

Lothian NHS Board

26 June 2019, 10:00 to 13:30
Carrington Suite, Scottish Health Service
Centre, Crewe Road South, Edinburgh

Agenda

Declaration of Interests

1. Declaration of Interests

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

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

Items for Approval or Noting

2. Items proposed for Approval or Noting without further discussion

Decision

Brian Houston

Brian Houston

2.1. Minutes of Previous Board Meeting held on 3 April 2019

For Approval

Brian Houston

2.1 Board Minutes 03-04-19 Final.pdf

(18 pages)

2.2. Appointment of Members to Committees

For Approval

Brian Houston

2.2 26 June 2019 Board - Committee Appointments (final 130619).pdf

(2 pages)

2.3. Schedule of Board and Committee Meetings for 2020

For Agremeent

Brian Houston

2.3 Schedule of Board & Committee Meetings 2020.pdf

(3 pages)

2.4. NHS Lothian Winter Debrief

For Noting

Jim Crombie

2.4 NHSL Winter Debrief.pdf (70 pages)

2.5. 4 Hour Emergency Access Standard Update

For Noting

Jim Crombie

2.5 Board Delivery Against 4EAS_26.06.2019_v2.pdf (9 pages)

2.5 Appendix 1 - Unscheduled Care
Performance_v1.pdf (8 pages)

2.6. Audit and Risk Committee Minutes - 25 February and 29 April 2019

For Approval

Mike Ash

2.6 25-02-19 ARC Minutes.pdf (6 pages)

2.6 29-04-19 ARC Minutes.pdf (8 pages)

2.7. Finance & Resources Committee Minutes 20 March & 22 May 2019

For Approval

Martin Hill

2.7 F+R 20-03-19 Minutes Final.pdf (8 pages)

2.7 F+R 22-05-19 Minutes Final.pdf (6 pages)

2.8. Healthcare Governance Committee Minutes 12 March and 14 May 2019

For Approval

Tracy Humphrey

| | 2.8 HGC 12-03-19 Minutes.pdf | (8 pages) | |
|-------|--------------------------------------------------------------|------------------|-----------------|
| | 2.8 HGC 14-05-19 Minutes.pdf | (7 pages) | |
| 2.9. | Staff Governance Committee Minutes – 27 2019 | March & 29 May | |
| | | | For Approval |
| | | | Alison Mitchell |
| | 2.9 SGC 29-05-19 Minutes Final.pdf | (10 pages) | |
| | 2.9 SGC 27-03-19 Final.pdf | (7 pages) | |
| 2.10. | Strategic Planning Committee Minutes - 7 | February 2019 | |
| | | | For Approval |
| | | | Brian Houston |
| | 2.10 SPC 07-02-19 Minutes.pdf | (4 pages) | |
| 2.11. | Midlothian Integration Joint Board Minute and 14 March 2019 | s – 14 February | |
| | | | For Noting |
| | | | Angus McCann |
| | 2.11 Midlothian IJB 14-02-19.pdf | (9 pages) | |
| | 2.11 Midlothian IJB 14-03-19 [special].pdf | (7 pages) | |
| 2.12. | East Lothian Integration Joint Board Minut and 28 March 2019 | es – 28 February | |
| | | | For Noting |
| | | | Peter Murray |
| | 2.12 East Lothian IJB 28-02-19.pdf | (6 pages) | |
| | 2.12 East Lothian IJB 28-03-19.pdf | (8 pages) | |
| 2.13. | Edinburgh Integration Joint Board Minutes | | |
| | | | For Noting |
| | | | Martin Hill |
| | 2.13 Edinburgh IJB Minutes 29-03-19.pdf | (8 pages) | |
| 2.14. | West Lothian Integration Joint Board Minu 2019 | tes – 12 March | |
| | | | For Noting |

2.14 West Lothian IJB Minutes 12-03-19.pdf

(12 pages)

Items for Discussion

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

Discussion

Brian Houston

4. Corporate Risk Register

Discussion

Tracey Gillies

4. Corporate Risk Register Report.pdf

(29 pages)

5. Financial Position to May 2019

Discussion

Susan Goldsmith

5. Board Meeting - Financial Position to May 2019.pdf (6 pages)

6. Quality and Performance Improvement

Discussion

Simon Watson

6. QPI Board_June_2019_SJWW_FINAL_aj_markup.pdf (8 pages)

7. Waiting Times Improvement Plan

For Discussion

Jim Crombie

7. Waiting Times Improvement Plan.pdf (13 pages)

8. Oncology Enabling Project at Western General Hospital

Discussion

Jim Crombie

8. NHSL Board- Oncology Enabling OBC Cover Paper
June 2019.pdf (6 pages)

8. Oncology Enabling OBC v27.pdf (96 pages)

9. Edinburgh Cancer Centre Branding

Jim Crombie

9. Edinburgh Cancer Centre Branding.pdf (4 pages)

9. Appendix 1 - Stakeholder Engagement Brand (1 pages)

9. Appendix 2 - Stakeholder Engagement Brand (1 pages)

9. Appendix 3 - Stakeholder Engagement Brand (2 pages)

10. Climate Change and Sustainability

Discussion

Alison McCallum

10. Climate Change and Sustainability.pdf (5 pages)

11. Board Meetings in 2019

7 August Information

2 October

4 December

12. Development Sessions in 2019

3 July Information

4 September 6 November

13. Any Other Business

Verbal

Brian Houston

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

Decision

Brian Houston

DRAFT

LOTHIAN NHS BOARD

Minutes of the Meeting of Lothian NHS Board held at 9.30am on Wednesday, 3 April 2019 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

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

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

In Attendance: Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Mr A Payne (Head of Corporate Governance – for item 9); Mr D Weir (Business Manager, Chair, Chief Executive & Deputy Chief Executive's Office) and Dr K Wooley, Scottish Clinical Leadership Fellow – Shadowing Miss T Gillies.

Apologies for absence were received Mr J Crombie, Cllr D Milligan and Dr S Watson.

Changes to Board membership since the previous meeting.

The Chairman welcomed Councillor G Gordon advising that he was attending his first formal Board meeting as the stakeholder representative from Edinburgh City Council. He advised some Board members would already have met Councillor Gordon as he had attended the March Board Development Session.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the Board meeting. In particular he welcomed Dr K Wooley, Scottish Clinical Leadership Fellow who was shadowing Miss Gillies.

Declaration of Financial and Non-Financial Interest

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

1. Items for Approval

- 1.1 The Chairman sought and received the agreement of the Board to approve items 2.1
 2.11. The following were approved;
- 1.2 Minutes of Previous Board Meeting held on 6 February 2019 Approved.
- 1.3 Appointment of Members to Committee The Board agreed the following:
- 1.4 Appoint Ms Hazel Garven and Mr Andrew Beattie as members of the Pharmacy Practices Committee as non contractor Pharmacists.
- 1.5 Appoint Cllr George Gordon as a Vice Chair of the Pharmacy Practices Committee.
- 1.6 Appoint Mr W McQueen as the lead NHS voting member on West Lothian Integration Joint Board from 251 September 2019.
- 1.7 Appoint Mr P Murray as a voting member of Edinburgh Integration Joint Board from 27 June 2019 to 26 June 2022.
- 1.8 Agree to remove Mr P Murray from the membership of the Access and Governance Committee and the Emergency Access Standard Oversight and Assurance Group.
- 1.9 Re-appoint Mr P Murray as the lead NHS voting member on East Lothian Integration Joint Board for the period 3 April 2019 to 2 April 2022.
- 1.10 Redesign of eye services in NHS Lothian including the reprovision of the Princess Alexandra Eye Pavilion The Board:-
- 1.11 Accepted a significant level of assurance that the Outline Business Case (OBC) had been prepared in line with guidelines contained within the Scottish Capital Investment manual.
- 1.12 Accepted a significant level of assurance that the case had been approved by the NHS Lothian Finance and Resources Committee at its meeting on 20 March 2019.
- 1.13 Accepted a significant level of assurance that the Chief Officer, Acute Services had instigated a full review of the estimated capital costs with a view to cost reduction in light of the estimated project costs for the hospital rising from £68.5m to £83.05m since the initial agreement had been submitted.
- 1.14 Accepted moderate assurance of revenue affordability of the preferred option, estimated as an increase of £1.54m since IA submission. This estimate was subject to an ongoing review as described at 9.2 9.6 in the paper.
- 1.15 The Board approved the submission of the Outline Business Case at appendix 1 to the Scottish Capital Investment Group for review at its meeting on 15 May 2019.
- 1.16 <u>Pharmacy Practices Committee Terms of Reference</u> The Board adopted the new terms of reference as the authority delegated to the Pharmacy Practices Committee

to consider applications for inclusion in the Pharmaceutical list of Lothian Health Board.

- 1.17 Finance and Resources Committee Minutes 23 January 2019 Noted.
- 1.18 <u>Healthcare Governance Committee Minutes 15 January 2019</u> Noted.
- 1.19 Staff Governance Committee Minutes 30 January 2019 Noted.
- 1.20 <u>Midlothian Integration Joint Board Minutes of 6 December 2018</u> Noted.
- 1.21 East Lothian Integration Joint Board Minutes 13 December 2018 Noted.
- 1.22 Edinburgh Integration Joint Board Minutes 8 February 2019 Noted.
- 1.23 <u>West Lothian Integration Joint Board Minutes 21 November 2018 and 29 January 2019 Noted.</u>

Items for Discussion

- 2. Opportunity for Committee Chairs or Integration Joint Board (IJB) Leads to Highlight Material Items for Awareness
- 2.1 The Chairman commented that at previous meetings and also at the most recent Board Development session it had been agreed that a standing item would be added to the Board agenda to give an opportunity for Governance Committee Chair's and IJB Leads to highlight material issues to the Board. The intention was to flag issues that Board members should be aware off but that did not require full and substantive debate at the meeting.
- 2.2 Mr Murray reported that the East Lothian Strategic Plan and Integration Scheme had been reviewed and approved the previous week. These would be discussed at the Integrated Care Forum the following day.
- 2.3 Ms Hirst advised that the Edinburgh draft Strategic Plan was out for consultation with a view to being formally approved at the IJB meeting in June.
- 2.4 The Vice Chair advised that issues had been raised at the most recent meeting of the Finance and Resources Committee but not included in the minute circulated with the Board agenda because of timing issues. He advised that the Finance and Resources Committee had been provided with the appropriate assurance that NHS Lothian would meet its financial targets for financial year 2018/19. It had been noted that this was at the expense of an ongoing care deficit. The point had been made that there was a need for strategic debate about whether the care deficit could have been addressed if there had been a trade off and flexibility around the requirement not to run a financial deficit. The Finance and Resources Committee felt that this should be discussed at a future Board meeting. The Chief Executive commented that in private session this issue would be touched upon in respect of discussion around the draft Annual Operational Plan and the issue of the balance of resources needed to address the care deficit. The Chief Executive also advised that he and

- colleagues would be meeting with the Scottish Government the following day and this issue would be part of that debate.
- 2.5 Mr McCann updated on the process being adopted around the Midlothian Strategic Plan with the intention being to share the details with the Chief Officers of the other Health and Social Care Partnerships. It was noted that work was under way to develop strategic group topics.

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

- 3.1 Professor McMahon reminded the Board that at its meeting on 6 February 2019 it had agreed to delegate its responsibilities under sections 12 and 31 of the Carers (Scotland) Act 2016 to all 4 Integration Joint Boards. The Board had also agreed to delegate authority to Professor McMahon to take forward the necessary actions to prepare revised final draft Integration Schemes which would be presented to the NHS Board for its approval at a future meeting.
- 3.2 The Board noted that the circulated paper provided a revised Midlothian Integration Scheme for the Boards approval and also provided an update on progress in the other 3 areas.
- 3.3 The Board noted in respect of East Lothian that officers had published a revised integration scheme on the website of both the Council and NHS Lothian. The Council would thereafter consider the final revised draft on 24 April 2019.
- 3.4 The position in respect of West Lothian was that the Council had devised a consultation process which would start on 27 March. The Council would thereafter consider the final revised draft on 23 April 2019. It was noted however that this consultation had been developed on the premise that the scheme was being revised to attend to the functions which 'must' be delegated. Officers from the local authority had advised NHS Lothian that where 'May' functions were proposed to be delegated (which is the case) for the Board Carers Act functions' this would need to be considered in a much wider review by the Board and Council and a more significant consultation process. Professor McMahon advised that consequently this was a matter currently under active discussion.
- 3.5 In terms of the City of Edinburgh it had been agreed after further consideration to propose that the NHS Board only delegate section 31 (approval of carers strategy) to the Edinburgh IJB. The IJB would not be delegated the responsibility that the NHS Board had for young carers who were pre-school children. It was noted that the Edinburgh IJB did not have responsibility for children's functions whereas in contrast in East Lothian and Midlothian they had delegated authority for Health Visiting and School Nursing. Additionally in Edinburgh Community Children's Services were managed within the Acute Hospital Services management structure. In terms of process it was expected that the draft revised Integration Scheme would be published for a consultation period of 6 weeks. The intent was to present the revised scheme to the Council on 2 May 2019. It was noted that whilst the Integration Scheme had not been formally amended the work to develop a Carers

- Strategy had been progressed. The Edinburgh Integration Joint Board would review a draft Carers Strategy on 29 March 2019.
- 3.6 Mr Ash commented that he supported the recommendations and the need for the urgency in the circulated paper and sought advice on the timescale for the wider review of integration schemes. Professor McMahon advised that this would feature as part of the debate of the newly established Integration Care Forum.
- 3.7 Mr McQueen noted that the plans would be submitted to the Scottish Government for approval and questioned what role they would have if the Health Board, Local Authority and IJB were content that what had been submitted added value. Professor McMahon advised that the formal process required the Cabinet Secretary to sign off the plans.
- 3.8 Mr Murray commented that the Scottish Government timescale for the review of Integration Schemes was 2024. Professor McMahon reminded the Board that strategic plans were reviewed annually and if the Health Board or Council felt that there were major issues of concern these would be addressed. Professor McMahon suggested that the 2024 timeline was a backstop date and that if parties wanted to conclude the process before this then that would be appropriate.
- 3.9 The Chief Executive commented that the fundamental scope of services remained unchanged other than technical tweaks. Mr Ash felt that the key issues was about hosted services and there was a need for the wider review to take place even if it was agreed to leave schemes unchanged. The Chief Executive pointed out that generally hosted services were delegated and the issue was about how these were delivered and this would not require a changed scheme of establishment. It was felt that all issues were capable of being agreed by 2024.
- 3.10 The Board agreed the recommendations contained in the circulated paper.

4. Infection Incidents at the Western General Hospital and the Royal Infirmary of Edinburgh

- 4.1 Professor McMahon advised that the purpose of the report was to inform the Board about the key findings of two Incident Management Teams (IMTs) convened to manage hospital acquired infections affecting neurosurgical patients at the Western General Hospital and patients who had undergone cardiothoracic surgery at the Royal Infirmary of Edinburgh. Assurance was provided to the Board that these two incidents were not related but the Executive Medical and Nurse Directors wished to brief the Board on both within the scope of the paper. The following updates were therefore provided to the Board.
- 4.2 Western General Hospital Professor McMahon referred the Board to the circulated paper which provided a detailed summary of actions taken following the identification of concerns with a small number of samples. Samples had been sent to the Public Health England Laboratory at Collingdale, London for specialist testing. The Chief Executive drew attention to the process of establishing an Incident Management Team (IMT) which had included input from Health Protection Scotland. The outputs for the IMTs had been notified to the Scottish Government. The Board

were advised that a comprehensive review of water supplies including sampling of all outlets throughout the department had been undertaken. This had represented a significant workload but the IMT had felt this to be necessary to ensure that patients and staff were being treated and were working in a safe environment. Following consultation with the Executive Medical and Nurse Directors it had been agreed that elective neurosurgical surgery should be suspended until additional water samples and remedial estates work had been undertaken.

- 4.3 A process had been put in place on a weekly basis whereby the Infection Prevention and Control Team and Estates Teams would monitor progress and report to the Chair of the IMT. The Board were advised that patients had been spoken to and written to. It was noted that a further IMT meeting would be held to conclude work and to provide assurance that the risk to patients had been minimised.
- 4.4 The Board noted that moving forward all environmental aspects of water testing would be taken through the Lothian Control of Infection Committee and the Healthcare Governance Committee and this represented a change in the current reporting arrangements as in the past environmental issues had been reported via a variety of different foras.
- 4.5 Professor McMahon reported in respect of a question about whether there had been barriers and tensions between control of infection and estates staff that the teams had displayed absolute collegiate working and this had been confirmed in feedback by the Scottish Government.
- 4.6 The Vice Chair commented that he had been pleased to see how all the issues had been worked through. He questioned whether there was a concern about healthcare infection standards in general and whether there was a need for a national view on this. Professor McMahon advised that the Cabinet Secretary in Parliament had reported that NHS Lothian had worked well on compliance issues. It was recognised that there were areas of further work that would benefit from input from Healthcare Improvement Scotland and Health Protection Scotland.
- 4.7 Mr McQueen commented moving forward whether the inspection regime that be more labour intensive would come at a cost and whether there was a national standard which to measure and benchmark against. He also questioned whether labour would be available within the system to undertake the extra inspection requirements. Professor McMahon commented that during the recent incident people had worked effectively and had put other work to the side. He commented that there had been an extra cost in undertaking investigations and remedial work although this has been a secondary issue. The work ongoing at the Royal Infirmary of Edinburgh around cleaning schedules would come forward with an attached cost. Professor McMahon stressed that at the moment the most important issue was to tighten up on governance and for a period in time there would be a need to go beyond the position stated in extant policies.
- 4.8 Mrs Goldsmith commented that there was a concern in respect of hospitals that NHS Lothian did not technically own in relation to life cycle issues around the hospital and the potential impact on infection if maintenance was not addressed correctly. She felt there was a need to invest in contract management and that she and Mr Crombie were working on a proposal for consideration by the Finance and

Resources Committee. Professor McMahon advised that as part of the migration into the new Royal Hospital for Children and Young People (RHCYP/ DCN) building that governance and protocol process had been established in and around the contract.

- 4.9 Professor McMahon commented in respect of the new facility at the RIE site that an infection control walkround had been undertaken with partners to see if any remedial work was needed. He felt that there would be ongoing issues in respect of space and storage and the impacts on cleaning schedules of this. Professor McMahon commented that the recent issues around infection control at the WGH had represented a difficult time for patients and had raised questions about how best to approach and communicate with patients. It was noted that 47 elective procedures had been cancelled. Patients had been personally telephoned and feedback suggested that this had been universally appreciated with them having been anxious to find out when operations would be rescheduled. A process had also been introduced to communicate with patients who were already in the hospital. The Board were advised that there was evidence that this proactive approach had reduced anxiety.
- 4.10 Ms Hirst thanked the team for their exemplary work and the proactive way in which people had responded. She felt that there would be learning opportunities around how and when this approach could be used elsewhere. Professor McMahon advised that this would form part of the IMT debrief process.
- 4.11 Professor Humphrey advised that she also welcomed the personal approach and the desire to be open and transparent. She questioned what approach had been adopted in respect of staff engagement. Professor McMahon advised that he and other colleagues had visited sites and had gone into theatres and wards and had provided an opportunity for staff to answer questions. Site management teams had been part of the IMT process and had been made aware of what was happening. In addition an FAQ process had been introduced. Professor McMahon felt that people had been well communicated with.
- 4.12 Royal Infirmary of Edinburgh; Mould Infections with Lichtheimia Corymbifeva
 Asperqillus Species Exophiala Dermatidis in Cardiothoracic Surgery –
 Professor McMahon referred to the circulated paper and commented that work done collectively within the service was a good example in times of adversity of people working effectively to take appropriate actions.
- 4.13 The Board were advised that the incidents related to issues around open aortic value surgery where 3 different post operative moulds had been identified. On 18 February 2019 the NHS Lothian Infection Prevention and Control Team (IPCT) had been contacted by Health Protection Scotland and NHS Forth Valley to advise that an NHS Forth Valley resident who had surgery at the RIE in November 2018 had subsequently died. A mould Lichtheimia Corymbifeva had been isolated from an aortic valve removed in January 2019 as part of surgery endocarditis.
- 4.14 The IPCT identified following investigation that one further patient who had surgery at the RIE in October 2018 had died and the laboratory confirmed clinical samples yielding Lichtheimia Corymbifeva from a surgical wound infection.

- 4.15 The Board noted that an IMT had been established and given the potential concern and significance around the issues it had been chaired by Professor McMahon as the Executive Lead. The Board were advised that a sequence of reviews had been undertaken to seek assurance that there were no further issues with it having been recognised that there was a need to look at the patient journey. It was noted that both Miss Gillies and Professor McMahon had visited the theatres to familiarise themselves with the environment. A tool had been used to look at ventilation checks and to determine whether appropriate deep cleaning had been undertaken. A decision had been taken to postpone aortic valve replacement procedures and 5 patient appointments have been cancelled. Professor McMahon reported that the private contractor records had demonstrated that proper ventilation requirements have been undertaken. Deep cleaning and maintenance work had been undertaken in theatres.
- 4.16 The Board noted that patients who had had open aortic valve replacement since 1 September 2018 had been informed of a small risk of deep-seated infection from these unusual organisms. These patients had also been provided with a copy of a question and answer sheet and directed to a helpline set up with NHS24/ NHS Inform.
- 4.17 The Board were advised that NHS Inform had been provided with a briefing and a triage script to ensure that the details of any patient with concerning symptoms were passed back to NHS Lothian for further arrangements for assessment or follow-up if required. This information had also been shared with patient GPs and the Medical Directors in each Board area who were asked to cascade this information to specialists such as cardiologists and microbiologists. Staff in the cardiothoracic theatres and wards at the RIE had been briefed and issued with a copy of the FAQs. The Board noted that the infection risk and its implications had been discussed with patients who were in NHS Lothian's care at that time and who had recently undergone aortic valve surgery; those patients who had had their surgery postponed and with the relatives of the small group of patients who had died. A proactive media handling plan had been agreed including the text of a media release and put into action on 21 March 2019 once the patient and relative notification exercise had completed. Board members had been briefed on 21 March 2019.
- 4.18 The Board noted that a further IMT meeting would be held later in the week to review work to date to include the development of a new Standard Operating Procedure (SOP) in respect of high level cleaning in theatres and ventilation and maintenance issues. The theatres were now working and patients were being rescheduled.
- 4.19 Cllr Gordon questioned whether preventative measures were in place and whether a paper would come back to advise the Board of this. Professor McMahon referred to the recommendation in the Board paper advising of the review of the reporting of environmental issues ie water sampling, ventilation, cleaning schedules which would now be taken through the NHS Lothian Infection Prevention Control Committee and in turn to the Healthcare Governance Committee to demonstrate increased scrutiny and assurance levels. It was noted that the changes to the SOP needed to be formally signed off.

- 4.20 Dr Williams commented that it was good that all standards were being met although there would always be areas where the system could do better. He commented that it would be helpful if contractors and NHS staff could work together to identify where improvements could be made. Professor McMahon advised in respect of the RIE incidents that both Engie and Consort have been part of the IMT process. There would be a need to be assured that work done on behalf of NHS Lothian was rerecorded and met with the requirements of internal processes and procedures.
- 4.21 Miss Gillies advised in respect of ventilation that NHS Lothian and Health Protection Scotland and others had reviewed schedules back to March 2017 in respect of maintenance checks and remedial work. She suggested that issues like this needed to assume a higher profile in terms of governance. She further stressed that there was no single screening test that could have been undertaken that would have changed the position.
- 4.22 Mr McQueen advised that he had been impressed by the action planning process and positive approach to media handling. He felt that what had been demonstrated was a text book response and that there was a need to learn and capture this and to share the positive outcome with other parties. Professor McMahon recognised the quality of the work undertaken and felt that this had been appropriate given the nature of the incident. The output from the process would be shared across Scotland. He felt in particular that communications had been important in keeping people appraised of the detail of what was being dealt with and the response being adopted.
- 4.23 The Chief Executive commented that a look back process would be undertaken to consider issues like communications and how these had been handled. He reported that a decision had been taken to contact patients and there was an issue about whether the process followed had been about informing the Scottish Government of this intention or seeking consent. Reference was made to guidance received from the Scottish Government about contacting patients following issues elsewhere in Scotland. The Board noted that when the IMT took the decision to restrict procedures there was a need to act quickly and urgently to contact patients and others. The Chief Executive commented that social media meant that information was immediately in the public domain. He felt that the media reaction to the incident had been good and should be commended.
- 4.24 The Chairman noted that the Cabinet Secretary had made an announcement to Parliament on this incident in which she had stated that NHS Lothian had a strong record in this area. He felt that the approach taken had been exemplary both in terms of handling the issue and also communications with patients. He commented that there was a need to triangulate issues around communications between NHS Lothian and the Scottish Government. He noted that the recurrent theme at the Board meeting had been about how to consolidate, codify and spread lessons. The Chairman felt that again engagement with the media had been excellent.
- 4.25 The Board agreed the recommendations in the circulated paper and in particular the fact that in future a review of the reporting of environmental issues ie water sampling, ventilation and cleaning schedules would be taken through the NHS Lothian Infection Prevention Control Committee and in turn to the Healthcare Governance Committee in order to increase scrutiny and assurance levels.

5. Corporate Risk Register

- 5.1 Miss Gillies advised that the corporate risk register included 2 new risks in respect of waste management and Brexit and that the issues around these were set out in detail in the circulated Board paper. It was noted that the position around unscheduled care had been separated out in respect of performance and issues like overcrowding and the impact of this on patient safety and the timely assessment of patients. The Board noted the mitigation in respect of both Brexit and the uplift and disposal of specialist waste. The details of those were set out in the circulated paper.
- 5.2 Mr Murray questioned the status of the 2 new risks and whether these had already been adopted or whether the Board was being asked to accept recommendations. Miss Gillies reported that she had been informed that the paper was technically advising of 2 new risks. She reminded the Board that previously there had been a request to split unscheduled care data and this had been done. Mr Murray in respect of unscheduled care asked whether it was possible in future to unpick cancer and deal with TTG. Miss Gillies advised that the process was dynamic and that the new format of the risk register would capture the totality of issues that were patient centred. Mr Murray commented that he was concerned that whilst going through the traditional process that risk was being identified like overcrowding etc and that there was a need to understand the measures around this risk. Miss Gillies advised in the event that time was available the scheduled care position could be rewritten to be more holistic to address the issues raised by Mr Murray around cancer and other patients.
- 5.3 Mr Ash provided details of the timeline for identifying a new approach to identify risk issues. He commented that it had not yet been fully teased out how to address issues that mattered to the Board. A plan would come back to the Board in the autumn and this would provide a test-bed in respect of confirming that what had been captured in terms of what mattered to the Board was correct.
- 5.4 The Vice Chairman referred to section 3.1.5 in relation to the uplift and disposal of special waste noting that the circulated paper stated that the Board needed to recognise that it might breach its regulatory compliance as a consequence of incomplete risk mitigation that was beyond the Board, despite the risk mitigation that had been put in place by NHS staff. He suggested there was a need to un-pick who was the regulator. He commented in respect of Scottish Environmental Protection Agency) SEPA engagement that they would identify issues around what the organisation was responsible for. He felt that there was a need to reflect on this position and to ensure that responsibilities were clearly identified in permits and other paperwork.
- 5.5 Professor McCallum explained in detail to the Board the position that had been quickly put in place by NHS National Services Scotland (NSS) when the previous national contract had been compromised. It was noted that some agreements were compliant albeit fragile in respect of the ability to uplift waste and a number of other issues. A lot of NHS NSS time had been expended understanding the range of procedures that Boards like Lothian needed to take. SEPA had been helpful in aiding understanding of what needed to be done in mitigation. The Vice Chair

- commented that the explicit circumstance under which the Board might breach its regulatory requirements needed to be clarified and this could not be left open ended. Professor McCallum would take forward and amend.
- 5.6 Mrs Goldsmith in response to a question from Dr Williams explained the position in respect of Scottish Government reimbursement of additional costs incurred by Health Boards during the transitional period between the old contract ending and the new one commencing. Any additional costs have been recognised in the financial plan.
- 5.7 The Board agreed the recommendations contained in the circulated paper.

6. Financial Position to February 2019 and Year End Forecast

- 6.1 Mrs Goldsmith reported that the Board would meet its statutory target to break even but it had to be recognised that this was within the context of challenges of dealing with performance levels that the Board would aspire to. She reminded the Board that NHS Lothian was currently 3-4% out of the recurrent financial balance. Mrs Goldsmith advised that she was considering looking at a different approach to NRAC (National Resource Allocation Committee) given that the funding levels received were out of line with other Health Boards because of issues like population demographics. She advised in terms of population growth that the ability to step-up the infrastructure was compromised by funding per head of the population and there was a need to come back to this.
- 6.2 The Board advised that the system was significantly out of balance for both scheduled and unscheduled elements of care and this was becoming an issue for Integration Joint Boards (IJBs) particularly in terms of the set aside budgets. Mrs Goldsmith reported that for 2018/19 it had been agreed to support IJBs in respect of financial pressures around the set aside budget and this had been discussed by the Finance and Resources Committee.
- 6.3 The Chairman noted that the shortage of per capita funding had not been reflected in the circulated Board paper. Mrs Goldsmith confirmed this position and advised that when discussing finance and performance that this would show the difficulty of increasing capacity because funding was out of line with some other Health Boards. The Chairman felt that reference to this should be reflected in the paper as it was one of the key issues around the 2018/19 and beyond financial position. Mrs Goldsmith would address.
- 6.4 The Board agreed the recommendations in the circulated paper.

7. Quality and Performance Improvement

7.1 The Chief Executive in the absence of Dr Watson spoke to the circulated paper. He advised the Acute Hospitals Committee had been stood down and that governance arrangements for the outstanding 18 measures on the Quality and Performance Improvement process had been established. The Chief Executive commented on

- the need to have clear governance arrangements in place in respect of patient experience and quality of care issues.
- 7.2 The Boards attention was drawn to specific issues in relation to waiting time reporting at the Edinburgh Dental Institute. It was noted that an investigation into waiting time practice and management at the Edinburgh Dental Institute had identified potential under reporting of numbers of patients waiting, including those waiting 12 weeks or longer. Steps were being taken to address reporting issues and understand causes and contributory factors. Mrs Campbell reported that the issue in respect of data concerns had been highlighted via paediatrics but involved other An update was provided on discussions with ISD (Information Services The Board were advised that a process was in place around housekeeping in order to get to a clean data position. Mrs Campbell reported that part of the solution would be to move EDI onto Trak to replicate the position elsewhere. The Chief Executive advised that a similar position had been evident previously in mental health and the move to Trak had been helpful. He felt that there was a need to look at how to manage the EDI service differently. He felt retrospectively given that the service was located in central Edinburgh that it had probably not been the correct decision to have it managed via the West Lothian Partnership.
- 7.3 The Chief Executive commented that the Board paper was reporting a sea of red performance which linked to previous debate about a care deficit given that NHS Lothian was only funded at 89 pence in the pound. Further discussion would be held under the Annual Operational Plan to be discussed in the private session later in the day. This would demonstrate that whilst funding was at 89% that demand was at least at 100%. He felt that the sea of red reflected in the paper needed a strategic response as the implications went beyond what efficiency measures could deliver. The Chief Executive commented that the paper was successful in keeping score but that there was a need to influence the agenda.
- 7.4 The Chief Executive commented that the Finance and Resources Committee had come to a view about the balance within the Operational Plan in respect of balancing the books and addressing the care deficit. Discussions were also needed about whether NHS Lothian should seek brokerage from the Scottish Government. The Chief Executive commented that the difficulty with brokerage was that it generally needed to be repaid. The Chief Executive felt that there was a need for a fora to discuss funding issues around the 89p in the £ position with the Scottish Government. He commented that a number of colleagues would meet with the Scottish Government to discuss the Annual Operational Plan.
- 7.5 The Board noted that a £10m to £15m fund had been identified to address waiting times issues. The Chief Executive reported that NHS Lothian funded the IJBs and therefore the strategic decision making in respect of funds was between NHS Lothian and IJBs. The Chief Executive commented that the £10m to £15m fund would not improve the sea of red performance but would prevent it deteriorating. He felt that further discussion was needed about what could be done to bridge the difference between funds required to prevent a further deteriorating performance position and the finances needed to give some headroom to address the backlog.

- 7.6 The Chief Executive commented that unscheduled care strategic decision making should be led by IJBs. The point was made that there was a need to accept the system could not always take short term emergency steps and there was a need to adopt strategic options. The key challenge around moving to a strategic planning position was that there were a significant number of short term deficits that needed to be addressed.
- 7.7 The Chief Executive commented that the quality performance improvement report would continue to come to the Board and that the system would do its best to take appropriate mitigating actions.
- 7.8 The Vice Chair felt that it was worth considering the types of issues that the Chief Executive had referred to and to ensure that outcomes related to strategy and were properly reflected and relevant to members who served on the IJBs and that formal plans reflected a single system position.
- 7.9 Mr Murray questioned whether in the short term aspects of the report could be separated out for clarity and to provide better definition. He felt that aspects of the report were no longer current and continued to be reported on. There was also a need to recognise a link with the risk register especially if finances were regarded as part of the amelioration process. Mr Murray felt if there was a 1% variation over a 3 year period to balance the books then there might be a case to consider the brokerage position.
- 7.10 The question was raised given the position in respect of the accuracy of EDI data whether there might be similar examples of this position existing elsewhere within the system. Miss Gillies advised that she was unaware of any other similar issues.
- 7.11 Mrs Hirst commented that it was important to recognise that not all aspects of performance were in the red category. She felt that there was a need to pay tribute to staff delivering positive performance under existing circumstances. She felt that the Board should recognise this position and feedback appreciation to the teams concerned.
- 7.12 Professor Humphrey referred to the previously referenced 18 performance measures that had been overseen by the Acute Hospitals Committee. She updated on discussions with Executive colleagues on how to deliver appropriate actions around these measures and that this remained work in progress. An area of reflection was to consider whether it was adequate to have only one Healthcare Governance Committee for a population of one million people. There was also need to retain an ability to drill down in to complex issues.
- 7.13 The Board agreed the recommendations contained in the circulated report.

8. Progress Against 4 Hour Emergency Access Standard Programme

8.1 The Chief Executive advised that in the absence of Mr Crombie he would speak to the circulated report. He reminded the Board that he and other colleagues were engaging formally with the External Support Team (EST) who were working through

- the Royal Academy recommendations in respect of 5 main areas of service improvement.
- 8.2 The Board noted the decision that the EST appointed by the Scottish Government in the summer of 2018 had formally reduced the level of support to the Board as of 25 January 2019. Format 'touch points' had been agreed for follow-up with relevant parties with the first of these having been held on 26 March 2019. The logic for the reduced engagement was to reflect that significant progress had been made and that performance was moving to a position of business as normal.
- 8.3 The Board noted that the 'touch point' event held on the 26 March 2019 had consisted of departmental walkrounds at the Royal Infirmary of Edinburgh and St John's Hospital with discussion with frontline medical and nursing staff. This had been intended to be followed up with a more focussed discussion on items pertaining to the 4 hour emergency access standard programme within the themes of governance, culture and recording of the 4 hour EAS and unscheduled care data. The touch point was attended by members of the Scottish Government, the Scottish Government appointed EST, the NHS Lothian Executive Team as well as each site leadership team. It was noted however that on the day of the 26 March meeting a number of visitors had required to leave early. The agenda for the day had been rejigged to focus on site visits only and as a result the formal EST meeting had not been held and had subsequently been rescheduled by teleconference. The next touch point was scheduled for summer 2019.
- 8.4 The Chief Executive reported that the feedback received reflected the fact that performance remained very challenging at the RIE and that the site remained under extreme pressure and this impacted on behaviours. It was noted that the RIE site had a long way to go in performance terms although significant improvements had been evident. The point was made that during the month of March that access performance at the RIE had been around 82%. This position had been influenced by length of stay, delayed discharges and higher rates of attendance. The Chief Executive commented on the need to discuss short and medium term solutions to the position as the system desperately needed to achieve a better flow of patients. The Board noted that a lot work was being done around culture with copies of the RIE Thrive Report on Health and Wellbeing having been circulated to Board members. The Chief Executive reported that although the RIE performance had not shown significant recent improvement that work had continued to improve the position. He reminded the Board that in terms of patient safety and experience that the new Minor Injuries Unit had been established at the RIE which reduced significantly overcrowding pressure at the main Emergency Department. The point was made however that the part of the Emergency Department that dealt with 'majors' was still as busy as ever. The solution required additional space that would come with a capital and revenue cost. There was a need to address unscheduled care on front door pressures with IJBs. At the RIE pulse surveys had been undertaken which had asked questions of staff. Feedback had generally been good although concerns had still been raised about behaviours and attitudes in the Emergency Department.
- 8.5 The Chief Executive reported that a different position was being reflected in respect of St John's Hospital (SJH). March performance had been in excess of 90%. It was noted that of the 4 core sites that SJH and the Royal Hospital for Sick Children had

posted performance between 90 and 92%. There was therefore a 10% difference between performance on these sites and the RIE partly because of the length of stay and delayed discharges.

- 8.6 The Chief Executive advised that NHS Lothian would keep progressing with the culture work and the factors that contributed to how staff felt about work. It was noted the follow-up EST teleconference would be held the following week at which point feedback would be received around further work needed before the June touch point session. At the June session a view would be taken about whether NHS Lothian performance had improved sufficiently for the system to return to business as usual or whether further support was needed. The Chief Executive reported that the RIE position would not be resolved by June and there would therefore be a need to be thoughtful about how to engage with the EST at this point. The Chief Executive commented that generally he felt that extremely good work had been undertaken and that in many respects safety and cultural aspects had improved on a system wide basis. He felt the RIE remained an area that needed a degree of ongoing support.
- 8.7 Dr Donald commented on the positive impact of the Minor Injuries Unit which had improved the patient journey and safety. She was surprised that this had not had a more positive impact on the data given that patients were being seen guicker. The Chief Executive advised that this cohort of patients had always been seen quickly but the problem had been that they had previously attended the Emergency Department with family and friends which had contributed to the overcrowding position. The move to the Minor Injuries Unit had therefore only taken noise and overcrowding away from the main department. The Minor Injury Unit performance was running at 99% of patients being seen within 4 hours which was fantastic albeit it only represented 1% of the total activity in the Emergency Department. The Chief Executive commented that although improvements had been made it had not been enough to move to a 95% position. He pointed out that the issue that pulled down performance was around patients requiring admission to hospital as currently they could not access the system and did therefore positively impact on performance data.
- 8.8 Dr Donald felt that there would be merit in having a medical and surgical ward available as transitional space. The Chief Executive commented that it was solutions like this that the strategic vision for unscheduled care was moving towards. He advised that at St John's Hospital capital funding had been committed to increase floor areas for ambulatory care and observation space. This would result in an increased availability of cubicles. As part of the bigger picture there was a desire to co-locate the Acute Medical Unit adjacent to the Emergency Department to improve patient flow. The Chief Executive commented on the need to agree as a system what needed to be done in all areas. It was noted that whilst some of this work needed to happen immediately there was also a need to reflect on a 5/10 year forward position.
- 8.9 Mr Murray advised that the Board paper was silent on the outcome and benefits for patients in respect of the new Minor Injuries Unit. He questioned what outcome was different for patients rather than just the reduced wait. Miss Gillies advised that data was being developed in a range of areas for example in terms of time to receive treatment. The Chief Executive commented on the need to recognise the distinction

- between risk versus the actuality of an incident occurring. He reminded colleagues that self attenders could be as sick as people admitted by ambulance.
- 8.10 Cllr O'Donnell questioned whether anything had been done with the data to identify what conditions patients had presented with in order to facilitate discussions with IJBs to reduce pressure on the acute sector. She commented in respect of recovery units that people might wait longer but at least they would be comfortable and in the system. This would also reflect positively on the data.
- 8.11 The Chief Executive commented that as a result of collaborative work with IJBs that it was anticipated that the position would improve. The creation of ambulatory and observation space in the two main hospitals would be of significant importance. The Chief Executive commented that irrespective of whether patients were on or off the waiting time clock that the main issue was whether they were getting good quality of care. He reiterated his previous point that a key issue was to try and achieve improvements in patient flows.
- 8.12 Mrs Hirst commented on the need to use data as part of the discussion with IJBs and to geographically mark where activity was coming from. She felt that there were opportunities for a difference to be made through looking at people's homes and their tenure agreements. The Chief Executive reported that innovative work had been done in respect of patients with very high attendances.
- 8.13 Dr Williams commented that getting people out of the Emergency Department as quickly as possible should be a whole system target. In terms of delayed discharges he felt that there was a need to look at packages of care. He questioned whether there was a strategic plan for collaboration between NHS Lothian and the IJBs. The Chief Executive commented that this would be the genesis of the Integration Care Forum to be held the following day. The point was made that in terms of population increases that the availability of transitional funding was limited. He felt that there was a need for across the board solutions and investments with the trick being how to obtain transitional funding. The Chief Executive felt that genuine collaboration between NHS Lothian and IJBs would be beneficial.
- 8.14 Mr McQueen questioned what staff felt was different between the RIE and SJH. The Chief Executive suggested that there was a qualitive difference between the RIE and SJH. The point was made in terms of feedback that that it was important that staff heard this first hand.
- 8.15 The Board agreed the recommendations contained in the circulated paper.

9. Action Plan for the Blue Print for Good Governance Workshop

- 9.1 Mr Payne, Head of Corporate Governance was welcomed to the meeting.
- 9.2 The Board were reminded that the Scottish Government had issued DL (2019) 02 on 1 February 2019 which launched the NHS Scotland Blue Print for Good Governance. The DL required Health Board Members to complete a survey and attended a workshop event in March and to consider a report on the outcome of this

- process at the April Board meeting. The circulated report attended to this requirement.
- 9.3 Mrs Goldsmith advised that issues that had emerged in other health systems meant that the Scottish Government had recognised the need for a consistent approach on what good governance meant. She commented that NHS Lothian had been working on governance systems for some time and had paused this process awaiting the report letter issuing from the Scottish Government. The process leading to the production of the report at the current Board meeting was discussed both verbally and in the circulated report. It was noted that this represented part of the ongoing governance process and supported developmental thinking. It was noted that the final report needed to be submitted to the Scottish Government.
- 9.4 The Board noted that the covering report pulled out issues that had been followed up at the workshop session held on 21 March 2019. It was noted that this reflected several areas of strength as well as some themes where further work was needed as a Board. Mrs Goldsmith commented that the detail of the paper and report reflected discussions held at the Board over recent months. Moving forward there would be a need to involve wide and varied stakeholders to include IJBs.
- 9.5 Mrs Goldsmith advised that the report set out next steps with it being noted that work on good governance was already underway as part of ongoing processes. It was noted that the final guidance from the Scottish Government had not yet been received. Mr Payne commented that there were always opportunities for improvement. He advised that the action plan contained issues that had been discussed for some time at Board level. Mr Payne felt that the action plan provided an opportunity to consolidate work under one focussed structure. He advised that beneath each high level action sat a lot of detail. The action plan did not represent an overnight fix but set the future direction.
- 9.6 Mr Ash supported the comments about the 'more you do the more you discover you need to do'. He felt that the recent work moved NHS Lothian much further on than had previously been the case. He felt that the review was timely given the work being undertaken around risk. The need for linkages to be made to patient safety walkrounds and the pivotal role of governance in terms of investments being proposed to the Finance and Resources Committee was discussed. The importance of being able to track back the governance process when major dysfunction occurred was stressed. It was agreed that there was a need to connect the governance work to the risk performance approach.
- 9.7 The Board agreed the recommendations contained in the circulated paper.

10. Board Meetings in 2019

- 10.1 The following schedule of Board meetings in 2019 were noted:-
 - 26 June Annual Accounts
 - 7 August 2019*
 - 2 October 2019
 - 4 December 2019

- 10.2 <u>Development Sessions in 2019</u>
- 10.3 The following development sessions for 2019 were noted:-
 - 1 May 2019
 - 3 July 2019
 - 4 September 2019
 - 6 November 2019

11. Date and Time of Next Meeting

11.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 26 June 2019 at the Scottish Health Services Centre, Crewe Road South, Edinburgh.

12. Invoking of Standard Order 4.8

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

NHS LOTHIAN

Board 26 June 2019

Chairman

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

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

2 Recommendations

The Board is recommended to:

- 2.1 Appoint Jenny Bowman and Judy Gajree as non-contractor pharmacist members of the Pharmacy Practices Committee.
- 2.2 Appoint Dr Richard Williams as a member of the Audit & Risk Committee from 27 June 2019 to 26 June 2022.
- 2.3 Appoint Cllr. John McGinty as a member of the Finance & Resources Committee with immediate effect.
- 2.4 Re-appoint Fiona Ireland as a voting member of the East Lothian Integration Joint Board, for the period from 22 September 2019 to 21 September 2022.

3 Discussion of Key Issues

Pharmacy Practices Committee

- 3.1 The committee's quorum requires a non-contractor pharmacist (a pharmacist who is not included in any pharmaceutical list, nor employed by a person who is) to be present. There is a considerable volume of applications to be considered by the committee, and it has been difficult to arrange hearings to consider them. To help with this situation, it is proposed that the Board appoint two more persons who are non-contractor pharmacists.
- 3.2 The Lothian Area Pharmaceutical Committee agreed on 13 June 2019 that Jenny Bowman (Pharmacist, Royal Infirmary of Edinburgh) and Judy Gajree (Lead Pharmacist, Controlled Drugs Governance Team) be proposed to join the Pharmacy Practices Committee as non-contractor pharmacists.

Audit & Risk Committee

3.3 There is one vacancy in the committee's membership. It is recommended that the

Board appoint Dr Richard Williams to the committee.

Finance & Resources Committee

3.4 There is one vacancy in the committee's membership. It is recommended that the Board appoint Cllr. John McGinty to the committee.

East Lothian Integration Joint Board

3.5 Fiona Ireland is a voting member of the East Lothian Integration Joint Board, and her current term of appointment will shortly end. It is recommended that the Board re-appoint Fiona for the period from 22 September 2019 to 21 September 2022.

4 Key Risks

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Alan Payne
Head of Corporate Governance
13 June 2019
alan.payne@luht.scot.nhs.uk

NHS LOTHIAN

Board Meeting 26 June 2019

Chairman

SCHEDULE OF BOARD AND COMMITTEE MEETINGS FOR 2020

1 Purpose of the Report

1.1 The purpose of this report is to invite the Board to agree the dates for Board and Committee meetings in 2020.

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

2 Recommendations

2.1 To **agree** the dates for Board and Committee meetings in 2020.

3 Discussion of Key Issues

- 3.1 The list below shows proposed Board and Committee dates for 2020. Board Members have been consulted on the proposed Committee dates which have been developed with regard to previous meeting cycles and the effective conduct of business.
- 3.2 The proposed dates have been set as to avoid as many of the Integration Joint Board meetings and Board Chief Executive meetings as possible, where notification has been received.
- 3.3 Once agreed the Board's Governance Committee dates will be added to the <u>Board Website</u> and <u>Board Members' Handbook</u>.

LOTHIAN NHS BOARD

| Board Meetings | Development Days | | | | | |
|-----------------------|-------------------------|--|--|--|--|--|
| 12 February 2020 | 08 January 2020 | | | | | |
| 08 April 2020 | 04 March 2020 | | | | | |
| 24 June 2020 | 06 May 2020 | | | | | |
| 12 August 2020 | 01 July 2020 | | | | | |
| 14 October 2020 | 02 September 2020 | | | | | |
| 09 December 2020 | 04 November 2020 | | | | | |

FINANCE & RESOURCES COMMITTEE

| Date of Meeting | | | | | | | |
|-------------------|--|--|--|--|--|--|--|
| 22 January 2020 | | | | | | | |
| 25 March 2020 | | | | | | | |
| 20 May 2020 | | | | | | | |
| 22 July 2020 | | | | | | | |
| 23 September 2020 | | | | | | | |
| 25 November 2020 | | | | | | | |

1/3 21/395

STRATEGIC PLANNING COMMITTEE

| Date of Meeting |
|-----------------|
| 29 January 2020 |
| 18 March 2020 |
| 27 May 2020 |
| 29 July 2020 |
| 28 October 2020 |

LOTHIAN PARTNERSHIP FORUM

| Date of Meeting |
|------------------|
| 25 February 2020 |
| 28 April 2020 |
| 30 June 2020 |
| 25 August 2020 |
| 27 October 2020 |
| 22 December 2020 |

HEALTHCARE GOVERNANCE COMMITTEE

| Date of Meeting |
|-------------------|
| 14 January 2020 |
| 10 March 2020 |
| 12 May 2020 |
| 14 July 2020 |
| 08 September 2020 |
| 10 November 2020 |

INFORMATION GOVERNANCE SUB-COMMITTEE

| Date of Meeting | |
|-----------------|--|
| 28 January 2020 | |
| 28 April 2020 | |
| 28 July 2020 | |
| 27 October 2020 | |

AUDIT & RISK COMMITTEE

| Date of Meeting |
|------------------|
| 24 February 2020 |
| 27 April 2020 |
| 22 June 2020 |
| 24 August 2020 |
| 23 November 2020 |

REMUNERATION COMMITTEE

| Date of Meeting |
|------------------|
| 18 February 2020 |
| 21 April 2020 |
| 21 July 2020 |
| 20 October 2020 |
| 15 December 2020 |

STAFF GOVERNANCE COMMITTEE

| Date of Meeting |
|------------------|
| 06 February 2020 |
| 02 April 2020 |
| 04 June 2020 |
| 06 August 2020 |
| 01 October 2020 |
| 03 December 2020 |

4 Key Risks

4.1 Meetings are scheduled at dates which are not suitable for the appropriate conduct of business or when a sufficient number of members can attend, leading to the Board and its committees not being able to efficiently and effectively carry out their roles.

5 Risk Register

5.1 There are no implications for NHS Lothian's Risk Register in this report and its recommendations.

6 Impact on Inequality, Including Health Inequalities

6.1 This is an administrative matter and the paper has no direct impact on inequalities

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

7.1 This is an administrative matter and has no impact on strategies, policies, service change or patient care. The board members have been consulted.

8 Resource Implications

3/3

8.1 There are no resource implications arising from the recommendations in the report.

Chris Graham
Secretariat Manager
13 June 2019
chris.graham@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board <u>26th June 2019</u>

Deputy Chief Executive

EVALUATION OF WINTER PERFORMANCE

1 Purpose of the Report

- 1.1 The purpose of this report is to provide an evaluation of winter performance, initiatives prioritised, and key learning throughout this period while reflecting on areas for focus in planning for 2019/2020 winter months.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

The Board is asked to:

- 2.1 **Accept** this report as a source of significant assurance that the Winter Plan was enacted through whole system working across Acute and Health & Social Care Partnerships (H&SCPs).
- Note the Winter actions put in place by Acute sites (paragraphs 3.3 3.9) and H&SCPs (paragraphs 3.14 3.21).
- 2.3 **Note** the Unscheduled Care Performance in Appendix 1.
- 2.4 **Approve** the Areas for Focus section for Winter 2019/20 (paragraphs 3.24 to 3.29).

3 Discussion of Key Issues

- 3.1 There have been previous papers provided which outline the process taken to establish the Winter Plan for 2018/2019. An update paper was provided in November 2018 to show the Healthcare Governance Committee how this approach had been applied and can be found here.
- 3.2 NHS Lothian delivered Business Continuity plans based on learning from the previous years to ensure fully tested management plans were in place to mitigate the risk that arose from GP closures over Christmas/New Year. Appendix 2 details the full NHS Lothian Debrief submission to Scottish Government and Section 5 (pages 21 to 23) details how business continuity plans were delivered.

Acute Services

3.3 A number of initiatives were funded across the Acute Sites. Additional Beds were opened at all three adult sites; Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH) and St John's Hospital (SJH). This helped address the high levels of 'wait for bed' breaches which were prevalent in the winter months of 2018 (4061, Jan – March 2018 vs. 1914, Jan to March 2019). It is important to note all winter beds at the end of March 2019 which is an improvement on the 2017/2018 Winter period where Winter bed capacity remained open until June 2018.

1/70 24/395

- 3.4 The Royal Hospital for Sick Children (RHSC) was awarded funding to replicate efforts made during previous year around Point of Care (POC) testing for flu. POC flu testing was also implemented at SJH/WGH and was deemed to be a crucial initiative by the sites. Point of Care flu testing at ED front doors allows early identification of infected patients which allowed prompt, safe cohorting of these patients. Further information on how the system effectively prepared for infection control can be found in Section 6 of the SG Debrief (pages 24 26).
- 3.5 Traditionally staffing pressures are heightened over the winter months. The initiatives put in place included:
 - Additional on-call Medical Consultant (SJH)
 - Additional Nursing and Medical Staff across ED (RIE/SJH)
 - Doubling up of Specialist Registrars and Respiratory Nurse Specialists during January and February (RIE)
 - Additional overnight Consultant Medical cover between Christmas and New Year (WGH)
 - Increased ANP team in Acute Medical Unit (AMU) supporting Ward Rounds and Boarding Patients
 - Boarding Liaison Nurse working on Criteria Led Discharge (WGH)
 - Extra Medical Cover for Boarders (WGH)
- 3.6 Additional Junior Doctor resource was put in place during Out of Hours (OOH) periods in the AMU at RIE. The additional medical support in the OOH period was intended to support the requirements of increased patient admission into AMU overnight there was an increase over the first 3 months of this year compared to 3 months in autumn of 545 pts to AMU in the hours between 20.00 and 06.00.
- 3.7 The Mobile Medicine of Elderly Team (MMOET) was a dedicated multidisciplinary team who provided comprehensive geriatric assessment for patients across the WGH who were boarding in areas out-width their parent speciality of Medicine of the Elderly due to bed pressures. With provision of funds for winter staff the MMOET temporarily recruited a Physiotherapy Assistant Practitioner (PTA Practitioner) to join its team who began their role on the 16th January 2018 until 1st of April (11 weeks). More information on staffing introduced over the winter period can be found in Section 2 of the Scottish Government Debrief (Pages 8 13)
- 3.8 A winter weekend clinical Pharmacy service was funded at the RIE to selected medical wards on the 12 anticipated busiest weekends in January to mirror the doubling of consultant and nurse specialist staffing. Pharmacy resource was also increased at SJH and WGH.

Flow Centre

3.9 Over the winter period the Flow Centre supported flow across the system increasing capacity on Flow Centre Vehicles (FCV), use of Royal Volunteers Scotland (RVS) and Blood Bikes Scotland. Use of Blood Bikes Scotland was extended to 4pm-8pm in the evenings resulting in a 99% increase in journeys compared to the spring quarter (April/May/June) 2018. The winter period also marked the inaugural year in which the Flow Centre supported West Lothian.

- 3.10 During the winter months January/February/March 2019 an additional 9% journeys were made via FCV compared to the previous quarter. By designating a minimum of one FCV bus per day for Out of Area (OOA) transport Monday to Friday, patients have been repatriated to their home board within 48 hours of their requested time (except for repatriations out with NHS Scotland).
- 3.11 The Band 6 nurse in the Flow Centre has worked with staff on acute sites, in the community and in the Flow Centre to ensure the correct pathways for patients. Compared to the spring quarter (Apr/May/Jun) in 2018 there has been a 19.8% increase in the use of alternatives to admission during the winter months.
- 3.12 Call volumes to the Flow Centre have increased over the year with over 35,000 incoming calls taken during the winter period. Admission calls have increased by 20.6% over the year with the highest number of calls taken in January 2019. Figure 1 shows the percentage increase in activity metrics associated with Flow Centre

Figure 1: Percentage Increase in Activity Metrics Associated with Flow Centre,

| | Apr 18 | May 18 | Jun 18 | Jul 18 | Aug 18 | Sept 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | % increase April 18:March 19 |
|------------------------------|-----------|-----------|-----------|--------|-----------|------------|--------|-----------|-----------|-----------|-----------|-----------|---------------------------------------|
| All calls | 10,133 | 10,923 | 10,381 | 10,588 | 11,669 | 9952 | 11761 | 11,587 | 11,201 | 12,008 | 11,320 | 11,770 | +9.8% |
| Admissions | 2641 | 2819 | 2734 | 2990 | 3637 | 3133 | 3701 | 3767 | 3594 | 4090 | 3713 | 3773 | +20.6% |
| New Bookings | 2724 | 2724 | 2409 | 2482 | 2618 | 2156 | 2578 | 2415 | 2565 | 2564 | 2399 | 2563 | +0.2% |
| Taxis | 3055 | 2489 | 3294 | 3184 | 3371 | 2990 | 3347 | 3493 | 3121 | 3262 | 3183 | 3379 | +3% |
| Amendments/ cancellations | 1006 | 985 | 1076 | 1029 | 1135 | 900 | 1115 | 1032 | 1037 | 952 | 930 | 987 | |

Health and Social Care Partnerships

Midlothian

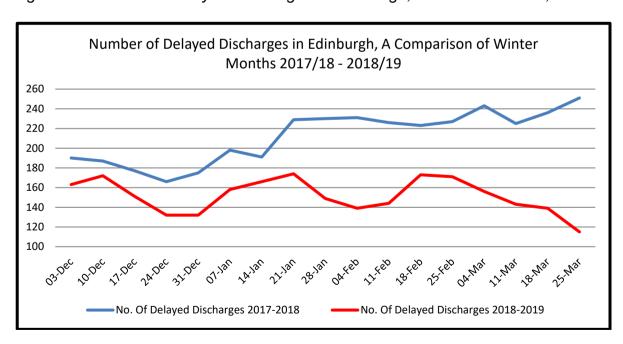
- 3.13 In Midlothian the winter strategy focused upon development of a Flow/Discharge to Assess team to coordinate improved flow from RIE/WGH, through Midlothian Community Hospital or Intermediate Care facility, through to final outcome/placement for patient. It was shown in the evaluation of Winter 2017/18 that on multiple occasions beds were used out with original purpose, resulting in bed blocking. Resource was allocated to enhance the current team in Primary Care to create a virtual Discharge Hub Team together, who managed flow out of hospital for older people in Midlothian. Clear bed prioritisation criteria and transparent bed allocation was managed by this Flow team, through a single point of referral. The following data evidences the success of this scheme:
 - Occupied Bed Days (OBD) for unscheduled admissions into geriatric long stay reduced from 6722 -5373 over last 6 months;
 - Delayed discharge bed days have reduced over last 6 months from 1122 695.

- OBD for unscheduled admissions in acute have reduced from 5373 4913 over last 6 months.
- Edenview Rehab ward average discharges per month increased from 9-10 from same period last winter (January - March 2018 vs January to March 2019).
- A fully resourced Discharge to Assess (D2A) Team has only been place since Mid-March 2019. Data (at the time of writing) showed 38 patients were safely pulled out early, with anticipated saved bed days c.100 days.

Edinburgh

- 3.14 As with 2017/2018, the Festive Practice service was established by Edinburgh H&SCP. It opened between 9 am 5pm on 30th December, 1st January and 2nd January, and GPs saw a total of 109 patients. This represented a 65% in uptake compared to attendances in the previous year (66). A Practice Nurse worked on 1st and 2nd January and saw 5 patients on each of these days. The referrals for the Practice Nurse came from Practices that would have required District Nurses (DN) to attend to patients requiring a visit. Providing this service saved 10 DN visits over the two days.
- 3.15 Winter initiatives were helped by the improved performance in delays prior to the onset of the season. This performance against Delayed Discharges helped provide flow throughout the system which in turn translated into improved performance against the 4 hour emergency access standard. The most notable improvement came from Edinburgh HSCP figure 2 below. Edinburgh has improved the position around package of care waits through their community sustainability input. Occupied Bed Days have also reduced for the partnership from 19'599, Jan March 2018, vs 13'554, Jan March 2019 a reduction of c.30.8%





3.16 A D2A pilot was awarded funding and subsequently established by Edinburgh HSCP. Outcomes of the D2A project highlighted that of the 43 patients who were referred to the project, 36 were accepted. 78% of those discharged were seen within the defined timescales. Of those not seen, 8% were not seen within timescales at the patient (or their family's) request and 14% due to capacity within the team. The pilot improved patient outcomes by supporting patients medically fit for discharge to cope

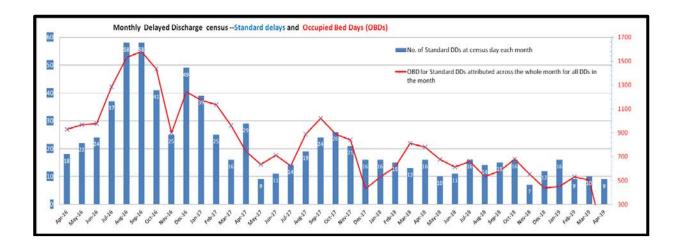
independently in their own home. The speed of discharge was only possible due to the additional capacity which anecdotally also supported system flow within the hub. The principles support rehabilitation continuing outside the hospital environment with an average of 3 bed day savings per patient.

- 3.17 Funding was also awarded to 'Enhanced Hub' projects which facilitated 37 discharges over the weekends of the winter months, including 12 Sunday discharges. Working with a team of Home Care Coordinators has been positive and the support of Enhanced Hub Care (EHC) staff has been helpful to ensure safe practice. Positive qualitative feedback from discharged patients with care allocated has also been well received, with patients expressing relief to be at home and not having to wait for a Monday discharge. Social work resource has been valuable in each area in managing workload overall. This was particularly noticeable over the Christmas period into the New Year avoiding a spike or upward trend.
- 3.18 In total across the Partnership, winter projects resulted in 44 additional weekend discharges, compared to 32 during winter months 2017/2018. This represents an increase of 28% in weekend discharges during 2018/2019. Also, as discussed in 3.7 above, through the initiatives introduced in partnership with the WGH, the median Length of Stay for MOE patients improved from 39.4, Jan to March 2018 to 31.9, Jan to March 2019.

East Lothian

- 3.19 In East Lothian emphasis was placed upon increasing the capacity of Hospital to Home and Hospital at Home. Hospital at Home increased capacity and widened the skill set of practitioners. Recruitment difficulties delayed the start of the winter initiative to mid-February. This combined with the Partnership opening 12 beds at Belhaven in early January and the milder winter generally resulted in the excepted increase demand for Hospital at Home not to materialise. From the bids for funding that were requested from East Lothian, the Unscheduled Care Committee was able to allocate funds for all of the bids received.
- 3.20 The Hospital *to* Home service increased from 6 to 7 teams, enabling more people to be discharged from hospital, with faster access to Packages of Care. Given the precarious position of delayed discharges in 2018/19, the main benefit of this scheme was allowing rural patients to access a service out with secondary care instead if becoming a delay. Funding was used to deliver 25 hours per week of *extra* care. Figure 3 shows the downward trend in reducing OBDs and Standard Delays, specifically since February 2018 for East Lothian.

Figure 3: East Lothian Reduction in Standard Delays and Occupied Bed Days April 16 – April 19,



West Lothian

- 3.21 West Lothian increased community provision. Additional support was provided for Stroke and Community teams to increase 7 day working a move which supported a reduction in average LOS from 7.3 days to 6.7 days when compared to the same period Oct March 2017/18. The partnership also increased weekend working throughout January and February while also increasing the capacity of Reablement and REACT to support flow. Data from October 2018 to March 2019 demonstrates:
 - Delayed discharge bed days reduced by 39.5%
 - Standard delays reduced by 59.7%

Flu

- 3.22 The debrief following the 2017/18 campaign was comprehensive and highlighted the need for prompt and timely commencement of the flu programme for the 2018/19 season; taking this into consideration planning for the staff campaign began as early as April 2018. Named flu leads were identified for the Acute hospital sites and the 4 H&SCPs the leads were responsible for ensuring the vaccination campaign was delivered locally. Contact with Local Council leads were also established to share information about clinics for social care staff. A debrief document has been attached as Appendix 4 and further information can be found in Section 7 (pages 28 28) of the debrief.
- 3.23 Throughout the winter period the NHS Lothian Communications team shared a variety of winter messaging with all four Lothian H&SCPs. General education messaging, particularly around hand washing and norovirus spread were posted on the Lothian website and intranet. They were also well received on social media. One norovirus Facebook post, which used national materials, didn't go viral, but was spread to 50,000 people. As detailed in Appendix 4 a significant campaign was connected to the Flu Programme.

Areas for Focus 2019/20

3.24 Planning and Process - in order to deliver high quality, patient centred plans that are adaptable to meet the challenges associated with winter, it is proposed, planning will take place earlier this year so that most of the wider actions are identified and funded by late summer. A full and thorough consultation process will be undertaken with each of the Partnerships to understand and support local actions by prioritising which areas will deliver most for patients and flow. Following the successful approach of producing a

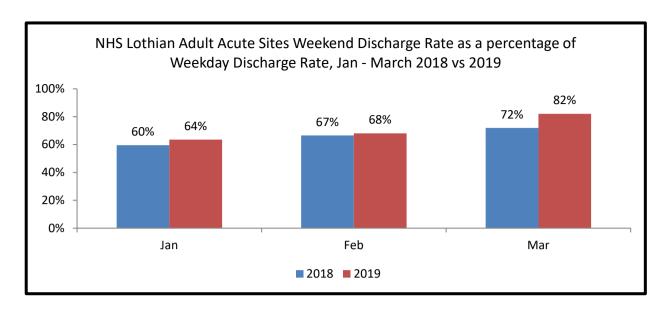
winter strategy that was prioritised against a set, weighted criteria this process will be refined further during the 'summer' planning months. Internal Audit concluded:

- The funding proposals for the 2018-19 winter period were assessed using a scoring matrix, which helped to provide increased objectivity over the selection of successful proposals. However, the scoring criteria and weighting should be reviewed to ensure that they more accurately reflect the risks facing the organisation during the winter period.
- Lead managers for each part of the organisation scored the winter funding proposals for their own areas. Although these local leads were well placed to assess the relative merits of funding proposals for their respective areas, this approach carries the risk that the scoring of proposals is not consistent across the organisation and that the proposals are not scored accurately.

In order to address both points above the planning process will include refreshing of the reporting template. This will allow a more objective based assessment and evaluation of bids. Weighting criteria will also be reviewed to remove duplication and will also cross reference the Corporate/Acute risk registers to ensure criteria is relevant.

- 3.25 Utilisation of Flow Centre The Flow Centre has proven to be an essential service during the winter period. While the impact of severe weather was neglible during the winter period and service, the options available through admissions alternatives and transport are beneficial to the system. There are some key areas for improvement that are detailed in Section 1.2 of the debrief (page 4) which will be taken into consideration during the Winter 2019/20 planning period.
- 3.26 Alignment of Staffing The seasonal months rely upon an enhanced staffing model. Through the Winter Evaluation that has taken place and the debrief provided to Scottish Government (Appendix 2) there is need for the Unscheduled Care Committee to consider earlier commencement of the recruitment process to allow earlier backfill of the vacated positions. This could also be improved by earlier advertisement of vacancies. The staffing model will also require to take account of the impending opening of the Royal Hospital for Sick Children and Young People and the availability of seasonal beds within Paediatric Acute Receiving Unit (PARU).
- 3.27 Weekend Discharges As shown by Figure 4 below weekend discharges rose between 2018 and 2019 which is in line with the 6 Essential Actions for Unscheduled Care principle of 7 day working. For the Enhanced Hubs and Social Work Services, further input to Acute Services is needed to ensure all wards are aware of the possibility of discharges at the weekend and over public holidays. Further work on Criteria Led Discharge will improve weekend discharging.

Figure 4: NHS Lothian Adult Acute Sites Weekend Discharge Rate as a percentage of Weekday Discharge Rate,



- 3.28 Escalation A Prep-Stat Workshop was held on 19 December 2018 to open discussions between health and care personnel relating to the framework with a further workshop involving Acute Sites and H&SCPs, delivered on 14th February 2019. A number of actions are now in progress following this workshop to mature the framework. Further progress and delivery of a draft protocol will be prepared prior to the Winter 2019/20 winter period.
- 3.29 Models of Care Further exploration of non bed based models of care during winter is critical. Periods of peak demand over winter, especially over public holidays often means service provision across the system requires to increase its capacity to cope with demand. With the potential for Winter wards at SJH/WGH limited during the 2019/20 season surge capacity should be addressed by:
 - Continued collaboration with Partnerships to develop alternatives to ED attendance
 - A continued focus upon improving performance across all delays
 - Allowing more time to engage with wider primary care clusters to benefit from their input to the anticipatory care planning process
 - Further support to help develop intermediate care teams and strategy to prevent admissions and facilitate discharges.

4 Key Risks

- 4.1 Failure to meet the 4 hour standard leads to poor patient and staff experience, including overcrowding in emergency departments, long waits and patients boarded out with required speciality.
- 4.2 There is a risk that failing to start the process of winter planning in a timely manner will leave the board unable to respond to peaks in demand.
- 4.3 There is a risk that high levels of delayed discharges impact on the elective programme, with the potential of patient surgery being postponed which in turn has an adverse impact on TTG performance which increases the risk of poorer outcomes for patients.

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

- 8.1 The winter plan was agreed at £3361k, subsequent to this it was agreed to extend this by a further £600k to £3961k, the actual amount spent was £3582k with some of the later plans not coming to fruition due to delays recruiting staff.
- 8.2 Of the monies spent, just over £2.4m was spent in the acute setting with actions focussed on bed capacity, flow and the supporting infrastructure. Community spend was £1.0m with the activities around supporting discharge and flow. The remaining £0.15m supported the flu vaccination programme.

Jim Crombie

<u>Deputy Chief Executive</u>

<u>Chief Officer, Acute Services</u>

06/05/2018

List of Appendices

Appendix 1: Unscheduled Care Performance Appendix 2: SG Winter Debrief 2018/2019

Appendix 3: Winter Planning Internal Audit Report

Appendix 4: Housebound Flu and Staff Flu Vaccination Programme

Appendix 1: Unscheduled Care Performance

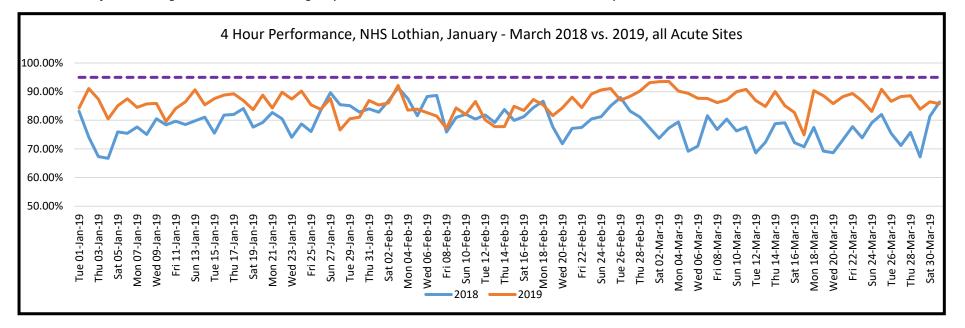
The 4-hour emergency access standard is a whole system measure; to either admit or provide definitive treatment and discharge for 95% of unscheduled care patients within 4-hours requires a collaborative approach from all parts of the health and social care system to provide patient flow.

Performance against the 4-hour emergency access standard is influenced by a range of factors including, but not limited to;

- the volume of Emergency Department (ED) attendances,
- the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding,
- · patient acuity,
- bed pressures

NHS Lothian reported compliance to this standard of 83.9% for the month of January 2019, 82.9% for February 2019 and 86.6% for March 2018. This represents an average improvement of 12.3% increase when comparing the two winter periods; January – March 2018 vs. January - March 2019. The increase in NHS Lothian performance can be attributed to improvement right across the adult acute sites:

Exhibit 1 – Performance against the 4-hour emergency access standard, NHS Lothian all sites, January – March 2018 vs 2019,



10/70 33/395

Exhibit 2a - 4 Hour Performance, January - March 2018 vs. 2019, Royal Infirmary of Edinburgh

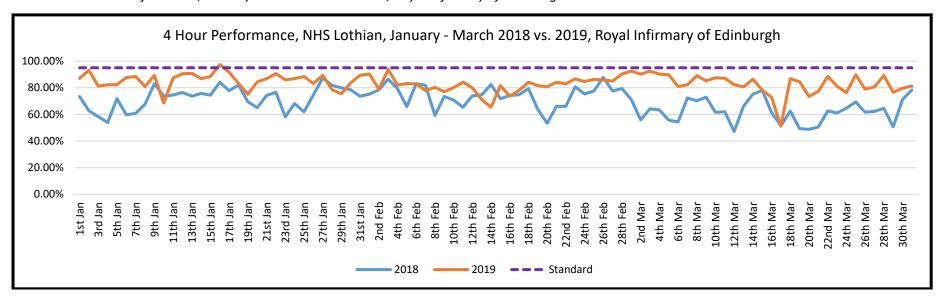
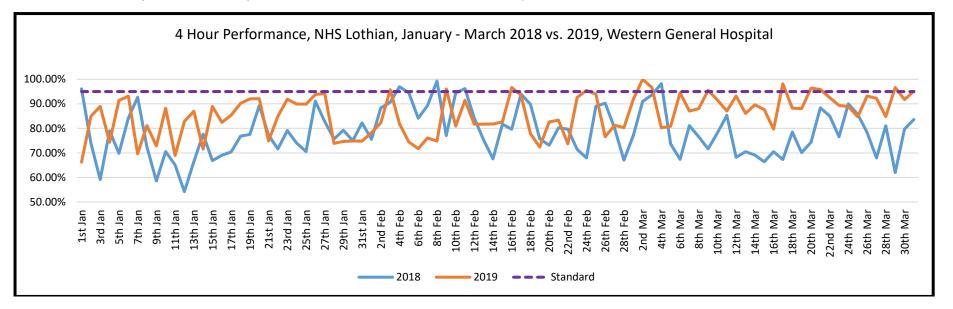
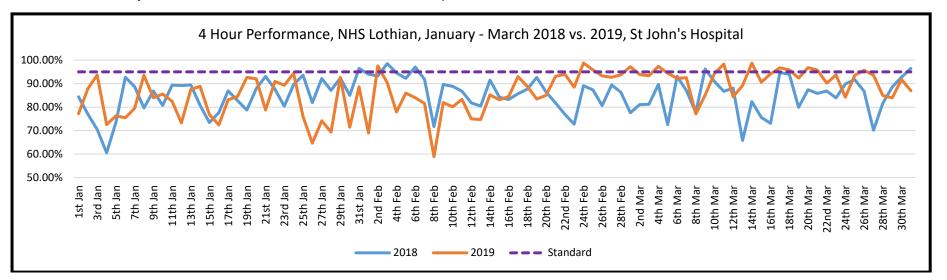


Exhibit 2b - 4 Hour Performance, January - March 2018 vs. 2019, Western General Hospital



11/70 34/395

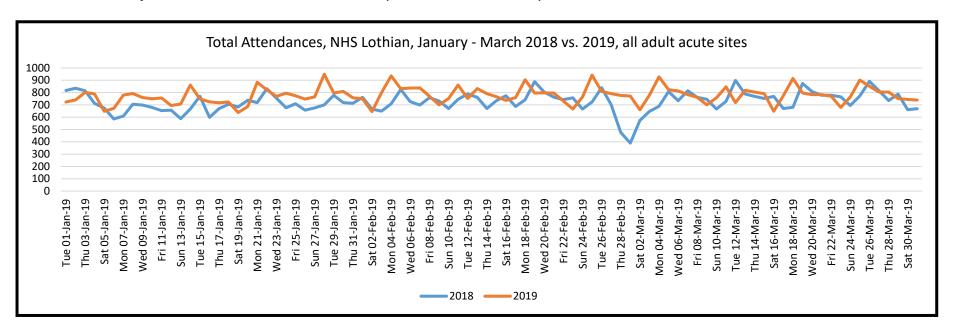
Exhibit 2c - 4 Hour Performance, Jan - March 2018 vs. 2019, St John's Hospital



12/70 35/395

The pattern of attendances across the winter months (adult acute sites) has been steadily rising year on year. Despite a modest decrease of 2.2% between 2016 and 2017 attendances across all adult acute sites have risen by 11.4% since 2015.

Exhibit 3 - Numbers of total attendances across Lothian January - March 2018 vs. January - March 2019,



The dip in attendances shown during late February to March 2018 can be attributed to an exceptional period of poor weather which included prolonged periods of heavy snowfall and a red weather warning. The pattern of attendances during the 2019 winter months shows increased numbers compared to 2018. During this period St John's Hospital experienced its highest ever recorded rate of attendances at 5001 in March 2019.

Attendance rates have increased when comparing the two winter periods; January – March 2018 vs. January - March 2019. NHS Lothian reported 19'196 Attendances January 2019 compared to 17'991 in January 2018 (+ 7.0%). 17'906 Attendances were reported in February 2019 compared to 16'637 February 2018 (+ 7.6%). 19'563 Attendances were reported in March 2019 compared to 18'886 in March 2019 (+ 3.6%).

13/70 36/395

Exhibit 4a - Attendances, January - March 2018 vs. 2019, Royal Infirmary of Edinburgh

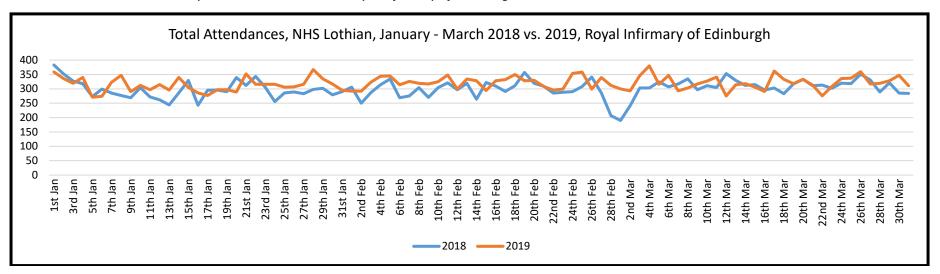
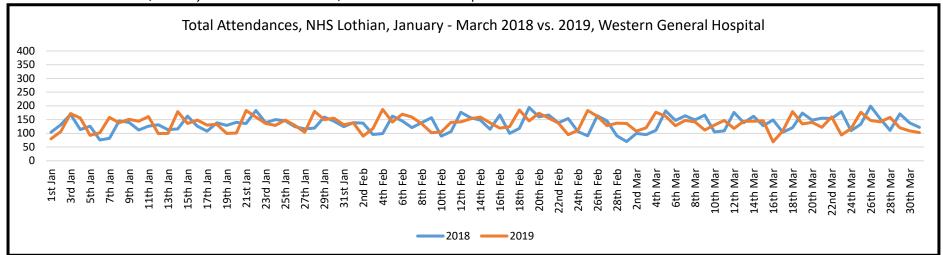


Exhibit 4b - Attendances, January - March 2018 vs. 2019, Western General Hospital



14/70 37/395

Exhibit 4c - Attendances, January - March 2018 vs. 2019, St John's Hospital

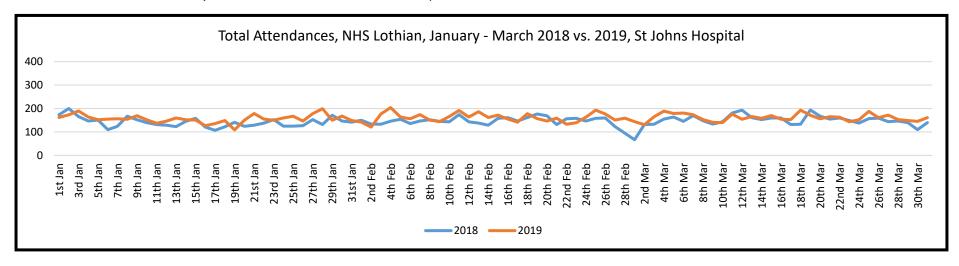
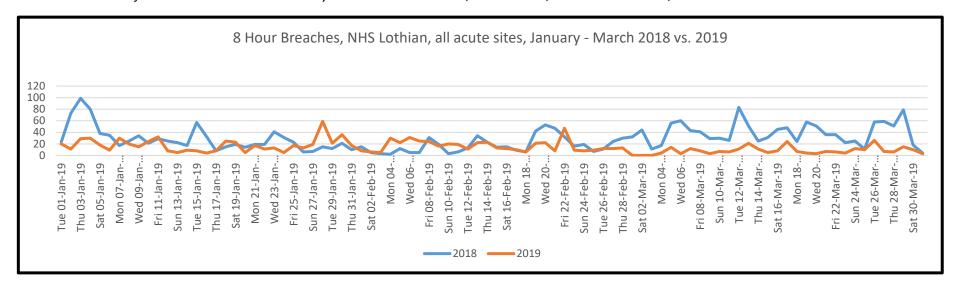


Exhibit 5 -8 shows the impact of pressures that existed throughout the Adult Acute services by the number of 8 hour and 12 hour breaches throughout the winter months. These long waits have a direct impact on patient experience and safety, and add to ED crowding.

Exhibit 5 - Number of 8 hour breaches across January – March 2018 vs. 2019, NHS Lothian, all adult acute sites,



15/70 38/395

NHS Lothian reported much improved performance against 8 hour breaches when comparing the two winter periods. NHS Lothian reported 566 8 Hour Breaches in January 2019 compared to 911 in January 2018. 425 8 Hour Breaches were reported in February 2019 compared to 499 in February 2018. Most significantly the number of 8 Hour Breaches in March 2019 was 250 compared to 1212 in March 2019 which is down 79%.

Exhibit 6a - 8 Hour Breaches, January - March 2018 vs. 2019, Royal Infirmary Edinburgh

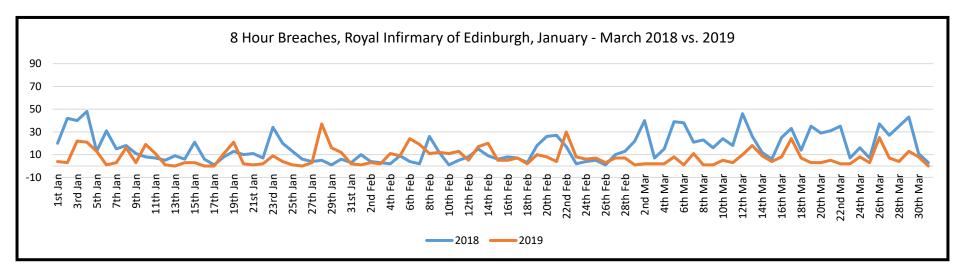


Exhibit 6b - 8 Hour Breaches, January - March 2018 vs. 2019, Western General Hospital

16/70 39/395

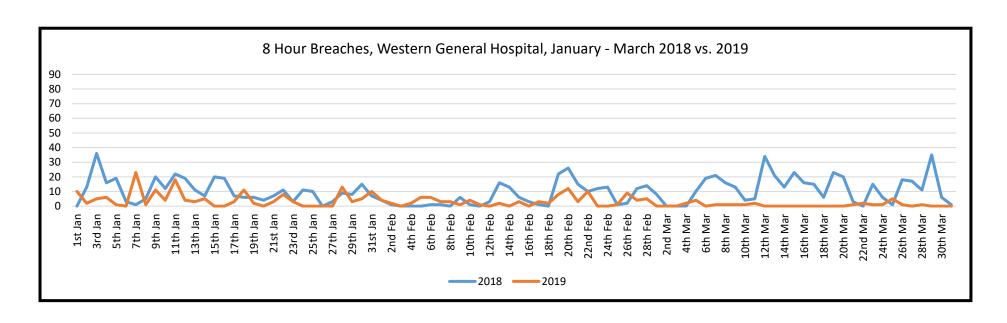


Exhibit 6c - 8 Hour Breaches, January - March 2018 vs. 2019, St John's Hospital

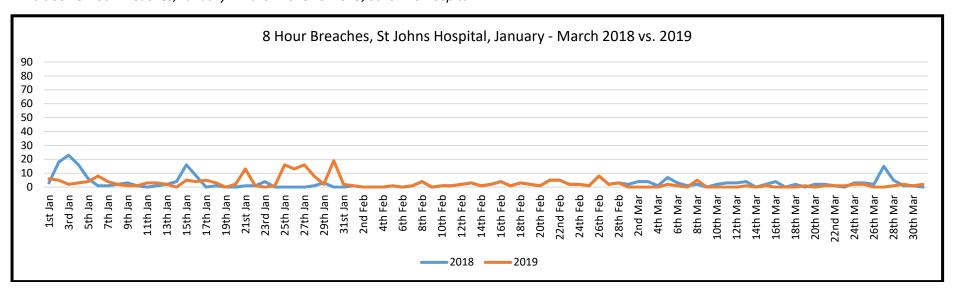
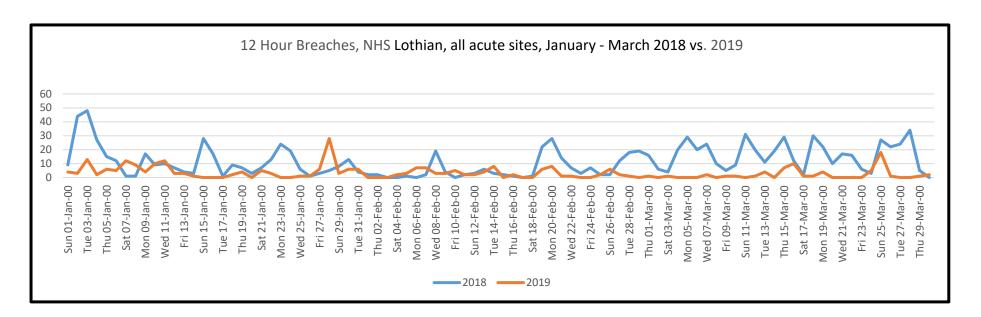


Exhibit 7 - Number of 12 hour breaches across January – March 2018 vs. 2019, NHS Lothian, all adult acute sites,

NHS Lothian reported much improved performance against 12 hour breaches when comparing the two winter periods. NHS Lothian reported 160 12 Hour Breaches in January 2019 compared to 386 in January 2018. 87 12 Hour Breaches were reported in February 2019 compared to 170 in February 2018. Most significantly the number of 12 Hour Breaches in March 2019 was 63 compared to 507 in March 2019 which is down 87%.



18/70 41/395

Exhibit 8a - 12 Hour Breaches, January - March 2018 vs. 2019, Royal Infirmary of Edinburgh

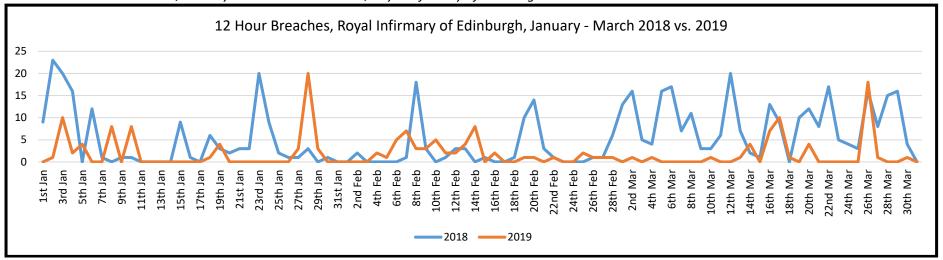
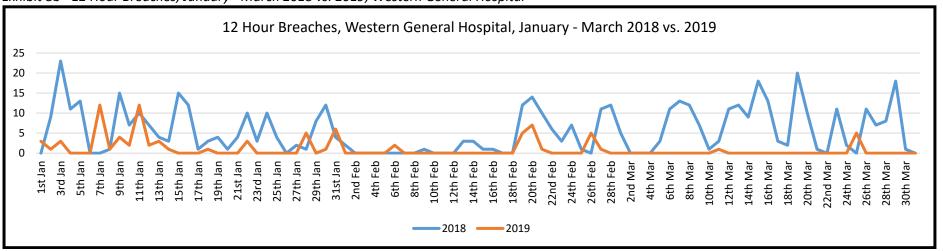


Exhibit 8b - 12 Hour Breaches, January - March 2018 vs. 2019, Western General Hospital



19/70 42/395

Exhibit 8c - 8 Hour Breaches, January - March 2018 vs. 2019, St John's Hospital

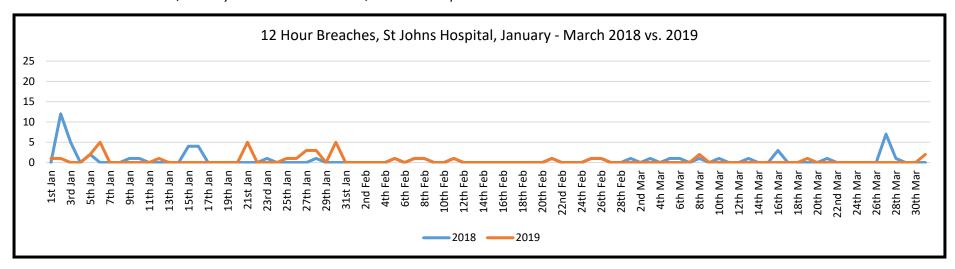


Exhibit 9a - Daily Boarders, January - March 2018 vs. 2019, Royal Infirmary of Edinburgh

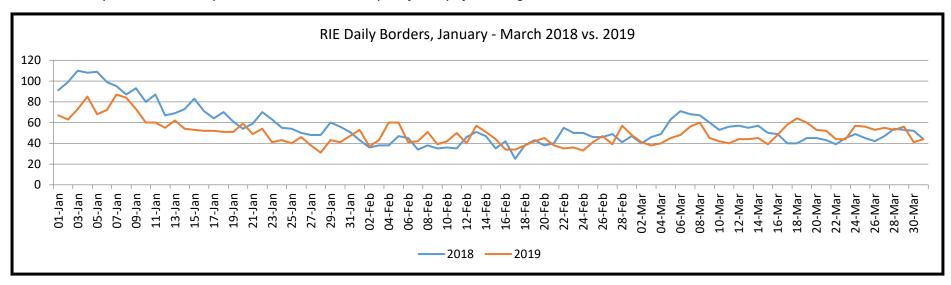


Exhibit 9b - Daily Boarders, January - March 2018 vs. 2019, Western General Hospital

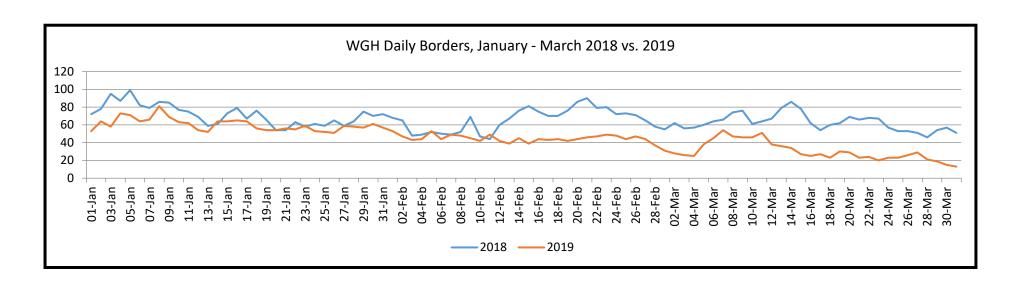
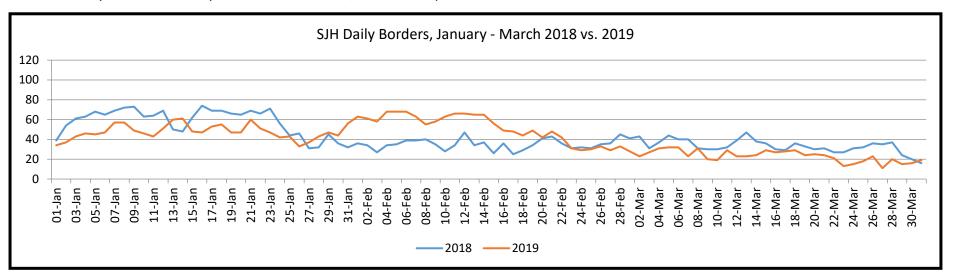


Exhibit 9c - Daily Boarders, January - March 2018 vs. 2019, St John's Hospital



21/70 44/395

Health & Social Care: Local Review of Winter 2018/19

| NHS Board H&SCP s: | NHS Lothian Edinburgh, West, East & Midlothian H&SCP | Winter Planning Executive Lead: | Jim Forrest/Jim Crombie |
|-----------------------|------------------------------------------------------------|---------------------------------|-------------------------|
|-----------------------|------------------------------------------------------------|---------------------------------|-------------------------|

Introduction

As in previous years, to continue to improve Winter planning across Health & Social Care we are asking local systems to lodge a draft of their Winter review for 2018/19 with the Scottish Government to support Winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect that your Chairs and Chief Executives are fully engaged in the review.

We expect this year's local review to include:

- the named executive leading on Winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 Winter planning process

Thank you for your continuing support.

JOHN CONNAGHAN CBE

John Comage

Chief Performance Officer, NHSScotland and Director of Delivery and Resilience

1 Clear alignment between hospital, primary and social care

1.1 What went well?

Royal Infirmary of Edinburgh

- Seven day provision of Home First in the front door areas linking in with Partnerships and Social Care directly.
- Expansion of Hospital to Home in the North of Edinburgh.

Western General Hospital

- Development of joint Winter plan across Lothian between Hospital, Primary and Social Care.
- Clear focus on Delayed Discharges and Community response to support reductions in Occupied Bed Days and Length of Stay (LoS).
- Joint plans developed for Discharge to Assess between North West Locality of Edinburgh and Western General Hospital supporting effective partnership working and supporting early discharge.

St. John's Hospital

- Increased REACH provision in timely CGA, onward referral, admission avoidance, case management
- Integrated Joint Hub bringing together Acute, Social Work and AHP teams together into a Hub yielding significant
 efficiencies (reduced LoS, admission avoidance, early POC restarts, joint working, duplication avoidance, reduction in bed
 days lost)

Midlothian Health & Social Care Partnership

• A prioritisation approach ensured high risk areas were supported financially through whole system engagement. All partners included, so a more joined up plan was created between Hospitals, Primary and Social Care.

East Lothian Health & Social Care Partnership

• Daily discussion between teams across Acute NHS Community and NHS Social Care. Weekly Senior Management review across all three sectors

West Lothian Health & Social Care Partnership

• Establishment of Integrated Discharge Hub brought together Social Care, Community and Hospital based services at St John's Hospital enabling more coordinated and streamlined discharge planning for those with complex needs.

23/70 46/395

Edinburgh Health & Social Care Partnership

- Discharge to Assess The speed of discharge was only possible due to the additional capacity which anecdotally also supported system flow within the hub.
- The Community Respiratory Team (CRT+) service offered community patients respiratory assessment, treatment and management from specialist Physiotherapists embedded in CRT. Sources of referrals were primarily GPs but also Secondary Care.

Flow Centre

- The Flow Centre supported flow across the system increasing capacity on Flow Centre vehicles. Use of Blood Bikes Scotland was extended to 4pm-8pm in the evenings.
- One Flow Centre vehicle bus per day for out of area transport Monday to Friday. Patients have been repatriated to their home board within 48 hours of their requested time. This has saved bed days and improved flow across the system

Communications

• The NHS Lothian Communications team shared a variety of Winter messaging with all four Lothian Health and Social Care Partnerships, including flu, Public Health and know where to turn. The overarching Winter and Flu Campaigns were mainly digital and worked across social media platforms.

Allied Health Professionals

- Improved communication and dedicated Discharge to Assess team (Occupational Therapists and Physiotherapists) were able to assess patients in own home within 24 hours of discharge.
- We increased the Physiotherapy team (0.5WTE Band 6) within the Paediatric Community Respiratory Team (PCRT) with the aim of preventing admissions particularly of Cystic Fibrosis (CF), complex Respiratory and long term ventilated patients who are often in hospital for extended periods.
- We increased the Physiotherapy team (0.5WTE Band 6) within medical and critical care with the aim of treating an increased number of respiratory patients in hospital and supporting hospital to home for immediate discharge (from A&E) or early supported discharge (from wards).
- We liaised with School Nurses, Health Visitors, Community Children's Nurses, Paediatric Oncology Outreach Nurses and other HCPs regarding anticipatory and preventative care and a more 'rapid response' service for the most vulnerable children at risk of admission, particularly CF, complex respiratory, complex neuromuscular home ventilated and oncology patients.

24/70 47/395

Public Health

• Over 7000 housebound patients were vaccinated against flu thus preventing pressures on admissions and also community services.

1.2 What could have gone better?

Royal Infirmary of Edinburgh

Joint Winter plan in collaboration with H&SCP to further develop Winter strategy

Western General Hospital

• Potentially more/alternative capacity in Community to reduce attendances at front door, overall attendance figures showed increase during Winter.

St. John's Hospital

- Joint Winter plan for next year joint Winter meetings with H&SCP sharing of Winter planning
- Public holiday Social Work provision Social Work required to work public holiday to ensure discharge planning for patients is continuous

Midlothian Health & Social Care Partnership

• Criteria to develop funding of bids requires further explanation needs developed to inform funding. Earlier planning and confirmation of Scottish Government allocation would support effective planning.

East Lothian Health & Social Care Partnership

• Further collaboration with Acute Sites earlier in planning process would support effective identification of key workstreams.

West Lothian Health & Social Care Partnership

 Delays in recruitment of additional Allied Health Professionals staff resulted in delay in implementation of Respiratory clinic function

Edinburgh Health & Social Care Partnership

- Discharge to Assess pilot could be developed to allow more than 6 new patients per week
- IT challenges experienced by the CRT+ team
- As the telecare project began later due to extra available funding, the pilot operated for 7 weeks instead of 12. Further significant impacts could have been captured with a longer proposal. The project also struggled to market and promote

25/70 48/395

the service in time for full engagement.

Flow Centre

- Difficulty recruiting to Flow Centre Coordinator, Clinical Support Worker and Driver roles. Capacity was lost due to staffing shortages on the Staff Bank. In March 2019 16% of shifts were unfilled resulting in a reduction in the Flow Centre vehicle capacity for admissions, discharges and transfers
- Only able to recruit 1 Band 6 nursing role from January so clinical input was not available all hours the Flow Centre is open to improve access to alternatives to admission
- GP's & Lothian Unscheduled Care Service bypassing Flow Centre and sending patients to ED often to the wrong site for presenting complaint with GP's in West Lothian with the highest bypass rate
- Discharge/transfer patients not ready at requested time in wards
- Discharge/transfer patients not waiting in the Discharge Lounge for pick up
- Lack of available beds in home boards for patients who are being repatriated from within Lothian
- The Call Centre infrastructure is not fit for purpose with regular service issues especially on busy days when call volumes are highest

Communications

- The flu campaign was highly effective and reached staff across Acute, Primary and Social Care sectors using social media, website and intranet, backed by in house by newspapers and departmental newsletters.
- The Winter campaign worked steadily throughout the season, but milder weather meant that traditional wintry scenes and
 materials were redundant. However the concept managed to get the message across without relying on traditional those
 mediums.
- The 'Winter is No Joke' campaign ran across social media, website, intranet, bus ads and radio and centred around
 asking patients to find the service best suited to their needs either by using NHS Lothian's website or visiting NHS Inform.

Allied Health Professionals

- Better collection of data and impact on Discharge to Assess team on North West service.
- Winter recruitment needs to commence earlier. Our plan was to recruit 1 WTE Band 5 and 0.5WTE Band 6 but due to recruitment difficulties we recruited to 1 Band 6 only meaning that we did not have the required headcount of Winter staff lessening the impact of the additional staffing.

26/70 49/395

Public Health

• Phased delivery of the over 75 vaccines, which was completely out of our control and delayed planned delivery to all practices. This vaccine did not appear in some practices until November 26th due to the phased delivery.

1.3 Key lessons / Actions planned

Royal Infirmary of Edinburgh

- Improved communication and recognising pressures across the system.
- Sharing of Winter plan at earliest opportunity.

Western General Hospital

- Plan to further enhance alternatives to admission/attendances 13% increase in medical attendances
- Consideration of more responsive Allied Health Professionals/Social Work models in 19/20 for Out of Hours period and public holidays/weekends to reduce batching.
- Target GP practices with increased in attendances to understand why and explore potential options to reduce attendances or increase alternative places of care
- Enhancement of Integrated Discharge Hub model to focus on 'Home First' principles

St. John's Hospital

- Improved Communication across the system
- Sharing of Winter plans at earliest opportunity
- Joint Winter meetings or representation at Acute meetings essential

Midlothian Health & Social Care Partnership

• Development of Winter plan is owned by Unscheduled Care Committee which has membership from whole system for the refinement of process to prioritise key bids should include criteria relevant to Acute and H&SCP.

East Lothian Health & Social Care Partnership

 Ability to link or get access to both NHS and Social Work Patient/Client data info across all community sites to allow faster decisions.

West Lothian Health & Social Care Partnership

• Establish Respiratory Clinic function and processes to enable this to be fully active in advance of Winter 2019/20

27/70 50/395

Edinburgh Health & Social Care Partnership

- For enhanced hub services TEC further training and input from these teams to encourage referral and use. This will be fed back to the Hub TEC Champions to address.
- For Telecare services, prior to go live date, awareness sessions should be held with a guarantee of staff availability as well as the need for in depth training for staff use of equipment.
- Whilst the limitations of the team size for the Discharge to Assess pilot are accepted, going forward it would worth considering a different/integrated operating model whereby teams are cross skilled to flexibly support across the hub services. This model would allow for variation in demand from the hospital for the Discharge to Assess service and staff would have the capacity to assist with other hub tasks. This would also provide staff development and potential opportunities. Workforce development requirements would have to be considered should the operational model be adapted. Future considerations will also include incorporation of care at home to the model.

Flow Centre / Lothian Unscheduled Care Service

- To address GP practices bypassing the Flow Centre we will work directly with GPs, practice managers and the Lothian Medical Council to reduce incidences of this
- The Flow Centre will be merging with the Lothian Unscheduled Care Service Hub before next Winter and so will have greater influence over use of Flow Centre by Lothian Unscheduled Care Service GP's and access to alternatives to admission
- Working with sites and localities to improve access and identify alternatives to admission, rapid access clinics and collate processes that can be utilised pan Lothian
- Work with SEAT to revisit repatriation guidelines
- NHS Lothian Telecoms is moving to a new platform which should alleviate issues from end of April 2019
- Increase number of Clinical Support Workers substantive staff to reduce Bank staff burden during Winter months

Communications

- Asking staff to engage in a campaign that was fun and a bit quirky worked well across the majority of groups and acted as a bit of light relief in otherwise very busy days.
- Continue to promote the role of peer vaccinators, roving clinics and continue to link in with the Nurse and Medical Directors.

Allied Health Professionals

• Will focus to develop the matrix to evidence impact of Winter bids

28/70 51/395

• Will attempt earlier recruitment and longer contracts to create more desirable posts.

Public Health

- Information to be given to practices that not everyone can be visited in the first 2 weeks of the programme start date. Each practice wanted more rapid delivery which was not possible due to the numbers and staff available.
- Action planned is to move this programme to the H&SCP s for ownership and joint working with Community Nurses
 who are familiar with the areas and will enhance relationships with local practices. Acknowledgement that
 Community teams will still require the resource to vaccinate patients not on their caseloads.
- Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

2.1 What went well?

Royal Infirmary of Edinburgh

- The RIE Hogmanay plan was delivered. This established ED plan is delivered every Hogmanay.
- Increased ED Nursing staff support in January and February helped to assist with the ED Winter workload.
- Increased Consultant cover in the ED over weekends and holiday periods.
- Home First established seven days a week in the ED to facilitate more discharges from the front door areas.
- Winter plan focused on increasing workforce in key areas to support flow on the site e.g. boarding teams, additional Medical and Nursing cover in high pressure areas, including Acute and General Medicine, Medicine of the Elderly and Respiratory Medicine.
- The Discharge Hub held daily huddles with Social Work to consider new and existing Packages of Cares, to improve discharge into the Community consistently
- Orthopaedic Supported Discharge model provided seven days a week.
- An additional Site and Capacity Manager was put in place out of hours to support flow.
- Senior Manager cover at weekends was doubled to ensure flow leadership occurred across Saturdays and Sundays.
- Senior Manager cover from the front door areas was put in place on a daily basis to cover flow in and out of the Emergency Department daily until 22:00.

Western General Hospital

- Additional overnight medical cover for Acute Receiving between Christmas and New Year (excluding Public Holidays) and first week in January
- Additional Weekend Medical cover for General Medicine back door wards

29/70 52/395

- Additional Medical cover to support increased number of Boarding patients January to March inclusive.
- Additional Senior Manager coverage across the site on a rostered basis
- Community Respiratory Liaison Nurse and Discharge Coordinators within Medical wards
- · Additional staffing to support Interim Care beds

St. John's Hospital

- Increased Medical and nursing staff ED throughout Winter period
- Increased Medical and nursing staff Medicine throughout Winter period
- 2nd on-call Medical Consultant
- Changes to boarding cover and overall boarding plan
- Surge capacity in Ward 12

Royal Hospital for Sick Children Edinburgh

- Extra staffing in the system because of the forthcoming move to the new Royal Hospital for Children and Young People.
- Staffing levels were consistent over the holiday periods and weekends.
- Winter bed capacity (Ward 5) remained open throughout Winter period with adequate staffing in place.

Midlothian Health & Social Care Partnership

• H&SCP staff deployed to cover throughout the holiday period. This included critical teams to ensure discharge planning continued throughout.

East Lothian Health & Social Care Partnership

• Staffing levels although always a challenge across Winter with the same increase in sickness as the wider population went well. Ability to move staff across sites at very short notice was helpful.

West Lothian Health & Social Care Partnership

- Staff from Social Care and Acute services worked in Integrated Discharge Hub at weekends in January and February which enabled continuity of planning
- Additional capacity within reablement increased capability to support weekend discharges

Edinburgh Health & Social Care Partnership

• Enhanced Hub projects facilitated 37 discharges over the weekends of Winter months, including 12 Sunday

30/70 53/395

discharges. Working with a team of Home Care Coordinators has been positive and the support of Enhanced Hub Care (EHC) staff has been very helpful ensuring safe practice. Positive qualitative feedback from discharged patients with care allocated has also been well received, with patients expressing relief to be at home and not having to wait for a Monday discharge. Social work resource has been very valuable in each area in managing workload overall. This was particularly noticeable over the Christmas period into the New Year avoiding a spike or upward trend.

- The Liberton project collected high quality qualitative data provided from staff, patients and relatives and built positive relationships, proving the rehabilitation ethos to be extremely important to all.
- Physio at Home who operate a general weekend service, supported work that CRT+ would have picked up if there had been a 7 day service.
- In total, Winter projects resulted in 44 additional weekend discharges, compared to 32 during winter months 2017/2018. This represents an increase of 28% in weekend discharges during 2018/2019.

Flow Centre / Lothian Unscheduled Care Service

• LUCS was supported to recruit to an increased clinical rota at periods of known peak demand. This supported improved access to the service in a timely manner at periods of heightened demand.

Radiology

• Ability to recruit into Winter funded Radiographer posts in timely manner. Where RDA and Nurse recruitment unsuccessful, this funding used to facilitate overtime in support of additional evening and weekend working.

Recruitment

- The Recruitment Team employed with Winter monies a part time Band 3 administrator to oversee the tracking of new staff and movement across wards of substantive staff.
- Ward 15 at WGH was staffed by a majority of new appointments, and the rest from current staff from other wards
- Feedback appears to be in the main positive to date, with it being noted that it felt more organised this year, more controlled, and a calmer setting up to the operational opening of Ward 15.
- For Winter 2019/20 early indications are that we would reconvene our key colleagues, i.e. SSTS, e-Rostering, General Recruitment, Staff Bank Manager for Nursing and Ward 15 Charge Nurse, fortnightly from September onwards and follow this model again. This collaborative approach ironed out many irritable issues from years gone by, particularly around the movement of staff on SSTS/e-Rostering.

Pharmacy

Increased Pharmacist resource was put in place to provide verification of medicines reconciliation on admission and

31/70 54/395

involvement in discharge planning to support patient flow.

- A 12 week Winter weekend clinical pharmacy service was provided at the RIE to selected medical wards on the three anticipated busiest weekends in January to mirror the doubling of consultant and nurse specialist staffing
- · Positive feedback from charge nursing staff who feedback how often the service was utilised
- Previous work in the respiratory directorate has also demonstrated a clear alignment between the number of interventions per immediate discharge letter and the resultant delay to patient discharge. Pharmacist prescribers can often rectify these errors leading to a more efficient and safe medicines discharge process.
- The number of IPS checked by the clinical pharmacy team has increased
- Funding used to recruited a clinical pharmacist to cover Winter beds (Ward 15 specifically) Monday to Friday with 100% of discharges receiving ward level clinical checks

Allied Health Professionals

- Physiotherapy maintained normal weekend staffing levels on RIE and WGH sites over Winter. These services support
 weekend discharge. We increased level of public holiday staffing staffing at near normal level. We were given
 funding to recruit additional Winter staff and were able to put in some tests of change which demonstrated additional
 rehabilitation was able to reduce patients ready to go time by 7.1 days
- Our weekend and public holiday staffing numbers were maintained at their normal level with no issues.

2.2 What could have gone better?

Royal Infirmary of Edinburgh

- The full system pull of patients out into Community, downstream beds or off site moves did not meet Sites requirements, to support the demand coming through the front door.
- All Site plans delivered to an appropriate level, although there were gaps in Allied Health Professionals which resulted in not having the full additional workforce, resulting in roving teams having to fill gaps.

Western General Hospital

- The ability to recruit to positions was limiting as was the impact of ongoing vacancies on site.
- Health and Social Care discharges over weekend did not meet Site requirements to support demand

St. John's Hospital

- Multi-disciplinary staffing in place to work weekends and public holidays
- Pharmacy provision could have been better
- Discharge Lounge function under utilised

32/70 55/395

• REACH provision at weekend could have been better utilised

Midlothian Health & Social Care Partnership

• Late allocation of funding impacted in delayed recruitment of additional Winter staff.

West Lothian Health & Social Care Partnership

• More weekend discharges could be planned provided other infrastructure in place to support

Edinburgh Health & Social Care Partnership

- For enhanced hub services, a number of discharges were planned and then subsequently cancelled by the hospital. Reasons for this included pharmacy problems, family requests, transport issues, as well as people becoming progressively unwell.
- The Liberton project had originally aimed to recruit to Assistant Practitioners but, following a series of focus groups, it was felt that an additional Band 2 on the ward would be the best utilisation of Winter resource to deliver enhanced rehab and better care

Flow Centre / Lothian Unscheduled Care Service

• Lothian Unscheduled Care Service could have increased service capacity further had more clinical staff been available for recruitment. Also, requirement for more specific consideration of non-clinical staffing levels and support in wider model.

Pharmacy

- Extending the weekend service to cover 12 weeks over the Winter period has had clear benefits but these could not be optimised as we could not fill the technician shifts in 2019
- Late working (beyond agreed hours) to react to activity peaks from mid-afternoon to respond to late discharge arrivals

Allied Health Professionals

• Authorisation to recruit and recruitment process was slow. Temporary contracts of 3 months did not attract suitable staff. Suitable candidates were offered longer contracts elsewhere. We also experienced a high vacancy factor over Winter

2.3 Key lessons / Actions planned

Royal Infirmary of Edinburgh

• Review of patient groups that attend RIE and look at diverting more activity from the site e.g. NHS24; LUCS; GPs.

33/70 56/395

• Multi-disciplinary team and support service cover should be increased further on Public Holidays.

Western General Hospital

- Consider earlier commencement of the recruitment process would allow earlier backfill of the vacated positions. Alternatively recruit staff on a permanent basis and redeploy into existing vacancies across NHS Lothian.
- Review of unmet demand for services where positions could not be recruited into for Winter
- Continue to review staffing levels in order to align and adjust where flow markers change. i.e. level of boarders decreased and therefore weekend boarding cover was mismatched

St. John's Hospital

- Increase bed capacity required as surge capacity in ward 12 will not be available in 2019/20
- Full 7 day working from all disciplines to be explored further
- Pharmacy provision to meet demand requires further exploration
- Discharge Lounge review a priority for Site

Royal Hospital for Sick Children Edinburgh

- Review staffing model for Winter 2019/20 to take into account the move to the new hospital and the availability of seasonal beds within Paediatric Acute Receiving Unit (PARU). Unit will open 22 beds in July. PARU has a total capacity of 32 beds, 20 of which are cubicles.
- Activity levels expected to increase in light of the move and the change in age range now up to 16 years old. Also consider the impact of the adolescent workload.

Midlothian Health & Social Care Partnership

• Earlier allocation of funding will support ability to recruit adequately

East Lothian Health & Social Care Partnership

• The need to actively manage the holiday period shutdowns especially when they fall alongside a weekend.

West Lothian Health & Social Care Partnership

- Continue to build capacity for 7 day working
- Work toward Criteria Led Discharge which will allow more weekend discharges

34/70 57/395

Edinburgh Health & Social Care Partnership

- For Enhanced Hub and Social Work Services, further input to Acute Sites is needed to ensure that wards are aware that weekend discharges are possible at weekends and holiday periods. This work should include weekend planning on Acute Sites for those who are also ready to discharge and work with family to expect discharge. Currently discharges are delayed by lack of transport and Pharmacy cover.
- Increased capacity of the Discharge to Assess and CRT+ projects to enable effective discharge through weekend and festive periods.
- The Liberton project highlighted the need to use short contracts to employ staff. Although some bank staff were consistent within the wards, a more reliable staffing system would benefit future practice.

Recruitment

• Reach out to other sites to help staff up Ward 15 rather than expecting only the WGH to provide the staff from other areas to Ward 15 Advertise early.

Pharmacy

- There would be obvious benefits to extending weekend service to cover more ward areas at the RIE
- More pharmacy staff resource is needed leading up to and after the Winter pressures to minimise impact up on core service deliverables and prevent deterioration in KPI for clinical pharmacy service to patients

Allied Health Professionals

• Would be more desirable to offer permanent contracts to attract and retain suitable staff

3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

3.1 What went well?

Royal Infirmary of Edinburgh

- The Emergency Access meetings were used to plan and assess Winter performance, engaging a diverse group of professionals from across the site in flow and Winter resilience.
- The site fed into the Unscheduled Care Committee on performance across Winter.
- The weekly Unscheduled Care debriefs for both the front door and main arc wards delivered an operational improvement focus, which included the regularly review of the second tier breach analysis for the Emergency Department.

35/70 58/395

Western General Hospital

- Winter plan matched staffing to demand with enhanced cover at projected peaks. For example between Christmas and New Year.
- Hogmanay plan enacted to ensure system flow matched at busy times based on learning from previous years
- Additional bed capacity flexed as planned for first week in January to match demand.
- Elective admission profile adjusted to maximise day cases/short stay activity to minimise risk of cancellations due to beds.

St. John's Hospital

- Unscheduled Care Committee Dashboards used to inform planning
- Unscheduled Care Committee performance reports used in proceeding and throughout Winter period
- Twice daily capacity meetings were of benefit
- New Emergency Access and Quality Performance Group launched which supported planning and review
- Implementations of Flow Centre in West Lothian launched 2018 supported Winter

Royal Hospital for Sick Children Edinburgh

• Demand and capacity issues were dealt with through the local Children's planning group.

Midlothian Health & Social Care Partnership

• Worked closely with Acute colleagues to support times of peak activity and to support Discharge Planning.

East Lothian Health & Social Care Partnership

• Demand predictions went well. Additional capacity was available if required. Collaboration with Acute throughout Winter period.

West Lothian Health & Social Care Partnership

• Changes in discharge planning and service matching have enabled better understanding of capacity and matching demand

Edinburgh Health & Social Care Partnership

- Senior and middle grade leaders available throughout the festive period.
- Local arrangements for managed annual leave plans, ensuring bank/agency staff were not being used to provide cover.
- Festive Practice service opened between 9 am and 5pm on 30th December, 1st January and 2nd January were GPs saw a total of 109 patients. A practice nurse worked on 1st and 2nd and saw 5 patients each of these days. The referrals for the Practice Nurse came from Practices that would have required District Nurses to attend to patients requiring a visit.

36/70 59/395

Providing this service saved 10 District Nurse visits over the two days.

• The Allied Health Professionals Public Holiday Cover proposal allowed extra staffing of Occupational Therapy and Physiotherapy in Astley Ainslie and Liberton Hospitals for staff to work on the festive public holidays to ensure rehabilitation therapy programmes are maintained on both sites to support patient flow.

Flow Centre / Lothian Unscheduled Care Service

• Routine review of previous Winter and festive public holiday demand volumes, both internally to service and in conjunction with key partners (NHS24)

Pharmacy

- Boarding pharmacist scheme was successfully achieved as demonstrated by an increase in the number of boarding patients reviewed and immediate discharge letters verified compared to the previous year. This resulted in reduced waiting times for discharge medicines, thus reducing delays to discharge.
- Weekend pharmacy service as per 2.1 above was deemed a success.

3.2 What could have gone better?

Royal Infirmary of Edinburgh

• Performance information could have better represented with the whole system providing a tool for a Community response to flow markers.

Western General Hospital

• Review profile of cancer activity and impact over festive period on their capacity.

St. John's Hospital

• Medical Admissions Predictor could have been more accurate

Royal Hospital for Sick Children Edinburgh

• Ability to cope with peak demand in December was a success despite bed constraints and capacity issues in old current building.

West Lothian Health & Social Care Partnership

• Consistency in service matching

37/70 60/395

Edinburgh Health & Social Care Partnership

- The festive roster is circulated well in advance of the festive period to enable wide circulation and reach across the Partnership.
- Threshold to admission could be reviewed and changed, patients admitted rather than discharged (partly due to overcrowding). EH&SCP staff could be present to do assessments of those known to locality rather than admission into the main arc. Focus this on the first few days post Public Holidays.
- A focus on increase of resource to the Partnership rather than focusing on a hospital bed based approach through increasing social work, home care and AHP capacity within Winter in EH&SCP. This really needs to start in the summer.
- Communication around flow was sometimes unhelpful, for example when daily crisis texts came out re delayed discharge.
- Improved conversations re expectations of what could be delivered in the hospital setting.
- Earlier guidance from Scottish Government to avoid recalibration of Winters plans already developed
- Recruitment for backfill for Discharge to Assess and recruitment for Discharge Coordinator.

Pharmacy

- Recruitment to short term pharmacy posts is challenging. The availability of pharmacy bank staff is minimal and locums are
 expensive so provision of this service currently relies on the good will of pharmacy staff to volunteer for these additional
 shifts
- Recruitment and retention of band 2 bank staff to pharmacy posts was challenging and lacked consistency. Consequently some of the planned initiatives could not be implemented.

3.3 Key lessons / Actions planned

Royal Infirmary of Edinburgh

- Implementation of whole system PREP-STAT escalation framework into daily running of NHS Lothian
- Continue to develop a stronger interface with the four IJBs for Winter planning and review.

Western General Hospital

Increased us of systems such as System Watch to predict activity levels

St. John's Hospital

• System watch – better use of this intelligence in DCAQ for Unscheduled Care Committee – health trends

Royal Hospital for Sick Children Edinburgh

• Review of staffing model on new site post move.

38/70 61/395

East Lothian Health & Social Care Partnership

• The ability to flex NHS step-up beds and link to Community teams for speedy discharge to home, allows for good flow.

West Lothian Health & Social Care Partnership

• Additional staff focussed on service matching to support discharge will be fully established over coming months

Edinburgh Health & Social Care Partnership

- If successful next year, the festive practice team would like to build on the Practice Nursing element of the service and increase support to Nursing homes over the public holiday period.
- Consider additional resource to Partnerships to set the direction as they have the knowledge to enable the direction, decision and risk around discharge.
- Consider increase homecare capacity to support prevention of admission team/responsive team, and greater accessibility to GPs.
- Consider the impact of reject bids in the Winter planning project. For example Adults With Incapacity plans were rejected
- Several Winter funded plans did not get off the ground due to HR delays (job description) and recruitment for such a short period. Consider how this process can be accelerated

Pharmacy

- Funding for additional band 2 post over Winter needs to be approved earlier to allow recruitment rather than reliance on staff bank
- Secure technical resource to support the pharmacist delivering pharmaceutical care to boarding patients.
- Sustainable weekend working requires consideration of more robust substantive investment in staff complement to allow recruitment rather than reliance on volunteers to work overtime.

4 Maximise elective activity over Winter – including protecting same day surgery capacity

4.1 What went well?

Royal Infirmary of Edinburgh

- Significant improvement this Winter compared to last year with negligible numbers of electives deferred.
- Ring fencing of beds in ward 220 Orthopaedics allowed for constant elective flow through the main elective area.
- Surgical Day Case Unit plan established and worked well and required to be flexible at times due to pressure on site.

39/70 62/395

- Four beds opened in Transplant/Renal HDU.
- The remainder of the site Winter plan focused on a non-bed delivery model.

Western General Hospital

- Effects of bed reprofiling and ring fencing of surgical beds for elective activity (in addition to existing ring fencing for emergency surgical capacity)
- Maximisation of elective capacity as in section 3 above.
- Consideration to scheduling of cases day case options utilised.
- Planned more day case activity and major cancer cases (inpatient profile more complex)
- Staffed Day Bed Suite overnight to avoid cancellations and accommodate patients
- Upfront collaboration with clinical colleagues which underpinned decisions around list planning

St. John's Hospital

- Reduction in non urgent elective surgery first 2 weeks January
- Maintenance of full DOSA schedule ensured minimal cancellations
- Prioritisation of Urgent cases

Royal Hospital for Sick Children Edinburgh

• Clinically prioritised the most critical patients.

4.2 What could have gone better?

Royal Infirmary of Edinburgh

- Improved pull of patients out from site
- Admission avoidance where possible

Western General Hospital

• Earlier collaboration with clinical teams to manage lists

St. John's Hospital

• Outpatient cancellations within medicine services – loss of outpatient capacity to increase medical ward rounds

Royal Hospital for Sick Children Edinburgh

• Number of cancellations due to bed capacity for medical emergencies.

40/70 63/395

Radiology

• There was some MRI and CT downtime experienced at the end of the festive fortnight, main impact was OP waiting times, unscheduled demand was prioritised.

4.3 Key lessons / Actions planned

Royal Infirmary of Edinburgh

- Plans for RIE are focused on non-bed model and this should continue to be the sites focus
- Continue to work with H&SCP in establishing Winter plans

Western General Hospital

• Similar position to be maintained next year and consider formal plan for day bed capacity.

St. John's Hospital

- Outpatient plan required in advance
- Same plan for 2019/20 for surgical electives and protection of DOSA

Royal Hospital for Sick Children Edinburgh

· Review of scheduling of elective surgical programmes.

5 Escalation plans tested with partners

5.1 What went well?

Royal Infirmary of Edinburgh

- The site escalation plan was embedded in operational management processes, along with the ED and MIU specific escalation plans and action cards.
- Escalation to H&SCP's went well, with daily conversations established.

Western General Hospital

• Daily teleconferences and Site Lead supporting flow across Site.

St. John's Hospital

• Site escalation policy between Acute/H&SCP was effective

41/70 64/395

Midlothian Health & Social Care Partnership

• Resilience planning was in place. Table top exercise held prior to Winter which included all Acute and H&SCP Leads

East Lothian Health & Social Care Partnership

• The ELH&SCP escalation protocol was tested and used twice over Winter when triggers were reached.

West Lothian Health & Social Care Partnership

Table top exercise held prior to Winter which included all Acute and H&SCP Leads which encouraged which system
escalation

Edinburgh Health & Social Care Partnership

- Severe Weather Planning Group was created. The purpose of this Group to coordinate severe weather response between the Council, NHS Lothian and the Partnership by pulling together resources (where possible) and by sharing information in order to effectively manage resilience operations.
- Key principles have been agreed involving escalation protocols, key contacts and transport sharing arrangements via a 'Transport Hub'.
- 4x4 vehicles were available in each Locality following severe weather warnings form 2017/18.

Flow Centre / Lothian Unscheduled Care Service

- The Flow Centre created an Adverse Weather plan for transport of staff and patients.
- During adverse weather the Flow Centre would have coordinate the transport of essential staff (as identified by acute site leads) to and from sites as determined by the Tactical Incident Management Team (TIMT) based at Waverly Gate in order to maintain safe provision of essential Acute services.
- This policy was agreed across all sites and was tested with partners. This has provided NHS Lothian with the resilience required in event of adverse weather.
- LUCS has internally Business Continuity Plan and escalation arrangements within service that have been used during Winter period. LUCS is participating in wider NHS Lothian Business Continuity Plans and escalation arrangements.

Communications

• Senior Managers are aware to flag any issues/specific incidents that may affect individual departments or general flow. In cases of busy ED departments, the communications team instantly posted redirection messages urging patients to attend the minor injuries unit etc.

42/70 65/395

5.2 What could have gone better?

Royal Infirmary of Edinburgh

• The timeliness of response to Acute Hospital bed pressures could be better still.

Western General Hospital

 Clear and agreed escalation criteria across NHS Lothian along with increased understanding of relative staffing/space capacity thresholds between Sites

St. John's Hospital

- Escalation between Acute and H&SCP could be improved further
- Mutual support could be improved further

Midlothian Health & Social Care Partnership

• Digital performance overview with system wide actions. Midlothian H&SCP have designed a digital dashboard to provide Health and Social Care data on key pressure areas, to inform operational planning.

East Lothian Health & Social Care Partnership

• Escalation plans for the system wide escalation protocol to be developed further

West Lothian Health & Social Care Partnership

• Escalation plans for the H&SCP require more development

Edinburgh Health & Social Care Partnership

• The Severe Weather Planning Group is relatively new and did not benefit from a live trial this year due to this year's mild Winter.

5.3 | Key lessons / Actions planned

Royal Infirmary of Edinburgh

- Work with Health and Social Care Partners to continue to develop and implement system wide escalation (PREP-STAT).
- Work with Flow Centre to amend system wide escalation process.

Western General Hospital

43/70 66/395

• Finalisation of system wide escalation (PREP-STAT) and implementation to adjust flow accordingly.

St. John's Hospital

• Finalisation of system wide escalation (PREP-STAT) and implementation to adjust flow accordingly.

Midlothian Health & Social Care Partnership

• Digital performance overview with system wide actions to be further developed

East Lothian Health & Social Care Partnership

• The need to have some form of pre determined escalation plan allows for faster decision making, when triggers are hit. Continue with this for future through development of PREPSTAT escalation

West Lothian Health & Social Care Partnership

• Continue with development and refinement of plans

Edinburgh Health & Social Care Partnership

- Development and approval of the Group's Terms of Reference
- Test of resources: table top exercise of 'Transport Hub' is to be planned for the Summer
- Contribute to system wide protocol (PREPSTAT)

Flow Centre/ Lothian Unscheduled Care Service

• This plan will be reviewed annually before next Winter

Communications

• Continue to link in with Site Directors to remind them of the options available.

6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

6.1 What went well?

Royal Infirmary of Edinburgh

- NHS Lothian Infection Prevention Control Team outbreak toolkit updated and available.
- Education sessions continued throughout the Winter period.
- Infection Control and Surveillance was raised at every site Safety Huddle by the nominated Infection Control Nurse for the

44/70 67/395

day and any concerns on any issues of Infection Control including Norovirus were raised at this time with appropriate and specific actions agreed.

• Good working with Infection Prevention Control Team in managing flow of infected patients and isolating where possible.

Western General Hospital

• Near Patient Flu Testing - For influenza for emergency medical patients attending the Medical Assessment Unit allowed for successful early identification of patients who were flu positive, ensured early isolation, reduced the risk of exposure to non flu positive patients and prevented transmission.

St. John's Hospital

- · Point of Care flu testing facility in ED and MAU successful
- Infection control team surveillance throughout Winter
- Infection control team responsiveness to Winter infection challenges was positive
- Healthcare Associated Infection walkabouts and surveillance was frequent and visible

Royal Hospital for Sick Children Edinburgh

- No wards closed to admissions this Winter period 2018/19 due to infection control issues
- Eplex testing in the ED. Allowed for effective allocation of limited cubicles.

Midlothian Health & Social Care Partnership

No ward closures due to infection control issues

East Lothian Health & Social Care Partnership

• Daily updates form the infection control team allow for timely interventions and ability to divert patients/clients. Using system watch for the flu spotter practice rates help anticipate workload one/weeks hence.

West Lothian Health & Social Care Partnership

• Early identification of infection and infection control measures minimised disruption from outbreaks

Edinburgh Health & Social Care Partnership

- No visible increase in rates of norovirus across the partnership.
- Information on closures and outbreaks provided by Public Health which was helpful

45/70 68/395

Flow Centre / Lothian Unscheduled Care Service

• Compliance with cleanliness in departments, decontamination, isolation of patients pre- and post-care, and liaison and compliance with NHS Lothian Public Health alerts.

Communications

• General education messaging, particularly around hand washing and norovirus spread were posted on our website and intranet. They were also well received on social media. One norovirus Facebook post, which used national materials, didn't go viral, but was spread to 50,000 people.

6.2 What could have gone better?

Royal Infirmary of Edinburgh

• Good management of patient isolation and flow this Winter with numbers of cases not as high compared to last year.

Western General Hospital

• Robust and appropriate plan to be agreed for all patients – i.e. isolation of patients and pathways depending on results.

St. John's Hospital

- Intelligence from Community needs to be developed further
- Joint up approach to Infection management with H&SCP would benefit site

West Lothian Health & Social Care Partnership

• Difficulties in areas with patients with Dementia resulting in difficulty in isolation

6.3 Key lessons / Actions planned

Royal Infirmary of Edinburgh

• Continue to develop improved Site wide isolation policy utilising all side rooms on site.

Western General Hospital

- Consideration to put in place in November option to use a standard practice.
- Consider Near patient testing for Norovirus Pan Lothian.

St. John's Hospital

• POC Flu facility – this was considered the most efficient Winter initiative for the site. Would look to repeat next year

46/70 69/395

• System Watch will be used more comprehensively next year to allow intelligence planning re: Flu outbreaks

West Lothian Health & Social Care Partnership

• Continue to work with infection control on improvement measures

Communication

Continue with quirky messaging that gets people talking

7 Delivering seasonal flu vaccination to public and staff

7.1 What went well?

Royal Infirmary of Edinburgh

- Flu programme in place by October led by a Clinical Nurse Manager.
- Programme included a mix of both clinics and roving clinics.
- Appropriate patients also received vaccination.
- This was supported by the Healthy Working Lives Initiative which also focused on staff remaining in good health during the Winter period.

Western General Hospital

- Significant (26.8%) increase in the number of flu vaccine's provided to staff (2415) compared to 1904
- Planned well in advance
- Roving clinics supported uptake and communication supported implementation

St. John's Hospital

- Early implementation of Flu programme
- Identification of Flu champions
- Early communication of vaccination programme
- In-reach into clinical areas programme

Royal Hospital for Sick Children Edinburgh

• Uptake of flu vaccine amongst staff was high

Midlothian Health & Social Care Partnership

47/70 70/395

• NHS Lothian wide approach. Local pop up clinics within key sites.

East Lothian Health & Social Care Partnership

• Locally this went well, with the majority of GP Practices offering late night and weekend open clinics, as well as the targeted at risk patient groups being directly contacted. Flu champions within the NHS Lothian running pop-up clinics went well

West Lothian Health & Social Care Partnership

· Vaccination programme fully implemented and delivered

Edinburgh Health & Social Care Partnership

- Staff clinics were available at many sites and locations across the partnership
- Flu Vaccinations were advertised well on both City of Edinburgh Council and NHS Lothian Intranet systems
- Support was provided from the vaccination team for Care Homes
- District N
- Nursing teams offered vaccinations to carers when appropriate
- Clear guidance was included on NHS Inform around eligibility criteria for flu vaccinations for young and unpaid carers. This resulted from a concern raised by one of the IJB members at its September meeting about a lack of clarity around eligibility for this group.

Flow Centre / Lothian Unscheduled Care Service

• LUCS participated as previously with support for NHS Lothian staff to have flu vaccines undertaken in our department

Communications

- The NHS Lothian flu campaign urged staff to "Be Incredible" and get their flu jab. They were urged to pose with superhero masks and photo frames and upload a selfie to our social media networks to prove that they had done something incredible.
- The uptake rate in NHS Lothian rose by 8.8% from 51.1% last year and makes us 3rd top mainland Board.
- Many things contributed, including roving clinics providing appointments suited to staff, the recruitment of peer vaccinators and obviously the campaign.

Public Health

• Over 7000 housebound patients were vaccinated against flu thus preventing pressures on admissions and also community

48/70 71/395

services

- Delivery of programme included Staff clinics both acute and community accessible for staff no appointment required, peer vaccinations and also roving vaccination, letter from nurse director calling for peer vaccinators to come forward resulted in good response.
- The egg flu allergy service was again offered as it had been in 2017/18. This was delivered via a Medical Consultant in the Dermatology Department and also via a Medical Consultant and team at RIDU, Western General Hospital. Referrals were invited from General Practitioners for any patients who may benefit from flu vaccination but who have severe egg allergy.

7.2 What could have gone better?

Western General Hospital

• Availability of vaccines – increase in stock to meet demand - there were periods when there was no availability of vaccine.

St. John's Hospital

Effectiveness of Frail Elderly ward based vaccination programme

Midlothian Health & Social Care Partnership

• Consideration to vaccine for workers in private care homes. Public confusion (elderly) relating to vaccine shortages.

East Lothian Health & Social Care Partnership

• Slight confusion over the two vaccines - and the need for explanation by Healthcare professional to public enquiries.

West Lothian Health & Social Care Partnership

Uptake in some groups including staff could be improved

Edinburgh Health & Social Care Partnership

• Limited available accurate data to allow a targeted response in areas of low uptake.

Public Health

- Vaccine delivery for the over 75 vaccine, which was completely out of our control and delayed planned delivery to all practices. This vaccine did not appear in some practices until November 26th due to phased delivery
- Staff flu Data collection due to lateness and non return of consent forms is an ongoing issue

7.3 Key lessons / Actions planned

49/70 72/395

Royal Infirmary of Edinburgh

• This continues to be a good site model each year and will continue to develop.

Western General Hospital

• Continue to pursue innovative ways of staff engagement and uptake for the staff flu vaccination programme.

St. John's Hospital

- Early vaccination programme essential
- Communication strategy essential
- In-reach programme for clinical staff this should be increased for next year

Midlothian Health & Social Care Partnership

• Local data needed from NHS Lothian to inform local planning. Ensure appropriate vaccinations are available prior to public messaging.

West Lothian Health & Social Care Partnership

• Continue to promote benefits to improve uptake

Edinburgh Health & Social Care Partnership

• Accurate available data to support ongoing targeted flu vaccination programme.

Communications

• Build on the success and momentum gained from this year's campaign.

Public Health

- Information to be given to practices that not everyone can be visited on the first 2 weeks of start date due to numbers, each practice wanted instant delivery which was not possible due to the numbers and staff available.
- Action planned is to move this programme to the H&SCP's for ownership and joint working with Community Nurses who are familiar with the areas and will enhance relationships with local practices. Acknowledgement that Community Teams will still require the resource to vaccinate patients not on their caseloads.

8 Top Five Local Priorities for Winter Planning 2019/20 Royal Infirmary of Edinburgh

50/70 73/395

- 1. Further development and implementation of whole system escalation (PREP-STAT)
- 2. More focus on maintaining discharge levels across weekends and public holidays.
- 3. Increase multi-disciplinary presence during weekends and public holidays.
- 4. Increase medical capacity out of hours.
- 5. Further develop working relationships with IJBs to aid Winter planning.

Western General Hospital

- 1. Community and hospital interface to avoid attendance / admission
- 2. Home First: support patients being cared for at home early supported discharge/ Discharge to Assess roll out and expansion
- 3. Alignment of 7 day service across whole system to support Winter activity
- 4. Elective profile / Cancer activity supported
- 5. Robust Festive plan (Hogmanay/Christmas/First Week in January)

St. John's Hospital

- 1. Speciality Pathway reviews for ED Plastic Surgery, ENT, Max Fax, Psychiatry, Medicine (no redirection to ED)
- 2. Increase Ambulatory Pathways
- 3. Discharge Lounge Operational Policy
- 4. Joint Winter planning with IJB
- 5. Expansion of the ANP service for SJH ED, Medicine, Frailty

Royal Hospital for Sick Children Edinburgh

- 1. Maintain elective programmes.
- 2. Review Winter staffing model.
- 3. Staff flu campaign.
- 4. Review Winter bed modelling.
- 5. Critical Care Staffing review post move to support increase in beds.

Midlothian Health & Social Care Partnership

- 1. Anticipatory Care Plans in place for all Midlothian Care Homes
- 2. Frailty Model of Care in place linking RIE front door to Community care in Midlothian
- 3. Care at Home resilience planning
- 4. Discharge to Assess team to be fully embedded in joint discharge planning
- 5. Remodel of Midlothian Community Hospital HBCCC ward to deliver beds supporting local need.

51/70 74/395

East Lothian Health & Social Care Partnership

- 1. Prepare early
- 2. Escalation policy understood and agreed -- and shared with acute
- 3. Evaluate risk of heavy community demand on GP Surgeries and how this may be supported by H&SCP services
- 4. Improve understating between drivers in unscheduled admission and local H&SCP services designed to maintain people at home or care home
- 5. Maximise home care services be they independent, local authority or NHS to share workload, cross cover, share skill sets across teams

West Lothian Health & Social Care Partnership

- 1. Joint working between H&SCP and Acute services
- 2. Fuller establishment of 7 day working models to support flow and improve capacity for weekend discharge
- 3. Improved understanding of pathways into services and working with flow centre to divert people to most appropriate pathway
- 4. Establish in-reach from community teams into hospital to facilitate discharge at earliest opportunity
- 5. Review REACT and ROTAS services to optimise utilisation

Edinburgh Health & Social Care Partnership

- 1. An early, proactive dialogue with acute partners with regards to what community capacity is required to prevent unnecessary opening of beds in 2019/20.
- 2. An analysis of Adults With Incapacity bed days and ensuring dedicated senior Social Workers are in place, as well as learning from the East Lothian model of Guardianship.
- 3. Roll out of Discharge to Assess model across the Partnership.
- 4. Care Home Falls initiative
- 5. Enhanced 'front door'/Hub Services including appropriate weekend cover.

Communications

- 1. Build on the success of the 'Be Incredible' flu campaign, which increased staff vaccination rates by 8.8 per cent.
- 2. Continue to promote Minor Injuries Clinics.
- 3. Continue to highlight the pioneering work being done to increase capacity and access to services, as an alternative to the ED.
- 4. Continue to promote the work being done to prevent hospital admissions.
- 5. Create increased capacity and flexible resource for social media during particularly busy periods

52/70 75/395

Radiology

- 1. Start preparations mid-summer as last year
- 2. Confirm Requirements and funding well in advance
- 3. Recruit Radiographers to be in post for December-February
- 4. Seek funded Radiologist sessions to ensure report turnaround avoids any delays
- 5. Ensure capacity for outpatient is protected to sustain OP waiting time 6 Week target

Pharmacy

- 1. Consideration to over recruit to Band 6 Pharmacist, Band 4 pharmacy technicians and Band 2 support workers (all high turnover posts with ongoing vacancies throughout the year) in year to minimise requirement for temporary staff contracts, reliance on Bank staff, locums et al.
- 2. Exploration of permanent funding for Pharmacist at RIE to co-ordinate discharge planning across the site year round
- 3. Address clinical pharmacy service staff gap at SJH with senior management team before Winter pressures start again this year.
- 4. For WGH next Winter planning cycle, include pharmacy technician resource in as well if the permission to over recruit is not supported by the organisation.
- 5. Look at feasibility of Weekend Clinical Pharmacy Service RIE on all Acute sites for 19/20, if funding/staff resource is available

Allied Health Professionals

- 1. Earlier Winter planning and financial sign-off enabling earlier recruitment (all therapy services)
- 2. Investigate possibility of slightly longer contracts (Paediatric Physiotherapy)
- 3. As we will be in the new hospital next Winter linking with Adult Physiotherapy service to explore more creative recruitment opportunities (Paediatric Physiotherapy)
- 4. Due to historical staff turnover and recruitment challenges, consideration is being given to recruiting Winter staff on permanent contracts (Adult Physiotherapy)
- 5. Due to difficulty recruiting to fixed-term/temporary Occupational Therapy posts, more creative recruitment needs to be considered (Adult Occupational Therapy)

Public Health

1. Staff flu NHS - Managers continue to support programme. Work required to find a solution regarding consent forms returned/data collection.

53/70 76/395

54/70 77/395

Internal Audit



Winter Planning

January 2019

Internal Audit Assurance Assessment:

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

Timetable

Date closing meeting held: 3 December 2018

Date draft report issued: 21 January 2019

Date management comments received: 30 January 2019

Date Final report issued: 8 February 2019

Date presented to Audit and Risk Committee: 25 February 2019

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

55/70 78/395

Contents

| 1. | Introduction | 1 |
|----|------------------------------------|---|
| 2. | Executive Summary | 2 |
| 3. | Management Action Plan | 4 |
| 4. | Appendix 1 - Definition of Ratings | g |

1. Introduction

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

Scope

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

Acknowledgements

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

2. Executive Summary

Summary of Findings

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

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

Conclusion

- 2.2 The area under review comprised 6 control objectives, of which 4 received Significant Assurance and 2 received Moderate Assurance.
- 2.3 There is good control over winter planning within the organisation, through the use of a winter planning document, a clear understanding of the work to be performed, and effective oversight by a committee comprised of senior staff from across the organisation. However, control could be improved through a more accurate and

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

Main Findings

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

3. Management Action Plan

Finding 1

Control objective 2: Funding proposals have been evaluated effectively.

Medium

Associated risk of not achieving the control objective: The criteria and weighting used for assessing funding proposals could be further refined.

Observation and risk

Every year funding is received from the Scottish Government to supplement NHS Lothian's own money to help the organisation deal with the winter period, and managers within the organisational are encouraged to submit proposals to a central team at Waverley Gate on how this funding should be spent. The proposals are assessed using a scoring matrix which includes weighted criteria based on organisational and NHS Scotland objectives.

However, although the funding proposals for the 2018-19 winter period were assessed using the scoring matrix, there was considerable discussion and debate thereafter on which proposals should be successful. In discussion with nine managers charged with winter planning, there was a general consensus that the scoring matrix was a very useful tool but that the scoring criteria and weighting should be reviewed to ensure that they more accurately reflected the risks facing the organisation during the winter period.

Our review sampled 17 funding proposals from the following sectors of the organisation: East Lothian HSCP, Edinburgh HSCP, the Flow Centre, Midlothian HSCP, Pharmacy, the Royal Infirmary of Edinburgh, St. John's Hospital, West Lothian HSCP, and the Western General Hospital. We found that the proposals contained named members of staff, SMART objectives, and KPIs were relevant.

If the scoring matrix used to assess winter funding proposals does not have scoring criteria and weighting which more closely match organisational and NHS Lothian objectives then there is an increased risk that funding is not used in the most effective manner.

Recommendation

The scoring matrix used for the assessment of winter funding proposals should be reviewed each year. In particular, the scoring criteria and the scoring weighting should be assessed to confirm that they accurately reflect both organisational and NHS Scotland objectives.

Management Response

Agreed.

The Management Action

The scoring matrix will be further refined to reflect current organisational and NHS Scotland

| objectives/priorities and learning from previous years. The weighting and critical success factors will then be provided to the Unscheduled Care Committee for approval. | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| Responsibility: | Target date: | |
| Strategic Programme Lead – Unscheduled Care | 1 September 2019 | |

5

Finding 2

Control objective 2: Funding proposals have been evaluated effectively.

Medium

Associated risk of not achieving the control objective: An independent group should perform the assessment of individual funding proposals.

Observation and risk

Once winter funding proposals have been created by local managers, they are collated by the winter planning leads for each area. These lead managers then score each proposal, using the scoring matrix stated in Finding 1, before providing the proposals to the central team at Waverley Gate.

Although the local leads are well placed to assess the relative merits of funding proposals for their respective areas, this approach carries the risk that the scoring of proposals is not consistent across the organisation and that local leads do not score the proposals for their areas accurately. However, all of the funding proposals for the 2017-18 winter period were also discussed by managers from across the organisation which helped to mitigate this risk.

If local managers continue to hold the responsibility for scoring funding proposals for their own areas, there is an increased risk that proposals are not scored accurately.

Recommendation

All winter funding proposals should be scored by an independent team comprised of senior managers from all relevant areas of the organisation, including acute, community, and primary care.

Management Response

Agreed.

The Management Action

A short life working group derived from the wider unscheduled care committee will be formed and then deployed to score winter funding proposals. The team will include membership from all relevant sectors of the organisation.

In addition, the proposal template document itself will be refined to ensure that funding proposals are clear and contain sufficiently detailed information, so allowing effective assessment.

| Responsibility: | Target date: |
|---------------------------------------------|------------------|
| Strategic Programme Lead – Unscheduled Care | 1 September 2019 |

Finding 3

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

Medium

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

Observation and risk

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

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

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

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

Recommendation

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

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

Management Response

Agreed.

The Management Action

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

| In future, lessons learned from the winter period will be mapped to the following winter's plan. | | |
|--------------------------------------------------------------------------------------------------|------------------|--|
| Responsibility: | Target date: | |
| Strategic Programme Lead – Unscheduled Care | 1 September 2019 | |

8

4. Appendix 1 - Definition of Ratings

Findings and management actions ratings

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

Report ratings and overall assurance provided

| Report Ratings | Definition | When Internal Audit will award this level |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No assurance | The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk. | The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings) |
| Limited assurance | The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken. | There are known material weaknesses in key control areas. It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings) |

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

10

89/395



Housebound Flu 2018/2019

Background

Each year NHS Lothian is aware that there are a number of patients housebound not known to district nurse services who are cared for via family or social care services. These also included patients registered in a practice and in a care home. These vulnerable adults require to be vaccinated for seasonal flu to avoid hospital admission and /or community services at short notice.

Process

In August general practices are asked to submit a list of their housebound patients by September and whilst there are 122 general practices across NHS Lothian 93 agreed to participate in the programme. There were a number of reasons including access practice, university practices and indeed some practices had very few patients and were able to deliver their own. The numbers of housebound patients varied in each practice from 20 – 270 with the grand total of 7,760 patients identified within this category across NHS Lothian

Whilst this data was being gathered reassurance that sufficient bank staff with the level of competence and training for example lone working and ability to manage an ongoing workload were available to deliver the programme.

Delivery

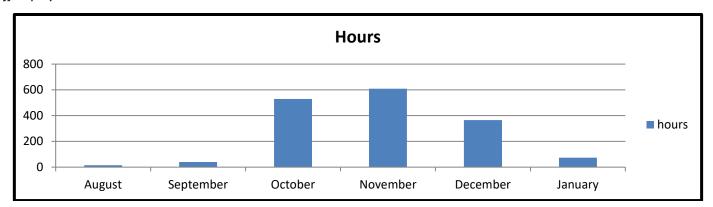
Administration support worked closely with the practices to coordinate the allocation of Bank Nurses who worked between Monday and Friday and table 1 demonstrates the time period when the majority of vaccinators were deployed. A total of bank 1,590 bank hours was used to deliver the housebound patients vaccination programme exclusive of administration support.

Practices required to contact and inform patients of the date of vaccination and prepare a list with minimum data sets that included address and DOB of each housebound patient. It was also expected each of the Medical Practices would supply the flu vaccine and basic equipment and in addition appropriate paper work including the PGD.

Working with 93 small businesses was not without its challenges and there was an understandable level of frustration from the practices as vaccinators could not be allocated timeously in the main due to the over 75 vaccine delivery schedules.

57/70 90/395

Exhibit 1 - Bank staff deployment



A major issue this season was that a different vaccine was being used for patients over 75 years of age and the vaccines were delivered to practices in 3 phases and it was not until 26th November when all practices had their quota. Starting this programme then would not have been acceptable to patients and their carers and consequently many practices were required to be visited twice, once for under 75 and then when the over 75yrs vaccine became available. For each shift the nurse vaccinators required to take 3 different vaccines for the under 65 at risk patients, over 65 and over 75. The nurses did a great job and worked with the practices to ensure optimum use of their time.

The aim was to complete the vaccination programme by the end of December but it was necessary to undertake mop up visits until mid January.

Evaluation

A robust evaluation will be given at seasonal flu debrief, the winters monies to support this programme has allowed these vaccinations to be delivered and should continue to be made available for this purpose which demonstrated vaccination preventing vulnerable adults from getting flu.

Exhibit 2 – Summary of Staff influenza vaccine issued and vaccines given at 18/04/19 – i.e. consent forms returned and counted

| NHS Lothian Staff flu vaccination – update 18/04/2019 | | | | | | |
|-------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------|-------------------------|---------------------|-------------------------|-----------------|
| Number of Staff | Total stock of | f Total Number of Total number of consent Total Vaccines Total Vaccines Total Vaccines | | | | |
| Clinics held | vaccines for staff | Vaccines used | forms returned (vaccine | Administered to NHS | Administered to Council | Administered |
| | campaign | | administered) | Lothian staff | Social Care Staff | Volunteer/Other |
| 449 | 18,600 | 17,270 | 11,987 | 10,502 | 1395 | 90 |

68/70 91/395

Highlights of the 2018/2019 Staff Flu Campaign

- Following a debrief of the 2017/18 campaign and lessons learned planning for this seasons staff campaign started in April.
- Named flu leads were identified for the acute hospital sites and the 4 Health and Social Care Partnerships the leads are responsible for ensuring the vaccination campaign is delivered locally. Contact with Local Council leads is also established to share information about clinics for social care staff.
- A letter was sent out to all staff from the Medical, Nurse and Employee Director inviting staff to come forward to be vaccinated
- In total 18,600 Quadrivalent flu vaccines were ordered for the campaign and based on the returned consent forms Table 1 a total of 11,987 vaccines administered to NHSL Staff (10,502) and Council Social Care Workers (1395). Table 2 provides further breakdown as per NHS Lothian workforce category

Exhibit 3 – Breakdown of NHS Lothian staff uptake per workforce category at 18/04/19

| Workforce Category | No. of forms returned | Headcount Sep 2018 | Percentage |
|----------------------------|-----------------------|--------------------|------------|
| Admin Services | 1547 | 3,693 | 41.9 |
| AHP | 1186 | 1,997 | 59.4 |
| Dentist and Dental Support | 201 | 340 | 59.1 |
| GP | 147 | 854 | 17.2 |
| Healthcare Sciences | 337 | 883 | 38.2 |
| Medical Practitioner | 1340 | 2,749 | 48.7 |
| Medical Support | 25 | 135 | 18.5 |
| Other therapeutic Services | 338 | 559 | 60.5 |
| Nursing | 4023 | 12049 | 33.4 |
| Midwifery | 231 | 782 | 29.5 |
| Personal and Social Care | 55 | 91 | 60.4 |
| Senior Management | 78 | 91 | 85.7 |
| Support Services | 994 | 3,116 | 31.9 |
| Total NHS Vaccinations | 10502 | 27,339 | 38.4 |

- A range of methods was used to maximise ease of access for staff to be vaccinated including the following:
 - A total of 449 events included clinics/roving teams/bookings
 - Roving teams attend clinical areas to vaccinate staff
 - Peer vaccinators in key areas of acute and community vaccinate colleagues at a time that suits the workload. Additionally colleagues might be more

69/70 92/395

- comfortable and want to be vaccinated by someone they know.
- A call from NHS Lothian Nurse Director for staff to come forward and be trained up to increase the numbers of peer vaccinators had an excellent response with more than 100 staff expressing an interest in supporting the campaign. (More work needs to be done to understand how many of these staff attended the training and participated)
- Vaccinators can be booked to attend a ward / locality.
- Flu email box activated in early January an email address for each of the HSCP and Acute Hospitals where staff can request an appointment for vaccination.
- Communication is key to the success of the campaign and a variety of communication tools have been utilised including:
 - Wide distribution of National posters/leaflets
 - Flu intranet page about the campaign including clinic information and also NHS L social media
- Campaign advertised in staff payslips, Team Brief and the local Newsletters and articles in the September and November issues and a further article planned for the January issue.
- The main promotional material used this season was the 'Be Incredible 'campaign (see below). Loosely based on the cartoon characters 'The Incredibles' posters, T shirts, masks and selfie frames have been distributed to all the local flu leads. This proved very popular and photos uploaded to the NHS Lothian FaceBook page has had over 97,000 likes
- Information sent to Health and Social Care Partnership communication leads for inclusion in staff publications
- Promotion of flu bee game via the intranet, site newsletters and the team brief

<u>Issues</u>

- Data collation the perennial issue of accurate recording of staff flu data continues. The number of returned consent falls short of the current estimated uptake using information on flu vaccines left in stock e.g.
 18,600 vaccines ordered for the campaign and 1,330 held in pharmacy stores = 17,270 vaccines administered. Using this method the total number of staff vaccinated in NHS Lothian would be 15,875 or 59.9% and represent an 8.8% increase in uptake when compared to last season. NHS Lothian is the
- When compared to the estimated number of vaccines used there is a discrepancy of circa 5,000 consent forms still to be returned
- Last season a pilot was undertaken using a software system and Apps to record vaccinations. However whilst it could provide 'live' information there continued to be errors due to the requirement of manual input and the use of paper consent forms. The main recommendation from the pilot was the development of an electronic consent form
- Staff eligibility, ongoing debate about criteria out with CMO letter with certain groups who are not employed by NHS Lothian but volunteers and other services. There requires to be clarity going forward for this OHS service.
- Our uptake this year is 59.9%, up 8.8%, from 51.1% last year. We are 3rd top mainland Board.

Further Actions

Staff flu campaign debrief May 2019

3rd top mainland Board for staff flu uptake.

93/395

NHS LOTHIAN

Board 26/06/2019

Deputy Chief Executive
Chief Officer Acute Services

4 HOUR EMERGENCY ACCESS STANDARD UPDATE

1 Purpose of the Report

1.1 The purpose of this report is to provide the Board with clarity on the progress that has been made against the actions derived from the 4 Hour Emergency Access Standard (4EAS) Programme.

2 Recommendations

The Board is recommended to:

- 2.1 **Accept** this report as a source of moderate assurance that there are robust and transparent mechanisms in place to demonstrate progress against the 4EAS plan.
- 2.2 **Note** that a full and comprehensive update paper was presented to the Audit and Risk Committee on the 17th June who concluded that significant assurance could be taken in relation to the successful continuation of the 4EAS programme.
- **2.3 Note** that a date for 'touch point with members of the Scottish Government External Support Team, Scottish Government and NHS Lothian took place on 13th June to discuss progress since March 2019.
- **2.4** Note the Unscheduled Care Performance as shown in Appendix 1.

3 Discussion of Key Issues

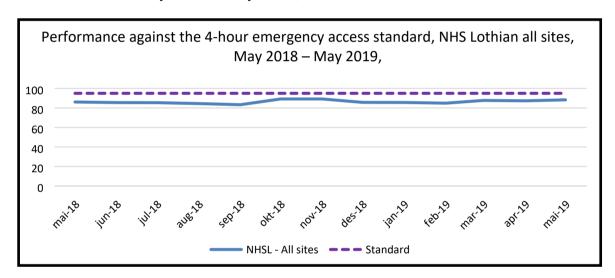
- 3.1 Reporting of progress against the actions derived from the 4EAS Programme has been comprehensive during the course of 2018 and 2019 to date with periodic reviews provided to the sub committees of the Board, in addition to the NHS Lothian Board itself. Additionally, progress against the over-arching 6 Essential Actions Plan to Improve Unscheduled Care is also routinely reported to Scottish Government via the monthly 'PMAP' meeting- see 3.10 below
- 3.2 Formal 'touch points' have been agreed with the Scottish Government appointed External Support Team, led by Sir Jim Mackey and the most recent meeting was held on 13th June 2019. The agenda for the day centred upon the key themes identified in the Academy Report and focused upon performance, and delivery across the Royal Infirmary of Edinburgh site with specific reference to upcoming work scheduled in the short, mid and longer term.
- 3.3 The view from the External Support Team and Academy and SG was that the concerns raised throughout the Academy Report had now been fully addressed with

1/9 94/395

a significant programme of activity underway to improve patient experience and performance through the planned test of changes. This marks the conclusion of any formal liaison with the External Support Team in relation to the Review and as discussed in 3.11 below.

- 3.4 The 4EAS is influenced by a range of factors including, but not limited to;
 - the volume of Emergency Department (ED) attendances:
 - the pattern of arrival of ED attendances i.e. high volumes within a short period causing crowding;
 - patient acuity;
 - · bed pressures.
- 3.5 NHS Lothian reported compliance to this standard of 88.3% for the month of May 2019. This represents an improvement of 2.5% when comparing May 2018 vs. May 2019.

Exhibit 1 – Performance against the 4-hour emergency access standard, NHS Lothian all sites, May 2018 – May 2019,



3.6 Sections 3.1 to 3.38 below summarise the main actions being taken under the themes of: Governance, Patient Safety and Quality of Care, Culture, and Recording of 4 Hour Emergency Access Standard and Unscheduled Care Data which contain the largest volume of in-action items under review.

Governance

- 3.7 To date significant work has been undertaken to clarify ward to board governance. In addition to the 'Blueprint for Good Governance' work, NHS Lothian also produced a document titled 'Embedding Quality throughout NHS Lothian'. This document summarises the assurance and leadership frameworks from point of care to the board as it relates to the provision of Acute Hospital services within NHS Lothian. More recent work has focused upon on Acute Hospital links to board and ward and being able to evidence a transparent cohesion between both.
- 3.8 To deliver this, a collaborative approach was deployed across the Acute team to develop a structure that would demonstrate service level oversight of safe, effective person-centred care linked to standards with clarity of roles, responsibilities, transparency and accuracy of information. Further links to accountability of decision

making and performance were also within scope. A review of meeting structures was undertaken at all Adult Acute sites to de-clutter any meeting not adding value or focus under the headings of:

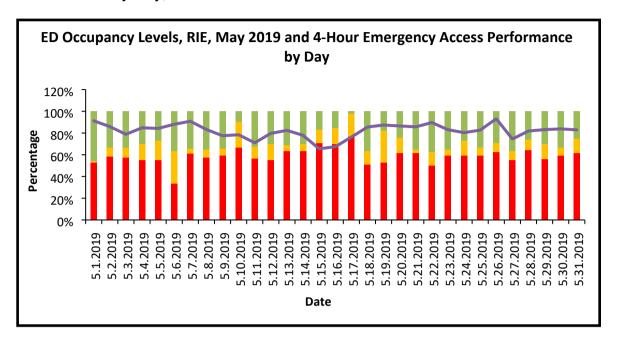
- Quality & Patient Safety
- Staff Governance
- Finance
- Activity & Performance Delivery
- 3.9 To conclude the review the SMT will be asked to endorse a revised meeting structure for Acute Services supported by:
 - Use of data
 - · Consistent terms of reference for each meeting
 - · Consistent agendas and Work Plans linked to risks
 - Annual plans
 - Review of how integrated complaints/feedback/risk management supports opportunity to improve learning and outcomes
 - Development of hospital pages for both intra/internet
- 3.10 To strengthen oversight of actions contained with the 4EAS programme there have been Board sub committees identified to oversee the actions captured in the overall programme plan. The committees identified are: Healthcare Governance Committee, Staff Governance Committee, Information Governance Sub Committee and Audit and Risk Committee. Following this report, all Board sub committees have now received an update and provided assurance in relation to the actions derived from the Academy Report within the scope of their remit. In this calendar year
- 3.11 Following the conclusion of the summer touch point focus will turn to the development of a critical path to return key actions held within the programme plan to 'business as usual'. This will align with the recent External Audit conducted against the 4EAS programme.
- 3.12 As mentioned in 3.1 above, the process for monitoring and measuring the progress and impact of wider improvement activities associated with the 6 Essential Actions to Improve Unscheduled Care Programme has matured into the robust 'PMAP' process (Programme Manager Action and Progress). These meetings offer a platform to discuss board level performance and progress against the wider unscheduled care agenda. Membership is comprised of NHS Lothian, NHS Borders and NHS Fife. These meetings form an essential part of monitoring delivery and providing assurance.

Patient Safety and Quality of Care

3.13 The risks to patient safety and the adverse consequences on patient and staff experience of overcrowding in Emergency Departments are well known. It is difficult to maintain a clear view of the patients in the department when spaces are overcrowded, infection control and health and safety standards are more difficult to maintain, and the provision of expected care such as medication and personal care is compromised. The privacy and dignity of patients cannot be maintained to the standards we would wish to achieve.

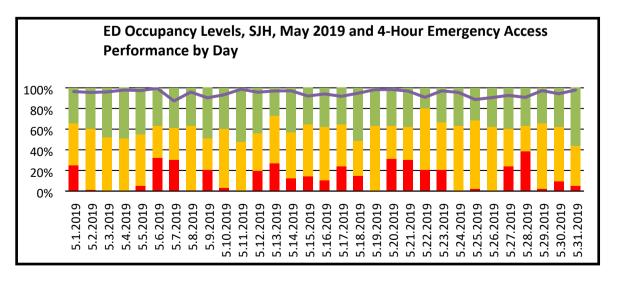
3.14 Exhibit 2a and 2b below shows the occupancy levels within RIE and SJH ED's and 4-hour Emergency Access Performance by Day:

Exhibit 2a: ED Occupancy Levels, RIE, May 2019 and 4-Hour Emergency Access Performance by Day;



- 3.10 Exhibit 2a above shows the percentage of each day in which the RIE ED sat within a Red, Amber or Green status based on attendance numbers resulting in 'overcrowding'. The following ranges are considered as Red, Amber or Green:
 - Green 0-36 patients in ED;
 - Amber 37 45 patients in ED;
 - Red 46+ Patients in ED.

Exhibit 2b: ED Occupancy Levels, SJH, May 2019 and 4-Hour Emergency Access Performance by Day;



- 3.11 Exhibit 2b above shows the percentage of each day in which the RIE ED sat within a Red, Amber or Green status based on attendance numbers resulting in 'overcrowding'. The following ranges are considered as Red, Amber or Green:
 - Green <15 patients in ED
 - Amber >=15 patients in ED
 - Red ->=30 patients in ED
- 3.15 As previously reported a modular unit has been opened since 30th January 2019. It is comprised of six treatment spaces plus an eye room, plaster room and a separate reception and waiting area and patients have been encouraged to self-refer directly to minor injuries on arrival at the RIE, rather than to access the service via the ED.
- 3.16 It is difficult to compare performance for the equivalent time period last year as the MIU was not established and the definition of Triage Category 7, predominantly minor injuries patients, was revised in June 2018. Using flow 1 performance as in indicator there is a 5.96% improvement in flow 1 compliance (Jan May 2018, 88.85 vs. Jan May 2019, 94.15%).
- 3.17 The proposed redesign of the RIE front door is progressing with a dedicated Programme Board established since March 2019. Membership of the group is comprised of: Medical/Nursing personnel, Strategic Planning, Finance, Health and Social Care Partnerships, the RIE Leadership Team and is chaired by Jim Crombie, Deputy Chief Executive and Chief Officer.
- 3.18 The clinical model for the RIE front door is progressing, and estimates regarding required physical capacity at the front door have been collated. Work is now required to challenge and validate the model and proposed footprint, and establish related revenue costs.
- 3.19 Tests of change are ongoing, which will inform and refine the model and proposals going forward. These include a two week test of a Short Stay Observation Unit and Ambulatory Emergency Care Unit within Bay 7 of AMU. In addition, an ED Discovery session, involving staff from both acute and H&SCP services, is being planned for the end of June, to examine potential alternative options for patients beyond the ED. This might include services that are already delivered in the community, or could be in future.
- 3.20 One other test of change has evolved rapidly and resulted in a new model of care delivery being proposed; this is in line with Royal College Guidance on Design and Flow and is based on the principle of creating generic flexible use of space, with clinician's moving to the patient and not moving the patient around the department.
- 3.21 The ED department will be divided into "pods" with multi-professional teams responsible for each pod; patients will be directed to the pod by a Senior Triage Nurse. Patients, who need to wait on results prior to a differential diagnosis being made will move to a results area to free capacity within the cubicle areas.
- 3.22 The triage function will move to a major incident style triage with a Senior Nurse directing patients. The triage nurse will also redirect patients back to primary care facilities, pharmacy and self-care. Guidelines will be used to support the redirection of patients and the most senior ED nurse will carry out this role. The planned start

- date for this change is Monday 17th June 2019 with weekly meetings being held between the clinical management teams to ensure everything is in place in advance of this new clinical model being implemented.
- 3.23 The Front Door Redesign at SJH is taking a phased approach. Phase one focuses on the ED footprint and phase two on Ambulatory Care and MAU. SJH ED redesign was progressed to 22nd May F&RC. The Committee approved the capital case of the Standard Business Case and provided clarity regarding the revenue implications. The conditions regarding revenue of the Standard Business Case set by the West Lothian (WL) IJB have also been addressed and will be presented at WL IJB 26th June 2019.
- 3.24 Ambulatory Care and MAU will be addressed in phase 2 of the redesign, which will have follow the capital governance route. A workshop with a variety of stakeholders, including clinical staff and colleagues from the WL HSCP, is to be set up in the Summer 2019 to develop the Strategic Assessment. The decision to extend membership of this group to the H&SCP underlines the firm commitment made by NHS Lothian to design whole system solutions which are designed in a transparent, inclusive manner.
- 3.25 The WGH management team is progressing an outline plan to develop the capacity of medical and surgical front door services at the WGH, including assessment and minor injuries. This work is being taken forward in response to a request from the Chief Executive / Deputy Chief Executive to assess whether the WGH could take additional weekday and weekend activity to support performance across Lothian.
- 3.26 The work is framed in the context of Masterplanning for the site given the last redesign of front door services was undertaken 5 years ago (which saw the creation of MIU modular build, MAUB2, SAU and Ambulatory care clinic rooms), and current WGH operational pressures and performance including the sites high level of occupancy and vulnerability to overcrowding at the front door due to the limited capacity in MAUT, and rate of discharge across the site. No investment decisions have yet been made in response to initial proposals at the start of 2019, however existing improvement work described in the proposal continues to progress.
- 3.27 Work has now begun to consider an options appraisal of the current physical configuration of the front door at the WGH to see if there is scope to increase capacity and to safely support additional volumes of patients by supporting premises redesign and capital refurbishment alongside service redesign. An initial meeting has been held to seek views from stakeholders involved in working at the front door areas on what might be possible in the short to medium term, and to seek ideas and feedback as well as to share the overall direction. It is anticipated that ambulatory care will be the main area of focus to improve flows, with the concept of "Same day emergency care" being developed; and with the engagement and support of diagnostic services agreed as critical in any clinical model planning. Once initial scoping is complete, including the estates assessment, a Strategic Assessment will be undertaken as the first stage of capital planning.

Culture

3.28 The Speak Up Ambassador roles have been appointed to (Deputy Director of Medical Education/Consultant Pathologist and Partnership Lead for West Lothian

99/395

- HSCP/Specialist Podiatrist). The complimentary skill set and breadth of knowledge, and experience that both individuals bring will make for a cohesive and comprehensive approach to this new role.
- 3.29 The first phase of the recruitment for the network of Speak Up Advocates is complete with the second phase underway, with the final structured conversation with advocates having taken place on the 10 May.
- 3.30 Working with the Non-Executive Whistleblowing Champion and the Director of HR & OD, the Ambassadors are in the process of finalising arrangements to ensure appropriate infrastructure and strong governance processes are in place, before formally launching the Speak Up Initiative (anticipated to launch by the end of June 2019). The Speak Up Ambassadors attended the April meeting of the Staff Engagement and Experience Programme Board, and outlined the work they had undertaken to date.
- 3.31 To ensure staff feel supported through this improvement journey, it is recognised that building a successful and effective approach requires regular 'check in' with staff to ensure teams feel 'listened to' and that our work focus includes clear alignment to issues including 'what matters to me'.

The need to check in is two-fold:

- To ensure escalation arrangements are understood; and
- To measure staff experience given the rapid rates of change.
- 3.32 To this end the first of two pulse surveys was undertaken during a three week period over January and February 2019. The survey focussed on:
 - Staff at all levels, being satisfied they know how to raise issues and concerns that affected them, and also their staff knowing how to raise concerns:
 - Staff at all levels, being satisfied that they know how decisions that affect them and their areas of responsibility are taken and how they are able to feedback to staff.
- 3.33 The survey was issued to circa 95 staff, with the key recommendations being:
 - A more tailored approach to improving communication and feedback for the various staff groups within the Emergency Departments;
 - Consideration of more detailed hospital level intranet pages to provide some reference to Governance and Management structures;
 - Consideration of how the Executive Team/Board interact with the frontline staff and how decisions are communicated.
- 3.34 The recommendations will be taken forward by the individual sites and progress will be monitored via Programme Delivery Group and Oversight and Assurance Group as appropriate.

- 3.35 The second survey related specifically to staff experience in the ED's at both the RIE and SJH. It was designed to elicit honest, transparent feedback. Staff were asked to take part in a 10 minute Pulse survey to gauge their experience so far and to help make sure current interventions are on the right track. We asked three questions using a Likert scale and one open question, these were:
 - I feel involved in decisions relating to my team;
 - I am treated with dignity and respect as an individual;
 - I feel able to raise concerns about patient safety;
 - If you could change one thing about working in your team what would it be?

An analysis of the responses is provided below:

| RIE | SJH |
|-----------------------------------------|-------------------------------------------|
| 58% - Feel involved in decisions | 75% - Feel involved in decisions relating |
| | to my team |
| 69% - Feel treated with dignity and | 86% - Feel treated with dignity and |
| respect | respect as an individual |
| 86% - Felt able to raise concerns about | 84% - Felt able to raise concerns about |
| patient safety | patient safety |

3.36 The survey also raised some other themes that need more work. These included, leadership, recognising each other's roles, team communications and respectful working. The results have been shared with staff and arrangements are in place to co-create actions and work on the key themes with staff.

Recording of 4 Hour Emergency Access Standard and Unscheduled Care Data

- 3.37 A detailed paper was presented to the Information Governance Sub Committee in April 2019 regarding the Recording of 4 Hour Emergency Access Standard and Unscheduled Care Data to detail progress against the actions derived from the Academy Report.
- 3.38 Additionally a new Short Life Working Group is soon to be established tasked with review of the 4 hour Emergency Access Standard SOP in Lothian. This group will be clinically focused with representation from all three Adult Acute sites and key support staff including the Waiting Times Governance Team and Scottish Government. The Associate Nurse Director will assume chairmanship of the group. The first meeting is scheduled for early July 2019.

4 Key Risks

4.1 There is a risk that failing to meet the 4 hour standard leads to poor patient and staff experience, including performance impacts pertaining to safety issues such as overcrowding in emergency departments, long waits and a patients boarded out with required speciality.

5 Risk Register

5.1 The Acute and Corporate Risk Register contains risk associated with "A&E four hour performance". The 4 hour standard risk is to be sub divided into two

subsequent risks; one organisation and one focused on explicitly focussed upon patient safety. They have been categorised as very high risks.

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 The individual proposals outlined in here all bring the duty to inform, engage, and consult, and so these actions are being taken forward in each individual piece of work.

8 Resource Implications

8.1 There are significant additional resources required in each element of the redesign works described above. Individual cases coming forward will include detailed assessment of these.

Jim Crombie
Deputy Chief Executive
Chief Officer Acute Services

List of Appendices

Appendix 1: Unscheduled Care Performance

Appendix 1 – Unscheduled Care Performance

Exhibits 1a shows NHSL Lothian performance against the 4 hour emergency access standard from Jan 2015 to May 2019. Exhibit 1b shows this performance, May 2018 vs. May 2019.

Exhibit 1a – NHS Lothian 4 Hour Emergency Access Standard (all adult sites) Jan 2015 – May 2019;

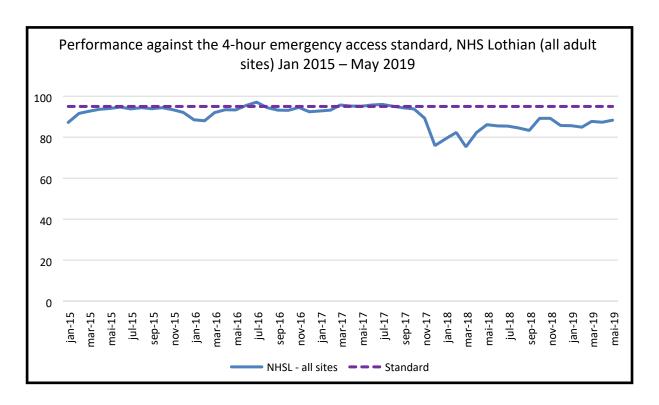
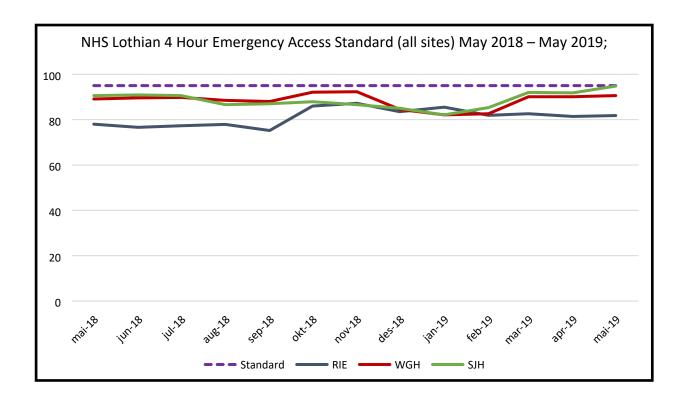


Exhibit 1b – NHS Lothian 4 Hour Emergency Access Standard (all adult sites) May 2018 – May 2019;

1/8



NHS Lothian reported compliance to this standard of 86.9% for the month of May 2019. This represents a 3.8% increase since May 2018.

- The RIE has improved from 78.0% (May 2018) to 81.8% (May 2019);
- The WGH has seen a slight improvement in performance from 89.1% (May 2018) to 90.6% (May 2019)
- SJH has significantly from 90.6% (May 2018) to 94.8% (May 2019)

Exhibit 2a below shows the numbers of total attendances across NHS Lothian, Jan 2015 – May 2019, while Exhibit 2b shows NHS Lothian Attendances, by site, May 2018 – May 2019. These graphs demonstrate that 2018 ED attendances appear to follow a similar pattern to those in 2017 with notable increases shown at the RIE from February 2019 onwards

Exhibit 2a – Total Number of ED Attendances, NHS Lothian (all adult sites), January 2015 – May 2019,

2/8 104/395

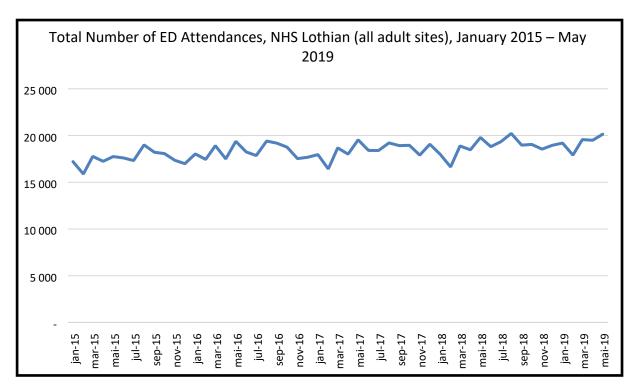
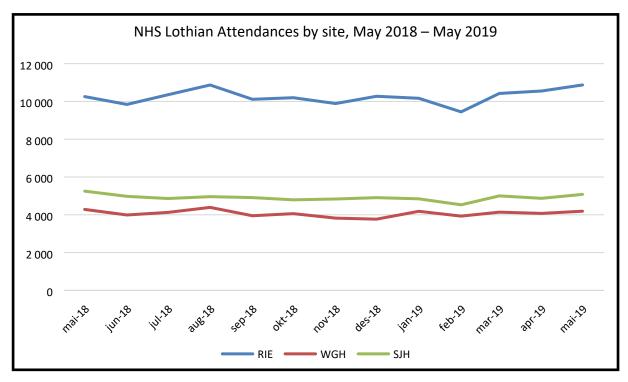


Exhibit 2b - NHS Lothian Attendances by site, May 2018 - May 2019,



As shown above the most notable increase in attendances has been at the RIE where there has been a 6.0% increase when comparing May 2018 to May 2019 (10'256 vs. 10'872).

Exhibit 3a – Total Number of 8 hour breaches, NHS Lothian (all adult acute sites), Jan 2015 - May 2019,

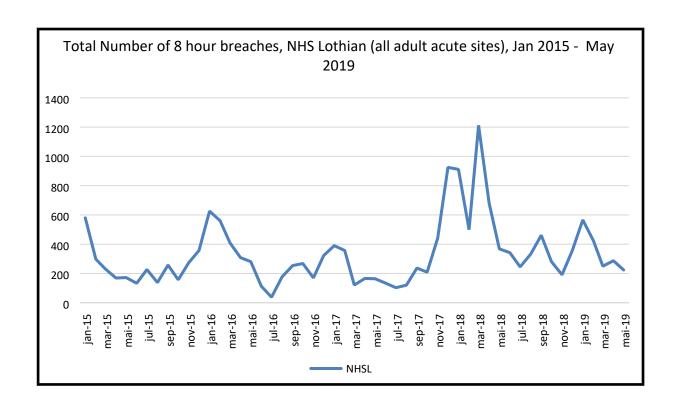
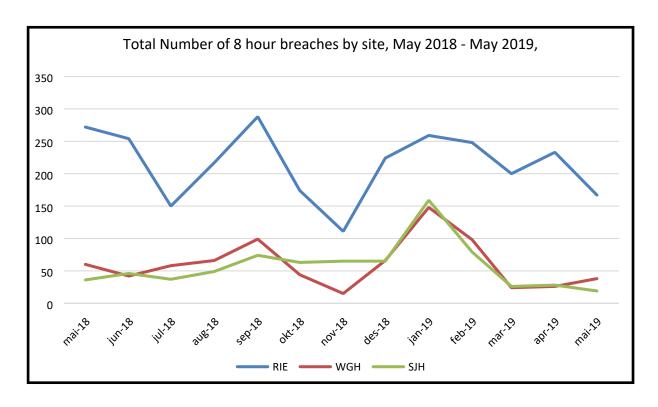


Exhibit 3b - Total Number of 8 hour breaches by site, May 2018 - May 2019,



8 hour breach performance has improved since January 2019 with a month on month improvement in performance between January to May:

4/8

- The RIE has improved its 8 hour breach performance by 38.6% (May 2018, 272 vs. May 2019, 167);
- The WGH improved its 8 hour breach performance by 36.7% (May 2018, 60 vs. May 2019, 38);
- SJH has improved performance by 47.2% (May 2018, 36 vs. May 2019, 19).

Exhibit 4a – Total Number of 12 hour breaches, NHS Lothian (all adult acute sites), January 2015 - May 2019,

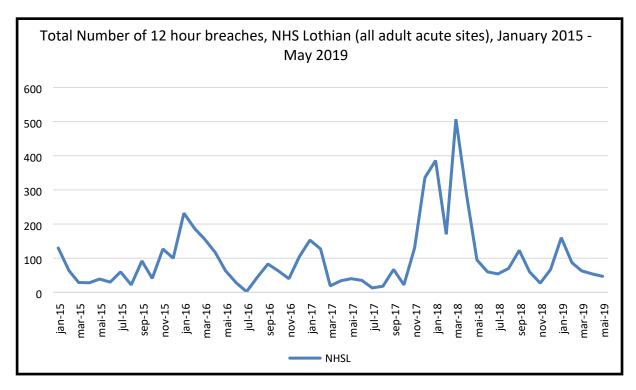
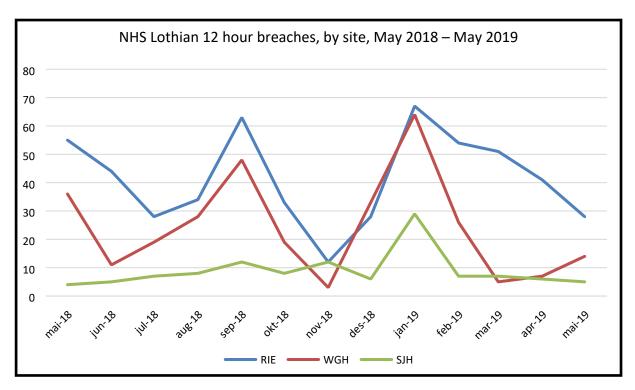


Exhibit 4b – NHS Lothian 12 hour breaches, by site, May 2018 – May 2019,

5/8 107/395



The graph above shows that performance peaked in January 2019 before a sustained downward trajectory:

- RIE, May 2018 May 2019, 55 vs. 28 which is an improvement of 49.1%,
- WGH, May 2018 May 2019 2019, 36 vs. 14 which is an improvement of 61.1%,
- SJH, May 2018 May 2019, 4 vs. 5 which is a deterioration of 25.0%.

Exhibits 5a and 5b illustrate admissions from ED both by NHS Lothian and by site.

6/8 108/395

<u>Exhibit 5a – NHS Lothian Emergency Admissions (all adult acute sites) Jan 2015</u> – <u>May 2015</u>,

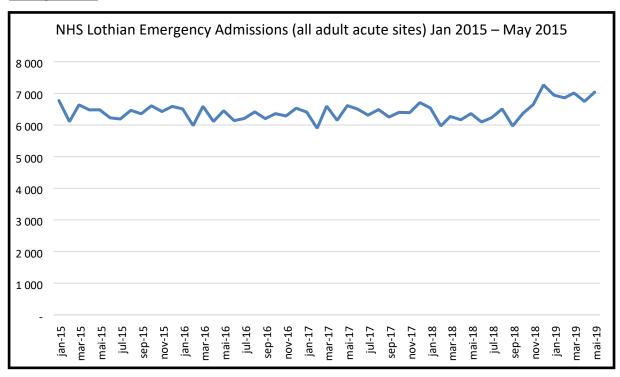
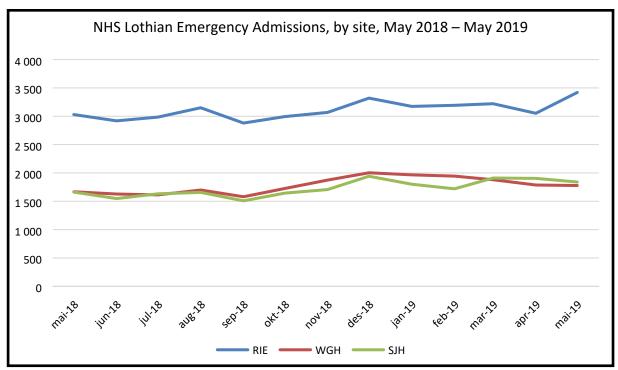


Exhibit 5b - NHS Lothian Emergency Admissions, by site, May 2018 - May 2019,

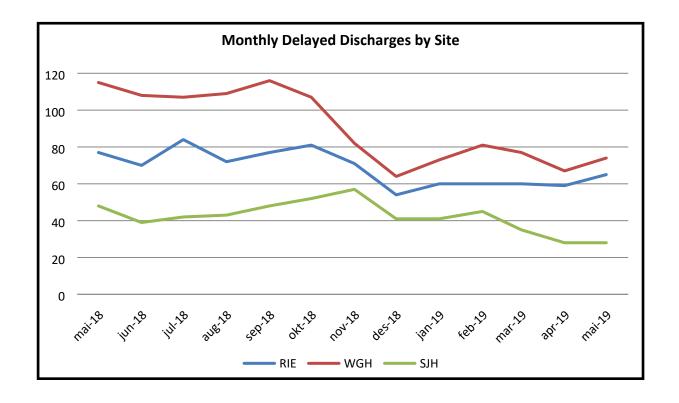


7/8 109/395

The graph above shows:

- RIE started with 3030 admissions in May 2018 and has fluctuated throughout the year before increasing to 3420 in May 2019 showing an overall increase of 12.8%
- WGH started with 1668 admissions in May 2018 and peaked in December 2018 at 2003. Since then there has been a steady reduction in admissions back down to 1778. This still represents an increase of 6.6% since May 2018
- SJH seen 1662 admissions in May 2018 and peaked at 1910 in December 2018. Since then there has been a slight reduction to 1840. This is an increase of 3.4% since May 2018.
- Overall, NHS Lothian has seen an 10.6% increase in admissions from May 2018 – May 2019

Exhibit 6a – Delayed Discharges by Adult Acute Site, May 2018 – May 2019



8/8

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

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

Present:

Mr M. Ash, Non-Executive Board Member (chair); Mr M. Connor, 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 C. Brown, External Auditor; Ms J. Brown, Chief Internal Auditor; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr J. Crombie, Deputy Chief Executive; Ms F. Cameron, Head of Infection Prevention and Control (item 46.4); Ms S. Goldsmith, Director of Finance; Mr A. Gustinelli, Internal Audit Manager; Mr C. Marriott, Deputy Director of Finance; Mr J. Old, Financial Controller; Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes).

Apologies:

Mr T. Davison, Chief Executive; Mr B. Houston, Board Chairman; Mr A. McMahon, Executive Nurse Director.

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

- 42. Minutes of the previous meeting held on 26 November 2018.
- The minutes of the meeting held on 26 November 2018 were accepted as an accurate record.

43. Procurement Audit Testing

The previously circulated note provided information on how the sample for testing had been selected. Ms Brown also noted that auditors would follow the manual for the scope of the audit but could expand based on any risks observed during the audit. They would also consider any previous reports to pick up themes.

44. Committee Business

- 44.1 Running Action Note
- 44.1.1 The updated action note had been previously circulated. Referring to the third action it was noted that there was no existing forum for all Integration Joint Board audit and risk committees to share ideas and that an initial meeting to discuss this would be welcomed

45. Risk Management

45.1 NHS Lothian Corporate Risk Register

1/6

- 45.1.1 Ms Bennett presented the previously circulated paper. Mr Murray noted that good progress had been made on the corporate risk register which was now more in line with the Committee and Board's responsibilities, supporting the internal audit findings.
- The definition of 'control' used in the model was discussed. Mr Payne stated that a 'control' was something permanently in place to manage a risk. It was noted there was no demonstration that these 'controls' or mitigations in place were reducing the risk, outcomes were not included and areas such as access to treatment had been high risk for a number of years and were not achieving targets. Conversely, the financial risk was considered high but was always balanced by the end of the year due to the controls in place. Ms Bennett agreed to try to present the tables differently so that the difference between mitigating actions and controls could be shown.
- 45.1.3 It was suggested that Committees needed to be clearer in giving their judgement on assurance met in each of their areas to inform the risk register but noted that giving assurance in one area did not take into account the interrelation between actions taken in different areas and how they affect one another. It was noted that some decisions to focus on one area over another were made but there needed to be more of this. This would be one area of discussion at the Strategic Planning Forum which would be a discussion forum with wider oversight of work across the Board and Integration Joint Boards.
- 45.1.3 There needed to be close work with the Integration Joint Boards to ensure that auditing arrangements were linked so that delegated areas such as unscheduled care were covered and corporate risk issues were considered at the Integration Joint Boards. Mr Crombie suggested active engagement with Integration Joint Board chairs was needed to ask that these areas were considered and be specific about the outcomes expected. There needed to be more clarity between Integration Joint Board and Health and Social Care Partnership risks as some were could be the same as NHS Lothian risks. This could also be discussed at the new Strategic Planning Forum although it was noted that this forum was for discussion about planning and managing services rather than management of risk.
- 45.1.4 Ms Brown noted that managers had a good understanding of risk and there could be more work with them to ensure that they were giving the assurance needed by the Committee.
- 45.1.5 Members accepted the recommendations laid out in the paper and accepted significant assurance that the Corporate Risk Register contained all the appropriate risks.
- 45.1.6 Regarding recommendation 2.3 it was agreed that the minutes of this meeting would be included in part 2 of the Board agenda to highlight the responsibility of the governance committees to show their judgement on assurance given relating to risk as part of the emerging risks section in the Corporate Risk Register as recommended by the Board in February 2019.

45.1.7 Regarding recommendation 2.6 further discussion would take place at the new Strategic Planning Forum and Mr Murray would liaise with the Chairman to ensure this was considered.

PM

46. Internal Audit

- 46.1 Internal Audit Progress Report February 2019
- 46.1.1 Ms Brown presented the previously circulated paper. In terms of regional audit reporting it was noted that an approved regional plan had not yet been published, but that reporting would be on governance arrangements of existing regional services.
- 46.1.2 Ms Brown advised that it was expected that the reporting schedule laid out would be achievable now that resource issues had been resolved.
- 46.1.3 Members agreed that changes to the internal audit plan proposed in the report.
- 46.2 Risk Management
- 46.2.1 Mr Gustinelli presented the previously circulated report. Ms Bennett noted that the key issue was ensuring clarity of control and plans to mitigate risk. Plans were in place but not articulated on the corporate risk register, which also did not record what assurance was taken at governance committees. This would be brought up at the Board as suggested in discussion of the risk register.
- 46.2.2 It was noted that the description of controls needed to be relevant and adequate to meet the risk described, and needed to be understandable to a lay member.
- 46.2.3 It was agreed that as well as the relevant part of the minutes from this meeting, the relevant part of the risk management audit report should the brought to the Board to make them aware of the findings. The governance Committees would be expected to take on the recommendations from the report and carry out the management actions laid out.

 JBe / AP
- 46.3 East Lothian IJB Workforce Planning
- 46.3.1 Mr Gustinelli presented the previously circulated report. It was noted that GP and nursing workforce was high risk on the risk register for NHS Lothian, and was also central to East Lothian workforce planning. Ms Brown advised that this report had been carried out in conversation with the chief internal auditor of East Lothian Integration Joint Board and was related to the Scottish Government workforce plan which had not yet been published. This review would not be carried out in the other Integration Joint Boards until this had been published.
- 46.3.2 There would be a separate piece of work on primary care access and sustainability.
- 46.3.3 It was noted that there should be named people on the action plan, not 'all' to ensure responsibility.
- 46.4 Healthcare Associated Infection

- 46.4.1 Mr Gustinelli presented the previously circulated report and the chair welcomed Ms Cameron to the meeting. Ms Cameron noted that a review of the process of HAI self audit in wards was taking place to make it easier for staff to carry out. There were currently over 300 questions for staff to answer in the audit and due to pressure on the wards there had previously been an amnesty on audit reporting although outcome data continued to be collected during this time. There was no national consensus on how to approach these audits and work was ongoing to reduce the number of processes.
- 46.4.2 Performance comparison with other Boards had not been part of the internal audit report, but Ms Cameron advised that NHS Lothian measured well against other Boards. The target for reduction of *Clostridium difficile* Infection had been met and the *E. coli* infection and surgical site infection rates compared well. The target for reduction in *Staphylococcus aureus* Bacteraemia had not been met, but there had been significant improvement and no Board in Scotland had achieved this target.
- 46.4.3 The actions from the internal audit report would be followed up in the regular report to the Healthcare Governance Committee.

46.5 Winter Planning

- 46.5.1 Mr Gustinelli presented the previously circulated report. Members found the report reassuring. Mr Crombie advised that the Unscheduled Care Committee had created a scoring matrix based actions taken in previous years, and that next winter this would be reviewed and more focussed.
- 46.5.2 It was noted that it would be helpful for planning if money allocated from the Scottish Government for winter contingency could be known in advance and this had been fed back.

46.6 Draft Internal Audit Plan

- 46.6.1 Ms Brown presented the previously circulated plan. The plan was for approval by the Audit and Risk Committee which would recommend it to the Board. All the directors were consulted in the drafting of the plan to identify areas of risk and benefits of audit to bring out any actions for improvement. Mr Crombie noted that the interaction between the internal audit team and the Chief Executive ensured robust terms of reference for the reports. These should be risk based and linked to Board objectives and Ms Brown noted that the team were working towards this.
- 46.6.2 It was suggested that audit reporting should be more connected with relevant Integration Joint Board activities, for instance unscheduled care. It was noted that under the governance structure liaising between the chief internal auditors of all relevant organisations was complicated. Ms Brown agreed that there needed to be more work to connect with Integration Joint Board risk registers.
- 46.6.3 It was agreed that as the East Lothian NHS 24 pilot had been subject to a lot of governance evaluation, that its inclusion in next years' auditing schedule would be reviewed.
 JBr
- 46.6.4 With this amendment, members accepted the audit plan.

- 46.7 Follow Up of Management Actions Report (February 2019)
- 46.7.1 Ms Brown presented the previously circulated report and noted a very good level of engagement from staff with most actions completed.
- 46.7.2 Mr Murray suggested that 'staff holidays' should not be given as a reason in the management response for not having achieved mandatory training compliance, there should be evidence that management aspired to the highest possible compliance. Ms Brown noted this.

47. Counter Fraud

- 47.1 <u>Counter Fraud Activity</u>
- 47.1.1 Mr Old presented the previously circulated paper. It was noted that there were delays in taking some internal investigation of cases forward because the member of staff being investigated was off sick. Occupational Health had to give approval for a member of staff to attend a disciplinary meeting while off sick. Some proceedings can be held in the absence of the member of staff. If the Police were involved there were different requirements.
- 47.1.2 There was discussion about whether an anonymous list of offences could be published as a deterrent for future offenders. It was noted that some figures were published by the National Fraud Initiative, but only those reported direct to them rather than to the Board. A list of where information was publically available would be included in the next report.

JO

47.1.3 It was agreed that the paper presented gave assurance that cases were being pursued.

48. External Audit

- 48.1 External Audit Plan
- 48.1.1 Mr Brown presented the previously circulated external audit plan, and members agreed to accept the plan.

49. Corporate Governance

- 49.1 Write-Off Salary Overpayment
- 49.1.1 Ms Goldsmith presented the previously circulated paper and recommended that the risk of deducting the overpayment from the member of staff's salary without their permission was too high. Partnership would support the member of staff as the overpayment was due to a mistake in calculation which had not been identified by Finance team managers. There was benefit in having a good relationship with Partnership and fair processes for staff.
- 49.1.2 There was discussion about the Board's obligation to recover tax payers' money and to be seen to be doing so, and whether the public would see the write off as reasonable.

5

49.1.3 It was agreed to await the outcome of the second letter to the member of staff asking them to make arrangements for the repayment, and to ask for a further recommendation from the Chief Executive on the balance between the risk of taking further action against the member of staff and the risk of not taking action. There would be further discussion at the next meeting.

SG

50. Any Other Competent Business

50.1 Failure to send letters

- 50.1.1 Mr Crombie advised that in July 2018 it had been noted by eHealth that letters advising patients that they had not met their treatment time guarantee, required to be sent by law, had not been sent. These amounted to about 200 letters per month. In January 2019 the eHealth department decided to send out the delayed letters. The issue had not been escalated to the Executive team. There were a number of negative responses from patients receiving the late letters, including some from relatives of patients who had since died. Letters of apology had since been sent out to these relatives.
- 50.1.2 Mr Crombie was leading an internal review into the circumstances, the results of which would be reported to the Executive team and through the governance process via the Healthcare Governance Committee. There would also be an update at the Audit and Risk Committee at the next meeting.

 JC

51. Date of Next Meeting

The next meeting of the Audit and Risk Committee would take place at **9.00** on **Monday 29 April 2019** in **Meeting Room 8&9**, **Fifth Floor**, **Waverley Gate**.

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee Meeting held at 9.00 am on Monday 29 April 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Mr M. Connor, Non-Executive Board Member (chair); Councillor J. McGinty, Non-Executive Board Member, Mr B. McQueen, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member.

In Attendance:

Ms J. Brown, Chief Internal Auditor; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr G Curley, Director of Operations – Facilities; Mr T. Davison, Chief Executive; Mr D Eardley, External Auditor; Ms S. Goldsmith, Director of Finance; Mr B. Houston, Board Chairman; Ms D Howard, Head of Financial Services; Manager; Mr C. Marriott, Deputy Director of Finance; Ms Kate Morgan, Internal Audit Manager; Ms Olga Notman (Assistant Finance Manager); Mr J. Old, Financial Controller; Mr A. Payne, Head of Corporate Governance; Ms L Baird Committee Administrator (minutes).

Apologies:

Mr M. Ash, Non-Executive Board Member; Mr A. McMahon, Executive Nurse Director. Mr J. Crombie, Deputy Chief Executive.

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

1. Internal Audit Report: Estates Management

- 1.1 Ms Brown presented the previously circulated report. The audit had focused on the controls relating to implementing the Property & Asset Management Strategy (PAMS) and backlog maintenance; it was noted that there had been no overlap from the previous audit of Estates. Ms Brown advised that the audit had found reasonable controls were in place for the effective management of the estate.
- 1.2 Mr Curley acknowledged that with regard to Finding 1, two properties which had been due for condition surveys had been missed, and that they would be surveyed in 2019/20. With regard to Finding 2, he advised that management had identified resources to train colleagues on the use of capital planning software. Referring to Finding 3 he advised that backlog maintenance would be reported directly to the PAMS Group.
- 1.3 Mr Curley advised that he had not undertaken a cost benefit analysis of training. The training is necessary and repetitive, and the external nature of the training had provided assurance in respect of consistency of the level of training across the Board.
- 1.4 The Committee accepted the report.

1/8

Mr Curley left the meeting.

2. Minutes of the previous meeting held on 25 February 2019

2.1 The minutes of the meeting held on 25 February 2019 were accepted as an accurate record.

3. Matters Arising

- 3.1 Running Action Note
- 3.1.1 The updated action note had been previously circulated. Referring to the final action it was noted that Mr Crombie had advised that the report on failure to send letters would be taken to the Healthcare Governance Committee. The Committee asked that management provide some feedback on the outcome of this issue.

AΡ

4. Risk Management

- 4.1 NHS Lothian Corporate Risk Register
- 4.1.1 Ms Bennett presented the previously circulated paper. It was noted that sections on Brexit and Waste management set out the rationale for their inclusion in the risk register. She went on to advise that at the April 2019 meeting of the Board there was agreement that all Board risk register reports would include a section on NHS Lothian's strategic risk framework from September 2019.
- 4.1.2 Mr McQueen asked for more information on the recurring costs associated with waste management. Ms Goldsmith explained that the projected cost of an additional £1m in relation to waste management was the cost being incurred at present to address the issue in the short term. This cost was being covered by Scottish Government. However the long term costs and funding are unknown and Ms Goldsmith advised there would be a significant step up in the annual cost of waste management.
- 4.1.3 Ms Bennett raised the issue of communication between the Committee and integration joint boards' audit committee, as she was unclear what was the best way to take this forward. With regard to alignment of risk registers, Ms Bennett would like to link with risk management colleagues within the Integrated Joint Boards (IJBs) to work through a single risk, such as primary care. After discussion it was agreed that Ms Bennett would take this forward and take the outcome to the Integrated Care Forum; this would bring the matter to the attention to the Chief Officers and motivate each IJB to work practically through risks owned by a number of parties.

JB

4.1.4 Members accepted the recommendations in the report.

4.2 Risk Management Annual Report 2018-19

- 4.2.1 Ms Bennett spoke to the previously circulated report. She summarised the work to date drawing the committee's attention to work that informed the governance statement.
- 4.2.2 In response to a query, Mr Payne explained that the Governance Statement includes a description of the system of risk management, and this report informs the preparation of the Governance Statement.
- 4.2.3 There was acknowledgement that there had been little movement in risk and committee members welcomed definitions within the report. Mr Murray noted that it would be useful to know if there was a high risk, what processes were in place to escalate it.
- 4.2.4 The committee accepted the report as moderate assurance with respect to the system in place to manage risk across NHS Lothian, as they are subject to the emergent risk systems across Health and Social Care Partnerships and Integrated Joint Boards and as such controls are developmental in nature.
- 4.2.5 The Committee noted that moderate assurance had been accepted by the Healthcare Governance Committee in November 2018 concerning the systems in place for the management and learning from adverse events across NHS Lothian, including duty of candour.
- 4.2.6 The committee accepted the paper as the Risk Management Annual Report to inform the NHS Lothian Governance Statement.

5. Internal Audit

- 5.1 <u>Internal Audit Progress Report April 2019</u>
- 5.1.1 Ms Brown presented the previously circulated paper. In terms of outstanding reports it was noted that 3 were in draft form. Ms Brown explained that the complexity of some reports had delayed them being finalised. It was noted that reports on clinical coding, staff satisfaction and Edinburgh IJB Financial and Budget Management were expected in June.
- 5.1.2 Ms Brown advised that it was expected that the reporting schedule laid out remained achievable. She explained that a key action for 2019/20 was to provide more time planning the scope and timing of individual audits.
- 5.1.3 Mr Murray requested that future reports should contain suitable headings on tables detailed within the report. Ms Brown noted this.
- 5.1.4 Ms Brown explained that with regard to the audit on corporate governance, the report in June would be a verbal report, in light of the ongoing work on the Blueprint for Good Governance. This would be a preliminary step, and a formal report will be produced in 2019/20.
- 5.1.5 The Committee accepted the Internal Audit Progress Report April 2019.

5.2 Theatres Improvement Programme

- 5.2.1 Mr Connor noted that both Mr Crombie and Ms Carr had been unable to attend on this occasion. As not to delay the report further Mr Payne would take questions back to Mr Crombie and Ms Carr if further information was required.
- 5.2.2 The committee received a brief overview of the previously circulated report. Mr Connor commented that here was no solid action within the detail of the report that would change culture.
- 5.2.3 It was noted that the theatres transformation programme had rose from an external report commissioned with Delotte, driven from an efficiency saving perspective. From the beginning there was a failure to engage with key staff on the ground, therefore sign up and motivation to achieve efficiency savings had been poor.
- 5.2.4 It was noted that the decision to merge two work streams had taken place immediately before the start of the internal audit, making it difficult to ascertain whether the change would make a difference and change culture.
- 5.2.5 Councillor McGinty acknowledged that the report had not been explicit in the reasons for the lack of engagement by stakeholders, noting that the undertones of the report had pointed at lack of commitment and sign up from key stakeholders. Ms Brown advised that during the audit the question of commitment to the completion of the programme had been raised. In her opinion there needed to be more commitment to change.
- 5.2.6 The members highlighted in the discussion that it was not clear how stakeholders were identified and involved in scoping the work, and the process of re-design. It was observed that the Theatres Improvement Plan appeared to proceed separately from other initiatives, such as the Annual Operating Plan, strategic planning processes, staff governance and workforce planning. Nor did it appear to be included job planning for the consultants who would be instrumental in the programme of work. It is not clear how budgets and personal objectives were amended to facilitate and target delivery. It was agreed that moving forward ensuring that lessons were learnt for this programme would be essential to support future innovation and change within the organisation.
- 5.2.7 Ms Goldsmith commented that perhaps a quality-based approach would have had a greater impact on delivery, rather than simply an initiative focussed on efficiency and financial savings. She noted that there was a place for the Finance & Resources Committee to consider the issues raised in the report. She proposed another look at the programme in the context of the quality strategy.
- 5.2.8 Mr McQueen expressed concerns that the detail of the report had not identified a senior member of staff as the responsible owner for the programme whom was accountable to the Board and its governance committees, who could get a grip on the programme and drive forward change. It was noted that the responsibility for all the actions in the report was assigned to the TIP Programme Board, rather than an accountable director.
- 5.2.9 The Committee requested that Mr Crombie prepare a report for the June meeting. The report should give an update on the progress made by the

programme. The report should also give the Committee a better understanding of why the issues have arisen, and make use of the Theatres Improvement Programme as a case study to support organisational learning and development. **JC**

AP

- 5.3 Follow Up of Management Actions Report (April 2019)
- 5.3.1 Ms Brown presented the previously circulated report and noted a very good level of engagement from staff with most actions completed. She advised that there had been good discussion surrounding the action for workload planning and was content with the action put forward by management.
- 5.3.2 Members were not comfortable with anything other than an aspiration to achieve 100% for mandatory training. Mr Murray noted that some of the mandatory work had clinical health and safety aspects and it was the duty of the Board to assure themselves that staff were compliant with mandatory training. If an incident was to occur and the Board had signed off an aspiration of 80% they could be deemed culpable. Mr Payne highlighted that the Committee had previously raised this concern with the Staff Governance Committee, and had received a In light of the continuing concern Mr Payne agreed to discuss this with Ms Butler, Director of Human Resources and Organisational Development in order to find the best way forward.

5.3.3 The Committee accepted the report.

6. **Counter Fraud**

- 6.1 Counter Fraud Activity
- 6.1.1 Mr Old presented the previously circulated paper. He apologised for the submission of an incomplete paper. It was noted that there were five referrals and five operations in progress. Of three of the operations are with the Procurator Fiscal for a decision.
- 6.1.2 A member asked what action does the organisation take to prevent fraud. Mr Old advised members of the various in-house and Counter Fraud Services activities to promote awareness of fraud, bribery and corruption, as well as internal controls to help prevent and detect fraud. He aspired to get a banner on the intranet to draw staff attention to work in progress to mitigate future instances of fraud.
- 6.1.3 It was agreed that the paper presented and Mr Old's overview gave significant assurance that all cases of fraud were being pursued and action was taken to proactively respond to fraud.
- 6.1.4 The Committee accepted the report as a briefing on the current status of Counter Fraud Activity.

7. External Audit

7.1 External Audit Plan

- 7.1.1 Mr Eardley provided a verbal overview of 2 key issues; the External Audit progress to date and the Audit Scotland project related to the Royal Hospital for Sick Children Settlement Agreement, specifically the settlement agreement of £11.6M, the governance oversight surrounding the settlement and whether best value for money was obtained.
- 7.1.2 It was noted that audit progress had been positive to date and the programme of work required leading up to the submission of the external audit opinion was on track for 26th June 2019.
- 7.1.3 Mr Eardley anticipated that the outcomes of the Audit Scotland project would be shared in June 2019. There were no plans to produce a separate report on the project at this time but the external auditors reserved the right to do so. It was noted that the project contained 12 key lines of enquiry, one of which would look at Scottish Government involvement; what was asked of them and what their directed the Health Board.
- 7.1.4 It was noted that though Audit Scotland had commissioned a specific project in light concerns raised by key stakeholders, Scott Moncrieff would have considered the Royal Hospital for Sick Children as part of the work that supported the audit opinion.

Mr Davison entered the meeting.

8. Corporate Governance

8.1 Write-Off Salary Overpayment

- 8.1.1 Mr Davison spoke to the previously circulated report, highlighting the exceptional nature of the case that had resulted in the conclusions reached by the executive team. He reminded the committee that this overpayment had resulted from a simple arithmetic calculation error in calculating protection of earnings for the member of staff involved. Essentially a reference period of four months of variable salary payments had been had been totalled and divided by a factor of three rather than a factor of four.
- 8.1.2 To put this isolated issue in context Mr Davison advised that NHS Lothian payroll pays around 36000 staff, with annual salary costs of £976m. Mr Davison confirmed that recovery of overpayments is the board's normal policy and practice. Overpayments of salary can arise for a number of reasons, are normally identified quickly and normally payroll agrees with each member of staff who have been overpaid a monthly amount to be deducted from pay or, for staff who have left the organisation, a monthly amount to be paid by direct debit. This results in most overpayments being recovered within one year.
- 8.1.3 The extent of this overpayment meant that even if the individual repaid the average monthly amount being recovered from other staff or former staff it would take the organisation over 50 years to recover the amount although he

highlighted that the public purse, through tax, national insurance and pension contributions had automatically recovered over £30k through statutory deductions from the gross figure.

- 8.1.4 Members took assurances from mechanisms put in place which ensured that protection calculations were now completed by a payroll officer in the first instance using a standard template with automatic calculations built in. Calculations were then double checked by a Payroll team leader before information was provided to the service.
- 8.1.5 It was noted that the executive team had reviewed the case and concluded that no action would be taken to recover the amount, for the following reasons:
 - An error was made by management in the original payroll calculation;
 - The level of protection being paid to the employee was confirmed on 3 occasions by the employer;
 - Routine budgetary control measures did not identify the error for 7 years;
 - An error of judgement was made in advising the employee that no repayment would be required;
 - The employee had not consented to deductions for repayment and has advised this would result in financial hardship. The correct level of pay protection has been in place since February 2019 and this has resulted in a significant reduction in the employee's take home pay;
 - The Board had never deducted without consent to date and there was a risk of court action by the employee. Legal advice was that the Board has a less than 50% chance of success:
 - Pursuing a deduction without consent will only recover a small contribution to the overpayment and may have significant employee relation implications for the Board:
 - The executive team had satisfied themselves that this was an isolated incident.
- 8.1.6 It was noted that in terms of withholding future pay awards and uplifts, there was no contractual entitlement for the employer to do this and no precedent for this either. NHS Lothian would run a significant risk of a breach of contract claim by withholding annual pay awards, which the contract of employment entitles the employee to. Advice was also sought from the Scottish Public Pensions Agency in terms of recovering part of the overpayment from the employee's pension lump sum. Advice received in relation to this issue was that the only facility to offset money from a member's pension or lump sum was where there was a loss of public funds due to the member's criminal, fraudulent or negligent act or omission which was not relevant in this case.
- 8.1.7 It should also be noted that whilst the level of overpayment had been identified as £87,858.82, this was the gross amount of overpayment that would require to be written off. Taking account of tax and national insurance contributions it would be appropriate to deduct roughly 35% and therefore the net overpayment actually received by the employee over the 8 year period is in the region of £57,000.
- 8.1.8 Taking account of the level of potential repayment, and the employee's age, it was the executive team's view that pursuing repayment would be punitive and there was a need to balance NHS Lothian's responsibilities as a fair employer with the requirement to protect the public purse.

- 8.1.9 The committee acknowledged that the Scottish Government retains the authority to approve the write-off of this overpayment. The committee was informed that management would review the over/underpayment of salary guidance to determine if any further changes were required.
- 8.1.10 The Committee acknowledged that the report provided additional context of the exact circumstances of this case. The Committee agreed to:
 - Note that the default policy and practice of the board is to recover salary overpayments
 - Accept that as the employer NHS Lothian were materially at fault in this
 case.
 - Accept assurance that the executive team has recognised the failures in its systems of control and that these had been addressed.
 - Approve the application for write off from the Scottish Government, recognising that this loss would be recorded in the Board's annual accounts.

Mr Davison left the meeting.

8.2 <u>Accounting Policies</u>

- 8.2.1 Ms Goldsmith presented the previously circulated report. She noted that a recommendation from HM Treasury surrounding the application of IFRS 16 and the standard for lease accounting effective from financial year 2020/21. There would be no material impact from the deferral.
- 8.2.2 Ms Goldsmith noted that employers' pension contribution rates would see a significant increase from 1st April 2019, rising by 6% to 20.9% and would remain at this rate until 31st March 2023. The next valuation would be based on scheme data as at 31st March 2020 and will set the employer contribution rate for the period 2023 2027. She noted that this would present significant challenges for the organisation.
- 8.2.3 Ms Howard advised that there were minor changes to the Accounting Policies' note reflecting the initial application of two new accounting standards; IFRS 15 Revenue from contracts with customers and IFRS 9 Financial Instruments. She expected that both standards would have minimal implications to the Board.
- 8.2.4 The Audit & Risk Committee reviewed and approved the accounting policies, and confirmed that they were appropriate for the Board at the present time for the purpose of giving a true and fair view.

9. Any Other Competent Business

9.1 There were no other matters arising for consideration.

10. Date of Next Meeting

10.1 The next meeting of the Audit and Risk Committee would take place at **9.00** on **Monday 17 June 2019** in **Meeting Room 8&9**, **Fifth Floor**, **Waverley Gate**.

DRAFT

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 20 March 2019 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr M. Hill (Chair); Mr B. McQueen; Mrs S. Goldsmith; Mr A. McCann; Mr P

Murray; Mr T. Davison; Miss T. Gillies; Mr J. Crombie and Professor M Whyte.

In Attendance: Mr I Graham, Director of Capital Planning and Projects; Mr C Marriott,

Deputy Director of Finance; Mr A Payne, Head of Corporate Governance; Ms C Sweeney, Audit Scotland (Item 35.4); Dr M Gillies, Associate Medical Director, DATCC (Item 36.2); Mr A Tyrothoulakis, Site Director St John's Hospital (Item 36.3); Mr G Curley, Director of Operations - Facilities (Item 36.4); Dr J Hopton, Programme Director - Facilities (Item 36.4) and Mr C.

Graham, Secretariat Manager (Minutes).

Apologies: Mr B. Houston; Professor A. McMahon and Ms J. Campbell.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No declarations were made.

35 Committee Business

1/8

- 35.1 Minutes from Previous Meeting (23 January 2019)
- 35.1 The minutes from the meeting held on 23 January 2019 were approved as a correct record.
- 35.2 Running Action Note The Committee agreed the action note.
- 35.3 <u>Survey Results from the Audit Scotland Checklist</u> Mr Payne reported that the Committee agreed on 21 November 2018 to hold a development session, and to use the non-executive checklist which accompanied the Audit Scotland report, NHS in Scotland 2018, as part of the planning for it.
- 35.3.1 Mr Payne added that to start this process the checklist was circulated to members to complete. The checklist is designed for personal reflection by each F&R member. However the results are presented to help the committee consider which issues it wish to focus on in the development session. This would be further covered by the Audit Scotland presentation (item 35.4. below)
- 35.3.2 The Chair asked members if there were any comments or questions on the paper presented by Mr Payne.

35.3.3 Mrs Goldsmith stated that Mr Marriott was working on a Scottish Government commissioned piece of work taking three Boards and looking at how to develop finance support as part of the concept of a true business partner. Mr Marriott added that the intention would be to shift focus from transactional issues towards the user experience, providing a greater insight of what was happening in business, identifying key issues and how best to support these. The Chair made the point that this development work would be a useful appendix to the development of a medium term financial strategy and asked that Mrs Goldsmith and Mr Marriott consider how this could be built in to reporting back on the strategy.

SG/CM

- 35.3.4 Mr Murray raised the point about the Board working better with Integration Joint Boards to identify changes and improving public health with the new Public Health Scotland on the horizon. Mr Payne confirmed that the intention was to develop a substantive action plan.
- 35.3.5 The Chair stated that it would be useful to reflect on the items in the paper that would require action planning by the Committee to make sure they happen. The Committee accepted the report as a source of significant assurance that the Audit Scotland checklist had been used as requested. The Committee also considered the feedback as part of the process of designing the future development session.
- 35.4 <u>Audit Scotland Presentation- Key Messages from National Reports</u> Ms Sweeney Gave a presentation on Audit Scotland, Health and social care in Scotland and the key messages from national reports.
- 35.4.1 The presentation covered the process of public audit in Scotland; an NHS overview including statutory reports, annual audits for all NHS boards, local authorities and integration authorities and performance audits, financial performance, cost pressures, performance against LDP standards and policy developments.
- 35.4.2 The presentation also looked at key findings which included:
 - The NHS in Scotland not being in a financially sustainable position
 - o Use of short-term measures by NHS boards to break even
 - Increase in level of non-recurring savings
 - Cost pressures continued to intensify
 - Significant workforce pressures remain
 - Performance against key targets continues to decline
 - The needs for an urgent focus on the key elements critical to success
 - o Ensuring effective leadership
 - o Clarifying governance and supporting boards
 - Becoming more open

2/8

- 35.4.3 Ms Sweeney reported on what needed to change; Audit Scotland's programme of work; the scale of integration and the features supporting integration.
- 35.4.4.The Chair asked members if there were any questions or comments on what had been presented.

- 35.4.5 There was discussion on the role of the national ministerial steering group, how this would be taken into account locally and what the impact of this would be and how this would be informally self assessed. Consideration was also given to what the incentive was for Boards not to take brokerage from the Scottish Government as finances deteriorate further.
- 35.4.6 Ms Sweeney stated that there was interest in the way the system was being managed as a whole. Which boards require assistance and why are they in that position; how money flows; NRAC parity and the impact of a new financial framework. Mrs Goldsmith added that there was a big issue around distribution of funds and there was a shift of risk from Boards to the Scottish Government being seen. The financial framework will be helpful as it would allow honesty about positions.
- 35.4.7 Ms Sweeney also reported that Board allocation letters were being looked at in more detail in relation to section 22 reporting. Questions were starting to be asked around allocations and late allocations and the appropriate use of brokerage. Mr McCann asked about information sharing. Ms Sweeney confirmed that there had been consideration given to undertaking a piece of work around leadership in more detail.
- 35.4.8 The Chair thanked Ms Sweeney for her presentation and she left the meeting.

36 Capital

- 36.1 Property and Asset Management Improvement Programme Mr I Graham presented the draft Property and Asset Management Investment Programme (PAMIP) 2019/20 2024/25 for approval. The report also sought approvals on matters of asset management and performance. There was discussion on the key recommendations in the report; project planning, operation expectations; construction inflation; rolling programmes for backlog maintenance and medical equipment and financial planning and resources.
- 36.1.1 Mr I Graham updated the Committee on progress with the Edinburgh Bioquarter site and the ongoing soft market testing. The Committee noted that the site for the new Eye Pavilion had been ringfenced and dialogue with the University of Edinburgh remained ongoing.
- 36.1.2 In relation to the Royal Edinburgh Hospital (REH) it was noted that the there was IJB and health and social care participation in a number of projects and health and social care involvement with the REH Steering Board which had recently agreed the next stage of works.
- 36.1.3 There was also discussion around the relocation of services from Liberton Hospital and the development of the Short Stay Elective Centre at St John's Hospital. Mr I Graham added that in terms of master planning at the Western General Hospital there would be meetings held shortly with City of Edinburgh Council to progress this and a report on this would come to a future F&R meeting.

- 36.1.4 The Chair thanked Mr I Graham for the report and asked about potential concerns around programme resources and whether it would be useful to identify required project resource explicitly when staging a capital project. Also when reviewing capacity should consideration be given to taking a slightly wider view of reviewing programme support to include service and strategic planning especially around community involvement. It should also be noted that IJBs need to come up with alternatives which widen beyond capital.
- 36.1.5 Mr I Graham confirmed that the current programme resources workforce did include strategic planning project development but not service planning. Mr McQueen raised concern about the timescale for identification of appropriate additional staff needed to support projects.
- 36.1.6 Mr I Graham stated that the challenge would be if every project was undertaken at the same time as this would lead to higher demands on staff and resources. However as projects were brought through the prioritisation process and worked up as initial agreements then this allowed identification of more detailed resources if required.
- 36.1.7 Mr Murray asked how F&R as a Committee could ensure or accept that future plans provided enough confidence that oversight had been properly attended to whilst remaining mindful of how capital investment from the IJBs would be attended to. Mr I Graham stated that the principle area of assurance came from the business case process and the strategic assessment which was undertaken before the initial assessment stage. The strategic assessment had broad team involvement in the process including health and social care partnerships and finance planning colleagues as well. The prioritisation stage was not just about capital. Mr Crombie added that the new Integrated Care Forum would be used to challenge ways of thinking and would consider opportunities, options and priorities with IJB engagement.
- 36.1.8 Mr Davison made the point that this was a transitional period where there were projects underway which had been agreed and signed off before IJBs (legacy) and areas where the Board was now using capital to move patients as IJBs had not brought forward alternatives.
- 36.1.9 The Integrated Care Forum would ideally help by having strategic commissioning plans driving capital plans and capital planning would facilitate that. The key issue was that the councils were in difficult positions financially and the health board was not in a sustainable financial position but also had to deal with any clinical risks associated with failure to proceed.
- 36.1.10 The Committee requested that Mrs Goldsmith, Mr I Graham and Professor McMahon discuss how best to review broader planning capacity including strategic at IJB level, allowing resourcing capacity to enable upstream planning to avoid issues as discussed.

SG/IG/AMcM

36.1.11 The Committee agreed to approve the 5 Year Property and Asset Management Investment Programme (PAMIP) as detailed. The Committee agreed the resourcing budget for the Short Stay Elective Centre at St John's Hospital; noted progress on the project and programmes reported and accepted moderate assurance around the programme delivery.

- 36.2 <u>Standard Business Case Critical Care Clinical Information System</u> Dr Gillies introduced the report providing the Committee with the Standard Business Case (SBC) for a Critical Care Clinical Information System (CIS) for approval. It was noted that an initial agreement for this proposal was previously approved by the Committee in January 2018.
- 36.2.1 There was discussion on the potential impact if the Committee approve the SBC and state there is no additional revenue available. Dr Gillies stated that in that scenario revenue would have to be identified through the budget however there was a risk that the budget would continue to be overspent. There was challenge in that DATCC was a hostage to activity elsewhere in the hospital as it could not turn people away or turn off the activity.
- 36.2.2 Dr Gillies added that eHealth would need to employ project staff as part of this work and a local champion for this had also been identified. eHealth were adequately resourced to move this project on quickly and this had been reflected in costs. It had been hoped to have this system in place ahead of the DCN move to the new RHSC but this was now unlikely as it would be a 3 year project.
- 36.2.3 There was also discussions on the companies making system like this; appointment of a manufacturer; the imperative to move quickly ensuring any system works with TRAK and is easily to align with HEPMA. Dr Gillies added that the new system would make patient movement between ICUs more seamless and allow the review of patients on other sites in more detail, assisting capacity management.
- 36.2.4 Mr McQueen asked about potential revenue savings in terms of workforce and if there was any indication of cost or time saving in relation to nursing and medical staff. It was acknowledged that the Board could not keep approving capital cases that increase revenue costs.
- 36.2.5 Dr Gillies stated that whilst the quality aspects around this work had been considered the unit was reluctant to commit to any reduction due to the high occupancy it had been working to. Mrs Goldsmith added that LCIG had discussed this same point along with the quantification of the business case.
- 36.2.6 The Chair stated that whilst the Committee were very supportive of this project there was an expectation that there would be further work on the vigorous review of revenue consequences so as to not increase revenue costs to the Board.
- 36.2.7 The committee supported the preferred option of a marketplace CIS solution to address the need for change and deliver the benefits outlined in the Business Case. The key risks associated with delivery of this proposal and those associated with not purchasing and implementing a supported electronic clinical information system were acknowledged.
- 36.2.8 The Committee noted that the Business Case capital costs fell within the NHS Lothian delegated limit for eHealth capital investment and that funding for incremental revenue costs associated with the preferred option, once fully operational remained to be identified. There was potential to explore allocation of regional funding due to regional activity in critical care. As data becomes available during implementation, Finance had been tasked through the project team to ensure cash releasing savings are realised. It is anticipated that these benefits would fund the additional expenditure.

- Outline Business Case (OBC) Re-provision of Adult Eye Services Mr Tyrothoulakis introduced the report asking the Committee to consider and approve the Outline Business Case for the proposed redesign of eye services and the associated re provision of the Princess Alexandra Eye Pavilion (PAEP). The Committee noted the issues around the current PAEP environmental concerns, water ingress and patient access. It was noted that the OBC had been agreed by the Acute SMT in March 2019 and this was now coming for F&R sign off and approval. Once approved it was hoped that the new building would be completed in September 2022 with services operating from March 2023.
- 36.3.1 Mr Tyrothoulakis outlined the key points for consideration since the initial agreement. The Committee noted that the modelling included no plans for repatriation from the Golden Jubilee Hospital but did include NHS Borders activity complex cases. In terms of the economic and financial appraisal the capital costs had increased by £14M from the previous initial agreement stage. The clinical research facility was also still being negotiated with the University of Edinburgh. Mr Tyrothoulakis added that opportunities to use the additional floors in the top of the new building for commercial space continued to be explored to make the building more financially viable.
- 36.3.2 The Chair thanked Mr Tyrothoulakis for a comprehensive OBC and the Committee would await the Full Business Case.
- 36.3.3 The Committee approved the Outline Business Case (OBC) and noted that the strategic, economic and financial assessments undertaken as part of the OBC process re-affirmed support for the original preferred option of a traditional capital funded new build eye hospital on the Edinburgh BioQuarter site at a projected total capital cost of £83.05M (excluding clinical research space).
- 36.3.4 The Committee noted that the estimated project costs for the hospital have risen from £68.5M to £83.05M since the IA was submitted, the primary driver for this being revised inflation estimates, and the proposed specification for the building. The Committee also noted the expansion option to establish a Clinical Research Facility within the new hospital at a projected additional capital cost of £3.04M. This compares with the estimate at Initial Agreement stage of £3.5M, the reduction being the result of further discussion with University of Edinburgh colleagues on the accommodation schedule.
- 36.3.5 The Committee acknowledged that a parallel exercise was underway to explore what benefits there could be to the affordability of the project if additional floors were incorporated into the design for use as commercial space. It was also recognised that the OBC now assumed the continuation of the Service Level Agreement in place between NHSL and the Golden Jubilee NHS Hospital for cataract assessment and cataract surgery at the original SLA level. The SLA for 2018/19 was set at 2644 cataract assessment appointments and 1852 treatments and has delivered 2067 appointments and 1532 treatments to date. Future demand for cataract surgery above this would be met through this proposal. This aligned to the guidance issued by the Minister for Health and Sport in September 2018.
- 36.3.6 The Committee also recognised that the proposal now included planning assumptions for NHSL to provide non cataract surgical services for NHS Borders patients. This is as a result of an Options Appraisal undertaken as part of the East Regions ophthalmology planning group, driven by workforce gaps within NHS Borders.

- 36.3.7 The Committee supported swift resolution of land purchase on the Edinburgh BioQuarter site for this new build and accepted moderate assurance of revenue affordability of the preferred option, estimated as an increase of £1.54m since IA submission. This estimate was currently based on assumptions around a direct, linear relationship between increase in activity and increase in expenditure. In order to provide additional assurance, a working group had been established to more clearly identify drivers and timing of step changes in expenditure and what control the Board might have over these.
- 36.3.8 Finally the Committee noted that as this proposal was part of the national Elective Centre expansion programme, it was anticipated that the revenue impact will be funded through the Waiting Times Improvement Plan funding.
- 36.4 <u>HSDU Improvement Re-provision update on strategic assessment and development of Initial Agreement</u> Mr Curley and Dr Hopton introduced the Initial Agreement for the reprovision of the Hospital Sterilisation and Decontamination Unit (HSDU) for approval and progression to Outline Business Case.
- 36.4.1 The Committee approved the IA to proceed to development of the OBC. The Committee noted that six options had been reviewed with two of these being rejected as either unlikely to meet the investment objectives or not possible to implement without disrupting existing production. This left four remaining options recommended to be carried forward to closer evaluation under the OBC. These were:
 - Do minimum
 - New single HSDU at scale
 - New HSDU and full refurbishment of existing HSDU
 - Local HSDU provision (3 or more HSDU)
- 36.5 The Royal Hospital for Children & Young People, Department of Clinical Neurosciences, Child & Adolescent Mental Health Services Update on Progress Mrs Goldsmith provided the Committee with confirmation that the commercial arrangements with IHSL were now documented in a settlement agreement between the Board and IHS Lothian Limited on 22 February 2019.
- 36.5.1 The Committee accepted significant assurance that the conclusion of the Settlement Agreement was in line with the previous reports to the Committee and Board. The Committee noted that a due diligence report had been received from Macroberts Solicitors and that all parties were now working to the programme and contract as amended by the Settlement Agreement, with a planned full service operational commencement date of 15th July 2019.

37 Revenue

- 37.1 <u>2019/20 Financial Outlook</u> Mrs Goldsmith provided the Committee with an assessment of the 2019/20 financial position based on the 18/19 forecast outturn, anticipated growth and assumptions around additional resources.
- 37.1.1 There was discussion on achieving financial balance in a challenging situation; supporting further development of IJBs; fair and equitable approaches to funding; addressing the care deficit; demographic pressures; the Board's NRAC position; brokerage; financial sustainability; heavily reliance on non recurring resources and the struggle to generate efficiency savings.

- 37.1.2 The Committee did not agree to the recommendations in the paper and suggested that the Financial Outlook as presented required further consideration on the balance of risk in terms of financial and care deficit at the next Private Board session. It was agreed that a revised document would come back to F&R in light of the Board level discussion.
- 37.2 <u>2018/19 Financial Position and Year-End Forecast</u> Mr Marriott provided the Committee with an overview of the financial position at period 11 and the year end forecast.
- 37.2.1 The Committee considered the latest financial position at February 2019 which reported a year to date overspend of £842k, comprising an operational overspend of £13.2m offset by non recurring flexibility within corporately held reserves of £12.4m and it was accepted that, based on information available, NHS Lothian would be able to deliver significant assurance on its ability to deliver a breakeven position in 2018/19, including the adjustment to allow carry forward of IJB underspend.

38 Any Other Competent Business

38.1 There was no other business.

39 Date of Next Meeting

39.1 The next Finance and Resources Committee meeting will be held on 22 May 2019.

40 2019 Dates

- 24 July 2019
- 25 September 2019
- 27 November 2019

DRAFT

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9:30am on Wednesday 22 May 2019 in Meeting Room 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present:

Mr M. Hill (Chair); Mr A. McCann; Mr B. McQueen; Mr P Murray; Mr B. Houston (from 10.15am); Mrs S. Goldsmith; Mr T. Davison; Mr J. Crombie (from 9.50-11.30am) and Professor A McMahon

In Attendance:

Ms J Campbell, Chief Officer, Acute Services; Mr I Graham, Director of Capital Planning and Projects; Mr C Marriott, Deputy Director of Finance; Mr A Payne, Head of Corporate Governance; Mr A Tyrothoulakis, Site Director St John's Hospital (Item 2.2); Ms M Don, Senior Project Manager NHS Lothian (Item 2.2); Mr C Stirling, Site Director, Western General Hospital (Item 2.3 & 2.4); Mrs J Proctor, Chief Officer, Edinburgh IJB (Item 2.4); Ms C Allardice, Project Manager – Capital Planning (observing) and Mr C. Graham, Secretariat Manager (Minutes).

Apologies:

Miss T. Gillies and Professor M. Whyte.

Declaration of Financial and Non-Financial Interest

The Chair invited members to declare any financial and non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. The Chair and Mr McQueen declared an interest in item 2.2 as Chair and Member of the West Lothian IJB.

1 Committee Business

- 1.1 <u>Minutes from Previous Meeting (20 March 2019)</u> The minutes from the meeting held on 20 March 2019 were approved as a correct record.
- 1.2 Running Action Note The Committee agreed the action note. There was discussion on the Property and Asset Management Improvement Programme item. Professor McMahon reported that there would be a meeting including the four IJBs and the Board to look at what would be required from a strategic planning capacity point of view. There would be an update taken to the 20 June Integrated Care Forum meeting.
- 1.2.1 It was agreed that a progress report on strategic planning capacity and trajectories would be brought back to the next F&R Meeting.

AMcM

- 1.3 <u>2018/19 Committee Annual Report</u> Mr Payne introduced the report which would inform the drafting of the Governance Statement which would be submitted to the Audit Committee in June and would then form part of the Board's annual accounts.
- 1.3.1 The Committee discussed the narrative around financial governance; quantifying of financial risk and risk assurances around capital projects.

1.3.2 The Committee approved the Annual Report for onward submission subject to the expanding of comments around financial governance and capital projects.

ΑP

2 Capital

- 2.1 <u>Property and Asset Management Improvement Programme</u> Mr I Graham presented the report providing updates on the status of Property and Asset Management Investment Programme (PAMIP) and seeking approvals on matters of asset management and performance. The Committee noted that the 5 year PAMIP was attached to the report as an appendix.
- 2.1.1 Mr I Graham highlighted the following:
 - the Board's over commitment was in line with previous years and the gap would likely be managed through programming;
 - the Scottish Government had indicated an increase in the delegated limit to £10M from £5M, written confirmation of this was awaited;
 - the new RHCYP, DCN & CAMHS migration planning was continuing with a view to completion by 15 July, advertising around this was being undertaken and further information would come back to the Committee as appropriate;
 - the Eye Pavilion reprovision business case had received support from the Scottish Capital Investment Group however there were some follow up questions around cost, design and capital receipt of the existing premises to be clarified;
 - the Bioquarter joint venture proposal was to be tabled to Bioquarter partners in the next month and would come to the Committee for consideration;
 - the Royal Edinburgh Hospital Campus Phase 2/3 was progressing. There was some risk around revenue funding and capital cover to be investigated;
 - the reprovision of Brunton Place Survey would come to the next F&R meeting;
 - the Western General Hospital (WGH) place brief had now been approved through the WGH planning committee and a significant amount of community engagement had been undertaken. Consideration had also been given to any health and safety issues around car parking given the increased number of business cases on the site.
- 2.1.2 There was discussion on the need to reduce overall estate to make financial efficiency targets as well as work to reduce energy consumption and carbon footprint. The Committee also considered the procurement funding routes now available and how these were becoming more innovative. In terms of car parking more consideration was being given to wider system opportunities such as subsided public transport and other more environmentally friendly options rather than simply spending money on extra parking spaces.
- 2.1.3 The Committee noted the project and programme progress as reported and accepted moderate assurance around the 2019/20 programme delivery.
- 2.2 <u>Standard Business Case (SBC) St John's Hospital Front Door Mr Crombie introduced the SBC which had been discussed at previous meetings and was now being presented to ensure St John's ability to deal with future demands.</u>
- 2.2.1 Mr Tyrothoulakis stated that the SBC was in front of the Committee for approval as the current Emergency Department at St John's Hospital was no longer fit for purpose. Mr Tyrothoulakis also outlined the financial elements of the proposal and confirmed the

capital cost of £3.96M after market testing, this was well within the previously submitted figures. The Committee noted that the West Lothian IJB had approved the SBC on 23 April 2019, subject to three conditions:

- that a further review of the Revenue Staffing levels as set out in Appendix 6 of the SBC is completed to demonstrate a clear justification of the proposed model
- that a formal commitment is received by the IJB from the Health Board that sufficient revenue funding will be made available to the IJB to allocate to the project without requiring funds to be diverted from other services; and
- that an assurance plan on resolving the current staffing challenges is developed.
- 2.2.2 The Chair stated that he had been critical of this SBC when received by West Lothian IJB when looking at the relationship between increased patient demand and an increase in staffing required. It was now clear that this was an over simplistic view and there were other factors dictating the staffing model as can be seen from what is a comprehensive piece of work to produce the SBC.
- 2.2.3 There was discussion on governance around capital investment; IJB engagement; predicted front door attendance patterns; lack of capacity with current provision; IJB strategic planning as part of a whole system approach; new nursing shift patterns; pay uplifts and car parking. It was suggested that this SBC could be used as an example for discussion by the Integrated Care Forum.
- 2.2.4 The Chair added that he would also like to discuss with colleagues out with the meeting the area of impact analysis and whether enough was being done to address the environmental impact of capital schemes.
- 2.2.5 The Committee agreed to approve the Standard Business Case, including:
 - capital costs [£4.00M] accepting an element of capital cost uncertainty due to the ambitious timescales for implementation.
 - recurring revenue costs (£2.11M). £200K of recurring revenue costs represent depreciation which is anticipated to be funded from NHS Lothian's existing allocation leaving £1.91m of unfunded revenue costs (excluding the impact of the non-recurring funding identified). At present NHS Lothian have allocated non recurrent revenue funding of £864K in the 2019/20 financial plan to meet part of the expected additional costs of the SJH ED Redesign until the end of the 2019/20 financial year.
 - thereafter NHS Lothian has requested West Lothian IJB direct funding to meet the
 increased revenue spend. In response West Lothian IJB has requested that a formal
 commitment is received from the Health Board that sufficient revenue funding is
 made available to the IJB to allocate to the project without requiring funds to be
 diverted from other services.
- 2.2.6 The Committee accepted significant assurance that the SBC had gone through a full option appraisal and there has been extensive engagement to develop and define the clinical model, departmental design and staffing level requirements.
- 2.3 <u>Standard Business Case Renal Dialysis Satellite Unit Re-provision and Expansion –</u>
 Mr Stirling provided an update to the Finance and Resources Committee on the proposals for the Renal Satellite Dialysis Unit reprovision and Expansion at the Western General Hospital, and presented the Standard Business Case (SBC) for approval.

- 2.3.1 Mr Stirling explained that the Renal Dialysis Satellite Unit Re-provision and Expansion was part of the master plan for the Western General Hospital site and forms part of a complicated piece of work over the next few years.
- 2.3.2 There was discussion on the revenue gap and the closing of this gap. Mr Stirling confirmed that the service team were undertaking to close the gap however specific plans were yet to be identified. The Chair added that the danger was that with the SBC approved, there could be an assumption made that approval was given against unfunded gap so work to close the gap had to remain on the radar. It was confirmed that there would be overview of this work within the quarterly financial analysis.
- 2.3.3 The Committee also discussed the time it had taken to bring the investment to the SBC stage. Mr Crombie stated that time had been taken to look at the environmental demand; population and demand of the service. Alternatives to dialysis through Realistic Medicine had also been investigated.
- 2.3.4 Mrs Goldsmith added that the SBC had also came forward just as the site master planning work was underway and the site logistics dictated that the master planning element had to be completed first.
- 2.3.5 The issue of budget overspend was also discussed and whether consideration had been given to improving efficiency by altering access times and number of dialysis units available. Professor McMahon confirmed that this had been looked at, recognising that engagement with patients and options for patients was a very emotive area. The unit was currently working at capacity.
- 2.3.6 The Committee approve the SBC for the Renal Dialysis Satellite Unit capital development and noted the increase in capital cost from the Initial Agreement stage by £1.24M.
- 2.4 Outline Business Case Western General Hospital (WGH) Oncology Enabling Mr Stirling gave an overview of the Oncology Enabling Outline Business Case (OBC). The Implementation Plan for Maintaining Flow at the Western General Hospital following a changed bed model to support Haematology and Cancer Enabling Projects was also provided.
- 2.4.1 There was discussion on the revised decant proposal and request that the Committee approve progression to the Scottish Government Capital Investment Group (CIG) for approval.
- 2.4.2 Mrs Proctor explained ongoing work within the Edinburgh IJB to support this work and the wider engagement around it including clinicians and support teams taking different approaches to get ahead of patient discharges. The Committee noted that full assurance could not be given at this time as focused work remained ongoing and the vision would be designed jointly with Edinburgh HSCP and WGH teams and include engagement with Mr John Bolton who had designed "Home First" work in other health systems in Scotland and elsewhere in the UK. NHS Lothian Organisational Development and QI team support will also be sought to assist with the change management process where required.

- 2.4.3 The Chair stated that it was expected that the full Business Case would come back to the Committee with the vision fully translated. Mrs Proctor confirmed that there was to be a meeting shortly to look at accelerating the timeline to the provision of full assurance. Mr Stirling added that the WGH was not approaching this from a standing start and that from a Quality Improvement perspective, areas across the site had already been identified.
- 2.4.4 The Committee noted the details of the business case, including capital and revenue resource impacts and the identified preferred decant solution. The Committee approved the OBC in order for it to be submitted for consideration to Scottish Government Capital Investment Group (CIG) in June 2019.
- 2.4.5 The Committee also requested that a site visit be arranged to give members the opportunity to walkthrough the site ahead of the Full Business Case submission. A visual representation of the layout and update on the master planning would also be developed for the next meeting.

CS/IG

3 Revenue

- 3.1 <u>2018/19 Year-End Financial Position and 2019/20 Financial Outlook</u> Mr Marriott provided an overview of the financial position for the year ending 31st March 2019, and an update on the Financial Plan for 2019/20. The Committee noted that the non recurrent position remained a key issue and that a quarter 4 review was being undertaken which was unusual for the board.
- 3.1.1 There was discussion on NHSScotland Resource Allocation Committee (NRAC) funding and how this was determined; the large amount of non recurring funding within the Facilities Directorate and the long term strategic planning around this to reduce the gap; medical and nursing pay costs and safe staffing levels impact.
- 3.1.2 The Committee acknowledged that NHS Lothian had achieved its financial targets for the year 2018/19, subject to external audit review and that NHS Lothian had provided additional non recurring in year support to both Edinburgh & West Lothian Integration Joint Boards to achieve a balanced year end position.
- 3.1.3 It was also noted that that the 2019/20 Financial Plan previously considered by the Committee had been discussed and approved at the NHS Lothian Board meeting with a £26m gap and limited assurance that NHS Lothian is able to deliver a balanced plan at this stage.
- 3.1.4 The Committee agreed to endorse the proposal to allocate £5m of flexible resource against anticipated drugs cost in 19/20.
- 3.2 <u>2019/20 Draft Annual Operational Plan</u> Professor McMahon outlined the report recommending that the Committee, on behalf of NHS Lothian Board, review and agree to an additional non-recurring benefit of £10m to support performance improvements associated with Unscheduled Care, Waiting Times Improvement Plan (scheduled care), and Child and Adolescent Mental Health Service (CAMHS) in light of confirmation of further additional investment in these areas in recent weeks.

- 3.2.1 Professor McMahon explained that the performance trajectories for inclusion in the 2019-20 Annual Operational Delivery Plan were now expected to be signed off by the Scottish Government by early June 2019 and that the final plan would go back to the NHS Lothian Board on the 26 June 2019 for homologation as agreed at the April 2019 Board meeting.
- 3.2.2 There was discussion on the additional non-recurring £10M; mental health investment level; national capacity procurement for activity within scheduled care and alternatives to this including further exploration of working with the independent sector; inpatient treatment time guarantee numbers; the board's position around the potential for brokerage, the board's risk appetite, whether the board should consider criteria for services and any procedures that perhaps should not be undertaken with a low negative impact on patients.
- 3.2.3 The Committee agreed to support, in principle, an additional non-recurring benefit of £10m in the three key areas associated with performance pressures with a split of £2m for unscheduled care, £5m for waiting times improvement plan (scheduled care) and £3m for CAMHS to support in year performance improvements.
- 3.2.4 The Committee noted that given the position and requirement for on-going discussion with Scottish Government colleagues to agree performance trajectories, it was proposed that a further update on the Annual Operational Plan be taken to the meeting of the Strategic Planning Committee on 20 June 2019 with the final draft 2019-20 Annual Operational Plan then being presented to NHS Lothian Board on 26 June 2019 for homologation.

4 Any Other Competent Business

4.1 There was no other business.

5 Date of Next Meeting

5.1 The next Finance and Resources Committee meeting will be held on 24 July 2019.

6 2019 Dates

- 25 September 2019
- 27 November 2019

HEALTHCARE GOVERNANCE COMMITTEE

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

Present: Professor T. Humphrey, Non-Executive Board Member (Chair); Dr P. Donald, Non-Executive Board Member and Miss F. Ireland, Non-Executive Board Member and Chair of Area Clinical Forum and Mr A.Joyce, Employee Director and Non-Executive Board Member.

In Attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Miss T. Gillies, Medical Director; Mr C Graham, Corporate Governance Team (minutes); Ms Karen Ozden, Chief Nurse REAS; Professor A. Timoney, Director of Pharmacy; Mr G Curley (Items 57.1 & 60.4) and Ms M Carr, Service Director DATCC (Item 60.4); Ms Lynsey McMillan, Complaints and Feedback Team Manager; Ms C Myles, Chief Nurse, Midlothian HSCP; Ms A Neilson, Director for Public Protection (Item 60.3); Dr L Logie, Consultant Paediatrician (Item 60.3); Dr E Doyle, Associate Divisional Medical Director (Item 60.3) Mr J. Crombie, Deputy Chief Executive; Dr S Watson, Chief Quality Officer; Mr P Wynne, Chief Nurse, Edinburgh HSCP; Professor A. McCallum, Director of Public Health and Health Policy and Professor A. McMahon, Executive Nurse Director.

Apologies: Mr B. Houston, Chairman, NHS Lothian; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Dr B. Cook, Medical Director, Acute Services; Ms J. Morrison, Head of Patient Experience; Ms C. Hirst, Non-Executive Board Member and Mr A. Sharp, Patient and Public Representative.

Chair's Welcome and Introductions

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

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

54. Patient Story

54.1 Professor McMahon read out a recently received letter from a patient with a recent dementia diagnosis. The patient had consented to the letter being read out to the Committee. The letter outlined the patient's appreciation of the NHS Lothian dementia course and thanked NHS Lothian staff for their support and expertise in leading the course.

55. Committee Cumulative Action Note & Minutes from Previous Meeting (15 January 2019)

- 55.1 The minutes from the meeting held on 15 January 2019 were approved as a correct record.
- 55.2 The Chair stated that in relation to the action note the Edinburgh HSCP older people care inspection item would come to the May Healthcare Governance meeting as it had to be put through IJB governance processes first.

56. Matters Arising

- Community Perinatal Service External Review Professor McMahon updated the Committee that a paper had been taken to the February Corporate Management Team meeting and in light of the announcement of perinatal funding across Scotland, it had been agreed to support option C which mean an investment of circa £1M. The Chair stated that this action would now be closed off and an update would be brought back at a future time.
- 56.2 <u>Using the Healthcare Improvement Scotland Quality of Care Approach</u> Ms Bennett reported that of the 9 dimensions that made up the approach, dimension 4 was currently being reviewed by HIS at the moment as this was not sitting quite right within the health context. Qualitative and quantative data regarding environment was being tested at ward level and there remained to be a mapping exercise at Board level. This would be a significant piece of work when HIS came to look at that.
- 56.2.1 The Chair asked about the alignment of internal governance process and accumulation of information ahead of the HIS review. Ms Bennett stated that the template was being tested with the Health and Social Care Partnerships and would be the same template that would be used for reporting within acute and community services.

57. Emerging Issues

- 57.1 Queen Elizabeth Hospital, Glasgow Infection Mr Curley reporting on a recent national teleconference. There was discussion on the recent HEI inspection and the action plan following the inspection which had been shared with all health boards. Boards were being asked to review the plan and provide assurance levels around aspects of the Queen Elizabeth Hospital audit report. Key aspects included:
 - Clean environments general environment, clinically and domestically
 - Key engineering systems
 - Organisational control point of view
 - Governance protocols and processes
- 57.1.1 The Committee noted that a small working group had been established to look at the Lothian position and there was hoped to be a response prepared for this Friday. There would be a paper brought to the next Healthcare Governance Committee updating on the Lothian position around assurance level.

JC

58. Committee Effectiveness

58.1 <u>Corporate Risk Register</u> - Ms Bennett introduced the report setting out NHS Lothian's Corporate Risk Register for assurance. The Committee accepted significant assurance that the current Corporate Risk Register contains all appropriate risks and noted that the unscheduled care performance risk (3203) had been separated into two risks, one related to the achievement of the 4-hour standard and the other to patient safety relating to overcrowding in the Emergency Department. The risk descriptions had been agreed and work is progressing to document the controls and associated measures. The risk would be presented to the Board for approval in April 2019.

- 58.1.1 The Committee also accepted that as a system of control, the Governance committees of the Board assess the levels of assurance provided with respect to plans in place to mitigate the risks pertinent to the committee.
- 58.1.2 The Committee note that following approval from the February 2019 Board, an emerging risk section has now been included in this paper to highlight in a more timely manner significant risks that are being managed at an executive level and/or risks that may require inclusion on the Corporate Risk Register. Current examples are Waste Management and Brexit, which will be set out for consideration in the April 2019 Board Risk Register report.
- 58.1.3 It was also noted that the Audit & Risk Committee (ARC) would recommend to the Board that all Risk Register Board reports include a section on NHS Lothian's strategic risk framework replacing the risk appetite section removed from the Board paper in June 2018. ARC would also recommend to the April 2019 Board that a new corporate risk register template be adopted based on the results of testing the new framework. An Internal Audit into Risk Management had also been completed and plans to respond to Internal Audit will be progressed through ARC.
- 58.2 Quality and Performance Improvement Report The Committee received the report providing an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 58.2.1 The Committee noted that alternative oversight arrangements are to be established for 18 measures in the Quality and Performance Improvement Process following the dissolution of the Acute Hospitals Committee. It was acknowledged that of the 36 target performance measures, 14 are met, 19 not met and 3 unable to be assessed on performance.
- 58.2.2 The Committee also noted that, in terms of assurance, two measures remain unassessed by board committees with significant, moderate, limited and no grading reached in 9, 10, 16 and 1 instances respectively.
- 58.3 <u>Patient Involvement in the Healthcare Governance Committee</u> Professor McMahon presented the report outlining options for ensuring that the patients' voice is meaningfully represented on the committee.
- 58.3.1 The committee acknowledged the discussions that had taken place with Simon Malzer, Public Involvement & Engagement Manager, to pull together the paper around patient input options. The Committee noted the outlined model recommendations in the paper and agreed to piloting of the model outlined at Option 2 in the paper which was to introduce a patient group to work alongside the Healthcare Governance Committee. The details around this option such as administrative support were still to be developed.

59. Person Centred Culture

59.1 <u>Patient Experience and Feedback</u> - Ms McMillan introduced the report recommending that the Healthcare Governance Committee notes the range of work across complaints & feedback and patient experience activities across NHS Lothian.

- 59.1.1 The committee noted the most recent complaints performance against the 2 key targets and agreed to take moderate assurance that the performance on complaints handling is moving towards a better and more sustainable position. The Committee also noted the completion of the recent Internal Audit report and supported the next steps of the complaints and feedback Business Case.
- 59.1.2 The range of work being done to support the patient experience agenda via Tell Us Ten Things (TTT), Care Opinion (CO) and the Care Assurance Standards (CAS) was also acknowledged. There would be a further update to the Committee at the September meeting.

AMcM

60. Safe Care

- 60.1 <u>Emergency Access Standard</u> Mr Crombie updated the Committee on unscheduled care 4-hour emergency access standard (4EAS) performance and on the improvement actions in progress associated with Patient Safety and Quality of Care under the auspices of the 4EAS programme.
- 60.1.1 Mr Crombie reported that the paper built on discussion from previous Healthcare Governance Committee meetings which sighted a move away from reporting a percentage to having more in depth detail. There was discussion on elective cancellations; introduction of initiatives such as the safety pause; the patient journey, tests of change and underpinning quality improvement methodology work and the improving environment of the emergency department at both RIE and St John's. Mr Crombie added that there was now a formal programme board established to monitor the tests of change such as the minor injuries modular build and how this could progress to a purpose based facility for the future.
- 60.1.2 There was also discussion on winter planning. Mr Crombie outlined the approach to this, part of which had been the evolution of the unscheduled care committee into the winter planning committee. Part of the process for this year was to evaluate last year's plans to see what worked and build this into future planning. In the summer there would be an overview taken of what happened the previous winter which would contribute to investment plans for the next year.
- 60.1.3 The Committee noted the Unscheduled Care Performance and Patient Safety metrics as detailed; noted progress and achievements to date within the area of Patient Safety and Quality of Care and accepted responsibility for the actions summarised where the Healthcare Governance Committee had been identified as principal owner of these actions, and would seek future assurances over the completion status of these actions. The Committee agreed to a moderate assurance level and noted this was not significant due to the fact that whilst STJ performance was now routinely above 90% the work at the RIE continued. It was agreed that a further report would come to the September Healthcare Governance meeting with further details on winter planning and evaluation work.
- 60.2 <u>Public Protection Governance Arrangements</u> Professor McMahon introduced the report providing the committee with assurance that robust governance arrangements are in place for child protection, adult protection, multi-agency public protection arrangements (MAPPA) and Gender Based Violence (GBV) across Lothian.

- 60.2.1 There was discussion on why the assurance level being requested was moderate when the internal audit report gave a significant level. Professor McMahon stated that whilst the systems and processes were in place there remained anxiety around communication and misinterpretation.
- 60.2.2 The Committee agreed to take significant assurance around the systems and processes and a moderate level in relation to mitigation of harm. The report and the continued progress to strengthen Public Protection arrangements was noted.
- 60.3 <u>Public Protection Significant Case Review</u> Dr Logie, Dr Doyle and Ms Neilson provided the committee with an update on a Significant Case Review relating to Baby A.
- 60.3.1 The Committee noted the findings from the Significant Case Review and the actions taken to address the areas for improvement. The Committee received the assurance associated with this paper and would welcome regular updates as appropriate.
- 60.4 <u>Surgical Instrument Cycle Improvement Programme</u> Mr Curley and Ms Carr updated the Committee on both the progress against surgical instrument cycle programme plan to improve the effectiveness and the efficiency of the instrumentation sterilisation cycle, and action plans to address service concerns at WGH specifically.
- 60.4.1 The Committee noted that a programme board was in place providing oversight to this work and that focus was currently on 2 streams:
 - Quarantined instruments on trays exercise now complete with 130-140 trays checked for missing instruments.
 - WGH had a regular issue with missing or obscure trays a dedicated team was now in place to look at missing trays. The same team was also looking at instrument rationalisation.
- 60.4.2 The Committee agreed to take moderate assurance from the improving position in relation to supply of fit for purpose surgical instrumentation, and supported the continued actions of the programme. The Committee also endorsed the continued efforts to further refine success measures for the surgical instrumentation cycle.
- 60.4.3 It was acknowledged that there had been demonstrable progress against planned actions as evidenced by the attached programme plan, which over time should result in a more effective and efficient instrument sterilisation cycle.
- 60.4.4 The Committee requested a further update to the July Healthcare Governance Committee with the report having a spotlight on data around the impact and risks for patients due to delayed or cancelled operations because of instrument issues.

JC

61. Effective Care

61.1 Mental Health Services Update - Ms Ozden and Professor McMahon gave a presentation on mental health services. The presentation covered REAS Priority areas to 2021; National Priorities and investment; REAS Service Areas challenges such as capacity and demand in adult acute mental health; actions taken to mitigate risks; adult mental health rehabilitation; older peoples' Mental Health; Phase 2 of the Royal Edinburgh Hospital Re-provision and Development Programme; Psychotherapy Waiting lists and future projection; CAMHS service; Police Custody Healthcare; Eating Disorders Service; National Mental Health Deaf Service; Management of Violence and Aggression;

Workforce challenges in Medical Staffing in Mental Health and recruitment & retention within REAS Nursing.

- 61.1.1 The Chair thanked Ms Ozden and Professor McMahon for the presentation. It was noted that it had been 6 months since the last update and unfortunately if felt as though little progress had been made in that time. Of the vast array of services covered in the presentation only three were able to offer moderate assurance (Psychotherapy, Police Custody Healthcare and National Mental Health Deaf Service) with the rest as limited. There remained a risk to patient safety, effectiveness and experience and the question was how to move this forward. Ms Ozden stated that quality of care remained high, despite adversity. The Chair whilst appreciating this stated that that the presentation did not contain any objective evidence of risk mitigation and its impact..
- 61.1.2 Professor McMahon suggested bringing a further paper back to the Committee to give further assurance that systems were as safe as they can be, evidencing quality of care and the incredible hard work being undertaken every day to manage the risks involved. The Chair added that the next presentation would also need to demonstrate mitigation of key risks to patient safety and experience along with signs of progress in relation to quality of care. It was agreed to circulate the presentation given today and for a further presentation to come to the July Healthcare Governance Committee.

AMcM

- 61.2 <u>Prison Healthcare</u> Professor McMahon provided an update to the healthcare Governance Committee on Prison Healthcare. The Committee noted the positive feedback received following the recent inspection of HMP Addiewell by Her Majesty's Inspection of Prisons (HMIPs) and the action plan in relation to the recommendations The Committee also noted the update on smoke free prisons and the change of legislation relating to Gabapentinoids from the 1st April 2019 and the potential impact that would have for healthcare staff.
- 61.2.1 The Committee agreed that at this time moderate assurance is appropriate with regards to prison healthcare. The Committee also agreed that this item could now move to Annual Reporting.
- 61.3 Edinburgh Health and Social Care Partnership Hosted and Primary Care Services Mr Wynne introduced the paper informing the committee that Governance arrangements were in place to monitor, support and drive improvement in hosted and primary care services

- 61.3.1 The Committee supported the current arrangements in place and the plans to continue to strengthen the integration of care and governance arrangements in EHSCP through a joint quality assurance and improvement structure. The Committee accepted a moderate assurance level that governance arrangements were in place and requested that a further update come to the July Healthcare Governance Committee.
- 61.4 NHS Capacity for Private Sector Work Miss Gillies introduced the report seeking the Committee's support for the policy in place for the provision of care for private and self funding patients in NHS Lothian.
- 61.4.1 The committee agreed to support the management proposal that the current policy supporting the provision of care for private and self funding patients should continue. The Committee noted that regular monitoring would be augmented and an annual report on levels of activity would be presented to the Committee.

62. Exception Reporting Only

Members noted the following previously circulated papers for information:

- 62.1 Scottish Trauma Audit Group Annual Report
- 62.2 Controlled Drug Team Annual Report
- 62.3 Research and Development Annual Report
- 62.4 Clinical Policy and Documentation Annual Report
- 62.5 Organ Donation Sub Group, Revised Terms of Reference
- 62.6 IVF Performance
- 62.7 Scottish Patient Safety Programme Infographic
- 62.8 <u>Healthcare Associated Infection Update</u> Professor McMahon reported that staphylococcus aureus bacteraemias (*SABs*) rates were slightly off trajectory and that some cases may have been preventable. Clostridium difficile (C. diff) rates were on trajectory. In relation to antibiotic prescribing the RIE and WGH remained static, there was a small improvement at STJ. Current issues were in relation to showerheads at WGH DCN and Cardiothorasic at RIE. There were IMT meetings scheduled to address both these issues. Professor McMahon and the Chair would manage these offline. Miss Gillies added a comment on the wider issue of press coverage following HAI related deaths. Miss Gillies confirmed that any death certificates mentioning SABs or C.diff were reviewed and a thematic analysis might help with the internal audit action around provision of a moderate assurance level.

63. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

- 63.1 Area Drug and Therapeutics Committee, 1 February 2019
- 63.2 Organ Donation Sub Group, 29 November 2018, 22 February 2019
- 63.3 Lothian Infection Control Advisory Committee, 4 December 2018
- 63.4 Information Governance Sub Committee, 22 January 2019

64. Any Other Business

64.1 <u>Brexit Risk on Corporate Risk Register</u> – The Committee noted that the Board now had a Strategic Brexit Management Group led by Mr Crombie, looking at upcoming issues within workforce, procurement and medicines. It was also noted there remained an absence of any steer from the Scottish Government on the Brexit work.

65. Date of Next Meeting

The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 14 May 2019** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

66. Further Meeting Dates in 2019

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

9 July 10 September 12 November

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 9.00 on Tuesday 14 May 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Ms C. Hirst, Non-Executive Board Member (acting chair); Dr P. Donald, Non-Executive Board Member; Ms W. Fairgrieve, Partnership Representative; Ms F. Ireland, Non-Executive Board Member; Mr A. Joyce, Employee Director and Non-Executive Board Member.

In Attendance: Mr R. Aitken, Associate Director of Operations (item 7.1); Ms J. Bennett, Associate Director of Quality Improvement and Safety; Ms J. Campbell, Chief Officer, Acute Services; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr B. Douglas, Head of Hard Facilities Management (item 7.1); Ms S. Egan, Director and Child Health Commissioner, Women and Children's Services (item 5); Ms A. Fitzpatrick, Associate Nurse Director, Women and Children's Services (item 5); Ms M. Hughes, Chief Nurse, West Lothian Health and Social Care Partnership; Professor A. McCallum, Director of Public Health; Ms J. Morrison, Head of Patient Experience; Ms C. Myles, Chief Nurse, Midlothian Health and Social Care Partnership; Ms A. Neilson, Associate Nurse Director, Public Protection (item 5); Ms B. Pillath, Committee Administrator (minutes); Mr D. Small, Director of Primary Care Transformation; Professor A. Timoney, Director of Pharmacy; Dr S. Watson, Chief Quality Officer; Mr P. Wynne, Chief Nurse, Edinburgh Health and Social Care Partnership.

Apologies: Dr B. Cook, Medical Director, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr J. Forrest, Chief Officer, West Lothian Health and Social Care Partnership; Professor T. Humphrey, Non-Executive Board Member; Mr B. Houston, Board Chairman; Ms A. McDonald, Chief Officer, East Lothian Health and Social Care Partnership; Professor A. McMahon, Executive Nurse Director; Mr A. Sharp, Patient and Public Representative.

Chair's Welcome and Introductions

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

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

1. Patient Story

- 1.1 Ms Ireland read out positive feedback from a patient who had been on ward 31 at the Western General Hospital and who praised the nursing staff for recognition of small needs, encouragement, kindness, positivity and communication as well as team work between different professions. Members acknowledged these key skills of nursing.
- 1.2 Open visiting times were mentioned as a positive and Mr Wynne advised that this was often very important to patients as time interacting with people would otherwise be limited.

2. Minutes from Previous Meeting (12 March 2019)

- 2.1 The minutes from the meeting held on 12 March 2019 were approved as a correct record.
- 2.2 The updated cumulative action note had been previously circulated.

3. Emerging Issues

- 3.1 Failure to release letters
- 3.1.1 Ms Campbell presented the previously circulated paper. Dr Watson advised that all the actions recommended following the review were now either complete or in progress. Work was already in progress at the time of the completion of the review.
- 3.1.2 Professor McCallum advised that the Information Governance Committee was taking quality of official statistics into its remit and was investigating where assurance on quality of processes and data for reporting could be gained.
- 3.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance that management actions and risk assessments were in place.

4. Committee Effectiveness

- 4.1 <u>Corporate Risk Register</u>
- 4.1.1 Ms Bennett presented the previously circulated paper. Work was in progress to align levels of assurance accepted at governance Committees with grading of risks on the risk register. Previously grading on the risk register has been static and has not reflected changes in levels of assurance accepted.
- 4.1.2 The new template for the risk register had been accepted by the Board, showing more clearly the relationship between risk, progress and oversight of actions. Members agreed the new template was helpful to see improvement.
- 4.1.3 The governance aspects of the access to treatment risks previously overseen by the now disbanded Acute Hospitals Committee would become part of the remit of the Healthcare Governance Committee. This would include oversight of mitigating actions for the impact of poor performance on safe and effective treatment, but not the management actions taken to improve performance which would be overseen by management groups.
- 4.1.4 Members accepted the recommendations laid out in the paper.
- 4.2 Quality and Performance Improvement Report
- 4.2.1 Ms Bennett presented the previously circulated paper. Members accepted the recommendations laid out in the paper.
- 4.3 Improving the Focus of our Systems of Governance
- 4.3.1 Ms Bennett presented the previously circulated paper with a proposal for a template to focus reports submitted to the Healthcare Governance Committee to ensure they cover

the key areas relevant to the committee. This template had been used for the Health and Social Care Partnerships reports in November 2018 and for the Children's Services report at this meeting.

- 4.3.2 Members approved the recommendations laid out in the paper.
- 4.4 Healthcare Governance Committee Annual Report and Assurance Need
- 4.4.1 Ms Bennett presented the previously circulated paper with the proposed annual report for 2018/19. The areas where only limited assurance had been accepted over the year were discussed. For GP sustainability it was noted that there was a lack of clarity on which area assurance was sought for; for timely discharge of inpatients it was agreed that improvement was anticipated in the coming year but a further report was required before moderate assurance could be considered; for both Child and Adolescent Mental Health Service and Edinburgh Older People's Care assurance remained at limited although improvement work was in progress. It was agreed that these areas would be included in the report as concerns but with information about plans and progress made. No further concerns to be included were raised.
- 4.4.2 Following discussion of the results of the committee members survey included in the paper it was agreed that a set of questions applicable to any topic would be developed for members to keep in mind while reading and discussion papers, to ensure focus on the governance aspect.

 JB
- 4.4.3 Members accepted the recommendations laid out in the paper.

5. Children's Services

- 5.1 A paper had been previously circulated. Ms Egan gave a presentation. The legislation around responsibility for children's services was complex and members discussed whether there was adequate oversight for any concerns or good practice to share. Further complexity was added by the number of groups with action plans monitored in different places.
- 5.2 Ms Egan highlighted current concerns that from the 2017/18 data there was low up take of the 27-30 month development review of children. More recent data had improved and an improvement plan was in place. The low compliance was thought to be related to a high vacancy level.
- 5.3 It was noted that Chief Nurses had close oversight of risks regarding health visitor workforce and were working together. There was a steering group for the Health Visitor Pathway which considered highest risk areas in the Lothians. The Scottish Government was also updated. Professor McCallum noted that there was a range of vertical workstreams reporting separately with the work carried out by the same group of staff. Staff were delivering a high class of work but a fragile workforce could lead to a drop in performance.
- 5.4 Much of children's care was carried out in primary care by GPs and dental services, including immunisation. This was governed separately.

- 5.5 Members noted the hard work taking place in this complex area and accepted limited assurance that there was clear governance oversight of children's services. More qualitative data on outcomes was needed. It was agreed that a further update would be given on immunisation and on the 27-30 month review at the meeting in September 2019.
- 5.6 To give further context the presentation used at the Board Development Session on Children's Services in 2018 would be circulated to members.

6. Person Centred Culture

- 6.1 Patient Involvement in Healthcare Governance Committee
- 6.1.1 Ms Ireland gave a verbal update. A terms of reference for the patient and public reference group agreed at the last meeting was in development. Ms Morrison suggested that the chair would be asked to select key papers where public input would be particularly relevant rather than the reference group reading and discussing all the papers. It was suggested that a series of questions would be developed for the reference group to consider which would focus their feedback to the Committee.
- 6.1.2 It was suggested that there could be learning from the now established process of patient input in care pathways in primary care and carer and public representatives support groups in Integration Joint Boards.
- 6.1.3 A further update would be brought to the next meeting.

7. Safe Care

- 7.1 Safety and Cleanliness of Hospitals
- 7.1.1 Mr Douglas and Mr Aitken presented the previously circulated paper. The review had taken place following incidents at the Royal Infirmary of Edinburgh and at the Queen Elizabeth Hospital in Glasgow.
- 7.1.2 Progress on the actions agreed and outcomes would be included as part of the Healthcare Associated Infection paper which would be on the agenda for discussion for the rest of the financial year.

 TG
- 7.1.3 Mr Aitken noted that the aim was to become more proactive in identifying any risks and expert groups including Facilities, Infection Prevention and Control, PFI partners and Health Facilities Scotland representatives had been established to oversee the issues. These groups reported through the Lothian Infection Control Advisory Committee to the Healthcare Governance Committee. The groups would focus on business as usual standard reporting, emerging issues, and new learning from incidents highlighting any risks and identifying areas that need to be externally managed. This would include water temperature reporting and ventilation.
- 7.1.4 Members accepted the recommendations laid out in the paper.
- 7.2 Managing and Learning from Significant Adverse Events

- 7.2.1 Ms Gillies presented the previously circulated paper. It was noted that the Patient Safety and Experience Action Group (PSEAG) had been used at executive level for four years, and these were now being established at the acute hospital sites. The agenda for these groups was dynamic and covered all areas of feedback on patient experience; these were discussed and others were asked to take appropriate action.
- 7.2.2 Ms Gillies advised that there were different mechanisms for feedback to those involved when an adverse event occurred. These included hot debriefs to identify need for support, which were well developed in cardiac arrest, major trauma and front door areas and were to be introduced in obstetrics and gynaecology. Schwartz Rounds for emotional support between staff would be tried this year.
- 7.2.3 Improvement programmes were in place to reduce incidents of major harm and death and share organisational learning for falls, pressure ulcers and deteriorating patients.
- 7.2.4 Members accepted the recommendations laid out in the paper and moderate assurance was accepted.

7.3 Deteriorating Patients

- 7.3.1 Ms Gillies presented the previously circulated paper and highlighted the improvement made in this area resulting in benefit for patients from appropriate anticipatory care planning and improved end of life experience. Processes were now in place to manage all deteriorating patients.
- 7.3.2 The Committee had accepted moderate assurance on improvements made at the end of 2018 and wanted to see progress over the winter. This had now been shown. NHS Lothian did not start as an outlier in Scotland for cardiac arrests and had now made a recuction of 44%. Members agreed that this had been a significant achievement and agreed to recommend to the Board that the risk on the risk register be removed as sustained improvement had been made.
- 7.3.3 Members accepted the recommendations laid out in the paper and accepted significant assurance

7.4 Evaluation of Winter Performance

- 7.4.1 Ms Campbell presented the previously circulated paper. There had been positive results from the more structured approach to the allocation of resources over the winter. This highlighted the importance of planning early and contributions to whole system working between Health and Social Care Partnerships and Acute Services. It was also noted that front line staff including ward staff and pharmacists had responded positively and supported the approach which allowed their input.
- 7.4.2 It was noted that the coming 2019/20 winter would have additional pressures due to enabling works in oncology which would use a decanting ward in the Royal Victoria Building which could effect orthopaedics patient flow. This would be taken into account in planning.
- 7.4.3 Relationships between acute services and Health and Social Care Partnerships had developed and there was better working and joint planning.

7.4.4 Members accepted the recommendations laid out in the paper and accepted significant assurance that systems in place for winter planning had worked well.

8. Effective Care

8.1 <u>Dementia Diagnosis</u>

8.1.1 Ms Ireland gave a verbal update. A dementia group had been established with user, carer and staff representaitives. The first meetings were used for scoping what data could be collected on the dementia diagnosis pathway. Data collection would start in the Health and Social Care Partnerships as the diagnosis would take place in primary care. An update paper would be submitted to the next meeting including details of the support arrangements currently in place in each of the Health and Social Care Partnerships.

8.2 Primary Care and GP Sustainability

- 8.2.1 Mr Small presented the previously circulated paper. Ms Gilliese suggested that clarity was needed on what was meant by 'sustainability' in this context to allow assessment as to whether progress was being made againgst agreed criteria. The focus for this Committee was on the patient rather than the professional, and how implementation of the contract was improving access to GP care for patients. The Integration Joint Board strategic plans were in development and these would show what work was ongoing.
- 8.2.2 As well as GP practice there also needed to be focus on access to community dental practices, pharmacy, and out of hours care.
- 8.2.3 Members accepted the recommentations laid out in the paper and accepted limited assurance. The next report would include identification of risks, actions to mitigate them, any gaps and any areas outwith the remit of NHS Lothian and Partnerships to solve. **DS**

9. Exception Reporting Only

Members noted the following previously circulated papers for information:

- 9.1 Diabetes Managed Clinical Network Annual Report
- 9.2 Out of Area Placements Monitoring Team Annual Update
- 9.3 The Edinburgh Clinic Independent Healthcare Inspection Report
- 9.4 Healthcare Associated Infection Update

10. Other Minutes: Exception Reporting Only

Members noted the previously circulated minutes from the following meetings:

- 10.1 Area Drug and Therapeutics Committee, 5 April 2019
- 10.2 Lothian Infection Control Advisory Committee, 12 March 2019
- 10.3 Information Governance Sub Committee, 23 April 2019
- 10.4 Clinical Management Group, 12 February 2019; 12 March 2019
- 10.5 Public Protection Action Group, 8 March 2019
- 10.6 Health and Safety Committee, 26 February 2019

11. Date of Next Meeting

11.1 The next meeting of the Healthcare Governance Committee would take place at **9.00** on **Tuesday 9 July 2019** in **Meeting Room 8**, Fifth Floor, Waverley Gate.

12. Further Meeting Dates in 2019

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

DRAFT

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the Meeting of the Staff Governance Committee held at 9:30am on Wednesday 29th May 2019 in Meeting Room 8&9, Fifth Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Mrs A. Mitchell (Chair); Mr B. Houston (until 11am); Cllr J. McGinty; Miss F Ireland; Mrs. J Butler; Mr J. Crombie (until 11.30am); Miss T. Gillies and Ms H. Fitzgerald.

In Attendance: Mrs R. Kelly, Deputy Director of HR; Mr I. Wilson, Head of Health and Safety; Mr A. Tyrothoulakis, Site Director, St John's Hospital; Ms C. McDowall, Speak Up Ambassador NHS Lothian; Dr H. Monaghan, Speak Up Ambassador NHS Lothian; Ms J. Alexander, General Manager, Royal Infirmary of Edinburgh; Dr C. McIntyre, Consultant Clinical Scientist NHS Lothian (Item 3.6); Dr J. Hopton, Programme Director – Facilities (Items 3.4.1 & 3.4.5); Mr C. Graham, Corporate Governance Team and Mrs K Marinitsi, Corporate Governance Team (Observing)

Apologies for Absence were received from Mr A. Joyce; Professor A. McMahon; Ms J Campbell; Professor T. Humphrey; Cllr D. Milligan and Mr S. McLauchlan.

Declaration of Financial and Non-Financial Interest

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

1. Minutes of the Previous Meeting

1.1 The Minutes and Action Note of the Staff Governance Committee Meeting held on 27 March 2019 were approved as a correct record.

2. Matters Arising

2.1 The Committee noted items on the action note were being covered on the agenda.

3. Assurance and Scrutiny

- 3.1 <u>Emergency Access Standard Staff Experience and Leadership Update Report</u> Mrs Butler gave an update on the work being undertaken since the progress report of the 24 October 2018.
- 3.1.1 The Committee agreed to take significant assurance on the progress which has been made in key areas since the October 2018 update report, recognising that there is still work to be done to continue to develop apositive culture and improve staff experience plans in particular at the Royal Infirmary of Edinburgh (RIE) and St John's Hospital (SJH). The work by its very nature, is a continuous improvement process and plans related to each NHS Lothian site at a particular point in time.
- 3.1.2 In terms of strengthening of site leadership arrangements the Committee noted that an Associate Director of Nursing for Unscheduled Care had been introduced at SJH and a

1/10 154/395

programme of work around Nursing Leadership and development of leadership capability was ongoing at the RIE.

- 3.1.3 Other initiatives had included the appointment of Ms McDowall and Dr Monaghan as Speak Up Ambassadors for NHS Lothian; utilising the iMatter survey results to monitor staff experience and staff concerns around patient safety. Pulse survey results were also being used to provide assurance that staff feel able to raise concerns whilst feeling there was dignity, respect and involvement with decisions.
- 3.1.4 It was noted that the pace and scale of ongoing change at the RIE was great and continued to be significant. In relation to leadership at SJH, the introduction of a new leadership team appeared to be having a positive impact as shown through survey results.

RIE Staff Governance Update Presentation

- 3.1.5 Ms Alexander gave a presentation covering a recap of the RIE emergency department (ED) Pulse Survey and the next steps for the ED around staff development; communication and quality improvement. One of the key developments around focus on patient safety and staff experience had been the introduction of the safety pause.
- 3.1.6 The Chair asked for an example of learning coming from the safety pause. Ms Alexander gave the example of the control room within ED and the use of real time data to help focus and inform decision making. Ms Alexander added that in retrospect there could have been better person-centred conversations around staff engagement and the planning phase ahead of the introduction of the new control room.
- 3.1.7 The Committee noted the RIE achievement of the Gold Healthy Working Lives Award and congratulated the staff and team involved with putting their heart and souls into the exercise to achieve the award.
- 3.1.8 There was discussion on the pulse survey data and whether there was any base reference point? Ms Alexander confirmed that there was information provided from other sources. The ED always engaged with 'what matters to you' and although last year did not get iMatter reports for all the teams within the ED, it was anticipated that there would be an improved position this year.. The data would be pulled together and would then be tested again at a date to be confirmed. There was also discussion of concerns around survey fatigue and to help mitigate this
- 3.1.9 The question of how well this organisational development work was playing into performance management was also raised. Ms Alexander stated that six months ago it had been recognised and observed by the Scottish Government External Support team that staff were not confident around having accountable conversations within the department. However the senior management team were still attending safety pauses and witnessing different types and more accountable conversations between nursing and medical staff. The organisational development and staff experience work was being underpinned by the corporate staff engagement and experience framework.
- 3.1.10 The Chair asked about staff feeling overwhelmed given the amount of transformation that was going on. Ms Alexander stated that the need to pause, step back and respond in a different way had been well articulated along with the focus on changing the department's model of care.

3.1.11 The Committee also discussed embedding of changes to processes and actions into organisational culture and the feedback loop for concerns or issues raised. Ms Alexander stated that communication and staff engagement was part of the structure and that there were open staff engagement sessions held every Friday morning as part of a number of mediums used to engage with staff as part of the 'you said, we did...' process.

SJH 4EAS External Report Recommendations Presentation

- 3.1.12 Mr Tyrothoulakis congratulated RIE colleagues on the achievement of the Gold Healthy Working Lives Award. Mr Tyrothoulakis gave a presentation covering three leadership themes:
 - Roles
 - Opportunities
 - Culture
- 3.1.13 The presentation also covered "What Matters to You" and Experience. It was noted that there had been engagement surveys with staff and service users on the new design of the physical lay out for the department. The recent pulse survey had also shown an encouraging level of engagement around decision involvement; safety; dignity and respect. In relation to iMatter, the ED department at SJH would be getting a report this year.
- 3.1.14 Mr Tyrothoulakis reported that there was to be a staff workshop on 13th June with the Royal College of Surgeons on conflict resolution. The event had been well subscribed and there may be further events if successful.
- 3.1.15 Mr Tyrothoulakis added that there had been a lot of improvements on the St John's site and there was a different feel to the campus; the improvements were reflected in the improved performance of 95% in May against the emergency access standard. There was still more work to do and this process would continue. There had also been a focus on feedback to staff; this had been an area identified for improvement from Datix incidents and complaints. The new newsletter had introduced a 'you said, we did' section as part of this work.
- 3.1.16 Work had also been undertaken with the unregistered workforce and sessions held to get views on how the new department should look and future ways of working. There had been some changes to job descriptions and responsibilities as part of the workforce model development.
- 3.1.17 The Chair thanked Mr Tyrothoulakis for the presentation and asked that the Committee's recognition of the hard work undertaken by the SJH team be conveyed back. Mr Crombie commented that the Committee's focus on this work was welcomed as was the detailed level of the review the Committee had allowed today. Mr Crombie commended the resilience of all the leadership teams across acute in particular at RIE and SJH and noted that the commitment to this improvement and the focus delivered had been remarkable.
- 3.1.18 The Committee agreed to take significant assurance on the progress which has been made in key areas since the previous report, recognising that there is still work to be done to develop culture and improve staff experience, which by its very nature, is a continuous improvement process. There would be a further update in October to include the iMatter reports' feedback and evaluation.

JC

- 3.2 <u>Staff Governance Committee Annual Report 2018/19</u> Mrs Kelly presented the Committee with the Annual Report of the Chair of the Staff Governance Committee.
- 3.2.1 The Committee agreed to approve the Annual Report of the Chair of the Staff Governance Committee for inclusion in the Board's Annual Report and Accounts.
- 3.3 <u>Staff Governance Monitoring Framework Return 2018/19</u> Mrs Kelly reported that this document was the annual report to the Scottish Government looking at performance against the staff governance standard. It was noted that there was a state of change with the report and the definitive view of what was required to be reported on for next year was awaited.
- 3.3.1 Mrs Kelly explained that some of the report had been pre-populated by the Scottish Government and that each board also had its own individually tailored questions. The report from the Board was to be submitted by the end of this week to which the Scottish Government would normally respond, identifying points of clarification if required.
- 3.3.2 The Committee agreed that the report was a good annual check on the work of the Staff Governance Committee and although there was nothing missing from the report, some areas could be further strengthened to highlight work undertaken, for example, the integration workforce planning work. The Chair agreed to check and sign the report once points had been strengthened. The report would also be signed off by the Chief Executive.
- 3.4 Corporate Risk Register
- 3.4.1 <u>3328 Roadways/Traffic Management Dr Hopton introduced the report which had been submitted to the Health and Safety Committee, updating on the progress on managing the risks associated with roadways and traffic management.</u>
- 3.4.1.1 Dr Hopton pointed out that Traffic Management remained a high risk on all of NHS Lothian's estate and that the paper could only give Moderate Assurance on this issue. Key points to consider included acknowledging that traffic management groups were active on all hospital sites, led by facilities and engaged with site leaders. There were also local actions such as management walkarounds.
- 3.4.1.2 In relation to the RIE the situation was more complex as NHS Lothian does not own the site. The scale of current changes was considerable given the new RHSC/DCN opening and plans to change the road network. It was noted that there was a business case relating to that work. There remained issues around where responsibilities lay between NHS Lothian and Consort and legal work around that was ongoing with a completion date by the end of summer or early autumn 2019.
- 3.4.1.3 It was noted that none of NHS Lothian's sites were stable, with considerable changes planned for RIE, WGH and STJ. There was a need for constant vigilance on this. The Committee recognised that if it were not for constant changes and the specific RIE difficulties assurance could be taken around core traffic management practices..
- 3.4.1.4 The Chair requested that for future reporting the historical and new activity and progress be clearly separated out within the report. Dr Hopton and Mr Crombie would take this forward.

JC

- 3.4.1.5 The Committee agreed to endorse the Facilities Directorate assessment and noted that the Roadways & Traffic Management remains a high risk throughout the estate, with particular concern for the major hospital sites.
- 3.4.1.6 The Committee accepted moderate assurance that road and traffic management issues are being regularly reviewed, managed and improvements developed as supported by recent audits and investments in 2016/17 & 2017/18 & 2018/19 with regard to in-house sites.
- 3.4.1.7 The Committee supported the actions taken at the RIE campus site to influence the external contractor to introduce improvements and accepted this as a separate risk to traffic management Pan Lothian, because of indirect responsibility and the associated limited assurance and control measures.
- 3.4.1.8 Finally the Committee endorsed the actions outlined to improve knowledge of the risk and understanding of future options to help with mitigatiom of the risks.
- 3.4.2 <u>3455 Management of Violence and Aggression</u> Mr Wilson introduced the report updating the committee on work being undertaken to improve the current level of support to staff on Violence and Aggression (V&A) management.
- 3.4.2.1 There was discussion on the issues with the Lone Worker personal alarm (Identicom) devices; safe wards initiative; tracking of overall V&A adverse events; learning from more meaningful data and the continued challenge of delivery of mandatory V&A training and the DNA rates of staff at training.
- 3.4.2.2 The Committee noted the steps being taken to review the organisations approach to the management of violence and aggression and strengthening organisational assurance. The Committee also noted that key areas where violence and aggression incidents are highest i.e. within the Royal Edinburgh Hospital and Emergency Departments were well covered and there was good compliance with training.
- 3.4.2.3 The Committee agreed to accept a moderate level of assurance regarding the implementation of the actions and a moderate level of assurance in relation to the process.
- 3.4.2.4 In relation to Lone Worker personal alarm (Identicom) devices, the Committee agreed that it would also support anything which helps staff maintain a safe, effective environment and asked that for the next meeting this area of concern is presented as a distinct issue so progress and actions taken can be clearly identified.

TG

- 3.4.3 <u>3527 Medical Workforce Sustainability</u> Miss Gillies reported that recruitment gaps were being closed off and most doctors in training positions were now fully recruited.
- 3.4.3.1 Miss Gillies raised an emerging issue whereby over the last few weeks NHS Education Scotland (NES) had held back 32 GP Training Posts without any consultation leading to a significant impact for Lothian, Fife and Borders. The reason given was that NES had been unable to source adequate training practices within the region. It was noted that training contracts were between the GP practice and NES.
- 3.4.3.2 Additionally there had been an impact where GP trainees are wishing to work part time as the contract arrangements require trainees to have an individual consultation room so practices are less willing to have multiple part time trainees due to consultation room impact. This situation had also led to an impact on the Hospital Out of Hour rotas as

the trainees normally would participate in these. This had impacted on every adult site and was a serious situation for the Board. Miss Gillies stated that concerns had been raised with NES. The size of the impact is more severe for Lothian due to the fact the Board normally achieves and relies upon 100% recruitment, so there was no spare capacity to use.

3.4.3.3 The Committee noted the update and that a written update paper would brought to the next Staff Governance Committee meeting on this specific issue.

TG

- 3.4.4 3828 Nurse Workforce Safe Staffing Levels Miss Ireland reported that the Health and Care Staffing Bill (Scotland) had now been passed by the Scottish Parliament. At a local level, Miss Ireland reported that the 2019 round of running of tools had been undertaken and that the NHS Lanarkshire data capture tool had been used to improve the quality of data.
- 3.4.4.1 The Chair requested that a full written update be prepared for the July meeting.

AMcM

- 3.4.5 <u>Uplift and Disposal of Special Waste</u> Dr Hopton reported currently waste management arrangements were operating as business as usual. There had been some labelling issues with special (anatomical) waste but revised monitoring and procedures had been introduced to address this. There were still issues with gypsum waste and amalgam containers which NHS National Services Scotland was working on to resolve.
- 3.4.5.1 Miss Gillies stated that whilst it was useful to hear the update on special waste she felt there had been something of a mistranslation. The Board's new risk was around overall waste disposal due to the contractor that had gone out of business last year. This remained a fast moving topic and at the time of the board meeting there had been a lot of discussion in papers on issues relating to the uplift of some particular types of waste (anatomical) with assurances that processes were in place being requested. Mrs Butler added that the Committee had been given this risk to own. Miss Gillies agreed to check that the risk on the risk register is accurately worded.
- 3.4.5.2 Dr Hopton confirmed that it would be wise for the risk to be kept on the register at the moment as there was no definitive timeline for a new contractor coming on board. Nationally this should be between August and December 2019. Once a contractor was in place the risk register status could be reconsidered.
- 3.4.5.3 The Committee noted the update and the risk would remain on the risk register until such time that new plans were in place when it would be reconsidered.
- 3.5 Health and Safety Assurance Update Miss Gillies reported that the Health and Safety Committee had met yesterday and had considered the quarter 4 risks. There had been discussion around the areas where only limited assurance could be provided and how to demonstrate staff understanding of these. The option of using voting buttons followed up with prompted discussion and dialogue had been a considered approach. It was noted that some of the local health and safety groups chairs and advisers were undertaking walkrounds.
- 3.5.1 In relation to waste disposal there was a current focus on community disposal of sharps. This was a growing issue given the increase in transfer of treatments from hospital to the community. A clear way of disposing of sharps was needed and the work being done would be reported back in the form of a paper.

- 3.5.2 In terms of V&A team mobilisation there were currently some difficult circumstances within theatres and anaesthetics being dealt with.
- 3.5.3 Miss Gillies also reported that Penny Docherty, Manual Handling Advisor, would be retiring from NHS Lothian and her excellent input would be missed.
- 3.5.4 The Committee noted the update and looked forward to the written update and Health and Safety Committee minutes coming to the next Staff Governance Committee.

TG

- 3.6 <u>Radiation Protection</u> Miss Gillies introduced the report summarising the regulatory basis for ensuring ionising radiation is managed appropriately and specifically discussed the approach NHS Lothian would like to take in regard to the designation of Classified Radiation workers and to monitoring radiation doses received by all staff who work with ionising radiation.
- 3.6.1 The submitted paper contained three parts and two technical appendices. Miss Gillies stated that there were two specific issues for the SGC Committee to be sighted on:
 - HSE contact and five improvement notices relating to the WGH cancer unit three were now closed and an extension had been requested on the other two.
 - Classified Worker designation
- 3.6.2 In terms of HSE contact, the overall conclusion from the HSE appeared to be that there was no evidence of anyone being exposed to a radiation level that would cause concern.
- 3.6.3 The Chair stated that this was a very complex specialist area and asked if Dr McIntyre had any additional information to add.
- 3.6.4 Dr McIntyre stated that over the last few months a lot of data had been gathered to assist in calculating and demonstrating activity levels. There had been real clinical data collected on the environment and staff to make sure radiation badges were being appropriately used by staff. Whilst the paper seemed technical the conclusions were relatively simple in that the exposure to radiation for staff or members of the public must remain within an accepted dose limit on an annual basis.
- 3.6.5 Miss Gillies added that there would be further discussion on issues at the next Radiation Protection committee and a further update would be given to the Staff Governance Committee.

TG

- 3.6.6 In relation to Classified Workers it was noted that some people were already classified and undertook additional security measures e.g. radiologists. The radiation dose measurement could apply to individual body parts and not just the whole body. There was also an issue where some radiologists were working for other health boards in their spare time and it was an NHS Lothian responsibility to monitor the total radiation dose for the whole year. To help with this monitoring a radiation passbook had been introduced and was signed off when working elsewhere. Compliance was informally monitored by the network of board radiation protection advisers. As part of probity control Clinical Directors were also asked to look at passbooks and sign these off on a quarterly basis.
- 3.6.7 There remained a question over people that were not currently classified especially within Brachytherapy or Radio Pharmacy. These were two areas where staff may be classified but not everyone working with radiation was classified.

- 3.6.8 The proposal was to continue with a risk based approach to additional classification of staff monitored through the Radiation Protection Committee.
- 3.6.9 Dr McIntyre stated that staff had been consulted, as experts in their field, and were comfortable in knowing what to do on a day to day basis. Supervisors would be leaders for application of the matrix model in areas of risk. The radiation protection team would also be involved in control measures and calculating radiation dose in an accident scenario and would usually overestimate the dose and classify as appropriate.
- 3.6.10 Miss Gillies stated that another option would be to classify everyone but this would make classification meaningless as there would have to be a new "super classified" term introduced for those already classified
- 3.6.11 The Chair stated that it had been appropriate to flag these issues to the Committee as a concern and asked who had overall sign off for classification. Miss Gillies confirmed that it would be her as Medical Director with delegated Executive responsibility from the Chief Executive and as chair of the Radiation Protection Committee.
- 3.6.12 The Committee agreed to accept that there was significant assurance that for all staff, their occupational radiation doses are being well controlled and monitored.
- 3.6.13 In relation to the Classification of radiation workers, the Committee agreed to endorse the Radiation Protection Committee's use of a risk matrix approach to determine when classification should occur if this is otherwise unclear.
- 3.7 <u>Staff Governance Workplan 2019/20</u> Mrs Kelly presented the updated Staff Governance Workplan for 2019/20 to the Committee. The Committee agreed to approve the updated Staff Governance Workplan for 2019/20;

4. Healthy Organisational Culture

- 4.1 <u>Speak Up Initiative</u> Ms McDowall and Dr Monaghan, Speak Up Ambassadors for NHS Lothian, gave a presentation which covered the introduction of Speak Up Ambassadors and Advocates within in NHS Lothian; communication and infrastructure around this work; How these new roles supported staff to raise concerns which included:
 - Provision of personal protected time in a safe environment
 - The opportunity to work out practicalities and processes required from concerns raised
 - Appropriate & proportionate responses
 - Accurate Signposting
 - The ability to escalate if necessary
- 4.1.1 The presentation also covered what Advocates would and would not do and the recognition of the effort required from staff to speak up. The need to encourage feedback from people on how concerns are handled and addressed is also essential to facilitate organisational learning.
- 4.1.2 The Committee noted that Ms McDowall and Dr Monaghan had now started to attend and present at meetings and as part of new staff induction training sessions.
- 4.1.3 The Chair thanked Ms McDowall and Dr Monaghan for the presentation and added that she had also raised the Speak Up initiative as part of her recent Health and Sport Committee attendance and felt this had been positively received. The initiative was very

helpful and extremely important to support the organisation in developing a positive and supportive cuture particularly during transformational change.

4.2 Whistleblowing Monitoring Report

Miss Ireland took over as Chair for this item.

- 4.2.1 The Committee received the update report on recent actions that have been taken in relation to whistleblowing and noted the monitoring data for the whistleblowing cases that have been raised within NHS Lothian for the period April 2018 to 22 May 2019.
- 4.2.2 The Committee agreed to accept moderate assurance based on the information contained in the paper that systems and processes are in place to help to create a climate in NHS Lothian which ensures employees have absolute confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised will be acted upon.

Mrs Mitchell thanked Miss Ireland and took back the Chair.

4.3 <u>iMatter Update</u> - Mrs Kelly introduced the report informing the Committee of the Key Performance Indicators (KPIs), in relation to iMatter for 2019. Mrs Kelly also reminded the Committee that it had been previously agreed to present iMatter good news stories at the Committee, subject to agenda pressures, and there would be such a story brought to the next meeting.

RK

- 4.3.1 The Committee noted the current results relating to Cohort 1, for 2019 and agreed to take significant assurance that staff in Cohort 1 are engaging in the iMatter process, having completed their questionnaires thus generating a Team Report in the majority of the areas. The Committee also took limited assurance around the conversion of team reports into action plans for Cohort 1.
- 4.4 Equality and Diversity Monitoring Report Mrs Kelly explained that there was a requirement to produce this standard report under the Equality Act 2010. It was noted that current data quality was not of great quality which made analysis more difficult. There was now a move to a new national HR system and it had been agreed to delay trying to capture the necessary information until the new system was in place to avoid duplication of requests and potential errors in the transfer of information. It was hoped the exercise would then be easier to undertake.
- 4.4.1 Mrs Kelly highlighted the development of staff networks and that representatives from each network would be invited to sit on equality groups. Training for panel members would be provided. There would be a further report to the next Staff Governance Committee meeting and Lothian Partnership Forum meeting.

RK

4.4.2 The Committee noted the content of the Equality and Diversity Monitoring Report for 2018-19 and agreed to take moderate assurance that systems and processes are in place to ensure that this information about staff is now being captured. The Committee took limited assurance that the information is currently being used in a meaningful way to improve the experience for all staff regardless of ethnic background, gender, disability and age but recognised that work had already commenced in this area to consider and address some of the potential issues.

5. Sustainable Workforce

5.1 <u>Workforce Report</u> - The Committee noted the updated Workforce Report for May 2019 and the actions being taken to address some of the issues within in the Report. It was noted that one of the biggest highlighted issues was around absence management.

6. Capable Workforce

6.1 <u>Education Governance Board Update</u> – Mrs Butler reported that a detailed report had been due to be presented at today's meeting but due to the fullness of the agenda it had been decided to defer this report to the July meeting.

JB

7. For Information and Noting

- 7.1 The Committee noted the following items:
 - Staff Governance Statement of Assurance Need
 - Minutes of the Staff Engagement & Experience Programme Board 15/04/19
 - Minutes of the Workforce Development Programme Board 13/03/19 & 17/04/19
 - Minutes of the Education Governance Board held on 12/03/19
 - Minutes of the Lothian Partnership Forum 26/02/2019

8. Any Other Business

8.1 <u>Sturrock Report</u> - Mrs Butler reported that following the report's publication there had been letters sent from Scottish Government to each health board with a series of questions being posed. A response from the board to the questions was due by 28th June 2019. It was noted that prior to receiving the letter, NHS Lothian had put in place arrangements to make an assessment against the key issues likely to come from the report. It was planned to take the output of the assessment to the Programme Board and Corporate Management Team in June 2019 to set out a programme and timetable. The final report would come to the Staff Governance Committee meeting at the end of July 2019.

JB

9. Date of Next Meeting

9.1 It was noted that the next meeting of the committee would be held on 31 July 2019 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

10. 2019 Meeting Dates

31 July 2019 30 October 2019

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the Meeting of the Staff Governance Committee held at 9:30am on Wednesday 27 March 2019 in Meeting Room 8&9, Fifth Floor, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

Present:

Mrs A. Mitchell (Chair); Professor T. Humphrey; Mr A. Joyce; Mrs. J Butler; Mr J. Crombie; Miss T. Gillies; Ms H. Fitzgerald and Professor A. McMahon.

In Attendance:

Ms C Greig, Community Midwife, (Item 54.2); Mrs R. Kelly, Deputy Director of HR, ; Mr I Wilson, Head of Health and Safety; Dr F. Ogundipe, Consultant in Occupational Health and Mr C. Graham, Secretariat Manager.

Apologies for Absence were received from Mr B. Houston; Cllr D. Milligan; Cllr J. McGinty; Ms J Campbell and Mr S. McLauchlan;

Declaration of Financial and Non-Financial Interest

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

53. Minutes of the Previous Meeting

53.1 The Minutes and Action Note of the Staff Governance Committee Meeting held on 30 January 2019 were approved as a correct record.

54. Matters Arising

- 54.1 The Committee noted items on the action note were being covered on the agenda. It was noted that traffic management risk update would now be a verbal report and that an update on the appraisal framework and compliance would come to the July meeting.
- 54.2 <u>Presentation Our iMatter Story Carolyn Greig, Rowan Team, South East Community Midwives</u>

The Chair welcomed Carolyn Greig to the meeting.

- 54.2.1 Ms Greig gave a presentation on their team's iMatter journey and improvement projects that had been undertaken to improve the service provided, these included:
 - introduction of Morning Huddles
 - development of better Continuity of Care
 - improved Birth Preferences and birth plans
- 54.2.2 Going forward the intention would be that as part of the development of the 2019 iMatter action plan there would be further work around multidisciplinary communication and home births.
- 54.2.3 The Chair thanked Ms Greig for an excellent presentation and she left the meeting.

55. Assurance and Scrutiny

1/7 164/395

- 55.1 Corporate Risk Register
- 55.1.1 3328 Roadways/Traffic Management Mr Crombie reported on progress work with Consort around the RIE traffic management survey. Discussions remained ongoing and the cost of the work could be around £1M.Mr Crombie stated that there was an opportunity for a phased approach to this work, addressing high risk areas first. The Committee noted that there had been no traffic incidents in the period since the last meeting and that a more detailed paper would be brought to the May Staff Governance Committee meeting.

JC

- 55.1.2 3455 Management of Violence and Aggression Professor McMahon reported on developments since the January Staff Governance Committee meeting. It was noted that the revisions to the Purple Pack were now completed and this was now available online. Work across sites in relation to training was ongoing but releasing staff and the uptake of training remained a challenge, although improvements were being made.
- 55.1.2.1 Professor McMahon also reported that some changes had been made to how information was recorded in relation to types of violence and aggression and the identification of training needs going forward.
- 55.1.2.2 The Chair asked about the association between the uptake of training and a reduction in violent and aggressive incidents across the HSCP's. Mr Wilson advised that the Violence and Aggression team had been working with all the health and social care services but this was a challenge as all the councils have different standards and take a different approach with different policies and procedures. There was no Purple Pack approach as within NHS Lothian.
- 55.1.2.3 A report on the findings and learning opportunities from this would come to the next Staff Governance Committee meeting.

AMcM

- 55.1.2.4 The Chair stated that the challenge was within the integrated setting and the need for a consistency of approach, especially where employees were working across multiple organisations with different policies.
- 55.1.2.5 There was also discussion on the Identicom Alarm System. The Committee noted that there remained significant issues with staff not using the system. Professor McMahon stated that the procurement issue had now been resolved but this had not resolved the issue of ensuring that devices were being activated and used by staff.
- 55.1.2.6 Ms Fitzgerald confirmed there were concerns around Identicom which had been discussed at the Edinburgh HSCP Health and Safety Committee and there was a need to take action around this as the issue had been ongoing since last year now. Professor McMahon stated that it is important that these issues are raised up through the local health and safety committees and violence and aggression teams so that the concerns can be addressed but it was recognised that this was an issue that needed to be resolved.

55.1.2.7 It was noted that it had been previously agreed that there would be local management of this. The Committee requested that Miss Gillies and Professor McMahon revisit the issues and include something specific on this in the next update paper. The Committee agreed the current moderate assurance level and a further paper would come to the May Staff Governance Committee meeting. The paper should also include details of the Edinburgh HSCP ~Improvement Plan around this issue.

AMcM/TG

- 55.1.3 <u>3527 Medical Workforce Sustainability</u> Miss Gillies updated the Committee on the current level of risk in relation to medical workforce sustainability. Miss Gillies emphasised that the paper showed overall trends and that reference to sustainability meant staff in post, not wellbeing which was a separate workstream.
- 55.1.3.1 It was noted that Psychiatry remained the area of greatest pressure in relation to the medical workforce. There had been no significant movement in comparison to the position last year although NHS Lothian remained the strongest recruiter of doctors in training. NHS Lothian also has the lowest number of consultant vacancies.
- 55.1.3.2There was discussion on the Mental Health Workforce Group which had been convened to consider safe, effective and person centred care. Professor McMahon confirmed that the group had met and had been well attended, however not all areas had been represented. All the HSCPs, REAS and Acute disciplines were part of the membership.
- 55.1.3.3 Miss Gillies added that as a more multidisciplinary approach to workforce develops, there would be expected medical workforce changes and work remains sighted on that to make sure maximum benefit is gained from a multidisciplinary workforce.. The same applied to the development of the St John's Elective Centre where more shift workforce was planned for in-hours.
- 55.1.3.4 The Committee acknowledged the following:
 - the relatively strong recruitment position of NHS Lothian for trained doctors when compared with other NHS Boards, whilst recognising that there remain a significant number of posts that cannot be filled on the first attempt.
 - the growing risk of failing to recruit to psychiatry posts currently and the likely increasing difficulty, whilst recognising that services are engaging with the NHS Scotland International Recruitment Service to try and fill vacancies.
 - the substantial challenges associated achieving the trajectories within the Scottish Government Waiting Times Improvement Plan and work underway to identify achievable workforce change to enhance capacity.
 - the substantial workforce increases that will be required nationally to staff short stay elective centres and the challenges associated in the medium term to provide the required capacity.
- 55.1.3.5The Committee also noted that the risk has not changed substantially since the last update and agreed to accept a moderate level of assurance that the controls in place mitigate any risks to patient safety related to this.

- 55.1.3.6 The Committee also supported the development of the Mental Health Workforce Planning Group which would lead on identifying workforce risks and identifying the scope for service and workforce redesign to sustain services and enhance capacity in the medium to long term.
- 55.1.4 3828 Nurse Workforce Safe Staffing Levels Professor McMahon provided the Committee with an update on the safe staffing levels risk (ID 3828) on the Corporate Risk Register, advising of changes that would arise from the Health and Care Staffing Legislation and provided an update on the work in Lothian to review staffing levels using the nationally prescribed tools.
- 55.1.4.1 There was discussion on vacancy levels; recruitment and retention; vacancy hotspots where work continued; St John's Hospital's challenge with recruitment. It was noted that 3rd year nursing students were now being accepted into St John's Hospital as they want to go there for experience and live locally to the hospital. The University were also keen to put more students there on placement.
- 55.1.4.3 The Committee agreed to retain the overall assurance risk level as medium.
- 55.2 <u>Health and Safety Assurance Update</u> Miss Gillies introduced the report updating the Committee on the risk assurance levels for the Q3 Health and Safety prioritised risk topics, covering Safer Clinical Sharps, Fire Safety, and "Other" Risk Assessments. Updates on these risks from the local Health and Safety Committees had been submitted to and discussed at the NHSL Health and Safety Committee on 26th February 2019.
- 55.2.1 The committee received the draft minutes of this meeting which proposed overall assurance levels for these three risk topics as Moderate for Clinical Sharps, Limited for Fire Safety and Moderate for "Other" Risk Assessments. These were noted by the Committee.
- 55.2.2 The Committee agreed to continue supporting the work of the Health & Safety team in providing support to all local H&S Committees to receive and collate suitable data, to enable a realistic assessment of meaningful assurance levels. The Committee noted that the H&S team are currently developing and updating their intranet content to allow staff access to relevant guidance and documentation to enable the evaluation of data linked to the assurance level evidence required.
- 55.2.3 The Committee also agreed to support the ongoing work of the Manual Handling team in achieving the positive engagement of staff following completion of the 4th cycle of Manual Handling competency assessments.
- Staff Engagement and Experience Development Framework Progress Report Mrs Butler updated the Committee on the progress to deliver the actions in the Staff Engagement and Experience Framework 2018 2020 delivery plan. The Committee agreed to take significant assurance on the progress to deliver the ambitions of the Staff Engagement and Experience Framework 2018 2020; noted the progress/completion of the 2018 actions and the 2019 actions to be progressed as outlined and looked forward to receiving a further progress report at the October meeting of the Committee.

JB

56. Healthy Organisational Culture

- 56.1 <u>Health and Social Care Staff Experience Report 2018</u> Mrs Butler gave a presentation on the health and social care staff experience report 2018. The presentation covered headlines such as:
 - NHS Lothian not being a significant outlier in relation to the national results
 - 9 out of 15 territorial boards not achieving a Board Report
 - NHS Lothian having the biggest improvement in conversion of Team Reports to Action Plans within 12 weeks
- 56.1.1 The presentation also covered KPI Performance 2017 vs 2018; Response rates (NHSL Overall response 63%); EEI Scores per Team; iMatter Questions and Staff Experience Employee engagement questions components and a comparison between these and actions for moving forward including:
 - Maintaining and improving performance against 4 KPIs
 - Developing and publicising local team stories via local and national iMatter website
 - CMT / Directorate SMTs development of narrative / action plan
 - Reduction of use of paper copies / improved response rates / improved completion rates
 - Development of local iMatter Faculty
 - Continuing to deliver management training
 - Development of learning materials for local HR On Line
- 56.1.2 There was discussion on what was happening within the Health and Social Care Partnerships in relation to whether it was only the health staff in the teams who were completing iMatter or if the council staff were also now taking part. The Committee were advised that Edinburgh, Midlothian and West Lothian were planning to include all health and social care staff this year but East Lothian were not currently considering this option. It was noted at this stage the requirement was only for health staff so there was no option to mandate the roll out of iMatter to all staff. It was also agreed, where agenda planning permits, to have an iMatter story presented at the start of each Staff Governance Committee meeting where teams could come along and share their experiences of iMatter.

56.2 Whistleblowing Monitoring Report

5/7

Professor Humphrey took over as Chair for this item.

- 56.2.1 The Committee received the update report on recent actions that have been taken in relation to whistleblowing and noted the monitoring data for the whistleblowing cases that have been raised within NHS Lothian for the period October 2016 to 15 March 2019.
- 56.2.2 There was discussion on the increasing FOI requests around whistleblowing that have been received and the need to revisit the categories and the report presented to the Committee. It was also agreed for future meetings to start presenting only the whistleblowing information for the current year instead of listing all cases since monitoring started in October 2016.

RK

56.2.3 The Committee agreed to accept moderate assurance based on the information contained in the paper that systems and processes are in place to help to create a climate in NHS Lothian which ensures employees have absolute confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised will be acted upon.

Mrs Mitchell thanked Professor Humphrey and took back the Chair.

- Speak Up Initiative Update The Committee noted that work on the Speak Up Initiative was progressing well. Mrs Kelly reported that the Ambassador and Advocate posts had been advertised. 2 Ambassadors had now been appointed Hannah Monaghan, Deputy Director of Medical Education and Caroline McDowall, Partnership Lead. 24 applications had been received for the role of Speak Up Advocate and of these applications, 17 individuals had now completed the training. The final part of the selection process for the Advocate will be for the Ambassadors to meet with potential Advocates and the final decision will be taken.
- 56.3.1 It was noted that publicity material was almost ready to be distributed. The Speak Up email mailbox was also now set up and work was underway to update HR online and finalise the process for making contact with the Ambassadors and Advocates. A further update will be provided at the May meeting.
- Occupational Health Update Report Dr Ogundipe updated the Committee on progress on the recommendations from the annual report of NHS Lothian occupational health department 2017/18. Dr Ogundipe reported that focus in the last year had been on prevention of ill health, mental health, contamination and identifying and targeting the potential high risk of mental ill health in the workforce. It was noted that the approach had been historically reactive but work was now ongoing to front load the service to help prevent people being referred in the first place. It was noted that contamination and sharps work was currently part of a dissertation.
- 56.4.1 The Chair thanked Dr Ogundipe for a very structured paper and looked forward to seeing the feedback from the dissertation work. The Committee agreed to accept moderate assurance that actions are underway against the priorities identified, which represent areas of risk for the organisation and poor experience for staff.

57. Sustainable Workforce

57.1 <u>Workforce Report</u> - The Committee noted the updated Workforce Report for March 2019 and the actions being taken to address some of the issues within in the Report. It was noted that one of the biggest highlighted issues was mandatory training compliance rates.

58. For Information and Noting

- 58.1 The Committee noted the following items:
 - Staff Governance Workplan 2018/19
 - Staff Governance Statement of Assurance Need
 - Minutes of the Staff Engagement & Experience Programme Board 21/01/19
 - Minutes of the Workforce Development Programme Board 16/01/19
 - Minutes of the Lothian Partnership Forum 18/12/2018

59. Any Other Business

59.1 There was no other business.

60. Date of Next Meeting

60.1 It was noted that the next meeting of the committee would be held on 29 May 2019 at 9.30am in meeting rooms 8&9, Waverley Gate, 2-4 Waterloo Place, Edinburgh.

61. 2019 Meeting Dates

29 May 2019

31 July 2019

30 October 2019

STRATEGIC PLANNING COMMITTEE

Minutes of the meeting of the Strategic Planning Committee held at 9.30 on Thursday 7 February 2019 in Meeting Room 8, Waverley Gate, 2-4 Waterloo Place, Edinburgh, EH1 3EG.

Present: Mr B. Houston, Board Chairman (chair); Ms S. Goldsmith, Finance Director; Professor T. Humphrey, Non Executive Board Member; Professor A. McCallum, Director of Public Health; Mr A. McCann, Non Executive Board Member; Professor A. McMahon, Executive Nurse Director; Mr P. Murray, Non Executive Board Member; Dr R. Williams, Non Executive Board Member.

In Attendance: Ms C. Cartwright, Head of Implementation, Strategic Planning; Mr J. Crombie, Deputy Chief Executive; Dr K. Dee, Consultant in Public Health; Ms B. Pillath, Committee Administrator (minutes).

Apologies: Ms J. Anderson, Partnership Representative; Ms J. Butler, Director of Human Resources; Mr C. Briggs, Director of Strategic Planning; Ms T. Gillies, Medical Director; Ms C. Hirst, Non Executive Board Member; Ms F. Ireland, Non Executive Board Member; Mr A. Joyce, Employee Director.

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

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

1. Minutes and Actions from Previous Meeting (13 December 2018)

- 1.1 The minutes from the meeting held on 13 December 2019 were approved as a correct record.
- 1.2 From the actions from the previous meeting:
- 1.3 An update on Gamechanger would be brought to the next meeting following presentation at the Edinburgh Integration Joint Board on 8 February 2019. Mr Small had giving a briefing to GPs.
- 1.4 Dr Dee agreed to ask Martin Higgins for progress with the policy briefings on housing and place which members of the committee had agreed to review, and to send details to Ms Goldsmith about the west Edinburgh improvement plan.

 KD / MH
- 1.5 The East Lothian Children's Services Performance Report would be brought to the Healthcare Governance Committee and then to the Strategic Planning Committee.

CB

2. The People's Health

2.1 Best Start Implementation

Page 1 of 4

1/4 171/395

- 2.2.1 Professor McMahon presented the previously circulated paper and noted that implementation of the strategy had begun. Professor McMahon advised that a series of roadshows had taken place to improve staff engagement with the new strategy and what this means for staff. Midwives would be organised into teams with about 35 women on each caseload; this might involve movement between sites. There would also be a core staff always working in the labour suite as well as midwifes coming in with women. A more formal organisational change process would be the next stage. Partnership engagement with the Royal College of Nursing, the Royal College of Midwives, and Unison was carried out by the Scottish Government while developing the strategy.
- 2.2.2 It was noted that sickness absence was higher for midwives than other nursing staff. Professor McMahon advised that this was not specifically related to the change in strategy but other reasons included staff demographics of youngest and oldest age groups, and the pressured role.
- 2.2.3 Ms Humphrey noted that there was no mention in the report of community hubs and prioritisation of teams in areas where there would be the biggest impact. Professor McMahon advised that this would be part of the next stage of implementation and the formal organisational change process; the first pilot would be in an area of high deprivation using a community hub.
- 2.2.4 It was noted that no additional funding had been provided by the Scottish Government to go with the requirement to implement the new strategy and that this was part of a wider problem with Scottish Government engagement being on the basis of individual issues leaving the Health Board to fit this into the financial plan.
- 2.2.5 Attempts to disinvest in other areas had previously been politically difficult or impossible, including Homeopathy and St John's Paediatrics. It was suggested that the Board needed to note the risks of taking on more initiatives without further funding even where it was not able to make decisions to disinvest. Ms Goldsmith advised that a mechanism that acknowledges cost of policies and reflects implications on the risk profile of the organisation had been proposed and would be discussed with the financial teams. It was not expected that this would result in further funding, but it would record the risks.
- 2.2.6 Mr Davison noted that it had been discussed at the last Chief Executives' meeting that it should be made clear in the operational plan whether there would be a financial gap that could not be met. This could be presented in terms of which priorities the Board could deliver within its budget; again this would be a means of recording priorities, with the expectation that the Scottish Government would still require all current areas to be delivered.
- 2.2.7 The Best Start Strategy Implementation report would but considered at the Finance and Resources Committee, with a further update paper to the Strategic Planning Committee following this. Members accepted the recommendations laid out in the paper.

 AMCM
- 2.2 Health Inequalities Strategy

- 2.2.1 Ms Dee presented the previously circulated paper. It was suggested that Integration Joint Boards and Councils should be part of health inequalities work and noted that as Scottish Government priorities for the health board were not focussed on long term community health equalities it would be easier for Integration Joint Boards to focus on and drive this.
- 2.2.2 Ms Dee agreed to discuss the strategy and Integration Joint Boards health inequalities strategy with chief officers to see what was already being done and where more work could be taken forward together, as well as providing inequalities data to inform these groups.

 KD

3. Lothian Hospitals Plan

- 3.1 Unscheduled Care Financial Framework
- 3.1.1 Ms Goldsmith gave a presentation. It was noted that the focus should be investment in community services, rather than the Emergency Department. Dr Williams noted that GPs could be financed for minor injuries and triage assessment work and that enhancing Emergency Department services would increase demand there. It was suggested that some detailed strategic planning work on these alternative models was needed.
- 3.1.2 Dr Williams also noted that any engagement with GPs should be through the Lothian Medical Committee and the GP Sub Committee, not through Integration Joint Boards, as these did not manage GP practices. GP clusters were under the direction of Scottish Government in developing their services.
- 3.1.3 Mr Davison noted that there was a need to invest in the deficit of care in hospitals as well as investing in primary care, but there was no transition or bridging funding available.
- 3.1.4 Ms Goldsmith and Ms Cartwright would continue to develop the framework and would update the Integration Joint Boards.

4. Pan Lothian Business

4.1 Annual Review Feedback

- 4.1.1 Mr McMahon gave a verbal update. There had been positive engagement between the Area Partnership Forum and patient groups with the cabinet secretary. The patient groups were complimentary but candid in their discussion of communication on discharge and packages of care.
- 4.1.2 Mr Houston reported that the private meeting between himself, Mr Davison and the cabinet secretary had been collegiate and constructive. It was noted that there had been no explanation for having the private meeting with the Board Chairman and Chief Executive only rather than the whole Board as previously, and that both executive and non executive board members felt this reduced the value of the annual review. Mr Houston agreed to feed this back to the cabinet secretary.

 BH

Page 3 of 4

- 4.2 Our Health, Our Care, Our Future Review
- 4.2.1 Mr McMahon noted that five years from the launch of the strategy some work would be done on reviewing progress.
- 4.3 <u>Lothian Strategic Planning Forum</u>
- 4.3.1 A paper had been previously circulated. Mr Houston had written to the Integration Joint Board chairs, chief officers, and chair of the Acute Hospitals Committee to invite them to be members of the new group. A letter giving the proposed format of the first meeting would be sent jointly from Professor McMahon, Mr Murray and Mr Houston.

AMcM / PM / BH

- 4.3.2 It was agreed that the chair of the new forum would be neutral or elected by the Forum, and would not begin as an NHS Lothian position. This would be discussed further before the first meeting.
- 4.3.3 The terms of reference for the group was still to be agreed and should reflect the need for a space for debate and for gaining clarity of the wider impacts of any decisions that might be made in each separate organisation, allowing collaborative working to reduce existing risks.
- 4.3.4 It was agreed that the NHS Lothian Strategic Planning Committee would be retained as a shorter meeting to discuss strategic planning areas relevant only to NHS Lothian. The time slots already scheduled for this meeting would be split between the new forum and the NHS Lothian group.

5. Date of Next Meeting

- 5.1 The next meeting of this group would take place at **15.30** on **Thursday 4 April 2019** in **Meeting Room 8**, second floor, Waverley Gate.
- 5.2 Further meetings in 2019 would take place on the following dates:
 - Thursday 20 June 2019;
 - Thursday 1 August 2019;
 - Thursday 3 October 2019;
 - Thursday 19 December 2019.



Midlothian Integration Joint Board

| Date | Time | Venue |
|-----------------------------------------|--------|----------------------------------|
| Thursday 14 th February 2019 | 2.00pm | Conference Room, Melville |
| | | Housing, The Corn Exchange, 200 |
| | | High Street, Dalkeith, EH22 1AZ. |

Present (voting members):

| Angus McCann (Chair) | Cllr Derek Milligan (Vice Chair) |
|----------------------|-------------------------------------------------|
| Tracey Gilles | Cllr Jim Muirhead |
| | Cllr Joe Wallace (substitute for Cllr Catherine |
| | Johnstone) |

Present (non-voting members):

| Allister Short (Chief Officer) | Claire Flanagan (Chief Finance Officer) |
|----------------------------------------------|-----------------------------------------|
| Alison White (Chief Social Work Officer) | Caroline Myles (Chief Nurse) |
| Wanda Fairgrieve (Staff side representative) | Keith Chapman (User/Carer) |
| Pam Russell (User/Carer) | |

In attendance:

| Morag Barrow (Head of Primary Care and | Gary Fairley (Head of Finance and |
|------------------------------------------|-------------------------------------|
| Older Peoples Services) | Integrated Service Support) |
| Jamie Megaw (Strategic Programme | Jacqueline Morrison (Home Care Team |
| Manager) | Supervisor) |
| Amanda Blair (Quality Assurance Officer) | Mike Broadway (Clerk) |

Apologies:

| Cllr Pauline Winchester | Cllr Catherine Johnstone |
|-----------------------------------|------------------------------------|
| Alex Joyce | Carolyn Hirst |
| Nik Hirani (Medical Practitioner) | Hamish Reid (GP/Clinical Director) |
| Fiona Huffer (Head of Dietetics) | Ewan Aitken (Third Sector) |

1/9

Thursday 27 October 2016

1. Welcome and introductions

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

2. Order of Business

The order of business was confirmed as outlined in the agenda that had been previously circulated. However, at the suggestion of the Chair, the Board agreed to adjust the running order, and to switch Item no. 5.3 and 5.4 round and to take the presentation on Care at Home (Item no. 5.1) as the final item of public business.

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

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

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

- (a) to close all actions with the exception of the Royal Edinburgh Hospital and the Midlothian Rapid Rehousing Transition Plan on the basis of the updates given and recorded in the updated action log;
- (b) to note that more detailed updates on the Royal Edinburgh Hospital and the Midlothian Rapid Rehousing Transition Plan would be brought forward in due course; and
- (c) to note that the action log would be updated following the meeting.

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

5. Public Reports

| Report No. | Report Title | Presented by: |
|------------|---------------------------|-----------------|
| 5.2 | Financial Outlook 2019-20 | Claire Flanagan |

2/9 176/395

Thursday 27 October 2016

Executive Summary of Report

The purpose of this report was to provide the Board with details of the financial outlook projections for the new financial year 2019/20. Consider the budget/indicative budget allocations from partners to the MIJB and the financial challenges facing the partners Midlothian Council and NHS Lothian and therefore the MIJB.

The report explained the changing position in relation to the budget offers from the partners for 2019-20. The Scottish Government's allocation included a significant increase in social care to fund a range of new responsibilities. However, the allocation to Midlothian Council, while not yet formally agreed, leaves a considerable gap requiring decisions to be taken about service reductions. This includes the likelihood of a reduced offer to the MIJB. The timing of decisions by Scottish Government and Midlothian Council means there is very little scope for negotiations between the MIJB and the Council and as a result it is considered necessary to bring the matter to the attention of the MIJB in advance of absolute clarity regarding the offer by the Council.

Summary of discussion

The Board acknowledged the challenging financial landscape and the importance of the ongoing dialogue with both NHS Lothian and Midlothian Council.

Additional clarification provided in the revised grant settlement was explained by Claire Flanagan (Chief Finance Officer). This allowed Councils the flexibility to offset their adult social care allocations to Integration Authorities in 2019-20 by 2.2% compared to 2018-19. In effect this set out how the minimum allocation which could be made to an Integration Joint Boards would be determined. For Midlothian the minimum, or floor, would equate to 97.8% of £39.750 million plus the share of the £160 million, estimated at £2.426 million. This equated to £41.302 million.

The Chief Officer, Allister Short, then highlighted that the MIJB budget allocation from Midlothian Council had been agreed by the Council at its meeting on 12 February 2019. The figure of £42.652 million, took cognisance of the revised grant settlement, reflecting some of the demographic and other cost pressures likely to be faced by the MIJB and represented, in Officers' opinion, a "fair and adequate" allocation of resources, it was therefore recommended that the MIJB now formally accepted the Council's offer.

Decision

After further discussion and questions to the Officers, the Board:

- Agreed to accept the MIJB budget offer from Midlothian Council;
- Agreed in principle the indicative MIJB budget offer from NHS Lothian;
- Noted a formal offer from NHS Lothian was likely to follow in April 2019
- Noted the challenging financial outlook for 2019/20; and

3/9 177/395

Thursday 27 October 2016

 Noted that a briefing paper on spending on the new social care responsibilities, particularly those relating to carers, would be brought forward to the April Board meeting; further consideration would also be given to this as a potential topic for a future Development Session.

Action

Chief Finance Officer/Chief Officer

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

Executive Summary of Report

With reference to paragraph 5.5 of the Meeting of 20 April 2017, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators that the Ministerial Strategic Group for Health and Community Care had agreed in December 2016 and to recommend revised Goals for 2019/20.

Summary of discussion

Having heard from Jamie Megaw (Strategic Programme Manager), who responded to Members' questions and comments, the Board in discussing the current progress against the local improvement goals acknowledged that results remained mixed and that there were a broad range of factors that had contributed to this. One significant reason was that the length of time required to establish specific developments had been underestimated. The Board welcomed that in reviewing the current local improvement goals for 2019/20 that the status of planned developments had been taken into account. Details of the proposed 2019/20 Local Improvement Goals and how they would be delivered were appended to the report.

Decision

After further discussion, the Board:-

- Noted the performance across the improvement goals;
- Noted the improvement goals that had not been achieved and the reasons for this; and
- Agreed to the proposed local improvement goals for 2019/20.

Action

Chief Officer/ Strategic Programme Manager

4/9 178/395

Thursday 27 October 2016

| Report No. | Report Title | Presented by: |
|------------|--------------------|---------------|
| 5.3 | Workforce Planning | Alison White |

Executive Summary of Report

The purpose of this report was to inform the MIJB on progress in Workforce Planning across the Midlothian Health and Social Care Partnership.

The report set out the progress made in workforce planning over the past 6 months. The MIJB agreed a framework for Workforce Planning in October 2017. The framework provided a foundation for each service area to be clear on the shape of their current workforce and consider their needs for the future, taking account of transformational change and development requiring new models of care and the increasing need to maximise on the effective use of resources. Each service area was then required to develop a Workforce Action plan.

Summary of discussion

The Board, having heard from Alison White (Chief Social Work Officer) who highlighted some of the main features of the action planning process discussed the excellent work being undertaken across the Midlothian Health and Social Care Partnership to develop service Workforce Action Plans. The risks associated with staff recruitment and retention were also discussed; it being pointed our that Workforce Action planning would seek to mitigate these risks, by having clear plans to address recruitment and retention issues, for example, taking a talent management approach and actively seeking to develop workable succession planning. Workforce Action plans would additionally ensure that the workforce was supported and developed to meet the challenges of the changing roles.

Decision

The Board, after further discussion and questions to Officers:

- Noted the progress to date
- Supported the plans for future work
- Agreed to receive a further report in 6 months to provide assurance that workforce planning continued to progress with positive effect.

Action

Chief Officer

| Report No. | Report Title | Presented by: |
|------------|----------------------|----------------|
| 5.5 | Chief Officer Report | Allister Short |

5/9 179/395

Thursday 27 October 2016

Executive Summary of Report

This report provided a summary of the key service pressures and service developments which had occurred during the previous two months 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 Allister Short (Chief Officer), who highlighted in particular the following –

- Publication of the Ministerial Strategic Group (MSG) 'Review of Progress Under Integration Authorities' and a set of proposed actions for driving forward health and social care integration.
- Following on from a recent development sessions, a summary of some of the Early Intervention and Prevention work currently underway within Midlothian.
- A key focus of the Primary Care Improvement Plan had been to support the
 principle of patients seeing the right person, at the right time, to get the right care,
 this had seen the introduction of Advanced Physiotherapy Practitioners into
 Midlothian GP practices.
- Resilience and Service Updates.

With regards the Ministerial Strategic Group Review plans to bring an update report on progress within Midlothian against the recommendations from the Audit Scotland report, which were discussed at a previous Board meeting, and the MSG Review to the special IJB meeting in March were welcomed. The Board also acknowledged the need to carefully monitor and access the impacts of changes to other services made by the partners as a result of the budgetary pressures they were facing. The possibility of a presentation on the Wellbeing Service was also raised.

Decision

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

- Noted the issues and updates raised in the report.
- Noted plans to bring an update report on progress within Midlothian against the recommendations from the Audit Scotland report and the MSG to the Special Board meeting in March.
- Noted that the possibility of a future presentation on the Wellbeing Service.

Action

Chief Officer

6/9 180/395

Thursday 27 October 2016

| Report No. | Report Title | Presented by: |
|------------|-----------------------------|--------------------------------------|
| 5.1 | Care at Home - Presentation | Jacqueline Morrison/ Amanda Blair |

Executive Summary of Report

Allister Short (Chief Officer), in introducing a presentation from Jacqueline Morrison (Home Care Team Supervisor) and Amanda Blair (Quality Assurance Officer) on Care at Home Services, reflected on the growing pressures that had been experienced by the Care at Home Service and highlighted briefly a number of the developments that had taken place as the Service sought to address the challenges and modernise.

Jacqueline Morrison explained the role played by the Reablement Service in this process, highlighting that by encouraging greater self-sufficiency, people were able to remain at home longer, or return home quicker. By establishing a central referral point for all packages of care it was hoped to create a more coordinated approach to planning home carer visits and provide greater consistency of care to service users and their families, ensuring that care package were better tailored to meet the individual's needs. For those in hospital instead of assessments being undertaken by the hospital staff, Reablement Occupational Therapists would carry out the assessment using a Reablement person-centred model. There was also a shift to a more review focussed model, in order to ensure people were receiving the best care packages. Reablement training workshops were being delivered to train all carers across care at home (including the external providers) to encourage selfmanagement, regain skills and promote mental wellbeing.

Amanda Blair advised that another area that was being targeted was medication. This had led to the development of a workshop for carers, which through the use of a specifically designed case study, enabled concerns in relation to medication to be addressed. The first round of workshops were well attended and further sessions were being planned. Practice guidelines were also being developed. Once introduced these would be reviewed to ensure they remained fit for purpose. Feedback from the carers who had participated had been very positive, as it had reinforced their practice and provided the opportunity for them to raise any queries they had.

Summary of discussion

The Chair thanked Jacqueline and Amanda for their presentation and invited questions/comments from Members of the Board.

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

- Managing family members' expectations
- Opportunity to adopt a more holistic joined up approach
- Avoiding people becoming over reliant and reluctant to move onto the correct service(s) best suited to meet their needs

7/9 181/395

Thursday 27 October 2016

Decision

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

Action

Chief Officer

6. Private Reports

Exclusion of Members of the Public

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

| Agenda No | Report Title | Presented by: |
|-----------|---------------------------------|----------------|
| 6.1 | Reshaping Care At Home Services | Allister Short |
| Decision | | |

Noted the ongoing challenge to meet increased demand with shortage in capacity and the need to now explore alternative options to meet these increasing challenges over the longer term.

7. Any other business

| Report No. | Report Title | Presented by: |
|------------|-----------------|----------------|
| 7.1 | MIJB Membership | Allister Short |

Executive Summary of Report

Allister Short (Chief Officer), advised of the following changes to the NHS Lothian voting membership of the Midlothian IJB:

Carolyne Hirst is to replace Alison McCallum; and Tricia Donald is to replace Tracey Gilles (wef 31 March 2019).

Decision

The Board:

 Noted and approved the appointments of Carolyne Hirst and Tricia Donald as voting members of the Midlothian IJB by NHS Lothian in place of Alison McCallum and Tracey Gilles respectively; and

8/9 182/395

Thursday 27 October 2016

 Record an expression of thanks and appreciation to both Alison and Tracey for their contributions to the work of the Midlothian Integration Joint Board.

Action

Chief Officer

8. Date of next meeting

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

• Thursday 14th March 2019 2pm Special Midlothian Integration Joint

Board/Development Workshop

• Thursday 11th April 2019 2pm Midlothian Integration Joint Board

• Thursday 16th May 2019 2pm Development Workshop

(Action: All Members to Note)

The meeting terminated at 4.22 pm.

9/9 183/395



| Date | Time | Venue |
|--------------------------------------|--------|----------------------------------|
| Thursday 14 th March 2019 | 2.00pm | Conference Room, Melville |
| | | Housing, The Corn Exchange, 200 |
| | | High Street, Dalkeith, EH22 1AZ. |

Present (voting members):

| Angus McCann (Chair) | Cllr Derek Milligan (Vice Chair) |
|----------------------|----------------------------------------------|
| Carolyn Hirst | Cllr Pauline Winchester |
| Alex Joyce | Cllr Margot Russell (substitute for Cllr Jim |
| | Muirhead) |

Present (non-voting members):

| Allister Short (Chief Officer) | Claire Flanagan (Chief Finance Officer) |
|----------------------------------------------|-----------------------------------------|
| Alison White (Chief Social Work Officer) | Caroline Myles (Chief Nurse) |
| Wanda Fairgrieve (Staff side representative) | Fiona Huffer (Head of Dietetics) |
| Keith Chapman (User/Carer) | Pam Russell (User/Carer) |
| Ewan Aitken (Third Sector) | |

In attendance:

| Morag Barrow (Head of Primary Care and | Mairi Simpson (Public Health Practitioner) |
|----------------------------------------|--------------------------------------------|
| Older Peoples Services) | |
| Mike Broadway (Clerk) | |

Apologies:

| Cllr Jim Muirhead | Cllr Catherine Johnstone |
|---------------------------------------|------------------------------------|
| Cllr Joe Wallace (substitute for Cllr | Tracey Gilles |
| Catherine Johnstone) | |
| Nik Hirani (Medical Practitioner) | Hamish Reid (GP/Clinical Director) |

1/7

Thursday 14 March 2019

Welcome and introductions

The Chair, Angus McCann, welcomed everyone to this Special Meeting of the Midlothian Integration Joint Board, following which there was a round of introductions.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Public Reports

| Report No. | Report Title | Presented by: |
|------------|------------------------|---------------|
| 4.1 | Strategic Plan 2019-20 | Mairi Simpson |

Executive Summary of Report

The purpose of this report was to seek the Board's approval of the Strategic Plan to cover the period 2019-2022.

The report explained that the Strategic Plan described the changes planned to the delivery of health and care services over the next three years. It summarised the process used in the development of the Plan and outlined the key issues raised during the period of formal consultation. The report also explained what measures were in place both to ensure that the Strategic Plan was put into action and also kept up to date in response to changing challenges and new opportunities.

Summary of discussion

Having heard from Mairi Simpson (Public Health Practitioner) who took Members through the Strategic Plan highlighting some of the key issues, and main themes running through it, the Board discussed the excellent work which had been undertaken to develop the Strategic Plan and how the feedback received during the consultation process had been used to help shape it.

With regards the Plan itself, the layout and contents were welcomed, although it was felt that the language used at times could do with being clearer and more specific. It was also felt that embedding weblinks where appropriate would be helpful. Issues relating to specific matters such as aids and adaptations and intermediate care for those in transition were acknowledged it being accepted that these were perhaps best addressed separately.

2/7 185/395

Thursday 14 March 2019

Decision

The Board, after further discussion and questions to Officers:

- Approved the MIJB Strategic Plan 2019-22; and
- Noted the forums and processes in place which would ensure the Plan was implemented.

Action

Chief Officer

| Report No. | Report Title | Presented by: |
|------------|------------------|-----------------|
| 4.2 | Financial Update | Claire Flanagan |

Executive Summary of Report

The purpose of this report was to provide the Board with an update on the current indicative proposed budget offer for 2019/20 from NHS Lothian and confirmation of the formal Midlothian Council budget offer to the MIJB. Further to this the report provided an update on the ongoing transformation work to support delivery of savings in the coming financial year 2019/20 as well as a review of the MIJB reserves for 2018/19.

Summary of discussion

The Board, having heard from Claire Flanagan (Chief Finance Officer), acknowledged the challenging financial landscape and the importance of the ongoing transformation work within the HSCP to drive out the saving required to balance the budget. The significant continued financial pressures posed by set aside budgets remained a matter of some concern, however matters did appear to be coming to a head nationally on this issue.

The Chief Officer, Allister Short, then highlighted some of the key actions already being undertaken, or that were planned, to address these concerns.

The likely end of year outturn position, based on the Q3 figures, was discussed along with the position on reserves.

Decision

After further discussion and questions to the Officers, the Board:

- Agreed the principles of the indicative budget from NHS Lothian based on the financial plan reported to their Finance & Resources Committee in January 2019 and recent correspondence;
- Noted the transformation work to deliver savings;

3/7 186/395

Thursday 14 March 2019

- Agree to request Officers to undertake a review of the set aside (Acute Hospital) position; and
- Noted the current IJB reserve position.

Action

Chief Finance Officer/Chief Officer

| Report No. | Report Title | Presented by: |
|------------|----------------------|----------------|
| 4.3 | Chief Officer Report | Allister Short |

Executive Summary of Report

This report provided a summary of the key service pressures and service developments which had occurred during the previous two months 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 Allister Short (Chief Officer), who highlighted in particular the following –

- The Integration Scheme had recently been updated to take account of the Carers (Scotland) Act 2016. Formal approval would now be sought from Midlothian Council and NHS Lothian, following which the Scheme would be submitted to Scottish Government
- Review of the role, remit, membership and function of the Strategic Planning Group, which would be the subject of a future report.
- Revised arrangements for the consultation on the annual performance report.
- The ongoing work to review the emerging issues relating to the planned exit from the European Union on 29 March 2019.

With regards the annual performance report plans to hold an event for communities and staff were welcomed and seen as a welcome opportunity to raise awareness of the work of the MIJB

Decision

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

- Noted the issues and updates raised in the report.
- Noted plans to bring an update report on the review of the Strategic Planning Group.
- Welcomed the revised consultation arrangements for the annual performance report.

4/7 187/395

Thursday 14 March 2019

Action

Chief Officer

| Report No. | Report Title | Presented by: |
|------------|-------------------------------------|----------------|
| 4.4 | Review of Progress with Integration | Allister Short |

Executive Summary of Report

The purpose of this report was to highlight the recent report from the Ministerial Strategic Group for Health and Community Care on the review of progress with Integration of Health and Social Care and the connection to the Audit Scotland report on Integration which was published in November 2018. A recommendation from these reports was for IJBs and Partners to assess progress against the key actions and to develop an action plan; a draft response was therefore attached to this report for further discussion and consideration by the Board. Following engagement with Partners it was proposed to develop an action plan to deliver on the agreed improvement areas and that oversight of this plan would be remitted to the IJB Audit & Risk Committee. An annual report on progress will be presented to the IJB in March 2020.

Summary of discussion

The Board, having heard from Allister Short (Chief Officer), who responded to Members' questions and comments, discussed the key areas for improvement and the initial response from senior officers with the IJB and HSCP on an assessment against the key priorities. It was acknowledged that whilst this would continue to be an evolving piece of work, it would be important to ensure that the agreed actions were being progressed and implemented; the role of the IJB Audit & Risk Committee in monitoring this was felt to be critical and the frequency of updates to the Board was discussed.

Decision

After further discussion and questions to Officers, the Board:-

- Noted the key points identified within the Ministerial Strategic Group for Health and Community Care report;
- Noted the assessment matrix and agreed that any further comments/issues be fed back to the Chief Officer as quickly as possible;
- Agreed that the Chief Officer write to NHS Lothian and Midlothian Council
 to seek their input and contribution to the assessment matrix and to seek
 their support in the delivery of the action plan;
- Agreed that the monitoring of the implementation of the subsequent action plan is remitted to the MIJB Audit & Risk Committee; and

5/7 188/395

Thursday 14 March 2019

 Agree to receive an annual progress report on the overall plan at the IJB meeting in March 2020.

Action

Chief Officer/Strategic Programme Manager

| Report No. | Report Title | Presented by: |
|------------|--------------|---------------|
| 4.5 | Frank's Law | Alison White |

Executive Summary of Report

The purpose of this report was to identifying the work being undertaken within Midlothian to ensure implementation of Free Personal Care for under 65's.

The report explained that free personal care was currently available for everyone aged over 65 who had been assessed as needing it .From the 1st April the Scottish Government had committed to extending this to people under 65 as well. This meant that where people had been assessed as needing help with tasks such as the toilet, incontinence laundry, help with preparing food, assistance with medication, dressing and getting up and going to bed they would no longer have to pay for the service.

Summary of discussion

The Board, having heard from Alison White (Chief Social Work Officer), discussed the work undertaken to ensure implementation within Midlothian and also some of the issues that may arise in terms of managing expectations, levels of take-up, increased demand on already under pressure services, and the potential impact on the role of carers.

Decision

The Board, after further discussion,

- Noted the work undertaken within Midlothian to ensure implementation of Free Personal Care for under 65's
- Noted the risks associated with the implementation.
- Noted the improved equity of application of free personal care, regardless of age, condition or means

Action

Chief Officer

6/7

Thursday 14 March 2019

| Report No. | Report Title | Presented by: |
|------------|------------------------------------------|----------------|
| 4.6 | Draft MIJB Development Programme 2018-19 | Allister Short |

Executive Summary of Report

The purpose of this report was to invite the Board to consider the Development Programme for the remainder of 2019.

Summary of discussion

Having heard from Allister Short (Chief Officer), the Board discussed the suggested topics, of particular interest were the sessions involving working with the voluntary sector, homelessness and housing, and working with communities. Other suggested topics included visits to different parts of the service, particularly an acute hospital setting, and intermediate care.

Decision

After further discussion, the Board:

- · welcomed the suggested topics;
- agreed that along with the additional topics identified during discussion, to include as much as possible into the forward development programme; and
- agreed that any further potential topics be fed these back to Tricia Hunter as soon as possible for consideration.

Action

Chief Officer/All Board Members

5. Private Reports

No private business to be discussed at this meeting.

6. Any other business

No additional business had been notified to the Chair in advance.

7. Date of next meeting

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

Thursday 11th April 2019
 Thursday 16th May 2019
 Zpm Midlothian Integration Joint Board
 Development Workshop

(Action: All Members to Note)

The meeting terminated at 3.13 pm.

7/7 190/395















MINUTES OF THE MEETING OF THE **EAST LOTHIAN INTEGRATION JOINT BOARD**

THURSDAY 28 FEBRUARY 2019 COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

Mr P Murray (Chair) Councillor S Akhtar Councillor N Gilbert Councillor S Kempson Mr A Joyce

Non-voting Members Present:

Mr D Binnie

Ms P Dutton

Ms C Flanagan

Ms E Johnston

Ms M McNeill

Mr T Miller

Ms A MacDonald

Ms J Tait

Dr J Turvill

Ms J Trench

Officers Present from NHS Lothian/East Lothian Council:

Mr P Currie

Ms T Leddy

Ms J Ogden-Smith

Mr B Davies

Ms M Anderson

Mr A Milne

Ms M Goodbourn

Visitors Present:

Ms J Bell, Dunbar Community Council

Clerk:

Mrs F Stewart

Apologies:

Councillor F O'Donnell Ms F Ireland Ms L Cowan

Declarations of Interest:

None

1. PRESENTATION ON THE EAST LOTHIAN COMMUNITY HOSPITAL

The Chair welcomed Miriam Anderson, NHS Project Manager, and Andrew Milne, NHS Project Director, for the new Community Hospital. He also welcomed Melissa Goodbourn, NHS Assistant Strategic Programme Manager.

Ms Anderson gave a presentation on the East Lothian Community Hospital, with a particular focus on the new services and repatriation of services. (This linked to the ongoing Directions of the East Lothian Integration Joint Board (EL IJB) / NHS Lothian / Dolh2018 and the final delivery of the new East Lothian Community Hospital).

Ms Anderson outlined the phased programme of works which had taken place and advised that the third and final phase was expected to be completed by the end of August 2019. She stated that the integration of groups and services was going well and advised that an application had been made to Sustrans for a café and cycle path (along the old railway track) to enhance the visitor experience.

Councillor Akhtar thanked everyone for their efforts in helping to deliver the new hospital and asked what provision there would be for children's services. Ms Anderson confirmed that there was capacity at the new hospital for children's services and that further engagement would take place on the provision of such services.

The Chair stated that East Lothian was fortunate to have a first class facility that would improve health outcomes for people living in the county. He also welcomed the news of the cycle path.

2. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 13 DECEMBER 2018 (FOR APPROVAL)

The minutes of the East Lothian Integration Joint Board meeting of 13 December 2018 were approved.

3. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 13 DECEMBER

There were no matters arising.

4. CHAIR'S REPORT (VERBAL)

The Chair reported on recent developments. Linking to the presentation on the Community Hospital, he hoped that a Development Day would take place in April, focusing on what would be delegated to the IJB, particularly the acute side of its response. The recent Audit Scotland report had already highlighted this area of work and it was imperative that the IJB was clear on what avenues needed to be explored further. He welcomed ideas from members and underlined the complexity of working with multiple partners when taking initiatives forward.

The Chair updated members on the work of the Strategy Planning Forum and the Leadership Group. He also advised that the Ministerial Steering Group (MSG) report, emailed to members, provided an update on the current position and outlined timescales with regard to expectations included in the report. The IJB was also compiling a report.

Andrew Milne, Project Director for the Community Hospital, advised that he would be working with Alison MacDonald's team on a feasibility study for the reprovisioning of other services across the region. He would come back to the Board with proposals and any developments.

The Chair stated that the feasibility study, together with the other important work being carried out, gives members confidence that they are moving forward in a positive direction.

5. CLINICAL AND CARE GOVERNANCE COMMITTEE (VERBAL)

Alison MacDonald advised that nothing had been raised to highlight any risk at their monthly meetings. A small number of Care Inspectorate inspections had taken place and she awaited the outcomes of these.

6. DELAYED DISCHARGES (VERBAL)

Alison MacDonald advised that the number of delayed discharges at yesterday's date was nine, ahead of expectations. She credited the IJB's partners with achieving this and described the figure as heartening.

The Chair stated that he had attended a meeting with NHS Lothian yesterday and Jim Crombie, Deputy Chief Executive, referenced the sustained change in the delayed discharge figures as an example of good practise.

In response to a question from Councillor Gilbert, Ms MacDonald advised that there had been a significant reduction in the number of occupied bed days, and that longer stays were generally for those with complex needs. She also advised that social workers were encouraged to work with the NHS to achieve the best outcomes for patients.

7. EAST LOTHIAN INTEGRATION JOINT BOARD DRAFT 2019-2022 STRATEGIC PLAN

The Interim Chief Officer had submitted a report presenting a further draft of the 2019-2022 Strategic Plan, developed following initial stages of engagement.

Paul Currie stated that the final draft of the Strategic Plan would go to the IJB meeting on 28 March for approval and events were due to take place in order to engage with as many people as possible, and to respond to any concerns, before the draft Plan was finalised.

Referring to the Scottish Index of Multiple Deprivation (SIMD) figures for East Lothian, Councillor Akhtar enquired about the level of engagement across the county and Mr Currie advised on the consultations which had taken place. He also stated that the draft Plan would change to reflect all of the areas now within its remit. The Chair added that it was important to consult with as many people and groups as possible and, particularly, to reach the people who may feel that they do not have a voice.

Marilyn McNeill asked if care for diabetes patients would be addressed in the Plan and Mr Currie replied that diabetes would be a primary care focus. Alison McDonald also advised that there was a South East collaboration on diabetes and East Lothian was linked into this work.

In response to a question on the three year Financial Plan, and on whether there was any flexibility in the annual budgets to accommodate planning changes, the Chair replied that all projections and planning were based on accurate figures. Claire Flanagan, Chief Finance Officer, acknowledged that the annual budgets would be challenging and the aim was develop a long term rolling 3-4 year Financial Plans.

Decision

The IJB agreed to:

- (i) note that based on feedback received to date the latest draft of the Strategic Plan has been updated since the previous version, discussed at the IJB Development Day on 24 January 2018;
- (ii) note that the plan will continue to develop as engagement progresses and as comments are received:
- (iii) note that all feedback is being recorded. At the end of the Strategic Plan drafting process a report will be provided detailing the comments received and what was done in response to the feedback;
- (iv) note that the final version of the Strategic Plan must be issued by 31 March 2019. For this reason the IJB will be asked to formally agree the final draft of the Strategic Plan at its meeting on 28 March 2019; and to
- (v) agree that a summary version of the Strategic Plan should be produced to accompany the full plan in order to make the plan's contents available to as wide an audience as possible.

8. UPDATE ON PROGRESS TO DATE ON THE IMPLEMENTATION OF THE EAST LOTHIAN CARERS STRATEGY AND THE CARERS (SCOTLAND) ACT 2016

The Group Service Manager, Rehabilitation and Access, had submitted a report, outlining the progress made to date on the requirements of the Carers (Scotland) 2016 Act.

Trish Leddy stated that the Carers (Scotland) Act, passed by the Scottish Parliament in February 2016 and commencing on 1 April 2018, had implications for both Adult Services and Children's Services. Work to fulfil the requirements of the Act had been led by the Carers' Strategic Group and East Lothian Council with support from third section organisations. The report summarised the work undertaken to meet the requirements of the Act prior to the transfer of the work to the Carers Change Board and Carers Reference Group. Ms Leddy advised that, after a review of existing eligibility criteria, the National Carer Organisations framework had proved the most popular with regards to meeting the needs of carers.

Ms Leddy updated members on the progress of the Adult Carer Support Plans and Young Carer Statements, providing information on the development of the forms, piloting and engagement, and the roll out to staff. She also advised that the draft East Lothian Carers Strategy had identified 8 outcomes with key actions to address feedback received. Following consultations and media activity in 2018, the public had been given an opportunity to comment on the final Strategy in January 2019 and key action points from the Strategy would be incorporated into the review of the Strategic Plan due for publication in March 2019.

Ms Leddy also spoke on the development of the Short Breaks Statement, another requirement of the Act, and highlighted other key areas of work.

David Binnie stated that it was an excellent report in terms of providing an audit of all the work carried out and highlighting the actions to be taken forward. In response to questions from Mr Binnie, Ms Leddy advised that service users will be able to use Viewpoint to express their levels of satisfaction with services, and Queen Margaret University might also be able to provide expertise in this area. On Mr Binnie's concern that, by including young carers in Children's Services, there was a risk of fragmenting structures, Ms MacDonald replied that the Council and the Health Board were working together on young carers and she would like to see joint working for adult and young carers.

Councillor Akhtar enquired what the financial implications were for providing support to carers and Ms MacDonald replied that a detailed report on how resources are used would come to the next meeting of the IJB.

The Chair thanked Ms Leddy for her comprehensive report and stated that it was helpful for members and Partners to be aware of the Action Plan.

Decision

The IJB agreed to:

- (i) note the content of this report with regards to the context and background to the Carers (Scotland) Act 2016 and the requirements of the Act; and to
- (ii) note the outputs of the Carers Strategic Group in relation to fulfilling the requirements of the Act including the development of the Carers Eligibility Criteria, the Draft Carers Strategy, Adult Carer Support Plans and Young Carer Statements, and ongoing work in relation to the development of a Short Breaks Statement.

9. FINANCIAL POSITION 2018/19 - UPDATE

The Chief Finance Officer had submitted a report updating the IJB on its current financial position in 2018/19, reporting the projected year end outturn from the quarter three financial reviews and updating on the indicative budget proposals by Partners East Lothian Council and NHS Lothian to East Lothian IJB for 2019/20.

Claire Flanagan presented her report and advised that, at the end of December 2018, the IJB's budget was £764,000 overspent. This figure was the result of an underspend on the health budget of the IJB and an overspend on the social care budget of the IJB. Ms Flanagan advised that, due to the significant financial pressures on social care, she had written to the Council's Section 95 Officer to ask if any further financial support could be provided. Ms Flanagan advised that the GP prescribing budget was currently underspent however, this position could quickly change. Information on the prescribing budget was reported two months in arrears and these figures would continue to be monitored.

Ms Flanagan outlined Indicative Proposed Budget Offers from East Lothian Council and NHS Lothian and advised that formal budget proposals would follow. She also advised that there was a £488,000 savings target moving into 2019/20.

The Chair stated that it was important for the IJB to prioritise spending and work within its means as, next year, there would be no opportunity to secure more funds to offset an overspend.

Decision

The IJB agreed to:

- (i) note the current financial position;
- (ii) note the quarter three financial reviews of 2018/19; and to
- (iii) discuss the indicative proposed budget offers for 2019/20.

10. MINUTES OF THE IJB AUDIT & RISK COMMITTEE MEETINGS (FOR NOTING):

The minutes of the IJB Audit and Risk Committees of 6 March 2018, 28 June 2018 and 27 September 2018 were noted.

| Signed | |
|----------|-------------------------------------------------------------------|
| olgillou | Peter Murray Chair of the East Lothian Integration Joint Board |

6















MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 28 MARCH 2019 COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

Voting Members Present:

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

Non-voting Members Present:

Mr D Binnie Ms F Duncan

Dr R Fairclough

Ms C Flanagan

Ms E Johnston

Ms M McNeill

Mr T Miller Ms J Tait

Officers Present from NHS Lothian/East Lothian Council:

Ms L Cowan

Mr P Currie

Mr B Davies

Ms M Goodbourn

Ms J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Councillor S Akhtar Councillor N Gilbert Ms P Dutton Ms A MacDonald Ms J Trench Dr J Turvill

Declarations of Interest:

The Chair and Councillor Fiona O'Donnell declared an interest in Item 1 and indicated that they would leave the Chamber during consideration of this item.

The Chair explained that Item 10 had been withdrawn from the agenda. More detail was required to allow the IJB to give proper consideration to the proposals and a revised report would be presented the IJB's meeting on 25 April 2019. Councillor O'Donnell encouraged members to provide feedback to officers before the next meeting.

The Chair also announced that Alison MacDonald had been appointed as Chief Officer of the IJB on a permanent basis. The members welcomed this news.

Sederunt: The Chair and Councillor O'Donnell left the Chamber.

1. RENOMINATION OF A VOTING MEMBER AND CHANGES TO THE CHAIR AND VICE CHAIR OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

The Interim Chief Officer had submitted a report informing the Integration Joint Board (IJB) of the renomination of Peter Murray as a voting member by NHS Lothian and asking the IJB to agree the appointment of a new Chair and Vice Chair of the IJB with effect from 1 April 2019.

The Clerk presented the report with a brief summary and invited members to agree the recommendations.

Decision

The IJB agreed to:

- (i) Note the renomination of Peter Murray as a voting member of the IJB for the maximum term of office;
- (ii) Agree the appointment of Councillor Fiona O'Donnell as Chair of the IJB for two years from 1 April 2019; and
- (iii) Agree the appointment of Peter Murray as Vice Chair of the IJB for two years from 1 April 2019.

Sederunt: The Chair and Councillor O'Donnell returned to the Chamber.

2. CHAIR'S REPORT

The Chair reported on the following:

Integration Self-evaluation template from the Ministerial Strategic Group for Health & Community Care – this was circulated to members for information. The Chair indicated that Ms MacDonald would contact members soon to outline how the self-evaluation process would be carried out.

Strategic Planning Forum - would be holding a meeting with representatives from all IJBs next week. The group had also changed its name to the Integrated Care Forum.

Claire Flanagan added the Forum's work included setting up a meeting between Section 95 officers from all 4 Lothian IJBs, local Councils and the Director of Finance from NHS Lothian. She said that they had had a very useful session on the challenges facing IJBs and local authorities, and follow-up sessions were being planned.

IJB Chairs and Vice Chairs Group – had been charged with hosting the next network meeting on 8 May 2019 involving all IJBs across Scotland. The meeting would also include the Cabinet Secretary and chief officers from the Scottish Government, CoSLA

and health boards. The Chair said that some of the issues to be discussed would already be familiar to IJB members.

Councillor O'Donnell asked if it would be possible to bring members together to complete the self-evaluation questionnaire as part of a development session. She said that it may also help to identify gaps in members' knowledge and potential training needs. Judith Tait agreed that working collectively would add value to the process and prevent it from becoming just a desk-top exercise. The Chair agreed to pass on this suggestion.

3. NHS HEALTHCARE GOVERNANCE COMMITTEE (VERBAL)

Fiona Ireland reported that at its last meeting the Committee had taken a detailed look at mental health services in East and Mid Lothian and how to address gaps and pressure points in services at all levels of need. She referred to an increase in the number of school nurses and counsellors as one example of how funding was currently being targeted within children's mental health services.

Ms Tait reported that the work of the Strategic Children's Partnership also included improving children's mental health. She said that one of the key challenges was that the range of services came under the jurisdiction of different authorities and funding came from many different sources. Ms Tait highlighted the need to coordinate at all levels to ensure that all available monies were used effectively to meet local needs within East Lothian.

In reply to a question from Councillor O'Donnell, Ms Tait said that priorities for action sometimes depended on which route the funding came from Government, and it was important for authorities to agree a shared view of how funding should be used. The Chair acknowledged Ms Tait's comments and asked that it be recorded in the minutes that this was an issue that the IJB should return to in the future.

Ms Ireland updated the members on two other areas of discussion at the recent Committee meeting. The first was a discussion around the creation of a minor injuries clinic out with the Edinburgh Royal Infirmary (ERI) which would be funded through the Set Aside budget. She said that the IJB needed to take a view on what kind of service it wanted for the people of East Lothian. She also reported on a proposal to move forward with the Quality of Care approach and that the Clinical Care Governance Committee could have a role in monitoring progress.

The Chair advised members that the next development session would look at how to make the best use of Directions with particular focus on their use as part of the IJB's delegated authority within acute services.

Councillor O'Donnell asked if it would be possible to use Directions to place a requirement on NHS Lothian to create a minor injuries clinic at the community hospital. The Chair said that it was possible but it could be argued there was an obligation to consider the impact of decisions on the other Lothian IJBs. However, in his view, they were now moving towards a time when the IJB would be required to take the type of decision that may well have such implications.

4. DELAYED DISCHARGES (VERBAL)

Lorraine Cowan reported that there had been 10 delayed discharges recorded in March and that the sustained improvement in the figures had come from working across services to keep as many people as possible out of hospital. Her team were currently working with independent providers to take on clients from the Hospital to Home team and to develop new care services in a number of areas. She advised that funding had been secured to upgrade Ward 2 at Belhaven Hospital into a Hub for these services.

The Chair welcomed this news and thanked the staff for their hard work. He hoped that this progress would be maintained.

In response to questions from Thomas Miller and Marilyn McNeill, Ms Cowan explained that while the proposed Hub at Belhaven had yet to be consolidated into the wider reprovision project, it was seen as an opportunity to better manage staffing and increase care provision. She also confirmed that a group was being set up to support community involvement in the development of the Hub.

Councillor O'Donnell informed members that she had received positive feedback on the Discharge to Assess Service while attending a meeting at ERI. Ms Cowan said that awareness-raising sessions within ERI which were now beginning to show benefits.

5. UPDATE ON THE REPROVISION OF BELHAVEN AND EDINGTON COMMUNITY HOSPITALS, ESKGREEN AND ABBEY CARE HOMES (VERBAL)

The Chair provided an update to members on reprovisioning. He advised that a grant had been secured from the Scottish Government to enable officers to carry out a scoping exercise. The project team would then return to the local groups in Dunbar, North Berwick and Musselburgh to work on reprovisioning that met local needs. He expected the project team to attend an IJB meeting in the near future to provide an update.

The Chair also advised members that the local project groups outlined in the December IJB paper would work closely with, and include members from, the relevant local Area Partnership health and wellbeing groups to ensure alignment with local health and wellbeing plans. The groups also hoped to involve other key local and national groups such as Dementia Friendly East Lothian, carers' organisations and other community interest groups.

The Chair hoped that this update would offer reassurance that it remained the IJB's intention to have as wide a range of involvement as possible from the community. He suggested that members contact Ms MacDonald if they had any questions and that a further update would be presented to the IJB in the near future.

6. REVISION OF THE EAST LOTHIAN INTEGRATION JOINT BOARD INTEGRATION SCHEME

The Interim Chief Officer had submitted a report providing the IJB members with background to a necessary revision of the Integration scheme.

Paul Currie presented the report informing members that the introduction of the Carers (Scotland) Act 2016 had resulted in the need to revise the IJB's Integration Scheme to take account of the new duties placed on authorities for both adult and children's services. While there was no requirement for the IJB to consult on the proposed changes, the revised Scheme would be publicised for 4 weeks on the Council's website via the Consultation Hub. He pointed out that further changes to the Scheme may be required to take account of future legislation and that the date for a comprehensive review of the Integration Scheme had been extended to 2024.

The Chair explained that initially it was not thought necessary to amend the Integration Scheme and this had resulted in a delay in bringing forward the changes for approval.

Decision

The IJB agreed to:

- (i) Note that as a result of the introduction of the Carers (Scotland) Act 2016, each IJB was required to revise its Integration Scheme;
- (ii) Accept the revised Integration Scheme for East Lothian IJB;
- (iii) Agree the revised Integration Scheme should be publicised for a 4 week period;
- (iv) Note that in the event of relevant legislation changing there may need to be further revisions to the Integration Scheme; and
- (v) Note that on approval of the revised Integration Scheme, the date for a comprehensive review of the Scheme will be extended to 2024.

7. EAST LOTHIAN INTEGRATION JOINT BOARD 2019-2022 STRATEGIC PLAN

The Interim Chief Officer had submitted a report presenting to the IJB the finalised 2019-2022 Strategic Plan, developed following engagement.

Mr Currie presented the report outlining the background to the Strategic Plan and the engagement process. He said that the next stage would be the preparation of a delivery plan which would include measurable actions to support progress monitoring. He informed members that discussions with Health & Wellbeing Groups across the county had been very useful and he hoped that this engagement would be maintained.

Bryan Davies said that the intention had been to produce a briefer Strategic Plan this time, with a more logical throughput to the IJB's Directions and the ability to measure progress. He advised that any comments or consultation responses not included in the Strategic Plan would be reflected in the delivery plan.

The Chair said he had provided his feedback on the Plan to officers and he invited members to offer their comments.

Councillor O'Donnell made suggestions relating to the section on the workforce plan and general comments regarding the accessibility of the final document for those with visual impairment.

Jane Ogden-Smith confirmed that appropriate versions would be provided upon request. In response to a question from the Chair, she advised that these versions would be available within the next 2-3 weeks and would be signposted when the Plan was published on 31 March.

Responding to a question from Ms McNeill, Ms Ogden-Smith acknowledged that currently not all Area Partnerships had health & wellbeing groups but she said that discussions were taking place to address this. Mr Davies encouraged service user representatives to be part of the Reference Groups in the meantime. He also outlined the process for preparing the delivery plan.

Elaine Johnston said that having health & wellbeing groups in every area was important but that they also needed to link with the new structure of Change Boards. She also asked about the timescale for preparation of the delivery plan. Mr Davies

confirmed that the plan and a summary of the consultation responses would be available within 2 – 3 weeks.

Councillor Sue Kempson said that the Strategic Plan was very exciting and had been prepared with a lot of foresight. She added that if the IJB could deliver all of the priorities it would be doing a very good job indeed.

Decision

The IJB agreed to:

- (i) Accept the final version of the IJB Strategic Plan, which has taken into account feedback received on earlier drafts which were considered at IJB development sessions and formal meetings in January and February 2019;
- (ii) Note that the final plan has been informed by an engagement and consultation process (comprising meetings and an online survey) that ran from 20 December 2018 to 12 March 2019. All feedback from the process was recorded and a report is in preparation that will set out all comments received and how this feedback was acted upon;
- (iii) Note that once the IJB has formally agreed the Strategic Plan it must be published. The deadline for this is 31 March 2019;
- (iv) Note that a 'plain English' summary version of the Strategic Plan will be produced to accompany the full plan in order to make its contents accessible to as wide an audience as possible; and
- (v) Note that a delivery plan, to support progress monitoring, will be produced for each year of that the Strategic Plan applies.

8. FINANCIAL UPDATE

The Chief Finance Officer had submitted a report updating the IJB on its current financial performance for 2018/19, including the projected year outturn; providing the IJB with the indicative budget proposals by the Partners, East Lothian Council and NHS Lothian, for 2019/20; and, further to this, providing the financial outlook facing the IJB next financial year.

Ms Flanagan presented the report outlining the financial performance to the end of February. She reminded members that the prescribing budget worked two months in arrears and there was a risk that the current underspent position could be significantly altered by the year end. She added that, despite the potential underspend in the health budget, the IJB was unlikely to close 2018/19 in a break even position.

Ms Flanagan informed the meeting that discussions had taken place with NHS Lothian regarding transfer of any underspend in health to offset overspend in the social care budget. She said she had raised this budget overspend and the possibility of additional resources with East Lothian Council but they preferred to await the year end position before holding further discussions.

She highlighted the new funding made available to integration authorities during 2018/19 and explained that, as these funding sources were received part way through the year, there had been some slippage in spending against them. She sought the IJB's agreement to carry forward this money to 2019/20 as earmarked reserves.

Lastly, Ms Flanagan explained the indicative budgets from both NHS Lothian and East Lothian Council for 2019/20 and the savings targets and key financial pressures associated with the coming year.

Mr Davies responded to questions from Councillor O'Donnell and Moira Whyte regarding the increase in existing charges and the introduction of two new charges which were implemented in 2018/19. He indicated that the charging policy for 2019/20 had yet to be agreed but that it could be difficult to justify a further increase after last year's changes. He added that the impact of these changes on service users had yet to be evaluated and whether they had generated the expected level of income.

Councillor O'Donnell stated that the Council's Administration had been clear that they would not support a further increase in charging this year. They were mindful of the effects of inflation in other areas of peoples' lives and the consequent pressure on incomes. However, she noted that the benefits of the IJB's Strategic Plan were already being seen in some areas and said that the IJB must look to identifying more sustainable models of care.

Ms Flanagan responded to further questions regarding additional savings required in 2019/20 and the challenging nature of the budget offers.

The Chair commented that officers within the Health & Social Care Partnership would have a formidable task to deliver the IJB's priorities on budget and that this should be used as a catalyst for innovation and demonstrating the benefits of integration.

Decision

The IJB agreed to:

- (i) Note the current financial position;
- (ii) Note the projected year end outturn of 2018/19;
- (iii) Agree the principle of transferring resource from any underspend in one arm of the IJB to offset overspend in the other arm;
- (iv) Support slippage in earmarked funds being carried forward by the creation of an earmarked reserve;
- (v) Note the principles of the indicative, proposed budget offers for 2019/20; and
- (vi) Note the financial outlook for 2019/20.

9. EAST LOTHIAN INTEGRATION JOINT BOARD INTERNAL AUDIT REPORT ON WORKFORCE PLANNING

The Interim Chief Officer had submitted a report by the Senior Auditor informing the IJB of the recently issued audit report on Workforce Planning which was presented to the IJB's Audit & Risk Committee at its meeting on 19 March 2019.

Mr Davies presented the report highlighting the key findings of the audit and drawing members' attention to the ratings of moderate and significant assurance given against the five audit objectives. He advised that the draft workforce plan would be presented to the IJB for approval at its meeting in April.

Mr Davies responded to questions. He provided further detail of the engagement process undertaken while drafting the workforce plan, the intention that service areas would use the document as a template to prepare their own local workforce plans, and confirmed that the Scottish Government guidance was now available.

Decision

The IJB agreed to note the contents of the audit report.

10. CARERS' ORGANISATIONS – FUNDING PROPOSALS FOR 2019/20

This item was withdrawn from the agenda.



Signed

Mr Peter Murray Chair of the East Lothian Integration Joint Board



Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 29 March 2019

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

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

Officers: Tom Cowan, Tony Duncan and Lesley Birrell.

Apologies: Carole Macartney and Alison Robertson.

1. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 8 February 2019 as a correct record subject to adding Pat Wynne to the list of members present.

2. Sub-Group Minutes

Updates were given on Sub-Groups and Committee activity.

Decision

- 1) To note the minute of the meeting of the Audit and Risk Committee of 16 November 2018.
- 2) To note the minute of the meeting of the Professional Advisory Group of 8 January 2019.





Working together for a caring, healthier, safer Edinburgh

1/8 205/395

- 3) To note the minute of the meeting of the Strategic Planning Group of 30 November 2018.
- 4) To note that the Chief Officer would provide a presentation on prescribing to a future meeting of the Joint Board.

3. Rolling Actions Log

The Rolling Actions Log for March 2019 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 11 Recommendations from the Health and Social Care Grants Review Programme 2019
 - Action 14 Performance Report Sickness Absence.
- 2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 29 March 2019, submitted.)

4. Carers Strategy

The previous Edinburgh Joint Carer Strategy 2014-2017 had been reviewed independently by Edinburgh Voluntary Organisations Council (EVOC) in 2017 to measure its impact. The review had made six recommendations for the new Strategy as follows:

- Focus on Implementation
- Broaden ownership of the strategy
- Maintain the same priorities in the new strategy
- Recognise the fundamental differences of young carers
- Futureproof the strategy
- Measure Impact

The 2019-2022 Strategy had been developed in partnership with Edinburgh Health and Social Care Partnership, key stakeholder partners from the third sector, unpaid young and adult carers and incorporated the six recommendations and the new duties from the Carer (Scotland) Act 2016.

The Strategy supported a shift towards supporting and enabling carers and aimed to have a positive impact on the sustainability of their caring role. Outcomes from the current pilots would also form the detail of an implementation plan.

Decision

To approve progress being made on the development of the strategy and implementation plan, which was being produced with third sector stakeholders and internal partners and led by the lead officer for carers.

- 2) To agree that the six priorities identified would meet the outcomes of the Carer Strategy.
- 3) To note the key performance indicators would be included in the Joint Board's overall performance framework.
- 4) To ask the Chief Officer to report to a future meeting of the Joint Board setting out clear timelines for delivering the implementation plan for the Strategy.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 10); report by the IJB Chief Officer, submitted.)

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

5. Short Break Services Statement (Unpaid Carers)

A short-life Working Group had been established to develop the Short Break Services Statement for Unpaid Carers in compliance with the requirements of the Carers (Scotland) Act 2016. The Group comprised a carer, two third sector representatives and an officer from the Edinburgh Health and Social Care Partnership Integrated Carers Team. The Statement had then been reviewed and approved by the Strategic Carers Partnership in December 2018.

The Short Break Services Statement for Unpaid Carers (SBSS) was presented. The Statement provided information about short breaks available both locally and across Scotland for unpaid carers and the person or persons they cared for.

Decision

- 1) To approve the Short Break Services Statement (SBSS) for Unpaid Carers.
- 2) To recommend the publication of the SBSS.
- To note that there were additional funds through the Carers (Scotland) Act 2016 five year financial settlement to implement additional short breaks support for carers.
- 4) To agree that the Chief Officer would provide a further update to the next meeting of the Joint Board on 24 May 2019; the report to include clarification on where responsibility for support for carers lay where caring was undertaken which cut across more than one local authority area.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 10); report by the IJB Chief Officer, submitted.)

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

6. Edinburgh Integration Joint Board Draft Strategic Plan 2019-2022

The revised draft of the Joint Board's Strategic Plan 2019-2022 was presented. The earlier work conducted by Reference Groups considering Older People (Ageing Well), Mental Health (Thrive), Learning Disabilities, Physical Disabilities, and Primary Care had informed the process with outputs being mapped carefully to the planned Change Programme. Other aspects of these plans would be taken forward as part of normal business within relevant service areas.

An earlier version of the revised draft Strategic Plan 2019-2022 was considered at the Strategic Planning Group meeting held on 15 March 2019.

Decision

- 1) To approve the revised draft Strategic Plan 2019-2022 for public consultation as set out in Appendix 1 of the report.
- 2) To recognise the essential work conducted by the Reference Groups which had shaped and informed the draft Strategic Plan 2019-2022.
- 3) To approve the draft EIJB Strategic Framework on a page as set out in Appendix 2 of the report.
- 4) To note that a report taking into account views expressed at this meeting and setting out the detailed consultation feedback and responses would be considered initially by the Strategic Planning Group and thereafter submitted to the Joint Board for approval.
- To agree that the Chief Officer would write to the Chairs of the Reference Groups and Working Groups inviting them to actively participate in the consultation on the strategic plan with an assurance that they would be kept updated as the consultation progressed.

(References – Edinburgh Integration Joint Board 8 February 2019 (item 10); report by the IJB Chief Officer, submitted.)

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

7. Lothian Strategic Planning Forum

Information was provided on a proposal to establish a Lothian Strategic Planning Forum comprising representatives from the four Integration Joint Boards across Lothian and the Board of NHS Lothian.

The Forum would provide an opportunity to discuss areas of focus common to all organisations and allow a more collective approach to be taken to significant issues of strategy.

The inaugural meeting of the Forum was scheduled for 4 April 2019 where its terms of reference and future agenda would be discussed.

Decision

- 1) To note the implementation of a Lothian Strategic Planning Forum.
- 2) To note the membership and agenda of the Forum.
- 3) To agree that the Chair and Vice-Chair would represent the Edinburgh Integration Joint Board on the Lothian Strategic Planning Forum and that the Chief Officer and other relevant officers would also attend.

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

8. 2019/2020 Financial Plan

An update was provided on the financial plan for 2019/2020. The Board had received moderate assurance at its meeting on 8 February 2019 regarding achieving a balanced year end position for 2018/2019. There had been no material change since then and the status of moderate assurance remained.

The City of Edinburgh Council agreed its financial plan for 2019/20 on 21 February 2019. NHS Lothian had not yet concluded its financial planning process and an update was expected to their Finance and Resources Committee in March 2019.

Based on the financial information available, the Joint Board had developed its financial plan and associated savings programme.

Decision

- 1) To note that there was no change to the moderate assurance given in relation to achieving a balanced year end position for 2018/19.
- 2) To note the anticipated budget offers from the City of Edinburgh Council and NHS Lothian.
- 3) To note the resultant financial plan based on the anticipated delegated budgets.
- 4) To agree the draft savings and recovery programme for 2019/20 as outlined in appendix 1 of the report.
- 5) To note the efforts being made to reach a balanced position and remit the Chair, Vice-Chair, Chief Officer and Chief Finance Officer to meet with senior representatives from City of Edinburgh Council and NHS Lothian to progress the options to support a balanced financial plan.
- To remit to the Chief Officer, in consultation with the Chair and Vice-Chair, to determine if an additional meeting of the Joint Board was required pending the outcome of discussions with the Council and NHS Lothian.

- 7) To agree that a framework for a medium term financial strategy be developed and presented to the next meeting of the Joint Board on 24 May 2019; the report to also include information on the level of funding in the Joint Board's reserves not yet targeted and funding which had already been committed by the Joint Board.
- 8) To agree that a paper be submitted to the next meeting of the Joint Board on 24 May 2019 on funding plans for the following Scottish Government projects: Seek, Keep & Treat Framework and Action 15 (Increase the Workforce) of the Mental Health Strategy 2017-2027.

(References – Edinburgh Integration Joint Board 8 February 2019 (item 7); report by the IJB Chief Officer, submitted.)

9. 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. An overview of performance covering key local indicators and national measures to the end of January 2019 was also provided.

Decision

- 1) To note the performance of Edinburgh Health and Social Care Partnership and Edinburgh Integration Joint Board against a number of indicators for the period to January 2019.
- 2) To agree the objectives for the Ministerial Strategic Group indicators for 2019-2020.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 17); report by the Chief Finance Officer, submitted.)

10. Review of Progress within Integration of Health and Social Care – Ministerial Strategic Group

The "Health and Social Care Integration – Update on Progress" report from Audit Scotland published on 15 November 2018 explored the impact public bodies were having on integration of health and social care services.

The report highlighted good progress with integration, but recognised some challenges that needed to be resolved including financial planning, governance, strategic planning and leadership capacity.

An overview was provided of the proposals set out in the Ministerial Strategic Group – Review of Progress with Integration of Health and Social Care report.

It was proposed to submit an update report to the Joint Board's Audit and Risk Committee in six months on the action taken with the recommendations from the Audit Scotland report and proposals from the Ministerial Strategic Group Review of progress with integration of health and social care.

Decision

- 1) To note the findings and proposals from the Ministerial Strategic Group review report attached as Appendix 1 to the report by the Chief Officer.
- 2) To note the actions on other organisations as set out in the report and the letter from the NHS Director General and Chief Executive of CoSLA as set out in Appendix 2 and in doing so, direct the Chair, Vice Chair and Chief Officer to work with NHS Lothian, the City of Edinburgh Council, CoSLA and Scottish Government as appropriate and to take part in the self-assessment exercise proposed in the review.
- To request that the Chief Officer report on actions being taken across all organisations in support of the recommendations in the MSG report in relation to the Edinburgh Integration Joint Board and request a further report on this to the Joint Board meeting on 24 May 2019.

(Reference – report by the Chief Officer, submitted)

11. Update on the Edinburgh Integration Joint Board Grants Review

An update was provided on progress with the implementation of the health and social care grants programme following the decisions taken by the Joint Board on 14 December 2018.

Decision

- 1) To note the progress outlined in the report by the Chief Officer.
- 2) To agree to defer a decision of the use of £100k set aside for the innovation fund in order to ensure alignment with the £200k transition fund established by the City of Edinburgh Council.
- 3) To agree to receive a report to a future meeting of the Joint Board on those projects which had been successful in securing grant funding.
- 4) To agree that a report be brought back to a future meeting of the Joint Board on work being carried out to address how inequalities were being tackled across all services in the Partnership together assurance that the Board were meeting their legal obligations under the Equality Act 2010.

(References – Edinburgh Integration Joint Board 14 December 2018 (item 5); report by the Chief Officer, submitted)

Declaration of Interests

Christine Farquhar declared a non-financial interest in the above item as the former Chair of Upward Mobility, a Trustee of VOCAL, a carer and guardian of a person in receipt of direct payments.

12. Calendar of Meetings

A proposed schedule of meetings and development sessions for the period August 2019 to December 2020 was submitted.

The following amendment by Councillor Webber was also submitted in terms of Standing Order 10.3:

"Deletes all and replaces with:

- 1) Recognises the benefit of public involvement and the important role web casting of the meetings plays in this. Notes that EIJB meetings are held in public, and that there is an equalities implication in that, so as to be available to all sections of the public, meetings should be webcast.
- 2) Therefore, the Board agrees to continue to webcast formal EIJB board meetings.
- 3) Notes that the proposed schedule would make it impossible to webcast formal meetings, and causes timetabling clashes which would prevent members attending meetings.
- 4) Recognises that in audit findings the turnover of elected members on the EIJB has been identified as a significant risk. Notes that it is important to have a stable membership of informed and engaged elected members and NHS Lothian members which is put at risk where members cannot attend on a regular basis.
- 5) The Edinburgh Integration Joint Board instructs officers to:
 - To continue with existing arrangements for formal EIJB meetings to ensure webcasting is possible;
 - b) Present a revised calendar to December 2020 within one cycle to the EIJB, taking cognisance of NHSL and CEC committee schedules, and relevant national meetings scheduling, ensuring that formal meetings continue to be webcast and members are able to attend meetings."
- moved by Councillor Webber, seconded by Richard Williams

Decision

To continue consideration of the report and the terms of the amendment by Councillor Webber to a future meeting of the Joint Board to allow the Chief Officer to review the proposals taking into account comments expressed by members at this meeting; the further report to include detailed costings associated with webcasting and clerking services.

DATA LABEL: Public

249

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within BLACKBURN PARTNERSHIP CENTRE, ASHGROVE, BLACKBURN, EH47 7LL, on 12 MARCH 2019.

Present

<u>Voting Members</u> – Martin Hill (Chair), Martin Connor, Harry Cartmill and Angela Doran (substituting for George Paul).

Non-Voting Members – Jim Forrest, David Huddlestone, Pamela Main, Ann Pike, Pamela Roccio and Patrick Welsh and Rohana Wright.

<u>In attendance</u> – Lesley Henderson (HR Services Manager), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning & Performance), Jo Macpherson (Interim Head of Social Policy) and James Millar (Standards Officer).

<u>Apologies</u> – Elaine Duncan, Jane Houston, Mairead Hughes, Alex Joyce, Bill McQueen, Martin Murray, George Paul and Damian Timson.

Absent - Dave King

1 ORDER OF BUSINESS

The Chair advised that agenda item 9 (Recruitment and Appointment of Director) would be considered following agenda item 5 (Minutes for Noting).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minute of its meeting held on 29 January 2019 as a correct record. The minute was thereafter signed by the Chair.

4 MINUTES FOR NOTING

The Board noted the minutes of the Audit, Risk and Governance Committee of 12 December 2018 and the Strategic Planning Group of 13 December 2018.

5 RECRUITMENT AND APPOINTMENT OF DIRECTOR

The Board considered a report by the HR Services Manager, West Lothian Council (copies of which had been circulated) which informed members that the Director was retiring and proposed arrangements for the recruitment and appointment to the post.

The Director of the IJB, described as 'Chief Officer' in the relevant legislation, was a member of staff of either NHS Lothian or West Lothian Council and was seconded to the Board as its only member of staff. The Director held roles and responsibilities in all three organisations and therefore the health board, council and the IJB had an interest in the appointment process.

Each organisation had its own procedures for recruitment and appointment to senior positions; however it was proposed that the recruitment and appointment of the Director be carried out through a tripartite process due to the nature of the post. The report set out a recruitment plan which included a six-member appointment panel with two appointees from each body. The panel would make a recommendation to the three bodies following interviews. The Board was asked to agree the process and make two appointments to the panel to represent its interests.

The recruitment pack and an estimated timeline were attached to the report as Appendix 1 and 2 respectively. The Chair recognised that timing was important but expressed disappointment that the Board was not consulted on the content of the recruitment pack prior to the post being advertised. In respect of the timeline, the Board were informed that if the process was agreed, consideration should be given to upcoming Board meeting dates and whether these would require to be altered to accommodate the process. It was agreed that an additional meeting should be held in May 2019 to ensure an appointment could be made in a timely manner.

It was also noted that there was a possibility that an interim appointment would be required depending on the date the successful candidate could take up the post. This would be dealt with by the Chief Executives of the council and health board and appointed by the IJB in line with the Integration Scheme.

The Board was recommended to:

- Agree that recruitment and appointment to the post of Director was carried out in co-operation with the council and the health board through a joint appointment panel with the formal and final appointment being made by the Board at the end of the process outlined in the report;
- 2. Appoint two voting members to the appointment panel to represent the Board's interests; and
- 3. Consider if any additional Board meetings, or re-arranged Board meetings, would be required to ensure compliance with the proposed recruitment process.

Decision

1) To approve the terms of the report.

251

2) To agree in principle that a special meeting of the Board would be arranged in May 2019 to ensure compliance with the proposed recruitment process and that the date would be confirmed at a later date.

3) To appoint Bill McQueen and one Council-appointed member of the Board, to be confirmed following discussion with Councillors not present at the meeting, to the appointment panel to represent the Board's interests.

6 MEMBERSHIP & MEETING CHANGES

The Clerk informed the Board that Jane Houston had advised she was retiring at the end of March and had therefore resigned as the Staff Representative for NHS Lothian.

The Board were also informed that Bridget Meisak had resigned from Voluntary Sector Gateway West Lothian and that the organisation had nominated Pamela Roccio to replace her as the Third Sector Representative. The Board were asked to confirm the appointment.

Decision

- 1) To note the resignations of Jane Houston and Bridget Meisak.
- 2) To appoint Pamela Roccio as the Third Sector Representative.

7 IJB FINANCE UPDATE

The Board considered an update report by the Chief Finance Officer (copies of which had been circulated) on the budget forecast position for 2018/19 for the IJB delegated health and social care functions.

As a strategic planning body which did not directly deliver services, employ staff or hold resources, the IJB issued directions but NHS Lothian and West Lothian Council were responsible for managing services within available budget resources. Regular financial performance reports were provided to the Board to ensure sufficient oversight of health and social care functions.

Details were provided of the latest overall monitoring positions for the health board and the council taking account of the West Lothlan IJB delegated functions. Information was then given on the 2018/19 summary budget outturn for IJB delegated functions for which an overspend of £891,000 was currently forecast. The detail of this forecast position was attached to the report at Appendix 1.

The report noted that subject to ongoing monitoring and agreement through the partnership arrangements in place, the pressure on Health IJB delegated resources may, as in past years, be met through the achievement of an overall NHS Lothian breakeven position. Details of the

key risks, service pressures and approved savings which had been identified were noted against the relevant components of the budget. An update on the Finance Risk Schedule was attached to the report at Appendix 2. Appendix 3 set out a breakdown of savings identified for 2018/19.

In summary, the report advised that actions were being progressed across the IJB and partner bodies with the objective of achieving a balanced budget position for 2018/19.

During discussion it was noted that any adjustments to the current Council or NHS Lothian funding would require the IJB to issue revised directions. The Chair considered that directions issued to partner bodies in the future should be sufficiently detailed and identify areas where savings were required to be made or which would benefit from change to ensure services were delivered within available resources. Comments were also made regarding the council's forecast overspend which was expressed in the report as a percentage of the council's total revenue budget. It was requested that if figures were presented in this way in future, that the same information was given in relation to NHS Lothian's total budget.

The Board were recommended to note:

- 1. The forecast outturn for 2018/19 in respect of IJB Delegated functions taking account of saving assumptions; and
- 2. 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 2018/19.

Decision

- 1) To note the terms of the report.
- 2) To request that future finance updates which included figures as a percentage of the Council's total budget also included similar information in relation to the NHS Lothian budget.

8 <u>IJB 2019/20 BUDGET - FINANCIAL ASSURANCE</u>

The Board considered a report by the Chief Finance Officer (copies of which had been circulated) which set out the outcome of the financial assurance process on the contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2019/20. Approval was sought for the issue of Directions to partner bodies for the delivery of functions with associated resources from 1 April 2019.

The financial assurance process was undertaken to allow the IJB to understand the assumptions and risks associated with the annual resources allocated by the council and health board. The Council and NHS Lothian were responsible for agreeing the IJB's delegated functions and setting their respective budgets, including the level of payments and

set aside resources to the IJB.

The Chief Finance Officer advised the Board of the matters taken into account as part of the financial assurance process. These matters, which were listed in the report, formed the basis of reviewing the 2019/20 resources identified by the council and health board, with the Integration Scheme also informing the approach.

It was noted that the Council had agreed its budget for 2019/20 on 19 February 2019 which included the level of resources associated with iJB delegated functions of £75.539 million. This took account of additional Scottish Government funding in the Scottish Local Authority settlement of £160 million specifically for social care and mental health. West Lothian's share of this funding had been confirmed as £4.223 million. This funding was additional to the £11.988 million included in the previous Scottish Budgets in 2016/17 to 2018/19 and in total £16.211 million had been baselined as specific recurring funding from 2019/20 and had been allocated to the IJB. Appendix 1 to the report showed further details on the split of the resources against the various adult social care functions/services in 2019/20.

The budget reflected savings of £2.859 million which would require to be delivered to manage within the resources. Comprehensive budget planning had been undertaken to realistically assess the additional cost demands to be budgeted for, and savings required as a result; however there were a number of key risks and uncertainties that would require to be closely monitored. These were highlighted in the report.

In terms of NHS Lothian, the financial planning process for 2019/20 had not yet completed, and overall budget figures were being prepared for submission to the NHS Lothian Finance and Resources Committee on 20 March 2019. The 2019/20 financial plan assumptions in the report took account of the total funding confirmed by the Scottish Government and NHS Lothian budget figures.

Based on the current NHS Lothian financial plan, the 2019/20 budget associated with NHS delegated functions for West Lothian was £151.211 million. This included £1.293 million of planned savings. However, at this stage based on initial spend forecasts and saving assumptions, a funding gap of £2.8 million was forecast for 2019/20 compared to anticipated spend. At the current stage, funding or savings to this amount would require to be identified for IJB delegated functions to be delivered within budget. Confirmation was yet to be received regarding some services.

The report noted that an additional £149 million for NHS Boards was still to be allocated by the Scottish Government for investment in reform, which could potentially assist with some budget pressures. Close management and monitoring would continue to take place in partnership to meet the objective of a breakeven position in 2019/20. The key risks and uncertainties relating to the budget were set out in the report.

Appendix 4 to the report set out the Directions proposed to be issued by the IJB to West Lothian Council and NHS Lothian, who were operationally responsible for delivering services within the resources available. It was highlighted that an updated medium term financial plan would be reported to the Board on 23 April 2019 alongside the updated Strategic Plan.

The annual financial statement was attached to the report at Appendix 5.

The Board was recommended to:

- 1. Note the financial assurance work undertaken to date:
- 2. Agree that Council and NHS Lothian 2019/20 budget contributions would be used to allocate funding to Partners, via Directions, to operationally deliver and financially manage IJB delegated functions from 1 April 2019;
- 3. Agree to issue the Directions attached at Appendix 4 to the report to West Lothian Council and NHS Lothian respectively;
- 4. Note the update to medium term financial planning in respect of IJB delegated functions; and
- 5. Agree the updated IJB Annual Financial Statement attached at Appendix 5 to the report.

Decision

- 1) To approve the terms of the report.
- 2) To note that the Director, the Chief Social Work Officer and relevant stakeholders including third sector representatives would meet to consider the services they delivered, possible funding streams and how these could be achieved in future.

9 RECOMMENDATIONS FOR IJBS: ACTIONS FROM DEVELOPMENT SESSION

Three reports had been published recently which included a number of recommendations for integration authorities: 'NHS in Scotland in 2018' by Audit Scotland, 'Local Government in Scotland – Financial Overview 2017/18' by the Accounts Commission, and 'Health and Social Care Integration: Update on Progress' by the Accounts Commission and Auditor General. These reports had previously been considered by the Audit, Risk and Governance Committee in December 2018 and by the Board in January 2019. At its meeting in January, the Board agreed that the development session taking place in February 2019 should focus on these reports and that a further report proposing actions based on the discussion should be presented in March 2019.

A further report, 'Review of Progress with Integration of Health and Social Care' had been published by the Ministerial Strategic Group for Health and Community Care following the Board meeting in January. This report was also considered by members at the development session.

A report by the Director (copies of which had been circulated) summarised the development session discussion and proposed actions against each of the recommendations. Appendix 1 to the report set out each recommendation, the current position, proposed actions against these and timescales for Implementation. The Board were asked to agree actions to be taken.

During consideration of the report, particular reference was made to the new strategic planning structure, a draft of which would be submitted to the Board in April 2019, and the importance of improving engagement with communities. Members were satisfied with the proposed actions and agreed that they should be taken, but requested that the timescales be reviewed, specifically those which were noted as 'ongoing'.

The Board was recommended to:

- 1. Note the summary of the Development Session held on 20 February 2019;
- 2. Note the business to come to the Board following discussion at the Development Session;
- 3. Note the current position and proposed action against each recommendation; and
- 4. Agree actions to be taken.

Decision

- 1) To approve the terms of the report.
- 2) To agree that the actions proposed in Appendix 1 to the report should be taken.
- 3) To request that the timescales for actions noted as 'ongoing' be reviewed to reflect whether they had already been completed or had an expected timescale to ensure effective tracking.

10 UNDERSTANDING PROGRESS UNDER INTEGRATION

Integration Authorities were required to set objectives against the six Ministerial Strategic Group (MSG) indicators for Health and Community Care. The Board considered a report by the Director (copies of which had been circulated) on the progress made against these indicators to date and the objectives for 2019/20.

The Scottish Government required progress updates on the integration of health and social care and had requested that integration authorities shared their progress against the local objectives on the six MSG indicators, and set objectives for 2019/20.

Partnerships had been requested to share details of how they expected

256

activity to change in the future, to the end of 2019/20 as a minimum which included clear measures of the expected change e.g. increase, decrease, or remain the same; the baseline year this change was based on; and expected final total figures for the period in question which would make it easier to see the expected final outcome.

The Strategic Planning Group at its meeting on 21 February 2019 had an extensive discussion of each of the six indicators and had proposed draft objectives for 2019/20. These were presented in Appendix 1 to the report. The draft objectives had been submitted to the MSG as interim objectives to meet their requirements but were subject to approval of the Board.

During discussion, members acknowledged that the performance to date was a mixed picture with progress being made in some but not all areas, particularly delayed discharge. It was recognised that the changing demographics in West Lothian presented a challenge and that the over 75 age category was growing which added pressure on some services and contributed to problems around delayed discharge. Members were advised of the various workstreams being developed to address some of the issues faced by services.

Points were also raised in relation to recruitment, particularly to care positions. It was advised that attracting people to work in the care sector could be challenging due to the shift patterns, lone working and often difficult nature of the work, but that this was a national issue rather than one that affected West Lothlan alone. An ongoing recruitment exercise was currently taking place.

The need for a strategic approach to the whole health and social care system to improve service performance across the Council, NHS Lothian and the third sector was emphasised. Officers agreed to submit a further report to the Board in April 2019 containing further information on the initiatives planned or in progress, changing demographics and funding challenges, and the impact these were expected to have on performance against the objectives in future.

The Board was recommended to:

- 1. Note the requirements of the Ministerial Strategic Group for Health and Community Care (MSG);
- 2. Note the progress against the 6 key indicators;
- 3. Discuss the proposed draft objectives for 2019/20 and agree any changes;
- 4. Note the draft objectives have been submitted to the MSG on 28 February 2018 in accordance with their requirements under cover that they were interim and subject to IJB approval; and
- 5. Approve the objectives for 2019/20 for final submission to the MSG and that future performance reports would be aligned to these objectives.

Decision

- 1) To approve the terms of the report.
- 2) To agree that a further report would be submitted to the Board in April 2019 detailing the estimated impact against the objectives of initiatives planned and currently underway, changing demographics and consequences relating to funding, particularly in relation to delayed discharge.
- 3) To agree to submit the objectives for 2019/20 to the MSG and that these would be monitored and could be revised in future.

11 UPDATE TO REPORT TEMPLATE

A report by the Director (copies of which had been circulated) was presented which sought approval of an updated report template to be used for reports to the Board, the Audit, Risk and Governance Committee and the Strategic Planning Group.

In accordance with Standing Orders, reports were required to be prepared using a standard template approved by the Board. The current report template had not been reviewed since the establishment of the Board and some changes were recommended.

The proposed changes were listed within the report and a copy of the proposed template was attached to the report at Appendix 1. If approved, the updated template would be used for all meetings of the Board, its committees and working groups from April 2019.

The Board was asked to approve the updated report template for use for reports to meetings of the West Lothian Integration Joint Board, the Audit, Risk and Governance Committee and the Strategic Planning Group from April 2019 onwards.

Decision

To approve the terms of the report subject to the inclusion of paragraph numbering in the report template.

12 PROPOSED MEETING DATES 2019/20

The Board were asked to approve dates for meetings of the Board and Strategic Planning Group and Development Sessions for 2019/20.

A paper setting out proposed dates had been circulated. It also noted that the Board meeting dates for April and May 2019 may require to be altered to accommodate the recruitment process for the post of Director.

DATA LABEL: Public

Decision

1) To approve the proposed dates detailed in the paper.

258

2) To note that a further meeting would be held in May 2019 and that the date would be confirmed at a later date.

13 <u>COMPLAINTS AND INFORMATION REQUESTS - QUARTER 3 OF 2018/19</u>

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

There had been no complaints or information requests made during Quarter 3 of 2018/19 or since the establishment of the IJB. Quarterly updates would continue to be presented to future meetings of the Board.

The Board was asked to note:

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

Decision

To note the terms of the report.

14 MEMBERS' CODE OF CONDUCT 2017/18

A report by the Standards Officer (copies of which had been circulated) informed the Board of developments in relation to the Code of Conduct and the activities of the Commissioner for Ethical Standards in Public Life in Scotland (CES) and the Standards Commission for Scotland (SCS) in 2017/18. A presentation was also delivered by the Standards Officer.

The CES annual report for 2017/18 had been published in October 2018 and the Standards Officer's annual report was considered by the Board at its meeting on 21 November 2018. The Board had agreed that as part of the process to meet its duties and to assist members in meeting theirs, a short presentation would be provided each year. The presentation reinforced members' understanding of the Code and their duties.

An overview of the three cases involving non-councillors that the CES had dealt with during 2017/18 was provided.

It was also noted that the results of a survey of members of devolved public bodies had also been published recently by the Standards Commission and members were directed to the website where these results could be viewed. The survey had found that "disrespectful conduct" appeared to be an issue for local health boards and Integration Joint Boards. This meant there was a possibility of a 'bullying and harassment' provision' being included in the Model Code of Conduct and therefore an amendment being made to the Board's Code of Conduct.

Although there had been no complaints made against any members of the Board, they were reminded of the importance of following the Code.

The Board was recommended to note the summary of the work carried out in 2017/18 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland.

Decision

To note the terms of the report and the presentation.

15 WORKPLAN AND LIST OF CYCLICAL REPORTS

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

Decision

To note the workplan and list of cyclical reports.

12/12 224/395

NHS LOTHIAN

Board 26 June 2019

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

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

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

2 Recommendations

The Board is recommended to:

- 2.1 Note that the new Brexit and Waste Management risks are scheduled for consideration by the relevant governance committees using the new template between July and August 2019.
- 2.2 Accept that a range of workshops and one-to-one meetings have taken place in preparation for moving to the new risk template by September 2019 and in response to internal audit recommendations
- 2.3 Accept the recommendation from the Healthcare Governance Committee (HCG) that the Board removes the Management of the Deteriorating Patient from the Corporate Risk Register. This is based on sustained improvement in Cardiac Arrests at a Lothian level and supported by ongoing monitoring and improvement work.

3 Discussion of Key Issues

3.1 In May 2019 the HCG accepted significant assurance concerning the Management of Deteriorating Patients as the reduction in cardiac arrests has been sustained over the 2018/19 period, acknowledging there are continued controls in place to monitor outcomes through the Quality Improvement & Performance Report at Board, site and ward level plus external monitoring through Healthcare Improvement Scotland, supported by ongoing improvement work.

NHS Scotland has seen a 28% reduction with a median rate of 1.98 (see Chart 1 below). Chart 2 demonstrates a 44% reduction in Lothian which has been sustained over the winter period, with a median rate of 1.07. The Scottish median is 1.42.

The Cardiac Arrest rate for Lothian (Chart 2) demonstrates that:-

- The mean rate started at 2% per 1000 discharges in 2009 to 2010.
- The rate then reduced to 1.6 1.7% over 2010 to 2018 with wide variation in the numbers per month.
- Following the extensive improvement work that has been reported between 2017 and 2019, NHS Lothian's rate has dropped to 1% per 1000 discharges with a more reliable process and reduced variation being demonstarted by narrower control limits.

Chart 1 - Scotland Cardiac Arrest

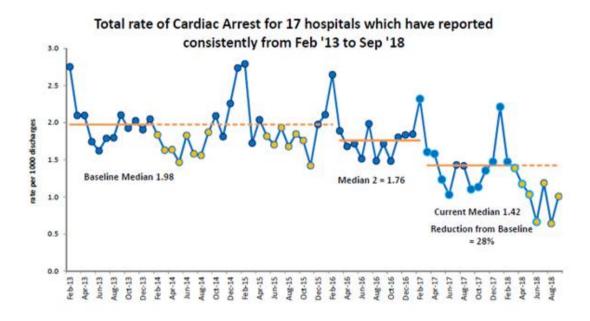
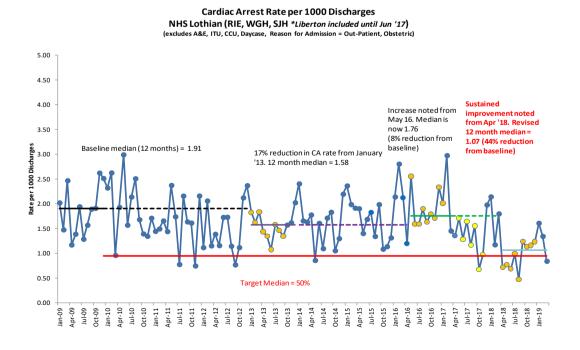


Chart 2 - NHS Lothian Cardiac Arrest



2

- 3.2 The data above demonstrates sustained improvements in cardiac arrests over the winter period. This sustained improvement plus ongoing control mechanisms of reporting at ward, site and at a Lothian level supported by ongoing improvement work has led to HCG in May 2019 accepting significant assurance and accepting the recommendation that the Deteriorating Patient risk on the Corporate Risk Register be downgraded to Low and as such be removed from the Corporate Risk Register.
- 3.3 As part of our systematic review process, the risk registers are updated on Datix on a quarterly basis at a corporate and an operational level. Risks are given an individual score out of 25; based on the 5 by 5 Australian/New Zealand risk scoring matrix used; 1 being the lowest level and 25 being the highest. The low, medium, high and very high scoring system currently used, is based on the same risk scoring matrix, remains unchanged (see Appendix 2 for corporate risks).
- 3.4 There are currently 14 risks in total in Quarter 4; the 7 risks at Very High 20 are set out below.
 - 1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
 - 2. Patient Safety in Royal Infirmary of Edinburgh Accident & Emergency Department
 - 3. Achieving the 4-Hour Emergency Care standard
 - 4. Timely Discharge of Inpatients
 - 5. General Practice Sustainability
 - 6. Access to Treatment (organisational risk)
 - 7. Access to Treatment (patient risk)
- 3.4.1 The Board and Governance committees of the Board need to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. These plans are set out in papers presented to the Board and the relevant governance committees. Governance Committees continue to seek assurance on risks pertinent to the committee and level of assurance along with a summary of risks and grading is set out below in Table 1.
- 3.4.2 With the dissolution of the Acute Hospitals Committee in January 2019, HCG has taken on responsibility to provide assurance to the Board for two additional risks which are the Access to Treatment risks at a Patient and Organisational level. This was discussed at the May 2019 HCG along with the need to also receive assurance with respect to the new Brexit risk which will be considered in July 2019. The new Waste Management risk will report via the Health & Safety Committee to the Staff Governance Committee.
- 3.4.3 If you have an electronic version of this report, links to each risk in Appendix 2 have been embedded in the below table (please click on individual Datix risk number in the table).

Table 1

| Datix ID | Risk Title | Committee Assurance Review Date | Initial Risk Level | Apr- Jun 2018 | Jul- Sep 2018 | Oct- Dec 2018 | Jan- Mar 2019 |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|---------------------|---------------------|---------------------|
| 3600 | The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. Update provided April 2019 | Finance & Resources Committee November 2018 - F&R agreed to change the assurance level from limited to moderate, though the risk remains Very High due to long-term financial challenges. | High 12 | Very High 20 | Very High 20 | Very High 20 | Very High 20 |
| 3203 | Unscheduled Care: 4 hour Performance – Organisational Risk. Update provided April 2019 | 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 |
| 4688 | New Risk There is a risk to patient safety and outcome of care due to unreliable, timely triage/assessment and treatment, and overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh. (See Appendix 1) | 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. | | | | Very High 20 | Very High 20 |
| 3726 | Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Update provided April 2019 | HCG Committee November 2018 HCG continued to accept limited assurance. | Very High 20 | Very High 20 | Very High 20 | Very High 20 | Very High 20 |
| 3829 | GP Sustainability. Update provided April 2019 | 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. May 2019 – accepted limited assurance | Very High 20 | Very High 20 | Very High 20 | Very High 20 | Very High 20 |
| 3211 | Access to Treatment – Organisation Risk. Update provided April 2019 | Acute Hospitals 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. | 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 | Apr- Jun 2018 | Jul- Sep 2018 | Oct- Dec 2018 | Jan- Mar 2019 |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|---------------------|---------------------|---------------------|
| <u>4191</u> | Access to Treatment Risk – Patient. Update provided April 2019 | Acute Hospitals Committee January 2019 HCG – moderate assurance. | Very High 20 | Very High 20 | Very High 20 | Very High 20 | Very High 20 |
| 4693 | Brexit | Template in development. Risk to be examined at July HCG Committee. | Very High 20 | | | | Very High 20 |
| 4694 | Waste Management | Template in development. Risk to be examined at Health & Safety Committee in August 2019. | High 15 | | | | High 15 |
| 3454 | Management of Complaints and Feedback. Update provided April 2019 | HCG Committee March 2019 HCG continued to accept moderate assurance. Reviewed at every second HCG meeting. | High 12 | High 16 | High 16 | High 16 | High 16 |
| <u>3527</u> | Medical Workforce Sustainability. Update provided April 2019 | Staff Governance Committee October 2018 meeting continued to accept moderate assurance. Moderate Assurance March 2019 | High 16 | High 16 | High 16 | High 16 | High 16 |
| <u>3189</u> | Facilities Fit for Purpose Update provided April 2019 | Finance & Resources Committee Finance & Resources Committee January 2018 - moderate assurance received. | High 15 | High 16 | High 16 | High 16 | High 16 |
| 3455 | Management of Violence & Aggression. (Reported at H&S Committee). Update provided April 2019 | 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. | 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 April 2019 | Staff Governance Committee Update provided January 2019 Staff Governance Committee, January 2019 continued to accept moderate assurance. Paper coming in July 2019. | High 12 | High 12 | High 12 | High 12 | High 12 |
| 1076 | Healthcare Associated Infection Update provided April 2019 | HCG Committee March 2019 - overall moderate assurance. Reviewed at every HCG meeting. May 2019 – accepted moderate assurance | High 12 | Med 9 | Med 9 | Med 9 | Med 9 |

5/29 229/395

| Datix ID | Risk Title | Committee Assurance Review Date | Initial Risk Level | Apr- Jun 2018 | Jul- Sep 2018 | Oct- Dec 2018 | Jan- Mar 2019 |
|-------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|---------------------|---------------------|---------------------|
| 3480 | Management of Deteriorating Patients in Acute Inpatients. Update provided April 2019 | HCG Committee & Acute Hospitals Committee January 2019 HCG – moderate assurance. Update at AHC October 2018 – improvement in cardiac arrest rates seen for this quarter. Risk grading reduced. Will review risk if improvements sustained over the winter. May 2019 – accepted significant assurance due to improvements sustained over winter period and the June 2019 HCG to recommend to the Board to remove from the Corporate Risk Register. | High 16 | High 16 | High 16 | Med 9 | Med 9 |
| 3828 | Nursing Workforce – Safe Staffing Levels. Update provided April 2019 | Staff Governance Committee Staff Governance considered a paper on this risk in October 2018 and continue to accept moderate assurance This risk will be regularly reviewed particularly with respect to District nursing. Moderate Assurance March 2019 | High 12 | Med 9 | Med 9 | Med 9 | Med 9 |

3.5 Strategic Risk Framework

- 3.5.1 Management and assurance committees of the Board are required to ensure that all NHS Lothian plans and controls to mitigate corporate risks have considered the following:-
 - New models of Health & Social Care risk
 - · How the plans seek to improve and innovate
 - Mechanisms for collaborative and joint working
 - Engagement with the public and patients.

3.6 Strengthening NHS Lothian's Risk Management System

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

4 Key Risks

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

5 Risk Register

5.1 Not applicable.

6 Impact on Health Inequalities

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

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

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

8 Resource Implications

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

Jo Bennett
Associate Director for Quality Improvement & Safety
7 June 2019
jo.bennett@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Summary of Corporate Risk Register

| Coi | porate Risk Register | | A | ppendi | x 1 |
|-----|----------------------|--|---|--------|-----|
| | | | | | |

| $\stackrel{\smile}{-}$ | orporate | · tioit i | togiotoi | | | | | <u> </u> | CHAIL | <u> </u> | |
|------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|---------------------|----------------------------|------------------------------|
| į | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates/Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
| | 3: Secure Value & Financial Sustainability | The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. | There is a risk that the Board does not systematically and robustly respond to the financial challenge to achieve its strategic plan. This could be due to a combination of: uncertainty about the level of resource availability in future years, the known demographic pressure which brings major potential service costs and increasing costs of new treatment options, e.g. new drugs, leading to a reduction in the scale or quality of services. NOTE: During the last few years, NHS Lothian has been reliant on non-recurring efficiency savings, which has exacerbated the requirement to implement plans which produce recurring savings. | The Board has established a financial governance framework and systems of financial control. Finance and Resources Committee provides oversight and assurance to the Board. Quarterly review meetings take place, where acute services COO, site/service directors in acute, REAS and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieve delivery of efficiency schemes. Rationale for Adequacy of Control: A combination of uncertainty about the level of resource availability in future years combined with known demographic pressure which brings major potential service costs, requires a significant service redesign response. The extent of this is not yet known, nor tested. | Risk reviewed for period January to March 2019 Risk Grade/Rating remains Very High 20 Update 12 April 2019 The first draft of the unaudited 2018/19 Annual Accounts indicates that a break-even position will be achieved. The 23 March 2019 Finance & Resources Committee reviewed a 2019/20 Financial Outlook paper, however, the Committee have requested that greater focus is needed to improve the level of financial recovery programmes in the year ahead. Completion of a Quarter 4 review will be reported back to Finance & Resources Committee in May. Risk levels remain as previously. | Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk | Very High 20 | Medium 6 | Director of Finance | Deputy Director of Finance | Finance & Resource Committee |

8/29 232/395

| Ol | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|------|-----------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|---------------------|------------------------|--------------------------------------------------------------------|---------------------------------|
| 3203 | 2: Improve patient pathways and shift the balance of care | Unscheduled Care: 4 hour Performance | 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. | A range of governance controls are in place for Unscheduled Care notably: Board Monthly NHS Lothian Board oversee performance and the strategic direction for Unscheduled Care across the NHS Lothian Board area. The External Support Team, appointed by Scottish Government in the summer of 2018 have formally reduced the level of support to the Board as of 25th January 2019. Formal 'touch points' have been agreed for follow up with the parties above and the first of these meetings was held on the 26th March 2019. Further exploration of progress pertaining to the themes of Governance, Culture and Recording of the 4 hour Emergency Access Standard is due to place in the coming weeks with Scottish Government ahead of a further touch point in the Summer of 2019. To strengthen oversight of those actions contained with the 4EAS programme there have been Board sub committees identified to oversee the actions captured in the overall programme plan. These board sub committees will assume ownerships of actions within their remit and a diarised programme of updates has been derived to oversee this throughout 2019. A number of performance metrics are considered and reviewed weekly, including: - 4 hour Emergency Care Standard and performance against trajectory - 8 and 12 hour breaches - Safety - Attendance and admissions - Delayed Discharge (see Corporate Risk ID 3726) - Boarding of Patients - Length of Stay (LOS) - Cancellation of Elective Procedures - Finance - Adherence to national guidance/ recommendations (what Scottish Government expect for the money received) | Risk reviewed for period January to March 2019 Risk reviewed and approved by Acute Services Committee in November 2017 accepted Moderate Assurance. Risk and Controls reviewed April 2019. Risk Grade/Rating remains Very High/20. There are a number of actions being undertaken by site although the current improvement portfolios at RIE and SJH is dominated by their prospective front door redesigns: Royal Infirmary of Edinburgh Opening of dedicated Minor Injuries Unit Safety Pauses A dedicated Programme Board is now in position to progress the work associated with developing an IA with dedicated expertise committed from Finance to provide the capital and design functions. There is also membership on this group from Midlothian, Edinburgh and East Lothian H&SCP to ensure interface with IJBs. The deputy chief executive agreed to chair this group with the first meeting scheduled for mid/end March. Western General Hospital Length of Stay - Understanding the LoS reduction required and actions to support that to facilitate additional throughput. Test of new Home First practitioners in MoE - to support LoS reduction and targeting shortening MoE Los Developing the frailty model at the front door - to support increased turnaround and reduced LoS with aim of supporting having more north Edinburgh frail elderly patients received directly by WGH St John's Hospital The Front Door Redesign at SJH will take a phased approach. Phase one focuses on the ED footprint and phase two on Ambulatory Care and MAU. SJH ED redesign is progressing and the Standard Business Case is planned to be brought to F&RC in May 2019. Ambulatory Care and MAU will be addressed in phase 2, which will have to follow the capital governance route. As with the front door group at the RIE a dedicated group has been assembled to take this forward with representation from West Lothian H&SCP. | Adequate but partially effective; control is properly designed but not being implemented properly | Very High 20 | Low 1 | Deputy Chief Executive | Chief Officer (Acute Services NHSL) / Chief Officer(W/Lothian IJB) | Healthcare Governance Committee |

9 9/29 233/395

| Q | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates/Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|------|-----------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|---------------------|------------------------|-------------------------------------------------------------------|---------------------------------|
| 3726 | 2: Improve patient pathways and shift the balance of care | Timely Discharges of Inpatients | There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care. | A range of management/governance controls are in place for Unscheduled Care notably: NHS Lothian Board (bi-monthly) oversee performance and the strategic direction for Delayed Discharges across the Lothian Board area. The bi-monthly Healthcare Governance meeting as well as formal SMT and SMG meetings. NHS Lothian's Winter Planning Project Board is now established as the NHSL Unscheduled Care Committee in collaboration with the Integrated Joint Boards Integrated Joint Boards will report via the Deputy Chief Executive to Scottish Government on the delivery of key targets which include Delayed Discharges and actions in response to performance. Delayed discharges are examined and addressed through a range of mechanisms by IJBs which include: Performance Management. Each Partnership has a trajectory relating to DD performance and these are reported through the Deputy Chief Executive Oversight of specific programmes established to mitigate this risk for example Edinburgh Flow Board and/or Strategic Plan Programme Board (East Lothian) | Reviewed by HCG in November 2017 and continued to accept limited assurance. Update April 2019 Risk Grade/Rating remains Very High/20 Action to help tackle DD across NHS Lothian include: Criteria-led discharge pilots Locality-based services/discharge hubs developed to support pulling patients out Evidence-based dynamic discharge at each adult site LoS programmes at RIE/WGH Flow Centre live in West Lothian to expedite transfer issues New DCZA team operational from mid March in Midlothian. Focus will be to pull out early form Medicine and Orthopaedic wards. Revision of DD planning process. Staff will be based in AMU, with all Midlothian (over 65) patients receiving Information pack on admission. Carer academy in place. 5 graduates with conversion of 4 to carer posts. Doesn't pull for other care providers East Lothian continue to hold Multi-site huddle at 8am each day to review All patients delayed. Those identified for discharge, making sure their discharge is on target. Anyone admitted overnight in secondary care - can they be pulled out with discharge to assess or Hospital at Home? Edinburgh has significantly improved the position around the waits for package of care wait through their community sustainability input. Edinburgh remains keen to have acute input daily into the MATT daily meetings to support prevention of admission and support earlier decision making around people in hospital. Edinburgh is now looking exploring a new model where Partnership team would be involved earlier on in planning for discharge which would initially be trialled at the Western General Site. West Lothian is currently progressing 4 main workstreams under the delayed discharge improvement plan: Optimising flow - focussing on prevention of admission as well as flow through the system. Integrated Discharge Hub went live from 10th December with positive impact on team working and proactive management of patients from admission though to discharge improvement plan: Optimising flow - focussing on prevention of admission as well as fl | Adequate but partially effective; control is properly designed but not being implemented properly | Very High 20 | Low 1 | Deputy Chief Executive | Chief Officer West Lothian H&SCP/Chief Operating Officer (Acting) | Healthcare Governance Committee |

10/29 234/395

| QI | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|----|----------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------|--------------|-----------|
| | 3. Improv | P Priving | 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 difficulties (e.g. leases). This may affect: Ability of practices to continue to deliver their GMS contract in hours; Ability of practices to accept new patients (restricted lists); Patients not being able to register with the practice of their choice; Patient satisfaction with access to practices; Ability to cover planned or unplanned absence from practice; Ability of LUCS to safely staff rotas with doctors and nurses leading to short notice closure of bases and difficulties in meeting performance targets for appointments and visits; other parts of the health and social care system e.g. secondary care, referrals, costs. As a result of these pressures practices may choose to return their GMS contracts to the NHS Board who may in turn not be able to either secure a new 17j practice or successfully fill practice vacancies or recruit sufficient medical staff to run the practice under 2c (direct provision) arrangements. Practices can be affected by changes or instability at very short notice. | Governance and performance monitoring Regular updates reported to Healthcare Governance Committee on sustainability of general practice in and out of hours. NHS Lothian Board Strategic plan. HSCP Primary Care Transformation and Primary Care Improvement Plans. Reports to Board and Strategic Planning Committee. Establishment of the implementation structure for the new GMS contract – GMS Oversight Group - which will oversee implementation of local plans and measure associated improvement across NHS Lothian. The risk is highlighted on all HSCP risk registers with local controls and actions in place. Core prevention and detection controls PCCO maintain a list of restrictions to identify potential and actual pressures on the system which is shared with HSCPs and taken to the Primary Care Joint Management Group (PCJMG). PCJMG review the position monthly with practices experiencing most difficulties by way of reports from Partnerships to ensure a consistent approach across the HSCPs and advise on contractual implications. Ability to assign patients to alternative practices through Practitioner Services Division (PSD). "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. Regular out of hours updates at PCJMG. Rationale for Adequacy of Controls - remains inadequate as HSCP transformational plans are only in 2nd year and PCIF funding is relatively static until 2020/21. Some elements of plans are still at developmental stage and GP retention and recruitment is a national issue (see Medical workforce risk. Risk grading therefore remains very high/20). | Risk reviewed for period January to March 2019 Update: April 2019 Following review risk remains Very High 20. No change to HSCP levels of risk for primary care sustainability. Healthcare Governance Committee Papers November 2018 and January 2019 provided some evidence of improved stability in in hours general practice but increasing instability in out of hours. Recent difficulties in staffing St Johns out of hours base. Based on implementation period of new GMS contract, improvement in primary care sustainability is a process that will take three to four years. Scottish Government investment in contract implementation over 4 years 18/19 to 21/22) for Lothian = c24m plus NHSL investment of £5m. Scottish Government investment of £0.74m in 18/19 for transformation and stability in out of hours. 6 areas in the new contract being implemented: Vaccination Transformation CTACS Urgent Care New Professional Roles Pharmacotherapy Link Workers National programme on premises loans and leases being implemented in Lothian. All 18/19 loan applications will be approved and 7 leases are now being considered to be taken over by NHS Lothian. All HSCPs have developed revised Primary Care Improvement Plans and these have been approved. However PCIF funding only rises 20% from 2018/19 to 2019/20. So limited capacity for increases in support to practices. National oversight group on out of hours set up. In Lothian Urgent Care Resource Hub Board set up and operational sustainability meetings established. Action plan for out of hours across Lothian to be delivered in | Inad | | | Med | Dire | Hea HE |
| 38 | <u> </u> | ≥ ف | to additional pressure on neighbouring | | Spring 2019. | <u>-</u> 4 | > | 罡 | ∑ . | | 主 🖡 |

11/29 235/395

| LUCS will continue to have difficulties maintaining safe staffing at all 5 bases and may have to restrict base opening hours at short notice or on a planned | | practices. | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|--|--|--|
| <u>uasis.</u> | | maintaining safe staffing at all 5 bases and may have to restrict base opening | | | | |

| QI | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|----|----------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------|----------------|-----------|
| 32 | 2. Improv | Acc | There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage. Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure. | Governance & performance monitoring Weekly Acute Services Senior Management Group (SMG) meeting Monthly Acute Services Senior Management Team meeting- monthly outturn and forecast position Performance reporting at Corporate Management Team (CMT) NHS Lothian Board Performance Reporting Performance Reporting and Assurance to Acute Hospital Committee Monthly access and Governance Committee, to ensure compliance with Board SOPs relating to waiting times. Core prevention and detection controls Establishment of the Delivering for Patients Group to monitor performance and work with individual specialties to delivery efficiency improvements against key performance indicators on a quarterly basis Scope for improvement identified with recommendations made to specialties e.g. target of 10% DNA rate; theatre session used target of 81 %, cancellation rate 8.9%; for every 10 PAs recommendation of 6 DCCs directly attributed to clinic or theatre. Increase in staffing in Bowel screening to carry out pre-assessment. Increased number of bowel screening sessions to meet increased demand and reduce length of wait effective from 1 June 2019. Rational for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceed available capacity. | Reviewed for period January to March 2019 Reviewed by AHC in Oct 2018 and accepted moderate assurance that the performance expected as assessed with the resources available would be met, but limited assurance that the Scottish Government target for waiting times would be met. The AHC has now been de-commissioned. An update was provided to HGC in March 2019, within the Risk Register Report, as follows "October 2018 AHC continued to accept limited assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 week. Recognition that systems of control were in place was accepted.' March 2019 HGC meeting minutes noted that all Corporate Risk Register descriptions have been agreed and that work is progressing to document the controls and associated measures. The risk was presented to the Board for approval in April 2019. Update March 2019 description updated. Ongoing Actions Weekly Acute SMG monitors TTG, out-patient, long waits, cancer performance, theatre performance and recovery options on a weekly basis, with monthly deep dives into theatre and cancer performance. Monthly Acute SMT has sight of Access & Governance minutes, to monitor ongoing actions and escalate as appropriate. Performance is also reported to, and monitored by, Acute CMT. Performance is also reported to, and monitored by, Acute CMT. Performance report, which is also reviewed at Acute SMT. Additional Actions The national Waiting Times Improvement Plan (WTIP) published in October 2018 outlines the Scottish Government's approach to delivering improved performance against key access standards. A Lothian WTIP Programme Board has been established and the programme structure is aligned to the national framework which identifies three key themes in relation to the WTIP: clinical efficiency and effectiveness, new models of care and developing additional capacity. As part of this programme, in 2018/19 Lothian received £2.7m in additional fund | Inadeq uate – | er | ar 1 | Depu ty | Chief Offic | Acut e |

13/29 237/395

| | Booking and Scheduling, Workforce) to improve theatre efficiency. • Establishment of an Outpatient Programme Board that focuses on demand management, clinic optimisation and modernisation. • Service improvement work is being supported by the DfP quarterly reviews, which in turn are supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre | | | |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. | | | |
| | Risk Grade/Rating as at March 2019 is Very High/20 | | | |

14/29 238/395

| Q | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|---|----------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------|----------------|-----------|
| | NHS Col | | | | | Adec | Risk lev | Risk lev | Risk | Risk | Ass |
| | W | | 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 specialties. Bowel screening Service pressure is a new addition to this register. Due to a change in the test that took place in October 2017 this service has seen its numbers requiring urgent scope rise each month and has now doubled. All Health Boards across Scotland are experiencing the same pressure Clinical risk is identified in two dimensions: 1) the probability that due to length of wait the patient's condition deteriorates; 2) the probability that due to the length of wait significant diagnosis is delayed. | Clinical risk matrix developed and used to direct resources Service developed trajectories, that are used to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity. A re-invigorated Delivering for Patients (DfP) programme provides a framework for learning and sharing good practice through a programme of quarterly reviews. New referrals are clinically triaged, a process which categorises patients as Urgent Suspicion of Cancer (USOC), Urgent or Routine. Within each of these categories, patients are triaged into the most appropriate sub-specialty queue, each of which is associated with a different level of clinical risk. Long wait surveillance endoscopies are also clinically triaged to identify any patients that require expedition. Increase in staffing in Bowel screening to carry out pre-assessment. increased number of bowel screening slots to meet increased demand, effective 1 June 2019 A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is an expectation that the GP would communicate this to the patient at the time of rereferral. Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training, and have access to clear escalation guidance on how to deal with (potential) breachers. | Reviewed by HCG in March 2019 March 2019 HGC meeting minutes note that all Corporate Risk Register descriptions have been agreed and that work is progressing to document the controls and associated measures. The risk was presented to the Board for approval in April 2019. Update January 2019 – reviewed and description updated. Ongoing Actions • DfP quarterly reviews for Specialties on the Clinical Risk Matrix have been supported by more regular meetings with service management teams and clinicians to develop and implement improvement ideas, and to facilitate links to the Outpatients and Theatre improvement programmes. Running action notes are kept at each service meeting, and regularly reviewed by service management teams and the DfP core group. The first set of meetings has concluded but a second set will be undertaken soon, covering additional specialties. • Significant redesign and improvement work is being undertaken through the Outpatient Programme Board and through the Theatre Improvement Programme Board, to help mitigate some of the increasing waiting time pressures and clinical risks. • Revised communications strategy includes an "added to outpatient waiting list" letter, which informs patients that their referral has been received, and that some service waits are above the 12-week standard. Current waiting times are also published on Relf-lelp, making them available to GPs at the time of referral. It has been agreed (March 2017) that a link to Relf-lelp waiting time information will be included in letters to patients, allowing them to check service waiting times regularly. There has also been the implementation of a Keep in Touch initiative (Dec 2017) which is a co-ordinated process whereby all long wait patients are called or lettered by a member of clerical staff. This process has clinical endorsement. This is to ensure they are aware they are still on the list and will receive an appointment at the earliest opportunity. This also allows any patients who feel their symptoms are worsening to be e | | | | | | |
| - | 2. Improv | Acc | | | outpatient and endoscopy with the aim to contact every long waiting patient. | Inade | Ve | Me | Dep | Chief Offic | Acu |

15/29 239/395

| Rationale for adequacy of controls Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Ac CMG to ensure any areas of concern are highlighted and actioned. Risk remains high while demand continues to exceavailable capacity. | Additional Actions |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|

| Q | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|------|-------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|----------------------------------------------|----------------------------|---------------------------------|
| 3454 | 3. Improve Quality, Safety and Experience Across the Organisation | Management of Complaints and Feedback | There is a risk that learning from complaints and feedback is not effective due to lack of reliable implementation of processes (for management of complaints and feedback) leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services. It is also acknowledged that a number of other corporate risks impact on risk of the organisation being complained about i.e. waiting too long at ED, cancelled or waiting too long for an operation or time to see a GP. | Routine reporting of complaints and patient experience to every Board meeting Regular reports to the Healthcare Governance Committee - complaints and patient experience reports. Additional reports are submitted to the Audit and Risk Committee Monthly quality and performance reporting arrangements include complaints and patient experience Internal Audit 'Management of Complaints & Feedback'. Core prevention and detection The complaints improvement project board, chaired by the Executive Nurse Director oversees implementation of the new complaints handling model for management and learning from complaints as part of a wider improvement project to improve patient experience Feedback and improvement quality assurance working group meets monthly, chaired by Non-executive Director and is overseeing implementation of the SPSP action plan Corporate Management Team and Executive Nurse Directors group review and respond to weekly/monthly reports Complaints management information available on DATIX dashboard at all levels enabling management teams to monitor and take appropriate action. Weekly performance reports on complaints shared with clinical teams. Patient experience data is fed back on a monthly basis at service and site level to inform improvement planning and is available via Tableau Dashboard. Rationale for inadequate controls: Governance processes and improvement plans are in place but yet to be fully implemented. | Update April 2019 Complaints Improvement Project Board in place chaired by the Executive Nurse Director and a refreshed membership was agreed. Full Business Case was approved by CMT for investment into the PET team. New job descriptions for all posts in the team are in the process of being signed off. Organisational change process will then be enacted. A number of teams across the organisation are assisting with complaints data collection to support the new CHP. Feedback & Improvement Quality Assurance Working Group chaired by Non Executive oversaw the completion of SPSO action plan. Reviewed its terms of reference and agreed to meet again in 6 months. Now with a focus on learning from complaints. Bi-annual meetings with the new Ombudsman agreed. Combined complaints and patient experience report continues. Internal Audit review of complaints completed. All recommendations now completed. Introducing a Quality Assurance process, tested with StJ and RHSC. Ongoing support, training and awareness-raising within services to increase confidence and capability in managing complaints, 3 dates for SPSO Training on Investigation Skills completed and well received. Additional session to support staff through a SPSO case completed and well received. Session led by Non Executive Director for all AMDs & CDs – Being Complained About following publication of Glasgow University Research. NHS Lothian's uphold rate for SPSO annual statistics is 58% which is much improved over the last 3 years. Work ongoing to support the complaints and feedback systems within the 2 prisons encouraging early resolution / Stage 1. Services are being supported to test a range of approaches including Care Opinion, Tell us 10 Things and Care Assurance Standards Tell us Ten things questionnaire has been aligned with "5 must dos with me" and is being tested in 3 acute sites with adults and an amended version with children and young people | Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk | High 16 | Medium 6 | Executive Director Nursing, Midwifery & AHPs | Head of Patient Experience | Healthcare Governance Committee |

17/29 241/395

| Corporate Objective Risk Description Linked Risks Controls Key Measures Updates | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 4688 There is a risk to patient safely and outcome of care due to unreliable, timely triagefasessment and outcomes of care due to unreliable, timely triagefasessment and overcrowding leading to increased likelihood of patient harm at the Royal Infirmary of Edinburgh. Associated Plans - Committee - Commit | in ED is currently in both medical and lary includes testing process by ECG use |

18/29 242/395

| QI | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Kisk Owner | Risk Handler |
|----|-------------------------------------|-------|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------|--------------|
| | | | There is a risk of | Governance, Performance Monitoring & Assurance: •The NHS Lothian Infection Committee (LICC) reports to the Board through Healthcare Governance | Risk reviewed for period January – March 2019 | | | | | |
| | | | patients developing an infection as a | Committee. Reports and minutes are also shared with Lothian Infection Control Advisory Committee (LICAC). | Risk, Controls measures have been updated and actions reviewed. | | | | | |
| | | | consequence of | •Acute Hospitals Sites and Health & Social Care Partnerships have responsibility for local monitoring/reporting | Aution plan assistant and additional actions for CAR and atol | | | | | |
| | | | healthcare | of HAI issues and performance. These local committees report directly to the LICC •Key performance and assurance data is shared and discussed extensively within the organisation at local | Action plan reviewed and additional actions for SAB updated | | | | | |
| | | | interventions because | clinical and senior management meetings | New actions for the water safety risk identified from recent IMT has | | | | | |
| | | | of inadequate implementation of HAI | •Key performance data is submitted to Health Protection Scotland. National benchmarking reports are published quarterly. These data are used to inform local improvement. | been added. Responsibility has been assigned to George Curley as Director of Facilities | | | | | |
| | | | prevention and | *HAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and | Director or Facilities | | | | | |
| | | | control measures | oversight to clinical and senior management teams of NHS Lothian performance against other Boards and | Risk reviewed to include water borne organisms and environmental | | | | | |
| | | | leading to potential | NHS Scotland performance. •All Clostridioides (formerly Clostridium) difficile infections and Staphylococcus aureus bacteraemia (SAB) are | contaminants | | | | | |
| | | | increased morbidity | reviewed monthly to indentify themes and key areas for improvement. The outcomes of this are reported | Data submission was completed as for Quarter 2 July –Sept 2018. | | | | | |
| | | | and mortality and further treatment | monthly at the Acute Clinical Management Team meetings. | With the appointment a Data analyst to the team progress to establish reporting HAI through Tableaux Dashboards has recommenced. Blood | | | | | |
| | | | requirements, | *SAE reviews are requested for all CDI and SAB related deaths and supported by the IPCT where required. | Culture Contamination Rates will be the first workbook to go live in | | | | | |
| | | | including potential | Education &Training: | dashboards from 1st April 2019. Plans will then progress to develop | | | | | |
| | | | extended stay in | •The revised HAI Education Strategy was approved at LICC in July 2018. This is available on the Intranet and has been disseminated through clinical management teams. | other HAI reports within tableaux dashboards | | | | | |
| | | | hospital. | A range of e-learning modules which complement mandatory education & training are available on | Additional action for compliance with Clinical Risk assessment added. | | | | | |
| | | | There is also a risk | LearnPro/TURAS. The HAI strategy guides staff in selection of these appropriate to role. | · | | | | | |
| | | | of patients | •The IPCT education delivery plan details other topic and organism specific face to face training available to supplement mandatory requirements. This is open to NHS and H&SC staff. | Risk Grade/Rating remains Medium 9 based on the current performance for LDP | | | | | |
| | | | developing an | •Ad hoc education and training is provided in response to outbreaks/incidents as required/requested. | IOI EDI | | | | | |
| | | | infection linked to | •Line managers can monitor compliance with mandatory infection prevention and control education through | Risk owned by HAI Executive Lead. This role transferred from the | | | | | |
| | | | the built environment. This | Tableau. | Executive Medical Director to the Executive Nurse Director in April 2018. Risk owner updated as Prof Alex McMahon. | | | | | |
| | | | includes organisms | Policy, practice & audit: | Nisk owner apaated as 1 for Alex Melwahon. | | | | | |
| | | | associated with | •Clinical teams undertake local SICPs audits to provide assurance of compliance and identify areas for further local improvement. The data is collated and available in QIDS. | Current reporting and governance arrangements for HSCP's are being | | | | | |
| | | | water safety such as | The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical | reviewed. HSCP infection control committee have now met and approved terms of reference. | | | | | |
| | | | Pseudomonas aeruginosa, and | and site management team and other key stakeholders including facilities to inform remedial action and | approved terms of releasing. | | | | | |
| | | | environmental | improvement work through their local action plans. •A comprehensive range of policies, guidelines and procedures and patient information leaflets are available | NHS Lothian deferred data collection and submission for mandatory | | | | | |
| | | | contaminants | via the NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are | colorectal and major vascular surgical site infection surveillance (commencing April 2017) pending the approval of funding for 2 WTE | | | | | |
| | | | associated with dust | provided. | surveillance nurses. Both posts have successfully been appointed and | | | | | |
| | | | and moulds such us | *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 | data submission is anticipated for Quarter 2 July –Sept 2018. | | | | | |
| | | | Aspergillus and Lichtheimia | manage any significant event or outbreak. | Progress in moving to reporting HAI through Tableaux Dashboards has stalled due to resource/ workload issues within informatics teams. | | | | | |
| | | | corymbisera | •Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC and LICAC | | | | | | |
| | | | | •The infection services undertake multidisciplinary ward rounds to review complex patients with transmissible | LDP targets for CDI were met (and exceeded) to end 2017. | | | | | |
| | | | | infections twice weekly on RIE, WGH and SJH sites. RHSC has a weekly ITU ward round. | LDP targets for SAB were not met to end 2017, but remain within control limits and are not statistically different to other Boards performance | | | | | |
| | | | | Surveillance: | , , , , , , , , , , , , , , , , , , , | | | | | |
| | | | | •IT systems are in place to allow IPCNs to monitor incidence, trends and patterns of infection incidence within | The new NES SICEP (Standard Infection Control Education Pathway) | | | | | |
| | . 2 | | | their geographical region. Set thresholds for further actions exist for some key infections (e.g. > 2 cases of | which replaces the Cleanliness Champion Programme has been reviewed in conjunction with NHS Lothian Education and other key | | | | | |
| | 3. Impro | | | CDI in 28 days). The IPCT support local teams in further review and improvement in response to data | stakeholders. | Ad | V | 2 | 1 | 1 |

19/29 243/395

| ID NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|-------------------------------------------|-------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------|--------------|-----------|
| | | | -Mandatory surgical site surveillance is undertaken in compliance with DL 205(19) for Caesarean section, Hip arthroplasty, colorectal and major vascular surgeries. Where Skin and Soft tissue Infection (SSI) or alert organism surveillance indicates a data exceedance there are processes in place for investigationEnhanced surveillance is carried out for all SAB, CDI and E. Coli bacteraemia (ECB) cases. There is also Multifurg Resistant Organism (MDRO) screening & associated key performance indicator for MRSA and CPE. Antimicrobial Stewardship: -The Antimicrobial Management Team reviews and develops Antimicrobial Prescribing Guidelines. These are available on the intranet, and through the Microguide appThe AMT provides oversight of antimicrobial use, compliance with guidelines and report findings to clinical teams to help drive improvement. AMT provide regular reports to Acute Clinical Management Group. Decontamination: -Facilities are responsible for strategic and operational aspects of the decontamination of reusable medical devicesStrategic direction is provided through the Decontamination Project Board, chaired by the Director of Public Health, which consider capital projects and wider strategic objectivesPerformance monitoring and quality improvement/assurance is provided through the Decontamination Quality Group and is chaired by Service Director, FacilitiesThe decontamination lead provides subject matter expertise and support to clinical teams, and provides regular reports to updates to Lothian ICC and LICAC. Business continuity and contingency risks associated with a person dependent post remains a significant riskThe physical condition of the HSDU environment is significant riskThe physical condition of the HSDU environment is significant riskThe physical condition of the HSDU environment is significant fiskThe physical condition of the HSDU environment is provision for service demands. Built Environment: -Many aging buildings do not meet current building standards and some a | It has been agreed that the complexity of the programme and volume of content would increase the risk of non-compliance with mandatory education. Local scenario based educational resources which map to the NES learning outcomes are now in development with ambition to launch Summer 2018. SICPs compliance >90% reported for NHS Lothian. Potential for improvement to existing audit tools and processes identified. Work to revise this will commence Summer 2018 with support from HPS and Senior Management. | | | | | | |

20/29 244/395

| Q | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|------|-----------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|------------------------|------------------|-----------------------------------------------------|---------------------------------|
| 3480 | Improve the quality and safety of health care | Management of Deteriorating Patients | There is a risk that NHS Lothian does not reliably manage deteriorating patients in adult acute inpatient settings leading to potential harm and poor patient/family experience | The Quality Report, reported to the Board monthly, contains a range of measures that impact and relate to management of deteriorating patients Healthcare Governance Committee provides assurances to the Board on person-centred, safe, effective care provided to patients across NHS Lothian as set out in its Assurance Need Statement, including clinical adverse event reporting and response. The Patient Safety Programme reports to relevant governance committees of the Board setting out compliance with process and outcome safety indicators and includes external monitoring. Adverse Event Management Policy and Procedure. Quality of care reviews which include patient safety issues is subject to internal audit and compliance with recommendations, and is reported via Audit & Risk Committee and HCG Committee when appropriate. Patient safety walkrounds to gain an understanding of safety culture and work taking place at service level. Also now in general practice. Charge Nurse Ward Round and Patient Centred Audit put in place as Quality Assurance Mechanisms to validate self reporting of patient safety data Quarterly visit by HIS to discuss progress actions and Quarterly submission of data. Access to national outcome data by Board which enables boards to see whether they are outliers and escalate concern and risk as appropriate Adverse Event Improvement Plan in place monitored via HCG Site Based Quarterly Reports including Patient Safety Data (QIDS) sent monthly. | Risk reviewed for Period January-March 2019 Approved at September 2017 HCG Committee. As part of the Quality and Performance reporting the issue of meeting the 50% reduction in Cardiac Arrests by January 2016 was considered. Lothian has achieved 8% with the 4 major sites above Scottish rate. A HIS visit has taken place, plans are in place and monitored through the service supported by QIST and reviewed by HIS. Plan progressing well. The risk is not related to quality of care but about data reporting. The HCG committee have approved a review of the management of deteriorating patients in March 2017 with an improvement plan based on finding going to the 11th July 2017 meeting. The review provided significant assurance with respect to the robustness of the review and areas for improvement. The HCG Committee accepted limited assurance that a potential impact on cardiac arrest rates will follow from the improvement plan, since the elements of it are as yet untested in Lothian at scale. Implementation plan developed results of this fed back to individual service areas to inform improvement planning. Progress to go back to HCG in January 18 and regular monitoring through Quality and Performance Report. Progress updated provided to HCG in January improvement in outcomes observed will re-assess risk when improvement has been sustained. Moderate Assurance Accepted. A detailed Acute Hospital Management of Deteriorating Patients plan was presented to the AHC, October 2018. Significant assurance received regarding the comprehensive plan in place and provided early signs of improvement in cardiac arrest rates. Should these improvements be sustained over the winter, the risk will be reviewed for regarding. For the Oct-Dec the risk was reduced based on improvement in outcomes and will be reviewed in the next quarter which is the winter quarter. Sustained improvements have been demonstrated over the winter period. This risk is being reviewed as par | Adequate but partially effective; control is properly designed but not being implemented properly | Medium 9 | Medium 6 | Medical Director | Associate Director for Quality Improvement & Safety | Healthcare Governance Committee |

21/29 245/395

| 4 | NHS Lothian Corporate | ctives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|---|--------------------------|--------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|---------------------|------------|--------------|-----------|
| | NHS | Obje | _ | | | | Adeq | Risk leve | Risk lev | Risk | Risk ł | Assı |
| | 3. | Impro | Med | There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients because of the inability to recruit and increase in activity resulting in the diverting of available staff to urgent and emergency care. Service sustainability risks are particularly high within Paediatrics, Emergency Medicine and Obstetrics & Gynaecology. Achievement of TTGs is at risk due to medical workforce supply risks within Anaesthetics, Geriatrics and Ophthalmology | A report is taken to the Staff Governance Committee when required, providing an update of the actions taken to minimise medical workforce risks in order to support service sustainability and address capacity issues within priority areas. A Lothian Workforce Planning & Development Board has been established to coordinate work within all professional groups including the medical workforce. Medical workforce risk assessment tool is available and implemented across all specialties. The assessments are fed back to local Clinical Directors and their Clinical Management Teams. They use these to inform their own service/workforce plans to minimise risk. For the risks that require a Board or Regional response the findings are fed back to the SEAT Regional Medical Workforce Group and feed into the national medical workforce planning processes co-ordinated by NES/SG. An update paper was taken to the Staff Governance Committee in October 18 providing a detailed up date and the current risk rating was supported. There was moderate assurance that all reasonable steps are being taken to address the risks. | Risk Reviewed for period October to December 2018 January 2019 No update for the period October to December 2018. October 2017 Staff Governance Committee accepted moderate assurance. Risk and Controls Reviewed October 2018 October 18 Update Between March18 and September 18, 57 out of 121 was posts successfully filled with 57 unfilled and 7 posts partially filled with 3 successful. Challenges in filling 7 vacant General Psychiatry posts at St John's Hospital highlighted in the March paper remain following a third unsuccessful attempt to recruit, the service is currently reviewing its position in relation to further recruitment. There have also been two unsuccessful attempts to recruit to a consultant and SAS post within the Child and Adolescent Mental Health Service. Recruitment in Psychiatry represents a growing challenge nationally. Annual recruitment to both core and specialty training the South-east region has however filled all posts in August 2018, in contrast with the national picture where fill rates are considerably lower. Within Medicine for the Elderly 6 months 6 community based posts (2 consultant 4 SAS) have been advertised and have been unable to attract any suitably experienced candidates. These posts are in the process of being re-advertised. Within Dermatology there have been long standing vacancies, 4.56wte on average in 2017/18. However a recent recruitment exercise was successful in filling 3wte permanent consultant posts and 1wte locum consultant post. This will greatly enhance capacity to meet treatment time guarantees. This is in the face of national and UK shortages. The recruitment for August 2018 has been very positive, with the SE Region filling all but 1core training posts, and only 8 gaps in specialty training. | Adeq | | C | Med | Hea Jes | Staf |
| | 35 | - | ≥ : | | | Initial work on developing the Elective Centre at St John's business case | ₹= | 工 | | ≥· | エゥ | Ś |

22/29 246/395

| | has highlighted the need for significant increases in the Anaesthetic and Surgical workforces which have not been factored into national training numbers thus far and as such there is likely to be significant risks associated with recruitment by the anticipated 2021/22. This is already highlighted as a project risk and has been flagged to the Scottish Government. The level of risk will become clearer as the service model and business case become further developed. | | | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | Recruitment with the exception of the areas identified does not represent a generalised problem with recruitment for trained grade doctors. Trainee recruitment has improved further and therefore represents a slightly lower risk. The overall level of risk has not however changed substantially since the last update. Risk Grade/Rating remains High/16 | | | |

23/29 247/395

| QI | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates/Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|------|-------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|---------------------|------------------------|-------------------------------------|-------------------------------|
| 3189 | 5. Achieve Greater Financial Sustainability and Value | Facilities Fit for Purpose | There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety. | A stringent Governance Process and structure for reporting of Backlog Maintenance (BLM) has been implemented as follows: Property & Asset Management Strategy (PAMS) Group Capital Steering Group Lothian Capital Investment Group (LCIG) Finance & Resources Committee Scottish Government through the annual Property & Asset Management Strategy To ensure accurate reporting the Board has implemented the following controls: Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government. Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed. Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no longer fit for purpose. The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises | Risk Reviewed for period – January – March 2019 January 2019 Finance & Resources reviewed in Jan 2018 accepted moderate assurance. Action undertaken 2017/18 Review of Risks and programme of works resulted in BLM exposure as of May 2018 was £44.6m a reduction of £9.2m from previous year. BLM is currently being reviewed and system updated. A review if the Backlog Maintenance Exposure beginning of April 2019 was noted at 46.3m excluding non operational estate. This does include a 3.5% uplift applied for inflation. The split between clinical and non clinical was noted as: Clinical 40.7m Non clinical accommodation – 5.6m The Backlog Maintenance programme for 208/19 has now been concluded. The works included compliance with statutory compliance – including fire precautions, legionella, asbestos management across all sites, mechanical and electrical plant replacement, building fabric – HAI issues. to comply with statutory compliance A three year Backlog Maintenance Programme is currently being prepared. The disposal programme is progressing and Corstrophine Hospital and Murraypark has now been disposed. The The Royal Victoria Hospital buildings have now been demolition (with the exception of the listed buildings) The demolitions on the REH and AAH. An update was presented to The F&R Committee January 2018. The following conclusions were noted: The committee agreed to support the current programme of works proposed this financial year and to support the proposal that the Facilities Directorate set up a multi-disciplinary group as described. The Committee agreed to take significant assurance that Management have calculated the BLM in line with NHS Scotland's requirements and BLM remained a priority for Facilities and that high priority items are being undertaken within the funding currently allocated. This aligns with the Board's commitment to prioritise patient safety in particular. | Adequate but partially effective; control is properly designed but not being implemented properly | High 16 | Medium 4 | Deputy Chief Executive | Director of Operations - Facilities | Finance & Resources Committee |

24/29 248/395

| <u> </u> | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|----------|--------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------|---------------------|---------------------------------------|-------------------------|----------------------------|
| 3455 | 2: Improve the quality and safety of health care | Management of Violence & Aggression | There is a risk of Corporate Prosecution by HSE under the Corporate Homicide Act or the H&S at Work Act Section 2, 3 and 33 or any relevant H&S regulations If the risk from violence and aggression adverse events are not adequately controlled. Highest risk would be under H&S at Work Act Section 2 and 3. If we harm our staff (2) or visitors to our sites (3). There is also a statutory requirement to provide an absolute duty of care regarding NHS Lothian staff safety and well being. | Staff Governance Committee (SGC) is taking oversight of this agenda. A report with an action plan was taken during 2018 and the Committee has asked for regular updates on progress. The has supported the proposal that local Health and Safety Committees in each service area should have oversight of this work and where required should elevate to the Pan Lothian Health and Safety Committee. | Reviewed by group in March 2019 and accepted moderate assurance. Staff Governance considered this risk in October 2018 and accepted limited assurance due to access to training and lone working alarms. A review was commissioned by the Executive Lead. The review focused on a number of areas including safety alarms and the procurement of these; training and education and the use of the purple pack as well as reporting and governance at service level. A number of improvements have been made to the purple pack, the reporting through H&S committees, access to training as well as the procurement team taking on the procurement of the alert systems. Two members of the V&A training team have also undergone quality improvement training in order to support services to look improvement ideas. Issue remain however that there is still a high DNA rate at the training programmes and some staff are not activating their alarm systems. A further progress report will go to the Staff Governance Committee on the 27th March. Risk Grade/Rating remains High/15 whilst improvement work is being tested and implemented. | Adequate but partially effective; control is properly designed but not being implemented properly | High 15 | Medium 6 | Director Nursing, Midwifery and AHP's | Head of Health & Safety | Staff Governance Committee |

25/29 249/395

| Sovernance & Performance Monitoring staffing levels are not maintained as a consequency of additional estivity, patient and subject of subject posts, the subsequently high use of supplementary staffing to community supplied and subject of subject patients and subject of subject patients and subject of subject patients and subject patients are additionally and subject patients are additionally and subject patients and subject patients are additionally and subject patients. The governance is through monthly review at the Nurse Directors Committee with Associate Nurse patients and subject patients are additionally and subject patients. The gap is currently 6% is court required establishment again is creating up, having been at or under the Nurse Directors Committee with Associate Nurse patients and subject patients. The page is currently 6% is court patient and subject patients and subject patients are additionally and subject patients. The gap is currently 6% is court patient and subject patients and subject patients are additionally and subject patients. The gap is currently 6% is court patients and subject patients and subject patients are additionally and subject patients. The gap is currently 6% is court patients and subject patients are additionally and subject patients are additionally and subject patients. The gap is a subject patient and subject patients are additionally and subject patients. The gap is a subject patient are additionally and subject pati | QI | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates / Actions | Adequacy of controls | Risk level | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------|------------------------|------------|--------------|-----------|
| De Example State No | 88. | 3. Impro | NO. | staffing levels are not maintained as a consequence of additional activity, patient acuity and / or inability to recruit to specific posts, the subsequently high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience. | Two Nursing and Midwifery Workforce meetings are being held (one for in patient areas and one for community nursing) alternate months. These provide a delivery function and monitor progress against agreed actions. The governance arrangements are through the Safe Staffing Group which reports to Staff Governance Committee Professional governance is through monthly review at the Nurse Directors Committee with Associate Nurse Directors & Chief Nurses. Core Prevention and Detection Controls Recruitment Group, Safe Staffing and Nursing Workforce Groups to plan requirements The agency embargo remains with every use of agency subject to scrutiny by a senior nurse. Recruitment meetings to oversee the implementation of the recruitment plan are being held monthly Use of tools to ensure safe staffing levels: A calendar to ensure the annual use of the nationally accredited workload and workforce tools is in place to ascertain required establishment levels Recstering and SafeCare Live tools are being rolled out to all nursing and midwifery teams, community teams and departments to provide real time information for local decision making around the deployment of the available staffing. Datix reports are escalated on a weekly basis for reports of staffing issues/shortages these are reviewed by the senior management team at the PSEAG. The supplementary staffing and rostering detail is annotated with this information to provide context and enable risk to be understood. Tableau Dashboard for eRostering KPIs Detailed analysis of staffing demand and supply, together with SAE and complaints data at ward level in acute sites to enable senior managers to pinpoint | Last reviewed at Staff Governance Committee March 2019 accepted Moderate Assurance UPDATE – April 2019 The establishment gap is creeping up , having been at or under 5% for the 12 months to December 2018. The gap is currently 6% (our target establishment gap is 5%). The focus of recruitment activity remains in reducing the establishment gap in the speciality areas that are harbouring a high vacancy rate. The key areas of concern are district nursing, medicine of the elderly / HBCCC where the vacancy rate is running at over 10%. The St John's site gap has been reduced overall but the registered nurse gap remains high, the WGH is higher than the average at 9.71% but this is predominantly against non registered workforce. ACTIONS Appointments have been made to a substantive post and a fixed term post to support the work around the Nursing and Midwifery Workforce / Safe Staffing legislation The remaining national funding is being used to provide admin support for the completion of the workforce tools and analysis of the data. The national contract for agency supply has been retendered, this has increased the number of suppliers and many of the suppliers are now registered with the Care Inspectorate to supply nursing staff in Scotland. The Regional approach has progressed, the non financial options appraisal has been carried out and work is ongoing on the financial appraisal. Excellence in Care leadership programme has delivered full day on the NMWW tools / safe staffing to the six cohorts of SCNs / aspiring Charge Nurses. | Satis | Me | Low | Ë | Dep | Неа |

26/29 250/395

| | The MA programme is established and taking 3 cohorts into nursing vacancies each year. The stress and distress work is being rolled out, one SCN has been seconded from her REH role to support other areas to implement the concept with a view to reducing the use of supplementary staffing for 1:1 specialling and improving the | | | |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | patient experience. The use of SafeCare live continues to be reviewed and optimised as a quality improvement test of change. Work has begun to look at an escalation process using SafeCare. | | | |
| | The eRostering and SafeCare live tools roll out is almost complete with over 10 000 nursing staff, on 459 rosters actively using eRostering. | | | |
| | Trend KPIs have been produced and circulated to CNMgrs/ Service managers every 4 weeks, and the dashboard has been developed to provide easily accessible data customised to the clinical area. | | | |
| | Risk Grade/Rating remains: Medium/9 | | | |

27/29 251/395

| <u></u> | NHS Lothian Corporate Objectives | Title | Description | Controls in place | Updates/Actions | Adequacy of controls | Risk level (current) | Risk level (Target) | Risk Owner | Risk Handler | Assurance |
|---------|-------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|------------------------|-------------------------------------|----------------------------|
| 3328 | 3. Improve Quality, Safety and Experience Across the Organisation | Roadways / Traffic Management | There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury | A stringent Governance Process and structure 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 Reported to Staff Governance via Health & Safety Committee Escalation process in place through the Governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. Additional dedicated car park personnel in high volume traffic sites has been implemented A policy for reversing has been implemented A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing unless with the assistance of Banksman Risk assessments and procedures are developed and regularly reviewed where risks have been identified, and a more task specific process has been developed. Work Place Transport Policy available and reviewed within agreed timescales. | Reviewed and approved at October 2017 Staff Governance Committee - accepted moderate assurance. Update – March 2019 The Pan Lothian TM Plan is being updated monthly and tabled quarterly at each Heads of Service Meeting. This details the risks, controls and further actions required at each site. Applications have been submitted to extend the TRO at the REH and introduce a TRO at the AAH, these works have now been completed. The following high priority works (identified through the Traffic Management Group) were completed at the WGH:: Improvements to pedestrian crossings at the Clock Tower, DBlock Repairs and road lining Additional car parking spaces in car park 1 Provision of cycle shelters Works to undertake the following at St Johns is currently being tendered and anticipated works will commence May 2019: Installation of toot paths at Estates and at the main entrance Traffic Management controls at the boiler house Temporary car park for the Mobile Endoscopy Unit Backlog Maintenance funding was allocated to improve traffic management in Edinburgh Community premises – works have now been completed in Allander and Inchkeith. Traffic Management works at Whitburn HC have been stopped until land ownership issues have been resolved. Traffic Management works at Liberton, PAEP and MCH have been completed. The Goodison Structural and Civil Engineers Report is now available which provides recommendations on improvements required to the road network required to accommodate RHSC/DCN coming on site. This report highlights further road traffic concerns on the network. Discussions with consort have been helpful and now have agreement to the market for procurement of solutions for the five areas of concern Risk grade/rating remains unchanged - High/12 | Inadequate; control is not designed to manage the risk and further controls & measures required to manage the risk | High 12 | Medium 8 | Deputy Chief Executive | Director of Operations - Facilities | Staff Governance Committee |

28/29 252/395

29

NHS LOTHIAN

Board Meeting 26th June 2019

Director of Finance

FINANCIAL POSITION TO MAY 2019

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position after 2 months of 2019/20.
- 1.2 Any member wishing additional information on the detail of this paper should contact the Director of Finance prior to the meeting.

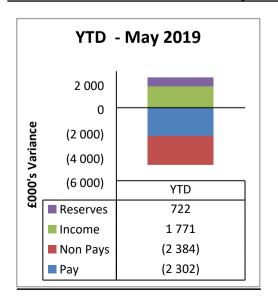
2 Recommendations

- 2.1 The Board is recommended to:
 - <u>Accept</u> that a <u>limited assurance</u> on achieving a breakeven outturn remains in place after the first two months of the 2019/20 financial year and will be reviewed by the Finance & Resources Committee (F&R) on the conclusion of the Quarter 1 process;
 - <u>Note</u> that NHS Lothian has reported a deficit of £2.2m after two months of this year. The reported overspend when extrapolated for the year is an improvement on the Financial Plan projected gap of £26m.

3 Discussion of Key Issues

3.1 A total overspend of £2,192k has been reported in the first two months of the new financial year. This reflects a baseline operational overspend position of £2,914k offset by the net release of £722k reserves, based on the 19/20 Financial Plan. A summary of the year to date position is shown in Chart 1 below with further detail by Business Unit in Appendix 1. Financial performance of the Integration Joints Boards (IJBs) is provided in Appendix 2 – note that the figures in this appendix have not been adjusted for assumed pension funding at IJB level.

Chart 1: Financial Position to 31st May 2019



1/6 254/395

- 3.2 The year to date pay costs includes the increase to the employer's pension contributions. The Scottish Government (SG) has given a commitment to fund the additional employer's pension costs and corporately funding of circa £7m year to date has been assumed. The Board is working with the SG to agree a level of funding, and local budgets will be adjusted when the allocation is received in advance of period 3.
- 3.3 The year to date overspend position is lower than the anticipated run rate in the Financial Plan. The main area of improvement against the plan is within Acute: consideration of the reasons driving this variation will be a key feature of the Q1 review. Table 1 shows the ytd position net of the additional pension costs and a comparison to the financial plan for each Business Unit. When compared to the prior year there is an improvement of £1.2m overall, mainly within Acute and Edinburgh Partnership.

Table 1: Net position compared to Prior Year and Financial Plan

| Business Unit | YTD | Estimated | 19/20 M2 | 18/19 M2 | Movement | Financial | Financial | Movement - |
|--------------------------------|----------|-----------|----------|----------|----------|-----------|-----------|-------------|
| | Variance | Pension | Variance | YTD | on M2 | Plan | Plan YTD | Net |
| | £'000 | YTD £'000 | Net of | Variance | YTD | Variance | Variance | Variance to |
| | | | Pension | £'000 | Variance | £'000 | £'000 | Financial |
| | | | £'000 | | | | | Plan £'000 |
| Acute Services Division | (6,937) | 4,006 | (2,931) | (4,184) | 1,253 | (33,901) | (5,650) | 2,719 |
| Corporate Services | 49 | 634 | 683 | 244 | 439 | (891) | (149) | 832 |
| Directorate Of Primary Care | (40) | 107 | 66 | | 66 | (400) | (67) | 133 |
| East Lothian Partnership | (124) | 160 | 36 | (341) | 377 | (234) | (39) | 75 |
| Edinburgh Partnership | (619) | 545 | (75) | (1,234) | 1,159 | 986 | 164 | (239) |
| Facilities And Consort | (1,438) | 427 | (1,011) | 28 | (1,039) | (4,822) | (804) | (207) |
| Inc + Assoc Hithcare Purchases | 923 | 0 | 923 | 848 | 74 | 1,523 | 254 | 669 |
| Midlothian Partnership | (117) | 154 | 36 | (43) | 79 | 830 | 138 | (102) |
| Reas | (1,023) | 559 | (464) | (718) | 255 | (1,260) | (210) | (254) |
| Research + Teaching | (122) | 36 | (86) | (285) | 200 | (1,462) | (244) | 158 |
| Reserves | 722 | 0 | 722 | 1,810 | (1,088) | 8,543 | 1,424 | (702) |
| Strategic Services | 6,527 | (6,967) | (439) | (91) | (348) | 4,060 | 677 | (1,116) |
| West Lothian Hsc Partnership | 8 | 339 | 347 | 229 | 118 | 1,071 | 178 | 169 |
| Core Position | (2,192) | (0) | (2,192) | (3,737) | 1,545 | (25,959) | (4,326) | 2,134 |

- 3.4 The financial planning process and Quarter 3 review identified a shortfall on efficiency savings delivery across business units and as a result further meetings have been set up to provide focus to increased delivery. These meetings are ongoing but there is some evidence of further schemes delivering savings beyond that identified at the time of the Plan. As this is a key component of closing the financial plan gap, both in year and in the longer term, the delivery of the efficiencies will be closely monitored and will be a key feature of financial reporting during the year.
- 3.5 As part of the financial plan a total of £25.2m of savings plans were identified to be delivered in year by the operational units. With a further £2.3m of plans having been developed following the Q4 review meetings, the total anticipated efficiency delivery is now £27.5m. A breakdown of the plans by Business Unit and delivery to date are shown in Table 2. A key element of the shortfall is GP prescribing (circa £575k), which has a time lag for reporting and therefore details for delivery are still to be confirmed.

Table 2: Efficiency Savings Programme 19/20

| | Cash | Planned | Achieved | Shortfall |
|------------------------------|-----------|-------------|-------------|-----------|
| | Releasing | April - May | April - May | April - |
| | | | | May |
| | £'000 | £'000 | £'000 | £'000 |
| Corporate Services | 1,607 | 388 | 374 | (13) |
| East Lothian Partnership | 1,113 | 186 | 138 | (48) |
| Edinburgh Partnership | 2,873 | 479 | 42 | (437) |
| Facilities And Consort | 7,982 | 853 | 483 | (370) |
| Midlothian Partnership | 617 | 103 | 0 | (103) |
| Reas | 505 | 17 | 163 | 146 |
| West Lothian Hsc Partnership | 1,899 | 361 | 161 | (200) |
| Acute Services Division | 10,908 | 1,346 | 1,053 | (293) |
| Grand Total | 27,503 | 3,732 | 2,413 | (1,319) |

3.6 A detailed Quarter 1 Review will be undertaken in partnership with the service focusing on further actions to control and reduce spend in both current and future years with in support of the achievement of year-end financial balance. Review meetings between Finance and Business Unit leads will be held throughout August at which time a detailed review of the year to date position, and the implications for the forecast year end outturn, will be completed. Output from the Q1 Review will be reported through the Finance & Resources Committee to the Board.

4 Key Risks

- 4.1 As noted previously, limited assurance can be given at this time to the Board on a breakeven outturn.
- 4.2 The key risks relating to the delivery of a breakeven position include:
 - Funding received from the Scottish Government does not full cover the additional employers pension costs;
 - Delivery of Financial Recovery Plans by individual Business Units to the level identified in the Financial Plan and the lack of progress on the development and delivery of longer term recurring plans;
 - Major movements in current expenditure trends, in particular in relation to prescribing and supplementary staffing in response to service demands.

5 Risk Register

5.1 The corporate risk register includes the following risk:

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

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

8.1 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
12th June 2019
susan.goldsmith@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Summary by Operational Unit to 31st May 2019 Appendix 2 - NHS Lothian Income & Expenditure Summary to May 2019 by IJB

Appendix 1
NHS Lothian Summary by Operational Unit to May 2019

| NHS Lotnian Summa | ily by Op | lei atioi | iai Ullit | LO IVIAY Z | 019 | | | | | | | | | |
|---------------------------------|------------------------------------|----------------------|-----------|-------------------------------------|-------------|--------|----------------------------|---------|-------------------------------|----------|--------------------------------|----------------------------------------------|------------------|------------|
| Description | Acute Services Division (£k) | Reas (£k) | | East Lothian Partnership (£k) | Partnership | | Lothian Hsc Partnership | And | Corporate Services (£k) | Services | Research + Teaching (£k) | Inc + Assoc Hithcare Purchases (£k) | Reserves (£k) | Total (£k) |
| Annual Budget | 712,633 | 91,302 | 14,993 | 74,777 | 317,349 | 68,276 | 140,290 | 166,725 | 114,324 | 15,476 | (10,932) | (125,813) | 33,769 | 1,613,170 |
| Medical & Dental | (1,752) | (135) | (117) | (34) | (184) | 2 | (56) | 0 | 41 | 1,527 | 4 | 0 | 0 | (705) |
| Nursing | (2,888) | (502) | 45 | 61 | (178) | (67) | 25 | (4) | (177) | 3,101 | (55) | 0 | 0 | (640) |
| Administrative Services | (243) | (61) | (24) | (79) | (47) | (1) | 2 | (24) | (229) | 691 | (56) | | 0 | (70) |
| Allied Health Professionals | (364) | (41) | 0 | (11) | 38 | 6 | 48 | (3) | (54) | 539 | (0) | | | 158 |
| Health Science Services | (310) | 6 | 0 | 0 | 65 | 0 | 3 | (1) | (78) | 280 | (3) | 0 | | (39) |
| Management | (9) | (21) | (10) | 23 | 78 | (1) | (0) | (8) | 44 | 48 | (8) | 0 | 0 | 137 |
| Support Services | (26) | (4) | (8) | (2) | 2 | (1) | 10 | (1,261) | (33) | 418 | 2 | 0 | | (904) |
| Medical & Dental Support | (212) | 0 | 0 | • 0 | 0 | 0 | 37 | 0 | (3) | 89 | | - | | (89) |
| Other Therapeutic | (5) | (165) | 4 | (13) | (67) | 4 | . 0 | 0 | (106) | 256 | (2) | 0 | 0 | (94) |
| Personal & Social Care | (8) | (2) | 5 | (4) | (16) | 6 | 0 | (0) | 42 | 24 | 0 | 0 | 0 | 47 |
| Other Pay | (27) | (1) | 1 | 0 | (3) | (4) | 0 | (36) | (0) | | 0 | (1) | 0 | (71) |
| Emergency Services | 0 | 0 | 0 | • 0 | 0 | 0 | 0 | 4 | (15) | 1 | 0 | 0 | 0 | (10) |
| Vacancy Factor | (21) | 0 | 0 | • 0 | 0 | • 0 | • 0 | 0 | 0 | 0 | 0 | 0 | 0 | (21) |
| Pay | (5,865) | (926) | (106) | (59) | (314) | (56) | 70 | (1,332) | (568) | 6,973 | (118) | (1) | 0 | (2,301) |
| Drugs | 30 | 1 | 5 | (19) | (47) | (16) | 6 | (1) | 4 | (16) | (0) | 0 | 0 | (53) |
| Medical Supplies | (608) | (21) | 4 | (28) | (143) | (0) | (47) | (86) | (29) | (0) | (25) | 0 | 0 | (983) |
| Maintenance Costs | (43) | (43) | (0) | (12) | (11) | (1) | (13) | (341) | (5) | (0) | (0) | 0 | 0 | (470) |
| Property Costs | (14) | (1) | (0) | 26 | 6 | 3 | 5 | 492 | 1 | (0) | 0 | 0 | 0 | 518 |
| Equipment Costs | (335) | 5 | (4) | (16) | (84) | (14) | (15) | (277) | (92) | (30) | (4) | 0 | | (865) |
| Transport Costs | (40) | 6 | 13 | (15) | (9) | (6) | 14 | 16 | (22) | 1 | 1 | (1) | 0 | (43) |
| Administration Costs | (31) | (12) | 25 | 4 | | (78) | (20) | (121) | 205 | (275) | (27) | 5 | 0 | (229) |
| Ancillary Costs | (6) | (6) | (2) | 2 | (3) | 4 | | 15 | (2) | (2) | (1) | 0 | 0 | 4 |
| Other | 7 | 1 | 0 | (1) | | 21 | 0 | (8) | 276 | | 0 | 0 | 0 | 296 |
| Service Agreement Patient Serv | (14) | 21 | 0 | 77 | | 6 | (20) | (19) | 29 | (79) | (8) | (19) | 0 | (16) |
| Savings Target Non-pay | (279) | (1) | 0 | 2 | (111) | 26 | (0) | 0 | (20) | (0) | | | 0 | (383) |
| Resource Trf + L/a Payments | 7 | 8 | 0 | (47) | (79) | 0 | (1) | 0 | 0 | (10) | 0 | 0 | 0 | (121) |
| Non-pay | (1,325) | (42) | 40 | (28) | (374) | (54) | (86) | (330) | 345 | (413) | (64) | (15) | 0 | (2,345) |
| Gms2 Expenditure | (6) | 0 | 19 | (41) | 84 | (20) | 2 | (16) | (2) | 0 | 0 | - | | 19 |
| Other Primary Care Expenditure | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Pharmaceuticals | 0 | (57) | 21 | (0) | (0) | (0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (36) |
| Primary Care | (5) | (57) | 40 | | 84 | | | (16) | (2) | 0 | 0 | 0 | 0 | (16) |
| Other | 0 | 0 | 0 | 0 | (3) | 0 | (4) | 0 | 4 | 0 | 0 | 14 | 0 | 10 |
| Income | 257 | 2 | (15) | 4 | | 13 | | 239 | 271 | (0) | 60 | 924 | 0 | 1,771 |
| Extraordinary Items | 0 | 0 | | 0 | | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | (33) |
| CORE POSITION | (6,937) | (1,023) | (40) | (124) | (619) | (117) | 8 | (1,438) | 49 | 6,527 | (122) | 923 | 0 | (2,914) |
| Additional Reserves Flexibility | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 722 | 722 |
| TOTAL | (6,937) | (1,023) | (40) | (124) | (619) | (117) | 8 | (1,438) | 49 | 6,527 | (122) | 923 | 722 | (2,192) |

258/395

Appendix 2
NHS Lothian Income & Expenditure Summary to May 2019 by IJB

| Status | Allocation | YTD Variance ('000) | East Lothian IJB - YTD Variance (£'000) | Edinburgh IJB - YTD Variance (£'000) | Mid Lothian IJB - YTD Variance (£'000) | West Lothian IJB - YTD Variance (£'000) | Acute Non Delegated - YTD Variance (£'000) | CHP Non Delegated - YTD Variance (£'000) | Corporate Non Delegated - YTD Variance (£'000) |
|--------------------|------------|---------------------------|-----------------------------------------------------|-----------------------------------------------|----------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|
| Annual Budget | | 1,613,170 | 107,157 | 460,598 | 92,322 | 167,089 | 551,503 | 47,455 | 187,046 |
| Delegated | Core | (739) | (122) | (435) | (62) | (120) | 0 | 0 | 0 |
| | Corporate | 11 | 1 | 6 | 1 | 2 | 0 | 0 | 0 |
| | Hosted | (727) | (73) | (500) | (61) | (92) | 0 | 0 | 0 |
| | Total | (1,454) | (193) | (929) | (122) | (210) | 0 | 0 | 0 |
| Non Delegated | Acute | (4,320) | 0 | 0 | 0 | 0 | (4,320) | 0 | 0 |
| | CHP | (457) | 0 | 0 | 0 | 0 | 0 | (457) | 0 |
| | Corporate | 6,616 | 0 | 0 | 0 | 0 | 0 | 0 | 6,616 |
| | Total | 1,839 | 0 | 0 | 0 | 0 | (4,320) | (457) | 6,616 |
| Set Aside | | | | | | | | | |
| | | (2,577) | (221) | (1,016) | (189) | (448) | (703) | 0 | 0 |
| Grand Total | | (2,192) | (414) | (1,945) | (311) | (658) | (5,023) | (457) | 6,616 |

NHS LOTHIAN

Board meeting 26 June 2019

Chief Quality Officer

QUALITY AND PERFORMANCE IMPROVEMENT

1 Purpose of the Report

- 1.1 This report provides an update on the most recently available information on NHS Lothian's position against a range of quality and performance improvement measures.
- 1.2 Any member wishing additional information on a particular measure should contact the specific lead director identified. Matters relating to the monitoring and assurance process should be directed towards the Chief Quality Officer.

2 Recommendations

- 2.1 The Board is invited to:
 - **2.1.1** Note that alternative oversight arrangements are being established for 18 measures in the Quality and Performance Improvement Process following the dissolution of the Acute Hospitals Committee.
 - 2.1.2 Acknowledge that target performance levels of the 36 measures, 8 are met, 19 not met and 9 unable to be assessed (6 of which relate to Hospital Scorecard, see 2.1.4);
 - **2.1.3** In terms of assurances, note that two measures remain unassessed by board committees with assurance of significant, moderate, limited and none reached in 8, 13, 14 and 1 instances respectively;
 - 2.1.4 Note that ISD have revised the calculations used in their Hospital Scorecard to monitor readmission rates and lengths of stay. These measures are planned to be considered at the other Committees and will, in the interim, be unable to be assessed as part of the Quality and Performance Improvement Process. A similar change is expected shortly with regard to Hospital Standardised Mortality Ratio (HSMR).
 - **2.1.5** Note the investigation into waiting list reporting practice and management at Edinburgh Dental Institute has identified potential underreporting of numbers of patients waiting, including those waiting 12 weeks or longer.

1/8 260/395

3 Assurance Oversight

- 3.1 NHS Lothian Board asked its Committees to assess 36 quality and performance measures¹ with responsibility shared between Acute Hospitals Committee, Healthcare Governance Committee and Staff Governance Committee.
- 3.2 Eighteen measures were overseen by the Acute Hospitals Committee. These are listed in appendix one. As a result of the ongoing review of NHS Lothian's governance structures and processes, the Board decided in February that this committee was to be dissolved with immediate effect.
- 3.3 Whilst these new arrangements are being established with those measures previously under the remit of the Acute Hospitals Committee being considered by the Board's remaining Governance Committees, this paper will now feature the whole suite of measures tailored to individual remits.

4 Current Performance and Assurance Status

- 4.1 Overall 8 areas met the expected standard, whilst 19 did not. Nine areas, which cover dementia post-diagnostic support, the 6 Hospital Scorecard measures and 2 complaints measures, do not have performance standards set and therefore cannot be judged on that basis.
- 4.2 Committees have aconsidered assurance on all but 2 of the areas since the process was introduced at the end of 2016. The Healthcare Governance Committee is planning when to assess those which are still outstanding.

2/8 261/395

¹ One measure (diagnostics) has been split into 3 different assurance discussions. Therefore 36 measures involve 38 outcomes.

Table A - Assessed Levels of Assurance

| | | | | | Assurance Level | l | |
|---------------------------------------|---------|----|-------------------|------|-----------------|----------|-------------|
| | | | To be Reviewed | None | Limited | Moderate | Significant |
| | Met | 8 | 1 | - | - | 6 | 1 |
| Board | Not Met | 19 | 1 | - | 14 | 5 | 1 |
| | TBC | 9 | - | 1 | - | 2 | 6 |
| | Met | 2 | - | - | - | 1 | 1 |
| Acute Hospitals Committee* | Not Met | 10 | - | - | 9 | 3 | - |
| | TBC | 6 | - | - | - | - | 6 |
| Llasithaara | Met | 6 | 1 | - | - | 5 | - |
| Healthcare Governance Committee | Not Met | 8 | 1 | - | 4 | 2 | 1 |
| Committee | TBC | 3 | - | 1 | - | 2 | - |
| Staff Governance | Met | - | - | - | - | - | - |
| Committee | Not Met | 1 | - | - | 1 | - | - |

As the diagnostic measure has been split into 3, Acute Hospitals awards 20 levels of assurance across 18 measures.

4.3 Of those areas assessed, assurance has been determined as significant, moderate, limited and no assurance in 8, 13, 14 and 1 instances respectively.

Hospital Scorecard Measures

- 4.4 Readmission and Length of Stay measures incorporated in this report are taken from ISD's Hospital Scorecard. With the current release ISD changed the basis upon which these figures are calculated, requiring the criteria used locally to assess the figures to be revisited before current performance can be assessed against a target.
- 4.5 Accordingly Table B does not indicate whether these measures are met or unmet.
- 4.6 A similar change is anticipated with the calculation of Hospital Standardised Mortality Ratio (HSMR) later this summer.

Outpatient Waiting Time Reporting at Edinburgh Dental Institute

4.7 Following concerns raised in February by the General Manager of Oral Health Services over the quality of data available nationally on paediatric dental waiting times, both the details of waits reported within Edinburgh Dental Institute (EDI) and reported nationally were compared. These figures were submitted nationally to ISD from a standalone system, the configuration of which was not available to local scrutiny. Detailed examination found that both local and national sets of figures were incomplete, not including details of all those apparently waiting to attend EDI.

3/8 262/395

Table B: Summary of Latest Reported Position

| Measure ¹ | Committee Assurance Level | Date Assurance Level Assigned | Performance Against Target/ Standard ⁴ | Trend ⁶ | Published NHS Lothian vs. Scotland ^e | Target/Standard | Latest Performance | Reporting Date | Lead |
|-------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------------------|--------------------|-------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------|------------------------------------------|--------|
| Cardiac Arrest (per 1,000 discharges) | Moderate | Oct 18 | Not Met | | Not Applicable | 0.95 per 1,000 discharges (median) | 1.07 (median) | Apr 19 (Mthly) | TG |
| Falls With Harm (per 1,000 occupied bed days) | Moderate | Mar-18 | Met | | Not Applicable | 0.31 per 1,000 occupied bed days (median) | 0.25 (median) | Apr 19 (Mthly) | TG |
| Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+) | Moderate | Mar 18 | Met | | Better | 0.32 (max) (<=262) | 0.32 (rate) 21 (incidences) | Apr 19 (Mthly) | TG |
| Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days) | Moderate | Mar 18 | Met | No change | Better | 0.24 (max) (<=184) | 0.24 (rate) 15 (incidences) | Apr 19 (Mthly) | TG |
| Hospital Standardised Mortality Ratios (HSMR) (within limits) | Moderate | Oct 18 | Met | | Not Applicable | 1 All sites within HS Limit | NHS L RIE SJH WGH 0.83 0.92 0.78 0.72 | Dec 18 (Qtrly) | TG |
| 48 Hour GP Access – access to healthcare prof | To be reviewed | TBC | Met | | Equal | 90% (min) | 93.0% | Mar 18 | DS |
| 48 Hour GP Access – GP appt | To be reviewed | TBC | Not Met | Deteriorating | Worse | 90% (min) | 65.0% | Mar 18 | DS |
| Four hour Unscheduled Care (% <=4 hrs) | Moderate | Mar 19 | Not Met | Improving | Worse | 95.0% stretch to 98.0% | 87.5% | Apr 19 (Mthly) | JC |
| Alcohol Brief Interventions (ABIs) (Number) | Moderate | Mar-18 | Met | | Better | 9,738 (Annual) 2,435 (per Quarter) | 14,020 | Mar 19 (Qtrly) | AMcM |
| CAMHs ⁸ (<=18 wks) | Limited | Mar 18 | Not Met | Deteroriating | Worse | 90.0% (min) | 63.9% | Mar 19 (Mthly) | AMcM |
| Cancer (<=31-day) (% treated) | Limited | Oct 18 | Not Met | Deteriorating | Better | 95.0% (min) | 88.7% | Apr 19 (Mthly) | JC |
| Cancer (<=62-day) (% treated) | Limited | Oct 18 | Not Met | Deteriorating | Worse | 95.0% (min) | 73.8% | Apr 19 (Mthly) | JC |
| Diagnostics (<=6 wks) - Gastroenterology/ Urology Diagnostics | Limited | Dec 18 | Not Met | | | | | | |
| Diagnostics (<=6 wks) - Radiology/Imaging ⁹ | Limited | Dec 18 | Not Met | Improving | Worse | 0 (max) | 3,484 | Apr 19 (Mthly) | JC |
| Diagnostics (<=6 wks) – Vascular Labs | Limited | Aug-18 | Not Met | | | | | | |
| Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh IJB | | | | | | | | | JP |
| Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian UB | Limited | Sep 17 | Not Met | Deteriorating | Worse | 90.0% (min) | 81.0% | Dec 18 (Qtrly) | AS/AMD |
| Drug & Alcohol Waiting Times (% <=3 wks) - West Lothian IJB | | | | | | | | | JF |
| IPDC Treatment Time Guarantee (<=12 wks) | Limited | Oct 18 | Not Met | Improving | Better | 0 (max) | 78.4% 2,597 | Apr 19 (Mthly) | JC |
| IVF (% <=12 months) | Significant | Apr 18 | Met | | Equal | 90.0% (min) | 100.0% | Mar 19 (Mthly) | JC |
| Outpatients (<=12 weeks) | Limited | Oct 18 | Not Met | Improving | Worse | 95.0% (min) | 64.9% 24,755 | Apr 19 (Mthly) | JC |
| Psychological Therapies (% <=18 wks) | Limited | Sep 17 | Not Met | Improving | Worse | 90.0% (min) | 78.1% | Mar 19 (Mthly) | JF |
| Referral to Treatment (% <=18 wks) | Limited | Oct 18 | Not Met | Deteriorating | Worse | 90.0% (min) | 73.4% | Apr 19 (Mthly) | JC |
| Stroke Bundle (% receiving) | Moderate | Dec 16 | Not Met | Improving | Not Applicable | 80.0% (min) | 67.5% | Feb 19 (Mthly) | JC |
| Planned Repeat Surveillance Endoscopy (past due date) | Limited | Dec 18 | Not Met | Improving | Not Applicable | 0 (max) | 3,926 | Apr 19 (Mthly) | JC |
| Delayed Discharges (>3 days) - East Lothian IJB | | | | | | | EL 5 | | AMD |
| Delayed Discharges (>3 days) - Edinburgh IJB | 1:: | 0 17 | Not Met | Improving | Moreo | 0 (max) | ED 106 NHS Lothian | Apr 10 (Mthh) | JP |
| Delayed Discharges (>3 days) - Midlothian IJB | Limited | Sep 17 | Not wet | Improving | Worse | 0 (max) | ML 25 167 | Apr 19 (Mthly) | AS |
| Delayed Discharges (>3 days) - West Lothian UB | | | | | | | EL 31 | | JF |
| Hospital Scorecard – Standardised Surgical Readmission rate within 7 days | Significant | Feb 18 | TBC | | | | NHS L RIE SJH WGH 121.30 141.70 87.10 128.80 | | TG |
| Hospital Scorecard – Standardised Surgical Readmission rate within 28 days | Significant | Feb 18 | TBC | | | | 124.00 152.70 74.70 133.60 | 1 | TG |
| Hospital Scorecard – Standardised Medical Readmission rate within 7 days | Significant | Feb 18 | TBC | | Not Applicable | TBC | 113.50 108.00 120.60 114.50 | Sep-18 (Qtrly) | TG |
| Hospital Scorecard – Standardised Medical Readmission rate within 28 days | Significant | Feb 18 | TBC | | | | 105.60 115.10 113.10 96.00 | | TG |
| Hospital Scorecard – Average Surgical Length of Stay - Adjusted | Significant | Feb 18 | TBC | | | | 0.88 0.87 0.82 0.91 | 1 | TG |
| Hospital Scorecard – Average Medical Length of Stay - Adjusted | Significant | Feb 18 | TBC | | | | 1.01 0.95 1.04 1.02 | 1 | TG |
| Staff Sickness Absence Levels (<=4%) | Limited | Jul 18 | Not Met | Improving | Better | 4.0% (max) | 4.63% | Mar 19 (Mthly) | JB |
| Early Access to Antenatal Care (% <=12 wks) | Moderate | Mar-18 | Met | | Better | 80.0% min for each SIMD ¹⁰ qu | i 85.8% | Mar 19 (Mthly) | AMcM |
| Smoking Cessation (quits) | Moderate | Jan-19 | Not Met | Deteriorating | Worse | 255 (min for this quarter) | 186 | Sep 18 (Qtrly) | AKM |
| Complaints - Stage 1 (%<=5-day) ¹¹ | Moderate | Mar 19 | TBC | Deteriorating | TBC | TBC ¹¹ | 74.5% | Dec 18 (Mthly) | AMcM |
| Complaints - Stage 2 (%<=20-day) ¹¹ | Moderate | Mar 19 | TBC | Deteriorating | TBC | TBC ¹¹ | 46.2% | Dec 18 (Mthly) | AMcM |
| Detect Cancer Early (% diagnosed) | Significant | Nov 16 | Not Met | Improving | Better | 29.0% (min) | 27.0% | 2016 & 2017 (Combined Calendar Years) | + |
| Dementia – East Lothian UB ¹² | | | | | | | | | AMD |
| Dementia – Edinburgh JB ¹² | | | | | Part 1: Worse | (evote diagrate ± 4 | Part 1: 44.5% | | JP |
| Dementia – Midlothian UB ¹² | None | Mar 18 | TBC | Not Applicable | | TBC ¹² (exptd diag rate + 1 Year (min) PDS) | | 2016/17 | AS |
| Dementia – West Lothian UB ¹² | | | | | Part 2: Worse | , , , | Part 2: 56.0% | | JF |
| Patient Experience (9.0/10 – Overall Experience) | Moderate | Nov 18 | Not Met | Improving | Not Applicable | 9 (out of 10) | 8.80 | Dec 18 (Mthly) | AMcM |
| Notes 1. Much of this reporting uses management information and is therefore subit | | 1,404 10 | NOT MEL | p. oving | пос друповые | 5 (out 01 10) | 5.00 | DOC TO (muny) | Amon |

- Notes

 1. Much of this reporting uses management information and is therefore subject to change;
 2. 6 Domains of Healthcare Quality http://www.ahrg.gov/professionals/quality-patent-safety/talkingquality/create/sixdomains.html
 3. This describes the standard type 'LDP' target/standards are Local Delivery Plan (previously HEAT), target/standards; Quality standards were originally reported under a separate Quality Paper.

 4. Performance Against Target/Standard describes where Latest Performance, where Performance Against Target/Standards in Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).

 6. Published NHS Lothiain vs. Scotland describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.

 7. Date of Published Lothian vs. Scotland describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.

 8. Abbreviations CAMHS Child and Adolescent Mental Health Services; CDI- Clostridium difficile Infection; SAB Staphylococcus aureus Bacteraemia; IPDC Inpatient and Day-case; IVF In Vitro Fertilisation

 9. The latest level of assurance for Diagnostics was used; however it is unclear whether this applied to all three Diagnostics measures or not.

 10. SIMD Scotlish Index of Multiple Deprivation, http://www.gov.scot/Topics/Statistics/SIMD

 11. From the start of April 2017 three has been a national change on assessment of the complaints process. As no historical data

- 4.8 The Waiting Times Governance team are providing bespoke support for EDI to remedy the immediate waiting list assurance issues, on a clinically risk assessed priority basis. A wider review of contributory factors, causes and impact is also under way.
- 4.9 The number waiting at EDI beyond the 12 week outpatient standard remains unconfirmed but is estimated at approximately 800 higher than reported through normal routes. The figure for outpatients waiting over 12 weeks in Table B is therefore likely to be revised in due course.
- 4.10 Scottish Government and ISD are aware of our concerns. ISD have accordingly suspended the use of EDI data whilst the matter is investigated and remedied. Their publication at the end of May included a data quality comment on the issue.

5 Risk Register

5.1 Not applicable.

6 Impact on Inequality, including Health Inequalities

6.1 The production of this update does not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

7.1 As the paper summarises performance, no impact assessment or consultation is expected.

8 Resource Implications

8.1 The resource implications related to those topics assessed are considered by Committees as part of their assurance responsibilities and are not included here.

Sophie David and Andrew Jackson

Analytical Services

17 June 2019

Analysts.PerformanceReporting@nhslothian.scot.nhs.uk

5/8 264/395

Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

6/8 265/395

Appendix 1 – Alignment of Measures to Board Committee

| | Acute Hospitals* | Healthcare Governance | Staff Governance |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------|
| Effective | | Delayed Discharges | |
| Efficient | Hospital Length of Stay Hospital Readmission Rate | | Staff Sickness Absence |
| Equitable | | Early Access to Antenatal Care Smoking Cessation | |
| Person- Centred | | Complaints Detecting Cancer Early Dementia Post Diagnostic Support Patient Experience | |
| Safe | Cardiac Arrest Incidence Hospital Standardised Mortality Ratio | Falls with Harm Healthcare Acquired Infection | |
| Timely | 4 hr Unscheduled Care Wait Cancer Waits Diagnostic Waits Inpatient and Daycase Waits IVF Waits Outpatient Waits Referral to Treatment Wait Stroke Bundle Compliance Surveillance Endoscopies Overdue | Access to General Practice Alcohol Brief Interventions CAMHS Waits Drug & Alcohol Waiting Time Psychological Therapy Waits | |

^{*}Following the dissolution of AHC, in the future these measures will be assured by Board's remaining Governance Committees.

7/8 266/395

Appendix 2 – Adopted Assurance Gradings

Definition Most likely course of action by the Board or committee LEVEL - SIGNIFICANT The Board can take reasonable assurance that the system If there are no issues at all, the Board or of control achieves or will achieve the purpose that it is committee may not require a further report designed to deliver. There may be an insignificant amount until the next scheduled periodic review of the of residual risk or none at all. subject, or if circumstances materially change. In the event of there being any residual Examples of when significant assurance can be taken are: • The purpose is quite narrowly defined, and it is relatively actions to address, the Board or committee may ask for assurance that they have been easy to be comprehensively assured. completed at a later date agreed with the • There is little evidence of system failure and the system appears to be robust and sustainable. relevant director, or it may not require that assurance. • The committee is provided with evidence from several different sources to support its conclusion. LEVEL - MODERATE The Board can take reasonable assurance that controls The Board or committee will ask the director upon which the organisation relies to manage the risk(s) are to provide assurance at an agreed later date in the main suitably designed and effectively applied. There that the remedial actions have been remains a moderate amount of residual risk. completed. The timescale for this assurance will depend on the level of residual risk. Moderate assurance can be taken where: In most respects the "purpose" is being achieved. If the actions arise from a review conducted by an independent source (e.g. internal audit, There are some areas where further action is or an external regulator), the committee may required, and the residual risk is greater than prefer to take assurance from that source's "insignificant". follow-up process, rather than require the Where the report includes a proposed remedial director to produce an additional report. action plan, the committee considers it to be credible and acceptable LEVEL - LIMITED The Board or committee will ask the director The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a to provide a further paper at its next meeting, significant amount of residual risk which requires action to and will monitor the situation until it is satisfied be taken. that the level of assurance has been Examples of when limited assurance can be taken are: improved. There are known material weaknesses in key It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for. The report has provided incomplete information, and not covered the whole purpose of the report. The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable. **LEVEL - NONE** The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied The Board cannot take any assurance from the information that has been provided. There remains a significant amount that the level of assurance has been of residual risk. improved. Additionally the chair of the meeting will notify the Chief Executive of the issue. **NOT ASSESSED YET**

This simply means that the Board or committee has not received a report on the subject as yet. In order to cover all aspects of its remit, the Board or committee should agree a forward schedule of when reports on each subject should be received (perhaps within their statement of assurance needs), recognising the relative significance and risk of each subject.

267/395

NHS LOTHIAN

NHS Lothian Board Meeting 26 June 2019

Chief Officer, Acute Services

WAITING TIMES IMPROVEMENT PLAN

1 Purpose of the Report

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

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

2 Recommendations

The Board are recommended to;

- 2.1 **Note** current performance in Appendix 1.
- 2.2 **Acknowledge** that non-recurrent funding of £16.5m for 2019/20 has been indicated by Scottish Government to improve access performance. There is also a further £5m of non-recurrent funding from NHS Lothian.
- 2.3 **Agree** that remaining funding will be used for recurrent investment for high risk services.
- 2.4 **Accept** that performance trajectories for 2019/20 have been completed and have been accepted by the Scottish Government as part of the Annual Operational Plan process.
- 2.5 **Note** that Scottish Government have engaged a specialist support team to work with NHS Lothian across July and August to review DCAQ process and to support greater efficiency and productivity.
- 2.6 **Note** the Scottish Government approach to national procurement of independent sector capacity and proposed national allocation model.

3 Discussion of Key Issues

3.1 The Waiting Times Improvement Plan requires by March 2021 delivery of 95% of outpatients seen within 12 weeks, 100% of Treatment Time Guarantee (TTG) eligible inpatients seen within 12 weeks and 95% of cancer patients seen within the 31 and 62 day standards.

- 3.2 A summary of current performance is attached as **Appendix 1**.
- 3.3 Performance trajectories have been submitted and agreed by Scottish Government as part of the Annual Operational Plan, at a cost of £18.9m. These can be seen in Tables 1, 2, 3 and 4. It is proposed that recurrent investment in high risk services is made against the remaining £2.6m
- 3.4 NHS Lothian's Waiting Times Improvement Plan indicated trajectory for out-patients is no more than 16,000 patients waiting greater than 12 weeks for their first new out-patient appointment by end March 2020.
- 3.5 The national Waiting Times Improvement Plan indicates that NHS Lothian's trajectory for TTG should be no more than 1,250 eligible patients waiting longer than 12 weeks for their in-patient or day case treatment by end March 2020.
- 3.6 Scottish Government have procured capacity for NHS Boards through a national procurement process. Awards have now been issued for Adult and Paediatric ENT, ophthalmology, orthopaedics, endoscopy and dermatology.
- 3.7 Nationally procured external independent sector capacity will be managed via Golden Jubilee National Hospital.

4. Performance 2019/20

4.1 High level Demand Capacity and Queue (DCAQ) modelling indicates that NHS Lothian has a recurrent gap of:

24,500 new out-patient appointments/annum (i.e we add 24,500 more new out-patients to our waiting list every year than we have recurrent capacity for)

3,500 TTG treatment slots/annum

Plus an anticipated conversion from reducing the out-patient deficit of 5-6,000 TTG treatment slots/annum

These volumes do not include backlog performance (patients waiting in excess of 12 weeks for Outpatients and TTG at end March 2019).

Estimated cost to deliver expected performance aligned to WTIP trajectories 2019/20 is £34m.

4.2 Out-Patients and In-Patients/ Day cases

Performance trajectories based on non-recurrent investment of £18.9m are detailed below. Out-patient\performance in Table 1 and In-patient/ Day case performance in Table 2.

Out-Patient Modelling

| National Specialty | Local Specialty | Mar-19 | Jun-19 | Sep-19 | Dec-19 | Mar-20 |
|-------------------------|-----------------------|--------|--------|--------|--------|--------|
| Trauma and Orthopaedics | Orthopaedics | 2,155 | 2,204 | 1,921 | 1,296 | 1,407 |
| Ophthalmology | Ophthalmology | 2,110 | 2,639 | 2,750 | 2,703 | 2,444 |
| Dermatology | Dermatology | 6,452 | 6,054 | 5,520 | 4,230 | 2,081 |
| | Colorectal Surgery | 544 | 1,026 | 1,241 | 1,257 | 1,272 |
| General Surgery | General Surgery | 299 | 246 | 355 | 262 | 100 |
| | Vascular Surgery | 55 | 34 | 109 | 55 | 0 |
| Urology | Urology | 1,582 | 1,650 | 1,513 | 1,285 | 1,048 |
| Orology | Urology Diagnostics | 89 | 27 | 0 | 0 | 0 |
| ENT | ENT | 1,896 | 2,359 | 1,908 | 1,117 | 325 |
| EINI | Paediatric ENT | 132 | 219 | 337 | 331 | 275 |
| Neurology | Neurology | 900 | 1,030 | 973 | 726 | 502 |
| Chronic Pain | Chronic Pain | 0 | 0 | 0 | 0 | 0 |
| All Other Specialties | All Other Specialties | 8,455 | 8,780 | 8,424 | 7,131 | 6,695 |
| Total | | 24,669 | 26,269 | 25,051 | 20,393 | 16,151 |

Table 1.

4.3 NHS Lothian's Waiting Times Improvement Plan indicated trajectory for out-patients is no more than 16,000 patients waiting greater than 12 weeks for their first new out-patient appointment by end March 2020.

In-Patient/Day Case (TTG)

| in-Patient/Day Cas | 3 (1. 3) | | | | | |
|-----------------------|------------------|-------|--------|--------|--------|-------|
| 0 | 1 1 0 1 - 16 | Mar- | I 40 | 0 40 | D - 40 | Mar- |
| Specialty | Local Specialty | 19 | Jun-19 | Sep-19 | Dec-19 | 20 |
| Trauma and | | | | | | |
| Orthopaedics | Orthopaedics | 562 | 635 | 679 | 788 | 886 |
| Ophthalmology | Ophthalmology | 50 | 0 | 0 | 0 | 133 |
| Dermatology | Dermatology | 0 | 0 | 0 | 0 | 0 |
| | Colorectal | | | | | |
| | Surgery | 83 | 152 | 213 | 204 | 195 |
| General Surgery | General Surgery | 580 | 642 | 732 | 760 | 754 |
| | Vascular Surgery | 53 | 52 | 41 | 46 | 29 |
| Urology | Urology | 456 | 566 | 612 | 618 | 624 |
| ENT | ENT | 12 | 0 | 0 | 0 | 0 |
| EINT | Paediatric ENT | 62 | 97 | 133 | 112 | 47 |
| Neurology | Neurology | 0 | 0 | 0 | 0 | 0 |
| Chronic Pain | Chronic Pain | 0 | 0 | 0 | 0 | 0 |
| All Other Specialties | All Other | | | | | |
| All Other Specialties | Specialties | 482 | 695 | 780 | 727 | 804 |
| TBC | Forth Valley | | | | | _ |
| IBC | Theatres | 0 | 0 | 0 | -333 | 1,000 |
| Total | | 2,340 | 2,839 | 3,190 | 2,922 | 2,472 |

Table 2.

4.4 NHS Lothian's Waiting Times Improvement Plan indicated trajectory for TTG is that there are no more than 1,250 eligible patients waiting longer than 12 weeks for their in-patient or day case treatment by end March 2020.

- 4.5 TTG performance benefits from two additional theatres in Forth Valley that have been allocated for NHS Lothian's use. One theatre will be available from October 2019 with second theatre available from January 2020. It is anticipated that these theatres will be staffed by NHS Forth Valley Substantive appointments and will be managed through a commissioning model via Golden Jubilee National Hospital. Further detail is awaited on what specialties will be able to use this facility, however it is known that orthopaedics will benefit from this additional capacity.
- 4.6 As TTG performance remains a pressure against WTIP trajectory a number of other actions are being explored to further increase capacity, including siting a mobile theatre within NHS Lothian, accessing capacity in North of England and utilising capacity in NHS Borders.
- 4.7 In addition Scottish Government as part of the Annual Operational Plan sign off, have commissioned an external specialist support team- North of England Commissioning Support Unit (NECS)- to work with us to review our DCAQ methodology and process and to support additional efficiency and productivity opportunities. This rapid diagnostics review will focus on three specialties Orthopaedics, Urology and General Surgery

Cancer Performance

- 4.8 Cancer performance standards relate to the need to ensure 95% of people urgently referred with a suspicion of cancer and diagnosed with cancer are treated within 62 days of urgent referral and for all those diagnosed with cancer, 95% are treated within 31 days of decision to treat.
- 4.9 Performance against these standards is met in the majority of tumour groups, but pressure remains for Urology, Dermatology and Colorectal pathways. All three services are assessed as high risk via NHS Lothian's clinical risk matrix and focus on increasing capacity and priority allocation of available funding will improve performance. There are specific and detailed actions for the colorectal 62 day pathways, including increased bowel screening capacity, reduced urgent suspicion of cancer endoscopy waiting times and proleptic colorectal surgeon appointment. As these actions are embedded on a sustained basis the trajectory will be adjusted.
- 4.10 Performance Trajectories for all cancer types is outlined below.

Cancer Performance, 31 Day Standard

| 31 Day Trajectory | Jun-19 | Sep-19 | Dec-19 | Mar-20 |
|----------------------------------|--------|--------|--------|--------|
| Breast- (screened excluded) | 98% | 99% | 99% | 99% |
| Breast- (screened only) | 100% | 100% | 100% | 100% |
| Cervical - screened Excluded) | 100% | 100% | 100% | 100% |
| Cervical - Screened only) | 100% | 100% | 100% | 100% |
| Colorectal (Screened excluded) | 75% | 78% | 79% | 81% |
| Colorectal (Screened only) | 87% | 89% | 91% | 91% |
| H&N | 95% | 95% | 95% | 95% |
| Lung | 90% | 95% | 95% | 95% |
| Lymphoma | 100% | 100% | 100% | 100% |
| Melanoma | 100% | 100% | 100% | 100% |
| Ovarian | 100% | 100% | 100% | 100% |

4

| 31 Day Trajectory | Jun-19 | Sep-19 | Dec-19 | Mar-20 |
|-------------------|--------|--------|--------|--------|
| Upper GI | 98% | 98% | 98% | 98% |
| Urology | 88% | 90% | 92% | 92% |
| All Cancer Types | 93% | 94% | 94% | 95% |

Table 3.

Cancer Performance, 62 Day Standard

| 62 Day Trajectory | Jun-19 | Sep-19 | Dec-19 | Mar-20 |
|----------------------------------|--------|--------|--------|--------|
| Breast- (screened excluded) | 95% | 95% | 95% | 95% |
| Breast- (screened only) | 100% | 100% | 100% | 100% |
| Cervical - screened Excluded) | 100% | 100% | 100% | 100% |
| Cervical - Screened only) | 100% | 100% | 100% | 100% |
| Colorectal (Screened excluded) | 48% | 48% | 53% | 58% |
| Colorectal (Screened only) | 11% | 12% | 16% | 20% |
| H&N | 100% | 100% | 100% | 100% |
| Lung | 95% | 95% | 95% | 95% |
| Lymphoma | 100% | 100% | 100% | 100% |
| Melanoma | 62% | 68% | 80% | 85% |
| Ovarian | 100% | 100% | 100% | 100% |
| Upper GI | 90% | 90% | 90% | 90% |
| Urology | 59% | 62% | 65% | 68% |
| All Cancer Types | 82% | 81% | 82% | 85% |

Table 4.

Radiology

- 4.11 Lothian diagnostics performance continues to rely heavily on additional capacity provided through mobile diagnostic scanners (7 days per week), and utilisation of independent sector capacity. Despite this there remains a risk to performance in the first six months of 2019/20 as a result of significant disruption to normal business, specifically the migration of services from DCN and the Royal Hospital for Sick Children; and the replacement of an existing MRI scanner at RIE.
- 4.12 Performance for diagnostics remains subject to high levels of demand growth across both scheduled and unscheduled care, as well as Cancer diagnostics, and future performance remains at risk as a result of uncertainty over this demand growth.

| | Mar- 19 | Jun- 19 | Sep- 19 | Dec- 19 | Mar- 20 |
|--------|------------|------------|------------|------------|------------|
| Barium | 0 | 0 | 0 | 0 | 0 |
| CT | 32 | 60 | 10 | 0 | 0 |
| MRI | 104 | 150 | 100 | 0 | 0 |
| US | 0 | 0 | 0 | 0 | 0 |
| | 136 | 210 | 110 | 0 | 0 |

Table 5.

5

5. Available Resources

- 5.1 The resources required to address backlog and to ensure sustainable performance on an ongoing basis has been assessed, with an initial forecast of £86m additional spend over a two year timeline.
- 5.2 Actions to support the delivery of the Lothian plan in 2019/20 are expected to be financed by four main areas of investment as described in table below.

Available Resources

| | £k |
|--------------------------------------|--------|
| S.G Access Support | 10,000 |
| National Contracts / Local Contracts | 3,500 |
| NHS Lothian | 5,000 |
| Additional Access Support | 3,000 |
| | 21,500 |

- 5.3 To date, c.£18.9m has been committed against available funding, of which £1.5 is ring fenced for access to theatres in Forth Valley and £2.9 for nationally procured capacity.
- 5.4 The remaining funding of £2.6m will be used to support recurrent investment for high risk services against non-recurrent funding. The risk of this will be mitigated in part for services that will utilise the elective centre where Scottish Government have indicated they will fund the revenue impact of these developments.

Allocation of Resources

5.5 Planned investments against the available resources are summarised below.

| | Apr- Jun £k | Jul- Sep £k | Oct- Dec £K | Jan-Mar £k | Total £k |
|---------------------------|-------------------|-------------------|-------------------|---------------|-------------|
| Outpatients | | | | | |
| NHS Internal | 1,367 | 1,456 | 1,454 | 1,439 | 5,716 |
| Ind Sector | 458 | 1,207 | 1,959 | 1,884 | 5,509 |
| | 1,825 | 2,663 | 3,413 | 3,324 | 11,224 |
| TTG | | | | | |
| NHS Internal | 363 | 492 | 514 | 529 | 1,898 |
| Ind Sector | 15 | 558 | 548 | 548 | 1,669 |
| NHS Other (FV Theatres) | | | 511 | 997 | 1,508 |
| | 378 | 1,051 | 1,573 | 2,074 | 5,076 |
| Diagnostics | | | | | |
| Radiology - MRI | 234 | 175 | 100 | 100 | 608 |
| Radiology - CT | 191 | 191 | 191 | 191 | 763 |
| Radiology - Other | 81 | 81 | 81 | 81 | 324 |
| Laboratories | 63 | 63 | 63 | 63 | 250 |
| | 568 | 510 | 434 | 434 | 1,946 |
| NHS Support Costs - Exte | rnal Cont | racts | | | |
| Supplies & Infrastructure | 162 | 162 | 162 | 162 | 647 |
| | 2,933 | 4,384 | 5,582 | 5,994 | 18,892 |

6. Key Risks

- 6.1 NHS Lothian's WTIP programme board has established a risk register which considers in detail the specific risks associated with individual service plans, as well as those risks which are applicable to the overall plan. A number of high risk themes are identified which are summarised as follows:
 - Workforce availability and timescales for recruitment
 - Waiting List Initiatives are delivered by NHS Lothian workforce outside of core hours, either as evening sessions (outpatients) or weekends (outpatients and inpatient/day case theatre lists). Recent changes to legislation relating to pension entitlements has resulted in an increasing reluctance amongst Medical staffing in particular to commit to additional work out with core contracts and presents an ongoing risk to this capacity.
 - Increased demand as a result of national screening programmes, changes to clinical pathways, and/or supra-regional services.
 - Sub-specialty queue pressures for which specialist interventions will not be available through independent sector providers and for which there are recognised recruitment challenges.
 - Limitations on internal capacity infrastructure (theatres, diagnostics, etc.) in advance
 of the delivery of major business cases in relation to the Elective Treatment Centre,
 Eye pavilion and Endoscopy facilities.
 - Availability of supporting infrastructure including sterilisation of instruments.
 - Available resources will be insufficient to meet projected costs of actions to deliver 2021 performance.
 - Lack of clarity on national process for approval of long term investments for services out with elective centre development, resulting in continued reliance on premium rate solutions.
 - Capacity available with independent sector providers will be insufficient to support deliver of required trajectories.
 - Continued uncertainty over timing and impact of Brexit on availability of workforce, instruments and clinical/non-clinical supplies

7. Risk Register

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

8. Impact on Inequality, Including Health Inequalities

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

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

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

10. Resource Implications

10.1 Resource impact as detailed within body of the paper.

<u>Jacquie Campbell</u>
<u>Chief Officer; Acute Services</u>
13/06/2019

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

The 2018/19 outpatient trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 12 weeks for a new outpatient appointment.

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

IPDC Performance against Trajectory

The 2018/19 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 Daycase procedure.

| | Mar 19 | Apr 19 | May 19 | Jun 19 | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| NHSL IP >12 Wks Performance | 2,340 | 2,597 | | | | | | | | | | | |
| 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 | | | | | · | · | | | | | |

276/395

Gastroenterology Diagnostic Performance against Trajectory

The 2018/19 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 | | | | | | | | | | | |
| Colonoscopy patients | | | | | | | | | | | | | |
| waiting over 6 wks | | | | | | | | | | | | | |
| | 1,129 | 1,024 | | | | | | | | | | | |
| Flexible | | | | | | | | | | | | | |
| Sigmoidoscopy | | | | | | | | | | | | | |
| (Lower Endoscopy) | | | | | | | | | | | | | |
| patients waiting over | | | | | | | | | | | | | |
| 6 wks | 785 | 713 | | | | | | | | | | | |
| TOTAL GI | | | | | | | | | | | | | |
| Performance | 3,341 | 2,854 | | | | | | | | | | | |
| GI > 6/52 Trajectory | 2,901 | 2,260 | 2,196 | 2,034 | 1,844 | 1,719 | 1,794 | 1,619 | 1,444 | 1,269 | 1,094 | 919 | 744 |
| Difference | 440 | 594 | | | | | | | | | | | |

10/13 277/395

Urology Diagnostic Performance against Trajectory

The 2018/19 Urology diagnostic trajectory and associated performance is detailed below. Performance is expressed in terms of number of patients waiting over 6 weeks for a diagnostic procedure.

| | Mar 19 | Apr 19 | May 19 | Jun 19 | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 |
|------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Flexible Cystoscopy | | | | | | | | | | | | | |
| | 349 | 394 | | | | | | | | | | | |
| Urology > 6/52 Trajectory | 0 | | | | | | | | | | | | |
| Difference | 349 | | | | | | | | | | | | |

11/13 278/395

Radiology Diagnostic Performance against Trajectory

The 2018/19 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 | _ | | | | | | | | | | |
| Trajectory >6 weeks | 8 | | | | | | | | | | | | |
| Difference | 24 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| Trajectory >6 weeks | 0 | | | | | | | | | | | | |
| Difference | 103 | | | | | | | | | | | | |
| | | | | | | | | | | | | - | |
| Specialty Radiology - General Ultrasound (not vasc) | Mar 19 | Apr 19 | May 19 | Jun 19 | Jul 19 | Aug 19 | Sep 19 | Oct 19 | Nov 19 | Dec 19 | Jan 20 | Feb 20 | Mar 20 |
| Ultrasound Performance | 6 | 12 | | | | | | | | | | | |
| Trajectory >6 weeks | 10 | | | | | | | | | | | | |
| Difference | -4 | | | | | | | | | | | | |

12/13 279/395

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

| 31 Day performance | | | | | | | | | | | | | |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| | Apr 18 | May 18 | Jun 18 | Jul 18 | Aug 18 | Sep 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | Apr 19 |
| Urological | 70.0% | 73.8% | 76.4% | 75.7% | 85.7% | 83.0% | 70.0% | 86.8% | 90.9% | 88.0% | 87.3% | 94.5% | 86.1% |
| Colorectal (screened excluded) | 90.5% | 93.8% | 95.2% | 93.9% | 96.2% | 91.4% | 89.7% | 85.3% | 82.8% | 71.4% | 92.0% | 85.7% | 80.0% |
| Colorectal (screened only) | 100.0% | 100.0% | 100.0% | 85.7% | 92.9% | 100.0% | 87.5% | 50.0% | 80.0% | 100.0% | 91.7% | 100.0% | 100.0% |
| Melanoma | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 91.7% | 100.0% |
| Breast (screened excluded) | 100.0% | 100.0% | 96.7% | 97.7% | 100.0% | 100.0% | 97.9% | 100.0% | 100.0% | 96.9% | 100.0% | 98.1% | 98.1% |
| Breast (screened only) | 100.0% | 100.0% | 100.0% | 97.1% | 96.4% | 100.0% | 100.0% | 100.0% | 100.0% | 96.9% | 100.0% | 100.0% | 100.0% |
| Cervical (screened excluded) | 75.0% | 100.0% | n/a | 87.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 75.0% | 100.0% | 100.0% |
| Cervical (screened only) | 66.7% | n/a | n/a | 100.0% | 100.0% | 100.0% | 100.0% | n/a | 100.0% | 100.0% | 0.0% | 100.0% | 100.0% |
| Head & Neck | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 95.8% | 100.0% | 100.0% | 100.0% |
| Lung | 92.3% | 89.7% | 89.1% | 95.5% | 95.7% | 95.6% | 90.2% | 98.3% | 95.4% | 96.2% | 97.0% | 93.2% | 93.2% |
| Lymphoma | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Ovarian | 75.0% | 100.0% | 100.0% | 100.0% | 100.0% | 80.0% | 88.9% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Upper Gastro-Intestinal (GI) | 97.1% | 97.3% | 97.9% | 100.0% | 100.0% | 90.9% | 100.0% | 100.0% | 100.0% | 96.8% | 96.8% | 97.7% | 96.0% |
| All Cancer Types | 91.5% | 91.9% | 91.6% | 92.3% | 94.8% | 94.3% | 89.8% | 94.3% | 95.5% | 93.0% | 95.0% | 95.3% | 88.7% |
| All Cancer Types Trajectory | 91.4% | 91.9% | 92.1% | 91.7% | 91.9% | 92.1% | 92.5% | 92.7% | 92.6% | 92.6% | 92.9% | 92.9% | 93% |
| Difference | 0.1% | 0.0% | -0.5% | 0.6% | 2.9% | 2.2% | -2.7% | 1.6% | 2.9% | 0.4% | 2.1% | 2.4% | -3.9% |

| 62 Day performance | | | | | | | | | | | | | |
|--------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| , . | Apr 18 | May 18 | Jun 18 | Jul 18 | Aug 18 | Sep 18 | Oct 18 | Nov 18 | Dec 18 | Jan 19 | Feb 19 | Mar 19 | Apr 19 |
| Urological | 68.0% | 61.1% | 69.7% | 65.8% | 53.2% | 65.4% | 52.6% | 58.8% | 62.5% | 55.3% | 62.9% | 50.0% | 50.0% |
| Colorectal (screened excluded) | 81.8% | 61.1% | 55.6% | 72.2% | 69.2% | 52.6% | 77.8% | 40.0% | 38.5% | 44.4% | 69.2% | 55.6% | 36.4% |
| Colorectal (screened only) | 57.1% | 40.0% | 0.0% | 40.0% | 30.8% | 28.6% | 14.3% | 0.0% | 0.0% | 0.0% | 8.3% | 0.0% | 0.0% |
| Melanoma | 33.3% | 80.0% | 80.0% | 87.5% | 100.0% | 0.0% | 50.0% | 40.0% | 33.3% | 50.0% | 42.9% | 80.0% | 66.7% |
| Breast (screened excluded) | 100.0% | 100.0% | 86.7% | 80.8% | 94.6% | 100.0% | 87.5% | 93.1% | 100.0% | 100.0% | 92.9% | 90.6% | 95.7% |
| Breast (screened only) | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 97.1% |
| Cervical (screened excluded) | 100.0% | n/a | n/a | 100.0% | 100.0% | 100.0% | | n/a | 100.0% | 100.0% | 100.0% | 100.0% | 33.3% |
| Cervical (screened only) | 100.0% | n/a | n/a | 100.0% | 100.0% | 0.0% | 0.0% | n/a | 50.0% | 100.0% | n/a | 100.0% | 0.0% |
| Head & Neck | 100.0% | 80.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 93.3% | 100.0% | 100.0% | 100.0% |
| Lung | 100.0% | 100.0% | 81.3% | 77.8% | 88.2% | 65.0% | 89.7% | 93.8% | 88.9% | 100.0% | 100.0% | 92.9% | 90.5% |
| Lymphoma | 100.0% | 50.0% | 80.0% | 100.0% | 100.0% | 62.5% | 100.0% | 100.0% | 100.0% | 0.0% | 100.0% | 100.0% | 66.7% |
| Ovarian | 100.0% | 100.0% | n/a | 100.0% | 100.0% | 0.0% | 0.0% | n/a | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| Upper Gastro-Intestinal (GI) | 88.2% | 81.3% | 85.0% | 100.0% | 83.3% | 0.0% | 100.0% | 100.0% | 100.0% | 94.4% | 100.0% | 90.5% | 100.0% |
| All Cancer Types | 89.0% | 80.7% | 76.7% | 83.9% | 77.8% | 79.1% | 80.0% | 77.5% | 82.9% | 77.3% | 79.8% | 79.3% | 73.8% |
| All Cancer Types Trajectory | 84.7% | 85.3% | 89.9% | 88.8% | 89.6% | 90.6% | 84.2% | 85.2% | 88.4% | 87.1% | 88.0% | 89.5% | 78% |
| Difference | 4.3% | -4.6% | -13.2% | -4.9% | -11.8% | -11.5% | -4.2% | -7.7% | -5.5% | -9.8% | -8.2% | -10.2% | -4.2% |

13

NHS LOTHIAN

NHS Lothian Board 26th June 2019

Deputy Chief Executive, NHS Lothian

ONCOLOGY ENABLING OUTLINE BUSINESS CASE WESTERN GENERAL HOSPITAL

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve the attached Oncology Enabling Outline Business Case (OBC) which has previously been approved by NHS Lothian Capital Investment Group and Finance and Resources Committee.
- Any member wishing additional information should contact the Executive Lead in advance of the meeting.

3 Recommendations

The Board is recommended to:

- 3.1 Approve the OBC attached in Appendix 1 for submission to the Scottish Government Health and Social Care Division (SGHSCD) Capital Investment Group (CIG).
- 3.2 Approve the £3m increase in estimated capital expenditure from the Initial Agreement Addendum, driven by refinement of design to meet department requirements following staff engagement and consultation .This is anticipated to be funded through a specific SGHSCD capital allocation.
- 3.3 Approve the proposed timescales for progression of this Outline Business Case to Full Business Case.

4 Discussion of Key Issues

4.1 Background

- 4.2 This OBC seeks approval to upgrade the oncology facilities at the Western General Hospital (WGH) in order to provide a sustainable service in advance of the full re-provision of Cancer Services in the new South East Scotland Cancer Centre (Initial Agreement to be submitted to Scottish Government for approval in October 2019).
- 4.3 The Oncology Bridging Projects IA described the upgrade work required with an estimated capital cost of £25m. Upon considering this, Scottish Government asked NHS Lothian for a revised proposal with reduced cost.

1/6 281/395

- 4.4 Following this, a substantial charitable donation was received which has allowed the Haematology upgrade and re-design to be funded and progressed independently. This OBC therefore details the proposals for the four other projects, excluding Haematology.
- 4.5 An 'Addendum to the Oncology Bridging Projects Initial Agreement Submission' was submitted to the Scottish Government Capital Investment Group (SG CIG) on 22nd March 2018 which outlined a proposal with indicative capital costs of £15.3m to address immediate service pressures and enable delivery of the longer term strategy to progress a new South East Scotland Cancer Centre. This was approved by the SG CIG to proceed to development of an OBC in recognition that four areas present the service with immediate pressures and will not support sustain safe service delivery until the inception of a new Cancer Centre.

4.6 These four areas are:

- Expansion of day case Systemic Anti-Cancer Therapy (SACT) Service (Ward 1)
- Improve HEI compliance in 3 inpatient wards (Wards 2, 3 and 4);
- Develop a new fit for purpose Cancer Assessment Unit (CAU, was previously OAA); and
- Increase Linear Accelerator Bunker Capacity and Re-provide Administrative Offices.
- 4.7 The programme of work aligns with the aims of the National Cancer Strategy;
 - To improve the experience of and outcomes for people affected by cancer across Scotland by improving service delivery and reducing health inequalities.
 - To ensure that people with cancer have equity of access to sustainable, high quality, timely treatment.
 - To reduce variation in practice/inequities in access to the most advanced treatments in accordance with individual clinical need and thereby improving outcomes.

4.8 Summary of Proposal

- 4.9 A single Initial Agreement was developed for progressing governance approval and the OBC also follows this format. To ensure focus and attention is applied to all aspects within each project, the document is split into sections with a section for each distinct project.
- 4.10 A summary of the preferred options for each of the areas are summarised below:

| Area | Preferred Option |
|----------------------|--------------------------------------------------------|
| Systemic Anti Cancer | Upgrade to Pharmacy area to deliver a safe and |
| Treatment, Ward 1 | compliant aseptic unit |
| | Re-provision of stores & offices displaced by pharmacy |
| | work |

| Area | Preferred Option |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Additional toilets and counselling rooms Upgraded patient waiting area |
| Improved HEI Compliant Inpatient Wards | CAU moves out of Ward 2, inpatient wards spread over two floors (wards 2 and 4) Refurbishment works to create additional single, ensuite rooms. General flooring and decoration works. |
| New fit for purpose Cancer Assessment Unit | The offices from the south end of the Oncology Admin Corridor move to a modular building in Car Park 3 (as |
| | below). An "Acute" CAU with reduced accommodation is created in the south end of the existing Admin Corridor. |
| Increasing Linear Accelerator Bunker Capacity and re- providing Administrative offices | New Building constructed on Car park 3 with connection to main Edinburgh Cancer Centre |

4.11 The anticipated programme for each of the four projects within oncology enabling is detailed below:

| Project | Start | Finish |
|---------------|--------------|-------------|
| LINAC / ADMIN | April 2020 | August 2021 |
| Ward 1 | October 2020 | May 2021 |
| Wards 2-4 | June 2021 | April 2022 |
| CAU | August 2021 | April 2022 |

4.12 Decant Proposal

- 4.13 In order to facilitate safe and timely patient care during the construction phase for both the Haematology and Oncology Enabling programmes of work, a decant facility on the Western General Hospital site is required.
- 4.14 Given the cohort of patients within Haematology in particular, decant options were limited and the team identified a preferred option of decanting into one of the Royal Victoria Building (RVB) wards, currently used for care of Medicine of Elderly (MoE) patients. This release of space will be achieved by a reduction in MoE length of stay with a resultant decrease in the required bed profile.
- 4.15 Subsequently, to allow the Oncology Enabling works to take place in a timely manner, Ward 4 also requires a decant facility. As there remains significant pressure on MoE and reduction in capacity of 26 beds, NHS Lothian has a requirement to secure suitable winter surge capacity to mitigate risks associated with the reduction in bed capacity associated with unscheduled care activity.

- 4.16 Therefore it has been proposed that Ward 15 be upgraded as a decant facility for the Western General Hospital site. This provides a risk mitigation measure for the Haematology project, should the required decrease in length of stay not be achieved and subsequently a decant facility for the Oncology Enabling works. This would require approximately £2m of upgrade works to make the area fit for purpose for the Oncology patient group or any other general medical ward.
- 4.17 The inclusion of the previous decant costs and strategy are contained within the Haematology OBC therefore capital costs associated with decant are not included in this business case, but instead remain within the Haematology business case, including the identification of associated funding.
- 4.18 It has been assumed that funding for decant costs will include ongoing support from the Haematology donor as this work provides specific risk mitigation directly for the Haematology project to ensure compliance with programme should the RVB ward not be vacated in the required timeframe.
- 4.19 Oncology Enabling Project Costs
- 4.20 The indicative project capital costs have increased by £3m when compared to the costs presented in the approved IA Addendum. These are based on the formal Stage 2 cost estimates from the cost advisor.
- 4.21 Further detail on specific drivers behind the cost increase are detailed in Table 42 of the OBC.
- 4.22 Capital costs are summarised by project in the table below and are requested to be funded by a specific allocation from the Scottish Government.

| Project | Summary | Indicative Capital Cost of Project (inc VAT) (£k) |
|---------|-----------------------------------------------------------------------------|---------------------------------------------------------|
| 1 | Expanded Day Case Systemic Anti-Cancer Therapy1 (SACT) Service, Ward 1 | 2,632 |
| 2 | Environmental improvements in Inpatient Wards (Wards 2, 3 & 4) | 2,314 |
| 3 | New fit-for-purpose Cancer Assessment Unit | 3,273 |
| 4 | Increasing Linear Accelerator Bunker capacity and reproviding admin offices | 10,077 |
| | TOTAL | 18,296 |

4.23 Incremental recurring revenue costs have been estimated and are summarised in the table below.

¹ Systemic Anti Cancer Therapy (SACT) includes cytotoxic chemotherapy agents, biological therapies and disease-modifying targeted agents used to treat cancer.

| Incremental Recurring Revenue Cost/year (£k) | Ward 1 SACT | Wards 2 and 4 | CAU | LINAC Capacity | Total Annual Revenue |
|-------------------------------------------------|----------------|------------------|-----|-------------------|----------------------------|
| Staffing | 0 | 719 | 294 | 0 | 1,013 |
| Facilities | 22 | 8 | 67 | 34 | 132 |
| Depreciation | 263 | 231 | 327 | 1,008 | 1,830 |
| Total Annual Revenue Cost | 286 | 959 | 688 | 1,042 | 2,975 |

- 4.24 Increased revenue funding will be required from 2021.
 - Funding for depreciation (£1.83m) is planned to be from NHS Lothian's existing depreciation budget.
 - For the remaining £1.145K, it is proposed that agreement is sought on a regional funding model. This model suggests 40% of costs would be funded by other regions with the remaining 60% (£687k) to be covered by Lothian.
 - Of the £687k costs for Lothian, £300K will be covered by additional income generation from Gynae Brachytherapy, leaving a residual gap of £387k which is still to be addressed. Given the projected growth in activity within the service it is challenging to identify opportunities for savings to close the rest of this recurring gap.
 - Additionally there are non-recurring decant costs of £187k.

4.25 Next Steps

- 4.26 The MOE and Cancer Service Teams will work together on the details of this proposal to allow decant to occur.
- 4.27 The WGH site team and Edinburgh Health and Social Care Partnership will work together on the development and implementation of additional capacity and models of working to offset the reduction in 26 beds
- 4.28 The Haematology Full Business Case (FBC) is planned to be submitted to the Finance and Resources Committee (F&R) in July 2019 followed by Scottish Government Capital Investment Group (SG CIG) approval in August 2019.
- 4.29 The Oncology Enabling FBC is planned to be submitted to the NHS Lothian Finance and Resources Committee (F&R) in January 2020 followed by Scottish Government Capital Investment Group (SG CIG) approval in March 2020.

5 Key Risks

- 5.1 The key risks associated with the project are:
 - Governance timescale for Oncology Enabling is not met resulting in a risk to the programme which would impact upon the LinAc replacement programme.
 - Delay in infrastructure project works would result in delayed start to the LINAC facility construction.
 - Lack of approval for WGH infrastructure project Phase 1 resulting in required re-design of LinAc/Admin facility.

- May be a requirement for further or additional revenue funding for which a funding source has not been identified.
- May be a requirement for additional capital funding for which a funding source has not been identified.
- Phasing of expenditure may not align to availability of funding.

6 Risk Register

- 6.1 There is a full Risk Register for the programme attached as Appendix 3 of the OBC
- 6.2 No changes to NHS Lothian's Corporate Risk Register are proposed as part of this paper.

7 Impact on Health Inequalities

7.1 An Integrated Impact Assessment is due to be completed to ascertain this impact. This will be detailed in the full business case when complete.

8 Impact on Inequalities

8.1 An Integrated Impact Assessment is due to be completed to ascertain this impact. This will be detailed in the full business case when complete.

9 Involving People

9.1 Patient and staff engagement is a key part of this programme of work and ongoing work as a proposal for a new Cancer Centre is developed.

10 Resource Implications

10.1 The capital and revenue resource implications of this proposal are detailed above.

Lyndsay Cameron Strategic Programme Manager, Cancer Services Lyndsay.Cameron@nhslothian.scot.nhs.uk

Hania Klinge Head of Projects, Estates Hania.Klinge@nhslothian.scot.nhs.uk

Nick Bradbury
Capital Finance Manager
Nick.Bradbury@nhslothian.scot.nhs.uk

12th June 2019

Appendix 1: Outline Business Case – Oncology Enabling Projects in the Edinburgh Cancer Centre at the Western General Hospital

6



Oncology Enabling Projects Edinburgh Cancer Centre Western General Hospital

NHS Lothian Outline Business Case

Project Lead: Lyndsay Cameron, Strategic Programme Manager

Project Owner: Denise Calder, General Manager, Cancer Services

Project Sponsor: Chris Stirling, WGH Site Director

Date: 22/05/2019

Version: 26

1/96 287/395

Version History

| Version | Date | Author(s) | Comments | |
|---------|----------|--------------------------------------------------------------------|-------------------------------------------------------------|--|
| 1 | 07/01/19 | Lyndsay Cameron | Template for OBC and start of completion | |
| 2 | 10/01/19 | Lyndsay Cameron | Content for Strategic Case and related appendices | |
| 3 | 16/01/19 | Immy Tricker Lyndsay Cameron | Updated for SCIM requirements Benefits Register added | |
| 4 | 18/01/19 | Hania Klinge | Content for the Commercial Case and updated Management Case | |
| 5 | 20/01/19 | Lyndsay Cameron | Updates | |
| 6 | 21/01/19 | Wilma Jack Lyndsay Cameron | Proofread and amendments | |
| 7 | 21/01/19 | Immy Tricker Beata Burkinshaw | Updates to financial case | |
| 8 | 22/01/19 | Karolina Gibula | Appendices Added | |
| 9 | 22/01/19 | Hania Klinge | Updates to Management Case | |
| 10 | 22/01/19 | Immy Tricker | Formatting | |
| 11 | 23/01/19 | Lyndsay Cameron | Additions to Appendix 7 Various Amendments | |
| 12 | 25/01/19 | Karolina Gibula | Paginating and formatting | |
| 13 | 06/02/19 | Immy Tricker | Overarching Enabling Programme – Implementation Options | |
| 14 | 11/02/19 | Denise Calder | Review and edit | |
| 15 | 13/02/19 | Lyndsay Cameron | Incorporation of CD and Radiotherapy comments | |
| 16 | 19/02/19 | Lyndsay Cameron | Update of Radiotherapy section | |
| 17 | 20/02/19 | Lyndsay cameron | Update to Stakeholder Engagement | |
| 18 | 20/02/19 | Beata Burkinshaw | Update to Section 6 – Costs | |
| 19 | 20/02/19 | Lyndsay Cameron | Final Updates | |
| 20 | 24/02/19 | Immy Tricker | Clarifications to financial/ economic cases | |
| 21 | 27/02/19 | Lyndsay Cameron | Description of changes to revenue model | |
| 22 | 27/02/19 | Beata Burkinshaw | Updated cost (decant non-recurring revenue) | |
| 23 | 29/04/19 | Lyndsay Cameron | Updated Section 6 – Decant Options | |
| 24 | 02/05/19 | Hania Klinge | Updated Timetable | |
| 25 | 08/05/19 | Immy Tricker | Consistency updates and Stage 2 costs | |
| 26 | 22/05/19 | Lyndsay Cameron, Hania Klinge, Immy Tricker and Jill Dempsey | Updates following F&R | |



Contents

| 1 | Exec | cutive Summary | 5 |
|---|-------|-------------------------------------------------------------------------|----|
| | 1.1 | Purpose | 5 |
| | 1.2 | Background and Strategic Context | 5 |
| | 1.3 | Need for Change | 6 |
| | 1.4 | Investment Objectives | 7 |
| | 1.5 | The Preferred Option(s) | 7 |
| | 1.6 | Readiness to proceed | 9 |
| | 1.7 | Conclusion | 9 |
| 2 | Ехра | ansion of day case Systemic Anti-Cancer Therapy (SACT) Service (Ward 1) | 10 |
| | 2.1 | The Strategic Case | 10 |
| | 2.2 | Economic Case | 17 |
| 3 | Upgr | ade of Wards 2 and 4 (Oncology In-patient Wards) | 20 |
| | 3.1 | Strategic Case | 20 |
| | 3.2 | Economic Case | 23 |
| 4 | Rede | esign of the Cancer Assessment Unit (CAU) | 27 |
| | 4.1 | The Strategic Case | 27 |
| | 4.2 | Economic Case | 31 |
| 5 | Linea | ar Accelerator (LINAC) Capacity Development and Administrative Offices | 35 |
| | 5.1 | The Strategic Case | 35 |
| | 5.2 | Economic Case | 43 |
| 6 | Over | arching Enabling Programme – Decant Plan | 46 |
| | 6.1 | Decant options including preferred option | 46 |
| | 6.2 | Decant Timetable | 47 |
| | 6.3 | Decant Costs | 47 |
| 7 | Sumi | mary of confirmed options | 49 |
| 8 | | Commercial Case | |
| | 8.1 | Procurement Strategy | 50 |
| | 8.2 | Scope of Works and Services | 51 |
| | 8.3 | Risk Allocation | 51 |
| | 8.4 | Contractual Arrangements | 51 |
| | 8.5 | Timetable | 52 |
| 9 | The I | Financial Case | 53 |
| | 9.1 | Capital Affordability | 53 |
| | 9.2 | Revenue Affordability | 53 |
| | 9.3 | Change in costs from Initial Agreement (IA) Addendum | 54 |

| 9.4 Overall Affordability | 56 |
|--------------------------------------------------------------------------------------------|--------|
| 10 The Management Case | 57 |
| 10.1 Governance support for the proposal | 57 |
| 10.2 Project Management | 58 |
| 10.3 Engagement with Stakeholders | 60 |
| 10.4 Design Quality Objectives | 61 |
| 10.5 Change Management | 61 |
| 10.6 Benefits Realisation | 62 |
| 10.7 Project Risk Register | 62 |
| 10.8 Commissioning | 62 |
| 10.9 Project Evaluation | 63 |
| 11 Conclusion | 65 |
| Appendix 1: Strategic Assessment | 66 |
| Appendix 2: Benefits Register | 70 |
| Appendix 3: Risk Register | 72 |
| Appendix 4: AEDET (Achieving Excellence Design Evaluation Toolkit) Evaluation Sum | mary74 |
| Appendix 5: Preferred Solution from IA Addendum as approved on 22 nd March 2018 | 78 |
| Appendix 6: Oncology Enabling Projects Programme | 80 |
| Appendix 7: Options Appraisal | 81 |
| Appendix 8: Proposed Changes to Staffing Models | 95 |

1 Executive Summary

1.1 Purpose

The purpose of this Outline Business Case (OBC) is to seek approval to upgrade the oncology facilities at the Western General Hospital (WGH) in order to provide a sustainable service for the next 6 years by which time it is hoped that the full reprovision of the South East Scotland Specialist Cancer Centre will have been approved and completed. The Initial Agreement for the full reprovision is to be submitted to Scottish Government for approval in October 2019.

The content of this OBC has changed from what was submitted to the Scottish Government Capital Investment Group in 2016 in the Oncology Bridging Projects Initial Agreement (IA). The scale and scope of proposals have been reduced in line with the level of funding approved (see Appendix 5).

Following submission of the IA a substantial charitable donation was also received which has allowed the Haematology upgrade and re-design to be funded and progressed independently from the four remaining projects.

An 'Addendum to the Oncology Bridging Projects Initial Agreement Submission' was submitted to the Scottish Government Capital Investment Group on 22nd March 2018. This outlined a proposal with indicative capital costs of £15.3m to address immediate service pressures and enable delivery of the longer term strategy to progress a new Cancer Centre. Based on the Stage 2 tender Report the overall indicative capital costs have increased to £18.3m.

It is recognised that the Edinburgh Cancer Centre as a whole does not meet modern standards and needs to be reprovided as a matter of priority. However, four areas were prioritised as most in need of urgent upgrade to maintain safe service delivery until the opening of a new Cancer Centre:

The four identified priorities include:

- i. Expand day case Systemic Anti-Cancer Therapy (SACT) Service (Ward 1)
- ii. Improve the health environment in 3 inpatient wards (Wards 2, 3 and 4);
- iii. Develop a new fit for purpose Cancer Assessment Unit (CAU, was previously OAA); and
- iv. Increase Linear Accelerator Bunker Capacity and Re-provide Office accommodation

The strategic and economic cases for each of the four projects noted above are considered separately in the business case Sections 2 to 5 as the drivers for changes and investment objectives behind each vary. These are then brought together in the Financial, Commercial and Management case for the overarching project in sections 6 to 9.

1.2 Background and Strategic Context

The Western General Hospital site has undergone a significant Master Planning exercise with the centre piece of development and campus modernisation being a new South East Scotland Cancer Centre.

In view of uncertainty of agreement and a timescale for the development of a new South East Scotland Cancer Centre, four critical areas within the existing Edinburgh Cancer Centre (ECC) were prioritised (as identified above)

Each of these areas has been reviewed separately to identify the key risks and issues for urgent attention .This has enabled the development of solutions required urgently to improve the health environment and maintain a safe clinical service. The review only forecasts requirements to 2025 and

the requirement for essential investment has been identified in all areas in order to provide a solution viable until that time.

The resulting four projects have been linked together and are being called the 'Oncology Enabling Projects' (originally named 'Oncology Bridging Projects') A single Initial Agreement was developed for progressing governance approval and the OBC also follows this format. To ensure focus and attention is applied to all aspects within each project, the document is split into sections with a section for each distinct project.

Each section focuses on relevant context as well as the background issues and pressures for each service. Separate Strategic Assessments and Option Appraisals were conducted as part of the IA to fully demonstrate the drivers and objectives of each project and ensure that the best value for money option was selected as the Preferred Option. The detail of these Strategic Assessments and Option Appraisals is not contained within this OBC however can be provided upon request.

One of the main issues that each individual project had to take account of was the increasing pressure on the service over time. The basis for these projects is that a new South East Scotland Cancer Centre is not going to be available for use until 2025. With serious issues and concerns already being experienced in the project areas, the projects have been developed to address these immediate problems and mitigate risks associated with high annual growth in demand for Cancer Services, (up to 10% per annum) which is expected to continue over the next 6 years.

This programme of work aligns with the aims of the National Cancer Strategy;

- To improve the experience of and outcomes for people affected by cancer across Scotland by improving service delivery and reducing health inequalities.
- To ensure that people with cancer have equity of access to sustainable, high quality, timely treatment.
- To reduce variation in practice/inequities in access to the most advanced treatments in accordance with individual clinical need and thereby improving outcomes.

It also works towards the ambitions of The Healthcare Quality Strategy for NHS Scotland, 2010;

- Person Centred
- Safe
- Effective
- Efficient
- Equitable
- Timely

These aspects will be addressed through an individual description of each project.

1.3 Need for Change

Individual Drivers for Change are described for each project below. A list of the shared drivers is below:

- Lack of space in clinical areas adversely impacting safety, quality and efficiency of care
- Lack of patient facilities (e.g. waiting areas and toilets)
- Lack of room to expand to meet rapidly growing service demand
- Lack of pharmacy preparation and storage space
- Inadequate accommodation impacting on staff morale and patient experience



1.4 Investment Objectives

Individual Investment Objectives are described for each project. A list of shared objectives is below:

- Re-design of service to significantly improve the care environment
- Improve service capacity
- Improve service performance and patient experience
- Improve facilities for staff
- Mitigate risks related to current non-HEI compliant facilities

1.5 The Preferred Option(s)

After extensive Option Appraisal the preferred option for each project is outlined below.

Table 1: Preferred Option

| Area | Preferred Option |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Systemic Anti Cancer Treatment, Ward 1 | Upgrade to Pharmacy area to deliver a safe and compliant aseptic unit Reprovision of stores & offices displaced by pharmacy work Additional toilets and counselling rooms Upgraded patient waiting area Reduced density of treatment chairs per floor space |
| Improved Inpatient Care Environment | CAU moves out of Ward 2, inpatient wards spread over two floors (wards 2 and 4) General flooring and cosmetic works. |
| New fit for purpose Cancer Assessment Unit | The offices from the south end of the Oncology Admin Corridor move to a modular building in Car Park 3. An "Acute" CAU with reduced accommodation being created in the south end of Admin Corridor |
| Increasing Linear Accelerator Bunker Capacity and re-providing Administrative Offices | New Building constructed on Car park 3 with connection to main Edinburgh Cancer Centre |

A decant solution to allow work to be carried out has been identified and sees the use of a temporary theatre, a ward in the RVB and ward 15 (WGHs winter ward). There will also require to be a temporary aseptic unit in place to allow the Pharmacy expansion work to take place in Ward 1. The option and its details are documented in section 6 of this document. All costs associated with decant (except the staffing costs for the Oncology decant which are £187k (non-recurring)) will be included in the Haematology final business case due to project linkages. Decant costs represent £2m for refurbishment of Ward 15 to suit the patient groups and £500k for the temporary theatre.

Given the relatively short period of time any new areas could potentially be in use, the Preferred Option has a focus on using existing vacated (or about to be vacated) areas in adjacent locations rather than more expensive new build options. However, the vacated areas cannot be safely occupied without some expenditure as detailed in resulting costs.

The present indicative individual and overall capital costs of these projects are shown in the table below.

Table 2: Indicative capital costs of preferred options

| Project | Summary | Indicative Capital Cost of Project (incl. VAT) (£k) |
|---------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1 | Expanded Day Case Systemic Anti-Cancer Therapy1 (SACT) Service, Ward 1 | 2,632 |
| 2 | Environmental improvements in Inpatient Wards (Wards 2, 3 & 4) | 2,314 |
| 3 | New fit-for-purpose Cancer Assessment Unit | 3,273 |
| 4 | Increasing Linear Accelerator Bunker capacity and re-providing admin offices | 10,077 |
| | TOTAL | 18,296 |

The presented indicative capital costs are based on the Stage 2 Cost Estimate from the cost advisors. The indicative project capital costs have increased by £3m when compared to the costs presented in the IA Addendum. Further detail of the specific drivers behind the increase are summarised in the financial case.

The incremental recurring revenue costs associated with the preferred option are noted below. Funding for depreciation (£1,830k) has been identified from the existing NHS Lothian depreciation budget and funding for the remaining costs (£1,145k) is to be confirmed with initial agreement to fund these partly from new Gynae Brachytherapy income. Further funding options are being considered.

| Incremental Revenue Cost/year (£k) | Ward 1 SACT | Wards 2 and 4 | CAU | LINAC Capacity | Total Annual Revenue |
|---------------------------------------|----------------|------------------|-----|-------------------|----------------------------|
| Staffing | 0 | 719 | 294 | 0 | 1,013 |
| Facilities | 22 | 8 | 67 | 34 | 132 |
| Non-Pays | 0 | 0 | 0 | 0 | 0 |
| eHealth | 0 | 0 | 0 | 0 | 0 |
| Depreciation | 263 | 231 | 327 | 1,008 | 1,830 |
| Total Annual Revenue Cost | 286 | 959 | 688 | 1,042 | 2,975 |

The OBC has been costed on the basis that these projects will be approved as one programme of work which will allow cost efficient decant of services when required. Therefore, if all the projects are not approved at the same time this assumption and exactly how these projects would be managed would have to be re-assessed.

8

Lothian 294/395

¹ Systemic Anti Cancer Therapy (SACT) includes cytotoxic chemotherapy agents, biological therapies and disease-modifying targeted agents used to treat cancer.

1.6 Readiness to proceed

The procurement strategy is part of the wider WGH Programme of Works which includes the Haematology project, Oncology Enabling Projects as detailed here and the drafting of the IA to support the new Cancer Centre.

RMF has been appointed as PSCP, along with Thomson Gray Partnership as Project Managers and Cost Advisors, under Frameworks Scotland 2. The PSCP will be responsible for all aspects of design and construction including the decants.

The Risk Register is attached as Appendix 3, and the contract option for the project is Option C: Target Price with Activity Schedule with monthly payments to PSCP and variations added by means of compensation events.

The Project organisation and structure is defined in the Management Case. Project construction is planned to start in March 2020 and the projected completion date is February 2022.

A Benefits Register is available at Appendix 2 and Risk Management workshops are to be held shortly.

1.7 Conclusion

The four service areas addressed within this OBC present the service with the most critical service pressures which must be urgently addressed to protect safe clinical delivery to patients for 6 years. The Scottish Government is expecting an IA for a new Cancer Centre for consideration in 2019. This is in recognition that the current Cancer Centre cannot fully meet modern standards and requires full reprovision.

It is reasonable to expect that this can be achieved within 5 years from receiving Scottish Government approval of the IA. This proposal therefore articulates enabling works required to safely provide cancer care within the Cancer Centre until 2025.



2 Expansion of day case Systemic Anti-Cancer Therapy (SACT) Service (Ward 1)

2.1 The Strategic Case

The sections below set out the strategic case for the expansion of day case Systemic Anti-Cancer Therapy (SACT) Service.

There have been no changes to the strategic case driving this proposal since the Initial Agreement and Addendum were approved by the Scottish Government Capital Investment Group in 2016 and March 2018, respectively.

The pressure to deliver the service continues to rapidly grow in an already crowded facility. Indeed, SACT attendances have increased significantly since the approval of the original Initial Agreement in 2016. This growth rate for SACT activity is consistent with the UK national average. The Cancer Clinical Management Team is therefore implementing immediate strategies to mitigate deteriorating growth related risks until the completion of this project.

2.1.1 Existing Arrangements

Day case SACT delivery in NHS Lothian is predominantly delivered in Ward 1 at the Western General Hospital, with a satellite day case facility for a limited number of regimes at St John's Hospital. SACT regimes are also delivered in the inpatient setting as necessary. Patients are mainly from the Lothian area however significant numbers of patients also attend from Fife, Borders and Dumfries and Galloway if their SACT cannot be delivered locally (e.g. complex cases or capacity pressures)

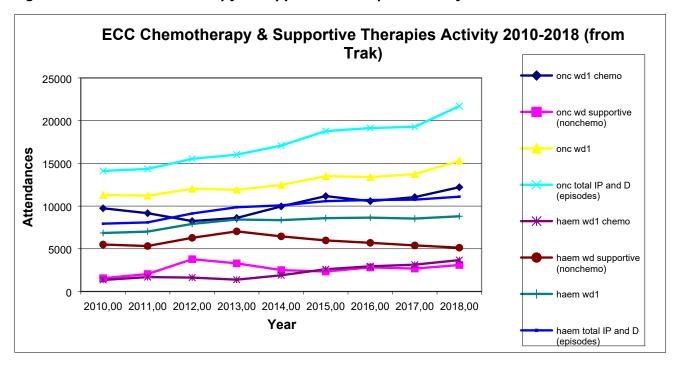
The existing Ward 1 service provides:

- Day case SACT and supportive therapies for Oncology patients
- Day case SACT and supportive therapies for Haematology patients
- Pharmacy (aseptic and oral dispensing units and clinical verification area) for the above, and also
 for inpatients in the Oncology and Haematology wards, and as required for outpatients attending
 Oncology clinics, the Breast Unit and Rheumatology clinics.
- Day case SACT trials delivery

SACT activity has already increased by 35.5% over the last eight years (from 2011-2018)

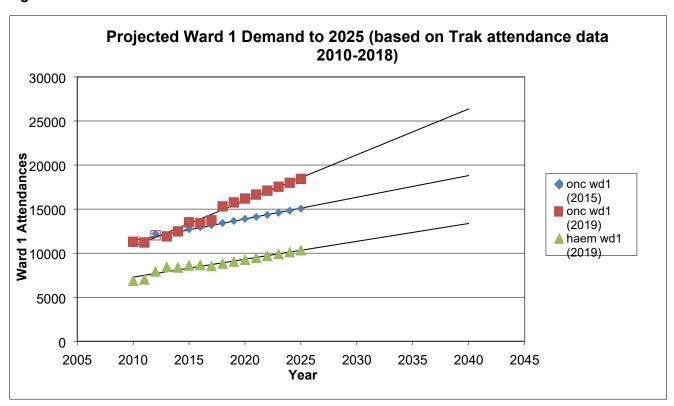


Figure 1: Ward 1 Chemotherapy & Supportive Therapies Activity 2010-2018



Demand for SACT services is forecast to continue to rise as demonstrated in Figure 2 below:

Figure 2: Forecast rise in demand Ward 1 services to 2040



Current SACT capacity is 15,080 patients per annum (based on 29 chairs) and this capacity has already been exceeded by demand in 2018 (15,312).

The data above shows that demand is projected to increase by 20% by 2025 (to 18,434)

The Ward 1 area currently consists of:

Table 3: Ward 1 current utilisation

| Treatment Area- Ground Floor | Pharmacy - Ground floor | Lower ground floor |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------|
| Area 1 – 10 Trials chairs | Checking area | Offices for Trials Data |
| Area 2 - 16 chairs for oncology patients | Diary area | Managers and Nurses |
| Area 3 - 15 chairs, 2 beds and one | Aseptic preparation area | Storage of Trials records |
| isolation room (2 chairs may be used by Haematology) | Oral preparation area | Staff toilets and changing rooms |
| Area 4 – 16 chairs for Haematology | Storage including cold-store | |
| patients (excluded from demand and capacity analysis as these chairs will be moving and will provide capacity for SACT trials) | Prescribing offices | |
| Haematology procedure room | | |
| Pentamidine room | | |
| Each area has a SACT preparation area and there are various staff offices, a trials lab, toilets for staff and patients, and storage areas | | |

There have been various service redesign efforts utilised over recent years to offset the underlying demographic pressures above, including repatriation of significant activity to peripheral Board SACT units, simplification and truncation of SACT regimes where this can be achieved without patient detriment and displacement of supportive activity to other areas including elective activity in the Cancer Assessment Unit (CAU)

There are a number of different accommodation pressures which are summarised below.

Table 4: Ward 1 - Existing Pressures

| Pressure | Description |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Chair Spacing | Insufficient number of treatment chairs to meet current and future demand. Ward 1 currently has 58 chairs in a space designed for 44. Current chair spacing is circa 2.0m²/chair with the recommended chair area being 10m²/chair (Health Build note 02-01 Cancer treatment facilities). The lack of space and adequate chair numbers presents a continual "fire fighting" challenge for the multidisciplinary team. This also results in a poor patient experience illustrated by the fact that return patients are no longer permitted to bring a relative or friend for support due to space constraints. |



| Pressure | Description | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Service Space constraints also present safety concerns: (e.g. following an incident we patient was administered the wrong SACT, it was identified in the Datix invitation that space was a significant contributory factor). | | | | |
| | The capacity constraints also impose increasing challenges in delivering on 31 and 62 day CWT targets where SACT is first definitive treatment. This situation worsens as 'upstream' diagnostic pressures deteriorate. Ever more patients present for neo-adjuvant chemotherapy ever later in the pathway. There is ever less ability to flex capacity to prevent neo-advjuvant chemotherapy breaches. | | | |
| Infection Control | Inadequate chair spacing presents infection control and safety concerns for this immunocompromised patient group. | | | |
| Pharmacy Space | Essential Pharmacy support is at the limit of its capacity- evidenced by increased incidence reporting in the clinical area and in pharmacy. | | | |
| Storage Space | Inadequate storage for pharmacy, ward supplies and linen. | | | |
| Facilities | Lack of facilities for relatives and patients e.g. waiting areas and toilets | | | |
| Clinical Rooms | Insufficient number of consulting, procedure and isolation rooms. | | | |
| Toilets | Inadequate number of toilets built to a specification to meet patient needs. | | | |
| Configuration | Not conducive to effective patient flow (e.g. no area for pre-assessment, new patient cohorting or chairs to accommodate delays), insufficient space for safe and efficient working practices within pharmacy. | | | |
| Insufficient space to develop Clinical Trials | Reduced clinical trials recruitment limits revenue benefits to NHS Lothian both in lost commercial income and in lost drugs budget cost avoidance opportunities from commercial funded phase 3 studies. Also limits well evidenced clinical benefits of trials participation for patients. | | | |

2.1.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 1) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.



The table below confirms the need for change as detailed in the Initial Agreement is still valid.

Table 5: Summary of the Need for Change – Ward 1

| What is the cause of the need for change? | What effect is it having, or likely to have, on the organisation? | Why action now? |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Non-compliant treatment area, lack of isolation rooms, lack of space in treatment area | Increased risk of infection. Risk of errors in treatment. Delayed/deferred treatments | Facility is not fit for purpose with the potential for patient harm |
| Lack of patient facilities including DDA compliant toilets, adequate waiting areas. Privacy issues | Complaints from users | Likelihood of increasing stress in a group of 'high risk' patients |
| Lack of preparation and storage space in Pharmacy | Increased risk of prescribing errors | Pharmacy may not be able to deliver a safe service in the immediate future |
| Future service demand is predicted to increase | Existing capacity is unable to cope with future projections of demand | Service sustainability will be at risk if this proposal isn't implemented now |
| Ineffective service arrangements because of inefficient configuration of department | Inefficient service performance Poor patient flow | Continuation of the existing service performance is unsustainable |
| Service arrangements not person centred | Service is not meeting current or future user requirements | A service that isn't meeting user requirements is unsustainable, even in the short term |
| Lack of space for expansion of Clinical Trials | Inability to offer new Trials to patients Potential income generation lost | Future of Trials Unit at risk with loss of the benefits to patients and the Service |
| Low staff morale | Challenges around recruitment and retention | To improve staff working environment, raise morale and retain staff |

2.1.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below. The investment objectives have been revalidated since the Initial Agreement taking cognisance of the continuing increased pressure on the service and remain valid for this proposal.

Table 6: Investment Objectives - Ward 1

| Effect of the need for change on the organisation | What has to be achieved to deliver the necessary change? (Investment Objectives) |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Existing facilities do not comply with recommended treatment chair spacing | Redesign of service to alleviate crowding and improve the patient environment |
| Existing space is not able to support forecast increases in demand | Improve service capacity to accommodate growth |
| Inefficient service performance. Current space is not conducive to supporting efficient patient flow. | Improve service performance and patient experience. |



Meet user requirements for service

2.1.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

 Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 1) have informed the development of a Benefits Register (see Appendix 2). As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. The Benefits Realisation Plan will be further developed at FBC stage.

A summary of the key benefits to be gained from the proposal are described below:

Table 7: Key benefits - Ward 1

| Area | Benefit that could be realised |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Oncology Benefits | For the oncology service this proposal will provide improved chair spacing. A redesigned environment will also support the proposal to redesign patient pathways to support efficient patient flow. The improved chair spacing will improve the patient safety and experience by reducing overcrowding which will also improve staff experience. |
| Haematology Benefits | The Haematology proposal supports relocating the Haematology to the West Wing and the Break Through Laboratory on the Western General Hospital campus. This option enables co-location of the Haematology day case service with the Haematology in patient wards (wards 8 and 8 unit) which will release space within Ward 1 and allow the increased chair spacing referenced in 'Oncology Benefits' above. |
| Pharmacy Benefits | This proposal would enable expansion of the pharmacy oral dispensing and aseptic unit to ensure sufficient space to operate safely and to accommodate the expected growth in demand. Improving the space will address the deficiencies that have been noted in the last two external pharmacy audits. The modernisation of the pharmacy areas will also enable improved compliance with the Quality Assurance of Aseptic Preparation Services and EU Guidelines to Good Manufacturing Practice. Pharmacy metrics: capacity for an increased number of regimes; reduction in stock loss |
| Service provision | Delivery of waiting times / treatment targets now and in the future for the various tumour groups. Reduction in delayed or deferred treatments; reduction in unnecessary inpatient admissions. Improved user feedback: surveys; appraisals; reduction in complaints. Reduction in SAE and Datix incidents Improved access to the most innovative cancer therapies by expanding capacity for clinical trials. |
| Infection Control | Improved HAI and HBN guidance compliant accommodation |



| Finance | Improved ability to deliver clinical trials thereby improving financial efficiencies |
|-----------|--------------------------------------------------------------------------------------|
| Fillalice | derived from drugs cost avoidance. |
| | |

2.1.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 8: Strategic Risks - Ward 1

| Theme | Risk | Safeguard |
|-----------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Scope | Increase in number and complexity of new SMC approved SACT regimes above predicted levels | towards a new Cancer Centre to |
| Workforce | Shortage of specialist trained SACT nursing staff | Develop robust workforce plan including retention of specialist staff and training programme |
| Funding | Capital funding not available Revenue funding not available | Provide robust case for funding through OBC and FBC Review options to fund revenue costs |
| Regional | Peripheral Boards unable to repatriate patients due to lack of capacity | Continue to work with regional partners to develop sustainable single service model across South East Scotland |
| Capacity | Increase in patient numbers beyond forecast predicted levels over the next 10 years | Continue to progress proposal towards a new Cancer Centre to accommodate continued growth in demand |

A register of strategic risks is included in Appendix 3. This will be developed further through the FBC process.

2.1.6 Constraints and Dependencies

The key constraints and dependencies of this proposal to be considered are:

- Availability of capital funding
- Other projects on the WGH site that interact with this proposal including Haematology and Renal reprovision.
- Decant requirements to enable works.
- Service must be able to be delivered safely during construction works.



ervice Change Strategic Initial Agreement Outline Business Full Business and Service Benefits

Case Case Full Business Case Benefits

2.2 Economic Case

2.2.1 Do nothing/baseline

The table below defines the 'Do Nothing' option. This is based on the existing arrangements as outlined above.

Table 9: Do Nothing - Ward 1

| Strategic Scope of Option | Do Nothing |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Service provision: Continue to provide service from Ward 1,required to cope with increasing service demand until at least 2025 | Increasingly overcrowded environment, insufficient for current and future service demands |
| Service arrangements: Continue to be delivered as a day service and likely to be extended to 7-day working | Inadequate service unable to provide required capacity with the potential difficulty of supporting service at weekends |
| Service provider and workforce arrangements: Local staff delivering service out of Ward 1, supported by the Satellite Pharmacy Aseptic Unit. | Internal Staff working in very poor, overcrowded environment leading to pressure and potential for errors |
| Supporting assets: Present Pharmacy Aseptic Unit | Pharmacy Aseptic Unit delivered from severely overcrowded and cramped facilities |
| Public & service user expectations: Safe delivery of prompt service in a suitable environment | Overcrowded environment leading to patient dissatisfaction and potential difficulty in delivering safe service with likely delays due to lack of capacity |

2.2.2 Preferred Strategic/ Service Solution

As described in the Initial Agreement, a total of ten "long list" options were developed and appraised.

For this first stage in appraising the options, a list of Investment Objectives was drawn up that represented the aspirations of the service. The long list options were scored against their delivery of the Primary and Secondary Objectives allowing the list to be trimmed. The scores of the full ten options are shown in Appendix 7 and this step allowed a number of them to be eliminated. A Long List option had to score 75% or above to allow it to be short listed for further more detailed analysis.

This resulted in the full option appraisal being undertaken for the 4 options short listed from the Long List of options, including the "Do Nothing" and "Do Minimum" options. The other two chosen options were selected from the long range of options after scoring more than the 75% required. The resulting short listed options were then evaluated through the Option Appraisal in accordance Scottish Capital Investment Manual (SCIM) guidance on benefits, risks and costs.

Examination of the option appraisal process showed a single clear preferred option when the weighted benefits scores were taken account of however this was subsequently scaled down to fit within reduced financial parameters as detailed in the IA Addendum.

The preferred option as included in the IA Addendum is detailed below:

Table 10: Ward 1 - Preferred Option

| Preferred Option Benefits | Risks/ Constraints | Dependencies |
|---------------------------|--------------------|--------------|
|---------------------------|--------------------|--------------|



| Preferred Option | Benefits | Risks/ Constraints | Dependencies |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Upgrade to Pharmacy area to deliver a safe and compliant aseptic unit Reprovision of stores & offices displaced by pharmacy work Additional toilets and counselling rooms Upgraded patient waiting area | & safe pharmacy aseptic | This option will see minimal improvements to patient areas (Note: Plans for Clinical Trials to vacate lower ground floor space will allow this space to be made available for Ward 1 staff-to be progressed and funded separately from this business case) | moving Assumes decant of pharmacy to a temporary |

2.2.3 Is the preferred Strategic Solution still valid?

As part of the OBC the preferred Strategic and Service solution was revisited to confirm that is was still valid and deliver the investment objectives and benefits.

The "New" preferred option detailed in this business case continues to focus upon using existing vacated or soon to be vacated areas in proximal locations to the existing Edinburgh Cancer Centre (ECC) rather than more expensive new build options. These options have been pursued to ensure that the preferred way forward maximises the benefits realisation in recognition that the upgraded facilities will only have a limited lifespan until a new Cancer Centre opens.

The table below details the changes in scope for the preferred solution identified through the IA and IA Addendum and that proposed in this OBC.

Table 11: Ward 1 - Changes to Preferred Option

| IA - Preferred Option | OBC - Preferred Option | Scope Changes and rationale |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Refurbishment of Pentland Lodge to contain a new Clinical Trials Unit. Upgrade of the MRC West Wing, followed by the Breakthrough Lab to house new Haematology Unit and then refurbishment of the vacated space in Ward 1 to enhance Pharmacy and Oncology services. | deliver a safe and compliant aseptic unit Reprovision of stores & offices displaced by pharmacy work Additional toilets and | Scope was reduced in line with the reduced capital budget available for the Oncology Enabling projects. The Pharmacy area within Ward 1 was identified as in greatest need of expansion and therefore funds have been allocated to this portion of the project. The relocation of Haematology patients from Ward 1 (as part of the Haematology project) will allow some space to be freed within patient areas of Ward 1. Patients will also benefit from additional toilets and counselling rooms as well as an upgraded patient waiting area. |

2.2.4 Assessment of Non-Monetary costs and benefits

These are assessed as part of the programme Benefits Register attached as Appendix 2

2.2.5 Implementation options

The table in point 2.2.3 above identifies the current scope of works for the SACT element of the project. The preferred option contained in the Oncology Bridging Initial Agreement submitted to CIG in August 2016 had not achieved approval from the Scottish Government due to cost and affordability of the entire scheme. NHS Lothian has subsequently been asked to prioritise the proposals and present an IA Addendum with reduced options. The Way Forward presented in this OBC was developed based on the scheme described in the IA addendum, which was approved in March 2018.

2.2.6 Assessment of NPV (Net Present Value) of costs

The table below details the indicative whole life costs associated with the preferred option, discounted over the life of the project to give a Net Present Value of Costs for the project.

- Whole life capital costs do not include VAT or inflation as these are required to be excluded per SCIM guidance.
- Incremental whole life revenue costs represent the recurring and non-recurring revenue costs (excluding depreciation as required by SCIM guidance) throughout the life of the project (included as 6 years – until delivery of the new cancer centre in 2025),
- All costs are discounted to give a Net Present Value of costs using a discount rate used of 3.5% in line with Treasury Green Book guidance.

The table includes a comparison of changes from the preferred option identified in the IA Addendum. No incremental revenue costs were included in IA/ IA Addendum as the service model was still to be defined. This has now been completed and will continue to be further refined through the FBC.

Further details on the calculation of costs can be found in the Financial Case.

Table 12: Indicative Costs of Preferred Option – Ward 1

| Cost (£k) | IA Addendum - Preferred Option | OBC - Preferred Option | Difference |
|--------------------------------------------|--------------------------------------|------------------------------|------------|
| Whole life capital costs | 1,725 | 2,271 | 547 |
| Incremental whole life operating costs | 0 | 120 | 120 |
| Estimated Net Present Value (NPV) of Costs | 1,725 | 2,391 | 666 |

2.2.7 Design Quality Objectives and Stakeholder Engagement

Design quality objectives and stakeholder engagement are included in the Management Case for all four projects included within this proposal.



3 Upgrade of Wards 2 and 4 (Oncology In-patient Wards)

3.1 Strategic Case

The sections below set out the strategic case for the Upgrade of Ward 4 (Oncology Inpatient ward) and Ward 2 (currently used as CAU)

There have been no changes to the strategic case driving this proposal since the Initial Agreement and Addendum were approved by the Scottish Government Capital Investment Group in 2016 and March 2018, respectively.

The pressure to deliver the service continues to grow with bed occupancy across the Cancer Centre continuing to increase since the approval of the original Initial Agreement (by 5% from 2017/18 to 2018/19)

3.1.1 Existing Arrangements

Wards 3 and 4 provide inpatient care for patients receiving radiotherapy or SACT chemotherapy and also supportive care for patients with disease progression who may also require symptom control, and who cannot be managed as outpatients. The wards will also occasionally accommodate patients from other specialities on the Western General Site.

Ward 3 provides 9 inpatient beds plus 4 Teenage Cancer Trust (TCT) beds and Ward 4 has 22 inpatient beds. There are a further two inpatient rooms with radiation protection in the ward below (ward 2) which are used for radionuclide therapy.

Ward 2 is currently the Cancer Assessment Unit which is the equivalent of the Medical and Surgical Acute Receiving Units at the Western General Hospital (WGH) and is for patients who have developed acute problems while on active cancer treatment or who have recently completed therapy.

The conditions and environment in wards 2 and 4 have been well documented and have been subject of critical HEI Reports. The key accommodation issues are summarised below:

- Inadequate toilet and shower facilities- unable to use hoist, lack of space for patients needing assistance
- · Lack of en-suite facilities
- There are three rooms with two 4 bedded bays (8 patients) which share a single toilet and a single shower
- There are also five 4 bedded rooms which share a single toilet and shower between 4 patients.
- Six single rooms which provides a challenge with end of life care as well as segregation of infected patients
- Poor patient experience evidenced by feedback received
- Limited disposal/hold facilities
- The wards share some facilities with adjacent wards (3 & 6) which is not recommended or ideal
- The Radionuclide therapy facility in ward 2 is not ideal and requires further upgrading
- Neither ward has mechanical ventilation nor sufficient natural ventilation
- Facilities are not compliant with the Disability Discrimination Act 1995 (DDA)
- There is a lack of isolation rooms



3.1.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 1) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

The table below summarises the need for change, the impact it is having on present service delivery and why this needs to be actioned now. The table below confirms the need for change as detailed in the Initial Agreement is still valid.

Table 13: Summary of the Need for Change - Inpatient Wards

| What is the cause of the need for change? | What effect is it having, or likely to have, on the organisation? | Why action now? |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Non-compliant inpatient facilities – bed spaces inadequate, toilet and showers not DDA compliant, lack of enough single en-suite rooms | Increased risk of infection in vulnerable patient population Patient care compromised by lack of space and appropriate facilities | Risk of future unfavourable HEI report potentially leading to ward closure |
| The Radionuclide therapy facility in ward 2 is not ideal and requires further upgrading | Although this has been upgraded since described as an issue in the IA the room is small and requires further work | To improve overall level of compliance with relevant regulations |
| Ineffective service arrangements in part due to poor ward layout and lack of facilities – waiting rooms, single rooms | Inefficient service performance | Continuation of the existing service performance is unsustainable |
| Service arrangements not person centred with poor patient experience, mixed toilet facilities, privacy issues | Service is not meeting current or future user requirements | A service that isn't meeting user requirements is unsustainable, even in the short term |
| Accommodation with high levels of backlog maintenance and poor functionality (see HEI report) | Increased safety risk from outstanding maintenance and inefficient service performance | Building condition, performance and associated risks will continue to deteriorate if action isn't taken now |

3.1.3 Investment Objectives

Although a new Cancer Centre is an important cornerstone of the Master Planning development at the Western General Hospital, it is not expected to be available until 2025 at the earliest. Urgent redesign is therefore required to improve the health environment, provide a safer patient environment meet infection prevention standards until 2025.



The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below. The investment objectives have been revalidated since the Initial Agreement taking cognisance of the continuing increased pressure on the service and remain valid for this proposal.

Table 14: Investment Objectives - Inpatient Wards

| Effect of the need for change on the organisation | What has to be achieved to deliver the necessary change? (Investment Objectives) |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Existing inpatient facilities are non-compliant | Improve and upgrade ward facilities |
| Radionuclide therapy facility does not fulfil radiation protection criteria | Create fit-for-purpose room(s) |
| Inefficient service performance due to inadequate facilities | Improve service performance in improved environment |
| Service is not meeting current or future user requirements | Meet user requirements for service |
| Increased safety risk from outstanding maintenance and inefficient service performance | Improve safety and effectiveness of accommodation |
| Low staff morale | Staff and patient environment to be improved to raise morale and retain staff |

3.1.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

 Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 1) have informed the development of a Benefits Register (see Appendix 2). As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at FBC stage.

A summary of the key benefits to be gained from the proposal are described below:

- A reduction in incident reporting and Serious Adverse Events
- HAI and HBN guidance compliant accommodation
- Improved patient feedback
- Improved staff experience
- Inpatient capacity to place oncology patients in an appropriate environment e.g. benefit from increased number of patients having access to single rooms where clinically required



Service Change

3.1.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 15: Strategic Risks - inpatient wards

| Theme | Risk | Safeguard |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| Capacity | Future increase in service requirements greater than predicted Unpredicted increase in user population over the next 5 years Delay in opening of new Cancer Centre leading to lack of space beyond 2025 | Deliver an IA to the Scottish Government for a modern fit for purpose specialist Cancer Centre by October 2019. |
| Scope | The space constraints will mean that there will continue to be some derogations and whilst this is an improvement there is a risk that not all of the issues described will be fully addressed. | |

A register of strategic risks is included in Appendix 3. This will be developed further through the FBC process.

3.1.6 Constraints and Dependencies

The key constraints to be considered are:

- Availability of capital funding
- Other projects on the same site that interact with this proposal including Haematology and Renal reprovision.
- Decant requirements to enable works.
- Service must be able to be delivered safely during construction works.

The key dependencies to be considered are:

- Availability of RVB and Ward 15 to be used a decant facility
- Proposed new Cancer Centre completion date if agreed

3.2 Economic Case

3.2.1 Do nothing/baseline

The table below defines the 'Do Nothing' option. This is based on the existing arrangements as outlined above.

Table 16: Do Nothing - Inpatient Wards

| Strategic Scope of Option | Do Nothing |
|---------------------------|----------------------------------------------------------------------------------------------|
| Service provision | Continuing to deliver inpatients wards service from current location in Oncology Wards 3 & 4 |



| Service arrangements | Would leave the Oncology wards vulnerable to closure with related risk of closure of the South East Scotland specialist Oncology centre. |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Service provider and workforce arrangements | Staff would continue to provide service in adequate facilities, if facilities are permitted to remain open. |
| Supporting assets | Healthcare would continue to be delivered in poor and inappropriate environmentInfection and falls risks would continue to be considerable |
| Public & service user expectations | Safe delivery of prompt service in a suitable environment. Current layout leaves patients vulnerable |

3.2.2 Preferred Strategic/ Service Solution

As part of the Initial Agreement a "long list" of fourteen options were drafted with each option tested against primary and secondary objectives specific to the service requirement. All of these fourteen options took cognizance of displacement and impact on adjacent services, both existing and proposed and this context formed an integral part of each proposal.

Once tested and scored the process identified three favoured planning options, in addition to the "Do Nothing" and "Do minimum" options each with the same resulting layout but delivered using differing strategies.

The proposed solution in all these three favoured cases seeks to provide 2 full In-Patient Wards located on the first and second floors in place of existing Wards 2 / 3 and 4. The extended footprint would be possible through a relocation of the CAU service. Both floors would be stripped to their shell and rebuilt to provide a modern template. Building services, common to both floors would be reviewed and replaced as required as part of the upgrading.

The options were then further developed and a proposal of a rebuild CAU situated on the Ground floor introduced. This work was used to generate firmer budget costings and the resulting data was then subject to a second option appraisal.

The second CAU option appraisal favoured the development of the ground floor admin corridor for a new CAU department. This proposal would be facilitated through the temporary decanting of the Oncology Wards to DCN and ground floor office space being reprovided in a purpose built building.

Due to financial constraints, following approval of the IA this proposal was reduced. The preferred option as included in the IA Addendum is detailed below:

Table 17: Inpatient Wards - Preferred Option

| Proposed Upgrade | Benefits | Risks/ Constraints | Dependencies |
|------------------|----------|--------------------|--------------|
|------------------|----------|--------------------|--------------|



| Proposed Upgrade | Benefits | Risks/ Constraints | Dependencies |
|-----------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| CAU moves out of Ward 2, inpatient wards spread over two floors (wards 2 and 3/4) | Increased number of toilets Improvements | Bed spacing would still require derogations as limited footprint Inpatient Wards over 2 floors, increase in revenue costs | This option can only be possible if CAU moves out to an alternative location |
| General flooring and decoration works. | to bed spacing | Decant option also needs to be considered | |
| Upgrade to radionuclide room | General cosmetic improvement | | |

3.2.3 Is the preferred Strategic Solution still valid?

As part of the OBC the preferred Strategic and Service solution was revisited to confirm that is was still valid and deliver the investment objectives and benefits.

The preferred solution remains to provide reconfigured and much improved ward space over the first and second floors of the Oncology block. The sister proposal to locate a new CAU into the ground floor of the Oncology block now allows clarity of decant options and presents a clear direction - the full decant of the Oncology block and a full single phase building programme.

This proposal brings both preferred solutions, for Wards 2 and 4 and for CAU together with clear economic and logistical advantages to be gained in delivering both as a common project.

Although the scope of the work was reduced in line with the reduced capital budget available for the Oncology Enabling projects the preferred option above still remains the preferred solution.

3.2.4 Assessment of Non-Monetary costs and benefits

These are assessed as part of the programme Benefits Register attached as Appendix 2

3.2.5 Implementation options

The table in point 3.2.3 above identifies the current scope of works for the Inpatient Wards element of the project. The preferred option contained in the Oncology Bridging Initial Agreement submitted to CIG in August 2016 had not achieved approval from the Scottish Government due to cost and affordability of the entire scheme. NHS Lothian has subsequently been asked to prioritise the proposals and present an IA Addendum with reduced options. The Way Forward presented in this OBC was developed based on the scheme described in the IA addendum, which was approved in March 2018.



3.2.6 Assessment of NPV (Net Present Value) of costs

The table below details the indicative whole life costs associated with the preferred option, discounted over the life of the project to give a Net Present Value of Costs for the project.

- Whole life capital costs do not include VAT or inflation as these are required to be excluded per SCIM guidance.
- Incremental whole life revenue costs represent the recurring and non-recurring revenue costs (excluding depreciation as required by SCIM guidance) throughout the life of the project (included as 6 years – until delivery of the new cancer centre in 2025),
- All costs are discounted to give a Net Present Value of costs using a discount rate used of 3.5% in line with Treasury Green Book guidance.

The table includes a comparison of changes from the preferred option identified in the IA Addendum. No incremental revenue costs were included in IA/ IA Addendum as the service model was still to be defined. This has now been completed and will continue to be further refined through the FBC.

Further details on the calculation of costs can be found in the Financial Case.

Table 18: Indicative Costs of Preferred Option- Inpatient Wards

| Cost (£k) | IA Addendum - Preferred Option | OBC - Preferred Option | Difference |
|--------------------------------------------|--------------------------------------|------------------------------|------------|
| Whole life capital costs | 1,739 | 2,002 | 263 |
| Incremental whole life operating costs | 0 | 4,062 | 4,062 |
| Estimated Net Present Value (NPV) of Costs | 1,739 | 6,065 | 4,326 |

3.2.7 Design Quality Objectives and Stakeholder Engagement

Design quality objectives and stakeholder engagement are included in the Management Case for all four projects included within this proposal.

4 Redesign of the Cancer Assessment Unit (CAU)

4.1 The Strategic Case

The sections below set out the strategic case for the redesign of the Cancer Assessment Unit (CAU)

There have been no changes to the strategic case driving this proposal since the Initial Agreement and Addendum were approved by the Scottish Government Capital Investment Group in 2016 and March 2018, respectively.

4.1.1 Existing Arrangements

In line with other acute assessment areas on the WGH campus, 'OAA' was re-branded to the Cancer Assessment Unit (CAU) in 2018. The Cancer Assessment Unit (CAU) is the Cancer Services equivalent of the Medical and Surgical Acute Receiving Unit at the Western General Hospital (WGH) and is for patients who have developed acute problems while on active cancer treatment or who have recently completed therapy.

Patients are referred in from across the SCAN region although, if they self-refer through the Cancer Treatment Helpline (CTH), they may be asked to attend a hospital closer to home rather than WGH if appropriate. Other routes of referral into CAU include; patients from the treatment floors and the outpatient clinics, by GP's and also from other departments and hospitals, or self-refer through a dedicated phone line (CTH). Referrals are received into CAU out of hours. The patients are triaged, assessed and then treated and discharged, or admitted as appropriate.

It is a service which has evolved and expanded over several years and is still being developed. Over a six year period CAU has expanded from an area accommodating 3 trolleys to occupying the space of a full inpatient ward. This growth is related to the overall increase in demand and activity in oncology; 2016 Cancer Strategy describes that cancer diagnoses have increase by 12% in a decade. The increased demand is reflective of a number of key drivers:

- An aging population
- An increasing population
- Increased cancer incidence
- Improved diagnostics
- Increased screening and detection
- The increasing number of effective treatment options that have been licensed and SMC approved and increasing use of multiple lines of SACT mean that it is foreseeable that demand for acute oncology will also increase.

Specifically for CAU the introduction of the CTH has also contributed to the increase in demand. Due to capacity pressures in Ward 1 a proportion of supportive therapies have been displaced to CAU. If the proposal for Ward 1 is supported this would enable repatriation of selective supportive therapies to a more appropriate ambulatory environment.

In addition to the different flows of patients through CAU it is also used as "flexible capacity" to accommodate patients when the inpatient demand exceeds the bed footprint within ECC.

Previously urgent cancer patients were referred through the Acute Receiving Unit at the WGH. When this arrangement was in place the 4 hour HEAT standard for 98 per cent of patients to wait less than 4 hours from arrival to admission, discharge or transfer for acute treatment was applicable. Following the creation of CAU this standard is no longer applicable for oncology and haematology patients. However

prompt assessment and treatment of the most acutely unwell oncology patients remains a service priority to ensure a safe and quality service.

The current CAU accommodation is not configured to safely provide all three workstreams of urgent triage and assessment, ambulatory supportive therapies AND short stay. CAU currently comprises of:

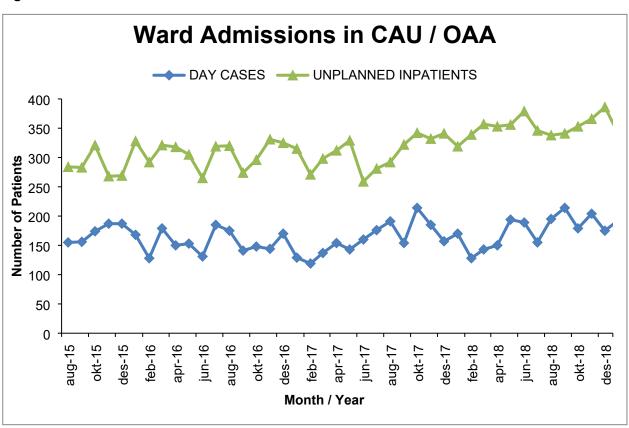
- One radionuclide inpatient treatment room
- 9 trolleys
- Ambulatory chair spaces
- 6 Single rooms
- Triage area
- Clinical Hub

CAU has been in its current form since 2015, data analysis conducted has demonstrated that there is an average of 318 emergency referrals received per month with average admission rate of 55%. The elective day case demand is approximately 170 patients per month with an average of 34 elective admissions.

Work is also ongoing to understand the admission profile in order to develop a predictor for planning the workload through CAU.

The graph below shows planned and unplanned admissions between August 2015 and December 2018.





As already set out there are a number of issues with the current configuration and quality of the CAU accommodation. The key issues are:

- the layout is not conducive to efficient patient management and results in poor patient flow
- the ward layout does not allow for close observation of patients



- a lack of enough single rooms with en suite facilities (to allow isolation)
- inadequate waiting room space
- non-DDA compliant toilets
- radio nuclide rooms require urgent upgrade work

The rate of growth in demand for oncology services means that redesign must feature as an essential part of service delivery. Increased demand is a consequence of positive developments for patients in cancer care. However this presents the service with a challenge to continually evolve an infrastructure at a rate to support. Physical space is and will continue to be the critical constraint until the region's cancer centre is reprovided in full. This issue is compounded by the financial position across NHS Scotland. Current redesign projects and service change proposals underway are detailed below.

A quality improvement project has been initiated to review the different flows of patients through CAU with a view to stratifying the patient pathways. A key component of this work is developing an understanding of key performance measures e.g. developing predictor tool to assess other ways to plan admissions and reviewing performance against time from referral, admission and assessment. There is also a requirement to evolve an understanding of the impact on admission rates in the context of increasing demand and activity.

If the proposal for Ward 1 expansion is supported the intention is to move selected supportive therapies out of CAU.

In the context of increasing cancer incidence and increasing patient activity the need for acute oncology will expand. The Oncology Service will need to further develop the acute oncology model of care to further enhance coordination of care and early decision making.

4.1.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 1). This includes a description of the anticipated impact if nothing is done to address these needs and why action should be taken now.

The table below confirms the need for change as detailed in the Initial Agreement is still valid.

Table 19: Summary of the Need for Change - CAU

| What is the cause of the need for change? | What effect is it having, or likely to have, on the organisation? | Why action now? |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Inadequate facilities including lack of enough isolation rooms with ensuite facilities | Increased risk of infection and adverse events | Facilities are non-compliant |
| Physical space constraints and poor environment- not able to safely observe patients | Adverse impact on quality and safety of patient care and staff morale | Need to retain trained workforce |
| Future service demand will continue to rapidly increase | Existing capacity is unable to cope with future projections of demand. Safety risks related to lack of space continue to deteriorate in direct relation to demand growth | Regional specialist service sustainability will be at risk in the future if this proposal isn't implemented now |
| Inefficient layout of Unit, | Inefficient service | Continuation of the existing |
| inadequate waiting rooms | performance. Poor patient | service performance is |
| Ineffective service arrangements | flow. | unsustainable |

| Service arrangements not person centred – Non-DDA compliant toilets, lack of privacy and patient space | Service is not meeting current or future user requirements | A service that isn't meeting user requirements is unsustainable, even in the short term |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| Accommodation with high levels of backlog maintenance and poor functionality | Increased safety risk from outstanding maintenance and inefficient service performance | Building condition, performance and associated risks will continue to deteriorate if action isn't taken now |

4.1.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below. The investment objectives have been revalidated since the Initial Agreement taking cognisance of the continuing increased pressure on the service and remain valid for this proposal.

Table 20: Investment Objectives - CAU

| Effect of the need for change on the organisation | What has to be achieved to deliver the necessary change? (Investment Objectives) | |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| Increased risk of infection and adverse events | Upgrade facilities to produce compliant accommodation | |
| Inefficient service performance and poor patient flow | Improve service performance by redesign of layout of Unit | |
| Existing capacity is unable to cope with future projections of demand | Improve and expand service capacity | |
| Service is not meeting current or future user requirements | Meet user requirements for service by improving the patient experience through upgrade of facilities | |
| Poor staff morale | Improve the working environment and reduce pressures through improved patient care | |

4.1.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

• Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment (see Appendix 1) have informed the development of a Benefits Register (see Appendix 2). As per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at FBC stage.

A summary of the key benefits to be gained from the proposal are described below:

- Reduction in incident reporting and significant adverse events
- Much improved accommodation will support safe and efficient patient flows. This will help ensure that patients are treated in the right place at the right time by the right people. Improving the accommodation will facilitate improvements in the patient pathway and performance time between referral, admission and assessment.
- Improvement in patient feedback and reduction in complaints



- Improvement against HEI and HBN standards
- Improved staff experience
- CTH performance measures will be improved

4.1.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 21: Strategic Risks - CAU

| Theme | Risk | Safeguard |
|----------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Capacity | Future increase in service requirements greater than predicted | Deliver an IA to the Scottish Government for a modern fit for purpose specialist Cancer Centre by October 2019. |
| Scope | Delay in opening of new Cancer Centre leading to lack of space beyond 2025 | As above. |

A register of strategic risks is included in Appendix 3. This will be developed through the FBC process.

4.1.6 Constraints and Dependencies

The key constraints and dependencies to be considered are:

- Derogations on space around chairs or trolleys not accepted
- Capital cost of new Unit
- Revenue implications of redesigned Unit
- Disruption to adjacent areas during project
- Date for completion of proposed new Cancer Centre delayed

4.2 Economic Case

4.2.1 Do nothing/baseline

The table below defines the 'Do Nothing' option. This is based on the existing arrangements as outlined above.

Table 22: Do Nothing - CAU

| Strategic Scope of Option | Do Nothing |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Service provision | Continuing to deliver CAU from its current location in Ward 2 |
| Service arrangements | Would leave the area vulnerable to closure. |
| Service provider and workforce arrangements | Staff would continue to provide service in adequate facilities |
| Supporting assets | Healthcare would continue to be delivered in poor and inappropriate environment. Infection risks would continue to be considerable |



| Public & service user | Safe delivery of prompt service in a suitable environment. Current |
|-----------------------|--------------------------------------------------------------------|
| expectations | layout leaves patients vulnerable |

4.2.2 Preferred Strategic/ Service Solution

A Long List of fourteen options was identified for re-provision of the CAU with each option tested against primary and secondary objectives specific to the service requirements. All of these fourteen options took cognisance of displacement and impact on adjacent services, both existing and proposed. This context formed an integral part of each proposal.

These Long List options were scored against their delivery of the Primary and Secondary Objectives allowing the list to be reduced to 5 viable options.

The full Option Appraisal process was then undertaken for the 5 options short listed from the Long List of Options. This was done in accordance with the guidance detailed in the revised Scottish Capital Investment Manual (SCIM) including scoring benefits, risks and costs.

The options were re assessed and developed to allow better understanding of the impact within context of the proposed sites. This work allowed a refinement of the budget costs attached to each option. On completion of this exercise a second option appraisal was conducted to assess three planning alternatives.

Due to financial constraints, following approval of the IA this proposal was reduced to the following:

Table 23: Preferred Option - CAU

| Proposed Option | Benefits | Risks/ Constraints | Dependencies |
|-----------------------------------------|--------------|---------------------------|------------------------|
| The offices from the south end of the | Much | Service redesign | Creation of office |
| Oncology Admin Corridor move to a | improved | required | accommodation in a |
| modular building in Car Park 3 build in | facility for | Assumes reduction of | modular build required |
| (Admin/LINACS project). An "Acute" | acute | car park spaces- | before works can start |
| CAU with reduced accommodation | service | solution to be identified | |
| being created in the south end of | | for this | |
| Admin Corridor (including six short | | | |
| stay assessment beds) | | | |
| | | | |

4.2.3 Is the preferred Strategic Solution still valid?

As part of the OBC the preferred Strategic and Service solution was revisited to confirm that is was still valid and deliver the investment objectives and benefits.

The table below details the changes in scope for the preferred solution identified through the IA and IA Addendum and that proposed in this OBC:

Table 24: Changes to Preferred Option - CAU

| IA - Preferred Option | OBC - Preferred Option | Scope Changes and rationale |
|-----------------------|------------------------|-----------------------------|



| IA - Preferred Option | OBC - Preferred Option | Scope Changes and rationale | |
|------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| office accommodation and allow relocation of the Oncology ground floor Admin | of the Oncology Admin Corridor move to a modular building in | floor on the LINACS building was a more practical option than using Ward 15. The outcome for CAU remains the same – a much improved acute | |

4.2.4 Assessment of Non-Monetary costs and benefits

These are assessed as part of the programme Benefits Register attached as Appendix 2

4.2.5 Implementation options

The table in point 4.2.3 above identifies the current scope of works for the CAU element of the project. The preferred option contained in the Oncology Bridging Initial Agreement submitted to CIG in August 2016 had not achieved approval from the Scottish Government due to cost and affordability of the entire scheme. NHS Lothian has subsequently been asked to prioritise the proposals and present an IA Addendum with reduced options. The Way Forward presented in this OBC was developed based on the scheme described in the IA addendum, which was approved in March 2018.

4.2.6 Assessment of NPV (Net Present Value) of costs

The table below details the indicative whole life costs associated with the preferred option, discounted over the life of the project to give a Net Present Value of Costs for the project.

- Whole life capital costs do not include VAT or inflation as these are required to be excluded per SCIM guidance.
- Incremental whole life revenue costs represent the recurring and non-recurring revenue costs (excluding depreciation as required by SCIM guidance) throughout the life of the project (included as 6 years until delivery of the new cancer centre in 2025),
- All costs are discounted to give a Net Present Value of costs using a discount rate used of 3.5% in line with Treasury Green Book guidance.

The table includes a comparison of changes from the preferred option identified in the IA Addendum. No incremental revenue costs were included in IA/ IA Addendum as the service model was still to be defined. This has now been completed and will continue to be further refined through the FBC.

Further details on the calculation of costs can be found in the Financial Case.

Table 25: Indicative Costs of Preferred Option – CAU

| Cost (£m) | IA Addendum - Preferred Option | OBC - Preferred Option | Difference |
|--------------------------------------------|-----------------------------------------|------------------------------|------------|
| Whole life capital costs | 2,468 | 2,773 | 305 |
| Incremental whole life operating costs | 0 | 1,924 | 1,924 |
| Estimated Net Present Value (NPV) of Costs | 2,468 | 4,697 | 2,229 |



Service Change

Strategic

Initial Agreemen

Outline Business Case

Full Busines Case roject Monitoring and Service Benefits

4.2.7 Design Quality Objectives and Stakeholder Engagement

Design quality objectives and stakeholder engagement are included in the Management Case for all four projects included within this proposal.



5 Linear Accelerator (LINAC) Capacity Development and Administrative Offices

5.1 The Strategic Case

The sections below set out the strategic case for the construction of a new build facility housing two Linac bunkers and associated clinical accommodation on the ground floor and office accommodation for the oncology offices displaced by the creation of the Cancer Assessment Unit on the first floor.

There have been no changes to the strategic case driving this proposal since the Initial Agreement and Addendum were approved by the Scottish Government Capital Investment Group in 2016 and March 2018, respectively.

5.1.1 Existing Arrangements

The radiotherapy department at the Western General Hospital is an integral part of Edinburgh Cancer Centre serving a catchment population of approximately 2 million from across South and East Scotland. Intracranial stereotactic radiotherapy is also provided as a national service.

This provision is changing rapidly, and demand for radiotherapy is set to grow significantly over the next decade, and beyond.

The Radiotherapy department has seen a substantial increase in patient numbers over the past five years and saw over 5,700 new patients in 2018.

Table 26: Radiotherapy patient numbers

| YEAR | PATIENTS |
|------|----------|
| 2014 | 4,634 |
| 2016 | 5,518 |
| 2018 | 5,749 |

Following referral, patients are clinically assessed to establish if radiotherapy is the optimal choice for them. Subsequently, patients are prescribed courses of radiotherapy treatment which require detailed multi-disciplinary based preparation (scanning and planning). Delivery of external beam radiotherapy is given in fractions (of the total course). Completing treatment courses therefore requires multiple appointment visits over time to the department.

As well as external beam radiotherapy, brachytherapy (a procedure that involves placing radioactive material inside the body) is provided. Additionally, many patients are treated with concurrent chemoradiotherapy, and radiotherapy synchronised with surgery (requiring specific scheduling in the patient pathway for radiotherapy delivery pre or post the surgical procedure) and indeed synchronised brachytherapy with external beam radiotherapy for some gynaecological cancers. Overall, in recent years, the department has been continually improving, developing and modernising its approach to radiotherapy delivery, particularly through the use of intensity modulated radiotherapy (IMRT), and image guided radiotherapy (IGRT).

Linear Accelerator (LinAc) and bunker capacity

Currently the department has an operational funded establishment of six LinAcs. These operate for 8.25hrs per day, 5 days a week, with 10 service days and 6 public holidays.



The LinAcs are housed within specially-constructed and radiation shielded bunkers. The department has seven bunkers, and all have LinAcs in situ (however one is a non-operational 'mothballed' machine). At least one spare bunker is required to be able to efficiently manage an ongoing LinAc Capital Equipment Replacement Programme. This enables the service to avoid an undue disruptive affect on the rest of the radiotherapy service whilst machines are being replaced.

The seven current bunkers are comprised of 3 low energy bunkers built in the mid 1950's (relatively small facilities), 2 high energy bunkers built in the 1970's (again small facilities), and 2 medium energy bunkers built in the early 2000's (modern rooms suitable for modern RT).

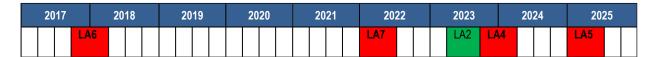
Key constraints – The bunker problem, complexity / throughput, and staffing

The combination and number of low, medium and high energy bunkers in the department does not always support the LinAc Capital Equipment Replacement Programme requirement and allow the department to operate all of its six LinAcs at all times. Wherever possible 'out-of-room' swaps are undertaken to replace LinAcs, whereby the machine being replaced is left in the bunker it occupies whilst the new machine is being installed and commissioned in the 'spare' (7th) bunker in the department.

Occasionally, due to the limitations of current bunker provision (principally a radiation shielding level / machine energy mismatch) an 'in-room' swap is required. When this is necessary the department may be forced to operate with 5 operational LinAcs for the period of installation and commissioning (6-9 months) Limited contingencies, such as running the operational machines for longer, are used to compensate in part for the reduction in capacity. These contingencies were used to replace LA6 in 2018 as the 'spare' bunker was not suitable for the machine being replaced.

Due to bunker incompatibility, of every 7 Capital Equipment Replacement Programme (CERP) LinAc replacements, 4 will require in-room swaps (in red) and will bring the ECC down to a 5 machine department (each time for approx. 6 months) – the timeline of in-room swaps over the next decade is as follows:

Figure 4: Linac replacement timetable



LinAc servicing and breakdowns are increasing issues as machines age. Overall, the total number of bunkers available will be unable to support the projected requirement to grow the capacity of the department over the next ten years and beyond.

Historically the department has treated approximately 5 patients per hour, but with increasing complexity of delivery it is important to also optimise the accuracy of treatment using on-board imaging (IGRT) – this adds to the time for each fraction delivered and therefore it is nationally agreed that 4.5 fractions per hour is a reasonable throughput. Capacity planning work in the South East of Scotland has accepted and used this assumption.

Constraints associated with LinAcs, bunkers, throughput and rising complexity (with the associated need for significantly greater verification imaging, and quality assurance checks), have been compounded by training and staffing constraints.

Changing practice

Radiotherapy is a dynamic and rapidly developing field of medicine and clinical trials currently underway, once reported, may potentially change practice in the first half of the next decade (2020 – 2025). Whilst the impact of this work cannot yet be anticipated, and it would be unwise to plan services based on such estimated changes at this time, we are aware of the main areas of potential change and these are in high volume pathways.

For breast, there is a potential reduction in the optimal radiotherapy rate and a potential reduction in the number of fractions per course for selected patients; for prostate there is a potential increase in the optimal radiotherapy rate however developments in both external beam radiotherapy and brachytherapy may in time reduce the number of fractions required for selected patients; and for lung cancer there may be a possible increase in the optimal referral rate associated with increasing capabilities to treat early stage disease potentially as an alternative to surgery. Reducing the number of fractions will not necessarily linearly decrease the overall time required on the LinAcs due to the often increased complexity in delivering these treatments – this is captured in the throughput of fractions per hour.

We know that our existing radiotherapy capacity will be increasingly unable to cope with future projected demand. In the shorter term the constraints of the current premises also threaten the department's ability to maintain full machine capacity. Particularly when managing the planned replacement of LinAcs.

The provision of additional bunker capacity is a critical part of Western General Hospital campus masterplanning and development. This workstream is a key part of the emerging Lothian Hospitals Plan, and in particular work which is being commissioned regarding the development of the Edinburgh Cancer Centre.

Population Projections

Over the next decade the population in SE Scotland is expected to increase by 8.2%, principally in the over 65 age group, as outlined the table below.

Table 27: Predicted change in population by age

| | Populatio | n Projectio | ns 2015 to | 2025 | | | | | |
|---------|-----------|--------------|------------|---------|---------|---------|--------|-----------|--|
| | Age Years | | | | | | | | |
| Year | 0-14 | 15-29 | 30-49 | 50-64 | 65-74 | 75-84 | 85+ | Total | |
| 2015 | 242,322 | 300,478 | 407,699 | 294,255 | 152,240 | 90,118 | 35,708 | 1,522,820 | |
| 2020 | 255,558 | 286,821 | 412,723 | 314,389 | 162,635 | 99,698 | 42,504 | 1,574,328 | |
| 2025 | 259,016 | 284,671 | 427,907 | 312,253 | 168,449 | 119,143 | 51,419 | 1,622,858 | |
| Numeric | | | | | | | | | |
| Change | | | | | | | | | |
| 2013 to | | | | | | | | | |
| 2025 | 21,039 | -17,557 | 20,015 | 25,651 | 23,614 | 32,130 | 17,851 | 122,743 | |
| % | | | | | | | | | |
| Change | | | | | | | | | |
| 2013 to | 0.00/ | = 00/ | 4.00/ | 0.00/ | 40.00/ | 00.00/ | | | |
| 2025 | 8.8% | -5.8% | 4.9% | 9.0% | 16.3% | 36.9% | 53.2% | 8.2% | |

¹Møller B., Fekjær H., Hakulinen T., Sigvaldason H, Storm H. H., Talbäck M. and Haldorsen T. "Prediction of cancer incidence in the Nordic countries: Empirical comparison of different approaches" (2003) Statistics in medicine, 22:2751-2766

As many cancers are age-related the incidence of cancers is predicted to increase by 27.2% (see table below). The main tumour sites which are likely to increase are Breast 23.4% (from 2013 to 2025) Colon 39.3%, Head and Neck cancers 23.4%, Lung cancer 17.5%, melanoma 50.5%, Non-Hodgkin's

Lymphoma 23.4%, rectum 26.0% and prostate 46.9%. In all cases the main increase is seen in the over 75 age group due to increasing longevity.

Table 28: Forecast numeric change over coming decade for all cancers in SE Scotland

| Age | 2011 | 2013 | 2015 | 2020 | 2025 | Forecast Numeric Change 2013 to 2025 | Forecast % change 2013 to 2025 |
|-----------|-------|-------|-------|--------|--------|--------------------------------------------------|--------------------------------------------|
| 0-14 | 30 | 32 | 33 | 34 | 35 | 3 | 9.5% |
| 15-29 | 92 | 119 | 124 | 129 | 129 | 10 | 8.7% |
| 30-49 | 778 | 772 | 779 | 795 | 844 | 73 | 9.4% |
| 50-64 | 2,187 | 2,141 | 2,187 | 2,356 | 2,465 | 324 | 15.1% |
| 65-74 | 2,281 | 2,447 | 2,573 | 2,773 | 2,829 | 382 | 15.6% |
| 75-84 | 1,936 | 2,026 | 2,128 | 2,455 | 2,913 | 887 | 43.8% |
| 85+ | 790 | 863 | 930 | 1,117 | 1,366 | 503 | 58.3% |
| Total | 8,832 | 9,249 | 9,657 | 10,703 | 11,765 | 2,516 | 27.2% |
| Weighting | | 1.00 | 1.04 | 1.16 | 1.27 | | |

2011 = recorded cases (2012 data is released but some cases come in late so 2011 is more complete) 2013-2025 = predicted

The greater number of people diagnosed with cancer will require increasing resources for diagnosis and staging (radiology, pathology, and secondary care physicians) and also treatment modalities such as surgery, radiotherapy and chemotherapy.

What are the problems with the current arrangements?

Our existing operational capacity will be increasingly unable to cope with future projected demand. In the shorter term the constraints of the current premises also threaten the department's ability to maintain full machine capacity, particularly when managing the planned replacement of LinAcs.

Modelling demand and our capacity requirement

In order to examine in detail the projected demand for radiotherapy in the South East of Scotland the region has worked with Information Services Division (ISD), commissioning a bespoke project from them to support our service capacity planning work. ISD utilised the NORDPRED software to analyse cancer incidence dating back to 1982. This software used age-period-cohort (APC) models for projecting future rates of cancer incidence, deriving the relevant parameters from the past observations.

Working with this demand forecast, in order to estimate the potential future requirements we developed several models examining current and optimal use of treatment over the coming decade. This involved making an assessment of the number of people who will need a course of radiotherapy each year, the number of fractions that would need to be delivered in future years, and estimating the resources required to deliver this number of courses and fractions. A full report outlining the various models

examined, and the conclusions reached, is available. To utilise the modelling work and apply it to service planning and radiotherapy department operational management, a method of displaying and summarising output was developed. This is based on the selection of a derived mid-range model (from the various models examined), planned machine utilisation levels, and the use of a traffic-lights system to indicate the degree of anticipated capacity utilisation over time. The modelling work has subsequently incorporated actual activity data for recent years as this has become available, to allow a comparison of forecast and actual, and to help sharpen the use of the model. As actual activity has been at variance (under) the predicted level over the last year approximately (in the context of actual and predicted activity levels being in close agreement before this), demand estimates fed into the summary model have been reduced by 10% to compensate. This brings the model more in line with the department actual across 2015 and 2016 to date, and a mechanism is in place to monitor trends monthly. The summary model is shown below.

Figure 5: Modelling of capacity requirement

| Model A | | | | | | | | | | | | | |
|-------------------------------------------------------------|----------------------|----------------|--------|--------|--------|---------|---------------|----------|-----------|--------|--------|----------|-------|
| | | | | | | | | | | | | | |
| | Baseline Year | Actual Attenda | ances | | | | orecasted Att | endances | | | | | |
| | 51,354 | 54,190 | 50,499 | 47,164 | 47,851 | 49,215 | 50,691 | 52,212 | 53,778 | 55,391 | 56,730 | 57,053 | 58,67 |
| linacs\Year | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 | 2024 | 202 |
| 5 | 106% | 114% | 109% | 104% | 106% | 108% | 111% | 114% | 118% | 122% | 125% | 125% | 1299 |
| 6 | 88% | 95% | 91% | 86% | 88% | 90% | 93% | | 99% | | | | |
| 7 | 76% | 81% | 78% | 74% | 75% | 77% | 80% | 82% | 84% | 87% | 89% | 89% | 929 |
| 8 | 66% | 71% | 68% | 65% | 66% | 68% | 70% | 71% | 74% | 76% | 78% | 78% | 819 |
| 9 | 59% | 63% | 60% | 58% | 59% | 60% | 62% | 64% | 66% | 68% | 70% | 69% | 72% |
| 0.83 | | | 37770 | | | 3011131 | | | 7,100,200 | 7,00 | 0.33 | 31127 50 | |
| Productivity Assumptions | 1 | | | | I | | | | | | | | |
| No. of fractions per hour | 4.8 | 4.7 | 4.6 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 | 4.5 |
| No. of operating hours per day | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 | 8.25 |
| No. of operating days per week | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| No. of PH per year | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| No. of Service days per year | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| No. of operating days per year | 245 | 245 | 245 | 245 | 244 | 245 | 245 | 246 | 245 | 244 | 244 | 246 | 245 |
| Anticipated no. of fractions available per year per machine | 9,702 | 9,500 | 9,298 | 9,096 | 9.059 | 9,096 | 9,096 | 9.133 | 9,096 | 9,059 | 9,059 | 9,133 | 9,096 |

The model uses a traffic light summary to indicate estimated LinAc utilisation levels.

- Green status is up to 90% capacity utilisation (90% is the upper limit adopted, allowing 10% operational headroom to allow for variation and general departmental capacity and flow management. Ideally an 85% utilisation level would be planned for longer term).
- Amber status indicates 90% to 95% capacity utilisation
- Red status indicates over 95% capacity utilisation.

As illustrated in the model, with an operational machine capacity of 6 LinAcs the department was at 90% capacity utilisation in 2018 and is projected to be at 93% capacity in 2019 (for comparative reference, the Beatson Cancer Centre Satellite development was triggered by the Beatson operating at 93%)

In the longer term the Capital Equipment Replacement Programme (CERP) picks up again from 2022 with a LinAc replacement scheduled each year for the next number of years thereafter. Without additional bunkers this cannot be managed.

Additionally, if no longer term solution is available (i.e. full reprovision of the Cancer Centre) then LinAc 7 would likely need to be commissioned in the period 2020 – 2022.

A new build department would be comfortably operating within the 85% utilisation level recommended – if equipped with a minimum of 9 high energy bunkers (with 10 or expansion space potentially advised), and 8 operational LinAcs, operating a standard working day of 8.25hrs pd. Strategic options to extend

operating hours would bring further future proofing, as would potentially adding a further operational LinAc 9, with due consideration to the acceptable parameters for departmental size. The recommended maximum size for radiotherapy centres is 8 LinAcs (NRAG productivity subgroup).

5.1.2 Drivers for Change

The following section expands on the need for change as identified in the Strategic Assessment (included in Appendix 1) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

The table below summarises the need for change, the impact it is having on present service delivery and why this needs to be actioned now. The table below confirms the need for change as detailed in the Initial Agreement is still valid.

Table 29: Summary of the Need for Change - Linacs and Admin

| What is the cause of the need for change? | What effect is it having, or likely to have, on the organisation? | Why action now? |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Our existing operational capacity will be increasingly unable to cope with future projected demand | Unable to meet Cancer Waiting Time Targets and provide an efficient service for patients | A solution is required to allow the service to meet demand until 2025 until a new Cancer Centre is built. |
| Administrative offices require to be re-provided to allow an adequate footprint for CAU | CAU is currently in space vacated by an inpatient ward, unsuitable accommodation for an assessment unit (as described in project section above) | As above |

5.1.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below. The investment objectives have been revalidated since the Initial Agreement taking cognisance of the continuing increased pressure on the service and remain valid.

Table 30: Investment Objectives – Linacs and Admin

| Effect of the need for change on the organisation | What has to be achieved to deliver the necessary change? (Investment Objectives) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Our existing operational capacity will be increasingly unable to cope with future projected demand | Provide bunker and LinAc capacity in a way which allows demand and capacity to be matched over the next 6 years until the full reprovision of the Cancer Centre. |
| In the shorter term the constraints of the current premises threaten the department's ability to maintain full machine capacity | Provide additional bunker capacity to allow a) LinAc replacement and b) LinAc expansion as required by the service |
| Increasingly the current department arrangements are limited in both pre-treatment imaging and the growing need for adaptive radiotherapy (intratreatment imaging and re-planning) | Provide bunker and LinAc capacity in a way which supports safe, high-quality, and sustainable service delivery |



Effect of the need for change on the organisation

Risk that the radiotherapy department is developed in a way that is not integrated to the wider department, and supports WGH campus development

What has to be achieved to deliver the necessary change? (Investment Objectives)

Fit with the emerging masterplan for the Western General Hospital, supporting a transition to a new ECC.

Provide capacity in a way which fits with the operational constraints both clinical and non-clinical services work within

5.1.4 Benefits

A Strategic Assessment (SA) was completed identifying the need for change, benefits of addressing these needs and their link to the Scottish Government (SG) five Strategic Investment Priorities below:

• Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability

The above investment objectives and the Strategic Assessment have informed the development of a Benefits Register (see Appendix 2). As per the draft Scottish Capital Investment Manual guidance on 'Benefits Realisation', this initial register is intended to record all the main benefits of the proposal. A full Benefits Realisation Plan will be developed at OBC stage.

A summary of the key benefits to be gained from the proposal are described below:

- Enables the service to maintain 6 treatment machines for patient treatments, even when one is being replaced.
- Enables the service to accommodate a 7th treatment machine to expand capacity in line with predicted need before the new cancer centre is provided.
- Bunker provision in proximity to and directly linked to the main Radiotherapy department removes
 the requirement for additional workforce and capital investment to support ongoing quality
 assurance, repair and preventative maintenance.
- Supports safe and sustainable service delivery
- Supports the transition to a new Cancer Centre
- Allows administrative offices to be re-provided to enable a new fit for purpose CAU to be built

5.1.5 Strategic Risks

The table below highlights key strategic risks that may undermine the realisation of benefits and the achievement of the investment objectives. These are described thematically and potential safeguards and actions in place to prevent these:

Table 31: Strategic Risks - Linacs and Admin

| Theme | Risk | Safeguard |
|-----------|---------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Workforce | Lack of specialist skills for service that is delivered | Develop robust workforce plan including retention of specialist staff and training programme |
| Funding | Capital funding not available | Provide robust case for funding through OBC and FBC |



| Theme | Risk | Safeguard | | |
|----------|----------------------------------------------|-----------------------------------------------------------------------------------------------------|--|--|
| Capacity | Future demand exceeds the projected forecast | Continue to progress proposal towards a new Cancer Centre to accommodate continued growth in demand | | |

A register of strategic risks is included in Appendix 3 and will be developed for the project at the through the FBC.

5.1.6 Constraints and Dependencies

There is a real key risk that the project will not be delivered in time to support the necessary replacement of LA7. This risk needs to be managed alongside departmental management of the extended working day option to create capacity, and also the potential to revise the LinAC replacement programme within acceptable risk parameters.

- The extended working day is possible to implement, however comes with its' own risks and constraints
- Replacement: LinAcs machine replacements may be required more frequently if machines are run for longer
- Impact of breakdowns: if a machine's workload is increased then it is important to have capacity in the other LinAcs to accommodate more breakdowns
- Out-of-hours servicing: Much servicing already takes place at weekend and after hours. However, if all servicing were moved to the weekends this would require the manufacturers and couriers to also be available at weekend and spare parts to be available. One approach recommended is for departments to have a spare LinAc for service days and breakdowns
- Patient specific quality assurance: for complex radiotherapy it is important to perform individual plan QA. It is important to also factor in access for dosimetry staff to the LinAcs at reasonable times of the day (usually early evening)
- Staff availability: working longer hours may make the job less attractive to an already sparse workforce.
- Patient acceptance: Surveys suggest that sufficient patients would accept treatment in early evening and over weekends but in order for departments to open longer hours and /or seven days a week it is important that the 'whole service' is also available - not just treating staff. For example, Oncologists, other clinical teams, clinical support services e.g. radiology, laboratories, administrative staff, porters, café services, and transport.
- Research and development: It is recommended this is at least 3% of capacity.
- Capacity to avoid waiting times: maintaining operational headroom of 15% of capacity available is recommended to ensure that waiting times do not lengthen.

Other key constraints include the further development and approval timescale for a new Cancer Centre on the Western General Hospital campus. Investment in radiotherapy department development at this stage needs to assist with the transition and development of the full reprovision of the Cancer Centre.

5.2 Economic Case

5.2.1 Do nothing/baseline

The table below defines the 'Do Nothing' option. This is based on the existing arrangements as outlined above.



Table 32: Do Nothing - Linacs and Admin

| Strategic Scope of Option | Do Nothing |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| Service provision: | Continue with current number of LINACS and accept increasing number of neoadjuvant radiotherapy cancer waiting time breaches |
| Service arrangements: | Continue to be delivered as a five day per week service - unable to expand the service to provide increased capacity |
| Service provider and workforce arrangements; | Current workforce, remains unchanged. Limited capacity to extend the working day without increase in workforce. |
| Public & service user expectations; | Safe delivery of prompt service under threat and waiting times likely to extend |

5.2.2 Preferred Strategic/ Service Option

The Western General Masterplan recognises that significant capacity implications are present if a longer-term solution is not found by 2022. As rehearsed above, a 7th LinAc may be required at this stage, as well as increasing capacity by extended-day working meantime.

An update on the masterplanning work was brought to NHS Lothian's Strategic Planning Committee in August 2015. This update flagged up the requirement for additional bunker capacity, and Strategic Planning Committee asked for an option appraisal to be carried out. In discussion at committee, two conceptual solutions were raised:

- A "pragmatic" solution of 2 bunkers, co-located to the current ECC buildings;
- A "more ambitious" solution, whereby a suite of 8-10 LinAc bunkers would be constructed on the cleared site of the Department of Clinical Neurosciences, when this service left the site in 2017.

A non-financial options appraisal workshop was undertaken on 23rd October 2015, with a broad invitation list from across disciplines and including the participation of stakeholders from across SEAT. The workshop considered a short-list of 6 options including the do-nothing option. Four of these options were short-term options for a 2-bunker solution, and one was the option of a full LinAc suite on the cleared site of DCN. Following appraisal, the workshop agreed that the preferred option was for a 2-bunker modular build on the car-park directly outside ECC.

In recognition of the above, at its meeting of the 21st of January 2016, the Strategic Planning Committee duly requested the development of an initial agreement, which would see the preferred option outlined as a step on the road to delivering the full "DCN option".

Progressing the 'Oncology Enabling Projects' and the LINACS expansion as one Outline Business Case ensures that the Cancer Centre continues to be developed on a properly managed and phased basis for ongoing business continuity and operational effectiveness, and in a way which minimises disruption and inconvenience to staff, patients and visitors.

The following was identified as the preferred option:

Table 33: Preferred Option - Linacs and Admin

| Proposed Option | Benefits | Risks/ Constraints | Dependencies |
|-----------------|----------|--------------------|--------------|



| New build facility housing two Linac bunkers and associated clinical accommodation on the ground floor and office accommodation on the first floor | to meet demand until new cancer Centre is built Accommodation for administrative staff displaced | project must align with | Dependent on capital Funding |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------|------------------------------|
| | by the relocation of CAU | | |

5.2.3 Is the preferred Strategic option still valid?

As part of the OBC the preferred Strategic and Service solution was revisited to confirm that is was still valid and deliver the investment objectives and benefits.

The OBC confirms that the proposed strategic solution is still valid and therefore the options outlined above remains the preferred solution.

5.2.4 Assessment of Non-Monetary costs and benefits

These are assessed as part of the programme Benefits Register attached as Appendix 2

5.2.5 Implementation options

The table in point 5.2.3 above identifies the current scope of works for the LINAC element of the project. The preferred option contained in the Oncology Bridging Initial Agreement submitted to CIG in August 2016 had not achieved approval from the Scottish Government due to cost and affordability of the entire scheme. NHS Lothian has subsequently been asked to prioritise the proposals and present an IA Addendum with reduced options. The Way Forward presented in this OBC was developed based on the scheme described in the IA addendum, which was approved in March 2018.

5.2.6 Assessment of NPV (Net Present Value) of costs

The table below details the indicative whole life costs associated with the preferred option, discounted over the life of the project to give a Net Present Value of Costs for the project.

- Whole life capital costs do not include VAT or inflation as these are required to be excluded per SCIM guidance.
- Incremental whole life revenue costs represent the recurring and non-recurring revenue costs (excluding depreciation as required by SCIM guidance) throughout the life of the project (included as 6 years – until delivery of the new cancer centre in 2025),
- All costs are discounted to give a Net Present Value of costs using a discount rate used of 3.5% in line with Treasury Green Book guidance.

The table includes a comparison of changes from the preferred option identified in the IA Addendum. No incremental revenue costs were included in IA/ IA Addendum as the service model was still to be defined. This has now been completed and will continue to be further refined through the FBC.



Further details on the calculation of costs can be found in the Financial Case.

Table 34: Indicative Costs of Preferred Option

| Cost (£k) | IA Addendum - Preferred Option | OBC - Preferred Option | Difference |
|--------------------------------------------|--------------------------------------|------------------------------|------------|
| Whole life capital costs | 7,090 | 8,501 | 1,411 |
| Incremental whole life operating costs | 0 | 182 | 182 |
| Estimated Net Present Value (NPV) of Costs | 7,090 | 8,683 | 1,593 |

The increase in costs from the IA Addendum include an additional £110k of capital costs due to additions to scope:

- Moving the community library into the WGH project hub
- · Moving oncology and haematology records into community library/ offices

The costs included above are estimates which require confirmation from the external cost advisors.

5.2.7 Design Quality Objectives and Stakeholder Engagement

Design quality objectives and stakeholder engagement and included in the Management Case for all four projects included within this proposal.

6 Overarching Enabling Programme - Decant Plan

6.1 Decant options including preferred option

In order to facilitate safe and timely patient care during the construction phase for both the Haematology and Oncology Enabling programmes of work, a decant facility on the Western General Hospital site is required.

In June 2018 an Options Appraisal was conducted on the various decant options identified as part of the Haematology OBC process. Decant of Breast Theatres, Breast Clinics and Ward 6 to the Department of Clinical Neurosciences (DCN) (along with Inpatient wards 2 and 4) which would allow Ward 8 to move to Ward 6 and Ward 8U to move to Ward 8 on completion of upgrade was scored as the preferred option.

It was understood at that time that some refurbishment works would be required in DCN in order to make the facilities fit for purpose and suitable for cancer patients, many of whom are immuno-compromised.

In recent months the estimated capital cost of this work has increased from the original budget of £1.8m to circa £4m due to the identification of issues with fire separation and detection as well as a need to replace the Medical Gas Pipeline System in its entirety.

Rising cost uncertainty and concerns regarding Infection Control following the recent incidents of pseudomonas within DCN necessitated a review of the available decant options and an options appraisal was undertaken in March 2019 led by the Cancer Project Team to consider alternative models that would deliver the required accommodation and support the essential cancer service upgrades.

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

It was acknowledged that these wards had been specifically designed for optimum care for frail elderly patients and the preferred option could involve significant disruption for Medicine of Elderly patients and staff.

The Medicine of the Elderly team then considered a number of options to release a ward within RVB to provide a temporary decant ward for Haematology. The team agreed on their preferred option of closing a ward within RVB and reducing their bed profile by 26 beds.

As part of this decant option Wards 2, 4 and 6 would not move, however Breast Theatre 14 (due to its location immediately below the current West Wing of Haematology) would have to relocate for the duration of Haematology construction works (anticipated 10 months).

It is proposed that a temporary theatre is hired and a suitable location has been identified in the car park next to Theatre 15 with a link corridor from the current theatre corridor deemed feasible. The anticipated revenue cost of the temporary theatre, based on recent projects elsewhere, would be approximately £500k to be funded as part of the Haematology project.

Subsequently, to allow the Oncology Enabling works to take place in a timely manner Ward 4 also requires a decant facility. As there remains significant pressure on MoE and reduction in capacity of 26 beds there are various options at the end of the 10 months of Haematology decant that require to be explored which may result in the RVB ward not being available for Oncology Enabling decant.

Therefore Ward 15 has been proposed as the decant facility for the Oncology Enabling works. This would require approximately £2m of upgrade works to make it fit for purpose for the patient group as well as any other general medical ward. This upgrade would also provide a possible decant space for



Haematology, should the RVB ward not be available in line with the timetable, in order to mitigate this risk to the Haematology programme.

6.2 Decant Timetable

The table below shows the revised programme plan based on decanting Haematology to RVB and using Ward 15 for decant of Ward 4 (Oncology Enabling) and as a risk management decant backup for Haematology, should the RVB not be available in time for Haematology programme.

Table 35: Proposed Decant Solution Timetable

| Project | Start | Finish |
|----------------------------|----------------|---------------|
| Works to Ward 15 | September 2019 | December 2019 |
| LINAC / ADMIN construction | March 2020 | July 2021 |
| Ward 1 construction | October 2020 | May 2021 |
| Wards 2-4 construction | May 2021 | February 2022 |
| CAU construction | July 2021 | February 2022 |

6.3 Decant Costs

The revenue and capital costs of decant are detailed in the table below. This also includes the change from those costs included in the approved Haematology OBC/ Oncology Enabling IA. Please note all decant costs (other than specific staffing for Oncology) are included in the Haematology FBC, not within this OBC due to the overarching requirement for both projects.

Table 36: Decant costs - including changes

| | Current Programme (£k) | Per approved Haematology OBC/ Oncology IA (£k) | Change (£k) |
|---------------------------------|---------------------------|------------------------------------------------------|-------------|
| Revenue - Staffing Decant Costs | 444 | 813 | -369 |
| Revenue - theatre decant | 500 | 0 | 500 |
| Capital - Haematology Enabling | 2,000 | 1,799 | 201 |
| Total Cost | 2,944 | 2,612 | 332 |
| NHSL Revenue Funding | 703 | 703 | 0 |
| Donor Funding | 1,300 | 1,300 | 0 |
| SG Funding | 700 | 610 | 90 |
| Total Funding | 2,703 | 2,613 | 90 |
| Shortfall | -241 | 1 | -242 |

Revenue staffing and facilities costs for the original decant option were estimated to be £813k for 15 months (in Haematology business case) Following review, this change in decant option has reduced revenue costs to £444k and the total duration of decant is expected to be 24 months (Haematology followed by Oncology Enabling).



A temporary theatre unit as required as part of the Haematology decant is estimated as a revenue cost of £500k based on experience of similar projects and is not part of this Business Case.

The capital cost of refurbishing Ward 15 is estimated at £2m. This remains included as part of the Haematology business case as it has been anticipated that the funding previously identified as part of the Haematology project (as detailed above) will still be available to fund this aspect. The refurbishment of Ward 15 represents risk management for the Haematology project should be RVB ward not become available in time for decant if delayed discharge reductions are not met.

This includes a contribution from the Haematology project donor and discussions are ongoing to confirm the viability of this.

Should donor funding not be available towards the decant costs alternative funding options will be further investigated including request of an additional specific allocation from the Scottish Government or NHS Lothian's formula capital allocation.

A capital gap of £241k remains on top of the funding identified as part of the approved business case documents. It is planned that this will be funded through NHS Lothian's capital formula allocation and this will be confirmed through the Haematology FBC.

7 Summary of confirmed options

The table below summarises the preferred strategic and implementation options for each of the four individual cancer enabling projects and the costs associated with each (capital and revenue).

Table 37: Summary of confirmed options

| Project | Preferred Option Description | Capital Cost (£k) | Recurring Revenue Cost (£k) | Decant Cost (Capital £k) | Decant Cost (Revenue £k) | NPV all costs (£k) |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------|
| SACT Expansion (Ward 1) | Upgrade Pharmacy area to deliver a safe and compliant aseptic unit Reprovision of stores & offices displaced by pharmacy work Additional toilets and counselling rooms Upgraded patient waiting area | 2,632 | 286 | 0 | 0 | 2,391 |
| In-Patient Wards | Inpatient wards spread over two floors (wards 2 and 4) General flooring and decoration works. | 2,314 | 959 | 0 | 187 | 6,065 |
| Cancer Assessment Unit | An "Acute" CAU with reduced accommodation being created in the south end of vacated Admin Corridor | 3,273 | 688 | 0 | 0 | 4,697 |
| LinAcs and Admin | Two storey Modular building constructed in Car Park 3 for LinAcs and admin staff | 10,077 | 1,042 | 0 | 0 | 8,683 |
| Total Cost | | 18,296 | 2,975 | 0 | 187 | 21,836 |

8 The Commercial Case

This Commercial Case outlines the proposed commercial arrangements and implications for this proposed project, by responding to a series of questions set out in the SCIM Outline Business Case guidance.

8.1 Procurement Strategy

NHS Scotland has established national procurement routes for major asset investment which have been fully developed within the EU public sector procurement regulation framework. It is a requirement for all NHS projects above £1m threshold to be procured under the NHS Scotland Frameworks Scotland 2 (FS2) arrangements. As the estimated capital cost at this stage is £15.3m, this route has been selected for the procurement of the project. This means the contract will be run in a design and build approach, this being the only available option under Frameworks Scotland 2. This procurement route appoints a single contractor to act as sole point of responsibility for the management and delivery of an integrated design and construction project.

Frameworks Scotland has been used successfully by NHS Lothian for a number of years and there is a clear organisational understanding of the process for appointment of PSCP (Contractor) and any relevant consultants that may be required.

The procurement of the project is led by members of the Cancer Services CMT and the Estates Department with support from Capital Finance on behalf of NHS Lothian and with assistance from Health Facilities Scotland in terms of Principal Supply Chain Partner (PSCP) and Professional Services Consultants (PSC).

The procurement of the PSCP for the project has been subject to competitive tender made under the umbrella of a wider WGH Programme of Works incorporating, apart from the Oncology Enabling project:

- Haematology
- Renal Services Reprovision
- WGH Infrastructure*
- WGH Demolitions*
- IA Support to new Cancer Centre
- Backlog Maintenance*

The appointment for *marked projects was made subject to availability of capital funding and other potential factors.

Although the appointments under Frameworks Scotland 2 for the entire WGH programme of works have been combined, each project within the programme is treated separately and is procured as a separate scheme contract.

The selection process for the PSCP has started in December 2017 and concluded in March 2018 with the appointment of RMF as the Principal Supply Chain Partner for the WGH programme of works. The selection was based on the quality against cost ratio and involved assessment of written submissions, evaluation of priced activity schedules and interviews. All 5 PSCP companies on FS2 have participated in the process giving NHS Lothian a wide choice and ensuring healthy level of competition.



Thomson Gray Partnership has been appointed as the Project Managers and Cost Advisors under the auspices of the Lead Advisor appointment for the WGH Masterplanning. The appointments of CDM advisor and Supervisor from within Frameworks Scotland 2 are currently being procured.

8.2 Scope of Works and Services

The PSCP will be responsible for providing all aspects of design and construction, including decants, and procurement of group 1 equipment throughout the course of the project.

The construction works will involve:

- Ward 1: upgrade and extension to the pharmacy areas housing the satellite Pharmacy Aseptic
 unit, reprovision of stores and offices displaced by the pharmacy works, additional toilets and
 upgraded patient waiting area
- Inpatient Wards: Minor works consisting mainly of changes to bedhead services in order to improve bed spacing, increased number of toilets and ensuite bathrooms, combining of the two radioactive iodine rooms into one in order to bring the facility in line with the current regulations and flooring and decoration works. These works will be possible only because the Cancer Assessment Unit currently located in Ward 2 will relocate (discussed below), freeing up ward accommodation for inpatients.
- Cancer Assessment Unit: This element involves creation of a purpose-build acute assessment facility in the current Oncology admin accommodation on the ground floor of the Oncology Building.
- Linear Accelerator: Construction of a new build facility housing two Linac bunkers and associated clinical accommodation on the ground floor and office accommodation for the oncology offices displaced by the creation of the cancer Assessment Unit on the first floor

The construction works will be carried out in a live hospital environment with patient care being delivered on all 6 sides, the project team will therefore be tasked with ensuring safe operation and business continuity at all times.

NHS Lothian will remain as the owner of the buildings throughout the term and will be responsible for the procurement of group 2-4 equipment, IT & Telecoms equipment, as well as provide Estates support to the project in terms of services isolations and shut-downs.

8.3 Risk Allocation

The project Risk Register is a working document and continues to be developed. As part of the Frameworks Scotland 2 process and NEC3 form of contract the risk allocation will be split appropriately between NHS Lothian and PSCP. The costed and allocated risk register will be made available and appended to the Full Business Case when completed. A first draft of the project risk register is included in the Appendix 3 and will be further developed as the project progresses with risk register workshops being held on a regular basis.

8.4 Contractual Arrangements

Frameworks Scotland 2 embraces the principles of 'collaborative working' to ensure that teams within and between the public and private sectors work together effectively. Collaborative working is defined as a relationship between purchasers and providers of goods and services throughout the supply chain,



based on mutual objectives, maximising the effectiveness of each participant resource while continually seeking continuous improvement. This approach is designed to deliver ongoing tangible performance improvements due to repeat work being undertaken by the supply chains.

Under NHS Scotland Frameworks Scotland 2 PSCPs are appointed under the Frameworks Scotland 2 NEC3 Engineering and Construction Contract (ECC) form of contract. The decision on the contract option for the Oncology Enabling project is yet to be finalised, however it is likely to be Option C: Target Price with Activity Schedule.

NEC 3 Contract Option C involves monthly payments to the PSCP up to the target cap with variations added by means of compensation events.

The contract will be extended in stages as the project develops and NHS Lothian approval and funds are received at each stage. The Principal Supply Chain Partner is appointed in stages. The design phase has started following the approval of the Initial Agreement by NHS Lothian and the formal appointment for the construction stage will only be made after the Full Business Case is approved.

8.5 Timetable

A detailed Project Plan has been produced for the OBC and contained in **Appendix 6**. At this stage the table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 38: Project Timetable

| Key Milestone | Date |
|------------------------------------------------------------------|---------------|
| Initial Agreement approved | March 2018 |
| Appointment of Principal Supply Chain Partner (PCSP) | March 2018 |
| Appointment of Construction, Design and Management (CDM Advisor) | April 2019 |
| Outline Business Case approved | June 2019 |
| Planning permission in principle obtained | December 2019 |
| Full Business Case approved | January 2019 |
| Construction start: | |
| Linacs/Admin | March 2020 |
| Ward 1 | October 2020 |
| CAU & inpatient Wards | May 2021 |
| Construction complete | February 2022 |

The programme is indicative and will be informed by further design and the required integration with the other projects ongoing on the WGH site.

9 The Financial Case

9.1 Capital Affordability

The estimated capital cost associated with the preferred option for each of the four projects is detailed in the table below. Construction costs were provided by independent quantity surveyors and are based on the formal Stage 2 Cost Estimate from the Cost Advisors

Table 39: Capital Costs

| Capital Cost (£k) | Ward 1 SACT | Wards 2 and 4 | Cancer Assessment Unit | LINAC Capacity | Total Costs |
|----------------------------|----------------|------------------|---------------------------|-------------------|----------------|
| Construction | 1,489 | 1,392 | 1,906 | 6,291 | 11,078 |
| Professional Fees, Surveys | 273 | 230 | 336 | 853 | 1,692 |
| Equipment, IT, Furniture | 292 | 179 | 253 | 260 | 984 |
| Contingency | 217 | 201 | 278 | 1,097 | 1,794 |
| Total Cost (excl VAT) | 2,271 | 2,002 | 2,774 | 8,501 | 15,548 |
| VAT | 361 | 311 | 499 | 1,577 | 2,748 |
| Total Capital Cost | 2,632 | 2,314 | 3,273 | 10,077 | 18,296 |

The assumptions made in the calculation of the capital costs are:

- Contingency has been included at 15% of construction costs to represent the ongoing uncertainty until the target cost is received.
- VAT has been included at 20% on all costs. Some VAT recovery has been assumed and will be further assessed in the FBC.
- Capital costs associated with the decant strategy detailed in Section 6 are £2m for the refurbishment of WGH Ward 15. These costs are included in the Haematology FBC due to the inextricable linkages between the projects.

Capital costs are proposed to be funded from the specific allocation from the Scottish Government. As noted in Section 8.3 below there has been an increase in capital costs of £3m from those included in the approved Initial Agreement Addendum. For further details on the drivers behind the increased costs see section 9.3.

Capital funding for the decant strategy is detailed in Section 6.

9.2 Revenue Affordability

The estimated recurring incremental revenue costs associated with each of the preferred options are detailed in the table below. These represent the additional revenue costs when compared to the 'Do Nothing' option.



Table 40: Incremental Revenue Costs

| Incremental Revenue Cost/year (£k) | Ward 1 SACT | Wards 2 and 4 | Oncology Assessme nt Area | LINAC Capacity | Total Annual Revenue |
|---------------------------------------|----------------|------------------|---------------------------------|-------------------|----------------------------|
| Staffing | 0 | 719 | 294 | 0 | 1,013 |
| Facilities | 22 | 8 | 67 | 34 | 132 |
| Non-Pays | 0 | 0 | 0 | 0 | 0 |
| eHealth | 0 | 0 | 0 | 0 | 0 |
| Depreciation | 263 | 231 | 327 | 1,008 | 1,830 |
| Total Annual Revenue Cost | 286 | 959 | 688 | 1,042 | 2,975 |

The assumptions made in the calculation of the revenue costs are:

- Depreciation is based on a useful life of 10 years and assumed to be funded from the existing NHS Lothian Depreciation funding allocation.
- Facilities staffing costs (domestics and portering) are based on an increased footprint and increased numbers of single rooms. The proposed staffing model is included in Appendix 8: Proposed Changes to Staffing Models.
- Clinical staffing costs are based on the staffing models included in Appendix 8: Proposed Changes to Staffing Models.
- No incremental facilities (energy and rates) or non-pays costs are included at present. Limited increases are anticipated due to and will be confirmed in the OBC.

Additional to the costs outlined above are one off non-recurring revenue costs associated with the required decant of the inpatient wards. These represent the revenue costs for the decant and total £187k. All other costs associated with decant are included within the Haematology business case due to inextricable linkages.

Revenue costs will continue to be refined through the FBC process.

Funding for the increase in revenue costs is proposed from the following sources:

- Depreciation (£1,830k) to be funded from the existing NHS Lothian depreciation allocation.
- Recurring staffing and facilities (£1,145k) discussions are underway regarding the option of funding additional revenue costs (from 2021) in part from new Gynae Brachytherapy income.
 This has been reviewed and agreed (in principle) by the Finance Business Partner, Jill Dempsey.
 The service will continue to identify opportunities to fund the remaining gap however given the projected growth in activity this will be challenging.
- Non-recurring decant revenue (£187k) –funding identified from service savings

9.3 Change in costs from Initial Agreement (IA) Addendum

The table below details the change in capital costs from those presented to SG CIG in the IA Addendum in March 2018.

The indicative project capital costs have increased by £3m when compared to the costs presented in the IA Addendum. Further detail of the specific drivers behind the increase will be available when the formal stage 2 report is received and there may be further changes to the costs on receipt of this report. £110k

of the additional costs represent scope additions as detailed in the Linac/ Admin section of this report.

The IA Addendum did not include any costs for revenue implications as the service and staffing models were still being fully defined. Staffing models have now been agreed as part of the OBC process but will continue to be refined through the FBC.

Table 41: Change in costs (IA to OBC)

| Cost | IA Addendum (£k) | OBC (£k) | Change |
|--------------------------------|---------------------|----------|--------|
| Capital Costs | | | |
| Ward 1 SACT | 2,000 | 2,632 | 633 |
| Wards 2 and 4 | 2,011 | 2,314 | 303 |
| Cancer Assessment Unit | 2,890 | 3,273 | 383 |
| LINAC Capacity | 8,428 | 10,077 | 1,649 |
| Total Capital Costs | 15,329 | 18,296 | 2,967 |
| Recurring Revenue Costs (p.a.) | | | |
| Ward 1 SACT | 0 | 286 | 286 |
| Wards 2 and 4 | 0 | 959 | 959 |
| Oncology Assessment Area | 0 | 688 | 688 |
| LINAC Capacity | 0 | 1,042 | 1,042 |
| Total Revenue Costs (p.a.) | 0 | 2,975 | 2,975 |

Table 42: Drivers behind capital cost increases

| Projects | Capital Cost Increase Driver | Cost Increase (£k) |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|
| Total Capital Cost Increase | | 2,967 |
| | Increased scope of work within Pharmacy to meet department requirements identified during consultation | |
| Ward 1 SACT | Increased scope of work in general areas to accommodate displaced accommodation | (633) |
| | Provision of new patient toilet and DSR Increased preliminaries allowance to reflect RMF capped prelims percentage | |
| | Increased inflation allowance to reflect current programme (based on BCIS allowance – 9%) | |
| | Increased overall area of refurbishment | |
| | Minor works in other areas out with main department to meet briefed accommodation | (303) |
| | Provision of new air handling unit in basement plant room | |
| CAU | Addition of repairs to existing windows | |
| | Increased preliminaries allowance to reflect RMF capped prelims percentage | |
| | Increased inflation allowance to reflect current programme (based on BCIS allowance – 13.7%) | |
| Wards 2 and 4 | Increased scope of work within wards to meet the brief developed during consultation | (383) |
| vvalus Z aliu 4 | Addition of upgrading to shielding in RT room (nominal £15k allowance only at this stage) identified by RPA | |

| | | Cost Increase |
|----------------|--------------------------------------------------------------------------------------------------------------------|------------------|
| Projects | Capital Cost Increase Driver | (£k) |
| | Addition of repairs to existing windows Increased preliminaries allowance to reflect RMF capped prelims percentage | |
| | Increased inflation allowance to reflect current programme (based on BCIS allowance – 13.7%) | |
| | Increased area to accommodate maze design | (1,649) |
| | Increased area to provide required accommodation for administration personnel | |
| Linac Capacity | Addition of allowance for work within HEBA building (and associated fees) to accommodate new link | |
| | Increased preliminaries allowance to reflect RMF capped prelims percentage | |
| | Increased inflation allowance to reflect current programme (based on BCIS allowance – 5.6%) | |

9.4 Overall Affordability

The capital costs detailed above are anticipated to be funded through traditional capital funding and it is anticipated this will be provided by a specific allocation from the Scottish Government

This project has been prioritised by NHS Lothian and the estimated costs noted above will be included in the NHS Lothian Property and Asset Five Year Investment Plan.

Once fully operational in 2021, there will be an incremental revenue cost of £2,975k. Depreciation of £1830k has an identified funding source. For the remaining £1145K , it is proposed that agreement is sought on a regional funding model. This model suggests 40% of costs would be funded by other regions with the remaining 60% (£687k) to be covered by Lothian.

Of the £687k costs for Lothian, £300K will be covered by additional income generation from Gynae Brachytherapy, leaving a residual gap of £387k which is still to be addressed. Given the projected growth in activity it is challenging to identify opportunities for savings to close the rest of this recurring gap.

Additionally there are non recurring decant costs of £187k.

All costs will continue to be refined through the FBC process.



Service Change

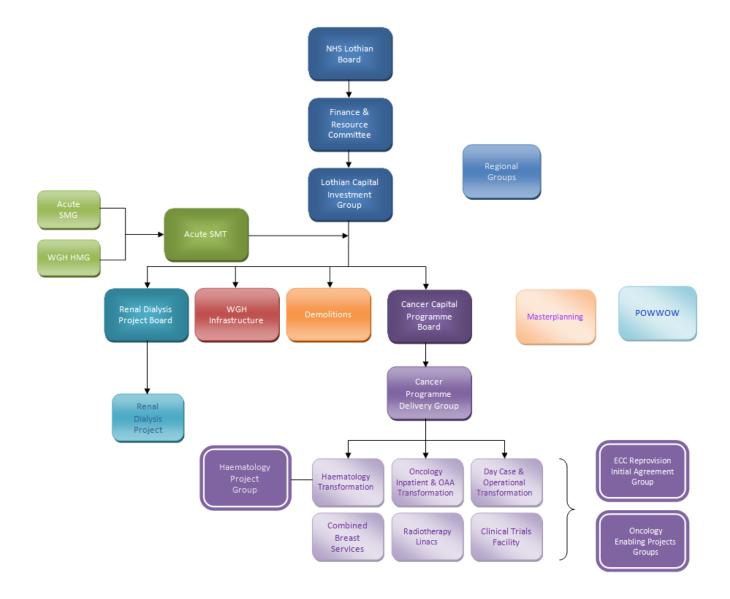
10 The Management Case

This section of the business case addresses the achievability of the scheme in terms of NHS Lothian's readiness and ability to proceed to contract award and project implementation. It builds on the arrangements described in the OBC by setting out in more detail the actions that will be required to ensure the successful delivery of the scheme in accordance with best practice.

10.1 Governance support for the proposal

The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution, as part of the wider Cancer Transformation Programme.

Figure 6: Governance Structure





10.2 Project Management

The table below notes the project team who will be responsible for taking the project forward including details of the capabilities and previous experience.

The project will be governed by the Cancer Project Board which oversees the full Cancer Transformation Programme of works.

Table 43: Project Management Structure

| Role | Individual | Capability and Experience |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Executive Lead | Jim Crombie, Deputy Chief Executive | |
| Project Sponsor | Chris Stirling, WGH Site Director | Senior NHS manager with 25 years experience in acute hospital management roles in NHS Scotland and NHS England. Experience of a variety of capital projects and service transformation and quality improvement programmes. |
| Project Owner(s) | Denise Calder, General Manager, Cancer Services, NHS Lothian Larry Hayward, Clinical Director – Oncology (AMD from 1st April 2019) | Senior NHS Manager with 16 years experience in acute hospitals management roles in NHS England and NHS Scotland. 7 years experience of managing Specialist Regional Cancer and Palliative Care Services. Experience of leading development of wide range of cancer facilities. |
| Project Lead | Lyndsay Cameron, Strategic Programme Manager | MSP Qualified Programme Manager with several years of operational management experience and project delivery on the WGH site |
| Project Director | Hania Klinge, Head of Projects – Estates | Estates Programme Manager with 10 years of experience in managing NHS Capital Projects of similar size |
| Project Co-ordinator | Wilma Jack, Senior Clinical Research Fellow | Oncologist with a special interest in healthcare build environment, having assisted in delivery of several projects on WGH site over last 10 years |

| | | Evaluation |
|---------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Role | Individual | Capability and Experience |
| | Audrey Campbell, Clinical Nurse Manager, | Clinical Nurse Manager with 12+ years experience. Involvement in 2 major reprovision projects (new RIE and RHSC/DCN) and other smaller projects. |
| | Linda Carruthers, Head of Oncology Physics | Medical Physicist with over 10 years experience of clinical and technical input into radiotherapy capital equipment and infrastructure projects. |
| | Heather Tait, Cancer Service Manager | Operational Service Manager involved in agreeing client brief and maintaining operational service delivery. Some previous experience with smaller scale capital project within NHS setting. |
| Project Medical Advisors | Catriona Mclean, Consultant Oncologist | Clinical Oncologist at ECC for 25 years with clinical ward management responsibilities for the last 2-3 years. |
| Capital Finance Support | Beata Burkinshaw, Capital Finance | Assistant Finance Manager with 11 years experience in various finance departments within NHS Lothian. In the past 4 years provide finance support for NHS Capital Projects. |
| Revenue Finance Support | Jill Dempsey, Finance Business Partner WGH & OAS | Finance professional with over 20 years of experience. Background in analysis and evaluation of large projects. |
| Infection Control Support | Carol Calder, Geographical Lead Infection Prevention and Control Nurse | |
| Estates Liaison Officer | David Williamson, Estates Sector Manager | Over 30 years' experience in Estates with extensive knowledge of M&E services on this site. |
| eHealth Advisor | Graeme Garvie, Network Team Leader | Network Team leader with over 6 years working with the NHS eHealth department providing installation and support for all NHS Lothian and GP sites in the Edinburgh and Lothian area. |

Legal advice for the project (if required) will be obtained from the Central Legal Office. RMF have been appointed as specialist external advisors. The table below lists the project's external advisors:

Table 44: External Advisors

| Role | Organisation & Named Lead |
|--------------------------------|-------------------------------------------|
| Project Manager | Thomson Gray – Wesley Bathgate |
| Cost Advisor | Thomson Gray – Rod Shaw |
| Principal Supply Chain Partner | RMF – Andy Somerville |
| Principal Designer | Thomson Gray (RMF Partner) - Stuart Deans |
| CDM Co-ordinator | TBC |

The roles and responsibilities of each of the project team members, together with other project stakeholders, are detailed in the Project Execution Plan document which will be will be developed further in collaboration with the PSCP team and set out the Project Management arrangements required for the Construction Stage.

A detailed Construction Phase Plan will be developed by the PSCP as part of the Construction Phase Health & Safety Plans prior to Construction start. The plan will focus on the construction processes including health & safety, infection control, traffic management and access arrangements, communication links, risk management and quality inspections.

10.3 Engagement with Stakeholders

The table below summarises the stakeholders impacted by this proposal and the details of the engagement that has taken place with them to date and notes their support for this proposal.

Table 45: Engagement with Stakeholders

| Stokoholder Crous | Engagement that has taken | Confirmed support for the |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stakeholder Group | place | proposal |
| Patients/service users | Patients and service users affected by this proposal include cancer services patients their families and carers. Their involvement in its development includes communication through public events and feedback given during stakeholder interviews. | Feedback from these events and interviews has been considered as proposals have developed. |
| General public | The general public will be affected by this proposal by disruption during building works onsite however the outcome of the proposal will be better public facilities. This has thus not required a wide range of public consultation events, however a public event was held in November 2018 to communicate changes across the WGH site. | Feedback from the public consultation events has been taken into account when planning the logistics of these projects. The level of support from the general public for this proposal is good as the outcome of the proposal will be better public facilities and there is a recognition of the necessity of works being carried out. |
| Staff/Resources | Staff affected by this proposal include staff across cancer services. Their involvement in its development includes participation in discussions of project plans and staffing arrangements. There is likely to be some service disruption while wards are decanted however there will be ongoing communication and planning to keep this to a minimum. The general environment for staff will be improved both within decant facilities and once enabling is complete having a positive impact. | Feedback from staff has been incorporated in project plans as they have developed. |
| Other key stakeholders and partners | Other key stakeholders identified for this proposal have been included in discussions as plans have progressed with opportunities for changes to be made at various stages in the process. | Confirmed support for this proposal has been gained through wide communication of plans and recognition of necessity of works being carried out. |



10.4 Design Quality Objectives

The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

An initial AEDET (Achieving Excellence Design Evaluation Toolkit) workshop was undertaken on the 28th November 2018 with key stakeholders from clinical and supporting departments in attendance.

The objectives of the workshop were to:

- Review the existing building and set a benchmark score under 3 main areas Functionality, Build Quality & Impact split into 10 sections
- For each of the 10 sections to identify priority statements which need to be addressed as a priority as the design develops
- Generate target scores for each section

A summary of the benchmark and target scores and the priority statements are included in Appendix 4.

10.5 Change Management

In order to avoid scope creep and overspend and to ensure project success, change control mechanisms have been developed. The Project Owner and Director will be responsible for maintaining strict control of the project and managing changes as they arise.

In the delivery and commissioning stages of the project, the established design parameters will not be changed without the prior consent of NHS Lothian via the Project Director, Project Manager and the Project Group. The NEC3 Form of Contract has a prescribed method of managing variations through the system of Early Warnings and Compensation Events.

Fortnightly Project Group meetings have been established for the day to day project operations and continuous communication with the Cancer Clinical Management Team members is also maintained in order to respond to key escalated issues and proposed changes in a timely manner. In addition, monthly WGH Programme of Works meetings including the Project Director, Project Manager and the Hospital Management Team have been established in order to support the project delivery in a site - wide context.

Any changes to the project not impacting on the service delivery, programme, time or cost will be decided on by the Project Director and the Project Group. Otherwise, all project change requests will be referred via the Cancer Clinical Management Group to the Cancer Capital Programme Board.

10.6 Benefits Realisation

A Benefits Register is included in Appendix 2 and a Benefits Realisation Plan will be developed as part of the FBC. Further detail on the benefits to be achieved for each project is included in sections 2 to 5.

10.7 Project Risk Register

Risks are managed consistently across the project via a risk management strategy that is in line with the HFS Framework requirements, industry best practice and learning from recent and ongoing projects.

NHS Lothian and the project team recognises that all projects involve risk that needs to be identified and pro-actively managed to ensure that the project successfully meets its objectives, and that these risks

are heightened when undertaking refurbishment works within a live acute hospital environment.

Project risk is managed within the project team and led by the Project Director. A risk work stream has been established to identify, evaluate, manage, and monitor risks throughout the life of the project. A project risk register is used to record and manage all risks associated with the project and it is a key part of the project's control processes. It is maintained as a live document which is referred to by all members of the project team and continually updated by the Project Manager. Risks are managed by a named risk owner and risk review workshops will take place regularly to ensure the risk register remains relevant and remove those as these expire. The Risk Register is consistent with the HFS guidance and adopts a "traffic light scoring system". Risk updates are planned to be reported regularly in the Project Director's monthly report and this will continue for the duration of the project.

The latest version of the project Risk Register is included in Appendix 3. As the document develops in line with the project stages, the risks will be quantified in cost terms where possible. These risks will be subjected to a capital cost estimate, based on their likelihood and impact. This work will be undertaken in support of the development of capital cost estimates initially and agreed with the PSCP prior to the agreement of the Target Price sum.

10.8 Commissioning

The commissioning process will be managed by NHS Lothian Estates Department. David Williamson, a Sector Estates manager dedicated fully to the Western General Hospital Programme of Works will be responsible for leading on this aspect of the project, ensuring that commissioning is delivered in accordance with the NHSScotland Commissioning process. A Project Supervisor will also be appointed in the Spring of 2019 from Frameworks Scotland 2 scheme and will be expected to support the commissioning process. A full Commissioning Master Plan will be developed and presented in the Full Business Case.

10.9 Project Evaluation

The Project Director will be supported by the Users and the Project Team in managing and monitoring the project's progress against the agreed programme, quality of the works against the agreed specification and plans and delivery of the project to the approved Business case target cost and overall budget.

The Project Director will submit monthly reports to Project Owner and quarterly reports to the Cancer Capital Programme Board to prove governance and project delivery.

The report will provide the sections:

- Executive summary headlines for the following key issues
- Health and safety issues
- List of keys activities past/next month
- Programme and performance
- Financial issues
- Risk and issues requiring escalation

Monthly progress meetings in addition to more frequent project meetings have already been established, enabling the project director and the project team to review the project in a wider WGH Programme of Works context and to identify any constraints or dependencies affecting the project. Quarterly Project Steering group meetings have also been organised with the senior stakeholders from NHS Lothian and



the PSCP in order to maintain communication and give opportunity to voice any concerns on a senior level.

The project progress will be evaluated in stages:

Design Process Evaluation

An evaluation of the design process and outputs will be continuously undertaken during the FBC stage to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues prior to construction and give opportunity to assess the project against the budget and programme and take appropriate measures as required.

Monitoring Construction

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

Post Project Evaluation of the Construction Project and Service Outcomes

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

NHS Lothian is committed to ensuring that a thorough and robust Post-Project Evaluation is undertaken to ensure that lessons can be learnt from the project and taken forward into the future. The Post Project Evaluation Report will review the success of the project against its original objectives, its performance in terms of time, cost and quality outcomes and whether it has delivered value for money. It will also provide information on key performance indicators. This review will be undertaken by senior member of the Project Board. The Post Project Evaluation Report will be submitted to the Finance and Resource Board for its review and dissemination.



11 Conclusion

The strategic assessment for each project contained in this proposal are included in Appendix 1

The proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian.

The programme of work detailed in this OBC represents critical upgrades required to address immediate pressures experienced by the service and to ensure safe service delivery to patients until a new Cancer Centre is developed.

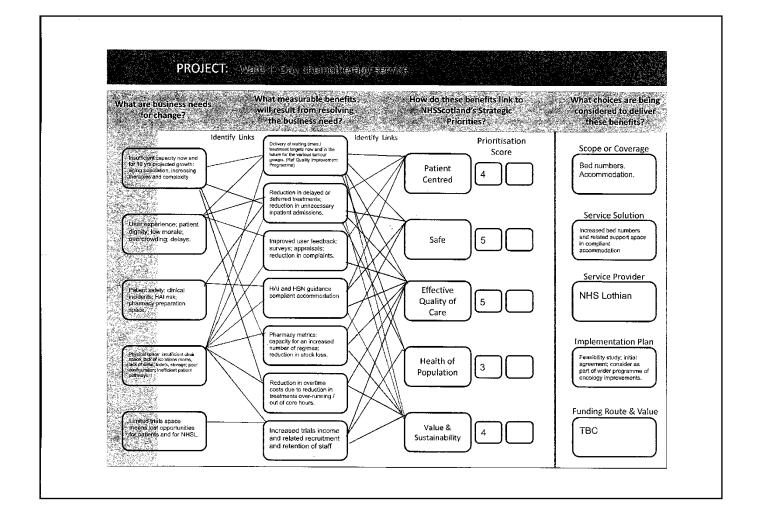
This paper has demonstrated that the growth across all Cancer Services presents a continual challenge for the service to evolve and maintain an infrastructure to support quality patient centred service delivery. The current oncology estate on the Western General Campus has significant capacity and HEI compliance issues that present material risks and cannot be addressed without capital investment.

It is recommended that NHS Lothian support the programme of work outlined in this paper.



Appendix 1: Strategic Assessment

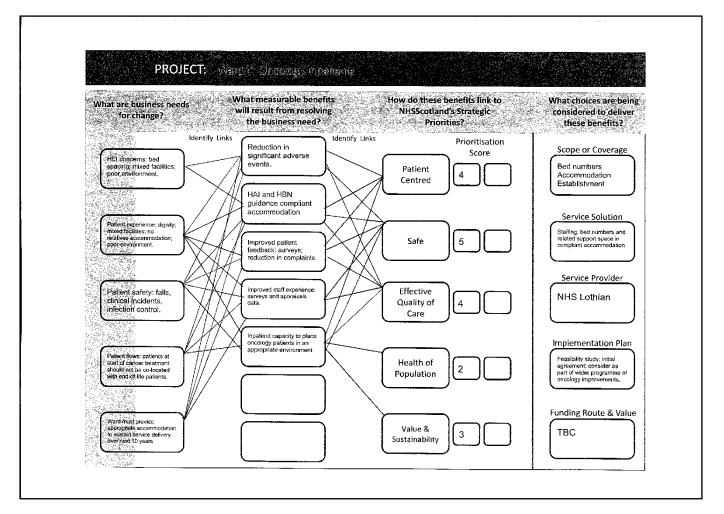
Expansion of day case Systemic Anti-Cancer Therapy (SACT) Service (Ward 1)





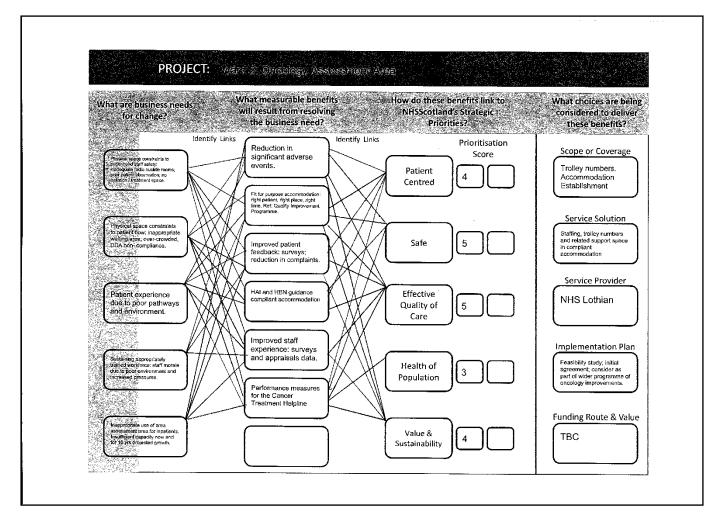
Service Change

Upgrade of Wards 2 and 4 (Oncology In-patient Wards)



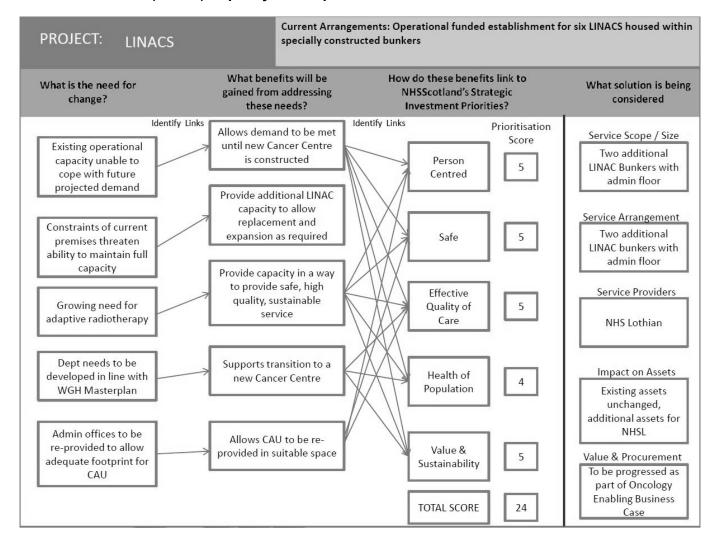
Service Change

Redesign of the Cancer Assessment Unit (CAU)





Linear Accelerator (LINAC) Capacity Development and Administrative Offices





Appendix 2: Benefits Register

| | | | Benefits Reg | ister | | |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------|
| | | 1. Ide | ntification | | | 2. Prioritisation (RAG) |
| Ref No. | Benefit | Assessment | As measured by: | Baseline Value | Target Value | Relative Importance |
| Ward 1 | | | • | | | |
| 1 | Increased treatment chair spacing to reduce overcrowding and improve patient experience | Quantitatively | Actual Chair spacing | 2.0m2 | 10m2 | 4 |
| 2 | Increased number of chairs to deliver waiting times targets | Quantitatively | Waiting Times Performance Metrics | Current | As set by Scottish Government | 4 |
| 3 | Improved User Feedback | Quantitatively | Reduction in complaints Improvement in patient survey results | Current complaint numbers | Zero complaints regarding lack of space, cramped environment | 4 |
| 4 | Space released in Ward 1 from Haematology move will allow expansion of the Pharmacy Department to ensure safe and efficient preparation of SACT. | Quantitatively | Floor space allocated to the satellite pharmacy. Reduction in stock loss Increase in regimes held | Chemotherap y checking work bench used for more than 1 preparation | Space to allow checking of one preparation at a time. | 4 |
| 5 | Enables the implementation of some new models of care which can be built upon in the future when planning for a new Cancer Centre. | Quantitatively | 1Data from Trak. Number of treatments that were previously in-patient | Patients admitted for treatment | Out-patient treatment is the model of care unless patient factors necessitate admission. | 4 |
| 6 | Improved HEI and HBN guidance compliant accommodation | Quantitatively | | Building does not meet current standards | Most standards are met | 4 |
| Wards | 2 and 4 | | • | | | |
| 1 | Improvement to bed spacing | Quantitatively | Bed spacing | Current spacing | Increase in spacing | 4 |
| 2 | Increased number of toilets | Quantitatively | Increase in number | Current number | Increase in number | 4 |
| 3 | Upgrade to radionuclide room | Quantitatively | Improved compliance with radiation protection regulations | | | |



Service Change

Strategic Assessment Outline Business
Case

Full Busines: Case roject Monitoring and Service Benefits Evaluation

| 1 | Improved HEI and HBN guidance compliant accommodation | Quantitatively | | Building does not meet current standards | Most standards are met | 4 | |
|--------|----------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------|---|--|
| 2 | Reduction in incident reporting (DATIX) and SAE | Quantitatively | DATIX and SAE numbers | Current incidents | Zero incidents | 4 | |
| 3 | Improvement in performance time between referral, admission and assessment | Quantitatively | Metrics | Current time | Improvement in performance time | 4 | |
| 4 | Improved User Feedback | Quantitatively | Reduction in complaints Improvement in patient survey results | Current Zero complaints complaint regarding lack of space numbers cramped environment | | 4 | |
| 5 | Improved staff experience Quantitatively | | Staff Surveys | Current feedback | Improvement in staff feedback | 4 | |
| 6 | Improved performance measures for Cancer Treatment Helpline | Quantitatively | | | | 4 | |
| 7 | Improved HEI and HBN guidance compliant accommodation | Quantitatively | | Building does not meet current standards | Most standards are met | 4 | |
| LINAC/ | 'Admin | | | | | | |
| 1 | Meet growing demand for Radiotherapy | Quantitatively | Performance Metrics | Current | As set by Scottish Government | | |
| 2 | Allow optimum efficiency of LINAC machines and maintain full machine capacity | Quantitatively | Capacity calculations | Machine shutdowns required to maintain LINACS | No shutdowns required for maintenance or replacement of LINACS | | |



Service Change

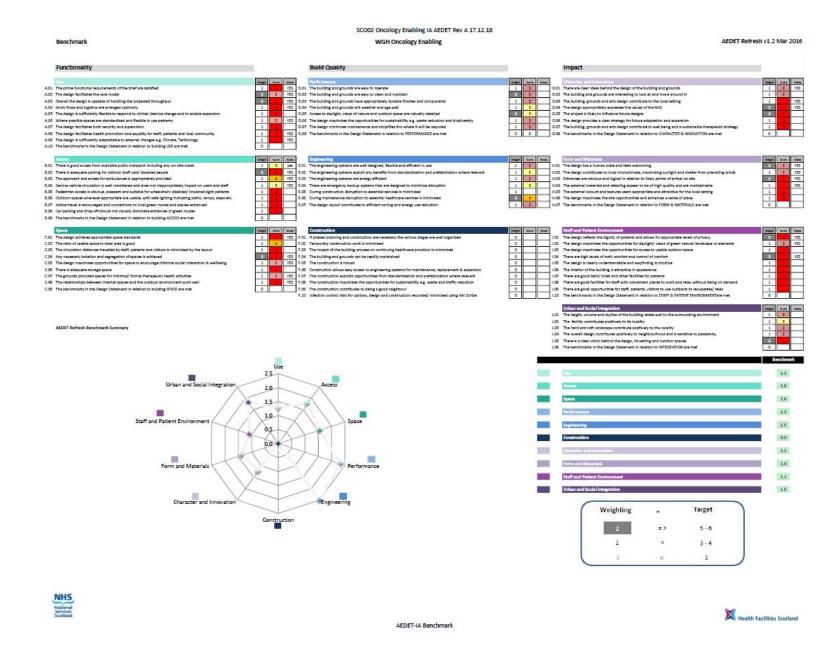
Appendix 3: Risk Register

| | Pre-construction risks | | | | | | | | | | | | | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---|----|----------------------------------------------------------------------------------------------------------------------------------|--------|---|------|-------|-------|---------|---|--|--------------|----------|
| | WTO04 Ward 1 | | | | | | | | | | | | | | |
| \vdash | Delay to handover of Haematology project | | | | Risk noted. Haematology | | | | | | | | | | |
| 1 | impacts Ward 1 decant and ability for | 3 | 5 | 15 | project, decant etc all part of | 1 | 1 | 2 | £0.00 | £0.00 | 0 | 0 | | | |
| - | refurbishment works to progress. Unable to obtain accurate as built drawings | | | | wider campus risks. Provided all existing | | | | | | | | | | |
| 2 | and information leading to additional costs / | 3 | 3 | 9 | information and detailed | 1 | 3 | 3 | | | | | | | |
| L_ | design uncertainty. | | | L | surveys undertaken | | | | | | | | | L | |
| | | | | | | | | | | | | | | | |
| 1 | Lack of access / restrictions to verify existing | | | | Several site walk rounds | | | | | | | | | | |
| 3 | building information leading to additional | 3 | 3 | 9 | undertaken to verify existing | 1 | 3 | 3 | £0.00 | #REF! | 0 | 0 | | | |
| 1 | costs / design uncertainty. | | | | building layout. | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| I. | New Renal Unit, Flood Allleviation and | | | | Design being developed for all | | | | | | | | | | |
| 4 | Infrastructure (steam duct) affect Ward 1 design / construction and project costs. | 3 | 3 | 9 | projects. Collaboration between parties. | 3 | 2 | 6 | | | | | | | ' |
| 1 | uesign / construction and project costs. | | | | parues. | | | | | | | | | | |
| - | 1 | | | | Alternative access route via | | | | | | ļ | | | <u> </u> | |
| | Restricted access under link bridge affects | | | | Telford Road under restricted | | | | 00.55 | 00.55 | _ | _ | | l | <u>'</u> |
| ь | deliveries to site including temporary Aseptic Pharmacy | 5 | 3 | 15 | conditions. Co-ordination with | 2 | 3 | 6 | £0.00 | £0.00 | 0 | 0 | | 1 | |
| | | | | | WGH TMG required. | | | | | | | | | | |
| 1 | New Renal Unit is not completed prior to Ward 1 works commencing, including Link | | | | Construction phasing and | | | | | | | | | 1 | |
| 7 | resulting in delay to commencing | 2 | 4 | 8 | sequencing to be reviewed. | 2 | 2 | 4 | | | | | | l | |
| L | construction. | | | | | | | | | | | | | L | |
| I^{-} | | | | | Relocation works to be co- | | | | | | | | | l | |
| 8 | Loss of back up generator power supply due to relocation of existing Ward 1 / Renal Unit. | 2 | 4 | 8 | ordinated and undertaken out of hours. Risk relates to back | 2 | 2 | 4 | £0.00 | £0.00 | 0 | 0 | | l | |
| 1 | | | | | of hours. Risk relates to back up power supply. | | | | | | | | | l | |
| | 1 | | | | Preferred temporary pharmacy | | | | | | | | | | |
| 1 | I | | | | location identified. There has | | | | | | 1 | | | 1 | |
| 0 | Availbility of temporary Aseptic Pharmacy | А | | | been early engagement with preferred supplier over unit | | | | 04.00 | 00.00 | _ | ^ | | l | |
| 9 | Unit delays construction works commencing on site and increases project costs. | 4 | 5 | 20 | preferred supplier over unit availability. Unit to be procured | 3 | 3 | 9 | £1.00 | £0.00 | 0 | 0 | | 1 | |
| 1 | moreaude project dusts. | | | | via NHSL through Quick | | | | | | | | | l | |
| <u></u> | | أكالي | | | Quotes. | | | | | | | | | <u> </u> | |
| 1 _ | Asbestos materials present within the | | | | R&D survey to be carried out | | | | | | | | | | |
| 10 | building as identified by existing Management | 4 | 5 | 20 | prior to works commencing on site and approriate mitigation | 4 | 4 | 16 | | | 1 | | | 1 | |
| 1 | Survey provided by NHSL. | | | | (removal etc). | | | | | | | | | l | |
| \vdash | | | | | , 510). | | | | | | | | | | |
| | WTO03 CAU & Wards 2,3 & 4 | | | | | | | | | | | | | | |
| Г | Delevie deservi por i i i | | | | Alternative decant options to | | | | | | | | | | |
| 11 | Delay in decant to DCN adds to programme and construction costs for Wards 2-4 | 2 | 4 | 8 | be reviewed by NHSL to ensure | 2 | 3 | 6 | £0.00 | £0.00 | 1 | | | 1 | |
| 1 | and construction costs for wards 2-4. | | | | no loss of inpatient capacity. | | | | | | | | | l | |
| | | | | | RMF appointed as PSCP for all | | | | | | | | | | |
| 1 | Delay in admin decant to new LINAC/ Admin | | | | WGH Cancer Enabling | | | | | | | | | l | |
| 12 | building prevents CAU works commencing | 4 | | 16 | Projects with direct reporting into PSG. RMF to prepare an | 4 | | | | | | | | l | |
| 12 | causing programme delay and increased | 4 | 4 | 16 | into PSG. RMF to prepare an overall programme of works | 4 | 4 | 16 | | | 1 | | | 1 | |
| 1 | construction costs due to inflation. | | | | and closely monitor LINAC / | | | | | | | | | l | |
| <u></u> | | أكبي | | | Admin project. | | | | | | | | | <u> </u> | |
| 1 | Unable to meet compliance with statutory | | | | Capture and justify derogations and seek approval from HFS / | | | | | | | | | I _ | |
| L | Unable to meet compliance with statutory standards, e.g. bed space – and obtain | | | | and seek approval from HFS / NHSL / SGCIG. NDAP review | | | | | | 1 . | | | 1 | |
| 13 | derogations resulting in project not | 3 | 5 | 15 | meeting held in December | 2 | 5 | 10 | £0.00 | £0.00 | 0 | 0 | | 1 | |
| 1 | progressing. | | | | 2018 with HFS to review all | | | | | | | | | l | |
| <u> </u> | | | | | projects. Potential use of fire escape | | | | | | | | | <u> </u> | |
| 1 | L | | | | Potential use of fire escape staircase on GF from Patient | | | | | | | | | l | |
| 4.4 | Contractor's access to the building restricted | | | | Records. Use of North East | | | | 00 | 00 | _ | _ | | 1 | |
| 14 | causing delay and increased costs as well as disruption to surrounding wards. | 4 | 4 | 16 | staircase to access site. | 2 | 3 | 6 | £0.00 | £0.00 | 0 | 0 | | l | |
| 1 | a.orapnon to ourrounding wards. | | | | External Scaffolding could be | | | | | | | | | 1 | |
| <u> </u> | Capacity of existing MEP service is not | | | | erected in East courtyard. | | | | | | | | | <u> </u> | |
| 1 | Capacity of existing MEP service is not sufficient to support new clinical installation | | | | Existing MEP service survey | | | | | | | | | l | |
| 15 | proposed for CAU. New sevrices may be | 4 | 3 | 12 | and design work (ongoing) | 3 | 2 | 6 | £0.00 | £0.00 | 0 | 0 | | l | |
| 1 | required and or existing services upgraded. | | | | J (30mg) | | | | | | | | | l | |
| | , ,, ., | | | | Current design allows for | | | | | | | | | | |
| 1 | Unable to maintain corridor access through | | | | construction of new corridor | | | | | | | | | l | |
| 16 | Ground Floor of new CAU during construction | 3 | 3 | 9 | general purpose corridor in | 2 | 1 | 2 | | | | | | l | |
| 1 | causing disruption to surrounding Wards. | | | | CAU as first activity. Potential for restricted rerouting to | | | | | | 1 | | | 1 | |
| L | <u> </u> | | | | initally establish connections | | | | | | | | | L | |
| | Lack of Medical Gas and specialist services | | | | Site visit undertaken with HPI. | | | | | | | | | | - |
| 17 | in existing admin area to service new CAU | 4 | 4 | 16 | Record information currently | 3 | 3 | 9 | | | 1 | | | 1 | |
| 1 | ward affects programme and cost. (Oxygen / VAC required at behead). | التبيي | | | being provided to inform further | | | | | | | | | l | |
| | to required at perioduj. | | | | survey and design. Review meeting held with | | | | | | | | | | |
| | | | | | Vicky Bassett Smith to review | | | | | | 1 | | | 1 | |
| | Risk that RAI shielding needs to be | 3 | 3 | 9 | RT Room and Shielding | 5 | 2 | 10 | | | 1 | | | 1 | |
| 18 | Risk that RAI shielding needs to be upgraded adding to cost and programme. | 3 | | | requirements 15/01/19 (report awaited). | | | | | | | | | l | |
| 18 | Risk that RAI shielding needs to be upgraded adding to cost and programme. | 3 | | | man 11 | | | | | | | | | — | |
| 18 | adding to cost and programme. | 3 | | | All survey work now | | | | | | | | | | |
| | adding to cost and programme. Difficulty in obtaining access for general surveys to admin and ward areas leads to | - | , | 40 | All survey work now undertaken in Stage 2. Further | 4 | | | | | | | | | |
| 18 | adding to cost and programme. Difficulty in obtaining access for general surveys to admin and ward areas leads to Provisional Sums or design assumptions | 4 | 3 | 12 | All survey work now undertaken in Stage 2. Further window survey scheduled for | 1 | 3 | 3 | | | | | | | |
| 19 | adding to cost and programme. Difficulty in obtaining access for general surveys to admin and ward areas leads to Provisional Sums or design assumptions being made. | 4 | | | All survey work now undertaken in Stage 2. Further window survey scheduled for 17.01.19 | | | | | | | | | | |
| | adding to cost and programme. Difficulty in obtaining access for general surveys to admin and ward areas leads to Provisional Sums or design assumptions being made. Asbestos identified in wards. Existing | - | 3 | 12 | All survey work now undertaken in Stage 2. Further window survey scheduled for 17.01.19 R&D Survey to be carried out | 1 5 | 3 | 3 20 | | | | | | | |
| 19 | adding to cost and programme. Difficulty in obtaining access for general surveys to admin and ward areas leads to Provisional Sums or design assumptions being made. | 4 | | | All survey work now undertaken in Stage 2. Further window survey scheduled for 17.01.19 | | | | | | | | | | |



| | | | | | | | | 4 | _ | asc | | | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|----|---|-----|--|--|--|--|
| | WTO02 LINAC / Admin | | | | | | _ | | | | | | | |
| 21 | Access restricted to main hospital for patients, ambulances, fire service etc during construction works. | 5 | 5 | 25 | RMF have identified that blu light access to RVS / Teenage Cancer entrance will not be available during LINAC construction. NHSL currently reviewing alternative access arrangements for patients, blue light and fire. | 3 | 3 | 9 | | | | | | |
| 22 | Disruption to HEBA centre and ECC OPD during construction works causing cancellation of clinics. | 5 | 5 | 25 | NHSL currently revewing alternative access arrangements. Potential for weekend working and out of hours working to reduce impact on outpatient clinics. PSCP to review construction phasing and programme. Potential for utilising GF LINAC space for clinics prior to Link being completed. | 3 | 3 | 9 | | | | | | |
| 23 | Requirement to relocation Endoscopy Rooms (Scope and Decontamination) prior to link being completed. | 4 | 4 | 16 | NHSL currently undertaking consultation with clincial staff to identify impact of link on service provision. | 3 | 3 | 9 | | | | | | |
| 24 | Loss of car parking spaces in Car Park 3 due to new building footprint. | 5 | 4 | 20 | Stage 2 design shows new building covering entire Car Park 3 footprint. NHSL undertaking a site wide car park review. | 5 | 4 | 20 | | | | | | |
| 25 | Requirement to upgrade of LV and HV to accommodate 1 new LINAC Machine. | 4 | 4 | 16 | H&K has confirmed x1 new machine can run off existing supply. | 2 | 2 | 4 | | | | | | |
| 26 | Position of existing steam duct impacts building footprint. | 5 | 5 | 25 | NHSL has confirmed that steam duct will now be removed prior to works commencing. | 2 | 2 | 4 | | | | | | |
| 27 | Steam duct not moved in time for consturction works commencing in January 2020. | 5 | 5 | 25 | IA approved for Infrastructure project (including steam duct removal). RMF currently reviewing programme implications. | 4 | 4 | 16 | | | | | | |
| 28 | Unable to obtain statutory consents for projects cauding programme dealy and additional design costs. | 3 | 5 | 15 | Montague Evans have been appointed by NHSL to assist with the overall site Masterplan. Pre application discussions being held with Planners. | 2 | 2 | 4 | | | | | | |
| 29 | Ground levels/condition/services unknown which could impact on building viability. | 3 | 4 | 12 | Extensive SI and Ground Investigation work undertaken by RMF. Ground conditions favourable with pad and strip foundations arrangements. | 2 | 2 | 4 | | | | | | |
| 30 | Availability of NHSL radiation protection advise and approval of Stage 2 design assumptions for bunkers leads to aborptive work. | 5 | 5 | 25 | NHSL in the process of appointing an RPA to assist with design development and independent assessment. | 1 | 2 | 2 | | | | | | |
| 31 | Increased admin footprint affects overall project viability. | 5 | 5 | 25 | Separate Feasibility Study undertaken to demonstrate admin client brief can't be accommodated. NHSL looking at alternative options to accommodate excess admin staff. | 2 | 2 | 4 | | | | | | |

Appendix 4: AEDET (Achieving Excellence Design Evaluation Toolkit) Evaluation Summary



74/96 360/395

SCO02 Oncology Enabling IA AEDET Rev A 17.12.18

Outline Business

| | 10.0 | area. |
|---|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Ref A.DI | Note Chapter Note |
| | A-02 | UNAC new design suitable for care delivery model. CAU Wards 2-4 and Ward 1 don't meet infection Control / Isolation. Capacity a concern for all |
| = | A-03 | Each department can't meet the current capacity, nor future. Patient numbers and waiting times are rising overall UNAC team is extending hours. |
| | A.04 | Workflows in all areas not correct, never mind optimal at present. Best b LINAC although still not ideal. How between depts poor. |
| - | A.05 | Agreed that all areas are inflexible and have no expansion space. |
| | A.06 | Existings areas have already been adapted to try and fit requirements. Although maximises space there are still a number of restrictions, sub-optimal. |
| 7 | A.07 | Ward 1 Inpatients - poor security / reception design - Standalone building, Departments spread over different areas with difference access routes. Mixed department openin |
| | A.06 | Previous expansion / layout changes have reduced or removed space. Current design does not promote equality. |
| 7 | A.09 | Existing building footprint and layouts not able to be adapted. |
| | A.30 | N/A |
| | 8.00 | No of busses in area OK, but stops/routes not optimal for oncology access. Site car parking inadequate in no and location. |
| | 9.00 | N/A |
| | 8.03 | Ambulance and patient transport access is generally good for site. |
| | 5.04 | Deliveries OK due to back door for LINAC CAU Wards 2-4 and Ward 1 delivery routes could improve. Back door necessary |
| _ | 8.05 | Significant TMG / Pedestrian issues for Ward 1 in particular. Congested entrance to ECC. Poor way finding and mix of patients. |
| - | 8.07 | Lack of pavements and or compromised widths. Poor external lighting round buildings for access / egress. Ilmited paths and no cycle paths on site. Cycle stores not located throughout site. Lack of staff changing facilities. |
| - | | |
| - | 8.09 | WGH: congested urban site. Parking at a premium; every area already used. Lack of drop off & turning circles = safety concern. Regular linac access essential. N/A |
| - | | N/A 2 out of 7 bunkers are adequate, support space is not. All others area not suitable. |
| | C.01 | 2 out or 2 dument are assequent, support appear in not. se oriente area not assequent. Yes but design has been deveload by simply adding extensions where possible. |
| - | COS | The out-programs been developed by simply adding extensions where possible. N/A N/A |
| | C.04 | Not enough isolation rooms throughout. No private conselling areas or quite rooms. CAU / Ward 1. LINAC less so but patients can be left on beds. |
| f | C.05 | Not enough incretion from throughout, no private consensing areas or quite rooms. Only ward 1, Linke, tens so but patients can be end on beas. No carer or patient support areas throughout. Lack of staff rooms and note writing up fedities throughout. No patient sitting rooms in Ward 2-4. |
| - | COS | no care or parent support areas proognout. Lack or sum notine writing up reclaims stronghout, no perent atong notins or ward 2-4. N/A |
| | C.07 | No formal theraputic areas. |
| ĺ | COS | Lack of relationship with internal and external enforment. Fire doors leading to deckings. |
| 7 | C.09 | N/A |
| 7 | 0.01 | NHS LT Estates to complete |
| _ | D.02 | NHS LT Estates to complete |
| 7 | D.03 | NHS LT Estates to complete |
| 7 | D.04 | NHS LT Estates to complete |
| | 0.05 | NH5 LT Estates to complete |
| | 0.06 | NHS LT Estates to complete |
| | D.07 | NHS LT Extetes to complete |
| | D.06 | NHS LT Estates to complete |
| 7 | 10.3 | NHS LT Estates to complete |
| | E.02 | NHS LT Estates to complete |
| | E.03 | NHS LT Extates to complete |
| | E.04 | NHS LT Estates to complete |
| | E.05 | NHS LT Extertes to complete |
| | 2.06 | NHS LT Estates to complete |
| _ | E.07 | NHS LT Exteres to complete |
| - | F.D1 | NHS LT Estates to complete |
| _ | F.00 | NHS LT Estates to complete NHS LT Estates to complete |
| - | F.D4 | |
| - | 7.05 | NHS LT Estates to complete NHS LT Estates to complete |
| - | 7.06 | NHO LI Extense to complete |
| - | F.07 | NHS LT Estates to complete |
| - | F.00 | NITS C. I. CALLESS to COMPANY. NITS C. I. CALLESS TO COMPANY. NITS C. I. CALLESS TO COMPANY. |
| - | 7.00 | NHS LT Exteris to complete |
| - | F.10 | MHS LT Exterior to complete |
| | G.D1 | Clear design ideas behind the original build. Passage of time has changed the use and clinical function of all the buildings. |
| 7 | G.02 | No coherance in design of all the buildings |
| Ī | G.03 | Wider consultation required with stakeholders |
| ĺ | G.04 | Staff represent the NIS values but the buildings don't reflects the NIS values, standards, infection control. Ward 6 Breast Unit was recently upgraded to a high standard. |
| ľ | G.05 | UNAC able to reference bunker design to impact new design. CAU / Ward 2-4 and Ward 1 only able to identify negative aspects. |
| | G.06 | N/A |
| Ī | G.07 | Lack of views, cycle paths, theraputic space, external seating and garden areas. |
| Ī | G.08 | |
| I | H.DI | N/A |
| ľ | H.02 | Buildings have canopies / double doors at entrance. No sheltered walkways from car parks. Loss of Oncology car park will be a negative. Several long distance and unsheltere |
| ø | H.03 | Wayfinding, drop off points and building locations difficult to find. |
| ď | H.D4 | NHSI. WGH high list of oustanding maintenance items on PAMS. Difficult site and building access. Works require areas to be taken out of action. |
| | H.05 | Land to the second of the seco |
| | H.DE | Extensions shoe hornded into available spaces. |
| | H.07 | |
| į | 1.01 | |
| | 1.02 | In some areas there are patient windows but outlook not onto green space. Radiotherapy does have some natural light via tubes. Ward 2/4 West facing and has excessive his |
| | 1.03 | |
| | 1.04 | Excessive heat gain to Ward 2 and 4. Windows in Ward 1,2 and 4 need to be supported in the open position and can only open 100mm gap. Issues over M&E ventilation des |
| - | LOS | |
| | 1.06 | |
| - | - | |
| | 1.06 | |
| | 1.09 | |
| | 130 | |
| | 101 | Mixture of building types and sizes |
| _ | | Impact of parking on local residents |
| | 1.02 | impect or person on noun resources |
| | 103 | |
| | - | People do use site as a cut through. Poor paths and lighting. |

| GH Oncology Enabling | Benchmark |
|----------------------|-----------|
| | |

| Weighting | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| High = High Priority to the Project (2) | |
| Normal = Desirable (1) | |
| Zero = Not Applicable (0) | |
| - 10 mm - 10 m | |
| Scoring | |
| Virtually Total Agreement (6) | |
| Strong Agreement (5) | |
| fair Agreement (4) | |
| Little Agreement (3) | |
| Hardly Any Agreement (2) | |
| Virtuelly No Agreement (1) | |
| Unable to Score (0) | |

Guidence for Initial Agreement Stage

- AEDET Target (& Benchmark) to be set at IA-Stage and must be submitted for NOAP as ANNEX 1 to the Design Statement
 The OBC and FBC Stage AEDET reviews will be monitored against IA-Stage. Boards will require to provide
 an espination of the reason for deviation from the IA Target.

 3 The note section to be completed to provide furthering information
 4 if any of the oriteris is weighted as zero (not applicable) a note should state the reason for this
 5 Boards may add project specific Uniteria. A note must be provided stating the reason for this.
 5 Key actions writing from AEDET discussions to be recorded.

| Actions | by date | Owner | Completed |
|--------------------------------------------------------------------------------|---------|--------|-----------|
| Pre OBC submission ensure enagement with patient/ public & incorporate. | Mar-19 | NHS LT | Section 1 |
| Pre OBC submission include IA scores & weight for 3 sections in Build Quality. | Mer-19 | NHS LT | 10 |
| Pre OBC submission complete OBC stage AEDET workshop | Mar-19 | NHS LT | |
| | | | 17 |
| | | | |
| | | _ | - |
| | | | 33 |
| | | | |
| | | | 33 |
| | | | |
| | | | _ |
| | | | _ |
| | | | |
| | | | 100 |
| | | | - 2 |
| | | 2 | |
| | | | |
| | | | |
| | | | 2 |
| | | | 100 |
| | | | |
| | | | 2 |
| | | | 100 |
| | | | |
| | | 7 | 100 |
| | | - | |
| | | | - |
| | | | .0 |
| | | | |
| | | | |
| | | | 23 |
| | | | |
| | | | |
| | | | - |
| | _ | | |
| | | | |
| | | | |
| | | | 55 |
| | 38 | | 0 |
| | | 3 | 150 |
| | | | _ |
| | _ | - | - |
| | | | 50 |
| | | | |
| | | | |
| | | | -85 |
| | | | 18 |
| | | | 1.0 |
| | | | |
| | | | - |
| | | | |
| | | | 133 |
| | 10 | 1 | 12 |
| | | | 3.5 |
| | | - | 15 |
| | | | |
| | _ | | _ |
| | | | |
| | - 3 | | 133 |
| | 9.0 | | 10 |
| | | | |





AEDET-IA Benchmark

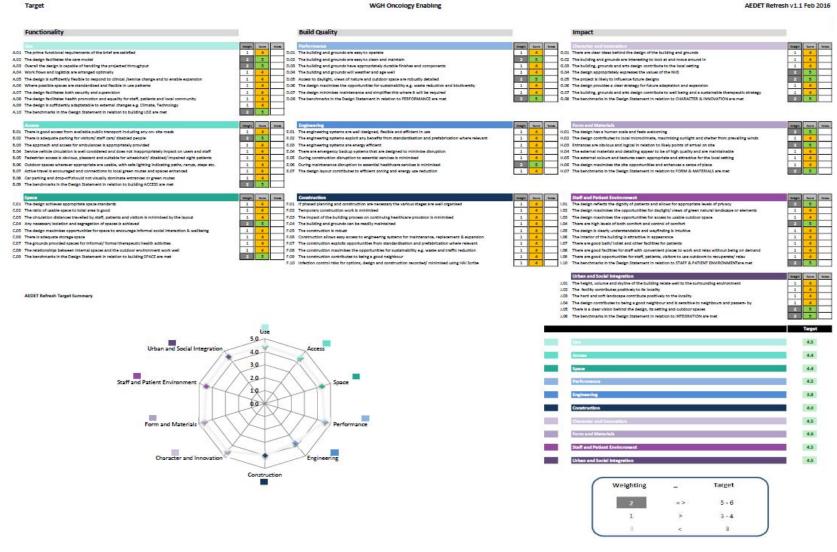


75/96

Service Change Strate
Planning Assess

Outline Business Case Full Business Case Project Monitoring and Service Benefits

SCO02 Oncology Enabling IA AEDET Rev A 17.12.18



AEDET-IA Target



Mealth Facilities Scotland

76/96

SCO02 Oncology Enabling IA AEDET Rev A 17.12.18

| | AEDE | T Retresh v1.1 Feb 2016 | WGH Oncology Enabling | |
|----------|--------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|
| W. | Ref | Note | 1 | |
| | A.D1 | note | | |
| | S0.A | | | |
| | A-03 | | | |
| - | A.04 A.05 | | Weighting | |
| \vdash | A.DG | | High = High Priority to the Project (2) Normal = Desirable (1) | |
| | A.07 | | Zero = Not Applicable (0) | |
| | A.06 | | | |
| | A.09 | | Scoring | |
| - | 8.01 | | Virtually Total Agreement (6) | |
| | B.02 B.03 | | Strong Agreement (5) Fair Agreement (4) | |
| \vdash | B.04 | | Little Agreement (3) | |
| | 0.05 | | Hardly Any Agreement (2) | |
| | 8.06 | | Virtually No Agreement (1) | |
| | B.07 | | Unable to Score (0) | |
| \vdash | B.08 B.09 | | | |
| - | C01 | | Guidance for Initial Agreement Stage | |
| | C02 | | | |
| | C.03 | | 1 AEDET Target (& Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Des | gn S |
| | C04 | | 2 The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide | |
| - | COS | | an explanation of the reason for deviation from the IA Target. 3 The note section to be completed to provide further briefing information. | |
| - | C07 | | 4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this | |
| | C.08 | | 5 Boards may add project specific criteria. A note must be provided stating the reason for this. | |
| | C.09 | | 6 Key actions arising from AEDET discussions to be recorded | |
| | 10.0 | | | |
| - | D.02 D.03 | | | |
| \vdash | 0.04 | | | |
| | 0.05 | | Ref Actions by date | T |
| | D.06 | | Pre OBC submission ensure enagement with patient/ public & incorporate. Mar-19 | I |
| | D.07 | | Pre OBC submission include (A scores & weight for 3 sections in Build Quality. Mer-19 | 4 |
| - | D.08 E.01 | | Pre OBC submission complete OBC stage AEDET workshop Mar-19 | + |
| | E.02 | | 0 Jan-00 0 Jan-00 | + |
| | E.03 | | 0 Jan-00 | + |
| | E.04 | | 0 Jan-00 | T |
| | E.05 | | 0 Jan-00 | I |
| | 30.3 | | 0 Jan-00 | 4 |
| \vdash | F.01 | | 0 Jan-00 0 Jan-00 | + |
| | F.02 | | 0 Jan-00 | + |
| | F.GS | | 0 Jan-00 | + |
| | F.04 | | 0 Jan-00 | T |
| | F.05 | | 0 Jan-00 | \perp |
| - | F.06 | | 0 Jan-00 0 Jan-00 | + |
| - | F.00 | | 0 Jan-00 0 Jan-00 | + |
| - | F.09 | | 0 Jan-00 | + |
| | F.10 | | 0 Jan-00 | T |
| | G.01 | | 0 Jan-00 | T |
| - | G.02 | | 0 Jan-00 | + |
| - | G.03 G.04 | | 0 Jan-00 0 Jan-00 | + |
| | G.05 | | 0 Jan-00 0 Jan-00 | + |
| | G.06 | | 0 Jan-00 | 1 |
| | G.07 | | 0 Jan-00 | 1 |
| - | G.OR | | 0 Jan-00 | + |
| - | H.01 H.02 | | 0 Jan 00 0 Jan 00 | + |
| | H.03 | | 0 Jan-00 0 Jan-00 | + |
| | HO.H | | 0 Jan-00 | \pm |
| | H.05 | | 0 Jan-00 | T |
| - | H.06 | | 0 Jan-00 | 4 |
| - | H.07 | | 0 Jan-00 0 Jan-00 | + |
| | 1.02 | | 0 Jan-00 | + |
| | 1.00 | | 0 Jan-00 0 Jan-00 | \pm |
| | 1.04 | | 0 Jan-00 | |
| | LOS | | 0 Jan-00 | T |
| | L06 | | 0 Jan-00 0 Jan-00 | + |
| - | 1.00 | | 0 Jan-00 0 Jan-00 0 Jan-00 0 0 Jan-00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | + |
| | LOS | | 0 Jan-00 | + |
| | 1.30 | | 0 Jan-00 | + |
| | 1.01 | | 0 Jan-00 | T |
| | 1.02 | | 0 Jan-00 | T |
| - | 1.03 | | 0 Jan-00 | + |
| - | 1.04 | | 00 Jan 00 00 00 00 00 00 00 00 00 00 00 00 00 | + |
| - | 1.06 | | 0 Jan-00 0 Jan-00 | + |
| _ | | | 9 201-00 | - |

AEDET-IA Target



Target

Health Facilities Scotland

Appendix 5: Preferred Solution from IA Addendum as approved on 22nd March 2018

An 'Addendum to the Oncology Bridging Projects Initial Agreement Submission' was submitted to the Scottish Government Capital Investment Group on 22nd March 2018 which outlined a proposal with indicative capital costs of £15.3m to address immediate service pressures and enable delivery of the longer term strategy to progress a new ECC.

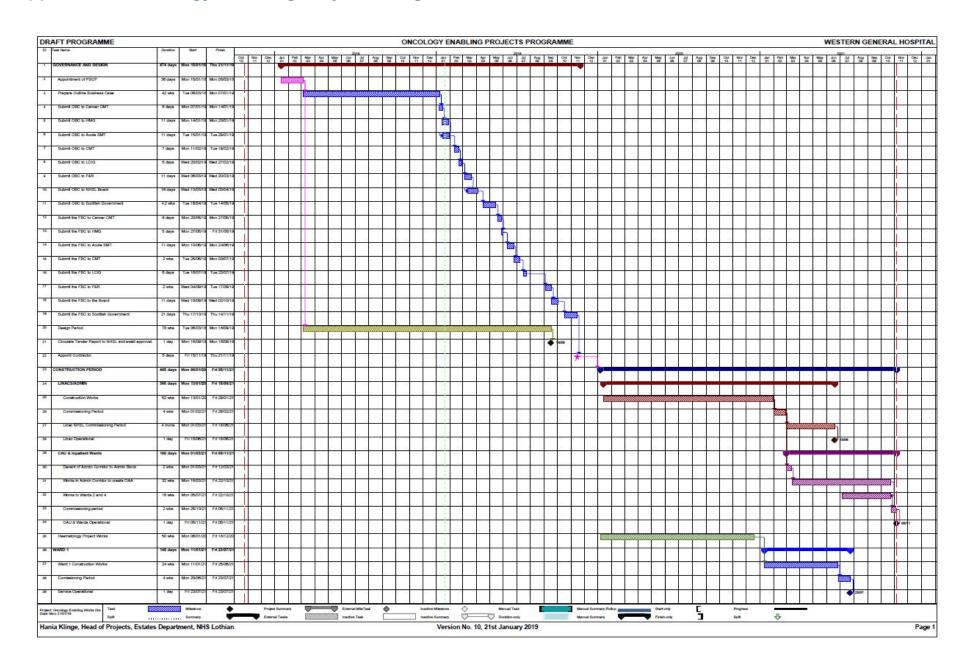
The preferred solution is summarised in the table below and will sufficiently address clinical risks and allow the service to operate until a new ECC is delivered.

| Area | Proposed Upgrade | Benefits | Risks/ Constraints | Dependencies |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Systemic Anti Cancer Treatment, Ward 1 | Upgrade to Pharmacy area to deliver a safe and compliant aseptic unit Reprovision of stores & offices displaced by pharmacy work Additional toilets and counselling rooms Upgraded patient waiting area | fit for purpose & safe pharmacy aseptic | This option will see minimal improvements to patient areas (Note: Greater improvements could be realised if Clinical Trials area is made available, which would also work as a 2 nd phase if the space becomes available in the future) | Assumes Haematology moving Assumes decant of pharmacy to a temporary aseptic unit |
| Improved HEI Compliant Inpatient Wards | CAU moves out of Ward 2, inpatient wards spread over two floors (wards 2 and 4) General flooring and decoration works. | Increased number of toilets Improvements to bed spacing | Bed spacing would still require derogations as limited footprint Inpatient Wards over 2 floors, increase in revenue costs Decant option also needs to be considered | This option can only be possible if OAA moves out to an alternative location |
| New fit for purpose Oncology Assessment Area | The offices from the south end of the Oncology Admin Corridor move to a modular building in Car Park 3 build in conjunction with D3. An "Acute" OAA with reduced accommodation being created in the south end of Admin Corridor | Fit for purpose facility for acute service | Service redesign required Assumes reduction of car park spaces-solution to be identified for this | Creation of office accommodation in a modular build required before works can start |
| Increasing Linear Accelerator Bunker Capacity | New Build bottom of Car park 3 with connection to main ECC | Will provide additional capacity and eliminate risks | Connected to the main building via corridor between HEBA and clinics. | Assumes removal of steam duct as proposed in |

78/96 364/395

| | | | Evaluation |
|--|-----------------|------------------------|----------------|
| | associated | | Energy |
| | with | The corridor to | Infrastructure |
| | replacement | HEBA and clinics | OBC |
| | programme | very narrow – | |
| | | potential need for | |
| | Proximity to | alterations to current | |
| | main building | clinic rooms | |
| | means no | | |
| | restrictions on | Assumes road | |
| | use of facility | changes and | |
| | | reduction of car park | |
| | No | spaces | |
| | dependencies | | |
| | project can | | |
| | start once | | |
| | design has | | |
| | been | | |
| | completed | | |

Appendix 6: Oncology Enabling Projects Programme



80/96 366/395

Appendix 7: Options Appraisal

Expansion of day case Systemic Anti-Cancer Therapy (SACT) Service (Ward 1)

| | | | | Complian | | vith Secondary | | Final | |
|--------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------|-----------------------|--------------|--|
| Option | Locations | Description | Issues | ce with Primary Objective s (%) | Location, Access and Services Infrastructure | Space Requirements | Comments | Score (%) | |
| 1 | Ward 1 | Do nothing | Leaves Service unable to cope with increasing patient numbers. Healthcare would be delivered in poor and inappropriate environment. Infection risks would be considerable. Health risk to patients due to unsatisfactory environment | 20 | 100 | 0 | Option not viable | 35 | |
| 2 | Ward 1 | Minimum: 1. Semi- permanent hire of Chemotherapy buses 2. Hire of pharmacy storage containers and portacabins | Leaves Service still unable to cope with increasing patient numbers. Healthcare would still continue to be delivered in poor and inappropriate environment. Infection risks would still continue to be considerable. Health risk to patients due to unsatisfactory environment Significant revenue cost | 40 | 70 | 20 | Option not viable | 42.5 | |
| 3 | Ward 1, Breast Unit Building & Oncology Block | 1. Upgrade Pentland Lodge to house Drugs Trial Unit. 2. Upgrade West Wing to house new Haematology Treatment Unit 3. Upgrade Break Through Lab when available to create extension to new Haematology Unit 4. Upgrade vacated space in Ward 1 to create expanded space for Pharmacy and Oncology Treatment area. | 1. Relies on University giving back both the West Wing & Break Through Lab accommodation. 2. The West Wing cannot provide Haematology service and protect it through to 2025 hence the need for the Lab to be developed as well 3. The upgrade works in Ward 1 need to allow the remaining Oncology service to continue without risk. 4. The Pharmacy service would need to decant and a Mobile Aseptic Unit would be required. 5. Potential disruption to adjacent departments including breast unit ward/clinic/theatres | 80 | 75 | 90 | Shortlisted Option | 81.25 | |

81/96 367/395

| | | | | Complian | | rith Secondary ctives | | |
|--------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|--------------------------|-----------------------|-----------------------|
| Option | Locations | Description | Issues | ce with Primary Objective s (%) | Location, Access and Services Infrastructure | Space Requirements | Comments | Final Score (%) |
| 4 | Ward 1, Breast Unit Building & Oncology Block | 1. Upgrade Pentland Lodge to house Haematology (assume no extension required) 2. Upgrade West Wing to house Clinical Trials 3. Upgrade Break Through Lab when available to accommodate the remaining Trials service 4. Upgrade vacated space in Ward 1 to create expanded space for Pharmacy and Oncology Treatment area. | 1. Relies on University giving back both the West Wing & Break Through Lab accommodation. 2. The West Wing cannot provide Clinical Trials service and protect it through to 2025 hence the need for the Lab to be developed as well 3. The upgrade works in Ward 1 need to allow the remaining Oncology service to continue without risk. 4. The Pharmacy service would need to decant and a Mobile Aseptic Unit would be required. 5. Potential disruption to adjacent departments including breast unit ward/clinic/theatres 6. Loses the advantage of adjacency of Haematology to Ward 8 7. Potential disruption to adjacent departments including breast unit ward/clinic/theatres | 65 | 65 | 80 | Option not viable | 68.75 |
| 5 | Ward 1, Breast Unit Building & Clock Tower Building | 1. Upgrade Pentland Lodge to house Drugs Trial Unit. 2. Upgrade Break Though Lab when available to house new Haematology Treatment Unit 3. Upgrade vacated space in Ward 1 to create expanded space for Pharmacy and Oncology Treatment area. | 1. Relies on University giving back the Break Through Lab accommodation at a time that suits the desired programme. 2. The upgrade works in Ward 1 need to allow the remaining Oncology service to continue without risk. 3. The Pharmacy service would need to decant and a Mobile Aseptic Unit would be required. 4. Relies on Haematology being able to be accommodated in the lab 5. Potential disruption to adjacent departments including breast unit | 50 | 75 | 60 | Option not viable | 58.75 |
| 6 | Ward 1 & adjacent Car Park | 1. Build a Modular Extension to Ward 1 in adjacent Car Park to contain new Drugs Trial Unit and Haematology Unit. 2. Upgrade vacated space in Ward 1 to create expanded space for Pharmacy and Oncology Treatment area. | 1. The upgrade works in Ward 1 need to allow the remaining Oncology service to continue without risk. 2. The Pharmacy service would need to decant and a Mobile Aseptic Unit would be required. 3. Loss of Car Parking spaces to hospital. 4. Not good VFM regarding costs. 5. Layout can be more easily tailored to suit. 6. Collocation of all Ward 1 services 7. May prevent Renal Unit expansion going ahead as planned | 90 | 80 | 90 | Shortlisted Option | 87.5 |



| | | | | | | | Evalu | |
|--------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------|----------------------|-----------------------|
| | | | | Complian | | vith Secondary ctives | | |
| Option | Locations | Description | Issues | ce with Primary Objective s (%) | Location, Access and Services Infrastructure | Space Requirements | Comments | Final Score (%) |
| 7 | Phase 1 of Edinburgh Cancer Centre | 1. Build a the first phase of the new Edinburgh Cancer Centre to accommodate required day chemotherapy service. 2. Abandon Ward 1 | 1. Full design of ECC would be required before phase 1 could be constructed 2. Any building decommissioning and demolition would be required before construction 3. Services infrastructure would have to be in place prior to build 4. Loss of clinical adjacencies until 2025 5. Likely to be subjected to disruption during future construction 6. Cost and time - expensive | 50 | 50 | 100 | Option not viable | 62.5 |
| 8 | Ward 1, Clock Tower Building and St Johns Hospital Haematol ogy Unit | 1. Upgrade Pentland Lodge to house Drugs Trial Unit 2. Expand Haematology Unit at St Johns to allow transfer out of some Oncology & Haematology Patients 3. Upgrade vacated space in Ward 1 to create expanded space for Pharmacy and Oncology Treatment area 4. Repatriate Ward 1 patients to their home boards as appropriate | 1. Relies on sufficient space being available at St Johns to create suitable expand that facility 2. Relies of suitable numbers of trained staff being available 3. Relies on vacated space being sufficient at Ward 1 to protect service until 2025 4. Edinburgh patients may have to travel to West Lothian to receive treatment 5. This is unlikely to provide sufficient capacity to see the service through to 2025. 6. Pharmacy at SJH may require additional support to cope with extra patient numbers. | 50 | 50 | 60 | Option not viable | 52.5 |
| 9 | Ward 1, Clock Tower Building and Lauriston Building | 1. Upgrade Pentland Lodge to house Drugs Trial Unit 2. Create new Haematology/Onc ology Unit in the Lauriston Building to allow transfer out of some Oncology & Haematology Patients 3. Upgrade vacated space in Ward 1 to create expanded space for Pharmacy and Oncology Treatment area | 1. Relies of suitable numbers of trained staff being available to man and support service 2. No oncology service or colocated ITU/CCU currently in Lauriston 3. Relies on sufficient and suitable space being available at Lauriston to create suitable expansion of service 4. Relies on vacated space being sufficient at Ward 1 to protect service until 2025 5. Pharmacy support would be required at Lauriston | 40 | 40 | 60 | Option not viable | 45 |



| | | Description | Issues | Complian ce with | | vith Secondary ctives | | Final |
|--------|-----------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------|--------------------------|----------------------|--------------|
| Option | Locations | | | Primary Objective s (%) | Location, Access and Services Infrastructure | Space Requirements | Comments | Score (%) |
| 10 | Ward 1 | 1. Extended working hours 2. Using other daycase facilities on the WGH site | 1. Leaves Service still unable to cope with increasing patient numbers. 2. Healthcare would still continue to be delivered in poor and inappropriate environment. 3. Infection risks would still continue to be considerable. 4. Health risk to patients due to unsatisfactory environment 5. Significant revenue cost 6. Potential patient and staff resistance to extended hours 7. Recruitment, retention and training issues | 40 | 60 | 20 | Option not viable | 40 |

Upgrade of Wards 2 & 4

| Optio ns | Locations | Description | Issues | Complia nce with Primary | Compliar Secondary | | Comments | Final Score |
|-------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------|---------------------------|----------------------|----------------|
| ns | | | | Objectiv es (%) | Location, Access & Services Infrastructu re | Space Requirem ents | | (%) |
| 1 | Oncology Inpatient Wards (2, 3 &4) | Status Quo | Leaves Wards vulnerable to closure. Healthcare being delivered in poor and inappropriate environment. Infection risks considerable | 30 | 100 | 0 | Option not viable | 40 |
| 2 | Oncology Inpatient Wards (2, 3 &4) | Do Minimum (reduce bed numbers, improve en-suite facilities and create compliant radio- nuclide rooms in Ward 3) | Still Leaves Wards vulnerable to closure. Healthcare would continue to be delivered in poor and inappropriate environment. Infection risks would continue to be considerable | 45 | 100 | 50 | Option not viable | 60 |
| 3 | Clock Tower Building & Oncology Inpatient Wards | 1. Decant OAA to Ward 15. 2. Upgrade vacated Ward 2 creating a new OAA. 3. Reduce Patient Beds in Ward 4 4. Decant Ward 4 to Ward 15 after OAA moves back. 5. Upgrade Ward 4 6. Transfer Ward 4 back from Ward 15. | 1. Decant arrangements takes away WGH Winter Beds ward. 2. Loss of 12 to 16 beds to Oncology and WGH site as a whole on completion. 3. Ward 15 could be used as an Emergency Winter Beds Ward on completion. 4. Cheaper Option 5. Ward 15 would require investment to create a suitable decant facility 6. Upgrade of Wards 2 and 4 surrounded by fully occupied and operational wards | 75 | 85 | 85 | Shortlisted option | 80 |

| Optio ns | Locations | Description | Issues | Complia nce with Primary Objectiv | Compliar Secondary (| Objectives | Comments | Final Score (%) |
|-------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------|---------------------------|----------------------|-----------------------|
| | | | | es (%) | Access & Services Infrastructu re | Space Requirem ents | | |
| 4 | Clock Tower Building & Oncology Inpatient Wards | 1. Permanently decant all wards to Ward 15 & University Research Ward. 2. Upgrade Clock Tower accommodation as required. 3. Upgrade Ward 3 as required. 4. Abandon Wards 2 & 4. | 1. Cheap Option but Ward 15 and University Ward will need investment to support long term occupation. 2. Limited loss in-patient bed numbers. 3. Wards 2 & 4 could become the Winter Beds Wards for Hospital. 4. Location of OAA remote from main entrances to Oncology. 5. Relies on University handing the accommodation back 6. Potential risk to programme delay due to accommodation availability. | 70 | 75 | 60 | Option not viable | 68.75 |
| 5 | Clock Tower Building & Oncology Inpatient Wards | 1. Decant OAA to Ward 15. 2. Upgrade vacated Ward 2 creating a new OAA. 3. Reduce Patient Beds in Ward 4 | 1. Decant arrangements takes away WGH Winter Beds ward. 2. Loss of 12 to 16 beds to Oncology and WGH site as a whole on completion. 3. Ward 15 could be used as an Emergency Winter Beds Ward on completion. 4. Cheaper Option 5. Ward 4 would not be modernised and still have issues 6. Ward 15 would require investment to create a suitable decant facility 7. Upgrade of Ward 2 surrounded by fully occupied and operational wards | 65 | 80 | 85 | Option not viable | 73.75 |
| 6 | Clock Tower Building & Oncology Inpatient Wards | 1. Decant all wards to Ward 15 & University Research Ward. 2. Upgrade vacated wards as appropriate to create a new inpatients wards combining Wards 3 & 4, 3. Leave OAA in Clock Tower Building | 1. Decant arrangements temporarily takes away WGH Winter Beds ward. 2. Relies on University giving back their Clock Tower accommodation. 3. Loss of circa 4 beds to Oncology and WGH site as a whole on completion. 4. Ward 15 would require investment to create a suitable decant facility 5. Potential risk to programme due to accommodation availability. 6. Location of OAA remote from main entrances to Oncology | 85 | 80 | 90 | Shortlisted option | 85 |



| Optio ns | Locations | Description | Issues | Complia nce with Primary Objectiv es (%) | Compliar Secondary Location, Access & Services Infrastructu | | Comments | Final Score (%) |
|-------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|----|----------------------|-----------------------|
| 7 | Clock Tower Building & Oncology Inpatient Wards | 1. Upgrade Ward 15 to accommodate Wards 2. Decant Wards 3 & 4 to Ward 15. 3. Upgrade vacated wards as a new OAA. 4. Move OAA to Ward 4, abandoning Ward 2. | 1. Decant arrangements takes away WGH Winter Beds ward. 2. No loss of beds to Oncology and WGH site as a whole on completion. 3. Ward 2 could be used as an Emergency Winter Beds Ward. 4. Cheaper Option 5. Ward 15 would require substantial investment to create a suitable facility | 75 | 75 | 60 | Option not viable | 71.25 |
| 8 | Clock Tower Building & Oncology Inpatient Wards | 1. Decant all wards to Ward 15 & University Research Ward. 2. Upgrade vacated wards as appropriate to create a single inpatients ward combining Wards 3 & 4, and a new OAA in Ward 2 | 1. Decant arrangements takes away WGH Winter Beds ward. 2. Relies on University giving back their Clock Tower accommodation. 3. Loss of circa 16 beds to Oncology and WGH site as a whole on completion. 4. Ward 15 would require investment to create a suitable decant facility | 65 | 80 | 85 | Option not viable | 73.75 |
| 9 | DCN Building & Oncology Inpatient Wards | 1. Decant all wards to DCN Inpatient Wards once it has been transferred to new DCN Building on the RIE Campus. 2. Upgrade vacated wards as appropriate to create a single inpatients ward combining Wards 3 & 4, and a new OAA in Ward 2 | 1. Decant arrangements have to wait until DCN transfers automatically delaying construction start date. 2. Assumes being able to use the vacated DCN space without investment. 3. Means that the DNC Inpatient Wards will still to be maintained and serviced delaying taking it out of use and demolishing it. 4. Loss of circa 16 beds to Oncology and WGH site as a whole on completion. 5. Remote from other Oncology services | 65 | 80 | 85 | Option not viable | 73.75 |



| Optio ns | Locations | Description | Issues | Complia nce with Primary Objectiv es (%) | | Access & Space | | Final Score (%) |
|-------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------|----------------|----------------------|-----------------------|
| | | | | | Infrastructu re | ents | | |
| 10 | DCN Building & Oncology Inpatient Wards | 1. Permanently decant all wards to DCN Inpatient Wards once it has been transferred to new DCN Building on the RIE Campus. 2. Upgrade DCN as required. 3. Ward 3 upgraded as required. 4. Abandon vacated wards | 1. Decant arrangements have to wait until DCN transfers automatically delaying any upgrades works and decant start date. 2. Relies on being able to use the vacated DCN space until a new Edinburgh Cancer Centre is built. 3. Means that the DCN Inpatient Wards will still to be maintained and serviced delaying taking it out of use and demolishing it. 4. No loss of beds to Oncology and WGH site and additional winter Beds Wards available. 5. New design/campus location would be required for new Edinburgh Cancer Centre. 6. Assumes that DCN after any minor upgrade would provide better and more compliant facilities. 7. Remote from other Oncology services for an extended period resulting in some revenue consequences 8. Compromising patient experience pathways due to physical separation of facilities and staffing cover | 75 | 75 | 60 | Option not viable | 71.25 |
| 11 | Oncology Inpatient Wards and Oncology Upper Ground Floor Entrance Car Park | 1. Build new OAA in Car Park area, building new Oncology Entrance, moving RVS shop and changing Car park and Entrance road as required. 2. Decant Wards 3 & 4 to Ward 15 after transferring OAA to new building. Upgrade vacated wards as inpatients wards (2, 3 & 4). | 1. Costly option and unless occupation period rises to circa 20 years plus, does not offer good Value For Money (VFM). 2. Loss of circa 4 beds to Oncology and Hospital on completion. 3. Causes severe disruption and impact on Public, Patients, and staff during new build construction. 4. New build delays start of Wards upgrade extending programme time. 5. Assumes being able to use the vacated Ward 15 space without investment. | 85 | 75 | 90 | Shortlisted option | 83.75 |

| Optio ns | Locations | Description | Issues | Complia nce with Primary Objectiv es (%) | Compliar Secondary Location, Access & Services Infrastructu | Objectives Space Requirem | Comments Space | |
|-------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------|---------------------------|----------------------|-------|
| 12 | Oncology Inpatient Wards and Oncology Upper Ground Floor Entrance Car Park | 1. Build new OAA in Car Park area, building new Oncology Entrance, moving RVS shop and changing Car park and Entrance road as required. 2. Decant Wards 3 & 4 to DCN after transferring OAA to new building. Upgrade vacated wards as inpatients wards. | 1. Costly option and unless occupation period rises to circa 20 years plus, does not offer good VFM. 2. Loss of circa 4 beds to Oncology and Hospital on completion. 3. Causes severe disruption and impact on Public, Patients, and staff during new build construction. 4. New build delays start of Wards upgrade extending programme time. 5. Assumes being able to use the vacated DCN space without investment. | 85 | re 75 | 90 | Shortlisted option | 83.75 |
| 13 | Various WGH Wards and Ward 3 | 1. Once 80 beds are closed around the WGH (3 Wards), use these to transfer Wards 2 & 4 at no capital cost. 2. Upgrade Ward 3 as required. 3. Abandon Wards 2 & 4. | 1. Location of Wards may mean that Oncology service is scattered around WGH campus. 2. The OAA would still be occupying a facility designed as an Inpatients ward, albeit a better more modern ward. 3. Cheaper option. 4. Allows Wards 2 & 4 to be potentially used as emergency Winter Beds wards. 5. Option dependent on closure of 80 beds within acceptable timescales and ability to cohort Oncology beds in discrete wards 6. Ward 3 may not be viable to manage radio-nuclide rooms in isolation | 50 | 50 | 50 | Option not viable | 50 |
| 14 | Various WGH Wards and Wards 2 & 3 | 1. Once 80 beds are closed around the WGH (3 Wards), use these to transfer Wards 2 & 4 at limited capital cost. 2. Upgrade Ward 3 as required. 3. Abandon Ward 4. 4. Upgrade Ward 2 to create new purpose built OAA. | 1. Location of Wards may mean that Oncology service is scattered around WGH campus. 2. The OAA would be occupying a purpose designed facility. 3. Allows Ward 4 to be potentially used as emergency Winter Beds ward. 4. Cheaper option. 5. Option dependent on closure of 80 beds within acceptable timescales and ability to cohort Oncology beds in discrete wards 6. Ward 3 may not be viable to manage radio-nuclide rooms in isolation | 50 | 50 | 50 | Option not viable | 50 |

Redesign of CAU

| Options | Description | Issues | Compliance with Primary | | oliance with ary Objectives | Comments | Final Score |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|--------------------------------|----------|----------------|
| Options | Description | 133003 | Objectives (%) | Location and Access | Space Requirements | Comments | (%) |
| 1 | Do Nothing | Leaves Wards vulnerable to closure. Healthcare would continue to be delivered in poor and inappropriate environment. The present layout leaves Patients vulnerable Infection risks would continue to be considerable | 20 | 80 | 20 | | 35 |
| 2 | Do Minimum: Improve en-suite facilities and increase sink numbers | Still leaves Wards vulnerable to closure. Healthcare would still continue to be delivered in poor and inappropriate environment. Infection risks would continue to be considerable Impact on service during any minor works Reduced bed numbers | 25 | 80 | 25 | | 38.75 |
| 3 | Decant all wards to Ward 15 & University Research Ward. Upgrade vacated wards as appropriate to create a single inpatients ward combining Wards 3 & 4, and a new OAU in Ward 2 | 1. Decant arrangements takes away WGH Winter Beds ward. 2. Relies on University giving back their Clock Tower accommodation. 3. Loss of circa 16 beds to Oncology and WGH site as a whole on completion. 4. Some investment will be required for the decant facility | 60 | 80 | 65 | | 66.25 |
| 4 | 1. Decant all wards to DCN Block once it has been transferred to new DCN Building on the RIE Campus. 2. Upgrade vacated wards as appropriate to create a single inpatients ward combining Wards 3 & 4, and a new OAU in Ward 2 | 1. Decant arrangements have to wait until DCN transfers automatically delaying construction start date. 2. Relies on being able to use the vacated DCN space. 3. Means that the DCN block will still to be maintained and serviced delaying taking it out of use and demolishing it. 4. Loss of circa 16 beds to Oncology and WGH site as a whole on completion. 5. Some investment may be required for the decant facility | 55 | 80 | 65 | | 63.75 |

| Options | Description | Issues | Compliance with Primary | | oliance with ary Objectives | Comments | Final Score |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|--------------------------------|----------|----------------|
| | | | Objectives (%) | Location and Access | Space Requirements | | (%) |
| 5 | 1. Build new OAA in Car Park area, building new Oncology Entrance, moving RVS shop and changing Car park and Entrance road as required. 2. Decant Wards 3 & 4 to Ward 15 after transferring OAA to new Building. 3. Upgrade vacated wards 2, 3 & 4 as inpatients wards. | 1. Costly option and unless occupation period rises to circa 20 years plus, does not offer good VFM. 2. Loss of circa 4 beds to Oncology and Hospital on completion. 3. Causes severe disruption and impact on Public, Patients, and staff during new build construction. 4. New build delays start of Wards upgrade extending programme time. 5. Loss of disabled car parking spaces | 85 | 85 | 90 | | 86.25 |
| 6 | Upgrade Clock Tower accommodation as required. Transfer all wards, including OAU to Ward 15 University Research Ward. Upgrade Ward as required. Abandon Wards 2 & 4. | 1. Ward 15 and University Ward will need significant investment to support long term occupation. 2. Limited loss in-patient bed numbers. 3. Wards 2 & 4 could become the Winter Beds Wards for Hospital. 4. Location of OAU remote from main entrances to Oncology as well as hospital services 5. Assumes being able to use University area within required timescales 6. Leaves Ward 3 and TCU as a small ward that would need to be managed in isolation. | 15 | 40 | 25 | | 23.75 |

| Options | Description | Issues | Compliance with Primary | | oliance with ary Objectives | Comments | Final Score |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|--------------------------------|----------|----------------|
| | | | Objectives (%) | Location and Access | Space Requirements | | (%) |
| 7 | 1. Upgrade DCN as required once it has been transferred to new DCN Building on the RIE Campus. 2. Transfer all wards, including OAU to DCN Block 3. Ward 3 upgraded as required. 4. Abandon vacated wards | 1. Decant arrangements have to wait until DCN transfers automatically delaying any upgrades works and decant start date. 2. Relies on being able to use the vacated DCN space until a new Edinburgh Cancer Centre is built. 3. Means that the DCN block will still to be maintained and serviced delaying taking it out of use and demolishing it. 4. No loss of beds to Oncology and WGH site and additional winter Beds Wards available. 5. New design/campus location would be required for new Edinburgh Cancer Centre. 6. Assumes that DCN after any minor upgrade would provide better and more compliant facilities. 7. Cancer services would be split between two centres until new ECC was opened. | 60 | 40 | 60 | | 55 |
| 8 | 1. Once 80 beds are closed around the WGH (multiple wards), upgrade/redesig n a freed - up ward as a new OAU. 2. Ward 4 to move to another discrete ward at a limited capital cost. 3. Upgrade Ward 3 as required. 4. Abandon Wards 2 & 4. | Location of Wards may mean that Oncology service is scattered around WGH campus. The OAU would still be occupying a facility originally designed as an Inpatients ward, albeit redesigned as far as possible. Allows Wards 2 & 4 to be potentially used as emergency Winter Beds wards. Option dependent on closure of 80 beds within acceptable timescales and ability to cohort Oncology beds in discrete wards. | 50 | 50 | 70 | | 55 |

| Options | Description | Issues | Compliance with Primary | | liance with rry Objectives | Comments | Final Score |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|-------------------------------|----------|----------------|
| | | | Objectives (%) | Location and Access | Space Requirements | | (%) |
| 9 | 1. Once 80 beds are closed around the WGH (multiple wards), use these to decant Ward 2 and transfer Ward 4 at limited capital cost. 2. Upgrade Ward 2 to create new purpose built OAU. 3. Upgrade Ward 3 as required. 4. Abandon Ward 4. | Location of Wards may mean that Oncology service is scattered around WGH campus. The OAU would be occupying a purpose designed facility. Allows Ward 4 to be potentially used as emergency Winter Beds wards. Option dependent on closure of 80 beds within acceptable timescales and ability to cohort Oncology beds in discrete wards. | 60 | 80 | 65 | | 66.25 |
| 10 | 1. Decant all wards to Ward 15 & University Research Ward. 2. Upgrade vacated wards as appropriate to create a new inpatients ward combining Wards 2, 3 & 4 3. Leave OAU in Clock Tower Building | Decant arrangements temporarily takes away WGH Winter Beds ward. Relies on University giving back their Clock Tower accommodation. Loss of circa 4 beds to Oncology and WGH site as a whole on completion 4. Ward 15 & University area would require significant investment to create a suitable decant facility 5. Potential risk to programme due to accommodation availability 6. Location of OAU remote from main entrances to Oncology. as well as hospital services | 15 | 40 | 25 | | 23.75 |
| 11 | 1. Decant Wards 3 & 4 to Ward 15. 2. Upgrade vacated wards as a new OAU. 3. Move OAU to Ward 3&4, abandoning Ward 2. | Decant arrangements takes away WGH Winter Beds ward. Limited loss of beds to Oncology and WGH site as a whole on completion. Ward 2 could be used as an Emergency Winter Beds Ward. Cheaper Option, but Ward 15 would still require significant investment to create a suitable decant facility | 85 | 85 | 75 | | 82.5 |



| Options | Description | Issues | Compliance with Primary Objectives (%) | Compliance with Secondary Objectives | | Comments | Final Score |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|-----------------------|----------|----------------|
| | | | | Location and Access | Space Requirements | | (%) |
| 12 | 1. Decant OAU to Ward 15. 2. Upgrade vacated Ward 2 as a new OAU. 3. Reduce Patient Beds in Ward 4. Decant Ward 4 to Ward 15 after OAU moves back to Ward 2. 5. Upgrade Ward 4. Character OAU moves back to Ward 2. 5. Upgrade Ward 4. Character Ward 4. Deck from Ward 15. | 1. Decant arrangements takes away WGH Winter Beds ward. 2. Loss of 12 to 16 beds to Oncology and WGH site as a whole on completion. 3. Ward 15 could be used as an Emergency Winter Beds Ward on completion. 4. Cheaper Option, but Ward 15 would require significant investment to create a suitable decant facility 5. Upgrade of Wards 2 and 4 will be surrounded by fully occupied and operational Wards | 75 | 80 | 65 | | 73.75 |
| 13 | 1. Transfer the Admin Corridor (South) offices to Ward 15 2. Upgrade Admin Corridor Offices to create new OAU. 3. Transfer OAU from Ward 2 to new facility 4. Decant Wards 3 & 4 to Ward 2 temporarily reducing bed numbers 5. Upgrade Wards 3 & 4 6. Transfer Wards 3 & 4 6. Transfer Wards 3 & 4 back 7. Upgrade Ward 2 to create new inpatient ward | 1. Clinical staff offices location away from wards 2. Disruption to adjacent departments and wards 3. Temporary reduction in beds 4. Potential planning and logistics issues 5. Reduced investment needed in Ward 15 6. Politically challenging to get approval 7. Loss of winter beds ward | 80 | 85 | 75 | | 80 |

Service Change

Strategic

nitial Agreemen

Outline Business Case

Full Business Case roject Monitoring and Service Benefits Evaluation

| Options | Description | Issues | Compliance with Primary Objectives (%) | Compliance with Secondary Objectives | | Comments | Final Score |
|---------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------|-----------------------|----------|----------------|
| | | | | Location and Access | Space Requirements | | (%) |
| 14 | 1. Upgrade Pentland Lodge to accommodate OAU 2. Move Ward 2 to Pentland Lodge 3. Option available to upgrade Ward 2 as an inpatient ward | Impinges on critical Ward 1 solution OAU would be remote from Oncology support Poor clinical environment | 50 | 65 | 60 | | 56.25 |

Appendix 8: Proposed Changes to Staffing Models

Clinical staffing model

| | | Current WTE | Required WTE | Additional WTE |
|---------------|---------------------------------------|----------------|-----------------|-------------------|
| | Band 7 | 3.00 | 3.00 | - |
| | Band 6 | 9.57 | 11.26 | 1.69 |
| Nursing | Band 5 | 41.94 | 49.54 | 7.60 |
| | Band 3 | 0.80 | 0.00 | (0.80) |
| | CSW Band 2 | 19.72 | 28.77 | 9.05 |
| | | | | |
| Medical Cover | Specialty Doctor | - | 1.00 | 1.00 |
| | | | | |
| ALIDo | Band 6 Dietitian | - | 0.27 | 0.27 |
| AHPs | Band 3 DSW | - | 0.08 | 0.08 |
| | Band 6 OT | - | 0.70 | 0.70 |
| | Band 6 PT | - | 0.70 | 0.70 |
| | Band 4 OT/PT | - | 1.20 | 1.20 |
| | Band 6 Speech and Language Therapy | - | 0.40 | 0.40 |
| | | | | |
| Admin | Band 2 Triage Desk | - | 1.89 | 1.89 |
| | | | | |
| Pharmacy | Band 7 Pharmacist | - | 1.00 | 1.00 |
| | | | | |

Facilities staffing model

Ward 2

Band 2 Domestic - 0.37 wte

CAU

Band 2 Domestics - 2.5 wte

10 hours dayshift & 3.5 hours backshift

Monday to Friday 67.5 hrs
Saturday 13.5 hrs
Sunday 13.5 hrs
Total per week 52.14

Linac

Band 2 Domestics - 1.2 wte

Monday to Friday 24.10 hrs

Monday to Friday 8.04 hrs x £16.55 = £133.06Saturday 6.43 hrs x £16.55 = £106.42





Service Change

Strategic

nitial Agreement

Outline Business Case

Full Business Case roject Monitoring and Service Benefits

Sunday 6.43 hrs **Total per week** 655.34

Ward 1

Band 2 Porter - 1 wte

The new staffing model is based on;

- An increase of 7 inpatient beds in Oncology
- Increase of 11 single rooms (7 in Haematology and 6 in Oncology wards offset by a reduction of 2 in CAU)
- Increase of 7 day beds (12 in haematology offset by a reduction of 5 in CAU)

The inpatient footprint has been increased by the transformation of what is currently a corridor of offices into a purpose built Cancer Assessment Unit (CAU) and converting the current CAU back into an inpatient ward (Ward 2) in order to increase bed spacing and complement for Oncology patients.

NHS LOTHIAN

NHS Lothian Board 26th June 2019

Deputy Chief Executive, NHS Lothian

EDINBURGH CANCER CENTRE STAKEHOLDER ENGAGEMENT – BRAND IDENTITY

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve the preferred name and graphic design for the Edinburgh Cancer Centre as chosen through a process of stakeholder engagement and endorsed by the Cancer Capital Programme Board (CCPB).
- Any member wishing additional information should contact the Executive Lead in advance of the meeting.

3 Recommendations

The Board is recommended to:

3.1 Approve the name and graphic design (attached as *Appendix 1*) in order that this be used to cultivate a strong brand as plans develop for the redevelopment and reprovision of the Edinburgh Cancer Centre on the Western General Hospital site.

4 Discussion of Key Issues

4.1 Background

- 4.2 NHS Lothian's Strategic Planning Committee endorsed the development of a branding exercise on 12 October 2017 as part of a wider stakeholder engagement programme of work. This was in recognition that that there are lessons to be learnt from other Cancer Centres in this area and opportunities to coordinate effectively with the Edinburgh & Lothian Health Foundation (ELHF).
- 4.3 There are many national and international examples of leading centres which have cultivated strong brand identities to convey uniqueness and core values.
- 4.4 The continuing evolution of the Edinburgh Cancer Centre throughout the enabling works as well as the plan for redevelopment and re-provision of the cancer centre are fundamental changes that necessitate a review of 'brand identity' in order to ensure that 'the brand' appropriately represents the evolving centre and resonates with its growing catchment population.

1/4 383/395

- 4.5 A budget of £50k was agreed for the stakeholder engagement work to incorporate the branding exercise as part of the capital funding for the Cancer Programme Team which was approved by NHS Lothian Capital Investment Group (LCIG) and subsequently the Finance and Resources Committee (F&R) in September 2018.
- 4.6 In order to adequately articulate the brief, meetings were held with three potential suppliers in September and October 2018.
- 4.7 Following these meetings, a request for quote was advertised on the Public Contracts Scotland website on 12th October 2018.
- 4.8 The quote specification requested;
 - A detailed plan of the methodology that would be employed to arrive at the brand'
 - Proposed methods of stakeholder engagement and how it was anticipated that outputs of this work would be incorporated into the final product
 - A bespoke package with firm commitment to a pricing structure based on the different elements required to complete the project and options for continued support
 - An estimation of project completion time from start to announcement of new brand identity
- 4.9 The deadline for quote submission was 2nd November 2018 and Brand Agency Morton Ward were appointed as successful suppliers in December 2018.
- 4.10 *Methodology*
- 4.11 Morton Ward undertook the 'Discovery' component of their proposal in January 2019 which comprised of a brand review, research, stakeholder engagement, positioning strategy, naming and creative brief.
- 4.12 Activities related to this included:
 - Branding Inception workshop (attended by 21 stakeholders)
 - Range of one to one stakeholder interviews
 - Discussion of name options with several, small focus groups to gauge opinion
- 4.13 Initial activities allowed information gathering and input from a wide range of stakeholders in order to direct the team towards a series of ten potential name options.
- 4.14 This list was subsequently reduced to three shortlisted names through discussion with smaller focus groups and wider discussion with Oncology Clinicians resulted in the addition of a fourth name option.
- 4.15 Brand Identity Concepts were developed for these four proposed names which were presented to the CCPB before being tested by the following groups;
 - Patient cohort patients involved in the EBCD process;
 - Regional patients contacted by SCAN public involvement managers;

- Staff cohort including regional NHS staff;
- Cancer Clinical Management Team (CMT);
- WGH Hospital Management Group (HMG)
- 4.16 Regional feedback was captured through the regional representatives in the CCPB as well as consultation with regional patients and staff to ensure that the proposed name received regional approval.
- 4.17 Following feedback, Edinburgh Cancer Centre was confirmed as the preferred name option.
- 4.18 This name was then attached to four graphic design evolutions which were distributed to the same stakeholder groups for further feedback.
- 4.19 The name alongside the preferred design evolution is attached as *Appendix 1* to this document.
- 4.20 The NHS Director of Communications has been involved and supportive of both this process and outcome.
- 4.21 Both the name and graphic design were endorsed by the CCPB in May 2019.

Next Steps

- 4.22 Once approved by the Board, it is envisaged that both the name and graphic design will be used across the SCAN Region (as demonstrated in *Appendix 2*) as a marker of high quality patient service and experience which, as the brand is developed, patients will become familiar with.
- 4.23 The graphic design will also be used in conjunction with the NHS Lothian logo and logos of other partners such as the Edinburgh Lothian Health Foundation (ELHF) as demonstrated in *Appendix 3*.
- 5 Key Risks
- 5.1 No risks have been identified
- 6 Risk Register
- 6.1 No risks have been identified
- 7 Impact on Health Inequalities
- 7.1 No impact anticipated
- 8 Impact on Inequalities
- 8.1 No impact anticipated

9 Involving People

9.1 Patient and staff engagement is a key part of this programme of work and ongoing work as a proposal for a new Cancer Centre is developed.

10 Resource Implications

- 10.1 The capital resource implications of this proposal were agreed as part of the capital funding for the Cancer Programme Team which was approved by the NHS Lothian Capital Investment Group (LCIG) and subsequently the Finance and Resources Committee (F&R) in September 2018.
- 10.2 There are no revenue resource implications.

Lyndsay Cameron Strategic Programme Manager, Cancer Services Lyndsay.Cameron@nhslothian.scot.nhs.uk

11th June 2019

Appendix 1: Name and Graphic Design

Appendix 2: Regional Partners

Appendix 3: Partnerships



Evolution 1

The outer 'C' spacing has been tightened to create a more compact flower shape. The 'C's stands for 'Cancer', 'Centre', 'Care', 'Cure', 'Community' and 'Compassion'. The centre star has been replaced with a cluster of four stars, broadly representing hope, light and a coming together of excellent people from all disciplines (research, nursing, surgeons, etc.) to achieve remarkable things.

1/1 387/395

Localisation

Building recognition across the region

We want our patients and visitors to feel assured they are getting a consistent experience wherever they encounter us. Our new symbol will act as a mark of excellence, representing outstanding and consistent cancer care in every region in which we operate. By using the same name and symbol everywhere, we will build up a level of trust, pride, recognition and support that will benefit everyone, including patients, staff and partners.

Localised versions of our wordmark and symbol lockup have been created for each of our regions, to be implemented over time. All other guidelines within this document apply equally to these. Primary location



Regional localisation









1/1 388/395

Partnerships

Vertical partnership logo system

In some circumstances, use of a vertical partnership logo system will provide a better visual solution, particularly on materials that are horizontally restricted such as popups and tallbanners.

In this circumstance, the NHS logo should again be given the primary position, with Edinburgh Cancer Centre appearing second and other organisations following below. Divider lines are extended to match the width of the widest logo, with equal spacing given between all elements.

In the majority of cases, maintining the relationship between the NHS and Edinburgh Cancer Centre identities should be given priority. However, flexibility is allowed to reorder logos depending on the lead and most important partners within any particular communication piece.

Vertical positioning guidance for Edinburgh Cancer Centre, NHS logo and partners





1/2 389/395

Partnerships

How to use our identity with partner logos

Our visual identity has been designed to work well with NHS brand guidelines, plus take other key partner logos into account when presented together on printed or digital communications.

A simple system has been created following the lead of NHS brand guidelines, which recommend placement of the NHS logo in the top or bottom right corner of most materials. The Edinburgh Cancer Centre is then added to the left of this, adhering to defined clear zones and separating the two identities with a divider line. While other partner logos can continue to be added to the left, it's recommended to allow only one more in this dominant position, with any other organisation logos demoted to a secondary position within the design, to maximise clarity and simplicity.

Ensuring visual relationship consistency between Edinburgh Cancer Centre and the NHS is of prime importance, so templates to ensure this are provided within the brand kit for common print design requirements.

Primary visual relationship and positioning guidance for Edinburgh Cancer Centre and NHSlogo





An additional partner logo can be added to the left













2/2 390/395

NHS LOTHIAN

Board Meeting June 26, 2019

Director of Public Health and Health Policy/Deputy Chief Executive

SUSTAINABILITY AND CLIMATE CHANGE

1 Purpose of the Report

1.1 The purpose of this report is to summarise the issues identified and next steps following the Board Development Day on May 1st, 2019.

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

2 Recommendations

- 2.1 To increase the profile and pace of NHS Lothian's contribution to Scotland's National Outcomes, which include the requirement for investment and health, wellbeing, sustainable services and environment.
- 2.2 To endorse the requirement for NHS Lothian to be a climate positive and carbon neutral organisation and to use the focus on environmental sustainability as a catalyst for innovation and redesigning clinical pathways and services.
- 2.3 To receive the findings of the formal climate change risk assessment covering all operational areas and assurance that the mitigation set out in the climate change adaptation plan is aligned with the resilience committee work programme.
- 2.4 To enhance capacity and preparedness by supporting the development of a systemwide sustainability management action plan that will enable the Board to implement additional Scottish Government requirements that come into force in April 2020.
- 2.5 To approve delegation of Board scrutiny and assurance regarding the action plan to the Finance and Resources Committee.
- 2.6 To secure commitment from Integration Joint Board and Local Authority colleagues to a shared approach by incorporating shared responsibilities into the workplan of the strategic planning forum.
- 2.7 To note that executive management will exercise responsibility for oversight of the action plan through the Futures, Innovation and Quality Group, membership of which includes Executive Directors.
- 2.8 To support the proposal to strengthen the Sustainability Management Group in delivering Board and Scottish Government priorities by establishing a series of task forces to work on specific challenges.
- 2.9 To accept this report as a source of Moderate Assurance that Executive Directors are taking action in response to the requirement to address sustainability and climate change.

1/5 391/395

3 Discussion of Key Issues

- 3.1 The 2017/18 sustainability report highlighted the Board's progress against the existing targets for reducing the NHS carbon footprint. The Sustainability Management Group, which reports to the Deputy Chief Executive, and their work has improved energy efficiency and moderated overall use; reduced the environmental impact of NHS Lothian vehicles; increased opportunities for active travel; made some progress in improving procurement; contributed to the greening of the NHS and ensuring that new buildings meet environmental targets.
- 3.2 There was general agreement that simply maintaining the current pace of progress and meeting narrowly framed targets for improvement would not be an adequate response to the climate and sustainability crisis facing Scotland. The flood maps provided by the Scottish Environmental Protection Agency illustrate the vulnerability of services, particularly those provided from the Royal Infirmary and new Royal Hospital for Sick Children.
- 3.3 On behalf of the Board, Healthcare Governance Committee has also agreed implementation of the 2018-2020 Lothian Joint Health Protection Plan (NHS Lothian and its constituent Local Authorities), which requires the organisation to improve the quality of the environment, particularly in relation to improving air quality
- 3.4 Separately, the Community Planning Partnerships and Regional Leadership Board (three NHS Boards, six Local Authorities and six Integration Joint Boards) have agreed that the principles of Health in All Policies will apply to our shared work.
- 3.5 The Board development session enabled members to reach a common level of understanding of the time-critical nature of the problem and current achievements. The Board also considered further action to address the climate and sustainability agenda under the following headings: Challenges leadership, developing the vision, seizing opportunities, aligning innovation, quality improvement, management and business processes; new models of clinical care; new care centres; pharmaceuticals (further reducing the environmental impact and exploring issues around procurement, storage, delivery and deprescribing that could be applied more widely).
- 3.6 The following priorities emerged:

3.6.1 Consider sustainability explicitly in decision making

- 3.6.1.1 Embedding environmental impact into the Integrated Impact Assessment required of all policies, strategies and service changes. The findings of the INHERIT project provide a framework for investing to improve the environment at the same time as improving health and health equity.
- 3.6.1.2 Improve costing models so that the whole patient pathway and the life cycle of buildings and other assets (cradle to cradle) is costed while trade-offs between strategic goals and measured and agreed explicitly in line with NHS Lothian's risk appetite.

3.6.2 Develop models of care that are environmentally and practically sustainable

- 3.6.2.1 New services and models of care must contribute to addressing the sustainability challenge, mapping and optimising resource use.
- 3.6.2.2 Invest in the redesign of models of care to increase their environmental, social and financial sustainability. Specific examples discussed included: e-frailty work; Hospital@Home; community matrons; technology enabled practice e.g. Scale up BP (self-monitoring).
- 3.6.2.3 Reduce the greenhouse gas emissions and carbon footprint of all healthcare related activities. While we are working on pathways, work across Region/Scotland to reduce emissions profile and improve financial sustainability of energy contracts.
- 3.6.2.4 Reduce the environmental impact of transporting patients, staff and materials to and from sites delivering health and social care services which journeys can be avoided? Highlight positive and adverse impacts of current Scottish Government policy.
- 3.6.2.5 Reduce the environmental impact of the materials used in delivering health and social care and in the wider supply chain. Specific examples included: building on existing quality improvement work on deprescribing, gathering patient-focused data on actual medicines use via traditional and electronic means; agreeing how to define pharmaceutical and material waste and further develop the theory and evidence required to reduce the Board's carbon footprint.

3.6.3 Optimise the impact of health and social care settings on the environment

- 3.6.3.1 Improve the environmental profile of health and social care buildings by addressing strategic and immediate practical issues: cold water is delivered too warm to hospitals so energy is used in cooling it; additional energy is used to improve ventilation and indoor air quality because of unintended consequences of narrowly drawn energy efficiency targets.
- 3.6.3.2 Ensure that the NHS estate includes green space for growing, carbon capture, physical and social activities.
- 3.6.3.3 Work out how to optimise the health, social and environmental value and benefit of the NHS estate, particularly how to bring together investment in health, housing and care to create more effective and sustainable services.

3.6.4 Build capacity for implementation and improvement

- 3.6.4.1 Ensure that sustainability and climate change are addressed in induction, appropriate e-learning is available, and that all staff are clear about their responsibilities and contribution to reducing the adverse impact of NHS activity on the climate and environment.
- 3.6.4.2 Build sustainability into quality improvement, research, development, and innovation programmes and explore establishment of knowledge transfer partnerships.

- 3.6.4.3 Align action to assess and address environment and climate risk with health and safety work programme.
- 3.6.4.4 Develop clear, specific, asks of community planning partners e.g. insist the tram network goes to the Bioquarter; look at the alignment of our own contributions to infrastructure development and those from transport, commercial and housing developments.
- 3.6.4.5 Build business cases in collaboration with partners and specify requirement for sustainability, lower carbon footprint and wider impact on environment and climate change before procurement.

3.6.5 Build capacity for reporting and oversight

- 3.6.5.1 Strengthen the Board's commitment to the work of the Sustainability Management Group by formalising executive and Board level reporting, adding communications, organisational development and behavioural change expertise, and use the expertise and enthusiasm currently scattered throughout NHS Lothian to create task forces that would each lead on one of the priority areas. Each priority area would have a named executive who would be responsible for anticipating/removing barriers to progress.
- 3.6.5.2 Align this programme with the Board's ambition to engage potential future leaders from across the organisation in work to shape the future of the organisation and improve the working environment.

4 Key Risks

- 4.1 Failure to undertake an adequate climate change risk assessment results in failure to respond sufficiently rapidly to changes in the type and severity of threats to health from the weather, changing infections and changes in the way that people present with chronic diseases.
- 4.2 Failure to meet Scottish Government targets for environmental improvement that will be set out in the Climate Change Act.
- 4.3 Lack of capacity and readiness to implement the requirements of the NHS Scotland Sustainability Strategy in March 2020.
- 4.4 Failure to capitalise on opportunities for shared access to investment and resource use increases financial risks to NHS Lothian.
- 4.5 Failure to engage staff reduces access to expertise, leadership capacity, quality of innovation, implementation of effective models of care and attractiveness of NHS Lothian as an employer.
- 4.6 Failure to address climate change and environmental sustainability through investment and practical action increases the risk of services being unavailable e.g. due to unmanaged flood risk, response to temperature rise and adverse weather events.

5 Risk Register

- 5.1 Many of the risks associated with the impact of climate change and sustainability are already included in the corporate risk register and can be considered under 3189: Facilities fit for purpose; 3203: Improve patient pathways and shift the balance of care 3211 and 4191: Access to treatment –organisational and patient risk respectively; 3600: Secure value and financial sustainability; 3527 and 3828 Workforce Medical workforce sustainability and Nursing workforce: safe staffing levels.
- 5.2 The potential impact on the overall health of the population has not been modelled for Lothian at this stage but national and international assessments warn of increased emergency presentations among people with chronic diseases as a result of e.g. extreme weather, temperature changes and increased infections following changes in the migratory patterns of birds and insects and changes in animal habitats.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The adverse impact of climate change falls disproportionately on those parts of the population with higher levels of need and fewer resources.
- 6.2 An impact assessment will be carried out as the action plan is being developed and the findings will be incorporated into the final version.

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

- 7.1 This paper builds on the findings of patient and public engagement undertaken by other organisations.
- 7.2 The action plan will be built with staff, patient and public engagement and it is proposed that this work programme is one of the tests of the new Scottish Government proposals for engagement.

8 Resource Implications

- 8.1 The resource implications are not yet clear but finance expertise and support is being provided to support the development of the new models of resource allocation and use.
- 8.2 This work programme is intended to reduce the risk of financial instability and overspend but is likely to require an invest to save approach.
- 8.3 The climate change risk assessment will inform the assessment of the resource implications of the action required to address the challenges faced by the Board and the requirements of future legislation and regulations.

Professor Alison McCallum
Director of Public Health and Health Policy
17/06/19
Alison.mccallum@nhslothian.scot.nhs.uk