess the key risks, including likelihood/ consequences, this 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. Strategic ownership is ensured by the Strategic Brexit Management Group (SBMG) which oversees this process, including the assessment and responses to risks identified through national and local impact assessment groups. It includes senior managers and specialist advisers and meets fortnightly, and is chaired by the Deputy Director of Public Health on behalf of the Deputy Chief Executive. The local system above informs national planning including any emerging issues locally and nationally that require a response with a requirement to national requirements. Multi-agency links and reporting is ensured by the SBMG being represented at Local Resilience Partnership groups. The SBMG has determined priorities and agreed actions based on default strategic objectives for major incidents:- • Save lives and restore health • Safeguarding staff, patients and public • Minimise impact on normal services The Group also considers Scottish Government correspondence and impact on local, regional and national services. Members are routinely included in regional and national work to inform risk mitigation.	• Availability of medicines numbers and shortages • Procurement data • Workforce data from impact assessments	**January 2020 Update** **Scottish Government have advised us that:** • **UKG's Operation Yellowhammer planning for the disruptive consequences of a No Deal EU Exit has been stood down;** • **the Deputy First Minister has agreed that SG should also stand down related planning for a No Deal Exit on 31 January, but that** • **we should stand ready to re-activate at any point in 2020.** **As the likelihood of a No-Deal EU Exit on 31 Jan is now very much less, this risk is very unlikely to have imminent impacts. This will be confirmed during January 2020.** **A related risk may arise depending on the form of trade deals and the future relationship of UK and EU as the proposed 31.12.20 deadline**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
	vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services.		The group is agile and can meet quickly to respond to emerging issues along with more planned responses. **Adequacy of Controls** 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.		**approaches.**

Risk 4820 - Delivery of level 3 recovery plans

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
Improve Quality, Safety and Patient Experience	There is a risk that the Board does not deliver NHS Lothian's Level 3 Recovery Plans to agreed timescale impacting on patient experience and outcome of care.	• (3203) 4-hour target (organisational) • (4688) Patient safety - RIE ED • (3211) – Access to treatment (organisational) • (4191) – Access to treatment (patient) • (4921) REB inpatient beds • (4813) RHCYP and DCN • (3726) – Timely discharge **Associated Plans** • Recovery plan • Financial plans • Underpinning plans for all associated linked key risks **Assurance Committees** • Assurance of this risk is reserved to the Board	**Governance and management** Routine reporting to every Board meeting. Assurance levels provided by relevant committees for linked risks are also provided to the Board through reporting of the corporate risk register to every Board meeting. Fortnightly reporting to Scot Gov oversight group. These arrangements are underpinned by robust reporting for each of the 6 challenging service area work streams: • Scheduled care & cancer programme delivery Board (chair: acute services Chief Operating Officer) • Unscheduled care & delayed discharge programme Board (Chair: IJB Chief Officer) Supported by unscheduled care committee • Mental Health & learning disabilities Programme Board (Chair: IJB Chief Officer) - weekly operational meeting • Paediatric programme Board (chair: Board non-exec director); RHCYP/DCN oversight Board The Strategic planning committee and Finance and Resources committee also receive and respond to regular reports. In addition, the sub-committees of the Board receive reports on the relevant individual linked key risks and provide	Core recovery plan metrics are in place and monitored by the Board: • Delayed discharges • 4 hour ED waiting time • Outpatient >12 week waiting time • Treatment time guarantee • Cancer waiting times (62 day target) • Mental health and learning disability bed occupancy • CAMHS>18 week target • Psychological therapies > 18 week target • Paediatrics and St Johns	**<u>January 2020 Update</u>** • Moderate assurance agreed by the Board and risk grading change to high (12) at Jan 2020 Board meeting

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
		Grading • High 12	appropriate assurance levels. **Plans** A Director of Improvement has been appointed and a formal recovery plan has been developed and submitted to Scot Gov early December – currently awaiting sign-off. The Integrated care forum (4 IJBs, 4 councils and NHS Lothian) provides a forum to ensure a whole system approach and collaborative working. **Scheduled care/Cancer waiting times** A Programme Director and infrastructure to support delivery is in place. Projects in place include: • Additional, non-recurring investment for outpatients and TTG • Plans for elective centre at St Johns **Unscheduled care/delayed discharge** Programme Director in place with internal and external improvement support in place. Key work includes: • additional investment to address 4EAS • Resign of services at front door RIE • New models of care such as Hospital at home • Range of work within HSCPs to increase community capacity **Mental Health** Number of short term actions in place including 13 additional beds in REH and completion of anti-ligature works at St John's. Longer term plans in place for improvement including:		

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
			• adult mental health pathway • development of Home First approach • access to CAMHs and psychological therapies **Policies** National policies and targets provide a framework for improvements in delivery of these services. **Adequacy of Controls** An adequate framework of controls and governance arrangements is in place and operating as intended. Hence, the adequacy of controls is satisfactory.		

Risk 4921 – Bed Capacity in Acute Mental Health

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
	There is a risk that acute admissions exceeds the inpatient bed capacity due to increasing demand, beds being reduced in the move to The Royal Edinburgh Building, and barriers to patient flow through the adult mental pathway leading to patients having to be boarded overnight in other specialities, being placed out of area or sleeping in areas within wards not designed for this purpose.	• Finance (3600) **Associated Plans** • Capital Plans **Assurance Committees** • Healthcare Governance **Grading** • High 15	**Governance and management** A scheduled annual report on governance and quality arrangements is presented to Healthcare Governance committee with additional reporting on specific issues as required. As part of level 3 escalation, a weekly report is submitted to Scottish Government via the Director of improvement. A local operational group is in place with membership from REAS and the HSCPs. Performance an plans are reviewed every 2 weeks at REAS SMT. Multi-agency action plan in place for adult acute mental health. A range of information is collated to measure effectiveness of plans and to inform actions. • Formal recording of patients with delayed discharge for acute and rehab services • Daily and Weekly monitoring and review of admission and discharge criteria and LoS **Plans** Adult acute mental health capacity action plan is in place. Various QI work streams are in place to improve patient pathway and interface between locality and hospital based services o Adult Acute Capacity Action Plan o REAS and IJBs working collaboratively to improve patient pathway Additional capacity made available and future requirements in the planning stage. **Policies and procedures** A variety of measures are in place to plan/ monitor bed state in real time and maximise flow including: • Daily huddles of acute ward SCNs and CNM	• Length of Stay • Bed Occupancy • Number boarded and out of area patients, within REAS and out with • Adverse Events • Complaints	**January 2020 Update** **HCG committee accepted moderate assurance at the meeting on 12 Jan 2020**

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			• Weekly Patient Flow meeting • Weekend meeting of Drs on call, CCN, IHTT & MHAS • Daily rapid run down meetings on acute wards for regular review and decision making • 10am bed state information emailed to range of clinicians & managers across REAS and Edinburgh localities • Escalation of cases where barriers to discharge have been identified (e.g. delays in deep clean, funding for goods / furniture) that are considered relatively easy to resolve via daily MATT (Multi Agency Team Touchdown) • Identification of patients considered clinically suitable to 'board' overnight in other areas e.g. Harlaw, Eden and Ritson to create capacity for admissions. Clinical notes are taken with patient and verbal handover provided at time patient accompanied to the 'boarding' ward. • Development of key worker system within acute wards to promote better continuity and co-ordination of care, in turn helping to ensure discharge happens at right time • Key Worker SOP drafted and awaiting sign off via Acute Exec SMT. Canned text for Key Worker one to ones available • Review of patients returning from pass to consider appropriateness of extending these to create some capacity for admissions • Accessing available beds including St John's Hospital and out of area where necessary • Sofa bed procured and SOP required due to environmental ligature concerns • Datix – adverse event reporting and review • Quarterly reporting process and compliance with H&S policies ensuring H&S policies are complied with and risk assessments are undertaken to identify local risks and implement management controls **Policies** A range of policies are in place to support these		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			arrangements: • Pass plans • Boarding • Delayed discharge • Health and Safety policies **Adequacy of Controls** Adequate but partially effective – plans in place for a more robust mechanism supported by data, but not yet fully implemented.		

Risk 4694 – Waste Management

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
Achieve greater financial sustainability and value	There is a risk that NHS Lothian will not be compliant with statutory Health and Safety and environmental regulations for disposal of special waste because of the abrupt ending of the national contract leading to potential harm to people and the environment and financial penalties.	• (3600) Finance **Associated Plans** **Assurance Committees** • Staff governance via Health and Safety Committee **Grading** • High (15)	**Governance and management** • Health &Safety committee, who report to Staff Governance Committee, provide oversight and receive regular reports on performance of the agreed contingency arrangements • Lothian Infection Control Advisory Committee (LiCAC) provides professional advice and receives a quarterly report • Sustainable Development Management Group (SDMG) also receives a quarterly report • A waste management committee structure is in place to oversee waste management on a national and regional basis. This membership of the group incorporates national experts • The national and regional groups meet quarterly. Regional consortia chairs report operational issues and risks and national solutions or contingencies sought, where appropriate • Currently a weekly teleconference is also held to report impact of issues arising during contingency and to seek speedy resolution • Facilities Adverse Event Review Group review all significant adverse events reported on DATIX **Policies, procedures and plans** • Statutory environmental regulations in place for disposal of special waste • NHSL Waste Management Policy • SHTN3 Waste Management Procedures for NHS Scotland • Procedure for waste disposal from infectious diseases of high consequence • A new national contractor has been appointed with service anticipated as commencing between November 2019 and February 2020 • Current contingency arrangements are in place with 3 contractors for collection of waste	Non-compliances with waste management disposal procedures including: • Waste correctly stored and segregated at ward and department level • Colour coding used correctly • Waste packages identifiable • Staff communication processes in place • Waste disposal guidance available • Waste consignment notes available • Vehicle compliance with ADR Reported incidents on service impact via Datix.	**January 2020 Update** **The contingency arrangements for the management of healthcare waste remain in place and no adverse impact on patient care has been reported. The new contractor, Tradebe, is preparing to implement the new contract and the date for this for NHS Lothian is Feb/March 2020. Fortnightly teleconferences to ensure effective communications remain in place both locally and nationally.** **Concern has been expressed nationally about the new requirement for all boards to undertake pre-acceptance audits on all clinical waste producing areas including all community practices (>500). Although NHSS is engaged with SEPA to agree a mutually acceptable approach to this new standard for Scotland it is likely that we will need to invest in additional resources to achieve this on a recurring basis.** **As a consequence of medicinal waste being observed in the infectious/sharps waste stream, it is also being proposed that** all Boards **replace orange lidded sharps boxes (disinfection treatment) with blue (incineration). This will require a complete change in clinical practice in this regard ad bring additional disposal costs of approximately £300/tonne. No**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
			and these are operating effectively • Revised local contingency operating and monitoring procedures are in place • Staff training in place including LearnPro module for all staff involved in the handling of clinical waste • Additional waste management capacity has been put in place via an application for a Waste Management Licence at Midlothian Community Hospital ensuring effective and efficient removal of waste from RHSC and community areas. • Regular audits of waste management/disposal are carried out by the Waste Management Officer. Exceptions are reported quarterly to LICAC, Facilities Heads of Services meeting and SDMG • External audit is also carried out through SEPA inspections and follow up reports as well as regular DGSA audits and reports **Adequacy of controls** Adequate but partially effective as contingency arrangements still operating.		**decision has yet been taken on this issue.** **Options to develop a comprehensive and detailed training programme for the presentation and disposal of clinical waste are being developed. Initial arrangements are being taken forward to provide this for Facilities waste handling/management staff however given the above it is recommended that nursing staff are engaged with this.** **The actions and control measures which are being implemented still represent moderate assurance to the Staff Governance Committee.** Staff Governance Committee accepted moderate assurance in July 2019.

Risk 3454 – Learning from Complaints

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety and Patient Experience	There is a risk that learning from complaints and feedback is not effective due to the lack of reliable implementation of complaints and feedback processes leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services.	• (4688) 4 hour access- patient • (4191) Access to treatment – patient • (3328) Traffic management • (3829) GP sustainability **Associated Plans** **Assurance Committees** • Healthcare Governance **Grading** • High 16	**Governance and management** Robust governance and management processes are in place with regular reporting to Healthcare governance committee. Periodic reporting directly to the Board, as required. Corporate Management Team and Executive Nurse Director's group review and respond to weekly and monthly reports. These are underpinned following additional controls: • At a service level, senior management teams routinely review and respond to complaints and patient experience. This is also part of monthly quality and performance management arrangements • Similar arrangements are mirrored throughout Operational management structures • Clinical Management groups and equivalent groups in HSCPs consider complaints and learning as standing agenda items • Periodic internal audits **Policies, procedures and plans** Policy & procedure for management of feedback and complaints is in place with associated toolkit to support implementation. Patient Experience Team have QA process in place whereby all complaints closed which are graded as major or extreme are reviewed and feedback shared with service for learning. Parliamentary SPSO Reports from other Boards and all Decision Reports are circulated and reviewed for learning. Through monthly nurse directors meetings, twice yearly meetings of senior nurses across Lothian, clinical change forums workshops on complaints handling as well as through patient stories at Healthcare Governance committee we attempt to	• Compliance with measures set out in the complaint procedure including: • Monthly reporting of response times – 5/20 days • 9 national KPIs - that form the basis of the annual report. • SPSO decisions • Compliance with Internal Audits	**<u>January 2020 Update</u>** The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk. **<u>November 2019 –</u>** Moderate assurance accepted.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			evidence learning from complaints. Plans are in place to implement new structure for the Patient Experience Team to support the complaints handling procedure. **Adequacy of controls** Inadequate – governance processes and improvement plans are in place, but yet to be fully implemented.		

Risk 3527 – Medical Workforce

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Develop workforce plans including supply	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 retain doctors. Specific issues include availability of doctors through specialty training schemes and retention of capacity in service through senior medical staff due to changes in pension tax rules. This affects the ability to provide a safe and sustainable service and to meet government commitments.	• (3211 & 4191) Access to treatment - organisational and patient. • (3829) GP sustainability • (3828) Nursing workforce • (3203 & 4688) 4 hour target (organisational and patient) **Associated Plans** **Assurance Committees** • Staff governance **Grading** • 16 – currently considering recommendation to increase to 20 (Impact 5, likelihood 4)	National work force planning group in place. Board Medical directors feed in requirements through the regional workforce group. NHS Lothian Workforce planning and development Board in place to co-ordinate work force planning for all professional groups. This is underpinned by: • NES national recruitment plans in place for training schemes to match identified work force requirements. • Programme for clinical fellow recruitment in place (numbers risen from 6 to 70 since beginning of programme) • Policy/framework in place for use of locum/agency staff managed through NHS Lothian staff bank. • New service developments are required to have a workforce assessment as part of approval process. • Medical education directorate have systems and processes in place to support and ensure the well-being of trainees. • Use of alternative workforce to fill gaps (Advanced nurse practitioners, physicians associates) • Maintaining high 'fill rates' for training programmes through retaining positive inspection reports (Royal colleges, GMC) and monitoring improvement when action is requested. Regular reporting to Staff Governance Committee which includes update on recruitment and highlights significant risks. Reported to Board as part of update on all workforce issues. **Adequacy of controls** Adequate but partially effective.	• Sickness and Absence Rates • Recruitment – number of applicants, numbers recruited • Establishment gaps • Bank & agency usage • Number of unfilled shifts • Number of consultants >=10 pas • Number of doctors working< full time • Vacancy Rates	**<u>January 2020 Update</u>** **<u>An updated paper will be produced for the February Staff Governance Committee.</u>**

Risk 3189 – Facilities Fit for Purpose

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	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.	• (1076) Healthcare Associated Infection • (3454) Management of Complaints & Feedback • (4191) Access to Treatment – Patient • (3455) Violence & Aggression **Associated plans** • Organisation Financial Plan • Capital Investment Plan **Assurance Committees** • Finance & Resources Committee **Grading** Current: High 16	**Governance and Management** A Management Process and structure for reporting of Backlog Maintenance (BLM) has been implemented to inform risk management plans and review are through the following groups follows: • Property & Asset Management Strategy (PAMS) Group • Capital Steering Group • Lothian Capital Investment Group (LCIG) • Scottish Government through the annual Property & Asset Management Strategy Controls considered by these groups, who monitor and respond to this risk are as follows: • The results of the sample of Board estate surveyed annually • 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 **Policies, procedures and plans** • 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. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises • Quarterly infection control meeting	• Performance Dashboard In-house • PFI premises • Datix adverse events related to built environment • RIDDORS events • Scart tool compliance • Complaints and HSE involvement, formal and informal • Audit water quality systems • Ventilation systems audit. • Audit sample inspection of our estate 20% annum • Results of sample inspection of estate (20% per annum)	**January 2020 update** **3 Governance committees for water safety, ventilation safety and environmental safety have been established within Facilities which incorporate clinical and scientific expertise. The rationale for this is to provide assurance to the Board of an holistic oversight of these important areas. Once these are embedded they should be moved into the controls section of the template.**

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			• Water quality group **Adequacy of Controls** Adequate but partially effective.		

Risk 3455 – Violence & Aggression

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.	• (3189) Facilities fit for purpose **Associated Plans** **Assurance Committees** • Staff Governance via Health & Safety Committee **Grading** • High 15	Robust management in place through operational management structures. Staff Governance Committee has oversight, receiving and responding to reports from the NHS Lothian Health and Safety Committee at every meeting. Clear operational management structures and processes to monitor effectiveness of plans to address identified risk at service level and escalate specific risks where required are in place through Local Health and Safety Committees, who report to the NHS Lothian H&S Committee. The local group monitor assessment and improvement plans. (Purple Packs). Range of data regularly reviewed at local level, Range, local Audits. These management structures are underpinned by the following: • Management of violence and aggression policy in place. Range of supporting policies; Lone working, Restraint – consideration and alternatives, Alarm response policy. • Policies and procedures on patient assessment and care planning to minimise risk of V&A behaviours also relevant. • Comprehensive training programme for management of V & A, tailored to specific service needs. This includes training in preventative measures (safe wards / activities / stress & distress). • Expert team available to provide advice and assistance to services. • Process in place to assess and allocate a range of safety alarms at operational level. With requirement for services to have local procedures in place for use of and response, including regular testing. • Consideration of the built environment in all new builds/opportunities for re-design/re-configuration in existing buildings. • All adverse events reviewed as appropriate to level of harm, themes identified and appropriate	• Number of V&A adverse events and those with harm • Number staff trained • Staff Experience • Number assigned alarm/walkie-talkies/ and those in active use • Range of local audit data to evidence compliance with local procedures. • Number of appropriate services with plan in place, (purple pack), updated at least annually following completion of risk assessment. • HSE Notices and/or prosecutions.	**January 2020 Update** **The next Staff Governance Committee will be held on 19th February 2020.** **The October 2019 Staff Governance Committee accepted Moderate Assurance**.

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			improvement plans developed and implemented. **Adequacy of Controls** Adequate but partially effective; control is properly designed but not being implemented properly.		

Risk 3328 – Roadways/Traffic Management

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
Improve Quality, Safety and Patient Experience	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	• (3455) Violence & Aggression • (4191) Access to Treatment • (3454) Complaints & Feedback • (3189) Facilities Fit for Purpose **Associated Plans** • Capital Investment • Property Asset Management Strategy • Financial Plan **Assurance Committees** • Staff Governance Committee through Health & Safety **Grading** High 12	**Governance and management** • A clear management Process and structure which monitors and reviews the controls set out for reporting has been implemented as follows: • Site specific Traffic Management Groups • Reported in Facilities H&S quarterly reports • Reported to Health & Safety Corporate group via Facilities Health & Safety Group • Escalation process in place through the management 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/ **Policies, procedures and plans** • The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites to inform risk/ • Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. • Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review. • Operational Team to direct and control vehicular movements, within risk areas. • 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.	• Datix adverse events related to traffic accidents • RIDDORS adverse events related to traffic accidents • Litigation • HSE involvement formal and informal • Police involvement relating to accidents • Compliance to legislation • Audit of road and pathway networks	**January 2020 update** **Commencing the process to identify a training provider to update relevant staff competency during 2020/21.** **Construction projects on WGH causing a likely increase in the level of risk – currently being reviewed.** **Due for consideration by Staff Governance Committee February 2020 – recommended levels of assurance will be moderate overall; but limited assurance for WGH, RIE & SJH sites due to construction work**

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			• Work Place Transport Policy available and reviewed within agreed timescales. **Adequacy of Controls** Inadequate; control is not designed to manage the risk and further controls and measures required to manage the risk.		

Risk 1076 – Healthcare Associated Infection (HAI)

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation and monitoring of HAI prevention and control measures. HAI potentially increases morbidity and mortality and results in further treatment requirements, including potential extended stay in hospital. There is also a risk of patients developing an infection linked to the built environment. This includes organisms associated with water such as *Pseudomonas aeruginosa* **and other commonly occurring environmental organisms**.	(3189) Facilities fit for purpose (3828) Nursing workforce **Associated Plans** • Capital Plans **Assurance Committees** • Healthcare Governance **Grading** • Medium 9	**Governance and Management** Robust management processes are in place through The Pan Lothian Infection Control Committee (PLICC), the Health & Social Care Partnerships, Royal Edinburgh and Associated Services Infection Control Committee (HSCP & REAS ICC) and Lothian Infection Control Advisory Committee (LICAC). • LICAC includes **consideration of** public health and environmental **health risks**. Comprehensive data is considered at every meeting, and action directed. This includes nationally reported measures through the mandatory surveillance programmes. • PLICC provides assurance to Healthcare Governance Committee. PLICC receives reports from the local infection control committees which are in place for all acute hospital sites. **The HSCP & REAS ICC receive reports for community hospitals. Mandatory** key performance data is also considered at a wide variety of operational management groups who will direct local action. • Lothian Infection Control advisory committee (LICAC) receives reports and minutes from PLICC and provides professional advice to the Healthcare Governance Committee on all infection control issues. • The Decontamination Programme Board, chaired by the Director of Public Health, provides strategic direction and oversight on this subject and provides expert advice to PLICC and LICAC. • 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 performa**n**ce against other Boards and NHS Scotland performance.	• SAB Rate • CDI rate • ECB Rate • **MDRO screening compliance** • HPS Surveillance Reports (benchmark with other Boards) • Compliance with mandatory HAI training • Audit compliance data and associated action plans • 100% compliance with HAI SCRIBE • Number of IMT/PAG with confirmed transmission or acquisition/harm • Facilities Monitoring Scores • Antibiotic prescribing rates for high risk antibiotics	**January 2020 Update** **National LDP standards have been published. Reporting templates and narratives to provide context have been updated. Change to denominators means comparison to previous data is not possible.** **HAI Mandatory training requirements will be advised by national programme board in line with the aims of the 'Once for Scotland' strategy. E-learning resources continue to be promoted on both LearnPro and TURAS.** **Compliance with HAI SCRIBE remains inconsistent. First output from the newly commissioned Scottish Centre for reducing infection and risks in the Healthcare Built Environment awaited. This will direct board level action.** **IPCT capacity in**

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	There is also a risk to patients from failure to decontaminate reusable invasive and semi invasive medical equipment effectively.		• To support Local Delivery Plan Standards all Clostridioides (formerly Clostridium) difficile infections, Staphylococcus aureus bacteraemia (SAB) and E coli Bacteraemia (ECB) are reviewed monthly to identify themes and key areas for improvement. The outcomes of this are **shared in monthly reports to the Acute Clinical Management Group and other local governance or improvement meetings.** **Policies and procedures** The above management arrangements are underpinned by the following mandatory policies and procedures: • The national infection control manual provides comprehensive, evidence based guidance and is supported by a range of specific policies, guidance and procedures to assist implementation of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs). • A comprehensive range of policies, guidelines and procedures and patient information leaflets are available via NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided. • HAI SCRIBE (System (for) Controlling Risk In the Built Environment) provides a framework to implement national standards and guidance into new builds, refurbishment and maintenance programmes. • National HAI Standards outline roles and responsibilities from Board to Ward. • Cleaning matrix in place to direct appropriate cleaning of environment and equipment. • Antimicrobial guidelines are in place to promote prudent prescribing to reduce the risk of antimicrobial associated CDI and contribute to reduction in antimicrobial resistance. • HAI Education strategy is in place which includes mandatory training and a planned programme of education and training for all staff.		**Lothian (staff and expertise) to support a significant number of refurbishment and construction projects is severely limited. Prioritisation is given to acute hospital projects.** **The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.** **IPCT have revised audit tools and feedback processes in collaboration with clinical teams. These are designed to improve the quality of data generated by audit and highlight areas of highest risk for action.**

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			Practice and audit: • A team of specialist IPC practitioners **are available** to provide advice and assistance to NHS Lothian. This includes provision of a duty infection control nurse 7days per week 0830-1600. **Urgent clinical advice on infection management is available via the on call microbiologist/virologist out of hours.** • Clinical teams undertake local SICPs audits to provide assurance of compliance and identity areas for further improvement **through local action plans.** These data are collected and available in QIDS. • The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical teams, site management team and other key stakeholders including facilities teams to inform remedial action and improvement work through their local action plans. • Active surveillance programme for alert organisms **is maintained in line with mandatory requirements.** • 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 outcomes are reported to the Local ICC, PLICC and LICAC. • The infection service undertake multi-disciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. RHSC has a weekly ITU ward round. **Significant adverse event review (SAE) are requested in response to all CDI and SAB deaths where this is recorded on part 1 or part 2 of the death certificate (a cause/contributory**		

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			factor). **Adequacy of controls** Adequate but partially effective; control is properly designed but not being implemented properly.		

Risk 3828 – Nursing Workforce

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Develop workforce plans including workforce supply	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 subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	(3829) GP sustainability **Associated Plans** **Assurance Committee(s)** Staff governance **Grading** • **Medium 6**	**Governance and management** • Safe staffing group provides oversight of delivery of plans for meeting staffing requirements and reports to Staff Governance Committee • Professional governance issues relating to staffing levels reviewed at the Board Nurse Directors group • Workforce governance meetings led by the ND **(Acute / Primary Care)** / Chief Nurse **(REAS)** to review data and amend practice locally will report to Safe Staffing. • A robust escalation process is in place through huddles to senior nursing management to resolve concerns over real time concerns about staffing levels. Weekly reports on staffing issues/shortages produced from DATIX and reviewed at corporate level and through operational management groups • E-rostering and SafeCare live tools deployed to inform local decision making around deployment of available resource • Prospective roster review enables action to identify and resolve potential staffing issues • Recruitment group develops and monitors effectiveness of the recruitment plan/ **Policies, procedures and plans** • Health & Care Staffing (Scotland) (commonly referred to as "safe staffing" legislation) will provide a series of requirements of the Board to ensure that there is appropriate staffing • **Professional long term** planning of staffing requirements is undertaken through the two Nursing and Midwifery workforce planning groups (one for Acute inpatient, one for community) and a REAS workforce group A range of routine data is collated and reviewed to inform and plan staffing requirements:	Establishment gap target: 5% Agency Expenditure target 30% ↓ Sickness target to reduce by 0.5% per year for 3 years from 2019/20 PAA target 21.5% E-rostering KPIs Safe Care compliance gaps NMWWP Tools signoff (annual)	**January 2020 Update** **Management Actions** **Multi disciplinary discussions as legislation affects all clinical staff groups.** **Scottish Government briefing delivered to Board members.**

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			➢ Nursing and Midwifery Workload and Workforce Tools Output ➢ Compliance with E-rostering rules / eR KPIs ➢ Dashboards/Tableau™ ➢ Staff bank / agency utilisation ➢ Operational risks reported to Work force planning groups ➢ Clinical Quality Indicators / CAIR dashboard A recruitment plan is in place, including a generic recruitment process in place to maximise opportunity to fill posts. • Widened access to nursing roles and development opportunities including modern apprenticeships, return to practice and annexe 21 DN training • Programme in place to timetable annual use of nationally accredited Nursing and Midwifery workload and Workforce Planning tools, including a risk assessment and prioritisation matrix to determine required establishment levels • Significant adverse events where staffing issues are a factor are reported and reviewed for learning and improvement. **Adequacy of controls** Satisfactory		