NHS Lothian Board

02 October 2019, 09:30 to 13:00
Scottish Health Service Centre

Agenda

Declaration of Interests

1. Declaration of Interests

Brian Houston

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

2.1. Minutes of Previous Board Meeting held on 07 August 2019

For Approval

Brian Houston

07-08-19-Public draft 13-08-19.pdf (12 pages)

2.2. NHS Lothian Board Development Sessions 2020

For Approval

Brian Houston

Board Development Sessions 2020.pdf (1 pages)

2.3. Board Committee Appointments

For Approval

Brian Houston

2 October 2019 Board - Committee Appointments (final 130919).pdf (2 pages)

2.4. Midlothian Integration Joint Board Minutes 13 June 2019

For Noting

Carolyn Hirst

MidIJB Minute 13-06-19.pdf (10 pages)

2.5. East Lothian Integration Joint Board Minutes 27 June 2019

For Noting

Peter Murray

EL IJB Minute 27-06-19.pdf (5 pages)

2.6. Edinburgh Integration Joint Board Minutes 21 June 2019

For Noting

Martin Hill

Edinburgh IJB Minute 21-06-19.pdf (7 pages)

2.7. West Lothian Integration Joint Board Minutes 13 August 2019

For Noting

Martin Hill

WLIJB Minute 26-06-19.pdf (18 pages)

Items for Discussion

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

Discussion

Brian Houston

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

Discussion

Susan Goldsmith

Board paper- RHCYP DCN (002).pdf (4 pages)

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

Discussion

Tim Davison

Performance Recovery Plan Board Paper 170919 Final.pdf (8 pages)

6. Waiting Times Improvement Plan

Discussion

Jacquie Campbell

Waiting Times Improvement Plan Board Paper_021019.pdf (16 pages)

7. Development of 2020-23 Operational Delivery Plan

Discussion

Alex McMahon

Development of 2020-23 Operational Delivery Plan - Board Paper 021019.pdf (3 pages)

8. Financial Position to 31 August 2019 & Year End Forecast

Discussion

Susan Goldsmith

Board Meeting 021019 - Update from FR - FINAL.pdf (5 pages)

9. Performance Report

Discussion

Simon Watson

QPI Board October 2019.pdf (8 pages)

10. Developing Our NHS Lothian Approach to Global Citizenship

Discussion

Alison McCallum

Global Citizenship Board Paper October 2019.pdf (9 pages)

- October 2019 Board Paper - Appendix 3 Briefing - Update on NHS Scotland Global Citizenship Programme - 22.8.19.pdf (3 pages)
- October Board paper 2019 Appendix 4 Handout - Global Citizenship Communication Toolkit - 22.8.19.pdf (10 pages)
- October 2019 Board Paper Appendix 5 Letter - NHS Scotland Global Citizenship Staff Recognition - 21.8.19.pdf (1 pages)
- October 2019 Board Paper Appendix 6 Letter - NHS Scotland Global Citizenship HR Guidance - 4.6.19.pdf (9 pages)

11. Corporate Risk Register

Discussion

Tracey Gillies

- Board Corporate Risk Register Report 2 Oct 2019 - Final.pdf (41 pages)

12. Future Board Meetings

Information

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

13. Future Development Sessions

Information

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

14. Any Other Business

Verbal

Brian Houston

15. 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, 07 August 2019 at the Scottish Health Service Centre, Crewe Road South, Edinburgh, EH4 2LF.

Present:

Non-Executive Board Members: Mr B Houston (Chair); Mr M Hill (Vice Chair); Mr M Ash; Mr M Connor; Dr P Donald; Ms C Hirst; Professor T Humphrey; Ms F Ireland; Mr A Joyce; Cllr D Milligan; Mrs A Mitchell; Mr P Murray; Dr R Williams; Cllr G Gordon; Professor M Whyte (from 11am) and Mr W McQueen (from 9:55am).

Executive Board Members: Mr T Davison (Chief Executive); Miss T Gillies (Executive Medical Director); Mrs S Goldsmith (Director of Finance); Professor A K McCallum (Director of Public Health & Health Policy); Professor A McMahon (Executive Director, Nursing, Midwifery & AHPS – Executive Lead REAS & Prison Healthcare)(from 11am).

In Attendance: Mrs J Butler (Director of Human Resources and Organisational Development); Mrs J Campbell (Chief Officer of Acute Services); Mrs J Mackay (Director of Communications, Engagement and Public Affairs); Mr A Payne (Head of Corporate Governance); Dr S Watson (Chief Quality Officer)(from 11am); Dr A Harper, Public Health Registrar and Miss K Dee, Consultant in Public Health (shadowing Professor A K McCallum) and Mr C Graham (Minutes).

Apologies for absence were received Mr J Crombie, John McGinty, Angus McCann and Cllr F O'Donnell.

Chairman's Introductory Comments

The Chairman welcomed members of the public and press to the Board meeting. The Chairman passed on the Board's best wishes for a speedy recovery to both Mr Crombie and Mr McCann.

Declaration of Financial and Non-Financial Interest

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

Chairman's Announcements

Reporting of Committee Minutes to the Board - The Chairman announced that following the issue that was raised at the previous meeting. The Board would now only receive committee minutes which a committee had approved, and were the final version. There would remain a standing slot on the Board agenda for committee chairs to make the Board aware of any material items which had arisen from recent meetings.

26. Items for Approval

26.1 The Chairman sought and received the agreement of the Board to approve items 2.1 – 2.12. The following were approved;

26.2 Minutes of Previous Board Meeting held on 26 June 2019 – Approved.

26.3 Outline Business Case - Western General Hospital Energy Infrastructure Phase 1 – The Board agreed the following:

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

26.4 Full Business Case – Haematology - The Board agreed the following:

- To approve the Full Business Case for the Haematology Service Capital Development.

26.4.1 Dr Donald asked whether the facilities being put in would comply with current guidelines. The Chairman would take this forward with Dr Donald out with the meeting and if necessary this could be brought back to the Board at a future date. Mrs Goldsmith would arrange for the project team to report back to Dr Donald or the Healthcare Governance committee as appropriate.

26.5 Outline Business Case - Short Stay Elective Centre - The Board agreed the following:

- To note the Outline Business Case had been approved by the NHSL Finance and Resources Committee on 24 July 2019, subject to Scottish Government funding;
- To note that the current capital budget of £280m is available for elective centres nationally;
- To Take significant assurance that the project team and capital finance, through interrogation of the OBC cost report, understand the drivers for an increase in capital costs since Initial Agreement;
- To accept the work undertaken by the Design Team to identify thematically the drivers for an increase in Gross Internal Floor Area which is the principal reason for an increase in capital costs;
- To note the risks associated with progressing the current Outline Business Case design, factors primarily driven by the necessity to meet ministerial timescale commitments and the constraints of the site;
- To note that following agreement at NHSL Finance and Resources Committee additional assurance steps will be implemented across the project with appropriate technical expertise appointed to challenge and critique developing architectural, mechanical engineering, fire and civil engineering design as NHS Lothian progress through the business case and design process;

- To note that at present no recurring revenue funding has been identified to fund the incremental recurring revenue costs and that Finance and Resources Committee approval of this Outline Business Case is subject to confirmation of the required recurring funding;
- To note this Outline Business Case would be submitted to the National Elective Centres Programme Board on 5th August 2019.

26.6 Audit and Risk Committee Minutes – 17 June 2019 - Noted

26.7 Finance and Resources Committee Minutes – 24 July 2019 – Noted.

26.8 Healthcare Governance Committee Minutes – 09 July 2019 – Noted.

26.9 Strategic Planning Committee – 20 June 2019 – Noted.

26.10 Midlothian Integration Joint Board Minutes of – 11 April 2019 – Noted.

26.11 East Lothian Integration Joint Board Minutes - 25 April and 23 May 2019 – Noted.

26.12 Edinburgh Integration Joint Board Minutes – 24 May 2019 – Noted.

26.13 West Lothian Integration Joint Board Minutes – 23 April 2019 – Noted.

Items for Discussion

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

27.1 Midlothian IJB – Ms Hirst congratulated West Lothian IJB on the appointment of a new Chief Officer. This however created a vacancy at Midlothian IJB which was currently out to advert with an interview date of 29 August 2019.

27.2 Finance and Resources Committee (F&RC) – The Vice Chair reported that at the meeting of 24 July 2019, F&RC had considered revisions to committee's terms of reference to incorporate responsibilities in relation to sustainability. It had been agreed that rather than make a recommendation to the Board at present the F&RC would await any further outcomes in relation to the ongoing governance review and then bring a recommendation back to the Board.

28. Update on the Royal Hospital for Children & Young People and the Department of Clinical Neurosciences

28.1 The Chairman commented that rightly, this item was a matter of wide continuing public concern and interest. The Board could not overstate its level of disappointment around the situation that had occurred, in particular the immediate impact on staff and patients.

28.2 The Board expressed gratitude and admiration for the way staff at both institutions had reacted to the situation despite the shock and disruption caused. Staff continued to manage patient interfaces admirably, carrying on as business as usual in what was a highly complex and sensitive situation.

28.3 The Board noted that there were two ongoing investigations for which reports were awaited and as such the Chair requested that any questions from Board Members avoid any speculation.

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

28.5 There was discussion on the Scottish Government Oversight Assurance Board which would begin meeting on 8th August 2019; the importance of regular staff communication and the requirement for capital and revenue resource which was yet to be identified.

28.6 The Board members also discussed any potential finance risk associated with running two sites. Mrs Goldsmith confirmed that there was ongoing dialogue with the old site purchaser and this sale remained secure.

28.7 Professor Humphrey stated that the current issues had been discussed at the last Healthcare Governance committee meeting and asked about if phased occupancy remained a legitimate option going forward and was being explored, with a particular focus on DCN.

28.8 Mrs Campbell confirmed that DCN and partners had undertaken a full risk assessment and concluded that there were no critical interdependencies with children's services that would prevent an advanced moved if required as long as the work at the new hospital was signed off and all safety checks complete.

28.9 The Board recognised that as well as capital and revenue resource implications there were also people implications and given the comprehensive approach the management team were undertaking and the extra burden for all levels of the organisation, was additional resource being provided. Mrs Goldsmith confirmed that this was currently being considered. The project team were under a lot of pressure and doing their best to deal with snagging and defects and responding to requests for data, information and views on the planning for rectification.

28.10 Mr Connor asked about future builds and safeguards against using the same model route again and how learning could be factored in. Mrs Goldsmith stated that lessons from this project would be around the relationship between quality of build and infection control and assessment of technical support required for projects. Health Facilities Scotland were building up a resource and taking stock of how to support major capital builds.

28.11 Dr Williams stated that this was a complicated project with fast moving, ongoing investigations around complex remedial actions and expressed concern that as a Non Executive Board Member it was important to be kept up to date with what was happening in a timely manner. The Chairman stated that some of this updating had to be at an informal level which was why the Chairman's briefing meeting was now on a weekly basis.

28.12 Mrs Goldsmith added that work had been full on over the previous weeks and would soon get into a position where she would be able to provide regular updates once the Scottish Government Oversight Assurance Board was in place.

28.13 Mr Murray asked about the current position with the water issues in the new hospital. Miss Gillies stated that there had been a workshop looking at these issues held this morning. This had considered the review against the standard and where the Board was at the moment and the learning from Health Facilities Scotland (HFS) and Health Protection Scotland (HPS) in terms of future proofing.

28.14 Ms Hirst made to point that it was important that, when the Board was looking for assurances around who made decisions about what, this was not part of a blame search. Mrs Goldsmith confirmed that this had been made clear at one of the first internal workshops. This was about trying to understand what had happened and what had gone wrong and not about apportioning blame.

28.15 There was discussion on the two awaited critical reports and if when available the Board would have the opportunity to review and discuss these with the report authors.

28.16 Mrs Goldsmith stated that the KPMG report had been commissioned by the Cabinet Secretary so would go there with NHS Lothian having the opportunity to review these for accuracy. It was likely that the report would be made public between the Cabinet Secretary receiving them and NHS Lothian having the opportunity to consider what the report said and any implications. This would be the same for the HFS/HPS review.

28.17 The Chairman thanked Board Members for the full discussion and the provided update was noted.

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

29.1 The Chairman introduced the report advising Board Members that the Director-General Health and Social Care and Chief Executive of NHS Scotland had concluded, on the advice of the Health and Social Care Management Board, that NHS Lothian been placed at level 3 of the NHS Board Performance Escalation Framework.

29.2 The Board now had to develop and implement a formal Recovery Plan with clear milestones. The report set out the six challenging service areas that require further improvement and presented the initial thinking of the Corporate Management Team on how best to direct the development of a Recovery Plan, and determine the nature of a package of tailored support to assist with its development and implementation.

29.3 The Chairman made the point that although there was no objection to the escalation which had taken place there was a view that the timing of the escalation could have been better. It was noted that plans had already progressed against a lot of the specified items which had now surfaced. The timing had now led to items being dictated by RHCYP+DCN issues and had placed an additional pressure on the already exacerbated leadership and management system. However the Board

should remain positive about engaging with the escalation work and the Scottish government.

29.4 The Chief Executive stated that this was a lengthy paper covering a broad range of themes. He outlined the key challenging areas:

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

29.5 The paper set out all six of the key areas and the challenges involved. The biggest challenge was how to knit together a coherent whole system plan which would become sustainable in terms models of provision and meet Scottish Government and IJB performance targets.

29.6 Any whole system plan would need to pull together the Board, the four IJBs and the four HSCPs to develop single financial and workforce plans for a sustainable service covering the short, medium and longer term period. At the moment each area had its own plans.

29.7 The Chief Executive also highlighted that the paper included the proposition to appoint a recovery or improvement director at Board level and that this was a common appointment for health boards at level 3 escalation or above. A programme director would be commissioned to work alongside the Board's executive team, IJBs, HSCPs, and the local authorities to knit together a coherent plan across the totality of all agendas over 18 to 24 months.

29.8 The paper set out immediate work which was ongoing and also what was hoped to be achieved by March 2020. Focus was on particular target areas such as 4 hour performance, 62 day cancer target, Royal Edinburgh Hospital bed pressures and capacity and more inpatient provision and targeted discharge.

29.9 The Chief Executive commented that the next key date would be March 2021 where there would be more whole system and proactive engagement around IJB strategic plans, workforce plans and financial plans. This would see a move away from recovery mode to reliable business as usual sustainable services at April 2021, ahead of a new parliament and spending cycle.

29.10 Dr Donald welcomed the concept and approach behind the paper and asked where the Integrated Care Forum sat within this work. It was recognised that this was a new age where greater collaboration and working together better was needed. Dr Williams added that work within four of the six key areas lay with community services and wondered what resource implications would be.

29.11 Mr Ash made the point that it would be helpful if the Board could confirm the addition of the escalation of NHS Lothian on the NHS Board Performance Escalation Framework and the risks associated with the development and implementation of

the formal Recovery Plan to the NHS Board risk register, ahead of the Audit and Risk Committee (ARC) meeting later this month. Adding the new risk overlaps existing risks and it was recognised that the work already done would be kept in a hierarchical fashion and not duplicated.

29.12 ARC's Function was to confirm the degree of oversight the Scottish Government were taking in this process and not take away responsibility of existing governance processes. There would be an overview paper taken to the next ARC meeting.

29.13 Mr McQueen stated that this was an impressive and comprehensive plan, delivery of which depended on securing additional resources. Was there any learning being taken from other level 3 boards; when there was a plan to match against deliverables how would tasks be properly managed around that and how would the Board monitor that through what arrangements to ensure speedy interventions? The Chief Executive explained that learning from other boards in a similar situation had been largely around finance and that Lothian were the first board to be escalated due to performance.

29.14 Mr Murray confirmed that the paper was exactly what was needed to spell out the shared agenda. Mr Murray suggested that the next Board development session on integration presented an opportunity to revisit governance arrangements to check nothing had been missed. An added complexity to consider would be other public bodies' governance, sharing the need to attend to issues e.g. public health Scotland and community planning arrangements (since 2003).

29.15 Ms Hirst asked if a comparison between what it was intended now to do and what had previously been outlined in the Annual Operating Plan would take place. Mrs Mitchell endorsed the direction of travel and asked about the time frame around the ambitions.

29.16 The Chief Executive addressed some of the points being raised and confirmed that at this stage governance arrangements remained unchanged the biggest challenge was to develop the whole system approach. The issue was not about creating new committees or changing governance arrangements. The intention of the Integrated Care Forum was to be a reference point and sounding board where all partners talked about important principles and developing shared work could be presented. It should be noted that the Integrated Care Forum was not a detailed decision making governance body. There was already committee involvement through ARC and the Finance and Resources Committee.

29.17 The Chief Executive clarified that the Programme Director resource would be the only role with a genuine whole system remit and that the governance arrangements would probably need revisited as part of a whole system recovery plan.

29.18 The Vice Chair gave his support to the direction being taken which had been built upon over the last months. He hoped that this exercise going forward would allow for meaningful debate with the Scottish Government on the impact of a lot of these areas to develop a recovery plan within policy context. The accountability inconsistencies between the Board, IJBs and local authorities would need to be revisited. There would need to be parliament level join up as well as part of the whole system approach.

29.19 Consideration should also be given to how to move away from throwing short term money at things such as waiting list initiatives to seek sustainable and affordable long term solutions. The Chief Executive added that the Scottish Government would only consider medium to long term solutions if the short term pressures were being addressed. The long term agenda would be from 2021 onwards as this would be part of a new parliament and spending review.

29.20 Professor Humphrey asked about the support that would be required to deliver the Board's recovery plan and how the required skill set would be sourced in a timely way.

29.21 The Chief Executive reported on the current approach to appointing an overarching programme director, commissioned from a consultancy with extensive experience in the areas the Board was looking for. The programme director would work alongside the Board's executive team and report to the IJB Chief Officers and the Board Chief Executive. The Chief Executive also outlined the plans around the acute services programme and additional posts that would be supporting this work.

29.22 The Chairman welcomed the good discussion had around this item and suggested that Mr Murray's plan of taking the opportunity to revisit governance arrangements at the next Board development session be investigated further to see if the session could be retuned into something around a whole system approach and the adequacy of governance structures needed to make that happen.

29.23 The Chair also made the point that his weekly informal briefing sessions could also be a vehicle for updating on developments with the programme board and the framework of escalation factors.

29.24 The Board agreed to note the placing of the board at level 3 of the NHS Board Performance Escalation Framework; the 6 challenging service areas where further improvement was required; the initial thinking of the members of the Board's Corporate Management Team in formulating a whole system Recovery Plan that would include the NHS Board, the 4 IJBs/Health and Social Care Partnerships working collaboratively with each other and with our Council partners to achieve performance improvement and noted the CMT's initial conclusions on the nature of the tailored package of support which would be made available to the Board to support the development and implementation of a formal Recovery Plan.

29.25 The Board agreed to receive a further report on progress with the Recovery Plan at the October Board meeting.

30. Waiting Times Improvement Plan (WTIP)

30.1 Mrs Campbell updated the Board on progress in developing NHS Lothian's response to the national WTIP; the Scottish Government financial allocation and capacity allocations and provided details of performance against agreed trajectories for 2019/20.

30.2 There was discussion on AOP trajectories; cancer 62 day standard performance; endoscopy investment plan; bowel screening performance; urology pressures redesign work; access to new theatres at Forth Valley as part of the national elective centre work; risk around the RHCYP+DCN delayed move and the impact of consultant pensions and tax implications on waiting list initiatives.

30.3 Mrs Campbell reported that the Scottish Government had commissioned the North of England Commissioning Support Unit for 5 weeks and that the Waiting Times Improvement Programme Board was reviewing its terms of reference to link in to sustainability moving forward and not just looking at recovery. The Programme Board would also look at technologies, innovation and alternatives to attendance.

30.4 Mr Murray asked if the number of people offered appointments out with the NHS Lothian area who then take these up was known. Mrs Campbell undertook to provide this information.

30.5 The Board noted the current performance against agreed AOP trajectories and accepted the report as a source of limited assurance that in June 2019, 75% of eligible patients were seen within the Inpatient/ Day case 12 Week Treatment Time Guarantee (TTG). The Board requested that future reports include a specific note on TTG

30.6 The Board also noted that of the £21.5m of non-recurrent funding, £18.9m has been committed to date and is reflected in submitted AOP trajectories, and that as agreed by the Board on 26 June 2019, remaining funding is being used for recurrent investment in high risk services. Trajectories will be updated aligned to this recurring investment. In addition NHS Lothian had been allocated £900k of non-recurrent funding to support improved cancer performance. Further performance improvement additional capacity support options had been identified and submitted to the Scottish Government Access Team on 18th July, for review and additional funding.

30.7 Finally the Board noted that Scottish Government had engaged the North of England Commissioning Support Unit to undertake a deep dive, focussed piece of work primarily focussed on 12 week TTG performance for five specialties: Orthopaedics, Urology, Colorectal, General Surgery and Vascular and acknowledged that issues arising from the delayed move of the Royal Hospital for Children and Young People may impact patient waiting times within Paediatrics, Diagnostics and the Department of Neurosciences.

31. Financial Position to 30 June 2019

31.1 Mrs Goldsmith provided an update to the Board on the financial position at Period 3 and progress being made to deliver a balanced position in 2019/20.

31.2 Mrs Goldsmith made the point that the finance team were currently concluding the month 4 position and the quarter 1 review was underway at the moment. It was hoped that the assurance level would be able to be increased shortly with the caveat that any impact from the RHCYP+DCN challenges were not yet known.

31.3 The Vice Chair added that the last Finance and Resources Committee (F&RC) had received the financial report offering limited assurance prior to the RHCYP+DCN issues. The next (F&RC) would provide the opportunity for fuller consideration of the position.

31.4 The Board agreed to accept the report as a source of significant assurance that the F&RC had received and accepted a report highlighting the key areas for financial improvement in order to achieve an in-year balanced outturn, and accepted that limited assurance remains in place at this stage for the achievement of breakeven by the year end, based on the month 3 position. The F&R Committee had accepted this level of assurance.

32. Corporate Risk Register

32.1 Miss Gillies introduced the corporate risk register report for the Board's assurance and highlighted three particular areas to the Board:

- The addition of a risk related to the issues around the delay in moving to RHCYP+DCN
- Risk around Level 3 Escalation
- Escalation Recovery Plans delivery

32.2 Miss Gillies confirmed that two of the Board's Governance Committee had been involved in relation to the RHCYP+DCN delay. The Finance and Resources Committee (F&RC) had oversight of the business case for the original building and rectification work and the work to be done around clinical impact on patients was being reviewed by the Healthcare Governance Committee (HGC). Mr Ash added a point about the risks being kept in a hierarchical fashion which would need to be discussed with the Board's Audit and Risk Committee (ARC).

32.3 Miss Gillies also addressed concerns over the wide scope of the HGC. It was noted that the HGC reporting template was being amended in order to include specific questions related to risk and the actions take to mitigate these. The new template would be introduced from the 10 September HGC meeting.

32.4 Mr McQueen stated that the questions in the new template appeared to be pertinent and critical and he asked if the template was only for HGC as it may be useful to think about applying the questions to the templates of other committees that were validating levels of assurance. The questions get to the heart of how Non Executive Board Members believe what is said in a paper will be realised and make a difference.

32.5 Miss Gillies stated that the work on the template was trying to address the point made by Board members as part of the assurance statement. Professor Humphrey confirmed that focus had been on patient safety aspects and risks to patients but accepted that discussions could be broader than that. It was noted that the Corporate Risk Register would be at the end of the agenda at HGC meetings to give an opportunity for reflection on any impact to the register at the end of meetings.

32.6 Dr Williams asked about risk 3829 relating to GP Sustainability which remained high risk. Dr Williams made the point the GP Sustainability has not been considered by the Board for some time and that GP Sustainability (care in the community) was part of the 2020 vision which remained to be achieved. Miss Gillies replied that there had been discussion on this at HGC and that she would be happy to bring a report back around GP Sustainability.

32.7 The Board recognised that GP Sustainability was not just about GP recruitment and retention but also covered the new primary care contract and monitoring the impact of the new contract. The Chairman suggested that the appropriate route would be for a report to come to the Board via the Strategic Planning Committee. Professor McMahon added that Mr David Small had produced a paper for the last HGC meeting which would help to inform the report to the Strategic Planning Committee.

32.8 The Board agreed to

- accept a new risk on the Corporate Risk Register associated with the delay in providing clinical care at the Royal Hospital for Children & Young People (RHCYP) and Department of Clinical Neurosciences (DCN) on the Royal Infirmary of Edinburgh campus;
- accept a new risk on the Corporate Risk Register associated with the delivery of NHS Lothian's Level 3 Recovery Plans;
- accept the new Brexit risk had received moderate assurance from the July 2019 Healthcare Governance Committee (HGC).
- note the HGC had agreed to embed a set of questions into the papers to improve identification and response to risks to quality of care.
- accept that a range of workshops and one-to-one meetings had taken place in preparation for moving to the new risk template by September 2019 and in response to internal audit recommendations.

33. NHS Lothian Winter Planning and Interface with IJBs

33.1 Mrs Campbell introduced the report providing the Board with an update on the process undertaken to develop the Winter 2019/20 strategy and engagement with the IJBs. The paper covered how whole system working had been strengthened as part of this process. Planning for this had been based on last year's experience and recommendations from the internal audit. This had changed and strengthened the criteria focus on integration and whole system approach.

33.2 The Vice Chair asked whether the imminent retiral of the West Lothian IJB Chief Officer would impede the progress of this year's plan. Mrs Campbell confirmed that in terms of the unscheduled care committee it had been agreed with the Chief Officers that an IJB Chief Officer would chair this group.

33.3 There was discussion around the criteria used to assess winter plan bids; bed based modelling; need for capacity; urgency of support and the ability to commission and open beds/wards quickly.

33.4 Mrs Campbell stated that winter planning has progressed and the principles around the criteria were right just now but there had to be an optimum staffing model behind that.

33.5 Mr Murray asked about the need for a bidding process and if this sat within the strategic planning context. Mrs Campbell confirmed that funding was non recurrent and there was a move away from bidding towards a whole system approach, managing patient flow safely and building on work that had a positive impact in previous years.

33.6 The Board agreed to accept the report as a source of moderate assurance that the Unscheduled Care Committee is developing a robust, inclusive winter strategy through learning from previous winter initiatives.

34. Date and Time of Next Meeting

34.1 The next meeting of Lothian NHS Board would be held at 9:30am on Wednesday 02 October 2019 at the Scottish Health Services Centre, Crewe Road, Edinburgh.

35. Invoking of Standard Order 4.8

35.1 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.

Signed ..... Date ...../...../.....

Mr Brian Houston
Chair Lothian NHS Board

BOARD DEVELOPMENT SESSIONS 2020

DATE	TOPIC	LEAD
8 January	Financial Sustainability inc Capital and Backlog Maintenance	Susan Goldsmith
4 March	Recovery Plan – Mental Health and Learning Disabilities	Alex McMahon/Judith Proctor
6 May	Recovery Plan – Unscheduled Care and Delayed Discharges	Allister Short
1 July	Recovery Plan – Scheduled Care and Cancer	Jacquie Campbell
2 September	Quality and Innovation	Simon Watson/Tracey Gillies/Tim Walsh
4 November	Health Inequalities	Alison McCallum/Katie Dee

NHS LOTHIAN

Board
2 October 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 Dr Johanne Simpson as a non-voting member of Midlothian Integration Joint Board for the period from 2 October 2019 to 1 October 2022.

2.2 Appoint Carolyn Hirst to the Staff Governance Committee with immediate effect.

2.3 Appoint Bill McQueen to the St John's Stakeholder Group.

3 Discussion of Key Issues

Midlothian Integration Joint Board

3.1 Dr Nik Hirani has stepped down from the non-voting member position of ' a registered medical practitioner employed by the health board and not providing primary medical services'. It is recommended that the Board appoint Dr Johanne Simpson (Clinical Director – Acute & General Medicine, Royal Infirmary of Edinburgh) to this position.

Staff Governance Committee

3.2 It is recommended that the Board appoint Carolyn Hirst to the committee.

St John's Stakeholder Group

3.3 Martin Hill has stepped down from this group and consequently there is a vacancy in the group's membership. It is recommended that the Board appoint Bill McQueen (who is the vice-chair of West Lothian Integration Joint Board) to this group.

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 September 2019
alan.payne@luht.scot.nhs.uk

Midlothian Health & Social Care Partnership

Midlothian Integration Joint Board

Date	Time	Venue
Thursday 13th June 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 (Chair)
Carolyn Hirst	Cllr Jim Muirhead
Alex Joyce	

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)	Pam Russell (User/Carer)
Jane Crawford (Third Sector) (substitute for Ewan Aitken)	

In attendance:

Jamie Megaw (Strategic Programme Manager)	Mairi Simpson (Public Health Practitioner)
Kaye Skey (Clinical Service Development Manager)	Mike Broadway (Clerk)

Apologies:

Cllr Pauline Winchester	Cllr Catherine Johnstone
Cllr Janet Lay-Douglas (substitute for Cllr Pauline Winchester)	Cllr Joe Wallace (substitute for Cllr Catherine Johnstone)
Tricia Donald	Hamish Reid (GP/Clinical Director)
Fiona Huffer (Head of Dietetics)	Nik Hirani (Medical Practitioner)
Aileen Currie (Staff side representative)	Keith Chapman (User/Carer)
Marlene Gill (User/Carer)	Ewan Aitken (Third Sector)

Midlothian Integration Joint Board

Thursday 13 June 2019

1. Welcome and introductions

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

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minutes of Previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 11 April 2019 were submitted and approved as a correct record.

4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 7 March 2019 were submitted and noted.

4.4 A Rolling Action Log – June 2019 was submitted.

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

(a) those actions whose expected completion date had not yet passed;

(b) to note that it was hoped to include the presentation on the Wellbeing Service on the agenda for the August Board meeting;

(c) to note that the review of the Strategic Planning Group was still ongoing and that an update report would be brought forward in due course;

(d) to note that it was intended to circulate the briefing note on spending on the new social care responsibilities to Members along with the minutes of today's meeting.

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

5. Public Reports

Report No.	Report Title	Presented by:
5.1	Review of Progress with Integration	Allister Short

Midlothian Integration Joint Board

Thursday 13 June 2019

Executive Summary of Report
With reference to paragraph 4.4 of the Minutes of 14 March 2019, there was submitted a report presenting the final submission to Scottish Government of the self-assessment by Midlothian IJB against the Ministerial Strategic Group for Health and Community Care review of progress with Integration of health and social care and the connection to the Audit Scotland report on Integration.
Summary of discussion
The Board, having heard from Allister Short (Chief Officer), who responded to Members' questions and comments, acknowledged that there was a common theme to the key areas for improvement across the four Lothian IJBs and that the role of the MIJB Audit & Risk Committee in monitoring that the agreed actions were being progressed and implemented would be critical to the success of this evolving piece of work.
Decision
The Board, after further discussion, • **Noted the key points identified within the Ministerial Strategic Group for Health and Community Care review report; and** • **Noted the previous agreement to receive an annual progress report on the overall plan at the MIJB meeting in March 2020.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.2	IJB Improvement Goals Progress	Jamie Megaw

Executive Summary of Report
With reference to paragraph 5.4 of the Minutes of 14 February 2019, there was submitted a report updating the Board on performance and improvement towards achieving the Local Improvement Goals set by the MIJB based on the indicators recommended by the Ministerial Strategic Group for Health and Community Care.
Summary of discussion
Having heard from Jamie Megaw, Strategic Programme Manager, who responded to Members' questions and comments, the Board in considering the current progress against the local improvement goals acknowledged that whilst results were generally encouraging it was still too early to draw any firm conclusions, and that it remained to be seen if the emerging trends were maintained during the coming months. The Board discussed the possibility of including information regarding preventative measures and also patient experience if at all possible, and also better demonstrating links to actions targeted toward these improvement goals and to the Directions. There were also issues around people unable to access services and unmet need which would benefit from being picked up at some stage.

Midlothian Integration Joint Board

Thursday 13 June 2019

Decision
After further discussion, the Board:- • **Noted the current performance across the improvement goals.** • **Noted that issues raised during discussion would be picked up as part of future reports.** • **Agreed that rather than add further performance indicators at this stage to look at developing the existing indicators along the lines discussed.**
Action
Chief Officer/Strategic Programme Manager

Report No.	Report Title	Presented by:
5.3	Midlothian Primary Care Improvement Plan – Year 1 Progress Report	Jamie Megaw

Executive Summary of Report
With reference to paragraph 4.3 of the Minutes of 7 June 2018, there was submitted a report providing details of the progress made in the first year of the Midlothian Primary Care Improvement Plan (PCIP); summarising the planned changes in Year 2 implementation from those previously described in the Midlothian PCIP; and responding to the main points raised by National GMS Oversight Group Guidance (SGPC 97 2018/19).
Summary of discussion
Having heard from Strategic Programme Manager, Jamie Megaw, who responded to Members' questions and comments, the Board noted that the Lothian GP Sub-Committee, despite concerns about a national mismatch between what was promised, particularly with regards to pharmacotherapy services, and what could be delivered due to insufficiency of available workforce and finance, were very happy with the progress made locally.
Decision
The Board, after further discussion, agreed to:- • **note the progress made in Year 1 in Midlothian; and** • **support the plans for Year 2 of the PCIP.**
Action
Chief Officer

Midlothian Integration Joint Board

Thursday 13 June 2019

Report No.	Report Title	Presented by:
5.4	Midlothian and East Lothian development of New Models of Care for Dementia and Psychiatry of Older Adults Provision involving repatriation of East Lothian patients	Kaye Skey

Executive Summary of Report

The purpose of this report was to advise the Board that following the repatriation of East Lothian patients from Midlothian Community Hospital Glenlee and Rossbank wards, consideration was being given to the redesign of inpatient mental health beds to allow care closer to home, or in a homely setting; reducing use of inpatients beds wherever it was appropriate; delivery of services in budget; and the continued provision of high quality services.

The report highlighted the current situation; detailed a number of developing strands of work that were required which would in effect help bolster and develop community teams; and outlined the next steps.

Summary of discussion

The Board, heard from Kaye Skey, Clinical Service Development Manager, who in responding to Members questions, explained the position regarding the involvement of the voluntary sector.

Decision

The Board, after further discussion, agreed:

- **To progress on the basis of this report;**
- **To note the potential savings to be generated; and**
- **To receive a further paper on Midlothian Community Hospital usage following ward closure.**

Action

Chief Officer

Report No.	Report Title	Presented by:
5.5	Financial Year End Summary 2018/19	Claire Flanagan

Executive Summary of Report

This report provided a summary of the draft yearend financial position and the draft reserves position the MIJB would be looking to open 2019/20 with. This reserves position should be considered in line with the MIJB reserves policy and the care and service challenges facing the partnership and the MIJBs strategic and delivery plan.

Summary of discussion

Having heard from Chief Finance Officer, Claire Flanagan, the Board acknowledged the challenging financial landscape and the importance of the ongoing dialogue with both NHS Lothian and Midlothian Council in addressing service challenges and improvement.

Midlothian Integration Joint Board

Thursday 13 June 2019

Decision
After further discussion, the Board: • **Noted the draft year end position;** • **Noted the draft reserves position; and** • **Supported utilising, through the Transformation Programme, the MIJB reserve to assist in service challenges and improvement.**
Action
Chief Finance Officer

Report No.	Report Title	Presented by:
5.6	Midlothian Health and Social Care Integration Joint Board Local Code of Corporate Governance - Report by Chief Officer	Allister Short

Executive Summary of Report
With reference to paragraph 5.3 of the minutes of the MIJB Audit and Risk Committee of 6 June 2019, there was submitted a report proposing approval of a revised Local Code of Corporate Governance of the Midlothian Health and Social Care Integration Joint Board (MIJB) by the Board, following it being considered and recommended for approval by the MIJB Audit and Risk Committee. The report explained that the MIJB's Code of Corporate Governance, summarised the key policies and procedures that were in place, providing the framework for the governance arrangements for delivering health and social care integration in Midlothian, ensuring that the MIJB operated to a high standard consistent with national guidance.
Summary of discussion
Having heard from the Chief Officer, Allister Short, who responded to Members' questions, the Board welcomed the revised Code of Corporate Governance.
Decision
After further discussion, the Board agreed: • **To approve the revised Local Code of Corporate Governance of the Midlothian Health and Social Care Integration Joint Board.**
Action
Chief Officer

Report No.	Report Title	Presented by:
5.7	Midlothian Integration Joint Board Unaudited Annual Accounts 2018/19 – Report by Chief Finance Officer	Claire Flanagan

Midlothian Integration Joint Board

Thursday 13 June 2019

Executive Summary of Reports
With reference to paragraph 5.4 of the minutes of the MIJB Audit and Risk Committee of 6 June 2019, there was submitted a report presenting to the Board the unaudited Annual Accounts of the MIJB for the year ending 31 March 2019 for consideration and approval. The report explained that MIJB was required to prepare a set of annual accounts for the financial year 2018/19. A draft of these accounts must be agreed by the MIJB before 30 June whereupon the draft must be published on the MIJB's website and presented to the MIJB's external auditors for review.
Summary of discussion
The Board, heard from Chief Finance Officer, Claire Flanagan, who explained that the draft Annual Accounts, had been considered in conjunction with the Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Assurance Report 2018/19 by the MIJB Audit and Risk Committee at its meeting on 6 June 2019 and that subject to some further minor editorial work was recommended by the Audit and Risk Committee for approval. The Chair of the MIJB Audit and Risk Committee, Councillor Jim Muirhead then drew to the Boards attention to an issue he had raised at the last Audit and Risk meeting regarding two of the Council's proxy members who had recently been sanctioned by the Standards Commission for breaches of the Councillors' Code of Conduct in regards to a planning matter. An unfortunate consequence of this was that in terms of section 8 of the of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, any member who had been subject to a sanction other than censure by the Standards Commission was automatically disqualified from sitting on the Integrated Joint Board.
Decision
After further discussion and questions to officers, the Board agreed to:- • **Approve the unaudited draft Annual Accounts for 2018/19 for publication and submission to the IJB's external auditors for audit**. • **Seek clarification of the disqualification criteria for IJB membership and to raise the issue with both the Chief Officers and the Joint Chairs Groups.**
Action
Chief Officer

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

Executive Summary of Report
With reference to paragraph 5.4 of the Minutes of 11 April 2019, there was submitted a report presenting the Board with the formal 2019/20 budget offer from NHS Lothian for consideration. The budget offer from Midlothian Council having already been accepted at the February IJB meeting.

Midlothian Integration Joint Board

Thursday 13 June 2019

Decision
After discussion and questions to the Chief Finance Officer, the Board: • **Agreed to accept the formal budget offer from NHS Lothian for 2019/20; and** • **Noted the indicative budgets for 2020/21 to 2023/24.**
Action
Chief Finance Officer/Chief Officer

Report No.	Report Title	Presented by:
5.9	Medium term rolling 5 year financial plan	Claire Flanagan

Executive Summary of Report
The purpose of this report was to present the Board with the medium term rolling 5 year financial plan for Midlothian IJB and to consider the implications and the efficiencies required to bring the Plan back into balance. The report explained that the formal budget offers for 2019/20 received from both partners; NHS Lothian and Midlothian Council had included indicative future years allocations on which this Plan was based.
Summary of discussion
Claire Flanagan, Chief Officer, in presenting the report highlighted that the plan reflected the ongoing dialogue with both NHS Lothian and Midlothian Council Thereafter, the Board, in discussing the report, welcomed the plan but acknowledged the importance of delivering transformational savings and the challenges facing the HSCP in achieving these against a backdrop of rising demands, rising expectation and rising costs.
Decision
The Board, after further discussion and questions to Officers, agreed: • **To note the medium term rolling 5 year financial plan for the MIJB; and** • **To note the requirement for significant medium term financial recovery actions to bring the plan back into balance**
Action
Chief Finance Officer/Chief Officer

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

Midlothian Integration Joint Board

Thursday 13 June 2019

Executive Summary of Report

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

Summary of discussion

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

- Updated Integration Scheme confirmation had been received from the Scottish Government that the Cabinet Secretary had approved the changes arising from new responsibilities under the Carers (Scotland) Act 2016.
- Records Management Plan formal notification had been received that the Keeper of Records had approved Midlothian IJB's RMP and recommended that it should be published as an example of good practice within the authority.
- Work was well progressed in producing this year's Annual Performance Report. It was proposed that the Chief Officer be given delegated authority by the IJB to publish the report by 31 July in order to ensure the necessary governance and compliance with timescales were met.
- An update on developments aimed at addressing the significant pressures within unscheduled care would be presented to the IJB meeting in August.
- Midlothian had been successful in its bid to become a Technology Enabled Care Lead Pathfinder site. One of only four sites nationally.
- Chairmanship of the Board rotates to Midlothian Council in August; the Board joined the Chief Officer in express their thanks and appreciation to Angus McCann the outgoing Chair.

Decision

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

- **Noted the issues and updates raised in the report.**
- **Agree to delegate authority to the Chief Officer to publish the Midlothian IJB Annual Performance Report in line with the agreed timescales as set out by Scottish Government.**
- **Record an expression of thanks and appreciation to Angus McCann for his contributions to the work of the Midlothian IJB in his role as Board Chair.**

Action

Chief Officer

Midlothian Integration Joint Board

Thursday 13 June 2019

6. Date of next meeting

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

• Thursday 22 August 2019*	2pm	Midlothian Integration Joint Board
• Thursday 12 September 2019	2pm	Special Midlothian Integration Joint Board/ Development Workshop

(**NB** – * the venue for the August meeting would be Number 11, the Recovery Hub base in St Andrews Street, Dalkeith. Detailed arrangements would be given nearer the time.)

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

The meeting terminated at 4.18 pm.

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 JUNE 2019
HALLHILL CENTRE, DUNBAR

Voting Members Present:
Councillor F O'Donnell
Councillor N Gilbert
Ms F Ireland
Mr A Joyce
Mr P Murray
Councillor S Kempson

Non-voting Members Present:
Mr D Binnie
Dr G Choudhury
Ms L Cowan
Ms P Dutton
Dr R Fairclough
Ms C Flanagan
Ms E Johnston
Ms A MacDonald
Mr T Miller

Officers Present from NHS Lothian/East Lothian Council:
Ms L Berry
Mr P Currie
Ms D Gray

Visitors Present:
Ms M Allan, STRiVE
Ms A Buchanan, ELCH

Clerk:
Ms F Currie

Apologies:
Councillor S Akhtar
Prof. M Whyte
Ms M McNeill
Ms J Tait
Ms J Trench
Dr J Turvill

Declarations of Interest:
None

1. PRESENTATION: 'THE START STRiVE PROJECTS'

Alison Buchanan, Occupational Therapy Team Lead, ELCH and Maureen Allan, Community Support & Wellbeing Manager, STRiVE gave a presentation to the IJB on the START & STRiVE Community Projects, which linked to Directions D11b - Occupied Bed Days (continuing Direction) and D11c - Delayed Discharges (continuing Direction).

Ms Buchanan outlined the background and purpose of the START STRiVE project, how it had been integrated into existing teams and reporting structures, and its use of third sector volunteers. She reported on initial patient, carer and GP feedback and the next steps for the project.

Ms Allan provided an overview of the Community Support Project offering local people the opportunity to help the elderly in their communities. She detailed some of the challenges involved in selecting volunteers and key findings from an initial evaluation of the services offered.

Ms Houston and Ms Buchanan responded to questions from members on the initial difficulties experienced in setting up the projects, the difference found in working with the third sector and ongoing funding challenges.

In response to a query about how to expand on these projects, Lesley Berry informed the IJB that the Pulmonary Rehab Team were already involved in two community initiatives and they were looking to develop one for East Lothian. She also highlighted the partnership between Enjoyleisure and Macmillan as another example.

The Chair thanked Ms Buchanan and Ms Allan for their presentation and hoped that they would return in a year's time to update the IJB on progress.

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

The minutes of the meeting on 23 May were approved.

3. MATTERS ARISING FROM THE MINUTES OF 23 MAY

There were no matters arising.

4. CHAIR'S REPORT

The Chair reported on an event at the Edinburgh Cancer Centre. She said there had been an acknowledgement of the need to work with the IJB to achieve further improvements to services in the community.

Peter Murray advised members on the work of the Integrated Care Forum (which included all four Lothian IJBs) and how this linked with the responsibilities of individual IJBs. He agreed that IJBs needed to be involved in planning changes to services and gave an example of health funding which might have been put to better use had the IJBs been involved at an earlier stage.

5. NHS HEALTHCARE GOVERNANCE COMMITTEE

Fiona Ireland reported on the most recent meeting of the Committee which had focused on children's services including school nurses, vaccinations and health visiting.

Ms Ireland responded to questions around the types of vaccinations included and advised that the four Lothian IJBs were working together on this issue. She said that the uptake was reasonably good in East Lothian but that nationally there had been a blip in MMMR uptake about 15 years ago which was raising concerns as the children were now university age and beginning to travel.

Alison MacDonald advised members that this was a delegated function and that officers received regular monitoring reports of vaccination uptake. She said that it was not only a significant area of risk but also a significant area of spend.

6. DELAYED DISCHARGES

Ms MacDonald advised the members that there were 9 delayed discharges at the last census count and this figure was below trajectory. She said that the continuing improvement in figures was the result of a lot of very hard work across a range of services.

The Chair said that this good progress should be celebrated.

7. DRAFT UNAUDITED ANNUAL ACCOUNTS 2018/19

The Chief Finance Officer had submitted a report presenting the IJB's draft (unaudited) annual accounts for 2018/19.

Claire Flanagan presented the report outlining the contents of the management commentary, annual governance statement and the financial statements. She advised that the year-end position was a surplus of £1.7m and from this the IJB had created its first reserve. The accounts would be published at the end of June and submitted for review by the IJB's external auditors.

Ms Flanagan responded to questions on the IJB's reserves policy and the use of both allocated and unallocated reserves. She explained that the Integration Scheme stated that if the IJB incurred an underspend which was related to work done rather than slippage or other unintended causes, it could keep this money. This had been clearly demonstrated to NHS Lothian and it would not seek to take back this money.

The Chair said it would be useful to get information on the uses of the MELDAP reserves to ensure that actions don't get missed. Ms MacDonald reminded members that criminal justice was a delegated function of the IJB and said that a report would come forward to the IJB at a future date.

Dr Gourab Choudhury asked about the possibility of setting up a Community Respiratory Team and Ms MacDonald advised that discussions were already underway.

Penny Dutton and Mr Murray suggested additions to the management commentary in the accounts to include further examples of service delivery and details of members' attendance at IJB meetings during 2018/19. Ms Flanagan agreed to advise the auditors that this information would be added in before the accounts were finalised.

Mr Murray also queried the current procedure for submission of internal audit reports. He noted that audit work carried out by NHS Lothian's Internal Audit Team on behalf of the IJB was reported to NHS Lothian before it was reported to the IJB's Audit & Risk Committee. This could result in a significant delay in the findings being seen by IJB members.

Ms Flanagan acknowledged this and said it was a pan-Lothian issue which officers were looking to change. In the meantime, she reminded members that the IJB received a good level of support from the Internal Audit Team.

Decision

The IJB agreed that the draft annual accounts could be published and presented for audit.

8. MEDIUM TERM ROLLING FIVE YEAR FINANCIAL PLAN

The Chief Finance Officer had submitted a report presenting the IJB with a medium term rolling five year financial plan for noting.

Ms Flanagan presented the report summarising the background and basis to the financial plan. She advised members that the plan looked at the whole of the IJB function rather than being divided into health and social care monies. She drew attention to the projections for future years, the anticipated increase in the funding gap and the need to encourage the IJB's partners to begin working on longer term efficiency/recovery plans.

Ms Flanagan responded to questions from members regarding the projections for staff pay awards, the prescribing budget, cost savings requirements and future pressures on the Set Aside budget.

Elaine Johnston commented that rather than looking for cost savings from existing services the IJB needed to reach a position where it could be more visionary and use its current structures to deliver transformation.

The Chair agreed. She said that opportunities for collaboration with services such as housing and with neighbouring local authorities needed to be taken forward if the IJB was to develop capacity and deliver services differently.

Ms MacDonald referred to the recently approved Workforce Plan which included proposals for developing capacity through collaboration with the third sector and independent providers. Ms Johnston welcomed this but said it was also crucial that the third sector and others knew how to feed into the planning process, for example through the Reference Groups and Change Boards. She said she would be happy to be involved in this work.

Mr Murray informed members of a model adopted in Wigan which was a good example of complete service redesign. He would provide the details to Ms MacDonald and suggested that these be circulated to the members.

Decision

The IJB agreed to:

(i) Note the medium term rolling five year financial plan for the IJB; and

(ii) Note the requirement for significant medium term financial recovery actions to bring the plan back into balance.

9. CHANGE TO THE NON-VOTING MEMBERSHIP OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

The Chief Officer had submitted a report inviting the IJB to note the change to the non-voting membership as it relates to the role of Chief Social Work Officer (CSWO).

The members were invited to note the changes as outlined in the report.

Decision

The IJB agreed to note that Fiona Duncan had left her post as CSWO at East Lothian Council and had been replaced by Judith Tait.

10. EAST LOTHIAN IJB MEETING DATES 2019-20

The Chief Officer had submitted a report setting out the IJB's business meetings and development sessions during 2019/20.

The Chair drew members' attention to the options for the meeting date in September 2019, as outlined in Appendix 1. The members indicated a preference for Wednesday 11 September and all other dates were accepted without amendment.

Decision

The IJB agreed to:

(i) Approve the dates for business meetings during session 2019/20; and

(ii) Approve the dates for development sessions during session 2019/20.

Signed .....

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

Minutes

Additional Edinburgh Integration Joint Board

9:30 am, Friday 21 June 2019

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Councillor Robert Aldridge, Mike Ash, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Kirsten Hey, Martin Hill, Jackie Irvine, Councillor Melanie Main, Angus McCann, Ian McKay, Moira Pringle, Judith Proctor, Ella Simpson, Richard Williams, Pat Wynne and Councillor Iain Whyte (substituting for Councillor Susan Webber)

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

Apologies: Helen Fitzgerald and Councillor George Gordon

1. Deputation – Substance Use Network Edinburgh / Edinburgh Mental health Forum and Support in Mind

The Committee agreed to hear a joint deputation from Maria Arnold on behalf of Substance Use Network Edinburgh / Edinburgh Mental Health Forum and Michele Mason on behalf of Support in Mind, in relation to Scottish Government Seek, Keep and Treat Funding and Action 15 Funding.

The deputation highlighted the following issues and concerns:

- Money had been allocated to mental health and drug and alcohol services in direct to response to need and that money should be spent as allocated.
- The deputation asked that the risks of not spending money relating to drug and alcohol be acknowledged.
- There was growing pressure on mental health services in Edinburgh.

- There was increased demand on third sector mental health services mainly due to the success of Link Workers and the change in benefit rules.
- New users of the service have gone from 550 to 770. The Stafford Centre prides itself on being open-door and open-access but current levels are unsustainable.
- The current service would be reduced by closing it two days per week.
- The deputation was concerned about how long the service could retain staff.
- The deputation acknowledged the pressures of the Edinburgh Integration Joint Board budget but asked that the Joint Board acknowledge the risk involved, reject the proposal to offset the underspend against saving requirement and instead ensure the savings were ring-fenced to provide much needed support to some of Edinburgh's most vulnerable citizens.

The Chair thanked the deputation and agreed to engage further with them on the issues raised.

2. Scottish Government – Seek, Keep and Treat Funding

A report was presented seeking the approval of the Edinburgh Integrated Joint Board for the use of the funding to facilitate the implementation of the plan, aligned to the Scottish Government strategy, and in response to local need.

Decision

1) To agree the priorities identified through the extensive co-production exercise approved by the Edinburgh Alcohol and Drug Partnership (EADP) Executive.

2) To agree the financial plan set out in paragraph 17 of the report.

3) To delegate to the Chief Officer the responsibility to work with the EADP to:

- Prioritise within the spending plan and begin implementation.
- Confirm the final spending plan with the Scottish Government based on the Joint Board's decision.

Declaration of Interest

Ella Simpson declared a non-financial interest in this item as the Chief Executive of EVOC.

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

3. Action 15 Funding

In May 2018 the funding allocations to deliver on the commitment to support the employment of 800 additional mental health workers to improve access in key settings such as Accident and Emergency departments, GP practices, police station

custody suites and prisons were confirmed by the Scottish Government to Chief Officers. Initial spending plans were requested by 31 July 2018. The report presented set out the spending plans for 2019-20 and 2020-21.

Decision

1) To agree to support the priorities proposed by the Mental Health partnership, Mental Health Working Group and the Health and Social Care Executive Management Team which were linked to the draft Strategic Plan and Thrive implementation plan.

2) To agree the recurring spending plan going forward.

Declaration of Interest

Ella Simpson declared a non-financial interest in this item as the Chief Executive of EVOC.

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

4. Minutes

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board of 24 May 2019 as a correct record, subject to the following correction:

- Item 6, Decision to be amended as follows: “To continue consideration of the report and agree that more detail on the allocation of funding and progress in achieving the saving target for the current financial year would be provided as part of a briefing note in the interim”

5. 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 8 March 2019.

2) To note the minute of the meeting of the Strategic Planning Group of 15 March 2019.

3) To note the minute of the meeting of the Strategic Planning Group of 26 April 2019.

6. Rolling Actions Log

The Rolling Actions Log for May 2019 was presented.

Decision

1) To agree to correct the date of the Edinburgh Integration Joint Board Development Session in Action 18 to 23 May 2019.

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log – 21 June 2019, submitted.)

7. Evaluation of 2018/19 Winter Plan

Health and Social Care Partnerships were required to produce an action plan to ensure health and social care services were well prepared for winter. The winter plan for 2018/19 was outlined at the Joint Board meeting on 28 September 2018. A report and its appendices were provided with an overview of the suite of winter planning actions and services, and an evaluation of the impact of each. In addition, this year, the plan set this in the context of the Partnership's performance for key performance indicators, compared to last winter.

Decision

1) To note the Local Review of Winter 2018/19 Report.

2) To support the strategic intention to expand, on a phase basis, the successful Discharge to Assess model across the City, initially to the whole of the North of the City, to align with Home First and the Edinburgh offer.

3) To note that work was underway with regards to defining the key local priorities for Winter 2019/20 and that the top priority was to support a non-bed based model to ensure that Ward 15 (Western General Hospital) or an equivalent was not required.

4) To agree that a briefing note on the Day of Care Audit would be circulated.

Declaration of Interest

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

(References – Edinburgh Integration Joint Board, 28 September 2018 (item 9); report by the IJB Chief Officer, submitted.)

8. Inclusive Edinburgh

An update was provided on the progress being made through the Inclusive Edinburgh Board. The Fairer Scotland Duty placed a legal responsibility on public bodies in Scotland to consider how they can reduce inequality of outcome caused by socioeconomic disadvantage when making strategic decisions.

Decision

1) To endorse the approach set out for the delivery of innovative and integrated services which improve the lives of people who are homeless with complex needs.

2) To note that progress had been made through the Inclusive Edinburgh Board in developing the service.

3) To note that officers were making every effort to ensure that local politicians, residents, and business were fully informed of the developments and its progress.

(References – Edinburgh Integration Joint Board, 18 May 2018 (item 12); report by the IJB Chief Officer, submitted.)

9. Edinburgh Integration Joint Board Unaudited Annual Accounts 2018/19

The unaudited 2018/19 annual accounts for the Joint Board were presented for consideration, prior to submission to the external auditors and final sign-off by the Joint Board in September 2019.

Decision

To note the draft financial statements submitted and the proposed timescale for completion.

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

10. Finance Update

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

Decision

1) To agree that, after allowing for commitments, £2.4m that was carried forward in the Joint Board's internally generated reserve was used on a non-recurring basis to support financial balance.

2) To reiterate the Joint Board's commitment to delivering the outcomes identified by the Scottish Government in relation to these initiatives, specifically to invest the full amount allocated to each project on a recurring basis.

3) To note that the financial plan remained unbalanced.

4) To support the ongoing efforts to reach a balanced position.

5) To agree that a report would be presented to the Joint Board in August 2019 outlining options for achieving a balanced budget and would include a range of alternative scenarios.

6) To agree that clarification would be sought regarding the Scottish Government's position on unspent allocated funding to the Joint Board.

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

11. Committee Terms of Reference and Good Governance Handbook

A report was presented which covered a set of formal terms of reference for all the committees of the Edinburgh Integration Joint Board for approval: Strategic Planning, Performance and Delivery, Audit and Assurance, Clinical and Care Governance and Futures. A further element of the work was the development of a Good Governance Handbook for the Joint Board. The paper outlined the proposed content and focus of the Handbook.

Decision

1) To agree the new draft Terms of Reference for the five Committees.

2) To agree the approach to develop the content of the Good Governance Handbook, noting that Board members would have the opportunity to contribute to and shape the Handbook as part of the development workshops with the Good Governance Institute.

3) To agree that each committee would comment on the Terms of Reference at the end of the first cycle and this would be reported back to the Joint Board within two cycles.

(References – Edinburgh Integration Joint Board, 14 December 2018 (item 15); report by the IJB Chief Officer, submitted.)

12. Integration Scheme – Carers (Scotland) Act 2016 Update

The Integration Scheme for the Edinburgh Integration Joint Board was required to be updated to reflect changes brought about by the Carers (Scotland) Act 2016. A report was presented outlining progress to date by the City of Edinburgh Council and NHS Lothian and the governance process for agreeing the changes.

Decision

1) To note the requirement to revise the Integration Scheme in line with the Carers (Scotland) Act 2016 by delegating certain duties from the City of Edinburgh Council and the NHS Lothian Board to the Edinburgh Integration Joint Board.

2) To note the decision taken by the NHS Lothian Board to delegate Section 31 to the Edinburgh Integration Joint Board.

3) To note that, following a decision by the City of Edinburgh Council on the functions to be delegated, a consultation would be carried out, after which the

Integration Scheme would be revised and submitted to Scottish Ministers for approval.

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

13. IJB Risk Register

An update was provided on the Joint Board Risk Register and the proposed framework to manage, mitigate and identify risk.

Decision

To continue consideration of the report to the meeting of the Joint Board in August 2019.

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

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within STRATHBROCK PARTNERSHIP CENTRE, 189 (A) WEST MAIN STREET, BROXBURN EH52 5LH, on 26 JUNE 2019.

Present:

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

Non-Voting Members – Elaine Duncan, Jim Forrest, David Huddlestone, Alan McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

In attendance – Carol Bebbington (General Manager Primary Care & Community), Gillian Cunningham (General Manager for Operations), Martin Higgins (Senior Health Policy Officer), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning & Performance), James Millar (Standards Officer) and Aris Tyrothoulakis (Site Director, St John's Hospital)

Apologies – Mairead Hughes, Jo Macpherson and Martin Murray

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on Tuesday 23 April 2019 as a correct record. The minute was thereafter signed by the Chair.

3 MINUTES FOR NOTING

The Board noted the minute of the meeting of the Strategic Planning Group held on Thursday 28 March 2019.

4 MEMBERSHIP AND MEETING ARRANGEMENTS

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

Voluntary Sector Gateway West Lothian had nominated Alan McCloskey to replace Pamela Roccio as the Third Sector Representative. The Board was asked to confirm the appointment.

It was noted that Pamela Roccio would remain on the Strategic Planning Group as the Third Sector Representative.

The Board was also asked to appoint Alison Wright to the Strategic Planning Group as the Carers Representative to replace Ann Pike following receipt of a nomination from Carers of West Lothian.

Decision

1) To appoint Alan McCloskey to the Board as the Third Sector Representative (non-voting member).

2) To appoint Alison Wright to the Strategic Planning Group as the Carers Representative.

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

The Board considered a report by the St. John's Hospital Site Director (copies of which had been circulated) on the planned redesign of the St John's Hospital (SJH) emergency department (ED).

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

The SBC for the project, attached at Appendix 1, was approved in principle by the Board at its meeting on 23 April 2019 on the conditions that:

- a further review of the Revenue Staffing Models set out in Appendix 6 of the SBC was completed to demonstrate a clear justification for the proposed model;
- a formal commitment was received by the IJB from the Health Board that sufficient revenue funding would be made available to the IJB to allocate to the project without requiring funds to be diverted from other services; and
- an assurance plan on resolving the current staffing challenges was developed.

The report addressed these conditions and sought approval of the Board to issue directions to allow the project to be progressed.

The SJH Site Director informed the Board that a further review of the staffing model had been completed and this condition had been addressed in Appendix 6 of the SBC. The model had been amended resulting in reduced costs while maintaining a sufficient number of staff. It was also advised that NHS Lothian's Finance and Resources Committee had approved the project and provided the required assurances that the revenue funding would be made available to the IJB to allocate to the project. A letter from NHS Lothian's Director of Finance confirming this was attached to the report at Appendix 2.

The Board discussed the assurances which had been given in relation to the additional revenue funding and requested clarification that it would be provided on an ongoing basis. The Chief Finance Officer confirmed that

this was his understanding and the Board noted it was understood that NHS Lothian would make the additional revenue funding available to the IJB on an ongoing basis into future years. An updated direction reflecting this was was attached to the report at Appendix 5 for approval to be issued to NHS Lothian.

Information was also provided on the efforts being made to resolve the staffing challenges currently being faced by the department. The Board was advised that recent initiatives and recruitment exercises had been successful and the Site Director was confident that these issues had been sufficiently addressed.

The Board was recommended to:

1. Note the further review of the Revenue Staffing Models set out in Appendix 6 in the SBC, as requested by the Board on 23 April 2019;

2. Note that the SBC had been discussed by the Strategic Planning Group on 28 March 2019, the IJB on 23 April 2019 and NHS Lothian Finance and Resources Committee on 20 May 2019;

3. Note the revenue costs and the ambitious timescale for implementation;

4. Note that at present NHS Lothian had allocated non-recurrent revenue funding of £864K in the 2019/20 financial plan to meet the expected additional cost of the SJH ED redesign (based on the Initial Agreement) until the end of the 2019/20 financial year;

5. Note the assurance given by NHS Lothian regarding the revenue costs at NHS Lothian Finance and Resources Committee meeting on 20 May 2019; and

6. Approve the issue of a Direction in respect of implementation and funding required to meet the full additional revenue costs associated with the project.

Decision

1) To approve the terms of the report.

2) To note that it was the Board's understanding that funding for the ongoing future revenue costs would be made available to the IJB by NHS Lothian.

6 CONSIDERATION OF 2018/19 ANNUAL ACCOUNTS (UNAUDITED)

The Board considered a report by the Chief Finance Officer (copies of which had been circulated) on the IJB's unaudited 2018/19 annual accounts.

The IJB was required to prepare annual accounts and submit these to the

appointed auditor by 30 June each year. The unaudited accounts were also required to be considered by the Board or committee whose remit included audit and governance. In line with the IJB's procedure, the accounts were presented for consideration by the Board following the consideration of the annual governance statement by the Audit, Risk and Governance Committee which was included in the accounts.

The unaudited annual accounts for 2018/19 were attached to the report at Appendix 1. These detailed the IJB's financial position taking account of health and social care functions delegated to the IJB. They also included a management commentary setting out the purpose and strategic aims of the IJB, the key messages on planning and performance in 2018/19 and the annual governance statement.

The report noted that the Audit, Risk and Governance Committee had accepted the conclusion of the annual governance statement that the West Lothian community could be assured that the Board's corporate governance standards had been substantially met in 2018/19.

Letters of assurance from NHS Lothian and West Lothian Council were attached to the report at appendices 2 and 3. These letters confirmed the income and expenditure included in partner financial ledgers relating to IJB delegated functions and included in the IJB's annual accounts. Appendix 4 set out a suite of final directions to the council and health board for 2018/19 which the Board was recommended to issue to each body.

The Board was recommended to:

1. Consider the overall 2018/19 Annual Accounts prior to submission to Ernst and Young for audit and publication;

2. Agree that the letters provided by NHS Lothian and West Lothian Council, along with partner financial ledger reports used throughout the year, provided assurance of the year end spend and funding contained in the unaudited annual accounts; and

3. Agree to issue the Directions attached to the report at Appendix 4 to West Lothian Council and NHS Lothian to reflect the final 2018/19 IJB commissioned expenditure.

Decision

To approve the terms of the report.

7 2019/20 BUDGET UPDATE

The Board considered an update report by the Chief Finance Officer (copies of which had been circulated) on the budget for 2019/20.

Previous reports considered by the Board in March and April 2019 reflected the confirmed Council contribution and a planned NHS Lothian contribution to the IJB. Formal confirmation had since been received of

the 2019/20 budget contribution from NHS Lothian to the IJB, as detailed in Appendix 1, and therefore the IJB financial position had been updated.

The report noted that the NHS Lothian 2019/20 budget approved on 3 April 2019 contained a financial gap of around £26 million and noted limited assurance on the achievement of a balanced position. A breakdown of the updated NHS Lothian contribution to the IJB of £162.588 million was set out in the report and further details were provided in Appendix 2. The updated budget gap was 1.3% of the total budget, which represented a shortfall of £2.067 million. It was highlighted that this would continue to move throughout the year as a result of additional funding which would be awarded or confirmed, such as the 2019/20 General Medical Services uplift.

It was advised that current budget gap was broadly equivalent to previous years in which a breakeven position had been achieved. Close monitoring would continue to ensure necessary actions were taken to achieve a breakeven position in 2019/20.

In respect of the Council's contribution to the IJB, a balanced budget position was planned but it was noted that any increases in demands would require close monitoring during the year. Further details were also provided on the key points relating to the financial assurance process.

As a result of the budget confirmation for 2019/20, a suite of directions were required to be issued by the IJB to NHS Lothian. These were attached to the report at Appendix 3 for approval by the Board.

Following the Chief Finance Officer's presentation of the report, the Board sought clarification of the remaining budget gap of £2.067 million. It was advised that a further report would be submitted to the next Board meeting with updated information following Quarter 1 of 2019/20, but that this was not likely to change until additional funding had been confirmed. Members requested that future budget monitoring reports included a level of assurance that a balanced position could be achieved.

The Board was recommended to:

1. Note the updated financial assurance position on resources delegated to the IJB for 2019/20;

2. Agree that Directions were updated and re-issued by the IJB Chief Officer to NHS Lothian taking account of the confirmed 2019/20 budget contribution from NHS Lothian; and

3. Note that financial assurance and monitoring of financial performance would be ongoing during the year with updates provided to each Board meeting during the year.

Decision

1) To approve the terms of the report.

2) To request that monitoring reports included a level of assurance

that a balanced budget position would be achieved by year end.

8 ANNUAL PERFORMANCE REPORT 2018/19

The Annual Performance Report for 2018/19 was presented for consideration by the Board. The report was required by the Scottish Government to be published by 31 July 2019.

A covering report by the Director (copies of which had been circulated) explained that the IJB was required to publish an annual report setting out an assessment of performance in the areas of planning and service delivery for the delegated functions it was responsible for. The Annual Performance Report 2018/19 was attached at Appendix 1.

The report demonstrated good performance across the majority of the 23 integration indicators developed by the Scottish Government. Key points included the improvement in delayed discharge in the latter half of the year due to the implementation of a range of improvement measures, the establishment of the integrated discharge hub at St John's Hospital and revised arrangements for securing care and support in the community.

Information was also provided on the performance against the nine National Health and Wellbeing Outcomes and the services and initiatives which contributed to the IJB strategic priorities.

Attention was drawn to page 27 of the performance report which stated that telecare was no longer a priority for customers and members queried the reasons for this. It was advised that this comment had been expressed by carers themselves and the report could be amended to clarify this.

With regard to the publication of the report, the Board considered the ways it could be communicated more widely to stakeholders and the public in general. Members were informed that it would be published online and circulated amongst partners, staff and provider networks. It was felt by the Board that members of the public in general were not sufficiently informed about the IJB, its responsibilities and its work and that more could be done to communicate this, using the performance report as a starting point to inform people. It was then agreed that a report on a future communication strategy which was to be submitted to the Board in August 2019 would expand on this.

The Board was recommended to:

1. Consider the performance during the year 2018/19;

2. Note and approve the content of the Annual Performance Report; and

3. Agree the publication of the report by 31 July 2019.

Decision

1) To approve the terms of the report.

2) To amend the performance report to clarify that the comment that telecare was no longer a priority for customers (page 27 of the report at Appendix 1) had been expressed by carers themselves.

3) To note that a report on a future communication strategy would be submitted to the Board in August 2019.

9 PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) on the performance against the health and social care integration indicators and the measures within the balanced scorecard.

There were 23 integration indicators which had been identified by the Scottish Government to demonstrate progress towards the achievement of the nine national health and wellbeing outcomes. Appendix 1 summarised the performance of the IJB and provided a comparison against the Scottish average for each indicator, although some data was still provisional and was subject to change following validation.

The first nine of these indicators were measured through the Health and Care Experience Survey which was carried out every two years. The next survey was due to be completed in 2019/20 therefore the indicators reflected the 2017/18 results.

The Board had also agreed a Balanced Scorecard which incorporated the core indicators, the Local Delivery Plan and other measures against local targets using a traffic light system to illustrate progress against expected performance. Of the 38 indicators in the scorecard, 15 had been rated 'green', 4 had been rated 'amber' and 4 had been rated 'red'. There were 15 indicators which had no data available for 2018/19 and therefore these were not assigned a rating. The report highlighted a number of key positive outcomes and experiences from the data and the scorecard was attached at Appendix 2 to the report.

The report also informed the Board of the benchmarking process which measured performance in West Lothian against other comparable areas. The core suite of indicators had been benchmarked against the Local Government Benchmarking Family (LGBF) and West Lothian had been ranked better than average for 12 of the 19 core indicators. Two indicators had been given a 'red' rating which related to patient experience with GP practices and bed days associated with delayed discharge. Appendix 3 set out the benchmarking data against the LGBF.

During discussion assurances were sought that action was being taken to ensure improvements against the indicators rated 'red' and it was requested that future reports provided further narrative on the actions being taken to address these. It was also noted that updates on

performance were provided on a six monthly basis and members requested that additional reports were submitted if performance against any of the indicators fell significantly below the expected level.

The Board was recommended to:

1. Note the report;

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

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

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

Decision

1) To approve the terms of the report.

2) To request that future reports included more information on the indicators categorised as 'red' to ensure sufficient action was being taken to improve.

3) To request that additional reports were submitted to the Board if the performance for any of the indicators dropped significantly below the expected level.

10 CLINICAL GOVERNANCE ANNUAL REPORT

The Clinical Governance Annual Report by the Director (copies of which had been circulated) was presented for consideration.

The annual report updated the Board on the clinical governance arrangements and clinical service developments.

The report provided an overview of the activities taking place across the range of clinical services including primary care, frailty and unscheduled care, mental health services and community hospitals. It also updated the Board on complaints and adverse events, risk management, patient and staff experience and external reviews which had taken place.

Key points included the new Scottish General Medical Services Contract which was agreed in 2018 and altered the distribution of funding to GP practices. This had mostly had a positive impact for GPs in West Lothian. The work being done to identify GP practices at risk and to maintain stability was also highlighted.

Progress had been made in frailty and unscheduled care across health and social care to address the issues of delayed discharge and the knock-

on effect of these on other services. This has been supported with a greater focus on creating capacity in care homes and care at home services and avoiding frail elderly people being admitted to hospitals.

The Board was advised of the recent introduction of two new Community Wellbeing Hubs and the mental health services redesign which was underway to improve services. Discussion took place regarding addictions services and the pressures faced. It was advised that the service was improving but had faced significant challenges as a result of funding being withdrawn and subsequently reinstated. Further information was requested on the number of service users of addiction services across West Lothian.

Members also discussed the patient and staff experience information provided in the report. Staff took part in surveys annually which identified areas of focus and from 2019/20 both health and social care staff would complete the iMatter survey whereas currently staff completed different surveys.

In terms of patient experience, the Board commented on the Health and Care Experience Survey results regarding experiences with GP practices. It was noted that although complaints were made regarding difficulty of obtaining an appointment, these results were generally positive. Progress was being made to better direct patients to the correct services rather than to a GP which improved patient experience, assisted GPs with reducing their workload and meant patients who needed to see a GP could do so more easily. Details of the data gathered to measure patient experience were requested.

During discussion, the Board queried what was being done to ensure GP practice stability and to prevent any practices being lost due to lack of GPs. Examples of this work included regular risk assessments to identify at-risk practices, close contact was maintained with all practices to identify potential risks early and work being done to retain GPs within West Lothian on completion of their training.

The importance of communicating changes in relation to services and GP practices in particular was raised to ensure patients were aware of the reasons for these. A report on a communication strategy for the IJB had been discussed earlier in the meeting and it was suggested that this could be addressed as part of that report.

The Board was recommended to:

1. Note the report;

2. Be assured that services were being developed which were integrated and innovative; and

3. Support new approaches to service provision and assist in communicating the vision for the future to all stakeholders, including the general public.

Decision

1) To approve the terms of the report.

2) To note that communicating the vision for the future could be included in the upcoming report on communication in August 2019.

3) To request that information was sent to members on the current number of users of addiction services in West Lothian.

4) To request that future reports provided information on the data used to measure patient experience and satisfaction with GP practices.

11 HEALTH AND CARE GOVERNANCE FRAMEWORK AND WORKPLAN

A report by the Director (copies of which had been circulated) informed the Board of the draft Health and Care Governance Framework and the workplan for the Health and Care Governance Group for 2019/20.

The Framework had been developed to ensure that there were explicit lines of accountability across delegated functions with clear paths of escalation where evidence of risk began to rise. The Framework, attached to the report at appendix 1, built on existing systems which were detailed in Appendix 2 and enabled the IJB to exercise its duties.

The Framework set out assurance arrangements in relation to seven areas: person centred integrated services, safety, effectiveness, professional development, supported staff, improvement and escalation. Details of each of these were provided in the report. It took account of the Scottish Government's Clinical and Care Governance Framework for Health and Social Care Integration which outlined the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities.

It also acted as mechanism to assure partners that the quality and safety of local services provided by teams was high quality, safe, and delivering effectively against outcomes at all levels, and clarified the roles, functions and focusses of staff.

The Health and Care Governance Group workplan included actions which underpinned the Framework and would develop the approach further. The workplan, attached to the report at Appendix 3, would also provide additional assurance to the IJB in respect of health and care governance.

Members raised the issue of duplication of work by the Health and Care Governance Group, the IJB, the council and health board. It was advised that areas already being addressed had been identified and that further work would be done in the coming months to identify any additional overlap. This would ensure that work would not be duplicated where either body already had processes and systems in place.

Discussion also took place regarding the frequency of meetings and it was considered that six meetings per year was an appropriate amount given the work that had been done to date and the productive meetings which had taken place. In order to assess its effectiveness, it was suggested that the Group undertake a self-assessment exercise following a year of its operation.

It was also highlighted that the membership of the Health and Care Governance Group set out at Appendix 2 to the Framework did not reflect earlier discussions at a meeting of the Group. It had previously been agreed that the membership should include two staff representatives. The Board was informed that this would be amended to include one representative of health staff and one representative of social care staff.

The Board was recommended to:

1. Approve the Integration Joint Board's Health and Care Governance Framework;

2. Approve the Health and Care Governance Group's Workplan for 2019/20; and

3. Note the existing governance arrangements.

Decision

1) To approve the terms of the report.

2) To agree that the Health and Care Governance Group should undertake a self-assessment exercise after a year of operation.

3) To amend the terms of reference to state that there would be two staff representatives, one each for health and social care.

12 HEALTH AND SOCIAL CARE STANDARDS: REVIEW OF ACTIVITY

The Board considered a report by the Director (copies of which had been circulated) on a survey the Scottish Government was undertaking to assess the early impact of the Health and Social Care Standards.

The Standards were implemented on 1 April 2018 and focussed on the experiences of people using service and how they were supported to achieve personal outcomes. They applied to the NHS as well as services registered by the Care Inspectorate and Healthcare Improvement Scotland.

They sought to provide better outcomes for people, ensure individuals were treated with respect and dignity and that their basic human rights were upheld. The Standards aimed to drive improvement, promote flexibility and encourage innovation in how people were cared for and supported. The report set out the five broad headings which made up the Standards.

In order to assess the impact of the Standards, the Scottish Government had requested that organisations including the IJB completed a questionnaire. The Government would then publish a report to demonstrate how the Standards were making a difference to people experiencing care and support.

A proposed response to the survey on behalf of the IJB was attached to the report at Appendix 1 for consideration by the Board.

The Board was asked to:

1. Consider the proposed response; and

2. Approve the submission of the response to the Scottish Government.

The Board approved the response to be issued and questioned whether the IJB would have sight of the responses from other organisations in order that any examples of good practice could be shared. The Board agreed to request that other IJBs within the West Lothian benchmarking family shared their responses and noted that the report by the Scottish Government would be published later in 2019.

Decision

1) To approve the terms of the report.

2) To request copies of the responses submitted by other integration authorities within the benchmarking family.

13 PUBLIC HEALTH SCOTLAND CONSULTATION

A report by the Director (copies of which had been circulated) sought approval for the submission of a consultation response to the Scottish Government on the establishment of a national public health body.

The Scottish Government had proposed a new NHS Board called Public Health Scotland (PHS) as part of its programme of public health reform. PHS would be an amalgamation of Health Protection Scotland, Information and Statistics Division and Health Scotland and would have a leading role in delivering the national priorities for public health and contributing to a programme to improve national health and wellbeing outcomes.

The report set out the key points of the consultation document including the reasons given for the establishment of PHS. It was advised that currently, public health in West Lothian was delivered by staff from NHS Lothian alongside the Council and third sector partners who delivered a range of health improvement programmes.

The aspects of the consultation which had particular relevance to the work of the IJB were listed in the report alongside the proposed response to

each of these areas. The proposed response was attached to the report at Appendix 1 for consideration.

During discussion members advised they were content with the proposed response, particularly the points which were relevant to the IJB. Some concerns were expressed regarding the lack of clarity on how PHS would work in practice alongside local services. The Board expressed that it was important that PHS should not direct local services and rather should promote public health themes on a national scale.

Members also considered the role representatives of IJBs would have in PHS and whether they would have a conflict of interest. The Board was of the opinion that rather than being involved in the capacity of a delegate, they should act as an advisor on local issues. The IJB was on the whole supportive of the establishment of a national body such as PHS and welcomed the consultation.

The Board was asked to approve the consultation response attached as Appendix 1 to the report, specifically to:

1. Recommend a representative from an Integration Authority be nominated to serve on the PHS Board;

2. Highlight the importance of retaining a health statistics and intelligence function within PHS that is independent of Scottish Ministers;

3. Reject a proposal to amend Part 2 of the Community Empowerment (Scotland) Act 2015 to make PHS a Community Planning Partner;

4. Welcome PHS involvement in local public health but as part of an integrated local public health team under the direction of the relevant local Director of Public Health rather than as national experts providing advice to local systems; and

5. Reject the proposal that PHS provides an audit function in relation to overview of local partnership delivery plans (on the basis that it should be a partner in delivering these plans and that it is unclear that is has knowledge and expertise in local public health delivery work).

Decision

1) To approve the terms of the report.

2) To agree that the representative of Integration Authorities should act as an advisor rather than a delegate.

3) To agree that a national body such as PHS should be welcomed but that it was important that it should not direct or micro-manage local services.

14 APPOINTMENT OF DIRECTOR

The Board considered a report by the Standards Officer (copies of which had been circulated) on the appointment of the Director.

At its meeting on 12 March 2019, the Board agreed a process for the recruitment and appointment of a new Director as the current Director was retiring. This would be taken forward through a tripartite Appointment Panel consisting of representatives of the IJB, Council and NHS Lothian. An indicative timeline was also presented and it was agreed that an additional meeting should be held if required to consider the recommendation of the Appointment Panel.

The timeline had not been met and interviews were scheduled to take place on 27 June 2019. In order to avoid any further delays in appointing to the post, it was proposed that the Board delegated the appointment decision to the IJB Appointments Committee and the decision reported to the Board at the next meeting in August 2019.

A meeting of the Appointments Committee had been arranged for 28 June 2019 in terms of the IJB's Standing Orders and Scheme of Delegations to Officers in relation to urgent action which could not wait until the next scheduled Board meeting.

If agreed by the Board, the Appointments Committee would consider the recommendation of the Appointment Panel and Board members would then be notified of the decision by email following the meeting. A report on the matter would then be submitted to the Board in August 2019 to formally note the appointment.

The Board was recommended to:

1. Note that the recruitment timetable notified to the board on 12 March 2019 had not been met and that interviews were now scheduled for Thursday 27 June 2019;

2. Delegate the appointment of the new Director to the Board's Appointments Committee;

3. Appoint a Chair, Vice-Chair and other members to the committee;

4. Note the committee meeting arrangements made on an urgent basis by officers, after consultation with the Chair and Vice-Chair, under Standing Order 16(2) and paragraph 3.3(j) of the Board's Scheme of Delegations to Officers; and

5. Note that Board members would be notified of the appointment by email after the committee meeting and then through a report to the Board on 13 August 2019.

Decision

1) To approve the terms of the report.

2) To appoint Martin Hill as the Chair and George Paul as the Vice-Chair of the Committee.

3) To appoint Martin Connor and Dom McGuire as members of the Committee.

15 SELF-ASSESSMENT SURVEY RESULTS

A report by the Director (copies of which had been circulated) informing the Board of the results of the recent self-assessment exercise was presented.

This followed a similar exercise carried out by the Board's Audit, Risk and Governance Committee. The Committee first approved a self-assessment survey for issue on 28 March 2018 in line with the CIPFA framework which suggested that committees involved in scrutiny and internal control should conduct self-assessments of their effectiveness and operation. The results were reported back to the Committee in September 2018 and no actions were identified.

The 2017/18 Annual Accounts and Annual Governance Statement were approved by the Board on 24 September 2018. The external auditor recommended that the Board conducted a self-assessment exercise similar to that of the Committee to "assess its own effectiveness and areas for improvement and those for its committees and other bodies."

At its meeting of 29 January 2019, the Board approved the format and questions of a self-assessment survey to be issued to all Board members. It was also agreed that the results would be reported back at a future meeting.

The survey had been circulated to all members and the anonymous results were attached to the report at Appendix 1.

The Board was recommended to:

1. Note the results of the self-assessment questionnaire;

2. Discuss whether any actions should arise from the results; and

3. Agree the self-assessment should be repeated on an annual basis.

Members agreed that the development session members had recently attended was useful and that these sessions could be used in future to reflect on the Board's work. The Chair also encouraged members to raise any issues they had in relation to the Board with either the Chair or the Director.

Decision

1) To approve the terms of the report.

2) To agree that the Chair, Vice-Chair and the new Director would meet to discuss the results and how to make best use of future development sessions.

3) To agree that members would raise any issues with the Chair or the Director.

16 HOSPITAL AT HOME

The Board considered a report by the Director (copies of which had been circulated) which proposed a response to a Scottish Government survey on Hospital at Home services.

Hospital at Home services provided co-ordinated, multi-disciplinary care and treatment at home for people who would otherwise be admitted to hospital, or to facilitate early discharge following an acute episode.

As part of the proposals identified through the Ministerial Strategic Group for Health and Social Care's recent review of integration, a Framework for Community Based Health and Social Care Services was to be developed. The framework would comprise of a series of building blocks, including Hospital at Home.

The Scottish Government had issued a short survey to integration authorities which sought to establish the following:

- How many areas currently had a hospital at home service in place;
- Those who were interested in providing peer support and advice on developing a hospital at home service; and
- Interest in joining a community of practice to support the development of hospital at home nationally.

The proposed response on behalf of the West Lothian IJB was attached to the report at Appendix 1 for the Board's consideration and approval.

The Board was recommended to approve the response for submission to the Scottish Government.

Decision

To approve the terms of the report.

17 COMPLAINTS AND INFORMATION REQUESTS - QUARTER 4 OF 2018/19

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 4 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 4 or since the establishment of the IJB;

2. That no requests for information had been received in Quarter 4; and

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

Decision

To approve the terms of the report.

18 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

1) To note the workplan and list of cyclical reports.

2) To add a report on a communication strategy to the workplan for August 2019.

NHS LOTHIAN

NHS Lothian Board
2 October 2019

Director of Finance

UPDATE ON THE ROYAL HOSPITAL FOR CHILDREN & YOUNG PEOPLE / DEPARTMENT OF CLINICAL NEUROSCIENCES ('RHCYP/DCN)

1 Purpose of the Report

1.1 The purpose of this report is to provide the Board with an update on the above project. following the Finance and Resources Committee's consideration (on 25 September 2019) of the reports which the Cabinet Secretary commissioned.

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

2 Recommendations

The Board is recommended to;

2.1 Consider and discuss the issues raised in this report.

3 Discussion of Key Issues

Publication of the reports which the Cabinet Secretary Commissioned

3.1 The Scottish Government published the reports from the reviews which KPMG and NSS carried out in relation to 'RHCYPDCN' on 11 September 2019. The announcement stated that the Cabinet Secretary expects the Department of Clinical Neurosciences to move in Spring 2020, with the whole of the children's hospital moving to the new site in Autumn 2020. The Board's Finance & Resources Committee received and discussed these reports on 25 September.

Escalation of the Project to Level 4 of the NHS Scotland Performance Evaluation Framework

3.2 Upon review of the above reports, the Director-General has escalated NHS Lothian to Level 4 of the NHS Scotland Performance Evaluation Framework for this project. The existing RHCYP/DCN Oversight Board will continue. The Director-General has appointed a Senior Programme Director (Mary Morgan) who will report directly to the Scottish Government. In that capacity she is responsible for the actions to ensure the facility is fit for occupation. NHS Lothian will remain directly responsible for all other actions relating to the existing site and the migration of services to the new facility. The Scottish Government will give additional independent technical advice, to give confidence on the management and oversight arrangements to ensure that the facility is fit for occupation.

Public Enquiry

3.3 The Scottish Government subsequently announced on 17 September that there will be a statutory public inquiry into issues at the Queen Elizabeth Hospital (in Glasgow) and RHCYP/DCN.

Section 22 report

3.4 The Auditor General has advised NHS Lothian that she intends to prepare a Section 22 report on the project. The Auditor General prepares these reports when a matter of public interest, arising from a specific issue or concern, has been raised in the audit of public bodies. The Auditor General and the Board's external auditor prepare the report, and gives the Board an opportunity to review the draft for factual accuracy. The Scottish Government arranges for the Board's annual accounts and the Section 22 report to be laid before the Scottish Parliament. The Auditor General will brief the Scottish Parliament's Public Audit and Post Legislative Scrutiny Committee on the Section 22 report, and the Committee may decide to take evidence from the Board's Accountable Officer.

Continuing to use the Royal Hospital for Sick Children and DCN

3.5 Given the timeline for occupation announced by the Cabinet Secretary plans are being developed to address how existing sites might be supported over the winter period, and beyond

3.6 Over and above this the Cabinet Secretary, the Chief Medical Officer and the Chief Executive of NHS Scotland visited the existing RHSC and DCN on Monday 23 September to meet with staff. At the staff meetings staff raised some questions and concerns about the current sites at Sciennes and the Western General over the winter periods and until migration is complete.

These questions and concerns were in relation to a number of areas, namely:

- Current environmental issues
- Catering arrangements within RHSC
- Housekeeping arrangements for parent/ family accommodation at RHSC
- Pharmacy and Laboratory services
- INR equipment at DCN
- Winter planning
- FAQs for staff

3.7 These area of concern were rapidly risk assessed with a number of immediate actions taken including addressing catering and housekeeping issues at RHSC and re-signposting staff to FAQ's available on HR on line. The remainder will be incorporated into the single action plan being developed for both winter and to address environmental issues on the sites. This will be overseen by Jacquie Campbell, Chief Officer Acute Services. Progress will be reported through RHCYP/DCN Executive Steering Group then to Scottish Government Oversight Group.

The disposal contract for RHSC has been amended to facilitate continued operational use of the site. There are no additional obligations on the Board from this extension of time.

Update on the Progress Made to Resolve the Identified Issues with RHCYPDCN

3.8 The Board change required to rectify critical care ventilation and to make changes to Haematology/Oncology remains with IHSL for formal response, following a request to for a short period of additional time to engage with their supply change. Notwithstanding this there has been continual dialogue with IHSL and they have confirmed their commitment to work with NHS Lothian to resolve these issues as rapidly as possible

3.9 Progress continues to be made on other rectifications required with a number now complete. Where further review on solutions is required through workshops all parties have actively engaged including HFS and HPS. A verbal update will be provided to Board members following workshops taking place at the time of writing.

3.10 Finally the second stage of the HFS/HPS review is due to be completed by the 5 October and this should give us a comprehensive and complete schedule of all works to be programmed to deliver safe occupation.

4 Key Risks

4.1 The NHS Board received an update report on this project on 7 August 2019, and this highlighted the following risks:

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

4.2 This reports highlights that the Scottish Government has subsequently published external reviews and appointed a Senior Programme Director. Both of these measures will shape the forward identification and management of risk.

5 Risk Register

5.1 The Board accepted a new risk to the corporate risk register on 7 August 2019. The risk (ID: 4813) is described as 'There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus.'

6 Impact on Inequality, Including Health Inequalities

6.1 Management will need to undertake impact assessments as part of the programme of work.

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

7.1 Users of the service have been contacted to inform them of the change in the interim service provision. Continuing communication will focus on mitigating the disruption for service users.

8 Resource Implications

8.1 The resource implications of the delay have been discussed with the Scottish Government and provision has been made to meet the additional cost from within the national health budget.

Susan Goldsmith
Director of Finance
27 September 2019

NHS LOTHIAN

Board Meeting
2 October 2019

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare

NHS BOARD PERFORMANCE ESCALATION FRAMEWORK: NHS LOTHIAN RECOVERY PROGRAMME

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on progress in development of NHS Lothian's Performance Recovery Plan following Scottish Government escalation of NHS Lothian to Level 3 (significant variation from plan) of the Scottish Government NHS Board Performance Escalation Framework which requires a formal Recovery Plan to be agreed with the Scottish Government.

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

2 Recommendations

2.1 The Board acknowledges Scottish Government escalation of NHS Lothian to Level 3 requires continued engagement between NHS Lothian and the Scottish Government and the development and submission of a formal Recovery Plan.

2.2 The Board notes the agreement between NHS Lothian and its 4 Integration Joint Board (IJB) partners that this Recovery Programme needs to be a joint submission, reflecting the system-wide response.

2.3 The Board notes progress in development of NHS Lothian's Performance Recovery Plan for submission and ratification by the Scottish Government from mid October to mid November 2019.

2.4 The Board agrees the Corporate Management Team approves this Recovery Plan on behalf of the Board prior to submission to the Scottish Government.

3 Discussion of Key Issues

3.1 NHS Lothian's 2019-20 Annual Operational Plan[1] (AOP) agreed by the Scottish Government on 14 August 2019 outlines the agreed performance trajectories to be delivered by March 2020. The 2019-20 AOP forms the baseline for monitoring performance improvement.

3.2 To support development and agreement of NHS Lothian's Recovery Plan, the Scottish Government has established a Recovery Plan Oversight Group chaired by the Scottish Government Chief Performance Officer. Membership of the oversight group includes Directors/Senior Managers within the Scottish Government, NHS Lothian's Chief Executive, Executive Directors, Director of Strategic Planning and the four Lothian Integration Joint Board Chief Officers.

[1] https://org.nhslothian.scot/KeyDocuments/Pages/default.aspx

Briefing updates associated with Mental Health and Learning Disability, Delayed Discharge, Unscheduled and Scheduled Care and Cancer Waits were prepared for discussion at the first Recovery Oversight Group meeting in early September 2019. Board members received this in advance of the September Board development session.

A series of focussed meetings are taking place through September/October 2019 to discuss progress with the various recovery plans which will allow an overall Recovery Plan to be finalised and submitted to the Scottish Government in early November 2019.

3.3 Three new Programme Boards have been established to facilitate implementation and monitoring of recovery plans in the following areas:

- Unscheduled care (4-hour standard) and Delayed Discharge
- Scheduled Care and Cancer Waiting Times
- Mental Health and Learning Disabilities.

In addition, recruitment of three Senior Programme Directors associated with the areas outlined above is progressing. It is anticipated the Directors will be in post by December 2019. Board members are aware of the appointment of the NHS Lothian Director of Improvement, who commences his role on 7th October.

3.4 To enable ongoing discussion with the Scottish Government, a number of briefing documents have been prepared which are subject to review and update, and these were circulated to the Board for the September development session. A summary of key highlights associated with the briefing documents is outlined below.

A summary of current progress in delivery of the March 2020 performance trajectories at July 2019 and **anticipated** September 2020 position is available below.

3.4.1 Scheduled Care

New Outpatients waiting in excess of 12 weeks

July position – 24,502

	Apr-19	**May-19**	**Jun-19**	**Sep-19**	**Dec-19**	**Mar-20**
Plan Trajectory	24,933	26,552	25,269	25,051	20,393	16,151
Actual/Projected Performance	24,775	24,425	24,307	***24,414***		

Note –From October endoscopy procedures (scopes) reportable under the 8 key diagnostic tests will no longer be reportable against New OP standard. March 2020 forecast shows no scopes waiting in excess of 12 weeks therefore the change to reporting will not result in a revised trajectory for end year performance.

Inpatients/day cases waiting in excess of 12 weeks

July position – 2,526

	Apr-19	**May-19**	**Jun-19**	**Sep-19**	**Dec-19**	**Mar-20**
Plan Trajectory	2,586	2,658	2,839	3,190	2,922	2,472
Actual/Projected Performance	2,597	2,642	2,622	***2,866***		

3.4.2 Diagnostics – 8 key tests waiting in excess of 6 weeks

Scopes (Upper, Lower, Colo, Cysto)	**Apr-19**	**May-19**	**Jun-19**	**Sep-19**	**Dec-19**	**Mar-20**
Plan Trajectory	3,621	3,372	3,044	2,032	1,031	779
Actual/Projected Performance	3,248	2,600	2,221	***tbc***		

Radiology (CT, MRI, US, Barium)	**Apr-19**	**May-19**	**Jun-19**	**Sep-19**	**Dec-19**	**Mar-20**
Plan Trajectory	250	330	210	110	0	0
Actual/Projected Performance	236	225	202	***tbc***		

In summary, performance to the end of July demonstrates improvement against the 2019-20 AOP trajectories in all but one area.

- Outpatients – 6% ahead
- TTG – 17% ahead
- GI scopes – 23% ahead
- Cystoscopy – 35% ahead
- CT – 21% behind
- MRI – 22% ahead.

A mid-year review has been commissioned to update service level forecasts for performance to end March 2020. This is expected to be completed by mid-October.

3.4.3 Cancer Waiting Times

Performance at July 2019 against the cancer waiting times trajectories (95% standard) was:

- 62-day target - 75.4% (trajectory – 81.5%)
- 31-day target - 92.2% (trajectory – 92.5%).

As briefed previously, the most pressing challenges relate to urology and colorectal tumours. For colorectal services, the most significant challenge is diagnostic endoscopy capacity. The demand for these two tumour sites is directly related to the higher-than-Scottish average prevalence of over-65s in the Lothian population. Detailed action plans for urology and colorectal services are in place and being implemented.

NHS Lothian submitted cancer funding proposals totalling £3.7m to the Scottish Government and received £0.9m (reduction of £1m from 2018-19) resulting in an outstanding requirement for investment of £1.5m to support 2019-20 performance improvement. This is currently part of the discussion with Scottish Government colleagues.

3.4.4 Unscheduled Care

The 4 hour emergency access performance in July 2019 demonstrates a significant improvement.

4 Hour Standard	March 2018	March 2019	July 2019	Trajectory March 2020
Royal Infirmary of Edinburgh	62.3%	81.8%	90.5%	91.0%
Western General Hospital	76.8%	90.1%	92.1%	91.1%
St John's Hospital	84.7%	92.0%	90.9%	95.0%
Royal Hospital for Children and Young People	95.0%	92.3%	97.9%	95.0%

There are no significant issues associated with the implementation of work streams to bring further improvement in delivery of unscheduled care performance as outlined in the 2019-20 AOP. Board members will recall that the Lothian system is establishing an Unscheduled Care Programme Board chaired by Allister Short, Chief Officer-designate for the West Lothian IJB. The Unscheduled Care Committee will continue to oversee operational issues and the winter plan, and this will now be chaired by Alison MacDonald, Chief Officer East Lothian IJB.

The winter plan for the Lothian system is being completed currently and it is anticipated there will be a resource allocation of £3m in total, £700k of which will be provided by SGHSCD.

3.4.5 Delayed Discharge

Whilst good progress is being made within Lothian to reduce the number of delays, it is recognised that Lothian still has a challenge to meet appropriate standards. Scottish Government colleagues have set the Lothian system an indicative target of 200 delays by December 2019.

Area	July 2018	July 2019	Difference
East Lothian	17	9	-47%
Edinburgh	251	191	-24%
Midlothian	38	19	-50%
West Lothian	58	49	-16%
NHS Lothian	363	268	-26%

Source: ISD Census All Delays

There are a number of key themes that are core to a whole system approach across Lothian, including:

- 7 day working across services to ensure consistent flow
- Implementation of Home First across all Partnerships
- Increased use of technology to support independent living
- Strengthened relationships between acute settings and community service.

There are risks associated with the actions and themes across each Lothian Partnership vary however broadly speaking failure to deliver the proposed position of by December 2019 will cause:

- Vulnerabilities associated with the care at home/care home supply
- Bottlenecks in the whole system
- Perpetuates a cycle of admission without input from community teams
- Continuation of assessments in the wrong setting.

3.4.6 Mental Health and Learning Disability

The newly established Mental Health and Learning Disability Programme Board chaired by Judith Proctor, Chief Officer of the Edinburgh IJB, is responsible for both the short-term recovery plan to the end of the financial year, and the longer-term transformation plan linked to the transformational Annual Operational Plan for 2020-21. This Programme Board is in its very earliest stages but the virtual Programme Board has made progress towards delivering on its first set of measures for success:

- 85% occupancy for inpatient psychiatry beds across the system by March 2020
- 90% of patients referred for psychological therapy seen within 18 weeks by December 2020
- 90% of children referred to Child and Adolescent Mental Health Service (CAMHS) seen within 18 weeks by December 2020;
- System design to deliver sustainable mental health services in line with IJB visions for the future
- Right-sized Royal Edinburgh Hospital (REH) phase 2 by right-sizing community capacity – designing an appropriate set of core services across the system.

A summary of progress updates to support performance improvement is as follows:

Adult Mental Health Bed Capacity

- The opening of 9 additional beds at the REH and the reopening of 4 beds at St John's Hospital, so delivering 13 additional beds
- Work to identify the optimal configuration of wards within REH, recognising the significantly lower demand on Older People's Mental Health (OPMH) inpatient beds and the relatively high level of delayed discharges in these beds. This includes work to provide alternative community bed-based capacity for OPMH delayed discharges
- A series of internal process improvement measures in REH and within the Edinburgh Health and Social Care Partnership, as described in appendices 1 and 2, including moving forward with an assertive "home first" model
- There are additional costs associated with the additional beds and these are being quantified.

Psychological Therapies

Psychological Therapies – All Teams	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**
% within 18 weeks	68.3%	79.2%	78.1%	72.1%	82.5%	81.0%	79.6%

Whilst performance to date for "general adult psychological therapies" is relatively low, overall performance including specialist services is at a level of 80% in July 2019.

Analysis undertaken by the Lothian system suggests that there is a significant backlog built up over time, but that the system is in underlying balance in both West Lothian and East Lothian. NHSL is investing a total of £2.5m of non-recurring funds in the system with additional investment supported by the Midlothian and Edinburgh IJBs as NHS Lothian's investment tapers to a close.

The Lothian system is recruiting additional psychologists and so the system remains on trajectory. The incoming Director of Psychology will work to review this plan with the operational team and consider whether additional capacity can be created.

CAMHS

Quarter ending	**Mar-19**	**Jun-19**	**Sep-19**	**Dec-19**	**Mar-20**	**Jun-20**	**Sep-20**	**Dec-20**
Trajectory Performance against the LDP standard (%)	62.6%	62.6%	62.6%	62.6%	63.6%	63.6%	78%	90%
Actual Performance against the LDP standard (%)	63.9%	52.7%						
Variance of Trajectory Performance - Actual Performance	**1.3%**	**-9.9%**						

Analysis undertaken shows that there is a recurring imbalance between capacity and demand, and that the pathways for children do need to be more bespoke than for adults.

The Lothian system has had a successful recruitment drive for additional psychologists, nurses, and occupational therapists, and so remains on plan. As for Psychological Therapies, the incoming Director of Psychology will review capacity plans and ensure that appropriate capacity is being made available by staff.

NHS Lothian has agreed to invest £3m recurringly into CAMHS. Whilst a significant number of posts are being recruited to they are not all yet in the system and the trajectory will be reviewed and amended accordingly.

For both CAMHS and Psychological Therapies Scottish Government colleagues have requested further work to consider whether the agreed and signed-off AOP trajectories can be accelerated and this work is underway.

4 Key Risks

4.1 The key risks associated with delivery of the Recovery Plan will be similar to those outlined with the 2019-20 Annual Operational Plan which relate to the need for recurring, longer term investment plans and availability of workforce to support delivery of access standard trajectories relating to outpatients, treatment time guarantee, diagnostic, cancer, child and adolescent mental health services and psychological therapies. The investment plans outlined are in response to existing and future demographic pressures in Lothian.

5 Risk Register

5.1 NHS Lothian's Risk Register already includes the risks associated with delivery of performance standards outlined in the 2019 - 20 Annual Operational Plan.

Arrangements are in hand to review the corporate risk register and ensure any further risks associated specifically with the recovery plan, once finalised, are included on the register. The Risk Register will be subject to on-going review and update by the newly appointed Programme Directors.

5.2 A number of high risk themes associated with the Waiting Times Improvement Plan (scheduled care) have been identified as:

- 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
- Workforce availability and timescales for recruitment
- 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

5.3 Risks associated with delivery of the mental health performance standards have been identified as:

- Recent recruitment had no external applicants. Appointment of internal candidates creates vacancies in other mental health services
- Recurring funding stream for additional posts. Posts advertised on a permanent basis in an attempt to attract applications
- Additional recurring funding to support delivery of psychological therapy standards
- Retention and recruitment of administration staff to support clinical services.

6 Impact on Inequality, Including Health Inequalities

6.1 An integrated impact assessment associated with the Recovery Plan has not been undertaken. Following approval of NHS Lothian's 2019 - 20 Annual Operational Plan, communication was sent to responsible directors where new services, redesign of services and new strategies/plans are referenced in the AOP to allow NHS Lothian's Lead on Equalities and Human Rights to follow up and review whether the necessary integrated impact assessments have been completed as appropriate.

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

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

8 Resource Implications

8.1 Recovery Plan discussions will continue with the Scottish Government to clarify any further level of investment to support performance improvement in addition to the investment outlined within the 2019-20 Annual Operational Plan. Scottish Government colleagues have identified a total of £500k available to support this work.

Colin Briggs
Director of Strategic Planning
20 September 2019

NHS LOTHIAN

NHS Lothian Board Meeting
2 October 2019

Chief Officer, Acute Services

WAITING TIMES IMPROVEMENT PLAN

1 Purpose of the Report

1.1 The purpose of this report is:

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

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

1.4 To update on the availability and utilisation of resources to support delivery of the plan.

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

2 Recommendations

The Board are recommended to;

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

2.2 **Take significant assurance** that current performance is in line with 2019/20 AOP trajectory and anticipated performance for end of September for Outpatient, Inpatient and Diagnostics standards remains in line with trajectories;

2.3 **Note** specific actions being taken to improve 62 Day Cancer performance**;**

2.4 **Note** that in terms of developing additional recurring capacity that there have been no significant issues with implementation of actions to date, though phasing plans are will have minimal impact in year, with the majority of appointments commencing in late 2019.

2.5 **Note** that work is underway with Scottish Government colleagues to develop the AOP and indicative modelling for 2020/21. Please see Section 4.

3 Discussion of Key Issues

3.1 Current Performance 2019/20

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

3.2 Outpatients

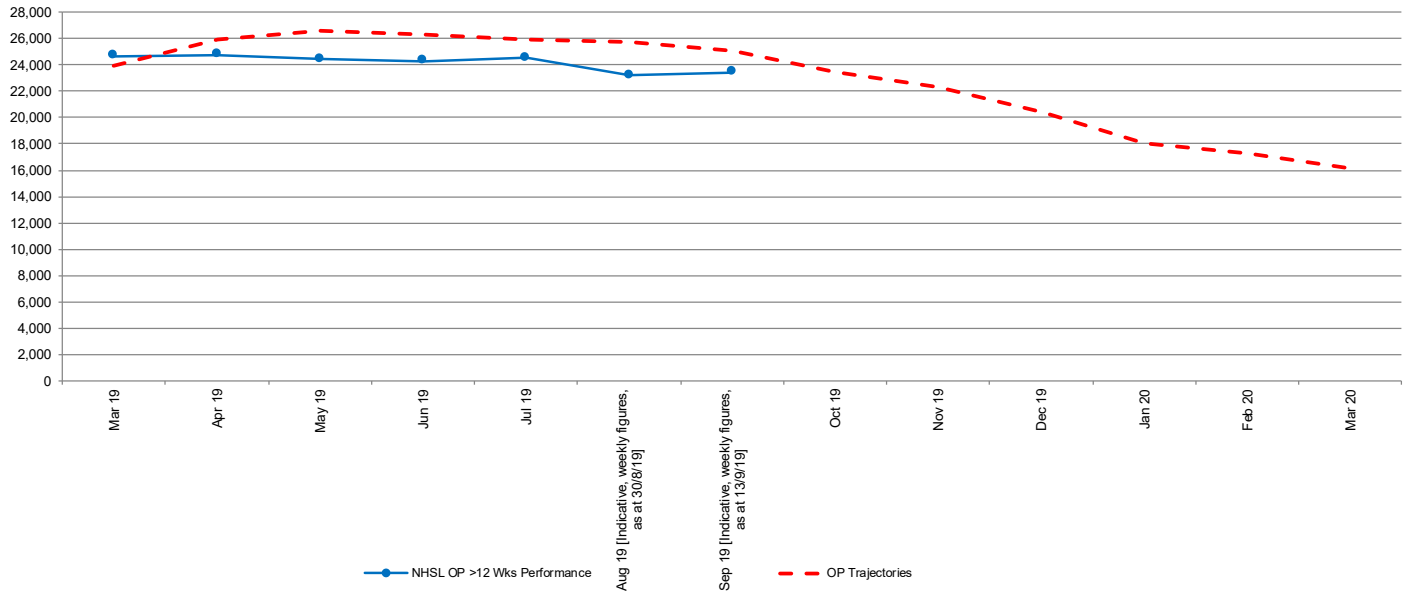
3.2.1 Validated performance figures for July 2019 demonstrate continued improvement against trajectory. This is shown in Table 1 and Chart 1 below. Indicative weekly figures shown in Chart 1 also suggest that performance will come in under Trajectory at the end of September. Please see Appendix 1 for detail.

3.2.2 The AOP trajectories for quarters 3 and 4 are challenging, and will require close monitoring and early corrective action as indicated.

Table 1 – New Outpatients waiting in excess of 12 weeks at end July 2019

	Apr-19	May-19	Jun-19	Jul-19	Sep-19	Dec-19	Mar-20
AOP Trajectory	24,933	26,552	25,269	25,964	25,051	20,393	16,151
Actual/*Forecast* Performance	24,775	24,425	24,307	24,502	*24,414*		

Chart 1 – New OP waiting in excess of 12 Weeks (ongoing waits) *versus* AOP Trajectory [Sept figures indicative]



3.2.3 A key driver for improved performance is the continued reduction of long waits within Endoscopy. From 1st October 2019, diagnostic tests measured against the 6 weeks standard will no longer be reportable against the New Outpatient standard. This will result in a restatement of performance at that date. It should be noted that the annual plan trajectory indicates that there will be zero waits in excess of 12 weeks for Endoscopy by end March 2020, therefore this improvement is not expected to result in a revised March 2020 performance.

3.2.4 Modernising Outpatients work continues to focus on demand reduction, delivering care in alternative ways and settings, including -Patient Initiated Follow-Up (PIFU), Advice only clinics and alternative workforce models.

3.3 Inpatients & Day Cases

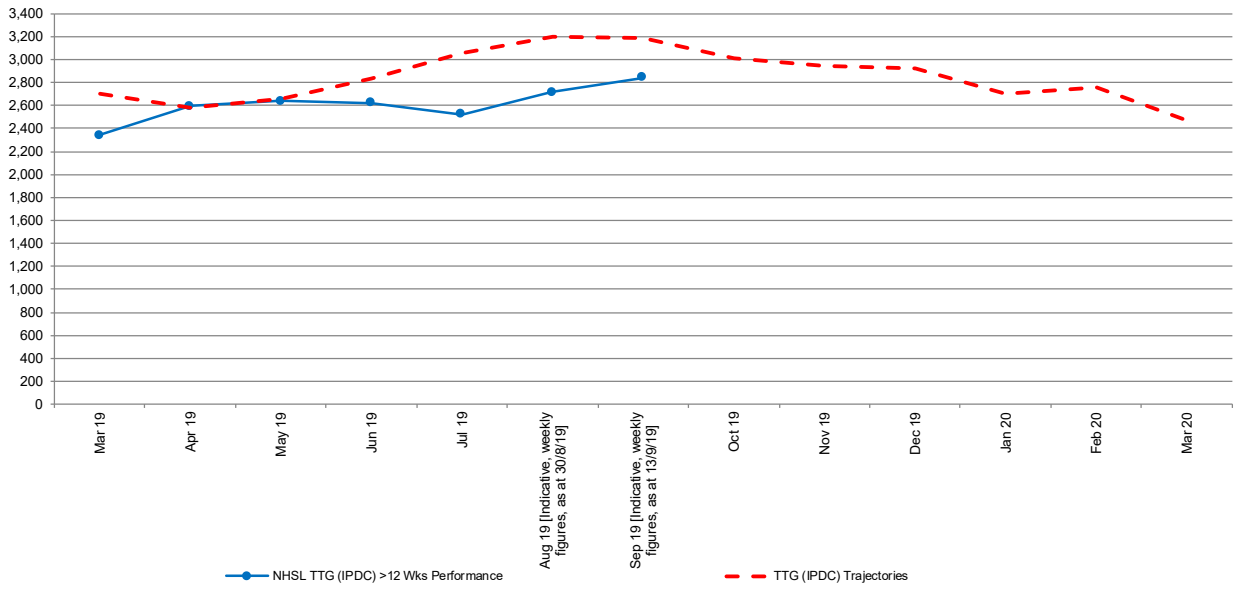
3.3.1 As with outpatients, validated performance figures for July 2019 demonstrate continued improvement against trajectory for TTG, as per Table 2 and Chart 2 below. This is despite challenges arising from the delay to RHSC/DCN re-provision, and cancellations of cataract surgery (see below). Indicative weekly figures shown in Chart 2 also suggest that performance will come in under Trajectory for end of September 2019. Please see Appendix 1 for detail.

3.3.2 Performance in quarters three and four, and onwards will be more challenging as a result of planned reductions within outpatient waits, but will be closely monitored. Currently Ophthalmology is service of highest risk as a result of cancelled cataract procedures arising from decontamination issues, but it is anticipated that corrective actions will support performance coming back in line with trajectory (please see 4.2).

Table 2 – Inpatients/Day Cases waiting in excess of 12 weeks at end July 2019

	Apr-19	May-19	Jun-19	Jul-19	Sep-19	Dec-19	Mar-20
AOP Trajectory	2,586	2,658	2,839	3,055	3,190	2,922	2,472
Actual/*Forecast* Performance	2,597	2,642	2,622	2,526	*2,866*		

Chart 2 – Inpatient and Day Case waits over 12 Weeks (ongoing) versus AOP Trajectory [Aug & Sept figures indicative & weekly]



3.4 **Diagnostics.** The Diagnostics >6 Week standard covers Diagnostics - Gastroenterology (incl. Endoscopy and Urology) and Radiology - for which reporting is required for three separate performance metrics. Indicative performance for August and September are available for Radiology metrics – please see Appendix 1.

3.5 **Endoscopy**

3.5.1 Endoscopy performance has shown sustained and significant improvement since April 2019, particularly Lower Endoscopy which has reduced its > 6 week breach figures to just over one third of those at the beginning of this financial year.

3.5.2 Work recently undertaken has resulted in significant reduction in waits for Urgent Suspicion of Cancer and Urgent patients, who account for 64% of all new endoscopy referrals. For Upper GI Endoscopy (OGD), the longest patient wait has decreased from 28 days to 3 days since 14th June 2019. For combination procedure patients receiving a Colonoscopy and OGD within the same appointment, the longest wait has decreased from >40 to 5 days over the same period. Further focussed work is underway to bring down the waits for bowel screening pre assessment and colposcopy, which will have a positive impact on colorectal cancer performance.

3.5.3 In addition to a focus on new referral, there is a requirement to manage high risk surveillance patients, and work is underway to using the Vanguard mobile unit for surveillance patients.

3.6 **Radiology**

Three constituent Radiology metrics, CT, MRI and Ultrasound are all broadly in line with trajectory, with corrective actions in place for the small number of breaches noted

3.7 **Cancer**

3.7.1 As reported at the August 19 meeting, Cancer performance remains an area of significant risk, particularly in terms of the 62 day standard. July performance was below trajectory by two and eight percentage points respectively for the 31 and 62 day pathways (please see Appendix 1). Colorectal and Urology (Prostate) performance remain areas of particular concern.

3.7.2 A meeting took place between the Chief Officer and Service, Cancer, Diagnostics and Theatres clinical and operational teams on 17th September, to identify actions to reduce Colorectal and Urology waits over the next 1, 2, 3 and 6 months.

3.7.3 Actions identified include:

- Cancer tracking within radiology and pathology
- Increasing triage resource in colorectal
- Telephone reminders within radiology for CT colons to reduce DNA rate and lost capacity
- Co-ordinating receiving rotas to increase theatre utilisation in colorectal
- Increasing bowel screening capacity
- Increasing dedicated prostate MRI capacity
- Extended operating sessions at WGH
- Increased capacity with new consultant appointments- 1 in colorectal and 1 in urology

3.7.4 All actions are currently being quantified in terms of implementation timescales and impact on performance

3.7.5 In conjunction with the Scottish Government Access Collaborative a Short Life Working Group has been initiated to review Colorectal and Urology pathways. NHS Lothian is contributing to this group. Early reports from the second meeting of this group have indicated a potential recommendation that Robot Assisted Laparoscopic Radical Prostatectomy is removed from the Non- Standard Technologies list. This change would have a considerable impact on NHS Lothian's 31 day performance. In Q2 NHS Lothian would have reported an additional 43 breaches against the 31 day standard, with overall performance dropping from 93.2% to 89.3%.

3.7.6 An action plan has been developed in response to the recent Scottish Government visit to assess NHS Lothian's performance against the Effective Cancer Management Framework Best Practice Guidance. This is specifically focussed on tracking resource, governance and performance. A follow up visit is planned for early October to assess progress against the action plan.

3.7.7 As part of this action plan a Cancer Tracking Review Group has been established to review the governance framework and management structure of cancer tracking staff across NHS Lothian. Part of this review will consider the distribution of resource and look to provide recommendation on how to further strengthen the resource and governance framework. The number, and length of time patients are being tracked continues to increase, which causes a significant pressure on the tracking resource, and this is something the group will consider. The output from this review has been planned to coincide with the scheduled review of NHS Lothian's Cancer Waiting Times Operational Policy.

3.7.8 Scottish Government have requested completion of a weekly cancer performance report, similar to reports for TTG and OP performance. This will include information on total number of patients waiting and long waits coupled with effective breach analyses will strengthen key information for service and senior management teams to direct and monitor impact of directed actions.

3.8 **Edinburgh Dental Institute (EDI)**

3.8.1 Work has been progressing to establish robust reporting of waiting list numbers in EDI following concerns raised earlier this year and in advance of the introduction of Trak scheduled for November.

The end of July is the first time that the revised reporting method has been used in reporting to the Government and Board. The breakdown by specialty and length of wait is shown in the table below.

Table 3: EDI Reporting as at 31st July (used in New MMI Process)

Specialty Classification Description	Total Waiting List Size	Total Waiting Over 12 Weeks	Total Waiting Over 18 Weeks	Total Waiting Over 26 Weeks	Total Waiting Over 52 Weeks
ORAL MEDICINE	698	315	131	28	1
ORAL SURGERY	2,451	1,006	394	36	3
ORTHODONTICS	537	292	173	45	18
PAEDIATRIC DENTISTRY	633	120	62	28	15
RESTORATIVE DENTISTRY	566	172	47	14	2
Sum:	**4,885**	**1,905**	**807**	**151**	**39**

3.8.2 In comparison with the previous reporting process, numbers over 12 weeks are now 588 higher than would have otherwise been reported.

3.8.3 By early September, numbers over 12 weeks have risen in EDI by approximately 200 patients. The General Manager of Oral Health Services has been asked to ensure that mitigating actions are in place in support of the Lothian's overall delivery trajectory.

3.9 **Ongoing Performance Issues**

3.9.1 **Delay to DCN/RHSC move**

3.9.2 Cancellation and rebooking of patient appointments impacted on Outpatient, TTG and diagnostic performance in July and is included within reported figures. No further impact is expected as a result of the immediate disruption to scheduling however the deferred migration means that capacity increases planned for the new building are now delayed until Spring 2020 for DCN, and Autumn 2020 for RHSC. Trajectories are being updated to reflect this impact.

3.9.3 The new hospital would also have provided increased MRI and CT capacity and was expected to support a phased withdrawal from use of external contractors. In addition to a short term deterioration in performance due to the immediate disruption, the ongoing impact of the delay is being mitigated through the continued utilisation of additional external diagnostic radiology capacity (mobile CT/MRI).

4 Mid-Year Forecast & Annual Operational Plan 2020/21

4.1.1 A mid-year forecast is being prepared by service managers to project revised trajectory performance to end March 2020. This will incorporate variations against existing trajectories to date, the impact of ongoing risks to performance outlined above, and the expected improvement associated with the additional actions described within the body of the paper.

4.1.2 Scottish Government have requested that boards submit an early draft of the Annual Operational Plan for 2020/21, the mid- year forecast described above will be the basis of modelling anticipated performance by end March 2021.

5 North of England Commissioning Support Team (NECS)

5.1.1 NECS are due to present their final report to the Scottish Government at the end of September. This timeline was extended from the original estimate (end July) in order to allow the review team to complete analysis of the board's waiting lists. All other elements of the review have been completed and draft recommendations have been shared.

5.1.2 Review recommendations cover a broad range of aspects of waiting times management, including development of the annual operational plan, service level demand and capacity modelling, operational efficiency and demand management. The draft recommendations present a number of areas where there may be opportunities for improvement, and a model of the potential impact of these improvements is underway. To date there is no significant improvement opportunities identified.

5.1.3 A detailed response and action plan will be prepared once the final recommendations have been agreed with NHS Lothian and Scottish Government. The NECS team have highlighted and promoted the use of a whole system demand management process - Value Based Commissioning tool. Although recognising that this could offer opportunities to reduce demand it is recommended this should only be considered as part of a wider national programme, for example as part of Access Collaborative work.

6 Additional Resources

6.1.1 Scottish Government have provided additional funding of c.£700k towards the expansion of short term outpatient capacity at East Lothian Community Hospital across 3 specialties (Dermatology, Neurology, Gastroenterology). This will deliver 2,000 new outpatient appointments not currently included within the current AOP trajectories.

6.1.2 As part of the national elective centre programme two additional theatres are being commissioned at NHS Forth Valley. NHS Lothian will have dedicated access to one theatre from October, where day case orthopaedic and surgical cases will be undertaken. It was anticipated, and is reflected in the AOP TTG trajectory that dedicated access to a second theatre would be available from January 2020. Latest indications are that this resource will not be available to April 2020. Once formal confirmation is received trajectories will be updated.

6.1.3 NHS Lothian has been successful in securing £125,000 in funding over two years for HIS/NES/IHI/Access Collaborative support for quality improvement within CAMHS, Dermatology and Urology services. NHS Tayside and NHS Grampian have also been successful, and it is expected that boards will be able to work collaboratively across the programme. A first meeting with HIS and NES colleagues will take place in week beginning 23rd September.

7 Key Risks

7.1.1 NHS Lothian's WTIP programme board has established a risk register which considers in detail the specific risks associated with individual service plans, as well as those risks applicable to the overall plan. These risks are summarised in Appendix 2.

7.1.2 In relation to workforce, an increased risk is. Anaesthetic consultant vacancies. These are now at approximately 11% of core establishment, equating to 16 WTE posts. (Approximately 5 WTE of these are covered by a combination of locum and staff bank) cover. Recent international recruitment resulted in no shortlisted candidates for interview.

7.1.3 Outpatient Clinical Risk Matrix, as at 2nd Sept 2019 are scored and ranked as follows:-

			Risk Rating			
OP Specialty	No. of weeks 9 out of every 10 patients had been seen within, in the quarter ending June 2019 - for adults unless otherwise specified	No. of patients waiting over waiting time standard as at 17/7/2019. Standard is 12 weeks for all but GI and Urology Diagnostics*, which have a six week standard.	Risk based on current length of wait for 90% of patients (1-5)	Probability of clinical risk (e.g. cancer) (1-5)	Risk based on number of patients waiting over the waiting time standard (1-5)	Risk score (from highest, descending) (1-125)
GI Diagnostics*	100	1,723	5	5	4	
Dermatology	60	5,647	4	4	5	
Gastroenterology	56	1,042	4	5	3	
Urology	35	1,642	3	4	4	
Colorectal	26	1,300	3	4	3	
Neurosurgery	49	518	3	3	3	
ENT (paed)	27	547	3	3	3	
ENT (adult)	35	2,291	3	2	4	
Ophthalmology	37	2,658	3	2	4	
Orthopaedics	36	2,270	3	2	4	
General Surgery (paed)	24	289	3	3	2	
Gynaecology	12	172	2	4	2	
General Surgery (adult)	18	70	2	3	2	
Urology Diagnostics*	18	338	2	3	2	
Vascular	14	39	2	3	2	
Gastroenterology (paed)	**	80	3	1	2	

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

Sources:

https://wav-tableau.luht.scot.nhs.uk/#/site/nhsl/views/OutpatientWeeksWaited/WaitingTimeDashboard?:iid=1

https://wav-tableau.luht.scot.nhs.uk/#/site/nhsl/views/WT1_3WaitingTimesPatientLevelWeekly/WaitcategorybySpecialty?:iid=1

8 Risk Register

8.1 Improved performance for patients waiting over 12 weeks for both an Outpatient appointment or an Inpatient/Day case procedure will 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).*

9 Impact on Inequality, Including Health Inequalities

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

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

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

11 Resource Implications

11.1 Resource impact as detailed within body of the paper.

Jacquie Campbell
Chief Officer, Acute Services

19/9/2019

List of Appendices

Appendix 1 - Scheduled Care Performance
Appendix 2 – Summary of Programme Risks

Appendix 1: Scheduled Care Performance

Below is a summary of current performance against trajectories.

OP Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19 [Indicative, weekly figures, as at 30/8/19]	Sep 19 [Indicative, weekly figures, as at 13/9/19]	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL OP >12 Wks Performance	**24,669**	**24,775**	**24,425**	**24,307**	**24,502**	**23,199**	**23,444**						
OP Trajectories	23,930	25,933	26,552	26,269	25,964	25,760	25,051	23,500	22,293	20,393	18,048	17,332	16,151
Difference	739	-1,158	-2,127	-1,962	-1,462	-2,561	-1,607						

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

IPDC Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19 [Indicative, weekly figures, as at 30/8/19]	Sep 19 [Indicative, weekly figures, as at 13/9/19]	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
NHSL TTG (IPDC) >12 Wks Performance	**2,340**	**2,597**	**2,642**	**2,622**	**2,526**	**2,719**	**2,843**						
TTG (IPDC) Trajectories	2,707	2,586	2,658	2,839	3,055	3,198	3,190	3,011	2,947	2,922	2,699	2,758	2,472
Difference	-367	11	-16	-217	-529	-479	-347						

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

Gastroenterology Diagnostic Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Upper Endoscopy patients waiting over 6 wks	1,427	1,117	759	625	387								
Colonoscopy patients waiting over 6 wks	1,129	1,024	1,002	933	753								
Flexible Sigmoidoscopy (Lower Endoscopy) patients waiting over 6 wks	785	713	469	340	282								
TOTAL GI Performance	3,341	2,854	2,230	1,898	1,422								
GI > 6/52 Trajectory	2,901	2,260	2,196	2,034	1,844	1,719	1,794	1,619	1,444	1,269	1,094	919	744
Difference	440	594	34	-136	-422								

Urology Diagnostic Performance against Trajectory

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

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Flexible Cystoscopy	349	394	370	323	271								
Urology > 6/52 Trajectory	0	435	395	385	415	445	395	345	295	245	195	145	95
Difference	349	-41	-25	-62	-144								

Radiology Diagnostic Performance against Trajectory

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

Specialty Radiology - CT Lothian	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19 [Indicative, weekly figures, as at 29/8/19]	Sep 19 [Indicative, weekly figures, as at 12/9/19]	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
CT Performance	32	63	101	101	97	91	70						
Trajectory >6 weeks	8	50	80	100	80	60	40	20	0	0	0	0	0
Difference	24	13	21	1	17	31	30						

Specialty Radiology - MRI Lothian	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19 [Indicative, weekly figures, as at 29/8/19]	Sep 19 [Indicative, weekly figures, as at 12/9/19]	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
MRI Performance	103	137	114	87	194	92	110						
Trajectory >6 weeks	0	200	250	150	250	200	150	50	0	0	0	0	0
Difference	103	-63	-136	-63	-56	-108	-40						

Specialty Radiology - General Ultrasound (not vasc)	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19 [Indicative, weekly figures, as at 29/8/19]	Sep 19 [Indicative, weekly figures, as at 12/9/19]	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Ultrasound Performance	6	12	4	3	4	1	3						
Trajectory >6 weeks	10	10	20	10	0	0	0	0	0	0	0	0	0
Difference	-4	2	-16	-7	4	1	3						

(Data for Vascular Labs/Barium Studies is not reported here)

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

31 Day performance

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Urological	94.5%	86.4%	92.9%	91.2%	81.7%								
Colorectal (screened excluded)	85.7%	82.9%	76.7%	78.3%	73.3%								
Colorectal (screened only)	100.0%	100.0%	55.6%	100.0%	87.5%								
Melanoma	91.7%	100.0%	100.0%	95.7%	100.0%								
Breast (screened excluded)	98.1%	97.1%	97.5%	97.5%	100.0%								
Breast (screened only)	100.0%	78.1%	91.1%	95.1%	97.1%								
Cervical (screened excluded)	100.0%	75.0%	100.0%	100.0%	100.0%								
Cervical (screened only)	100.0%	100.0%	n/a	100.0%	100.0%								
Head & Neck	100.0%	100.0%	100.0%	100.0%	93.1%								
Lung	93.2%	95.2%	100.0%	93.9%	98.6%								
Lymphoma	100.0%	100.0%	100.0%	100.0%	100.0%								
Ovarian	100.0%	66.7%	100.0%	100.0%	85.7%								
Upper Gastro-Intestinal (GI)	97.7%	96.4%	95.1%	100.0%	100.0%								
All Cancer Types	95.3%	91.1%	93.9%	94.5%	92.2%								
All Cancer Types Trajectory	92.9%	93%	93%	93%	95%	94%	94%	95%	95%	95%	95%	95%	95%
Difference	2.4%	-1.5%	1.1%	1.7%	-2.4%								

62 Day performance

	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20
Urological	50.0%	51.4%	45.2%	51.7%	61.3%								
Colorectal (screened excluded)	55.6%	37.5%	61.9%	41.7%	55.0%								
Colorectal (screened only)	0.0%	0.0%	0.0%	0.0%	0.0%								
Melanoma	80.0%	75.0%	72.2%	82.4%	90.9%								
Breast (screened excluded)	90.6%	95.7%	73.9%	84.0%	75.9%								
Breast (screened only)	100.0%	97.1%	95.7%	97.7%	90.2%								
Cervical (screened excluded)	100.0%	0.0%	100.0%	100.0%	75.0%								
Cervical (screened only)	100.0%	0.0%	n/a	0.0%	n/a								
Head & Neck	100.0%	100.0%	88.9%	100.0%	73.3%								
Lung	92.9%	90.5%	76.2%	93.3%	90.5%								
Lymphoma	100.0%	66.7%	100.0%	75.0%	50.0%								
Ovarian	100.0%	0.0%	40.0%	75.0%	100.0%								
Upper Gastro-Intestinal (GI)	90.5%	100.0%	90.9%	100.0%	92.3%								
All Cancer Types	79.3%	74.3%	70.6%	78.0%	75.4%								
All Cancer Types Trajectory	89.5%	78%	81%	82%	83%	85%	81%	82%	84%	83%	82%	86%	85%
Difference	-10.2%	-3.7%	-10.4%	-3.7%	-7.4%								

Appendix 3 – Summary of Programme Risks

1 Delayed move to new Royal Hospital for Children and Young People may impact on waiting times performance for Paediatrics, Diagnostics and Neurosciences.

2 Workforce availability and timescales for recruitment.

3 Reliance on non-recurrent funding

4 Waiting List Initiatives are delivered by NHS Lothian workforce outside of core hours, either as evening sessions (outpatients), or weekends (outpatients and inpatient/day case theatre lists). Recent changes to legislation relating to pension entitlements have resulted in an increasing reluctance amongst Medical staff in particular to commit to additional work out with core contracts and present an ongoing risk to this capacity.

5 Increased demand as a result of national screening programmes, changes to clinical pathways, and/or supra-regional services.

6 Sub-specialty queue pressures for which specialist interventions will not be available through independent sector providers and for which there are recognised recruitment challenges.

7 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.

8 Availability of supporting infrastructure including sterilisation of instruments.

9 Available resources will be insufficient to meet projected costs of actions needed to deliver 2021 performance.

10 Conversion to Treat and/or case-mix variation may result in increased costs against expected value of Independent Sector contracts.

11 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.

12 Capacity available with independent sector providers will be insufficient to support delivery of required trajectories.

13 Continued uncertainty over timing and impact of Brexit on availability of workforce, instruments and clinical/non-clinical supplies

NHS LOTHIAN

Board Meeting
2 October 2019

Executive Director, Nursing, Midwifery and Allied Healthcare Professionals
Executive Lead, REAS and Prison Healthcare

DEVELOPMENT OF 2020-23 OPERATIONAL DELIVERY PLAN (ODP)

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board note the process and timescales associated with development and submission of the 2020-23 Operational Delivery Plan (ODP).

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

2 Recommendations

2.1 The Board note the Scottish Government outlined at the NHS Board Chief Executives meeting on 11 September 2019 the process and timescales associated with the development and submission of the 2020-23 ODP.

2.2 The Board will be presented with the initial draft plan on 4 December 2019 and the final plan for approval on 8 April 2020.

3 Discussion of Key Issues

3.1 NHS Lothian's 2019-20 Annual Operational Plan[1] was approved by the Scottish Government on 14 August 2019 following a series of meetings to discuss and agree the performance trajectories to March 2020 outlined within the plan. NHS Lothian's 2019-20 Mid-Year Review will be undertaken by the Cabinet Secretary for Health and Sport on 23 October 2019.

3.2 On 23 August 2019, communication was received from the Scottish Government Health Performance and Delivery Directorate inviting all territorial NHS Board Chief Executives to prepare indicative improvement plans for cancer, elective and unscheduled care and mental health services for submission by 26 September 2019. The improvement plan should outline NHS Lothian's intended contribution and associated actions to support delivery of the national Waiting Times Improvement Plan to March 2021.

The Scottish Government agreed to NHS Lothian's request for an extension to submission of our indicative improvement plan to the end of October 2019 to allow current discussions with the Scottish Government relating to NHS Lothian's Performance Recovery Plans to conclude.

3.3 The Scottish Government recognised the challenges for NHS Boards to develop, collaborate and agree the 2019-20 Annual Operational Plan over a short period of time of around five weeks from late February to March 2019, therefore committed to begin the process for the development of the 2020-23 ODP earlier.

[1] https://org.nhslothian.scot/KeyDocuments/Pages/default.aspx

The timescales communicated by the Scottish Government for development of the 2020-23 plan is outlined below:

- By end of October 2019 - Scottish Government will issue a package of guidance and templates
- Mid December 2019 – submission of the first draft operational delivery plans to the Scottish Government
- January / February 2019 – Scottish Government will assess and provide feedback on the first draft plans
- End February 2019 – submission of final draft operational plan to the Scottish Government
- March 2020 – validation of sign off process

3.4 The Scottish Government have also provided an outline of their expectations associated with the contents of the plan:

- Focus on delivery of Ministerial Priorities (waiting times improvement, investment in mental health and greater progress and pace in the integration of Health and Social Care)
- Practical focus on operational performance
- Guidance package will include Financial Plans and templates for Elective Care, Cancer and Mental Health
- Final ODP and Financial Plan will form basis of NHS Lothian's contract with the Scottish Government
- Scottish Government will use the ODP as a base of monitoring and assessing performance and progress throughout the year
- OPD will be a longer term planning horizon with plans covering at least three years
- Focus on outcomes (need for clear milestones identified over the period of the plan)
- Specific section on Workforce
- Increased emphasis on population health (including prevention and supporting self-management)
- Clearer links with other planning cycles and activities within the Scottish Government:
  - Internal: financial, workforce and strategic planning
  - External: IJB strategic plans, local community plans
  - Thematic: Primary Care Improvement Plans, Waiting Times Improvement Plan

3.5 For each chapter within the 2020-23 OPD, the Scottish Government expect reference to:

- the outcomes being sought and how do they reflect / relate to Ministerial priorities
- make clear how the plan reflects the Board's local context and priorities agreed by / with partners
- planned activities outlined clearly relate to the stated outcomes
- clear timescales relating to activities and outcomes (must cover at least the next three years)
- clear outline of how any funding provided is being used to deliver the required outcomes
- assumptions that underpin the outcomes, projections and activities outlined within the plan

- inclusion of level and type of risks associated with the delivery of outcomes / performance and mitigating actions to reduce risks

3.6 It is proposed the initial draft plan will be presented to NHS Lothian Board on 4 December 2019 with the final plan presented to the Board for approval on 8 April 2020.

4 Key Risks

4.1 Key risks to the development and approval of the 2020-23 Operational Delivery Plan relate to:

- timely receipt of Scottish Government guidance and templates and their feedback on the initial draft plan
- delay in provision of contributions from stakeholders for inclusion in the plan
- protracted discussions with the Scottish Government to agree performance trajectories and the financial plan

5 Risk Register

5.1 NHS Lothian's Risk Register includes the risks associated with delivery of the 2019-20 Annual Operational Plan. The Risk Register will need to be reviewed and updated by responsible directors following confirmation of investment and agreement of trajectories associated with the 2020-23 ODP.

6 Impact on Inequality, Including Health Inequalities

6.1 Individual service / redesign plans associated with delivery of the ODP should be impact assessed by the responsible management team as appropriate.

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

7.1 NHS Lothian Directors, IJB Chief Officers and their teams will be required to ensure provision of contributions to support the development of the draft ODP. Due to the timelines and a requirement for on-going collaboration with the Scottish Government to finalise the draft ODP, public engagement and consultation relating to the contents of the plan will not be possible.

8 Resource Implications

8.1 The resource implications associated with delivery of the 2020-23 ODP will be outlined in the plan.

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Strategic Programme Manager
13 September 2019
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NHS LOTHIAN

Board Meeting
2 October 2019

Director of Finance

FINANCIAL POSITION TO AUGUST 2019 AND YEAR END FORECAST

1 Purpose of the Report

1.1 This paper provides an update to the Board on NHS Lothian's year end forecast position considered by the Finance and Resources (F&R) Committee at its meeting on the 25th September.

1.2 The paper sets out the following:

- Summary information on the year to date financial position and the year end forecast;
- Assurance that processes are in place to oversee and take forward the achievement of financial balance in 2019/20;
- The next steps in supporting the achievement of a breakeven outturn in-year.

1.3 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

2.1 The Board is recommended to:

- **Accept** this report as a summary briefing on the current financial position and year-end financial forecast;
- **Accept** this report as a source of significant assurance that the F&R Committee has received a report which sets out the financial position at month 5 and a current estimate of a £0.445m year end overspend, with detail on the relevant issues and required actions to achieve a balanced outturn, and;
- **Accept** that **limited assurance** for the achievement of breakeven by the year end is given by the F&R Committee.

3 Discussion of Key Issues

3.1 The F&R Committee received a paper on the Period 5 financial position and the year end outturn projection for 2019/20 at its meeting of the 25th September. The paper set out the areas of movement in the Quarter 1 forecast position of £0.445m overspend compared to that assumed in the Financial Plan of £26m, as shown in Table 1.

Table 1: Closing the Financial Plan Gap

	£'000
19/20 Financial Plan Gap	**(25,986)**
Improvement In Operational position	
- Acute Services Division (including drugs)	14,814
- Corporate Services	2,845
- Prescribing improvement in forecast	2,157
- Income and Other Areas	3,712
In Year Flexibility	
- Reserves	5,903
- Additional prior year benefit	8,748
- Delay in Profit on Disposal	(9,000)
- Other identified commitments	(3,637)
19/20 Year End Forecast	**(445)**

3.2 The paper also highlighted an in year overspend at Month 5 of £4.8m and the main drivers for this overspend. Further detail on the financial position and the Q1 forecast by Business Unit is provided in Table 2 below.

Table 2 – NHS Lothian year-to-date overspend and year-end forecast

	19/20 Financial Plan £'000	Q1 Year End Forecast Variance £'000	Movement from 19/20 Financial Plan £'000	Month 5 YTD Position £'000
Acute Services Division	**(33,908)**	**(19,094)**	**14,814**	**(5,899)**
REAS	(1,299)	(1,048)	251	(1,323)
Edinburgh Partnership	1,062	572	(490)	(320)
East Lothian Partnership	(234)	32	266	(41)
Directorate of Primary Care	(400)	283	682	341
Midlothian Partnership	830	443	(387)	127
West Lothian Partnership	1,033	515	(518)	374
Facilities And Consort	(4,822)	(4,760)	62	(2,852)
Corporate Services	**(884)**	**1,960**	**2,845**	**1,383**
Inc + Assoc Hlthcare Purchases	1,523	4,461	2,938	2,107
Research & Teaching	(1,462)	(64)	1,398	(84)
Strategic Services	4,060	5,725	1,665	(1,076)
Operational Position	**(34,502)**	**(10,975)**	**23,527**	**(7,263)**
Reserves	8,543	14,446	5,903	2,500
Additional Flexibility		8,748	8,748	
Delay in Profit on Disposal		(9,000)	(9,000)	
Other Identified Commitments	(27)	(3,664)	(3,637)	
NHS Lothian Position	**(25,986)**	**(445)**	**25,541**	**(4,763)**

3.3 The F&R Committee considered the issues within the forecast and were able to acknowledge the actions being progressed to achieve breakeven in 2019/20.

3.4 The Committee agreed that it could only give limited assurance at this point that the Board will achieve a breakeven outturn in 2019/20.

3.5 The progress made relating to the closing of the financial gap is largely a result of non-recurring benefits. The Committee acknowledged that this does not address the issues of achieving recurrent financial sustainability in future years.

3.6 The committee was also alerted to two significant financial risks relating to the achievement of year-end financial balance, neither of which have been fully quantified at this stage. These two issues include:

- **Escalation Framework** –Additional costs arising from NHS Lothian's move to level 3 on the escalation framework have been included in the forecast, however these have not yet been finalised and there are further risks of additional expenditure before the end of the year;
- **RHSCYP** – the financial consequences arising from the delay to the opening of the new hospital are still to be fully quantified. Some provision has been made but the full costs are yet to be finalised.

3.7 The Committee also discussed the impact of NHS Lothian's financial position on the IJBs' ability to achieve a breakeven outturn this year. A final update on the arrangements for this year will be provided to the F&R Committee in November.

3.8 The next stages of supporting the achievement of financial balance include the following steps:

- Ongoing monthly monitoring and reporting of the financial position;
- Follow up meetings with business units as part of the Quarter 2 review to agree further actions to control and reduce spend;
- An update report to the F&R committee at its November meeting on the progress made to achieve in year financial balance, and a report on the five year financial outlook;
- A follow up report to the Board at its December meeting setting out the F&R committee's consideration of the financial position for 2019/20 and beyond.

4 Key Risks

4.1 The F&R Committee also considered the risks that may impact on financial performance throughout the year. Table 3 presents the risk schedule shared with the Committee.

Table 3 – Risks to achieving year end financial balance

Key Assumptions / Risks	Risk rating	Impact / Description
Integration	High Risk	The forecast is based on the assumption that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource
Recovery Actions	High Risk	Delivery of planned recovery actions to the value required to cover the known pressures and developments within the individual Business Units.
RHSCYP and DCN	High Risk	The full financial implication of the delays to the new hospital are yet to be fully quantified. Whilst some provision is made in the Forecast, this may increase.
Escalation Framework	High Risk	Costs associated with improved operational performance may be greater than anticipated
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges - the forecast does not consider any further deterioration in this area.
Winter Costs	High Risk	The risk remains whether sufficient additional resources are available to meet the pressures from anticipated winter demand
New GP Contract	Medium Risk	No additional costs of the new GP contract eg immunisation, GMS premises have been included in the financial forecast. These will need to be reviewed and potentially included in later updates.
GP Prescribing	Medium Risk	The financial forecast has been reviewed in line with current unit cost and activity, this could change during the year and this will be reviewed on a monthly basis
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimate in the Forecast. The impact of any additional growth or additional spend on high cost drugs remains an unresolved issue.
Changes to pay T&Cs and backdated pay claims	Medium Risk	The impact of the 18/19 pay award has been modelled and included in the current forecast, there is a risk that the actual costs materialise at a higher level than that anticipated. NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.
SGHD Allocations	High Risk	The forecast includes a substantial level of additional Scottish Government funding pay awards and previously separately funded programmes and initiatives. Any change from the funding level assumed will have an impact on the forecast.
Capital Programme	Medium Risk	The revenue consequences of the ongoing capital programme are an issue for several areas and in particular facilities. Estimates have been included in the forecast based on the current information, but these may change as the year progresses.
Waiting Times	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance.
Payment as if at Work	Medium Risk	An estimate of the additional cost for 19/20 has been included in the forecast, the actual cost will be unknown until the final agreement is reached nationally.
Availability of trained staff	Medium Risk	The availability of trained staff has resulted in supply issues which has seen an increased use in agency staff and the associated costs. To maintain the current forecast the use of agency needs to be held static or reduce.
Impact of Regional and National Developments	Medium Risk	Development or changes to Regional & National services may have a knock on affect to NHS Lothian with reduced income recovery but continued costs.
Brexit	Medium Risk	No additional costs for Brexit preparations have been built into the plan, at present they have not been quantified, however they will need to be considered as part of the longer term financial outlook currently being prepared
Utilisation of Primary Care Investment Fund	Medium Risk	Expectation of GPs that Primary Care Improvement Fund will flow directly practices rather than for NHSL to use to develop of Primary Care Health teams to support the GP practices.
Safe Staffing	High Risk	The impact of the Safe Staffing requirements are still being quantified and costed and have therefore not been included in the forecast. At present there are no obvious source of funding to meet additional costs and presents a risk. This will be an issue for the financial outlook

4.2 It was recognised by the Committee that those risks set out were consistent with those previously reported.

5 Risk Register

5.1 The corporate risk register includes the following risk:

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

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

6 Impact on Inequality, Including Health Inequalities

6.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

7.1 The implementation of the financial plan and the delivery of a breakeven outturn may require service changes. As this particular paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

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

Susan Goldsmith
Director of Finance
25th September 2019
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NHS LOTHIAN

Board Meeting
2 October 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 note that:

2.1.1 Of the 36 measures, performance is met in 5 whilst 21 are not met and 10 unable to be assessed;

2.1.2 In relation to levels of assurance, significant, moderate, limited and none reached in 9, 12, 14 and 1 instances respectively with two yet to be assessed;

2.1.3 As anticipated in previous reports, a change has been introduced to the national calculation of Hospital Standardised Mortality Ratio (HSMR), which took effect from August. As remains the case for calculations used in ISD's Hospital Scorecard to monitor readmission rates and lengths of stay, revised earlier this year, this measure is unable to be assessed as part of the Quality and Performance Improvement Process until the new measure is considered at the Healthcare Governance Committee;

2.1.4 The national publication of performance against LDP standards for Healthcare Acquired Infection was paused in July 2019, with the standard placed under review;

2.1.5 Following the investigation into waiting list reporting practice and management at Edinburgh Dental Institute, changes have been made to outpatient numbers reported, leading an increase of 588 in those waiting over 12 weeks at the end of July; and

2.1.6 Measures previously overseen by the Acute Hospitals Committee, dissolved earlier this year, now are to be considered by the Board's Healthcare Governance Committee.

3 Assurance Oversight

3.1 NHS Lothian Board originally asked its Committees to assess 36 quality and performance measures[1] 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 and following the dissolution of that Committee earlier this year, responsibility for their consideration has moved to the Healthcare Governance Committee. Healthcare Governance therefore oversees 35 of the measures reported through the process, with Staff Sickness Absence considered by the Staff Governance Committee.

4 Current Performance and Assurance Status

Table A – Assessed Levels of Assurance

		Performance			
		Met	Not Met	TBC	**Total**
* Assurance	Significant	1	2	6	**9**
	Moderate	3	6	3	**12**
	Limited	-	14	-	**14**
	None	-	-	1	**1**
	To be Reviewed	1	1	-	**2**
	Total	**5**	**21**	**10**	

* As the diagnostic measure has been split into 3, 38 levels of assurance are given across 36 measures.

4.1 Overall 5 areas met the expected standard, whilst 21 did not. Ten areas, which cover dementia post-diagnostic support, the 2 complaints measures, the six hospital scorecard measures and, additionally, Hospital Standardised Mortality Ratio (SMR) do not have agreed performance standards set and therefore cannot be judged on that basis.

4.2 Committees have considered 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.

4.3 Of those areas assessed, assurance has been determined as significant, moderate, limited and no assurance in 9, 12, 14 and 1 instances respectively.

Change to National Reporting

4.4 Previously it had been reported that the method of calculation readmission and length of stay measures, taken from ISD's Hospital Scorecard, had been altered nationally. As a result, it was indicated that the criteria used locally to assess the figures was required to be revisited before current performance can be assessed again against a target as part of the Q&PI process.

4.5 As had been anticipated in previous papers, ISD's Hospital Standardised Mortality Ratio (HSMR) is now similar impacted as the national calculation for this has also been revised.

[1] One measure (diagnostics) has been split into 3 different assurance discussions. Therefore 36 measures involve 38 outcomes.

4.6 Accordingly Table B does not indicate whether these measures are met or unmet.

4.7 In July 2019, publication of both of the current LDP standards for Healthcare Acquired Infection was paused. This is to allow consideration of an alternative measure following HPS move to adopt European wide standards for measurement. Accordingly comparative performance is not available and not included in Table B.

Outpatient Waiting Time Reporting at Edinburgh Dental Institute

4.8 Members will be aware that 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 has been investigated. Both arrangements were found to be at fault.

4.9 Given the issues identified the migration of relevant information to Trak has been expedited, due to be in place by November, with a new process established for local reporting. These local figures have now been incorporated into weekly and monthly reporting to the government and feature in Table B, resulting in an increase of 588 patients waiting over 12 weeks against that which would be been reported under the previous arrangement.

4.10 As would be expected both the Government and ISD are aware of the issue. Given the concerns highlighted over EDI data, ISD excluded it from national publications in May and August, caveating the releases accordingly.

Table B: Summary of Latest Reported Position

Measure[1]	Committee Assurance Level	Date Assurance Level Assigned	Performance Against Target/ Standard[4]	Trend[5]	Published NHS Lothian vs. Scotland[6]	Target/Standard	Latest Performance	Reporting Date	Lead
Cardiac Arrest (per 1,000 discharges)	Significant	May 19	Not Met		Not Applicable	0.95 per 1,000 discharges (median)	1.07 (median)	Jul 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)	Jul 19 (Mthly)	TG
Healthcare Acquired Infection - CDI (rate per 1,000 bed days, aged 15+)	Moderate	Mar 18	Not Met		TBC	0.32 (max) (<=262)	0.92 (rate) 58 (incidences)	Jul 19 (Mthly)	TG
Healthcare Acquired Infection - SAB (rate per 1,000 acute bed days)	Moderate	Mar 18	Not Met	No change	TBC	0.24 (max) (<=184)	1.09 (rate) 68 (incidences)	Jul 19 (Mthly)	TG
Hospital Standardised Mortality Ratios (HSMR) (within limits)	Moderate	Oct 18	TBC		Not Applicable	TBC	NHS L 0.97 / RIE 1.03 / SJH 0.90 / WGH 0.80	Mar 19 (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%	92.0%	Jul 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	Improving	Worse	90.0% (min)	60.1%	Jul 19 (Mthly)	AMcM
Cancer (<=31-day) (% treated)	Limited	Jul 19	Not Met	Deteriorated	Better	95.0% (min)	92.2%	Jul 19 (Mthly)	JC
Cancer (<=62-day) (% treated)	Limited	Jul 19	Not Met	Improving	Worse	95.0% (min)	75.4%	Jul 19 (Mthly)	JC
Diagnostics (<=6 wks) – Vascular Labs	Limited	Aug-18	Not Met	Improving	Worse	0 (max)	2,171	Jul 19 (Mthly)	JC
Drug & Alcohol Waiting Times (% <=3 wks) - Edinburgh IJB	Limited	Sep 17	Not Met	Deteriorating	Worse	90.0% (min)	79.4%	Mar 19 (Qtrly)	JP
Drug & Alcohol Waiting Times (% <=3 wks) - Midlothian & East Lothian IJB									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)	76.6% 2,526	Jul 19 (Mthly)	JC
IVF (% <=12 months)	Significant	Apr 18	Met		Equal	90.0% (min)	100.0%	Jun 19 (Mthly)	JC
Outpatients (<=12 weeks)	Limited	Oct 18	Not Met	Deteriorating	Worse	95.0% (min)	64.6% 24,502	Jul 19 (Mthly)	JC
Psychological Therapies (% <=18 wks)	Limited	Sep 17	Not Met	Deteriorating	Worse	90.0% (min)	79.6%	Jul 19 (Mthly)	JF
Referral to Treatment (% <=18 wks)	Limited	Oct 18	Not Met	Deteriorating	Worse	90.0% (min)	73.1%	Jul 19 (Mthly)	JC
Stroke Bundle (% receiving)	Moderate	Dec 16	Not Met	Improving	Not Applicable	80.0% (min)	75.0%	Jun 19 (Mthly)	JC
Planned Repeat Surveillance Endoscopy (past due date)	Limited	Dec 18	Not Met	Improving	Not Applicable	0 (max)	4,292	Jul 19 (Mthly)	JC
Delayed Discharges (>3 days) – East Lothian IJB	Limited	Sep 17	Not Met	Deteriorating	Worse	0 (max)	EL 7 / NHS Lothian 179	Jul 19 (Mthly)	AMD
Delayed Discharges (>3 days) – Edinburgh IJB							ED 123		JP
Delayed Discharges (>3 days) – Midlothian IJB							ML 14		AS
Delayed Discharges (>3 days) – West Lothian IJB							EL 33		JF
Hospital Scorecard – Standardised Surgical Readmission rate within 7 days	Significant	Feb 18	TBC		Not Applicable	TBC	NHS L 134.13 / RIE 162.46 / SJH 91.24 / WGH 136.17	Dec-18 (Qtrly)	TG
Hospital Scorecard – Standardised Surgical Readmission rate within 28 days	Significant	Feb 18	TBC				128.23 / 159.14 / 80.58 / 129.82		TG
Hospital Scorecard – Standardised Medical Readmission rate within 7 days	Significant	Feb 18	TBC				122.58 / 112.76 / 129.15 / 126.24		TG
Hospital Scorecard – Standardised Medical Readmission rate within 28 days	Significant	Feb 18	TBC				112.63 / 118.12 / 125.26 / 103.40		TG
Hospital Scorecard – Average Surgical Length of Stay - Adjusted	Significant	Feb 18	TBC				102.24 / 97.68 / 95.18 / 115.21		TG
Hospital Scorecard – Average Medical Length of Stay - Adjusted	Significant	Feb 18	TBC				117.14 / 89.33 / 140.76 / 134.87		TG
Staff Sickness Absence Levels (<=4%)	Limited	Jul 18	Not Met	Improving	Better	4.0% (max)	4.47%	Jun 19 (Mthly)	JB
Early Access to Antenatal Care (% <=12 wks)	Moderate	Mar-18	Met		Better	80.0% min for each SIMD[10] qui	89.8%	Jun 19 (Mthly)	AMcM
Smoking Cessation (quits)	Moderate	Jan-19	Not Met	Improving	Worse	255 (min for this quarter)	202	Dec 18 (Qtrly)	AKM
Complaints - Stage 1 (%<=5-day)[11]	Moderate	Jul 19	TBC	Improving	TBC	TBC[11]	78.1%	Apr 19 (Mthly)	AMcM
Complaints - Stage 2 (%<=20-day)[11]	Moderate	Jul 19	TBC	Deteriorating	TBC	TBC[11]	40.5%	Apr 19 (Mthly)	AMcM
Detect Cancer Early (% diagnosed)	Significant	Nov 16	Not Met	Improving	Better	29.0% (min)	27.5%	2017 & 2018 (Combined Calendar Years)	AKM
Dementia – East Lothian IJB[12]	None	Mar 18	TBC	Not Applicable	Part 1: Worse / Part 2: Worse	TBC[12] (exptd diag rate + 1 Year (min) PDS)	Part 1: 44.5% / Part 2: 56.0%	2016/17	AMD
Dementia – Edinburgh IJB[12]									JP
Dementia – Midlothian IJB[12]									AS
Dementia – West Lothian IJB[12]									JF
Patient Experience (9.0/10 – Overall Experience)	Moderate	Nov 18	Not Met	Deteriorating	Not Applicable	9 (out of 10)	8.90	Apr 19 (Mthly)	AMcM

Notes
1. Much of this reporting uses management information and is therefore subject to change;
2. 6 Domains of Healthcare Quality http://www.ahrq.gov/professionals/quality-patient-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 meets or does not meet Target.
5. Trend - describes Improvement, No Change or Deterioration for Latest Performance, where Performance Against Target/Standard is 'Not Met', against an average of the last two relevant reported data points. Cardiac Arrest and HAI measures (as applicable) use HIS run chart assessment to ascertain trend. (Black cells indicate that a Standard is 'Met' so a Trend is not available).
6. Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
7. Date of Published NHS Lothian vs. Scotland – describes most recent published Lothian position against the most recent (directly comparable) published Scotland position to comply with Official Statistics' requirements - either for rates (incl. %) or against NRAC share. These may refer to different time periods than Latest Performance.
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 - Scottish Index of Multiple Deprivation, http://www.gov.scot/Topics/Statistics/SIMD
11. From the start of April 2017 there has been a national change on assessment of the complaints process. As no historical data is available for the proposed metrics, data will only be available covering April onward. Furthermore as a new measure, there will be an absence of comparative data initially in order to consider performance against that elsewhere.
12. ISD have stated in their publication of 24/01/17 "there is no specific threshold or target in which NHS Boards are expected to be attaining to as the PDS services are still within their infancy and it is anticipated there is likely further developments required". No further update was mentioned in the publication of 06/02/18.
http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2017-01-24/2017-01-24-DementiaPDS-Summary.pdf?

5 Risk Register

5.1 Not applicable.

6 Impact on Inequality, including Health Inequalities

6.1 The production of this update does not have any direct impact on health inequalities but consideration may be required elsewhere in the delivery of the actions identified.

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

7.1 As the paper summarises performance, no impact assessment or consultation is expected.

8 Resource Implications

8.1 The resource implications related to those topics assessed are considered by Committees as part of their assurance responsibilities and are not included here.

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16th September 2019
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Appendices

Appendix 1 – Alignment of Measures to Board Committee

Appendix 2 – Adopted Assurance Gradings

Appendix 1 – Alignment of Measures to Board Committee

	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*	*Access to General Practice* Alcohol Brief Interventions *CAMHS Waits* Drug & Alcohol Waiting Time *Psychological Therapy Waits* Stroke Bundle Compliance *Surveillance Endoscopies Overdue*	

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 of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all. Examples of when significant assurance can be taken are: • The purpose is quite narrowly defined, and it is relatively easy to be comprehensively assured. • There is little evidence of system failure and the system appears to be robust and sustainable. • The committee is provided with evidence from several different sources to support its conclusion.	If there are no issues at all, the Board or committee may not require a further report until the next scheduled periodic review of the subject, or if circumstances materially change. In the event of there being any residual actions to address, the Board or committee may ask for assurance that they have been completed at a later date agreed with the relevant director, or it may not require that assurance.
LEVEL – MODERATE The Board can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk. Moderate assurance can be taken where: • In most respects the "purpose" is being achieved. • There are some areas where further action is required, and the residual risk is greater than "insignificant". • Where the report includes a proposed remedial action plan, the committee considers it to be credible and acceptable	The Board or committee will ask the director to provide assurance at an agreed later date that the remedial actions have been completed. The timescale for this assurance will depend on the level of residual risk. If the actions arise from a review conducted by an independent source (e.g. internal audit, or an external regulator), the committee may prefer to take assurance from that source's follow-up process, rather than require the director to produce an additional report.
LEVEL – LIMITED The Board can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken. Examples of when limited assurance can be taken are: • There are known material weaknesses in key areas. • It is known that there will have to be changes to the system (e.g. due to a change in the law) and the impact has not been assessed and planned for. • The report has provided incomplete information, and not covered the whole purpose of the report. • The proposed action plan to address areas of identified residual risk is not comprehensive or credible or deliverable.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved.
LEVEL – NONE The Board cannot take any assurance from the information that has been provided. There remains a significant amount of residual risk.	The Board or committee will ask the director to provide a further paper at its next meeting, and will monitor the situation until it is satisfied that the level of assurance has been improved. 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.	

NHS LOTHIAN

Board Meeting
2nd October 2019

Director of Public Health and Health Policy

DEVELOPING OUR NHS LOTHIAN APPROACH TO GLOBAL CITIZENSHIP

1 Purpose of the Report

1.1 The purpose of this report is to inform the Board of progress to date with the implementation of the Scottish Government's strategy for Global Citizenship at national level; recognise the contributions that NHS Lothian staff already make to service improvement in low and middle-income countries across the world; recognise the benefits to NHS Lothian when staff participate in global health work; facilitate the sharing of learning in Lothian, in Scotland and in partner countries; provide support for a strategic approach to Global Citizenship in NHS Lothian; and assure members that NHS Lothian will provide the required infrastructure to support implementation.

2 Recommendations

2.1 To take assurance that NHS Lothian will support the further development and implementation of a strategic approach to Global Citizenship, in line with Scottish Government's expectation that we have a board level strategy.

2.2 To seek future report in Autumn 2020 and thereafter as required, monitoring implementation of the overall strategy and its proposed components, which are based on the successes in other Boards.

3 Discussion of Key Issues

3.1 There is clear evidence that involvement in global health benefits Scottish patients through a reinvigorated, self-sufficient, innovative and productive workforce. Evidence for the mutual benefits of global health work can be found in the academic literature and in the experience of health systems that have combined the development of global health work with training and service delivery. The report "Global Citizenship in the Scottish Health Service" summarised these benefits and set out clear recommendations for moving forward Global Citizenship in Scotland, which were welcomed by the Chief Medical Officer and the NHS Scotland Chief Executives Group in 2017.

3.2 The benefits to NHS Scotland are set out in detail in Annex A, and include:
- Enhancement of recruitment and retention
- System learning and capacity building
- Professional development of the workforce
- Improved Scottish patient experience
- Reputational development

3.3 With increased coordination, NHS Lothian could harness this energy for the benefit of its staff and patients. NHS Lothian could:

- improve staff skills, knowledge and motivation
- retain staff who are looking for alternative challenges
- attract new staff looking for a post where there are global health opportunities
- facilitate learning between healthcare systems to improve service delivery here and abroad
- be better equipped to address the needs of an increasingly diverse population and emerging global health threats
- raise NHS Lothian's profile in global health amongst its own staff and across Scotland.

Benefits to individual staff members include the enhancement of:

- Leadership and management skills
- Coordination and facilitation skills
- Communication and language skills
- Teamwork and professional relationships within and between teams
- Clinical and academic skills and knowledge
- Learning, problem-solving, resourcefulness and innovation
- Policy awareness and experience
- Increased cultural awareness, understanding and sensitivity
- Patient care, experience and dignity
- Personal confidence, coping abilities, resilience and ability to remain calm in a crisis
- Job satisfaction, dedication to the organisation and interest.

For these reasons, the Scottish Global Health Collaborative, a multi-disciplinary, cross-sectoral group of stakeholders chaired by the Chief Medical Officer, was established in 2016 to promote and support NHS Scotland staff in providing capacity and expertise to the coordination of health partnership work. The group recommended the development of the Scottish Global Health Coordination Unit in order to coordinate the national rollout of a new NHS Scotland Global Citizenship Programme, share best practice, identify opportunities and volunteers and gather intelligence and information.[2]

3.4 Activity in other NHS Boards:

- NHS Borders has developed a strategic board-wide approach to their twinning arrangement with St Francis Hospital, Zambia over the last 20 years.
- NHS Lanarkshire and NHS Ayrshire and Arran have prioritised global citizenship as part of their Board transformational change programme and are developing an organisation-wide and Community Planning infrastructure to take forward in 2019 (building a network to support capacity, co-ordination, and communication strategy and planning initiatives).
- NHS Grampian has received formal Board support to develop a Board-wide International Health Office.
- NHS Highland now offers posts for doctors to work condensed hours with increased out of hours cover to enable them to work overseas as part of their job – like term time working with time out tailored around service needs.

3.5 NHS Lothian staff already contribute to improving global health and facilitating change in healthcare systems. Examples (see more detail in Appendix 2) include face to face and remote mentoring of healthcare staff from low and middle-income countries and supporting healthcare system and service development abroad using their expertise and skills.[1] These projects facilitate an exchange of knowledge and expertise, promote mutual respect and understanding between partners and result in learning that can then be applied here in Scotland.

3.6 There are a number of other examples of excellent global health work undertaken by NHS Lothian staff in primary care, community care, facilities management and other fields as well. Furthermore, many individuals also independently work with non-governmental organisations and bring newly developed knowledge and skills back to their job in NHS Lothian, but the extent of this is currently more difficult to capture.

3.7 **Proposal for a strategic approach to global health in NHS Lothian:**

NHS Lothian is in a strong position to build on existing global health work by developing a board-wide strategy that is embedded in existing structures and processes. Proposed components of a strategic approach include those below:

1. Leadership for a strategic approach would need to come from senior managers and the existing group of 70 global health champions in Lothian. Any strategy would also require buy-in from the Employee Director and the Area Partnership Forum. It would need to be implemented through existing mechanisms, and all staff groups would need to have opportunities to contribute.

2. In relation to governance, it is proposed that the administrative assistant and Lead Champion report to the NHS Lothian Equalities and Human Rights lead. This would facilitate the building of relationships with Public Health and Human Resources, leadership and staff development leads across the organisation, as well as help ensure that components of the Global Citizenship strategy are integrated into existing policies and relevant strategies, thus avoiding duplication.

3. Support for the 'Lead Champion' (administrative support and protected time) are also made available to ensure operational continuity and support the development and implementation of the strategic approach to Global Citizenship in NHS Lothian.

4. Board strategy development and implementation–

   – **Develop the NHS Lothian strategy**: Develop a board-wide strategic approach by holding a workshop to gather the views of interested leaders and stakeholders across the organisation, including staff on the NHS Lothian Champions list and People Register

   – **Adopt, enhance and clarify relevant policies**: As a high priority, adopt Scottish Global Health Coordination Unit policies when they are approved by NHS Scotland Board CEOs (e.g. global health related HR Policy, Volunteering Guide, staff awards), enhance the NHS Lothian Volunteering Policy to include guidance on volunteering overseas, clarify leave and working arrangements to facilitate participation in international work, promote use of the

[1] International Development – NHS Grampian's Contribution to Global Citizenship, NHS Grampian

Global Citizenship Leave Request Form and ensure that these policies are consistently applied to all staff (including bank staff)

- **Develop a register of activity and learning forum**: Develop NHS Lothian's own register of people/departments going overseas and a shared learning forum

- **Focus on communications**: Develop a Global Citizenship Communications Strategy in partnership with the NHS Lothian Communications department to ensure ready access and distribution of Scottish Global Health Coordination Unit information (including guidelines e.g. 'Doing it Well' on Global Citizenship) to all staff (including bank staff) and to actively promote the sharing of successes and learning from global health work

- **Join up global health work**: Consider which strategic approaches to Global Citizenship NHS Lothian should prioritise (e.g. twinning/ departmental partnerships/ individual initiatives) and identify areas for joint work and bids

- **Identify sources of support**: Review possible channels of support (e.g. endowment funding) for existing and new global partnerships, including time and expertise

- **Improve care through learning**: Gather knowledge and learning from good practice and innovative approaches used in other NHS Boards and abroad and apply it to improving patient care in NHS Lothian through quality improvement programmes

- **Understand the benefits**: Collate evidence of benefits (e.g. from retaining staff) to NHS Lothian staff, teams and patients, and the wider community, from involvement in global health work

- **Provide management expertise**: Provide administrative and financial management support for approved initiatives e.g. by establishing a Board-wide International Health Office (which could be created in partnership with e.g. City Region Deal partners like the universities of Edinburgh).

5. Board strategy resource implications –

   Dedicated resource would enable the administrative assistant and Lead Champion to take on the following roles and responsibilities, many of which would be dependent on the approved strategic approach.

   The administrative assistant would take on the following tasks currently done by the Lead Champion:

   - Maintain an up-to-date Champions list and People Register for NHS Lothian and ensure that all new members also register through the Scottish Global Health Coordination Unit website (https://scottishglobalhealth.org)
   - Raise awareness of the Global Citizenship programme, the NHS Lothian strategic approach to Global Citizenship and the network of NHS Lothian staff interested in global health work through staff communications (e.g. newsletters, magazines, intranet, social media, etc.)
   - Organise the logistics for meetings/workshops with NHS Lothian staff and stakeholders

- Facilitate communications and engagement with NHS Lothian staff on the Champions list and People Register
- Assist NHS Lothian staff who have any inquiries (e.g. related to practical volunteering issues) with advice, guidance and links to appropriate contacts
- Help connect NHS Lothian staff coordinating international projects with staff interested in volunteering

The Lead Champion would then be able to focus on some of the following, depending on the priorities identified:

- Maintain a working relationship with the Scottish Global Health Coordination Unit and coordinate with other NHS board Lead Champions
- Raise awareness of existing HR policies (e.g. career break, sabbatical, flexible working, special leave, unpaid leave, pension) which can all be applied and tailored to allow for staff participation in global health work[2], as well as the Global Citizenship Leave Request Form to allow for monitoring of the number of NHS Lothian staff involved in global health work
- Collaborate with HR and the Volunteering lead to simplify the administrative burden of volunteering and enhance the current NHS Lothian Volunteering Policy so that it includes guidance on volunteering both here and abroad
- Collaborate with NHS Lothian leads to simplify and standardise advice and guidance
- Develop a shared learning forum in order to streamline the collection, collation and sharing of learning from participation in global health and its application to working in NHS Lothian
- Work with the leads of established international partnerships/projects to gather intelligence on good practice, build the capacity of staff involved in newer projects or ones that would benefit from additional support and ensure that all projects properly monitor and evaluate the work, maintain a high quality standard and abide by existing laws
- Ensure that the NHS Lothian Global Citizenship approach meets Scottish Government standards in relation to the National Outcomes, the International Development Strategy, the Global Citizenship programme and other relevant strategies
- Work to capture what staff do as volunteers both here in Scotland and abroad
- Facilitate the collection and collation of professional development evidence of the knowledge and skills gained by NHS Lothian staff from participating in international work and ensure the information is kept up-to-date[2]
- Facilitate the collection and collation of evidence of further benefits to NHS Lothian (e.g. in relation to recruitment and retention), the healthcare system overall and the wider community
- Gather data in order to determine how much NHS Lothian spends on staff involvement in global health work (e.g. due to paid leave, unpaid leave, backfill, etc.)
- Gather evidence on frugal innovation and what works abroad, determine how practices can be applied here and strengthen NHS Lothian as a system (e.g. by promoting joined up working, improving efficiency and resource management and improving quality)

[2] Facilitated by use of the NHS Health Education England's 'Toolkit for the collection of evidence of knowledge and skills gained through participation in an international health project', which provides evidence of professional development, as well as a toolkit being developed by the Scottish Global Health Coordination Unit

- Develop a collaborative approach to identifying, assessing, managing and reporting on risks to volunteers
- Promote good safeguarding practice to NHS Lothian staff volunteering abroad
- Identify funding sources and review possible channels of support and endowment funding for existing and new global partnerships, including time resource, and develop a strategic relationship with funders
- Identify areas for joint work and bids, pitch ideas pre-application and support NHS Lothian staff to apply

4 Key Risks

4.1
- Risk of not taking advantage of opportunities to develop staff knowledge and skills
- Risk of de-motivating and/or losing staff due to perceived inequity in the terms and conditions for staff who want to volunteer abroad;
- Risk of missing out on recruiting and retaining qualified staff with an interest in global health opportunities;
- Reputational risk to NHS Lothian if the board is seen to be falling behind others with respect to global health;
- Maintenance of high quality service to NHS Lothian patients during employee absence;
- Personal risks for staff going abroad (including political/civil risk, travel safety, visas, insurance, immunisation and personal health);
- Professional regulation, conduct, safeguarding considerations[3];
- Minimal financial risks (costs either met by charitable donations or as part of funding an agreed personal/professional development plan for staff)[2];
- Perception that NHS Lothian is focusing on overseas work when it should be concentrating on other local priorities and healthcare needs[2];
- Climate effects of encouraging overseas activity which includes air travel.

5 Risk Register

5.1 Currently there is not anything new that needs to be added to the Risk Register. However, actions would align to existing mitigation strategies for risks around staffing and access to high quality services.

6 Impact on Inequality, Including Health Inequalities

6.1 Implementing a Global Citizenship programme would have a positive impact on inequalities since global health projects tend to focus on supporting marginalised groups in low income countries. Also evidence suggests that staff who volunteer abroad develop skills that are then used to decrease health inequality in Scotland.
An impact assessment has not yet been carried out but would be undertaken on the strategy and implementation plan, once developed.

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

7.1 There are 430 people who have signed up to the NHS Scotland Global Citizenship Programme, and there is currently an NHS Lothian register of 70 people involved in global health (Champions list) and/or interested in global health (People register), which demonstrates a widespread interest in Global Citizenship. The Lead Champion communicates and engages with them on a regular basis, and three meetings have

[3] Facilitated by use of The Safeguarding Toolkit “Safer for All”, which provides information, tools and resources and support to ensure that safeguarding practice meets the highest standards

been held so far this year. All NHS Lothian staff members on the Champions list and People register have been given multiple opportunities to input into this paper and the proposed NHS Lothian approach to Global Citizenship.

Additional engagement and consultation will be undertaken, especially with community members, in order to ensure awareness and understanding of the Global Citizenship programme and the benefits of NHS Lothian staff involvement in global health, as well as to help identify priorities for learning and local implementation.

8 Resource Implications

8.1 The additional resource implications of the proposed support for the development and operationalisation of a NHS Lothian global health strategy would be 0.2 WTE of a band 3 = £5,877.00 and 1 session/0.1 WTE of a band 7 = £5,412.60 for 2020-2021, assuming the Lead Champion is paid at a band 7. This financial cost would be easily offset by the gains in performance and the retention of staff that result from Board-supported involvement in global health work.

Lauren Browne-Islam
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Appendix 1: Benefits of Global Citizenship work for NHS Boards

The benefits to NHS Scotland include:

- Enhancement of recruitment and retention
  - There is evidence from other boards that a positive view of volunteering boosts employer attractiveness. NHS Dumfries and Galloway suggested that international volunteering led to *"improved perception of the service due to supporting volunteering; improved satisfaction of staff and retention of the same if allowed to volunteer without needing to resign."* Another board stated that they were actively considering an increase in contract flexibility to permit longer periods of volunteering as a means of improving job attractiveness. For individuals with strong global health interests, an employer's receptiveness to volunteering opportunities can be enticing. On the flip side, it has been shown that non-acceptance of requests to volunteer has sometimes led to doctor trainees resigning from their training posts or threatening to do so, and given the difficulties experienced by the NHS around recruitment and retention, this is an important consideration.[4]
- System learning and capacity building
  - Those returning from experiences of health care provision in low and middle-income countries frequently refer to their fresh, better informed perspectives and recognition of transferable lessons for the NHS – both through their clinical encounters and by exposure to creative policies and practices in a different environment. Operating in a lower-resource environment than the NHS has often inspired health service workers to take a more critical look at wastage. The avoidance of unnecessary, unhelpful, harmful and wasteful practices is a key aim in the Scottish health service, as articulated in the Chief Medical Officer's 2016 report 'Realistic Medicine'. [1]
- Professional development of the workforce
  - Chief Medical Officer of England Professor Dame Sally Davies wrote, *"Those who travel overseas bring home fresh ideas about leadership, innovation and service delivery, which directly benefit our work in the UK"*. [1]
- Improved Scottish patient experience
  - A workforce that is more globally aware and experienced is arguably better able to deliver personalised, culturally appropriate care to patients from many backgrounds. The *"personal and career satisfaction"* that can be experienced in international volunteering (NHS Forth Valley) is expected to lead to a more motivated workforce that are better enabled to provide high-quality care through improved knowledge, understanding and relationships with people from diverse communities.[1]
- Reputational development
  - Staff who are given the opportunity to participate in global health work have an improved view of their employer and are more likely to consider it a just organisation which priorities global citizenship, human rights and equalities. In addition, the organisation is more likely to be seen externally as a just organisation which enables, motivates and develops its staff and is open to learning from the experiences of staff who are volunteering and working in healthcare systems in low resource settings. NHS Borders commented that international work gives *"an enhanced reputational impact through publicity highlighting the wider corporate social responsibility of the organisation,"* sentiments that were echoed by other boards.[1]

[4] "Global Citizenship in the Scottish Health Service", The Royal College of Physicians and Surgeons of Glasgow, 2017

Appendix 2 – some examples of current and recent work

The following list does not begin to capture the significant extent of global health activity in NHS Lothian, but it does provide some examples of established and well known international partnership activity. While all of the examples listed here are partnerships with healthcare staff in African countries, NHS Lothian staff and independent contractors contribute to global health work around the world, including Europe, e.g. Greece and Poland. This work provides valuable learning about the impact of cultural context on behaviours and patient care, which then increases the ability and confidence of staff to work with people of different backgrounds and stigmatised groups in Scotland, thus improving the quality of care and directly benefitting patients.

Examples include:

- Malawi Cervical Cancer Prevention and Early Detection (Prof Cubie, Dr. Christine Campbell of the Usher Institute and colleagues): Developing a sustainable programme of cervical cancer reduction through same day 'screen and treat' using thermal ablation for early lesions, from 2013 to present
- Ghana-Edinburgh Twinning project with World Child Cancer (Dr. Emma Johnson, Dr. Tim Eden and colleagues): Improving diagnosis, treatment and care for children with cancer through coordinating workshops with and for local staff, hosting monthly online tutorials for hospital nurses and supporting partners to develop paediatric oncology shared care networks, from 2010 to present
- Uganda-Edinburgh Surgical camps for fistula repair – Uganda Childbirth Injury Fund (Dr. Mhairi Collie and colleagues): Preventing and treating childbirth associated injuries (e.g. repairing obstetric fistulas) through training local fistula surgeons and nurses and running free surgical camps 2-3 times per year for affected women, from 2001 to present
- Edinburgh-Malawi Cancer Partnership (Dr. Ewan Brown and colleagues): Developing multi-disciplinary breast cancer care through reciprocal training visits, from 2015 to present
- Edinburgh-Malawi eye link (many staff in Princess Alexandra Eye Pavilion working with Kamuzu Central Hospital, Lilongwe): Establishing eye care (a diabetic retinal surgical service and diabetic retinopathy laser treatment clinics and low vision services) at a hospital and outreach clinics, from 2013 to present
- NHS Lothian Lead Champion dedicates on average 2 hours/week to developing the network of local staff (e.g. via informing staff about the Global Citizenship programme and network through publications), organising networking meetings, communicating important information and engaging with them to identify potential areas of future partnership working and next steps for NHS Lothian. In the 9 months (since the Lead Champion took on the role in December 2018), the network has increased from 30 staff members to 70 due to word of mouth and 2 marketing pushes. This demonstrates a keen interest amongst staff in becoming involved in global health work and in strengthening our response to global health challenges, particularly those relevant to their clinical role.

NHS SCOTLAND GLOBAL CITIZENSHIP PROGRAMME – BRIEFING ON PROGRESS AND ACHIEVEMENTS

Purpose

- To provide an update on the NHS Scotland Global Citizenship Programme
- To encourage development of NHS Lothian's strategic approach to Global Citizenship

Background

In August 2017, the Health and Social Care Management Board agreed that the Scottish Government would take the co-ordinated action necessary to bring the recommendations in the Royal College of Physicians and Surgeons of Glasgow Report "Global Citizenship in the Scottish Health Service" to practical effect.

The Report contained eight recommendations describing how NHS Scotland engagement in global health can be enhanced in a way that maximises the reciprocal benefits of global health work while recognising the realities of "home pressures". The Report also provided a firm evidence base that this valuable work not only helps to reduce common challenges such as disease epidemics but also provides mutual learning opportunities bringing proven benefits for our NHS staff and healthcare system through a refreshed and reinvigorated workforce.

The NHS Scotland Global Citizenship Programme was launched in June 2018 by the then Cabinet Secretary for Health and Sport and Minister for International Development. This included the establishment of the Scottish Global Health Co-ordination Unit (SGHCU; www.scottishglobalhealth.org).

Progress, achievements and future plans

The Programme has had a very successful opening 12 months and has been widely endorsed by all Board Chairs and Chief Executives, volunteers and partnership organisations. As a result of the leadership support and growing network of NHS staff on the ground involved in this work we have made considerable progress in implementation.

Since the Programme was formally launched in June 2018, a number of areas have been progressed and key achievements so far include:

<u>Strategic Approach</u>
The NHS Scotland approach to Global Citizenship builds on best practice:

- NHS Borders twinning arrangement with St Francis Hospital, Zambia developed over the last 20 years.
- NHS Lanarkshire and NHS Ayrshire and Arran as part of their Board transformational change have prioritised global citizenship and are developing an organisational wide and Community Planning infrastructure to take forward in 2019 (building a network to support capacity, co-ordination, communication strategy and planning initiatives etc).
- NHS Grampian have received formal Board support to develop a Board wide International Health Office.
- The State Hospital are in health partnership with Forensic Psychiatry in Pakistan.
- Scottish Ambulance Service undertook a needs analysis of the Emergency Medical Service, in line with WHO guidance in Zambia. Funding is being sought by SG ID

colleagues to fund further partnership working which is similar to arrangements for Police Scotland.

- Following an ask from the Zambia Minister for Health to the Minister for International Development, the Scottish Blood Transfusion Service are developing a partnership with the Zambia Blood Transfusion Service to share education and training.
- NHS Education for Scotland (NES) are providing Quality Improvement training and support available. This is currently being provided for the Scotland Malawi Mental Health Education Partnership in Malawi and Zambia.
- The Golden Jubilee Foundation, Innovation Fund is providing financial governance and support to Board Champions with their grant funding. This role is developing into finding sponsor opportunities to support global health work.

NHS Board Champions and People Register

- Active network of approx. 260 NHS Board Champions and 150 staff on People Register from a standing start.
- Lead Global Health Champion established in each of the NHS Boards and meeting quarterly to input to the development of the NHS Scotland Programme.
- We have baselined current NHS global health contribution and are now extending this to other sectors which impact on health including research and environment. This is available as a Health Partnership Mapping Tool on the SGHCU website.

Education and Training and Measuring Organisational Benefit

- A range of education and training and resources have been made available including a Doing it Well Volunteer Guide, Guide to Active Global Citizenship and country and specialty focus Networking opportunities.
- Organisational Benefit 360 degree tool has been developed with NHS Education for Scotland (NES) to measure the personal and organisational benefit from participation and plans for digitalisation and roll out are underway.

NHS Scotland Global Citizenship HR Guidance

- HR Guidance on use of existing HR policies recognises the global health participation as part of Continuing Professional Development in all staff groups, was issued on 4 June 2019.

Donation of Surplus Medical Kit/Equipment

- Developing an NHS Scotland approach to the donation and co-ordination of surplus medical equipment/supplies through the Working Group on Surplus Kit, chaired by Jean Ngoie, NHS Tayside. Early work has included the donation of kit and equipment to local Scottish Charity Kids OR who set up operating theatres in low income countries.

Maximising Opportunities

- Remote and Rural consultants in Rural General Hospitals Test of Change being progressed by NHS Highland, NHS Shetland, NHS Western Isles and NHS Orkney in partnership with Global Health Academy, Edinburgh University.

Communication and Engagement

- First NHS Scotland Global Citizenship Event on the 2nd November 2018 and planning for second underway on 1 November 2019. NHS Boards are holding local staff engagement and awareness sessions.
- Created a new category for Global Citzenship in the Scottish Health Awards in 2019 (announced on 31 May 2019). An increasing number of Boards have included Global Citizenship as a new category in local staff recognition awards and we are planning for all Boards to include this in 2019-20.
- Established a UK and Ireland Network for Co-ordination functions who meet regularly to share in learning and best practice.

Future Plans for the programme at the national level
Building on the progress so far the next key areas of focus for the Programme are to strengthen the capacity and capability in NHS Boards:

Quality Improvement
To develop SG thinking on the WHO Quality Policy and Strategy, linking that to the developing quality strategies in the Ministry of Health in Malawi and Zambia, and scoping how a twinning partnership for improvement could develop. Includes developing strategy options for improvement partnerships and a framework for NHS Boards institutional level partnerships in the SG partner countries.

Developing Monitoring and Evaluation
Developing monitoring and evaluation of global health partnership work and a framework for Gold, Silver and Bronze Global Citizenship status in NHS Boards to encourage and incentivise involvement and sharing of best practice.

Developing innovative approaches to HR
Work is planned to explore new ways to further support staff to participate in Global Citizenship opportunities. It is expected that these will be developed using small tests of change in NHS Boards, such as

- Building in Global Health work into new roles and in posts in remote and rural areas where recruitment and retention is challenging.
- Phased Retirement linking in with the Flying Finish initiative. These potential new HR approaches will be explored in full partnership with management and trade unions as part of the Once for Scotland work programme designed to review and transform existing workforce policies (previously known as Partnership Information Network (PIN) Policies) This work commenced in October 2018 and will deliver single, standardised workforce policies to ensure consistent employment policy and practice across NHS Scotland.

Developing Active Global Citizenship Approach at home and overseas
"*it's only 1 plastic straw, said 8 billion people*"
Building on the health inequalities work in NHS Scotland linking global citizenship, sustainability and climate change in a practical, user friendly way, enabling all NHS staff to make a personal impact.

August 2019

NHS SCOTLAND GLOBAL CITIZENSHIP PROGRAMME

Information Sheet

This Information Sheet provides an overview of the work being progressed to develop our NHS Scotland approach to Global Citizenship and advise where further information can be found.

Introduction

International development is a key part of Scotland's global contribution. For many years staff from across all staff groups in NHS Scotland have made a significant personal and professional contribution to global health work in low and middle income countries.

The NHS Scotland Global Citizenship Programme supports the Scottish Government's International Development Strategy, in particular the commitment to support capacity strengthening in the area of health by making it easier for all NHS staff to participate in global citizenship, both here in Scotland and abroad. We are building our approach on best practice in global health work by drawing examples from existing relationships e.g. NHS Borders 20 years twinning arrangement with St Francis Hospital, Zambia.

Background

To support Scottish Government's international vision and the benefits of global citizenship in NHS Scotland, under the CMO's auspice, a Scottish Global Health Collaborative (SGHC) was formed. The SGHC is an inclusive multi-disciplinary and cross-sectoral network created to promote greater coherence, co-ordination, collaboration and communication for Scotland's global health activities.

Commissioned by the Scottish Global Health Collaborative in 2017, the Royal College of Surgeons and Physicians of Glasgow (RCPSG) launched their Report "Global Citizenship in the Scottish Health Service". This Report contained eight recommendations, describing how Scottish engagement in global health can be enhanced in a way that maximises the reciprocal benefits of global health work and recognises the realities of "home" service pressures.

Health and Social Care Management Board (HSCMB) and NHS Chairs and Chief Executives are actively supporting the introduction of a more structured approach to the management of global citizenship activities across NHS Scotland.

The NHS Scotland Global Citizenship Programme Board, chaired by John Brown, Chair, NHS Greater Glasgow and Clyde is leading the development of the Programme.

NHS Scotland Global Citizenship Programme

International development is a key part of Scotland's global contribution. It embodies our core values of fairness and equality. To increase NHS Scotland's global health contribution, we are developing and implementing the NHS Scotland Global Citizenship Programme which:

(1) reflects and supports our existing international development commitments to our partner countries (Malawi, Zambia, Rwanda and Pakistan), as set out in the Scottish Government's International Development Strategy Global Citizenship: Scotland's International Development Strategy; and

(2) makes it easier for all NHS staff to participate in global citizenship both here in Scotland and abroad by ensuring better guidance, co-ordination and support.

What is Global Citizenship?

Global citizenship has been defined as:

"*.. a way of living that recognises our world is an increasingly complex web of connections and interdependencies. One in which our choices and actions may have repercussions for people and communities locally, nationally or internationally*[1]".

Global Health

Staff from across all staff groups in NHS Scotland already make a significant personal and professional contribution to global health in low and middle income countries. This valuable work not only helps to reduce common challenges such as disease epidemics but provides mutual learning opportunities bringing proven benefits for our NHS staff and healthcare system.

Global Health work, traditionally has been considered through the lens of overseas placements. However, staff from across the NHS contribute to global health in multiple and innovative ways including:

- mentoring healthcare staff from low and middle income countries who come and work in NHS Scotland to develop new skills and learning;
- providing remote support including, virtual learning, clinical networks, coaching and mentoring using a wide range of technology from Scotland to staff in low and middle income countries;
- providing additional cover and support when a team member is volunteering overseas;
- fundraising to support local and global initiatives;
- voluntary work within Scotland to support refugees/asylum seekers;
- supporting healthcare system development in a low and middle income country with skills, experience and tools in areas such as project management, financial management and quality improvement.

Benefits of Global Citizenship

There is clear evidence that involvement in global health benefits the Scottish population through a reinvigorated, self-sufficient, innovative and productive workforce. However, to date, this has not been collected consistently. As we develop our unique NHS Scotland

[1] http://www.ideas-forum.org.uk/about-us/global-citizenship

approach to Global Citizenship, we need to understand more about the impact this valuable work has on the people who deliver it and we will embed this in all aspects of work going forward.

Benefits to NHS Scotland include:

- Enhancement of recruitment and retention
- System learning and capacity building
- Professional development of the workforce
- Improved Scottish patient experience
- Reputational development

Evidence for the mutual benefits of global health work can be found in the academic literature and in the experience of health systems that have combined the development of global health work with training and service delivery. Benefits to individuals include:

- Leadership and management skills
- Communication and teamwork
- Clinical skills
- Policy awareness and experience
- Academic skills
- Patient experience and dignity
- Personal resilience, satisfaction and interest

Policies and supporting structures

To deliver the NHS Scotland Global Citizenship Programme, we have the following structures and policies in place. These are:

Scottish Global Health Co-ordination Unit

In June 2018, the Scottish Global Health Co-ordination Unit was established to provide support at a national level for NHS staffs' contribution to global health work. The Co-ordination Unit supports the development and implementation of the NHS Scotland Global Citizenship Programme objectives. This includes providing capacity and expertise for the co-ordination of health partnership work in NHS Scotland. Additionally, the Unit helps to identify links and opportunities for volunteers, gathers intelligence and information as well as providing support and guidance to NHS staff and NHS Boards.

The key role of the Unit is to:

1. Embed a robust and dynamic Network of NHS Scotland staff and key partners who are engaged or interested in global health. Within this Network there are several 'communities' including those with a special interest in specific countries or in specific specialities.
2. Establish HR guidance which will support staff to deliver global health while recognising the realities of "home" service pressures.
3. Provide education and training resources to meet the needs of NHS Scotland staff interested or involved in global health work. As part of this, the Unit is developing an NHS Scotland approach to "Active Global Citizenship".
4. To develop, pilot and implement tools to capture the organisational and professional development benefits from global health participation.

Other work being facilitated by the Unit includes:

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- Developing a national approach to the need assessment and donation of Surplus Kit and Equipment which better meets need at home and overseas.
- Undertaking a Rapid Situational Analysis of Emergency Medical Services support in Zambia.

Developing Active Global Citizenship Approach

Active Global Citizenship is a way that all NHS staff can get involved in contributing to global citizenship by making the connections between our day to day decisions at home and the potential impact these choices have on people who live in low and middle income countries.

A Guide to Active Global Citizenship will be available soon and we plan to also establish a community of interest or network in this area.

Scottish Global Health Co-ordination Unit website www.scottishglobalhealth.org

A website has been set up to share information, intelligence and resources such as Funding Database, a list of organisations who can offer volunteering opportunities and other resources. One of the highlights of the website is the visual illustration of the health partnership work across Scotland.

People Register

A People Register is available for all NHS staff who have not been involved in global health work before but would like to get involved in some way in contributing to Global Citizenship opportunities going forward. There are a number of ways that NHS staff can get involved in global health both here in Scotland and abroad and we are looking for a range of clinical and non-clinical skills and experience to get involved in work going forward.

Any colleagues interested in signing up to the People Register can do this directly on the Co-ordination Unit website www.scottishglobalhealth.org.

Global Health Champions Register and Network

The NHS Board Global Citizenship Champions Network is a network of staff from across all the NHS Boards (including our retired colleagues) who have experience of global health work and have signed up to be local Ambassadors for global health work.

The role of the NHS Board Champion is to support the sharing of best practice, learning and information in local Board. NHS Board Champions will do this in a number of ways such as:

- contributing and supporting the local network as well as organising engagement events including sharing events on the Co-ordination Unit website so that others can benefit and attend
- sharing their knowledge and experience with colleagues who are interested in getting involved in global health work
- sign-posting colleagues to resources and information available on the Scottish Global Health Co-ordination Unit (www.scottishglobahealth.org)

Another important part of the NHS Board Champion role is to share ideas and suggestions on the development of the NHS Scotland Programme which they can do directly through

contacting the Scottish Global Health Co-ordination Unit or through their local Lead Global Citizenship Champion. Each of the NHS Boards has a lead Champion who meet quarterly as part of the national Lead Champions Network (list of Board Leads is provided in Annex A).

In terms of any time commitment required for being a Board Champion, it is only what they can manage to initiate and support local networking and other engagement events.

A complete list of all the Champions in each of the NHS Boards is available from Kerry.Chalmers@gov.scot . This is an important tool for staff involved in global health work to help make wider links and contacts across NHS Scotland. We are now working on how we strengthen our networks by developing country and specialty/service focussed Networks.

Health Partnerships Mapping

The Scottish Global Health Co-ordination Unit continues to map NHS Scotland health partnership work as part of the Directory of Health Partnerships which is available on the website. This is a valuable tool for NHS staff involved in global health work as it can be searched by sector, hospital, country and specialty. So for example, it any staff are looking to participate in any global health work in a particular area they can easily see what other partnerships or work is already there and link in as appropriate.

Events Calendar

There is an Events Page on the Unit website which provides details of events and networking opportunities. If you have any events or resources that you can share then please let us know and we can share these on the website too.

Twitter

Follow us on the Scottish Global Health Co-ordination Unit Twitter account @ScottishGHCU to share events, resources and posts.

August 2019

Annex

NHS SCOTLAND GLOBAL CITIZENSHIP BOARD LEAD CHAMPIONS NETWORK – CONTACT LIST

Name	NHS Board	Tel No	Email
Emily Broadis	NHS Ayrshire and Arran		ebroadis@doctors.org.uk
Chris Faldon	NHS Borders	01896 825560	chris.faldon@borders.scot.nhs.uk
Joan Pollard	NHS Dumfries and Galloway	01387 244146	jpollard@nhs.net
Dr Esther Curnock	NHS Fife		esthercurnock@nhs.net
Paul Woolman	NHS Forth Valley		paul.woolman@nhs.net
Gary Mortimer	NHS Grampian	01224 552185	gary.mortimer@nhs.net
Linda de Caestecker	NHS Greater Glasgow and Clyde	0141 201 4623	linda.decaestecker@ggc.scot.nhs.uk
Andrew Pyott	NHS Highland	01463 706140	andrew.pyott@nhs.net
John Logan	NHS Lanarkshire	01698 858241	john.logan@lanarkshire.scot.nhs.uk
Lauren Browne-Islam	NHS Lothian	07860885934	Lauren.Browne-Islam@nhslothian.scot.nhs.uk
Linda Merriman	NHS Orkney	01856 886034	l.merriman@nhs.net
Kathleen Carolan	NHS Shetland		kcarolan@nhs.net
Mary Colvin	NHS Tayside		mary.colvin@nhs.net
tbc	NHS		

	Western Isles		
	NHS 24		
Catriona MacMillan	Healthcare Improvement Scotland	0131 623 4391	catrionamacmillan@nhs.net
Eileen Scott	NHS Health Scotland	0131 314 5457	eileen.scott1@nhs.net
Helene Marshall	NHS Education Scotland (NES)	07800648804	Helene.marshall@nes.scot.nhs.uk
David Miller	NHS Golden Jubilee Foundation	0141 951 5039	david.miller@gjnh.scot.nhs.uk
Paul Gowens	Scottish Ambulance Service		paul.gowens@gov.scot
Khuram Khan	State Hospital	01555 840 293	khuram.khan@nhs.net
Susan Cottrell Paul Hornby Aisla Atkinson	NHS National Services Scotland Head of Procurement Facilities	07500881781 or 0131 314 5616 07770 646962	Susan.cottrell@nhs.net Paul.hornby@nhs.net Ailsa.atkinson@nhs.net
Sam Riddell	General Practice	01382 668189	Sam.riddell@nhs.net
Heather Ann Cubie	Retired NHS Colleagues	0771 409 3087	Heather.Cubie@ed.ac.uk

Annex

Frequently Asked Questions (FAQs)

Why are you doing this work?

We know that many NHS staff already make a significant contribution in their own time to global health work. The NHS Scotland Programme is about how we can better support and co-ordinate this important work. The key aims of the Programme are to:

(1) reflect and support our existing international development commitments to our partner countries, as set out in the Scottish Government's International Development Strategy Global Citizenship: Scotland's International Development Strategy; and

(2) make it easier for all NHS staff to participate in global citizenship both here in Scotland and abroad by ensuring better guidance, co-ordination and support.

How can I get involved in global health work?

If you have experience of global health work, you can sign up as NHS Board Global Health Champion. If you do not have global health experience but are interested in getting involved in some way, then we definitely would like you to sign up on our People Register. You can sign up at www.scottishglobalhealth.org.

We will send you the list of your local NHS Board Global Health Champions and People Register. This will enable you to be linked in with local networking and engagement opportunities. A key aim of the programme is to bring people together to share experience, best practice and learning locally.

Do I need to be a doctor or a nurse to participate?

Absolutely not. We need staff from across all staff groups with clinical and non-clinical skills. Whether you are project manager, surgeon, quality improvement advisor or good at fundraising, you can get involved.

Our key commitments is to support capacity strengthening in the area of health. This requires a wide range of skills, experience and knowledge, so NHS staff with a wide variety of skills and experience to take this work forward.

How can NHS staff with global health work participate in the programme?

NHS staff with global health experience can sign up as NHS Board Global Health Champions on the Co-ordination unit website at www.scottishglobalhealth.org.

We would be interested to learn from any global health partnership work you have been involved in and would ask if you could share this by completing the Health Mapping Template on our website.

If you do not have global health experience but are interested in getting involved then please sign up for our People Register available on the website.

How can I help from home?

Global Citizenship work can be delivered in lots of different ways and without travelling to low and middle income countries. You can use technology to share your skills and expertise by connecting with colleagues in low and middle income countries. If you are thinking about how you might like to get involved you can speak to your local NHS Board Global Health Champions and read our guidance on Active Global Citizenship available at www.scottishglobalhealth.org .

Is there Funding for Global Health work?

The Co-ordination Unit website has a Directory of Funding and guidance which you can use as a starting point.

There may also be NHS staff in your Board who may be able to help you with fundraising. The Co-ordination unit can link you up with colleagues on our registers who have such skills. Some NHS Boards are also linked in, and working with, their local schools and communities to take their work forward in partnership.

What are the Benefits of doing this work?

There is clear evidence that involvement in global health benefits the Scottish population through a reinvigorated, self-sufficient, innovative and productive workforce.

Benefits to NHS Scotland include:

- Enhancement of recruitment and retention
- System learning and capacity building
- Professional development of the workforce
- Improved Scottish patient experience
- Reputational development

Evidence for the mutual benefits of global health work can be found in the academic literature and in the experience of health systems that have combined the development of global health work with training and service delivery. Benefits to individuals include:

- Leadership and management skills
- Communication and teamwork
- Clinical skills

- Policy awareness and experience
- Academic skills
- Patient experience and dignity
- Personal resilience, satisfaction and interest

Do I have to stop my work in our non-priority countries?

Absolutely not. The Programme for NHS Scotland reflects the Scottish Government's international development commitments, with the main focus on the Scottish Government's partner countries, as set out in its International Development Strategy (Malawi, Zambia, Rwanda and Pakistan).

This will not be at the exclusion of other low-middle income countries where there may be health partnership links on a personal or professional level.

August 2019

JB Russell House
Gartnavel Royal Hospital
1055 Great Western Road
GLASGOW
G12 0XH

To: NHS Scotland Chairs and Chief Executives

cc: Scottish Global Health Coordination Unit, Scottish Government

Date: 21st August 2019
Our Ref: JB/AO

Enquiries to: John Brown
Direct Line: 0141-201-4410
E-mail: JJBrown@ggc.scot.nhs.uk

Dear Colleagues

NHS SCOTLAND GLOBAL CITIZENSHIP GLOBAL CITIZENSHIP STAFF RECOGNITION

I am writing to ask for your support to establish Global Citizenship as a category in your local Board staff recognition schemes.

Having recently established this in NHS Greater Glasgow and Clyde and NHS Tayside, I recognise the impact this has had in raising wider awareness and understanding of local global health work and how it has given us, as Boards, the opportunity to show our appreciation of the dedication and commitment of our staff in delivering global health work in addition to delivering the day job.

I also wanted to take the opportunity to ensure that you are aware that there is Global Citizenship category for health and social care staff in the Scottish Health Awards 2019 and I would ask that you provide your support and encourage nominations from your Boards for this new category. The link to the nominations is **www.scottishhealthawards.com**. Please note that nominations close on the 29th August 2019.

I look forward to working with you on this.

Yours sincerely

Professor John Brown CBE
Chair
Global Citizenship Programme Board

Health Workforce, Leadership & Service Reform Directorate
Kerry Chalmers

E: kerry.chalmers@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

For Action: NHS Scotland HR Directors
NHS Scotland Deputy HR Directors

Copied to:
SWAG Committee members
NHS Scotland Chairs
NHS Scotland Chief Executives
NHS Board Global Citizenship Lead Champions
NHS Scotland Global Citizenship Programme Board

04 June 2019

Dear Colleagues

NHS Scotland Global Citizenship HR Guidance

Purpose

To provide NHS Boards with the NHS Scotland Global Citizenship HR Guidance to be publicised locally to staff. This guidance does not introduce any new policy measures, and has been produced as a direct response to feedback from staff to provide a clear place to signpost all relevant HR policies. This provides (a) a structured and co-ordinated approach that NHS employees can use to access current HR policies to support their global citizenship participation and (b) ensures that local monitoring is in place to measure the number of requests for Global Citizenship leave.

Background

The NHS Scotland Global Citizenship Programme, launched last year, aims are to:

(a) reflect and support the SG's existing international development commitments to our partner countries, as set out in the Scottish Government's International Development Strategy Global Citizenship: Scotland's International Development Strategy, in particular our commitment to support capacity strengthening in those countries in the area of health; and

(b) make it easier for all NHS staff to participate in global citizenship both here in Scotland and abroad by ensuring better guidance, co-ordination and support.

Partnership Approach

To support the aims of the Programme within the current NHS HR policy framework, a partnership working group led by David Miller, Director of Workforce, including NHS Boards Deputy HR Directors, SG Health Workforce, Leadership and Service Reform, Royal College of Nursing (RCN) and Voluntary Services Overseas (VSO) was established to draft guidance for NHS Boards. BMA Scotland have also input to the enclosed guidance which formalises

existing good practice and guidance around leave policies, code of conduct and safeguarding. The guidance was also discussed at the Secretariat of the Scottish Workforce and Staff Governance Committee.

Summary

In summary this guidance provides the process for NHS Boards and staff across all staff groups in accessing existing HR Policies to support NHS Global Citizenship participation, including:

- Where possible exploring **flexible working** to examine if time can be freed up without causing salary detriment. (Supporting the Work Life Balance Pin)

- **Annualised hours systems** providing a way of organising working time by contracting with staff to work an agreed number of hours per year rather than a standard number each week. (Supporting the Work Life Balance Pin)

- Requesting a period of **paid annual leave.** (https://www.stac.scot.nhs.uk/wp-content/uploads/DL20174-Annual-Leave-Policy.pdf)

- If the request is to support as part of the **reserve forces** then using the existing Reservists policy. (https://www.sehd.scot.nhs.uk/mels/CEL2009_42.pdf)

- **Career Breaks**, where Global Citizenship work can be considered as a Career Break and considered under the Career Break Policy. (Supporting the Work Life Balance Pin)

- **Sabbatical Leave,** Consultant Grade Doctors may make an application to take Sabbatical Leave. (Sabbatical Leave)

- **Unpaid Leave**. All requests for unpaid leave will be dealt with in accordance with the principles of partnership working in NHS Scotland.

'Once for Scotland' Workforce Policies and Global Citizenship

The 'Once for Scotland' Workforce Policies Programme, designed to review and transform existing workforce policies (previously known as Partnership Information Network (PIN) Policies) over an 18 month period, commenced October 2018. This programme will deliver single, standardised workforce policies promoting consistent employment policy and practice across NHS Scotland.

The first phase of 'Core Policies' (Attendance, Bullying & Harassment, Capability, Conduct, Grievance and a Workforce Investigation Process) are anticipated to be available in summer 2019, following regional engagement events with staff, managers and trade union/ professional organisations held pre-policy and mid-policy development prior to a one-month formal consultation period.

The second phase will focus on the remaining workforce policies covering supporting employment and wellbeing and equality. This includes special leave as part of the Work Life Balance PIN Policy. Global Citizenship will be progressed within this phase of the programme.

New HR Approaches to be Explored Further

Work is planned to explore new ways to further support staff to participate in Global Citizenship opportunities. It is expected that these will be developed using small tests of change in NHS Boards. Further information will follow on these and will include:

- In remote and rural areas where recruitment and retention is challenging, **built-in Global Health work into new roles** recognising the synergies with remote and rural work and global health. For example, NHS Highland and the University of Edinburgh, working in partnership, have developed a test of change in Remote and Rural Consultant and GP posts.

- **Annual Leave Donation,** designing a process where NHS staff can donate up to a few days of their unused annual leave to a "Board Annual Leave Donation Bank" to support global citizenship.

- **Phased Retirement,** NHS Scotland PIN policy on retirement states that in order that an employee can adjust to the prospect of retirement, a gradual reduction in working hours may be introduced three months prior to retirement.

These potential new HR approaches will be explored in full partnership with management and trade unions as part of the Once for Scotland work programme outlined above.

Action for NHS Boards

NHS Boards are asked to:

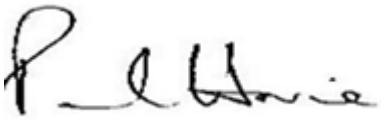
- **share the attached guidance within their Boards including with staff who are interested in participating in global citizenship.**

- **ensure that local processes are in place to measure the uptake of Global Citizenship Leave.**

- **note that there are further initiatives being considered and these will be developed through the Once for Scotland process.**

Should you have any queries about this guidance then please contact: David Miller, Director of Workforce, David.Miller@nhs24.scot.nhs.uk or the NHS Scotland Global Citizenship Programme then please contact: Kerry Chalmers, Scottish Global Health Co-ordination Unit, kerry.chalmers@gov.scot Tel 0131 244 3434.

Yours sincerely



Pauline Howie

Norman Provan

Sean Neill

NHS SCOTLAND GLOBAL CITIZENSHIP HR GUIDANCE

Introduction

This guidance should be used by any employee who wishes to get involved, support or undertake Global Citizenship work. This guidance provides ways to support the aims of the NHS Scotland Global Citizenship Programme within the current NHS policy framework.

Background

The NHS Scotland Global Citizenship Programme aims to (a) support Scottish Government's existing international development commitments and (b) help and encourage staff to participate in global citizenship by ensuring better guidance, co-ordination and support. Recommendation 7 in the Royal College of Physicians and Surgeons of Glasgow Report "Global Citizenship in the Scottish Health Service" recommended that *"NHS Scotland, in partnership with Health Boards, should consider defining support mechanisms for international volunteering".* This recommendation was based on engagement and feedback from NHS Boards that what would help them to support Global Citizenship was a "Once for Scotland" approach which applied consistent guidance to all staff.

Currently participation in global citizenship is undertaken using a range of leave offerings. Recommendation 8 of the above named report, set out that "*NHS Scotland should consider articulating its expectations of Scottish health service employees when engaging in global health work*" and this is a particularly important area given the recent events with Oxfam and other charities. This valuable work not only helps to reduce common challenges such as disease epidemics but provides mutual learning opportunities bringing proven benefits for our NHS staff and healthcare system.

This guidance has been developed through a partnership working group including NHS Boards Deputy HR Directors, SG Health Workforce and Strategic Change, Royal College of Nursing (RCN) and Voluntary Services Overseas (VSO) to formalise existing good practice and guidance around leave policies, code of conduct and safeguarding.

Global Citizenship

Global citizenship can be undertaken in a number of ways both here in Scotland and abroad. Traditionally it has been considered through the lens of overseas placements. However, staff from across the NHS contribute in multiple different and innovative ways including:

- Mentoring healthcare staff from low and middle income countries who come and work in NHS Scotland in order to observe or develop new skills and learning;
- Providing remote support including, virtual learning, networks, coaching and mentoring using a wide range of technology from Scotland to staff in a low and middle income countries;
- The ways that teams support each other while a team member is working in a low and middle income country.
- Fundraising to support local initiatives and health partnership work.
- Voluntary work within Scotland to support refugees/asylum seekers.
- Supporting healthcare system development in a low and middle income country with skills, experience and tools in areas such as project management, financial management and quality improvement.

- Supporting the introduction of new technology to low and middle income countries both virtually and in-country.

The Scottish Global Health Co-ordination Unit are available to provide support to NHS Boards and employees and be contacted through the website; www.scottishglobalhealth.org. They can also advise on matters of risk assessment for overseas work and insurance and visa requirements.

Process for Staff Applying for Leave for Global Citizenship

All absences must be agreed in advance with the operational manager / clinical lead who will ensure that any planned absences will not impact on service delivery. Applications for leave can be made using the Application for Global Citizenship Leave Template (Appendix One). This template is required to be completed for each request to undertake global citizenship alongside the relevant paperwork for the leave requested.

In order to qualify for leave members of staff must also agree to undertake and follow best practice in terms of induction, pre-departure briefings and training, including risk assessment, prior to engagement in global health work. Resources for participation in this are available from the Scottish Global Health Co-ordination Unit. On return the staff member will complete a feedback report.

All NHS employees who participate in global citizenship are reminded that they are required to continue to meet the NHS Scotland Code of Conduct and Safeguarding standards. Safeguarding training materials and on line resources are available at: www.scottishglobalhealth.org

All requests from staff to participate in global health work should be considered and all reasonable efforts will be made to enable global citizenship participation.

Global Citizenship requests can be considered following receipt of the application form using one or more of the bullet points below;

- Where possible **flexible working** should be explored to examine if time can be freed up while minimising salary detriment. This could be for example for nursing staff amending shift rotas to allow leave. This may only be possible for a one to two week period maximum. i.e. the employee still works all of their contracted hours but just in a different pattern e.g. not spread over 4 weeks as usual but spread over 2 weeks. Agreement for a temporary flexible working approach would lie with the line manager.

- **Annualised hours** systems provide a way of organising working time by contracting with staff to work an agreed number of hours per year rather than a standard number each week. The actual number of hours worked by a member of staff during the week will then be “flexed” to match workload requirements. As well as hours being varied week to week, they may also be varied seasonally and/or according to fluctuation of service demands. Annualised hours are used to match attendance of staff to the periods when they are most needed by services. Annualised hours working can offer a flexible and efficient way of deploying staff by matching staffing levels more closely with variances in workload. For staff, annualised hours working offers greater flexibility and the opportunity to better manage working hours to allow individuals to tailor the time they spend at work, at home or supporting global citizenship. The model guidance for annualised hours can be viewed in the NHS Scotland model policy; Supporting the Work Life Balance Pin

- Request a period of **paid annual leave**. There should be mutual agreement between the member of staff and their manager. Requests for specific dates should normally be accepted and agreed and should only be refused if there are justifiable service/staffing reasons for so doing. Further guidance can be viewed in the national policy; https://www.stac.scot.nhs.uk/wp-content/uploads/DL20174-Annual-Leave-Policy.pdf.

- All NHS Boards should support Global Citizenship as a form of development for NHS Scotland employees. Paid per year may be allocated as **Study leave** (Continuing Professional Development) for an employee to participate in Global Citizenship work subject to approval from their line manager. Normal study leave arrangements would apply as per standard requests for study leave in each NHS Board.

- If the request is to support as part of the **reserve forces** then employers should attend to the request in line with the https://www.sehd.scot.nhs.uk/mels/CEL2009_42.pdf. While the Reservist is mobilised, the employer is not obliged to pay them earnings. However, staff who are mobilised will receive their full salary from the employer from the time of the call-up until the first full monthly salary has been paid by the Ministry of Defence (MoD).

- An application can be made to undertake Global Citizenship work as a Career Break. This leave would be considered under the **NHS Scotland Career Break Policy** which can be viewed at this link; Supporting the Work Life Balance Pin. To be eligible for a career break staff must have at least 12 months' service with the organisation before an application can be made. Each application will be considered on its merits and a decision made within14 calendar days following receipt of a formal application. Full details should be provided in writing to the employee if an application has been rejected or delayed, clearly explaining the reasons for doing so. The applicant has a right to appeal where a request has been refused would apply. If a career break is granted then the leave would be unpaid. The maximum period for a career break is two years.

- Consultant Grade Doctors may make an application to take Sabbatical Leave. After 7 years service in the consultant grade, a consultant will be eligible to apply for one period of sabbatical leave of up to 6 weeks or after 10 years service, a consultant will be eligible to apply for up to 3 months sabbatical leave. If either of these options is granted with pay, no further period of paid sabbatical leave will be granted until retirement. Sabbatical leave has clear benefits for the individual and the service, enabling a period of development and refreshment. The consultant applying for such leave must set out a stated case explaining how the leave will be used and how the sabbatical will benefit the NHS. The leave will only be granted subject to approved arrangements having been made to cover the absence of the consultant. An application must be made a minimum of 6 months in advance of the intended date of leave to be taken. Where an application for sabbatical leave is rejected, a period of 12 months must elapse before a fresh application can be considered. Applications will be considered by the Medical Director / Director of Public Health and must have the written support of the Clinical Director / manager.

- **Request a period of unpaid leave**. All requests for unpaid leave should be dealt with in accordance with the principles of partnership working in NHS Scotland. There should be mutual agreement between the member of staff and their manager. Requests for specific dates should normally be accepted and agreed and should only be refused if there are justifiable service/staffing reasons for so doing.

Impact on a staff member's terms and conditions such as annual leave accrual and pension will be as per the details in the particular national policy or Board policy that has been applied. Members of staff must make their managers aware of the potential need for Global Citizenship leave at the earliest opportunity and, where appropriate, keep in regular contact throughout the period.

Recording Leave

Leave should be recorded on the appropriate system for future reference and to enable monitoring of its fair application throughout the organisation. It must also be notified to Payroll to ensure appropriate payment and recording.

Grievance Procedure

No request for leave under this policy will be unreasonably withheld. Should a disagreement arise, the individual should refer to the policy that has been used to make the decision with regard next steps. The employee does however retain the right to raise a formal grievance. It may be preferable in such circumstances, however, for the manager to seek advice on resolving the matter from an appropriate member of the HR Team and a Trade Union/or Professional Organisation representative.

Review and Monitoring

This policy and procedure has been assessed for relevance and screened for equality impact, to identify and mitigate, where possible, any potential for the policy and procedure to have differential impact on employees having regard to their differences, such as ethnicity, gender, Tran's identity, disability, age, sexual orientation, religion, literacy or belief. This policy will be monitored, reviewed and evaluated every three years by the Scottish Partnership Forum (SPF), taking into consideration legislative changes and developments in good practice to ensure it meets the needs of all employees.

Appendix One

NHS Scotland
Global Citizenship Leave Request Form

This section to be completed by the employee:

Name:

Job Title:

Department:

Description of Global Citizenship Activity:

Dates Requested:

Please tick type of leave / arrangement requested:

Flexible Working:		Career Break:	
Annualised Hours:		Reservist Leave:	
Special Leave:		Sabbatical Leave:	
Annual Leave:		Unpaid Leave:	
Study Leave:			

Once the box is ticked then the standard policy paperwork must be completed as per NHS Scotland Policy. The hyper links to each of the policies can be found in the Global Citizenship HR Guidance.

==========

This section to be completed by the manager:

Authorising Manager:

Amount of Leave Authorised (incl. dates):

Type of Leave / arrangement authorised:

Paid: Unpaid:

If request rejected please detail reason below:

A copy of this form should be sent to the Human Resources Department.

NHS LOTHIAN

Board
2 October 2019

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

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

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

2 Recommendations

The Board is recommended to:

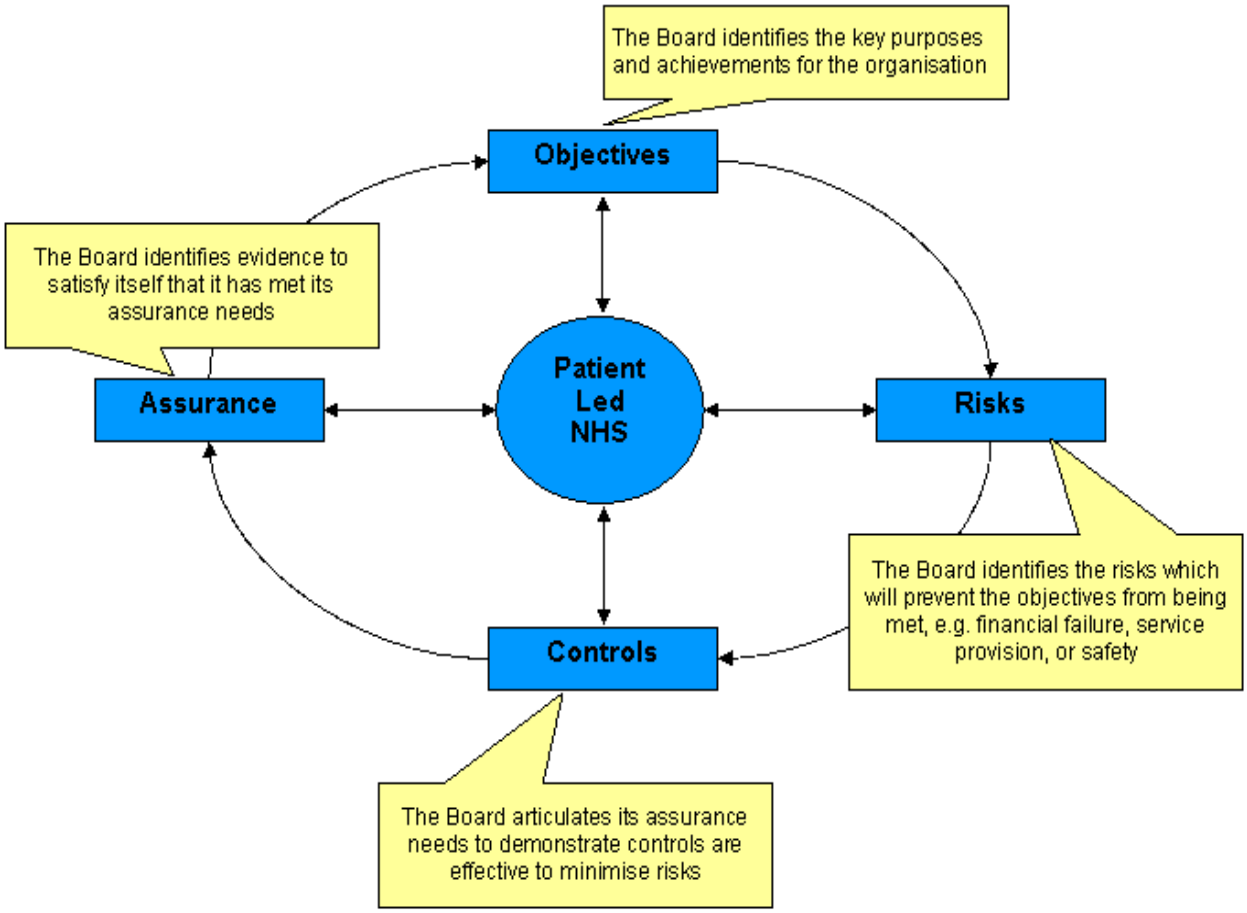
2.1 Accept the corporate risks on the new template which aims to demonstrate the relationship between the corporate risk, associated strategic plans and measures to illustrate the adequacy of controls resulting in a more holistic view of risk management. Templates in the new format are in development for the two new risks: the Royal Hospital for Children & Young People and Department for Neurosciences, and the delivery of NHS Level 3 Recovery Plans which are in development.

2.2 Accept a new risk with respect to lack of bed availability at the Royal Edinburgh Building resulting in patients being boarded overnight in other specialities, being out of area or sleeping in areas within wards not designed for this purpose.

3 Discussion of Key Issues

3.1 Strengthening NHS Lothian's Risk Management System

3.1.1 A number of improvements to NHS Lothian's risk processes have taken place during 2018/19, with the aim of further embedding NHS Lothian's Risk Management System into the NHS Lothian governance system set out below.



3.2 **Risk Strategic Framework**

3.2.1 The Board agreed in April 2019 that all Board risk register reports include a section on NHS Lothian's strategic risk framework replacing the risk appetite section removed from the Board paper in June 2018 which is set out below.

All NHS Lothian plans to mitigate corporate risk and associated controls will consider the following:-

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

3.3 **Development of new Corporate Risk Register Template**

3.3.1 In June 2018, the Audit & Risk Committee, as part of developing the above strategic framework, agreed to test a new corporate risk register template to underpin the strategic framework in collaboration with Internal Audit. The template sought to demonstrate the relationship between risks on the corporate risk register; associated strategic plans and, by adding measures to illustrate the adequacy of controls, resulting in a more whole-system approach to risk management.

The template was approved for use by the Board in April 2019 and agreement to move to the new template by September 2019. This was be supported by training for owners and handlers and aligns with internal audit recommendations.

3.4 **Alignment of Assurance Levels and Risk Grading**

3.4.1 The Board and Governance committees of the Board are required to assure themselves that adequate improvement plans are in place to attend to the corporate risks pertinent to the committee. It has been agreed that the grading of the risk should be related to the level of assurance. For example, limited assurance would result in a higher level of grading, moderate assurance could equate to medium and significant assurance should trigger a discussion about removal from the corporate risk register. The accepted governance committee level of assurance will be reflected on the new template. The measures set out in the new template will form part of the report to governance committees to demonstrate adequacy of controls and inform levels of assurance.

3.5 **New Proposed Risk**
The board is asked to accept the risk below on to the corporate risk register:

3.5.1 There is a risk that acute admissions exceeds the inpatient bed capacity due to beds being reduced in the move to The Royal Edinburgh Building, and barriers to patient flow through the adult mental pathway leading to patients having to be boarded overnight other specialities, being out of area or sleeping in areas within wards not designed for this purpose.

3.6. 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 1 for corporate risks on the new template).

There are currently 17 risks in total in Quarter 1; the 10 risks at Very High 20 are set out below.

1. The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge
2. Patient Safety in Royal Infirmary of Edinburgh Accident & Emergency Department
3. Achieving the 4-Hour Emergency Care standard
4. Timely Discharge of Inpatients
5. General Practice Sustainability
6. Access to Treatment (organisational risk)
7. Access to Treatment (patient risk)
8. Brexit
9. Delay in providing clinical care for RHCYP and DCN patients (new risk)
10. Non-delivery of NHS Lothian’s Level 3 Recovery Plans to agreed timescale (new risk)

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

Table 1

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
4813	**New Risk** There is a risk to patient safety, experience and outcome of care plus financial impact, due to the delay in providing clinical care for RHCYP and DCN patients on the Royal Infirmary of Edinburgh campus.	Finance & Resources Committee (F&R) & Healthcare Governance Committee (HCG) HCG (July 2019) discussed the clinical risk and through the HAI report which is a standing item on the agenda. September 2019 HCG - accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian. Template in development	Very High 20				
4820	**New Risk** There is a risk that the Board does not deliver NHS Lothian's Level 3 Recovery Plans to agreed timescale impacting on patient experience and outcome of care.	Board Template in development	Very High 20				
3600	Finance Update provided July 2019	Finance & Resources Committee (F&R) November 2018 - F&R agreed to change the assurance level from limited to moderate, though the risk remains Very High due to long-term financial challenges. May 2019 – F&R considered Financial Plan – limited resources due to reliance on non-recurring funding.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
3203	4 Hours Emergency Access Standard (Organisational) Update provided July 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

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
4688	4 Hour Emergency Access Standard (Patient) Update provided July 2019	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	Very High 20
3726	Timely Discharge of Inpatients (Previously Unscheduled Care: Delayed Discharge). Update provided July 2019 ***Note: This risk is under review with HSCP colleagues and therefore not yet on new template***	HCG Committee November 2018 HCG continued to accept limited assurance. September 19 - as part of partnership annual report risk mitigation was discussed and improvements in delay discharges noted with a focus on sustainability.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3829	GP Sustainability. Update provided July 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. July 2019 – HCG accepted limited assurance on demonstrating impact on sustainability. Report back in September 2019	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20
3211	Access to Treatment (Organisation Risk) Update provided July 2019	HCG Committee October 2018 AHC continued to accept limited assurance. The Committee was impressed with the work in progress but also disappointed that performance remained of concern with the volume of patients waiting over 12 weeks. Recognition that systems of control were in place was accepted. To be examined by HCG in November 2019.	High 12	Very High 20	Very High 20	Very High 20	Very High 20
4191	Access to Treatment (Patient) Update provided July	HCG Committee January 2019 HCG – moderate assurance.	Very High 20	Very High 20	Very High 20	Very High 20	Very High 20

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
	2019	To be considered by November 2019 HCG. September HCG accepted moderate assurance on the management of clinical risk related to cancer waiting times.					
4693	Brexit Updated provided July 2019	HCG Committee Template complete. July 2019 HCG accepted moderate assurance. Verbal update September 2019	Very High 20			Very High 20	Very High 20
4694	Waste Management	Staff Governance Committee Template approval July 2019. Health & Safety Committee in August 2019 accepted moderate assurance.	High 15			High 15	High 15
3454	Learning from Complaints Update provided July 2019	HCG Committee March 2019 HCG continued to accept moderate assurance. Reviewed at every second HCG meeting. July 2019 HCG accepted moderate assurance.	High 12	High 16	High 16	High 16	High 16
3527	Medical Workforce Will be updated based on committee feedback.	Staff Governance Committee October 2018 meeting continued to accept moderate assurance. Moderate Assurance March 2019. July 2019 committee. Accepted Moderate Assurance.	High 16	High 16	High 16	High 16	High 16
3189	Facilities Fit for Purpose Update provided July 2019	Finance & Resources Committee F&R January 2018 - moderate assurance received. September 19 HCG- Accepted moderate assurance to mechanisms in place to ensure safety of the built environment including infection control across NHS Lothian.	High 15	High 16	High 16	High 16	High 16
3455	Violence & Aggression. (Reported at H&S Committee). Update provided July 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

Datix ID	Risk Title	Committee Assurance Review Date	Initial Risk Level	Jul-Sep 2018	Oct-Dec 2018	Jan-Mar 2019	Apr-Jun 2019
		Health & Safety Committee August 2019 accepted moderate assurance.					
3328	Roadways/ Traffic Management (Risk placed back on the Corporate Risk Register December 2015) (Reported at H&S Committee). Update provided July 2019	Staff Governance Committee Update provided January 2019 Staff Governance Committee, January 2019 continued to accept moderate assurance. Paper going to July 2019 committee.	High 12	High 12	High 12	High 12	High 12
1076	Healthcare Associated Infection Update provided July 2019	HCG Committee March 2019 - overall moderate assurance. Reviewed at every HCG meeting. July 2019 – moderate assurance. Standing item on HCG agenda.	High 12	Med 9	Med 9	Med 9	Med 9
3828	Nursing Workforce Update provided July 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. A paper is going to Staff Governance July 2019.	High 12	Med 9	Med 9	Med 9	Med 9

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 data /intelligence set out in the key measures section of the template will be pertinence to the governance committees when 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.

8 Resource Implications

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

Jo Bennett
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18 September 2019
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List of Appendices:

Appendix 1 – Summary of Corporate Risk Register

Appendix 1

Summary of Corporate Risk Register

Risk 3600 – Finance

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Achieve greater financial sustainability and value	There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is as a result of a combination of the level of resource available and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required,	• (3211 & 4191) Organisational/ patient access to treatment risks **Associated Plans** • Board strategic plan • IJB strategic plans • Annual operational plans **Assurance Committees** • Finance and resource committee • Audit and risk committee **Grading** • Very high (20)	**Governance and management** Robust governance is in place through a comprehensive reporting framework to Finance and Resource Committee, which in turn, provides assurance to the Board. This incorporates reporting on: • delivery of the strategic financial plan • Financial performance Quarterly review meetings take place where acute services COO, site/service directors in acute and REAS, and joint directors in Primary Care are required to update the Director of Finance on their current financial position including achieving delivery of efficiency schemes. **Policies, procedures and plans** • There is a financial plan in place which maximises the use of non-recurring resource to support service delivery • There is a plan in place to further develop financial strategy by developing a financial framework for key service areas listed below, which is being tested during 2019/20. Associated measurement plans are being developed as an integral part of this work so that there is a baseline for each service, to test future investment proposals against. ➢ Scheduled care ➢ Unscheduled care ➢ Cancer services ➢ Women`s and children`s services ➢ Primary Care ➢ Mental health	In-year financial performance Delivery against Scottish Government financial targets: • Capital • Revenue • Cash • In-year care deficit Measurement plan being developed alongside the service-based financial framework.	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			• The sustainability and value agenda has associated measures to demonstrate that resources are used as efficiently and effectively as possible. • This supports investment in quality and innovation which delivers both improved resource utilisation and enables transformation of the future delivery of health and social care. **Adequacy of controls** Inadequate control due to a combination of uncertainty about the level of resource availability in future years, combined with known demographic pressure which brings major potential service costs requiring significant service redesign response. The extent of this is not yet known, nor tested.		

Risk 3203 – 4 hour Emergency Access Standard (organisational)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve patient pathways and shift the balance of care.	There is a risk that NHS Lothian will fail to meet the 4 hour performance target for unscheduled care which could mean that patients fail to receive appropriate care, due to volume and complexity of patients, staffing, lack and availability of beds, lack of flow leading to a delay to first assessment, a delay in diagnosis and therefore in treatment for patients and a reputational risk for the organisation.	• 3726 – Timely discharge of inpatients • 3211 & 4191 – Access to Treatment (when there are peaks of activity which lead to the cancellation of scheduled activity). **Associated Plans** • NHS Lothian Annual Operational Plan • Lothian Hospitals Plan • IJB Strategic Plans and directions **Assurance Committees** • Healthcare Governance • In addition keep reporting to NHS Board	• Unscheduled Care Programme Board is in place which aims to improve community capacity to reduce or avoid admissions by increasing care at home/care home provision. • A programme board focussed on the redesign of the RIE front door is in place. • Each site has developed an action plan in response to the Scottish Government's 6 Essential Actions for Unscheduled Care. • Emergency Access Quality and Performance group review implementation of the 6 essential across NHS Lothian. • Routine review and planning of Front door demand and capacity based on real-time data. • This monitoring consider a range of acute system data to plan monitor and respond to capacity based on agreed trajectories. • Clear escalation process in Acute Service • There are a number of programme boards /groups in place to manage demand from Health and Social Care which includes Front door redesign at RIE & St Johns **Adequacy of Controls** Adequate but partially effective	• Levels of crowding in the emergency departments. • The number of 8 hour and 12 hour breaches. • Time to first assessment (standard is 15 minutes) • Time to triage • Wait for a bed • Level of boarding (should be zero). • Length of stay. • Number of cancelled elective procedures. • Performance against emergency access standard and trajectory. • Delayed Discharges	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

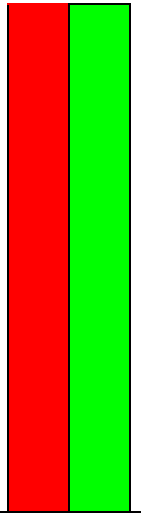
Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
		Grading • Very high 20			

Risk 4688 - 4 Hour Emergency Access Standard (Patient)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety & Patient Experience	There is a risk to patient safety and outcome of care in RIE ED due to unreliable timely triage, assessment, treatment and discharge due to overcrowding leading to increased likelihood of patient harm and poor experience of care.	• (3600) Finance • (3454)Complaint management • (3189) Facilities fit for purpose **Associated Plans** • NHS Lothian annual operational plan • Lothian hospitals plan • IJB Strategic plans and directions **Assurance Committees** • Healthcare governance • Additional reporting to NHS Lothian Board **Grading** • Very high 20	**Governance and management** • Robust governance process in place through routine reporting to HCG committee • Routine review at RIE site management group who monitor demand and capacity and its impact on patient safety, escalating issues to the Acute Services senior management team where required. • Improvement Plan in place to achieve reliability and delivery of the 6 essential actions monitored by the NHS Lothian Emergency Access Quality Performance Group, (EAQP). • 2 x hourly safety pause in place which is increased to hourly during periods of extremis, informed by real-time data. • Escalation process in place to senior leadership and 'whole system' to identify appropriate response where required informed by real-time data. • Safety debriefs are held following any incidents and SAEs are subject to review and learning shared and improvement plan put in place and monitored by management team. • External team monitoring and providing advice and peer support to Lothian managers	• Levels of overcrowding in ED • Time to Triage/first assessment • Wait for a bed • Time to triage improved • Time to Triage/ 1st Assessment • Major/Minors – compliance with 4 hour target • Complaints • Adverse Events & Harm • Staff Experience – results of Pulse Survey	• Unscheduled care programme board being established to consider whole system approach including community capacity • Time to triage improved • Test of change to be evaluated from June 2019 onwards • iMatter review – Autumn action plan • Touchpoint to take place with external support June 2019 • Opened minor injuries unit to reduce overcapacity by providing more floor space and staff. **The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.** Note: The view from the external support team and Academy and Scottish Government is that the concerns raised through the Academy report had now been fully addressed with a significant programme of activity underway to improve the patient experience and performance. This marks the conclusion of any formal liaison with the External support team in relation to the review.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			Adequacy of Controls Not noted on current risk		

ID	NHS Lothian Corporate Objectives	Title	Description	Controls in place	Updates/Actions	Adequacy of controls	Risk level (current)	Risk level (Target)	Risk Owner	Risk Handler	Assurance
3726	2: Improve patient pathways and shift the balance of care	Timely Discharges of Inpatients	There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.	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)	Risk reviewed for period April to June 2019 Reviewed by HCG and continued to accept limited assurance. Update July 2019 Risk Grade/Rating remains Very High/20 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 Midlothian • New DC2A team operational from mid March in Midlothian. Focus will be to pull out early from Medicine and Orthopaedic wards. 100 Patients supported over 4 months, saving circa 500 bed days. • Revision of DD planning process. Staff actively track patients form ED/AMU to plan DC, with all Midlothian (over 65) patients receiving Information pack on admission. • Carer academy in place. To recruit new carers • Clinical model review in place • Frailty data analysis now being progressed into models of care • SG TEC funding to design a frailty pathway utilising technology • RIE Front door redesign pathway development • Resilience dashboard to pull health and social care data together to inform operational decision making in times of system heat • Midlothian Flow manager post now substantial • Midlothian Flow hub capacity increased. • 5 additional step down beds in MCH • Daily discharge planning huddles continue 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 - pulled out with discharge to assess or Hospital at Home Edinburgh Edinburgh Health and Social Care Partnership has had Home First – Discharge to Assess signed off by the Executive Management Team to support early discharge and ongoing assessment. They have also had Home First Navigators signed off to work with the Western General Site to focus on people being supported out of the hospital earlier and preventing delayed discharges. Winter bids are currently being considered to support extend the Home First Navigator to the Flow centre to support maintaining people at home who are known to services or could be assessed in their own environment as an alternative to a hospital setting. The current delays remain a challenge with a surge recorded prior to the holiday period. Providers have been challenges with annual leave cover which is impact in on the number of packages waiting in hospital. This should resolve promptly. From a care home perspective –there is capacity however the process of people is a challenge when batching by acute hospitals still is ongoing. This means that it is difficult to allocated to a	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

					social worker in a timely way. This has been raised through the Unscheduled Care committee. West Lothian Continues to progress the 4 main workstreams under the delayed discharge improvement plan: • Optimising flow - focussing on prevention of admission as well as flow through the system. • Integrated Discharge Hub which is having a positive impact on team working and proactive management of patients from admission though to discharge • Successfully recruited additional staff to fully implement discharge to assess model • Intermediate Care review commenced to determine the best option and capacity required for West Lothian The new Care at Home providers are taking on new clients, this together with proactive management of unmet needs and building relationship with all providers to establish capacity and match demand has had a positive impact on delays with a sustained improvement The New Care at Home framework has been developed and is in the procurement phase with planned implementation in September 2019 One large care provider is in difficulty and we are working proactively with them and the other providers in the market to stabilise care provision.					

Risk 3829 – GP Sustainability

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Update/Actions
Improve access to care and treatment	There is a risk that the Board will be unable to meets its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g. leases), which will impact on patient experience and have a negative impact on other parts of the health and social care system.	• Facilities Fit for Purpose (3189) • Nursing Workforce (3828) • Medical workforce (3527) • Finance (3600) (risk of running 2c practices and premises issues) **Associated Plans** • National Premises Plan • IJB strategic plans • Primary care improvement plans • GMS improvement plans • Out of Hours action plan	**Governance and management** • Robust assurance mechanisms are in place to monitor delivery of plans through regular reporting to Healthcare Governance Committee and also to the Board and Strategic Planning Committee when required. • Development of Primary Care vision with links to HSCPs, Primary care improvement plans and IJB strategic plans. • Tripartite arrangements are in place with responsibilities for Board, GP-subcommittee and HSCPs clearly set out. **Policies, procedures and plans** • Implementation structure for the new GMS contract is in place through GMS Oversight Group which oversees implementation of local plans and measures associated improvement across NHS Lothian. • The Primary Care Joint Management Group review the position monthly with practices experiencing most difficulties to ensure a consistent approach across the HSCPs and advise on contractual implications. This includes review of a list of restrictions maintained by the PCCO to identify potential and actual pressures on the system which is also shared with HSCPs. • Practitioner Services Division (PSD) has the ability to assign	• Number of practices with restricted list • Patient assignments to practices • Number of, and length of time as 2C practices • Number of contracts handed back to health board • Number of Out of Hours bases closed • Achievement of Out of Hours outcomes • Pharmacy support per 10,000 patients • National evaluation of GMS contract; local measures being developed • Funding available to support implementation of plans	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Update/Actions
			patients to alternative practices. • "Buddy practices" through business continuity arrangements can assist with cover for short-term difficulties. • Recruitment and retention – tracking and training programmes to support **Adequacy of Controls** Remains inadequate as Primary Care Improvement Plans are still at developmental stage and GP retention and recruitment is a national issue. Risk grading therefore remains very high/20).		

Risk 3211 – Access to Treatment (Organisational Risk)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	There is a risk that NHS Lothian will fail to achieve waiting times targets for inpatient / day case and outpatient appointments, including the overall Referral To Treatment target, due to a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, resulting in compromised patient safety and potential reputational damage.	• 3726 – Timely discharge of inpatients • 3203- Unscheduled Care 4 Hour Performance **Associated Plans** • National Waiting Times Improvement Plan • NHS Lothian Annual Operational Plan. • Lothian Hospitals Plan. • IJB Strategic Plans and directions **Assurance Committees** • Healthcare Governance	**Governance and management** • NHS Lothian Board Performance Reporting • Performance reporting at Corporate Management Team (CMT) • Monthly Acute Service Senior management Team (SMT) meeting – monthly outturn and forecast position • Controls and actions for this risk are also reviewed quarterly at Acute SMT to ensure any areas of concern are highlighted and action agreed • Weekly Acute Services Senior management Group (SMG) meeting • Monthly access and Governance Committee to ensure compliance with Board SOPs relating to waiting times Modernising Outpatients Programme Board, which considers demand management, clinic optimisation and modernisation **Policies, procedures and plans** • Management are currently developing service-based sustainability plans, aligned to national themes in order to manage the backlog and any recurring gap between demand and capacity • Resources prioritised informed by clinical risk matrix • Lothian Waiting Times Improvement Board – developing sustainability plans at sub-specialty level for high risk areas. It is focused on	Number of people for whom we are breaching the Government's access standards: • Access to treatment for cancer services (31 days, 62 days). • The Treatment Time Guarantee for relevant inpatient and day case treatment. • 90% of planned/elective patients to be treated within 18 weeks of referral • 8 Key Diagnostic Tests – the Board must ensure that the verified report of the test or investigation is received by or made available to the requester within 6 weeks of receiving the request • Access to a first outpatient appointment Also: % of non-recurring funding (to improve access performance) which is spent. Operational efficiency measures, such as: - Did Not Attend rate - Rate of theatre utilisation - Rate of theatre cancellations Proportion of consultant time directly attributed to clinic or theatre.	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
		Grading • Very high 20	designing the service for the future. Its programme structure is aligned to the national framework • Service trajectories developed for 2019/20 • £18.5m of non-recurring financial support • Scope for improvement identified with recommendations made to specialities e.g. target of 10% DNA rate, theatre session usage targets, consultants - 10 PAs recommendation of 6 directly attributed to clinic or theatre • Increase in staffing in Bowel screening to carry out pre-assessment. Increased number of bowel screening sessions to meet increased demand and reduce length of wait effective from 1 June 2019 • National elective care centres in place to increase capacity **Adequacy of controls** Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Risk remains high while demand continues to exceed available capacity.		

Risk 4191 – Access to Treatment (Patient Risk)

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
Improve quality, safety and patient experience	There is a risk that patients will wait longer than described in the relevant national standard due to demand exceeding capacity for in-patient / day case, outpatient services, 31 and 62 day cancer standards and diagnostic procedures within specific specialities.	• 3726 – Timely discharge of inpatients • 3203 – Unscheduled Care 4 Hour Performance • 3211 – Access to Treatment (Organisation Risk) **Associated Plans** • NHS Lothian Quality Strategy • NHS Lothian Annual Operational Plan. • IJB Strategic Plans and directions – with regard to demand management, and GP referrals **Assurance Committees** • Healthcare governance	**Governance and management** • There are Delivering for Patients quarterly reviews for specialties on the clinical risk matrix. These are supported with more regular meetings with the service management and clinicians to develop and implement ideas for improvement, and to facilitate links with the outpatients and theatres programmes • Lothian Waiting Times Improvement Board is developing sustainability plans at sub-specialty level for high risk areas. It is focused on designing the service for the future. Its programme structure is aligned to the national framework • Modernising Outpatients Programme Board, which considers demand management, clinic optimisation and modernisation • Service developed trajectories, that are uses to monitor performance, early indications of pressures, and opportunities to improve efficiencies/productivity • A revised communications strategy has been established to ensure that both patients and referrers are appropriately informed of the length of waits. **Policies, procedures and practices** • A clinical risk matrix has been developed to inform how we prioritise resources • If the patient's condition changes, referrals can be escalated by the GP by re-referring under a higher category of urgency. There is a specific process for endoscopy patients. There is an expectation that the GP would communicate this to the patient at the time of re-referral • There is a 'keep in touch' process for patients	• Waiting times, including those for surveillance patients • Adverse events linked to waits • Number of complaints linked to waits	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
		Grading • Very high 20	who are waiting longer. This informs them that they are still on the waiting list • Specific controls are in place for patients referred with a suspicion of cancer. Trackers are employed to follow patients through their cancer pathways, with reporting tools and processes in place which trigger action to investigate / escalate if patients are highlighted as potentially breaching their 31-day and / or 62-day targets. Trackers undergo ongoing training and have access to clear escalation guidance on how to deal with (potential) breaches • National elective care centres in place to provide additional capacity • £18.5m of non-recurring financial support • Increased operational capacity to carry out pre-assessment in bowel screening in response to increasing demand and longer waits (eff. 1 June 2019) **Adequacy of controls** Some controls are in place and additional controls currently being designed and as such, overall control is inadequate. Controls and actions are now being reviewed quarterly at Acute CMG to ensure any areas of concern are highlighted and auctioned. Risk remains high while demand continues to exceed available capacity.		

Risk 4693 – Brexit

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety & Patient Experience	The consequences of Brexit are expected to be substantial and far reaching, although specific impacts will depend on the type of agreement (if any) reached between UKG and EU. There has been exhaustive discussion of this in the media and some guidance has been provided by government, however the future remains opaque in many areas. There is a risk that patient experience and outcome care may be compromised due to uncertainty relating to Brexit. The areas that require close observation and require risk assessment and mitigation identified include:- • Workforce; • Supply of medicines and vaccines; • Supply of medical devices and clinical consumables; • Supply of non-clinical consumables, goods and services.	• Finance Risk (3600) • Medical Workforce Sustainability (3527) • Nursing Workforce (3828) **Associated Plans** • National Plan • NHS Lothian Financial Plan **Assurance Committees** • Healthcare Governance Committee **Grading** • Very High 20, due to level of uncertainty and reliability on national planning	• A system in place to impact assess the key risks, including likelihood/consequences, informed by specialists in the areas of Pharmacy, Procurement and Workforce. This intelligence informs plans to mitigate the risk and includes application of RAG grading and identification of variation as a way to prevent and detect the risk. • The local system above informs national planning including any emerging issues locally and nationally that require a response with a requirement to national requirements. • The Strategic Brexit Management Group considers the assessment and response to risks identified through national and local impact assessment groups. The group has determined priorities and agrees actions based on default strategic objectives for major incidents:- • Save lives and restore health • Safeguarding staff, patients and public • Minimise impact on normal services • Group also considers Scottish Government correspondence and impact on local, regional and national services • Group includes senior managers and specialist advisers and meets fortnightly, and is chaired by the Deputy Chief Executive. Members are routinely included in regional and national work to inform risk mitigation • The group is agile and can meet quickly to respond to emerging issues along with more planned responses to management of risks • Based on intelligence to inform contingency planning for key areas such as Pharmacy and Procurement which is being managed nationally.	• Availability of medicines numbers and shortages • Procurement data • Workforce data from impact assessments	The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			Adequacy of Controls Inadequate control due to uncertainty at local and national level including the political agenda which impacts on the ability to manage the risk at a local and national level.		

Risk 4694 – Waste Management

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
Achieve greater financial sustainability and value	There is a risk that NHS Lothian will not be compliant with statutory Health and Safety and environmental regulations for disposal of special waste because of the abrupt ending of the national contract leading to potential harm to people and the environment and financial penalties.	• (3600) Finance **Associated Plans** **Assurance Committees** • Staff governance via Health and Safety Committee **Grading** • High (15)	**Governance and management** • Health &Safety committee, who report to Staff Governance Committee, provide oversight and receive regular reports on performance of the agreed contingency arrangements • Lothian Infection Control Advisory Committee (LiCAC) provides professional advice and receives a quarterly report • Sustainable Development Management Group (SDMG) also receives a quarterly report • A waste management committee structure is in place to oversee waste management on a national and regional basis. This membership of the group incorporates national experts • The national and regional groups meet quarterly. Regional consortia chairs report operational issues and risks and national solutions or contingencies sought, where appropriate • Currently a weekly teleconference is also held to report impact of issues arising during contingency and to seek speedy resolution • Facilities Adverse Event Review Group review all significant adverse events reported on DATIX **Policies, procedures and plans** • Statutory environmental regulations in place for disposal of special waste • NHSL Waste Management Policy • SHTN3 Waste Management Procedures for NHS Scotland • Procedure for waste disposal from infectious diseases of high consequence • A new national contractor has been appointed with service anticipated as commencing between November 2019 and February 2020 • Current contingency arrangements are in place with 3 contractors for collection of waste and these are operating effectively • Revised local contingency operating and	Non-compliances with waste management disposal procedures including: • Waste correctly stored and segregated at ward and department level • Colour coding used correctly • Waste packages identifiable • Staff communication processes in place • Waste disposal guidance available • Waste consignment notes available • Vehicle compliance with ADR Reported incidents on service impact via Datix.	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk. **Staff Governance Committee accepted moderate assurance in July 2019.**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates
			monitoring procedures are in place • Staff training in place including Learnpro module for all staff involved in the handling of clinical waste • Additional waste management capacity has been put in place via an application for a Waste Management Licence at Midlothian Community Hospital ensuring effective and efficient removal of waste from RHSC and community areas. • Regular audits of waste management/disposal are carried out by the Waste Management Officer. Exceptions are reported quarterly to LICAC, Facilities Heads of Services meeting and SDMG • External audit is also carried out through SEPA inspections and follow up reports as well as regular DGSA audits and reports **Adequacy of controls** Adequate but partially effective as contingency arrangements still operating.		

Risk 3454 – Learning from Complaints

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Improve Quality, Safety and Patient Experience	There is a risk that learning from complaints and feedback is not effective due to the lack of reliable implementation of complaints and feedback processes leading to the quality of patient experience being compromised and adverse effect on public confidence and expectation of our services.	• (4688) 4 hour access-patient • (4191) Access to treatment – patient • (3328) Traffic management • (3829) GP sustainability **Associated Plans** **Assurance Committees** • Healthcare Governance **Grading** • High 16	**Governance and management** Robust governance and management processes are in place with regular reporting to Healthcare governance committee. Periodic reporting directly to the Board, as required. Corporate Management Team and Executive Nurse Director's group review and respond to weekly and monthly reports. These are underpinned following additional controls: • At a service level, senior management teams routinely review and respond to complaints and patient experience. This is also part of monthly quality and performance management arrangements • Similar arrangements are mirrored throughout Operational management structures • Clinical Management groups and equivalent groups in HSCPs consider complaints and learning as standing agenda items • Periodic internal audits **Policies, procedures and plans** Policy & procedure for management of feedback and complaints is in place with associated toolkit to support implementation. Patient Experience Team have QA process in place whereby all complaints closed which are graded as major or extreme are reviewed and feedback shared with service for learning. Parliamentary SPSO Reports from other Boards are reviewed for learning. Through monthly nurse directors meetings, twice yearly meetings of senior nurses across Lothian, clinical change forums workshops on complaints handling as well as through patient stories at Healthcare Governance committee we attempt	• Compliance with measures set out in the complaint procedure including: • Monthly reporting of response times – 5/20 days • 9 national KPIs - that form the basis of the annual report. • SPSO decisions • Compliance with Internal Audits	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk. **March 2019 – moderate assurance accepted.**

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			to evidence learning from complaints. Plans are in place to implement new structure for the Patient Experience Team to support the complaints handling procedure. **Adequacy of controls** Inadequate – governance processes and improvement plans are in place, but yet to be fully implemented.		

Risk 3527 – Medical Workforce

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
Develop workforce plans including supply	There is a risk that the availability of medical staffing will not be adequate to provide a safe and sustainable service to all patients, because of the inability to recruit and retain doctors. Specific issues include availability of doctors through specialty training schemes and retention of capacity in service through senior medical staff due to changes in pension tax rules. This affects the ability to provide a safe and sustainable service and to meet government commitments.	• (3211 & 4191) Access to treatment - organisational and patient. • (3829) GP sustainability • (3828) Nursing workforce • (3203 & 4688) 4 hour target (organisational and patient) **Associated Plans** **Assurance Committees** • Staff governance • **Grading** • 16 – currently considering recommendation to increase to 20 (Impact 5, likelihood 4)	National work force planning group in place. Board Medical directors feed in requirements through the regional workforce group. NHS Lothian Workforce planning and development Board in place to co-ordinate work force planning for all professional groups. This is underpinned by: • NES national recruitment plans in place for training schemes to match identified work force requirements. • Programme for clinical fellow recruitment in place (numbers risen from 6 to 70 since beginning of programme) • Policy/framework in place for use of locum/agency staff managed through NHS Lothian staff bank. • New service developments are required to have a workforce assessment as part of approval process. • Medical education directorate have systems and processes in place to support and ensure the well-being of trainees. • Use of alternative workforce to fill gaps (Advanced nurse practitioners, physicians associates) • Maintaining high 'fill rates' for training programmes through retaining positive inspection reports (Royal colleges, GMC) and monitoring	• Sickness and Absence Rates • Recruitment – number of applicants, numbers recruited • Establishment gaps • Bank & agency usage • Number of unfilled shifts • Number of consultants >=10 pas • Number of doctors working< full time • Vacancy Rates	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Corporate Objective	Risk Description	Linked Key Risks	Controls	Key Measures	Updates/Actions
			improvement when action is requested. Regular reporting to Staff Governance Committee which includes update on recruitment and highlights significant risks. Reported to Board as part of update on all workforce issues. **Adequacy of controls** Adequate but partially effective.		

Risk 3189 – Facilities Fit for Purpose

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.	• (3189) Healthcare Associated Infection • (3454) Management of Complaints & Feedback • (4191) Access to Treatment – Patient • (3455) Violence & Aggression **Associated plans** • Organisation Financial Plan • Capital Investment Plan **Assurance Committees** • Finance & Resources Committee **Grading** Current: High 16	**Governance and Management** A Management Process and structure for reporting of Backlog Maintenance (BLM) has been implemented to inform risk management plans and review are through the following groups follows: • Property & Asset Management Strategy (PAMS) Group • Capital Steering Group • Lothian Capital Investment Group (LCIG) • Scottish Government through the annual Property & Asset Management Strategy Controls considered by these groups, who monitor and respond to this risk are as follows: • The results of the sample of Board estate surveyed annually • Ensure that 20% of the Board's estate is surveyed annually for physical condition and statutory compliance by the surveyors appointed by Scottish Government • Review the outcome of surveys with the Operational Hard FM Managers and review and assess risks in accordance with the operational use of the properties to ensure priorities are addressed **Policies, procedures and plans** • Capital Investment Plan which addresses refurbishment and re-provision of premises, linked to the Estate Rationalisation Programme includes the termination of leases and disposal of properties no	• Performance Dashboard In-house • PFI premises • Datix adverse events related to built environment • RIDDORS events • Scart tool compliance • Complaints and HSE involvement, formal and informal • Audit water quality systems • Ventilation systems audit. • Audit sample inspection of our estate 20% annum • Results of sample inspection of estate (20% per annum)	The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk. Moderate assurance accepted – July 2019.

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			longer fit for purpose. • Recurring capital funding approved of £2.5m to undertake priority works (high and significant areas) • The Procurement Framework has been implemented that allows issues identified to be rectified without the need for lengthy tendering exercises • Quarterly infection control meeting • Water quality group **Adequacy of Controls** Adequate but partially effective.		

Risk 3455 – Violence & Aggression

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.	• (3189) Facilities fit for purpose • **Associated Plans** **Assurance Committees** • Staff Governance via Health & Safety Committee **Grading** • High 15	Robust management in place through operational management structures. Staff Governance Committee has oversight, receiving and responding to reports from the NHS Lothian Health and Safety Committee at every meeting. Clear operational management structures and processes to monitor effectiveness of plans to address identified risk at service level and escalate specific risks where required are in place through Local Health and Safety Committees, who report to the NHS Lothian H&S Committee. The local group monitor assessment and improvement plans. (Purple Packs). Range of data regularly reviewed at local level, Range, local Audits. These management structures are underpinned by the following: • Management of violence and aggression policy in place. Range of supporting policies; Lone working, Restraint – consideration and alternatives, Alarm response policy. • Policies and procedures on patient assessment and care planning to minimise risk of V&A behaviours also relevant. • Comprehensive training programme for management of V & A, tailored to specific service needs. This includes training in preventative measures (safe wards / activities / stress & distress). • Expert team available to provide advice and assistance to services. • Process in place to assess and allocate a range of safety alarms at operational level. With requirement for services to have local procedures in place for use of and response, including regular testing. • Consideration of the built environment in all new builds/opportunities for re-design/re-configuration in existing buildings. • All adverse events reviewed as appropriate to level of harm, themes identified and appropriate improvement plans developed and implemented.	• Number of V&A adverse events and those with harm • Number staff trained • Staff Experience • Number assigned alarm/walkie-talkies/ and those in active use • Range of local audit data to evidence compliance with local procedures. • Number of appropriate services with plan in place, (purple pack), updated at least annually following completion of risk assessment. • HSE Notices and/or prosecutions.	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Risk 3328 – Roadways/Traffic Management

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
Improve Quality, Safety and Patient Experience	There is a risk of injury to staff, patients and the public from ineffective traffic management as a result of inappropriate segregation across NHS Lothian sites leading to loss of life or significant injury	• Violence & Aggression • Access to Treatment • Complaints & Feedback • Facilities Fit for Purpose **Associated Plans** • Capital Investment • Property Asset Management Strategy • Financial Plan **Assurance Committees** • Staff Governance Committee through Health & Safety **Grading** High 12	**Governance and management** • A clear management Process and structure which monitors and reviews the controls set out for reporting has been implemented as follows: • Site specific Traffic Management Groups • Reported in Facilities H&S quarterly reports • Reported to Health & Safety Corporate group via Facilities Health & Safety Group • Escalation process in place through the management governance process should congestion become an issue on any site. Governance process is - Local Traffic Management Groups to Facilities Quarterly Reports, Facilities Health & Safety Group (also reported to Facilities Heads of Service) Overarching Health & safety Group/ **Policies, procedures and plans** • The commission of Independent expert reviews of road infrastructures on high traffic high inpatient sites to inform risk/ • Action plans have been developed across all sites by the Local Site Traffic Management Groups and high risk items approved subject to funding. • Traffic surveys have been conducted across all hospital sites, and action plans have been prepared and subject to regular review. • Operational Team to direct and control vehicular movements, within risk areas. • Additional dedicated car park personnel in high volume traffic sites has been implemented • A policy for reversing has been implemented across all sites, which includes – all NHS L vehicles have been fitted with reversing cameras and audible alarms, no reversing	• Datix adverse events related to traffic accidents • RIDDORS adverse events related to traffic accidents • Litigation • HSE involvement formal and informal • Police involvement relating to accidents • Compliance to legislation • Audit of road and pathway networks	The data/intelligence will be presented to the pertinent governance committee when providing assurance on the management of this risk. Moderate Assurance Limited Assurance – RIE

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates
			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. **Adequacy of Controls** Inadequate; control is not designed to manage the risk and further controls and measures required to manage the risk.		

Risk 1076 – Healthcare Associated Infection (HAI)

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Improve quality, safety and patient experience	There is a risk of patients developing an infection as a consequence of healthcare interventions because of inadequate implementation of HAI prevention and control measures leading to potential increased morbidity and mortality and further treatment requirements, including potential extended stay in hospital. There is also a risk of patients developing an infection linked to the built environment. This includes organisms associated with water safety such as Pseudomonas aeruginosa and environmental containments associated with dust and moulds such as Aspergillus and Lichtheima corrymbisera	(3189) Facilities fit for purpose (3828) Nursing workforce **Associated Plans** • Capital Plans • **Assurance Committees** • Healthcare Governance **Grading** • Medium 9	**Governance and Management** Robust management processes are in place through The Pan Lothian Infection Control Committee (PLICC) and Lothian Infection Control Advisory Committee (LICAC). • LICAC includes the public and environmental health components. Comprehensive data is considered at every meeting, and action directed. This includes nationally reported measures through the mandatory surveillance programmes • PLICC provides assurance to Healthcare Governance Committee. PLICC receives reports from the local infection control committees which are in place for all acute hospital sites, REAS and in the HSCPs, which in turn, scrutinise and respond to their local data. Key performance data is also considered at a wide variety of operational management groups who will direct local action • Lothian Infection Control advisory committee (LICAC) receives reports and minutes from PLICC and provides professional advice to the Healthcare Governance Committee on all infection control issues • The Decontamination Board, chaired by the Director of Public Health, provides strategic direction and oversight on this subject and provides expert advice to PLICC and LICACHAI Level 2 Quality indicator data is available on Discovery (level 1) dashboard providing access and oversight to clinical and senior management teams of NHS Lothian performa**n**ce against other Boards and NHS Scotland performance. • All Clostridioides (formerly Clostridium)	• SAB Rate • CDI rate • HPS Surveillance Reports (benchmark with other Boards)Compliance with mandatory HAI training • Audit compliance data and associated action plans • 100% completion of HAI SCRIBE • Number of IMT/PAG with confirmed transmission or acquisition/harm • Facilities Monitoring Scores • Anti-biotic prescribing rates for high risk antibiotics	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk.

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			difficile infections and Staphylococcus aureus bacteraemia (SAE) are reviewed monthly to identify themes and key areas for improvement. The outcomes of this are reported monthly at the Acute Clinical Management Team meetings. **Policies and procedures** The above management arrangements are underpinned by the following policies and procedures: • The national infection control manual provides comprehensive, evidence based guidance and is supported by a range of specific policies, guidance and procedures to assist implementation of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) • A comprehensive range of policies, guidelines and procedures and patient information leaflets are available via NHS Lothian intranet to supplement national policy and guidance. Quick reference guides are provided • Mandatory HAI SCRIBE (System (for) Controlling Risk In the Built Environment) provides a framework to implement national standards and guidance into new builds, refurbishment and maintenance programmes • National HAI Standards outline roles and responsibilities from Board to Ward • Cleaning matrix in place to direct appropriate cleaning of environment and equipment • Antimicrobial guidelines are in place to promote prudent prescribing to reduce the risk of antimicrobial associated CDI and contribute to reduction in antimicrobial resistance • HAI Education strategy is in place which includes mandatory training and a		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			planned programme of education and training for all staff **Practice and audit:** • A team of specialist practitioners is in place to provide advice and assistance to the service, including availability of a duty infection control nurse 7days per week 0830-1600. There is an on call microbiologist/virologist out of hours for urgent matters • Clinical teams undertake local SICPs audits to provide assurance of compliance and identity areas for further local improvement. The data is collected and available in QIDS. The IPCT undertake a planned risk based programme of audit. Outcomes are shared with the local clinical and site management team and other key stakeholders including facilities to inform remedial action and improvement work through their local action plans • Active surveillance programme for alert organism • All outbreaks, incidents and data exceedence are investigated by the IPCT Where needed, a Problem Assessment Group (PAG) or incident Management Team (IMT) is convened to further investigate and manage any significant event or outbreak • Formal debrief meetings are undertaken following IMT to identify wider system needs and share learning. These are reported to the Local ICC and LICAC • The infection services undertake multi-disciplinary ward rounds to review complex patients with transmissible infections twice weekly on RIE, WGH and SJH sites. RHSC has a weekly ITU ward round. A range of processes are in place for appropriate review of incidents,		

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			outbreaks or 'data exceedance' to ensure learning, appropriate action and to inform improvement. Processes include Problem assessment group (PAG), Incident management team (IMT) and Significant adverse event review (SAE) which is mandatory for all CDI and SAB related deaths. **Adequacy of controls** Adequate but partially effective; control is properly designed but not being implemented properly.		

Risk 3828 – Nursing workforce

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
Develop workforce plans including workforce supply	There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.	(3829) GP sustainability **Associated Plans** **Assurance Committee(s)** Staff governance **Grading** • **Medium 6**	**Governance and management** • Safe staffing group provides oversight of delivery of plans for meeting staffing requirements and reports to Staff Governance Committee • Professional governance issues relating to staffing levels reviewed at the Board Nurse Directors group • Fortnightly workforce governance meetings led by the AND / Chief Nurse to review data and amend practice • A robust escalation process is in place through huddles to senior nursing management to resolve concerns over real time concerns about staffing levels • Weekly reports on staffing issues/shortages produced from DATIX and reviewed at corporate level through PSEAG and through operational management groups • E-rostering and SafeCare live tools deployed to inform local decision making around deployment of available resource • Prospective roster review enables action to identify and resolve potential staffing issues • Recruitment group develops and monitors effectiveness of the recruitment plan/ **Policies, procedures and plans** • Health & Care Staffing (Scotland) (commonly referred to as "safe staffing" legislation) will provide a series of requirements of the Board to ensure that there is appropriate staffing • Planning of staffing requirements are undertaken through the two Nursing and Midwifery workforce planning groups (one inpatient, one for community) A range of routine data is collated and reviewed to inform and plan staffing requirements: ➢ Compliance with E-rostering rules	Establishment gap target: 5% Agency Expenditure target 30% ↓ Sickness target to reduce by 0.5% per year for 3 years from 2019/20 PAA target 21.5% E-rostering KPIs Safe Care compliance gaps NMWWP Tools signoff (annual)	The data/intelligence will be presented to the pertinent governance committee when providing assurance on management of the risk. **July 2019 – accepted moderate assurance**

Corporate Objective	Risk Description	Linked Key Risk	Controls	Key Measures	Updates/Actions
			➢ Dashboards/Tableau™ ➢ Staff bank / agency utilisation ➢ Operational risks reported to Work force planning groups A recruitment plan is in place, including a generic recruitment process in place to maximise opportunity to fill posts. • Widened access to nursing roles and development opportunities including modern apprenticeships, return to practice and annexe U DN training • Programme in place to timetable annual use of nationally accredited Nursing and Midwifery workload and Workforce Planning tools, including a risk assessment and prioritisation matrix to determine required establishment levels • Significant adverse events where staffing issues are a factor are reported and reviewed for learning and improvement. **Adequacy of controls** Satisfactory		