

Notice of Meeting and Agenda



Midlothian Integration Joint Board

Venue: As a consequence of the current public health restrictions this will be a virtual meeting,

Date: Thursday, 11 June 2020

Time: 14:00

Morag Barrow
Chief Officer

Contact:

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Further Information:

1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Public Reports

4.1	Chief Officers Report - Report by Chief Officer	3 - 8
4.2	Internal Audit Annual Assurance Report 2019/20 - Report by Chief Internal Auditor	9 - 22
4.3	Annual Governance Statement 2019/20 - Report by Chief Officer	23 - 30
4.4	Draft Unaudited Annual Accounts 2019-20 (To Follow)	
4.5	COVID-19 State of Emergency– HSCP Recovery Plan - Report by Integration Manager	31 - 50
4.6	Clinical and Care Governance - Report by Chief Nurse	51 - 54
4.7	Re-modelling of Wards at Midlothian Community Hospital - Report by Chief Nurse	55 - 58
4.8	Midlothian HSCP Care Homes Briefing Paper – Report by Head of Primary Care and Older People’s Services	59 - 64
4.9	COVID-19 - Test and Protect Briefing – Report by Head of Primary Care and Older People’s Services	65 - 70
4.10	Midlothian’s response to Shielding – Report by Chief Social Work Officer	71 - 74
4.11	COVID-19 Personal Protection Equipment - Update and Future Management – Report by Chief Officer	75 - 90

5 Private Reports

- 5.1** Covid-19 (Coronavirus) Related Data – Report by Chief Officer
- 3. Information relating to any particular applicant for, or recipient or former recipient of, any service provided by the Authority.

6 Date of Next Meeting

The next meeting will be held on **Thursday 27 August 2020 at 2.00pm**



Thursday 11 June 2020, 2.00pm

Chief Officer Report

Item number: 4.1

Executive summary

The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

Board members are asked to:

- *Note the issues and updates raised in the report*

Chief Officer Report

1 Purpose

- 1.1 The paper sets out the key service pressures and service developments happening across Midlothian IJB over the previous month and looks ahead to the following 8 weeks.

2 Recommendations

- 2.1 As a result of this report Members are asked to:
- Note the issues and updates raised in the report.

3 Background and main report

Governance

The HSCP team continue to be members of the Gold Command CMT NHS Lothian weekly meetings, as well as Midlothian Council CMT meetings. The Midlothian Chief Officer chairs the Lothian tactical HSCP group which meets on a twice weekly basis, reporting into relevant CMTs are required. The Chief Officer was attending national chief officer calls 5 days per week – this has recently reduced to two meetings per week. Local HSCP planning involved initial Covid tactical team establishment early on in the pandemic, which has daily SITREP Huddles relaying to workforce and Covid issues, and twice weekly senior management planning group meetings. This team has now split to provide a focus also on Recovery.

The HSCP has also stood up 3 times a week teleconferencing calls with Care Home managers to support the care home process. The new process (as described by a separate paper today) will provide additional assurance under the NHS Lothian Board, and specifically the Executive Nurse Director. This follows new Scottish Government guidance released on 17th May 2020, for NHS Boards to assume accountability and responsibility for care governance across all care homes.

Weekly written report have been disseminated to all IJB Board members, as well as Microsoft Teams call with Chair and Vice Chair to keep key information flowing.

Annual Report

The Scottish Government has indicated that the deadline for the submission of annual reports will be extended but we await official notification. It is also proposed that the required content be reduced. However in Midlothian work on the annual report was progressed pre-COVID so we do expect to produce a full report. As Chief Officer I request delegated authority to submit the report prior to the next IJB meeting should the deadline

not be extended. This would be would circulated to Board members for review and comment in advance. Assuming that the deadline is extended, the report will be presented at the August IJB Meeting.

Covid Mobilisation Plan

During April 2020, on request, we submitted to Scottish Government our Local Mobilisation Plan (LMP). This plan has been agreed in principle by the Cabinet Secretary. Subsequent to this we have local monitoring arrangement in place on the decision being made by the HSCP and any financial implications. We also provide routine submissions to Scottish Government on the LMP which now includes the wider costs associated with Covid. Covid has had a material impact on operational services across the IJB and additional expenditure has already been committed to ensure that both Partners and the IJB have sufficient capacity to meet the immediate challenges.

At this stage, cost projections across Scotland are significant, but more work remains to be done to fully understand the impact of Covid. Therefore the LMPs pulled together by all health boards, and HSCPs now will enter a process of either peer review or benchmarking. These processes are being developed nationally working with colleagues across the system to agree a national set of principles, the expectation is that this work will ensure a consistent application of LMP methodology, and apply the same basic assumptions around the duration and behaviour of the virus in the months ahead.

We continue to access all channels to provide the most up to date information as our LMP refines in line with a developing Covid situation. Funding of the LMP is still not certain we have to date been advised of £820k as initial funding and as well as additional resources from the SG, we will assess what funding can be diverted from baseline services which can be repurposed to support the additional costs from this emerging challenge.

Substance Misuse

As part of a piece of Lothian wide work [through the Lothian Death and Harm Reduction Oversight Group, MELDAP co-ordinated feedback on specific initial Covid 19 responses covering the main aspects of service delivery;

- SMS are currently still undertaking Opioid Replacement Therapy titrations. SMS have cancelled some face to face appointments but continue to offer face to face contact for the most at risk where possible. Other patients are provided telephone contact/support. Gateway clinics have been cancelled, with patients asked to telephone No 11 where they will receive a call back within 24 hours for an assessment to be undertaken.
- SMS/MELD services have responded quickly to changing need, for example, developing delivery mechanisms for Opiate Replacement Therapy [ORT] and other prescribed medicines for people who are requiring to self-isolate.
- MELDAP has been in contact with the Drug Related Deaths Review Co-ordinator who has advised that at the time of reporting there appears to have been little impact on numbers as a consequence of the “lockdown” related to Covid 19. There is a caveat that this may change at any time.

Mental Health

Old age Mental Health have continued with caseloads, albeit they've made significant contact to clients via telephone. The team continue to carry out emergency visits, detentions and admissions to Rossbank ward in Midlothian Hospital where necessary. The team is planning to restart outpatient clinics from 1st June to meet new demand. This will be in line with any Infection control guidelines.

Adult Mental Health Services have continued to be provided in all but group settings, and we continue to have contact with all patients following triage, including accepting new referrals, making use of new digital tools, and face to face where required. The team are beginning to plan how they can return to group provision for the highest risk client group, again in line with Infection control guidelines.

Next steps will be planning response to increased demand for both Mental Health and SMS, as predicted by a number of Covid experts. The HSCP continue to consider data on this. However, anecdotally, more alcohol related referrals are already being received.

Midlothian Community Hospital

With the planned move of East Lothian patients now complete, 6 additional beds have been opened to support step up/down care within the additional ward. This has allowed safe cohorting of covid positive and negative patients across the 3 rehabilitation/continuing care and palliative care wards. This has supported an improvement in the delayed discharge position.

Exit from Emergency Recess

As the first phase of Covid moves colder to an end, and in discussion with IJB Chair and Vice Chair, it is recommended that we come out of emergency recess, and assume business as usual from this meeting.

There may be a requirement to hold an additional Strategic Planning Group meeting, and Audit and Risk Committee over the summer of Board members wish this to be put in place.

Moving forward, in light of ongoing Covid social distancing restrictions, it is recommended that the IJB meetings are held via Microsoft Teams. If the Board is supportive of this recommendation, the Secretariat will make relevant arrangements for next scheduled Board meeting.

4 Policy Implications

- 4.1 The issues outlined in this report relate to the integration of health and social care services and the delivery of policy objectives within the IJBs Strategic Plan.

5 Directions

- 5.1 The report reflects the ongoing work in support of the delivery of the current Directions issued by Midlothian IJB.

6 Equalities Implications

6.1 There are no specific equalities issues arising from this update report.

7 Resource Implications

7.1 There are no direct resource implications arising from this report.

8 Risk

8.1 The key risks associated with the delivery of services and programmes of work are articulated and monitored by managers and, where appropriate, reflected in the risk register.

9 Involving people

9.1 There continues to be ongoing engagement and involvement with key stakeholders across the Partnership to support development and delivery of services.

10 Background Papers

AUTHOR'S NAME	Morag Barrow
DESIGNATION	Chief Officer
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DATE	

Appendices:

Midlothian Integration Joint Board



Thursday 11 June 2020, 2.00pm

Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Assurance Report 2019/20

Item number: 4.2

Executive summary

The purpose of this report is to present to the Midlothian IJB the Internal Audit Annual Assurance Report for the year to 31 March 2020 for the Midlothian Health and Social Care Integration Joint Board (MIJB) which includes the Chief Internal Auditor's independent assurance opinion on the adequacy of MIJB's overall control environment.

The Midlothian IJB is therefore asked to consider the Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Assurance Report 2019/20 (Appendix 1), and assurances contained therein, and to provide any commentary thereon.

Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Assurance Report 2019/20

1 Purpose

- 1.1 The purpose of this report is to present to the Midlothian IJB the Internal Audit Annual Assurance Report for the year to 31 March 2020 for the Midlothian Health and Social Care Integration Joint Board (MIJB) which includes the Chief Internal Auditor's independent assurance opinion on the adequacy of the arrangements for governance, risk management and internal control by the MIJB of the delegated resources.

2 Recommendations

- 2.1 Members of the MIJB are asked to consider the Midlothian Health and Social Care Integration Joint Board Internal Audit Annual Assurance Report 2019/20 (Appendix 1), and assurances contained therein, and to provide any commentary thereon.

3 Background and main report

- 3.1 The Public Sector Internal Audit Standards (PSIAS) require the MIJB's Chief Internal Auditor to prepare an annual report that incorporates the opinion on the adequacy and effectiveness of Midlothian Health and Social Care Integration Joint Board's framework of governance, risk management and control, a summary of the work that supports the opinion, and a statement on conformance with the PSIAS.
- 3.2 The Internal Audit Annual Assurance Report 2019/20 provides assurances in relation to the MIJB's corporate governance framework that is a key component in underpinning delivery of the MIJB's strategic priorities and has been used to inform the Chief Officer's Annual Governance Statement 2019/20.

4 Policy Implications

- 4.1 There are a growing number of people needing services at a time of limited resources with which to deliver them and, in order that services meet the expectations and needs of service users and are sustainable, these services must be provided more effectively and efficiently in future.
- 4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) is intended to ensure that health and social care services in Scotland are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.

- 4.3 The Midlothian Integration Joint Board (MIJB), established as a separate legal entity as required by the Act, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Midlothian partnership area, based on resources which have been delegated to it by the partners, Midlothian Council and NHS Lothian.
- 4.4 The MIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration. The establishment of robust Risk Management and Audit arrangements is one of the key components of good governance and will be critical to the capacity of the MIJB to function effectively.

5 Equalities Implications

- 5.1 There are no direct equalities implications arising from this report.

6 Resource Implications

- 6.1 There is a commitment to provide Internal Audit resource to the Midlothian Health and Social Care Integration Joint Board (MIJB) for review of the adequacy of the arrangements for risk management, governance and control by the MIJB of the delegated resources.
- 6.2 Internal Audit service is provided by the Council's Internal Audit team, which has a shared service arrangement with Scottish Borders Council including the appointed MIJB Chief Internal Auditor, with support from NHS Lothian Internal Audit team.
- 6.3 The Midlothian IJB Internal Audit Annual Plan 2019/20 approved by the MIJB Audit and Risk Committee on 7 March 2019 was based on the assumption that Midlothian Council's Internal Audit function provides 70 days and NHS Lothian Internal Audit team provides 30 days to support the delivery of the Plan. The Chief Internal Auditor provided an update to the MIJB Audit and Risk Committee on 5 December 2019 on the progress being made on delivery of the 2019/20 Plan. A summary of the Internal Audit work that was undertaken during the year that supports the annual opinion is stated in Appendix 1.

7 Risk

- 7.1 The PSIAS require Internal Audit to evaluate the effectiveness of the MIJB's Risk Management arrangements and contribute to improvements in the process. Key components of the audit planning process include a clear understanding of the IJB's functions, associated risks, and potential range and breadth of audit areas for inclusion within the Plan to provide the audit opinion. Internal Audit work carried out has been risk-based and, where appropriate, has tested the management of risk by the MIJB of the delegated resources.
- 7.2 Internal Audit provides assurance to MIJB Management, Audit and Risk Committee and the Board on the adequacy and effectiveness of internal controls and governance within the MIJB, including risk management, and to highlight good practice and recommend improvements.

- 7.3 It is anticipated that improvements in the management and mitigation of risks will arise as a direct result of MIJB Management implementing the Internal Audit recommendations that are outstanding from previous years.
- 7.4 In addition to its own governance arrangements, the MIJB places reliance on the governance arrangements adopted by NHS Lothian and Midlothian Council, the partners. Where appropriate, existing mechanisms embedded within both NHS Lothian and Midlothian Council have been used to provide assurance to the MIJB.

8 Involving people

- 8.1 The MIJB Chief Officer, Chief Finance Officer and Integration Manager have received the MIJB Internal Audit Annual Assurance Report 2019/20 to assist them in discharging their roles and responsibilities and have been advised to take into account the work of Internal Audit and independent opinion on the adequacy and effectiveness of the governance, risk management and internal controls when completing the MIJB's Annual Governance Statement 2019/20.

9 Background Papers

- 9.1 Midlothian IJB Internal Audit Annual Plan 2019/20 (approved by the MIJB Audit and Risk Committee on 7 March 2019)

AUTHOR'S NAME	Jill Stacey
DESIGNATION	MIJB Chief Internal Auditor
CONTACT INFO	
DATE	27 May 2020

Chief Internal Auditor's Annual Assurance Report and Opinion 2019/20 for Midlothian Health and Social Care Integration Joint Board

1 Introduction

1.1 The Public Sector Internal Audit Standards (PSIAS) (2017) requires that:

“The chief audit executive [MIJB’s Chief Internal Auditor] must deliver an annual internal audit opinion and report that can be used by the organisation to inform its governance statement.

The annual internal audit opinion must conclude on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

The annual report must incorporate:

- the opinion;
- a summary of the work that supports the opinion; and
- a statement on conformance with the Public Sector Internal Audit Standards and the results of the quality assurance and improvement programme.”

2 Opinion on the Governance, Risk Management and Internal Control

2.1 My opinion is that, based on our reviews, risk assessments and knowledge, the MIJB’s governance arrangements, risk management and systems of internal control are adequate. Improvements have been made by Management during the year.

2.2 The MIJB operates under good public sector practice governance arrangements through its Board and Committee meetings that support scrutiny and transparency of decisions made. There is good compliance by the MIJB of the requirements of the Public Bodies (Scotland) Act 2014 and the guidance through its Directions to Partners (NHS Lothian and Midlothian Council) for the delivery of the services. The vision, strategic objectives and outcomes are reflected in the MIJB Strategic Plan 2019-2022. The MIJB is making continued progress towards delivering integrated Health and Social Care services but has considerably more to do. In common with other IJBs.

2.3 The MIJB’s Local Code of Corporate Governance complies with the CIPFA/SOLACE ‘Delivering Good Governance in Local Government Framework’ (2016) in all significant aspects. Management have undertaken a review and assessment of the Local Code to ensure it continues to be relevant and complete by reflecting the appropriate framework for effective governance of the MIJB’s business, including its role as the strategic commissioning body i.e. setting out when responsibility lies with the Board or where reliance is placed on the arrangements in place at its Partners. Governance arrangements currently in place are generally sound. The Management self-assessment and Internal Audit high level review of the Local Code of Corporate Governance has identified aspects of governance arrangements where improvement is required.

- 2.4 A lot of discussion has taken place at Midlothian HSCP in relation to workforce planning based on minimal guidance from the Scottish Government to date. Now that the guidance has been published (December 2019), the HSCP should be able to move forward and develop the full Workforce Plan which is due for publication by 31 March 2021.
- 2.5 The budget monitoring process is sound in that the Board receives a financial report at each meeting by consolidating financial data held within Midlothian Council's and NHS Lothian's financial systems. Information is provided at a very high level reflecting the strategic governance role of the Board. Midlothian IJB has developed a Financial Strategy covering the period 2019-2022. The Strategy recognises very significant financial challenges over the next two years and that a shift in approach is required using an anticipatory approach rooted in prevention rather than treatment. Medium term financial planning arrangements are now in place in alignment with the medium-term strategy, which recognises very significant financial challenges. Management and the Board are aware that significant action has to be taken to bring future budgets into balance and achieve financial sustainability over the medium-term.
- 2.6 Performance monitoring arrangements have been developed to enable the MIJB to monitor the performance of Health and Social Care services in Midlothian though these are the delivery Partners own performance measures. The indicators in use will provide a sense of progress in some areas although they will not provide the full picture of whether integration is being achieved. Improvement is required to align the performance measures in the MIJB's Performance Management Framework to key priorities and outcomes of the Strategic Plan.
- 2.7 A Risk Management strategy, reporting regime and risk register highlighting the MIJB strategic risks, mitigating controls, residual risk and accompanying actions have been regularly reviewed, updated and reported during the year to the Board and its Audit and Risk Committee, the latter to fulfil its oversight role to monitor the IJB's risk management arrangements.
- 2.8 Further improvements in governance, risk management and internal control will be made by Management through the full implementation of previous Internal Audit recommendations. Internal Audit will continue to follow-up on their implementation and present progress reports.

3 Scope of the Internal Audit Annual Plan 2019/20

- 3.1 We summarise below the work we have undertaken to obtain assurances over the arrangements in place for each area considered and our conclusions on the effectiveness and appropriateness of these arrangements.

Internal Regulation of the Integration Joint Board

- 3.2 In considering the delivery of integrated services we confirmed the MIJB's Corporate Governance arrangements with the IJB Chief Officer and Integration Manager to assess compliance with the requirements of the seven core principles set out in the 2016 CIPFA/SOLACE Framework:
- clarity of roles and responsibilities including arrangements for the operation of Standing Orders;
 - behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law;
 - ensuring openness and comprehensive stakeholder engagement;
 - defining outcomes in terms of sustainable economic, social, and environmental benefits;
 - determining the interventions necessary to optimise the achievement of the intended outcomes;
 - developing the entity's capacity, including the capability of its leadership and the individuals within it; and
 - implementing good practices in transparency, reporting, and audit to deliver effective accountability.

Managing and Developing the Workforce

- 3.3 NHS Lothian Internal Audit carried out an audit of the workforce development arrangements in place within the Midlothian Health and Social Care Partnership to deliver services to meet service users' needs as set out in the Strategic Plan.

Delivering Integrated Services which are Effective and Efficient

- 3.4 In considering the delivery of integrated services we attended the MIJB meetings to observe planning, approval, monitoring and review activity of Midlothian Health and Social Care Partnership business and performance. We also assessed arrangements in place to deliver services to meet the needs of service users and the strategic priorities for health and social care integration set out in the Strategic Plan.

Managing Financial Capacity and Budgetary Processes

- 3.5 In determining the effectiveness of the financial management arrangements we carried out the following work:
- assess the MIJB's financial governance arrangements in place to perform and account for its financial activities in an honest, legal and transparent manner in accordance with best accounting practice.
 - review processes in place to ensure appropriate accountability for financial management of financial resources delegated to the partnership and to facilitate the delivery of efficient and effective services, including progress in achieving efficiencies.

Improving Effectiveness and Delivering a high Quality of Service for Users

- 3.6 We carried out audit work to determine the effectiveness of performance management arrangements. This included consideration of whether there is appropriate alignment of performance measures in the MIJB's Performance Management Framework to key priorities and outcomes of the Strategic Plan 2019 – 2022.

Managing the Effect of Uncertainty on Objectives

- 3.7 We carried out an assessment of processes for managing and monitoring risks to determine the effectiveness of arrangements for managing uncertainty on the strategic objectives of the MIJB.

Annual Audit Work

- 3.8 Furthermore Midlothian Council's Internal Audit resources were also deployed in undertaking the following Annual Audit work for the MIJB during the year:
- **Recommendation Follow-Up Review** (Refer to Section 5 below).
 - **Assessment of Internal Audit against PSIAS** (Refer to Section 7 below).
 - **Help Desk Enquiry System** (Guidance and advice was provided on request to Management on governance and internal controls).
 - **Planning for 2020/21** (Development of the MIJB Internal Audit Annual Plan for 2020/21).
 - **Attendance at MIJB Audit and Risk Committee** (Provision of independent Internal Audit assurance, support and advice).
- 3.9 For assurance purposes the MIJB Audit and Risk Committee was made aware of reports by other bodies that relate to the business of the MIJB including those by the Partners' Internal Auditors, Audit Scotland and other reports by the Scottish Government.

4 Summary Findings and Conclusions arising from Delivery of the Internal Audit Annual Plan 2019/20

4.1 Internal Regulation of the Integration Joint Board

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information.

- 4.1.1 The Integration Joint Board is a legal entity in its own right and as a public body it should operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities.
- 4.1.2 A Local Code of Corporate Governance and Standing Orders have been approved by the Board. These documents encapsulate the public sector good practice principles and by following them the Board demonstrates sound governance arrangements.
- 4.1.3 The IJB Chief Officer and Integration Manager have undertaken a review and assessment of the MIJB Local Code of Corporate Governance.
- 4.1.4 We conducted a high level review the MIJB's Local Code of Corporate Governance. We consider that Governance arrangements currently in place are generally sound, although there is some scope for improvement in compliance with some parts of the CIPFA/SOLACE Framework recognising that the integration authority continues to develop and refine its arrangements.
- 4.1.5 We have made no recommendations in respect of internal regulation of the Integration Joint Board in this report.

Conclusion: Governance arrangements currently in place are generally sound. The Management self-assessment and Internal Audit high level review of the Local Code of Corporate Governance has identified aspects of governance arrangements where improvement is required. It is expected that these will be reflected in the Annual Governance Statement.

4.2 Managing and Developing the Workforce

Workforce planning is concerned with ensuring that an organisation has the right people, with the right skills, in the right place, at the right time to support the delivery of objectives.

- 4.2.1 The full Workforce Plan was yet to be developed, but Midlothian HSCP were awaiting the revised workforce planning guidance from the Scottish Government to move forward (this was received in December 2019, a delay of one year). In addition, only four out of fifteen detailed workforce plans for individual areas of the HSCP have been created. Midlothian HSCP were tasked with taking forward 'Recruitment & Retention' workstream following the Lothian HSCP Workforce Planning Collaboration event which took place in May 2019.
- 4.2.2 Three recommendations have been made to ensure the Workforce Planning Framework aligns with the current Strategic Plan, full Workforce Plan publication target date is achieved, and staff receive more intensive training on workforce planning to fulfil the requirements.

Conclusion: A lot of discussion has taken place at Midlothian HSCP in relation to workforce planning based on minimal guidance from the Scottish Government to date. Now that the guidance has been published, the HSCP should be able to move forward and develop the full Workforce Plan which is due for publication by 31 March 2021.

4.3 Delivering Integrated Services which are Effective and Efficient

Delivering integrated services which are effective and efficient requires an agreed formal statement of the MIJB's vision and intended outcomes and plans as well as exercising strategic leadership to deliver those outcomes.

- 4.3.1 Our attendance at Board meetings and review of the Minutes of meetings which we did not attend indicated that strong strategic leadership is in place and that the Health and Social Care partners are working together in a constructive way.
- 4.3.2 During the year, a new Strategic Plan covering the period 2019-2022 has been developed and approved. Community engagement remains at the heart of developing the Strategic Plan in line with good practice. The strategy underpins a common vision.
- 4.3.3 In last year's report we noted that linkages within the Strategic Plan to the national outcomes set out by Scottish Government were not particularly clear, making it difficult to relate local objectives to national objectives. We recommended that: *Linkages within the Strategic Plan should clearly relate local objectives to national objectives. Linkages between Directions and the Delivery Plan should be established.* It was agreed that linkages would be incorporated within the Annual Delivery Plan 2019/20, other detailed action plans, and Directions, as appropriate, to articulate the Strategic Plan. Due to the release of the Strategic Plan 2019-2022 no annual Delivery Plan was produced for 2019/20. One will be produced for 2020/21 and this will support better linkages to implement the above recommendation.
- 4.3.4 We recommended last year the following: *The Annual Delivery Plan should contain more detail regarding action to be taken in terms of what is to be done as well as how, by when and by whom it is to be achieved. How outcomes are to be measured should also be defined.* When producing the Annual Delivery Plan 2020/21 due regard will need to be given to implement the above recommendation.
- 4.3.5 Legislation requires that the specification of what action the delivery partners are required to undertake are set out in formal instructions, referred to as Directions. We reviewed the Directions issued by the MIJB for 2019-20 and noted that: Whilst high level and not prescriptive nevertheless they follow the Good Practice Note on Directions issued by the Scottish Government in terms of their form and content and do seek to provide as much clarity as possible about the changes which need to take place in the design and delivery of services; There are no clear linkages to relevant National Health and Wellbeing Outcomes or other MIJB Plans. It is not clear whether the Directions cover all aspects of the Strategic Plan; Directions are not consistently supported by project plans which are more prescriptive in nature and contain the detail necessary to achieve the required outcome; Outcomes in all instances are not properly specified in quantifiable terms.
- 4.3.6 In common with other Integration Joint Boards, an incremental approach to service change is being taken. A significant challenge that the MIJB still faces is the lack of a masterplan which describes what a successfully integrated service should look like. The absence of a masterplan could lead to the development of services that do not fit together as well as they otherwise might have done.
- 4.3.7 We have made no further recommendations in respect of delivering integrated services in this report. Action required by Management is clearly identified, understood and ongoing, including the full implementation of Internal Audit recommendations from previous years.

Conclusion: The MIJB is demonstrating strategic leadership by developing and clearly communicating its purpose and vision and its intended outcomes for service users. The vision, strategic objectives and outcomes are reflected in the Strategic Plan 2019-2022. The MIJB is making continued progress towards delivering integrated Health and Social Care services but has considerably more to do.

4.4 Managing Financial Capacity and Budgetary Processes

A strong system of financial management is essential for the successful implementation of policies and the achievement of intended outcomes, as it will enforce financial discipline, strategic allocation of resources, efficient service delivery, and accountability.

- 4.4.1 The MIJB prepares its financial statement and budget monitoring reports by consolidating financial data held within Midlothian Council's and NHS Lothian's financial systems. In the case of the Council, extraction of data is relatively straight forward as Adult Social Care expenditure is all delegated expenditure and financial transactions are held within well-defined cost centres. NHS Lothian reports along medical directorate lines which makes the extraction more difficult, although this difficulty is overcome effectively by the use of mapping tables. NHS Lothian serves four different Integration Joint Boards and, in some service areas, costs are apportioned across the MIJBs. Work is still ongoing to move towards allocating costs based on actual activity of each IJB.
- 4.4.2 The Board receives a financial report each quarter. Information is provided at a very high level with single figures provided for Health (Core, Hosted and Set Aside) and Social Care, reflecting the strategic governance role of the Board. A high level commentary is also provided.
- 4.4.3 The IJB allocates an annual budget back to partners. The Health and Social Care Partnership operational budget management includes realigning budgets where required to capture the financial consequences of MIJB Directions or service reconfiguration with the intention of having an annual budget that supports the outcomes set out in the MIJB's Strategic Plan. Cost reduction associated with service reconfiguration is reflected through the transformation programme which was approved by the IJB. For operational budget monitoring and control purposes, greater detail is received by the Realistic Care Realistic Medicine transformation group.
- 4.4.4 Midlothian IJB has developed a Financial Strategy covering the period 2019-2022. The Strategy recognises very significant financial challenges over the next two years and that a shift in approach is required using an anticipatory approach rooted in prevention rather than treatment. A rolling medium term financial plan presently covering the period 2019/20 to 2023/24 is now in place, thus addressing a previous Internal Audit recommendation. It confirms financial challenges set out in the Strategy and, based upon the assumptions made, indicates a progressively worsening financial position beyond the end of the Strategy; but does not set out how the budget will be brought back into balance, though the Board are aware that significant action has to be taken.
- 4.4.5 It was not clear how the financial management procedures provide assurance that services delivered represent value for money and that resources are being used efficiently and effectively as specified in National Outcome 9. This view is supported by our work on Corporate Governance. The annual self-assessment against the updated MIJB Local Code has concluded: Value for money arrangements within the IJB require further development. Reliance will be placed on the value for money arrangements within the partner organisations.
- 4.4.6 We have made no recommendation in respect of managing financial capacity and budgetary processes in this report.

Conclusion: The budgetary monitoring process is sound. The Board receives a financial report at each meeting by consolidating financial data held within Midlothian Council's and NHS Lothian's financial systems. Medium term financial planning arrangements are now in place in alignment with the medium-term strategy which recognises very significant financial challenges. The Board are aware that significant action has to be taken to bring future budgets into balance and achieve financial sustainability over the medium-term.

4.5 Improving Effectiveness and Delivering a high Quality of Service for Users

Performance management is concerned with developing and maintaining a strategic and integrated approach to improving the effectiveness of the organisation in delivering a high quality of service for users which represents value for money.

- 4.5.1 The MIJB needs to ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services within the overarching objective of an integration health and social care system.
- 4.5.2 Monitoring performance though is also vital in determining whether desired outcomes are being achieved. In order to do this appropriate key Performance indicators (KPIs) must be established and service delivery and outcomes reliably measured on a timely basis in order to ascertain areas which are performing significantly better or worse than expected. Appropriate action should then be taken to secure improvement where required.
- 4.5.3 We previously recommended: *Performance measures in the MIJB's Performance Management Framework should be more appropriately aligned to key priorities and outcomes of its Strategic Plan.*
- 4.5.4 Work is ongoing with developing a robust performance framework within which performance and outcomes will be measured and reported. The development of the performance framework will require clarification from the Board of what information it wishes to see. Relevant KPI will have to be agreed and decisions taken about how best to capture necessary data and how to present it. This has not yet been agreed.
- 4.5.5 The MIJB has a clear a vision and has set out strategic objectives and outcomes in the Strategic Plan. KPIs have not been established for all objectives and outcomes. This is particularly the case for the local context; there is not full alignment of performance measures to key priorities and outcomes of the Strategic Plan. The indicators in use will provide an indication of progress in some areas although they will not provide the full picture of whether integration is being achieved. We acknowledge however that this is characteristic of IJBs generally across the whole of Scotland.
- 4.5.6 Performance reporting is in place in respect of identified Ministerial priority areas and the nine National Health and Wellbeing Outcomes indicators. The National Health and Wellbeing Outcomes are high-level statements of what health and social care partners should be attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care. These outcomes are health based and give little insight into performance in respect of social care. Performance Reports presented to the Board for monitoring and control of achievement are referred to as Local Improvement Goals.
- 4.5.7 The Board receive performance information at each IJB meeting. The information is provided by the Information Services Division (ISD) of NHS NSS which in some instances is not timely. We noted that for two indicators, performance relating to the 2019/20 reporting cycle data provided relates to 2017/18. We also noted that for some other indicators the same performance data was reported at a successive meeting.
- 4.5.8 Since October 2019 indicators are compared with the overall position in Scotland.

- 4.5.9 The Board also receive a half yearly report on progress with delivering the annual directions. The progress report focusses on estimated percentage of progress rather than target outcomes and is of limited use as targets and/or delivery deadlines have not been assigned to approximately one third of the directions.
- 4.5.10 The delivery Partners have performance monitoring and reporting controls of their own in operation although it is not clear how the partners' achievements in respect of delivery are being measured and reported.
- 4.5.11 The MIJB does not have arrangements in place for ascertaining the quality of integrated services and whether those services represent value for money. Reliance is placed on service quality reviews which are undertaken by the Partners and independent assurance gained from external inspection bodies. Coverage is therefore not as comprehensive as it should be.
- 4.5.12 Work has been ongoing for a number of years to produce a fully costed service model. This work is not yet complete. Without full costing and available benchmarking data, no conclusions can be drawn over whether integrated services represent value for money. We are not aware of any other IJB that has successfully developed a fully costed service model.
- 4.5.13 The IJB is presently unable to improve resource use through appropriate application of techniques such as benchmarking and other options in order to determine how resources are allocated so that outcomes are achieved effectively and efficiently. Reliance is placed on the arrangements within the partner organisations with very little information flowing back to the IJB.
- 4.5.14 The MIJB publishes an annual performance report as required by legislation which outlines progress against national Health and Wellbeing outcomes. The report strikes a balance between providing the right amount of information to satisfy transparency demands and enhance public scrutiny while not being too onerous to provide and for users to understand.
- 4.5.15 Every two years the Scottish Government asks over 100,000 people what they think of health and social care services. The last survey was in 2017/18. Over 130,000 people took part. Of these, 1,977 people were from Midlothian (a response rate of 26%).
- 4.5.16 Information contained in the annual performance report is provided by ISD based on data submitted by the partners. ISD validate partner submissions but the validation processes in place within ISD are unknown. IJB do however sense check information provided by ISD. The report does not contain information concerning National Outcome 8 (*People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide*) and National Outcome 9 (*Resources are used effectively and efficiently in the provision of health and social care services*).
- 4.5.17 We have made no further recommendations in respect of improving effectiveness and delivering a high quality of service for users in this report. Action required by Management is clearly identified, understood and ongoing, including the full implementation of Internal Audit recommendations from previous years.

Conclusion: The Performance Management Framework at present is not fully developed and requires more work in order to be an effective mechanism to monitor delivery of integrated services.

4.6 Managing the Effect of Uncertainty on Objectives

Risk management is a process of identifying potential risks to the achievement of objectives in advance, analysing them and taking precautionary steps in order to mitigate those risks.

- 4.6.1 Risk management is an important and integral part of good governance and a system of internal controls. It is crucial that risks to the achievement of outcomes are identified and managed.
- 4.6.2 The MIJB has an approved Risk Management Policy in place which sets out the risk management framework and process, roles and responsibilities, as well as monitoring arrangements.
- 4.6.3 Risk management is an integral part of all activities and must be considered in all aspects of decision making. The standard template for decision-making reports to the MIJB and its Committees includes a section on implications covering risk. When taking a longer-term view with regard to decision making, risks associated with the potential conflicts between the MIJB's intended outcomes and short-term to medium term financial constraints are not particularly well expressed.
- 4.6.4 The MIJB needs to gain assurance on risks associated with delivering services through the partners. Unlike some other IJB's, Midlothian has recognised that the risks facing the MIJB are those which relates to the MIJB's own business. Operational risks facing the partners are the concern of the partners except and until a partner risk becomes so significant that it would impact upon the MIJB's Strategic Plan. Implicitly this is recognised in the Risk Management Policy in that the partners should regularly bring the relevant risks to the attention of the MIJB.
- 4.6.5 The MIJB maintains a risk register which is reviewed regularly by the relevant risk owners, scrutinised by the MIJB Audit and Risk Committee at its quarterly meetings and reported every quarter to the Board to ensure that MIJB is kept informed of its key risks and the actions undertaken to manage these risks. The risk register is comprehensive and responsibilities for managing individual Risks are clearly allocated.
- 4.6.6 We have made no recommendations in respect of managing the effect of uncertainty on objectives in this report.

Conclusion: Effective risk management processes are in place.

5 Recommendations Follow-Up Reviews

- 5.1 The Internal Audit Follow-up of Completed Recommendations Report, arising from the first follow-up review, was presented to the MIJB Audit and Risk Committee on 5 September 2019. This showed good progress with the completion of recommendations with evidence of improved internal controls and governance, and reduced risk. The second review of progress by Management in implementing Internal Audit actions by the expected date was presented in the Internal Audit Recommendations Progress Report to the MIJB Audit and Risk Committee on 5 December 2019. This indicated an improvement since the previous year in the number of overdue actions. In addition, revised due dates for the completion of all six remaining Internal Audit actions were agreed taking account of the further work required by Management to implement these in full.

6 Recommendations and actions arising from Internal Audit Annual Plan 2019/20 Delivery

6.1 Three recommendations have been made within the report of the audit of the workforce development arrangements within the Midlothian Health and Social Care Partnership which was carried out by NHS Lothian Internal Audit. No further recommendations are made in this report. The MIJB Audit and Risk Committee and Officers are aware of the improvements that are required to further enhance governance and reduce risk, including the commitment to the full implementation of Internal Audit recommendations from previous years as mentioned in section 5.

7 Public Sector Internal Audit Standards (PSIAS)

7.1 The 2019/20 self-assessment of practices against the professional standards PSIAS (2017) has indicated that Midlothian Council's Internal Audit function 'Fully Conforms' with the requirements within the 13 Assessment Areas of the Definition of Internal Auditing, the Code of Ethics, the Attribute Standards and the Performance Standards, and has confirmed that improvements have been put in place since the previous year's self-assessment.

8 Significant Incident Response March 2020

8.1 The significant incident in late March 2020 associated with the Covid-19 pandemic emergency response and the Midlothian Health and Social Care Partnership's strategic role therein tested how well the risk management framework is operating. There were examples of innovations, new business processes and solutions, and new technology being embraced in order to deliver services to the community. This was achieved using new ways of decision-making, amended governance arrangements, leadership and implementation including virtual meetings, conference calls, and systems remote access. It will be important for the MIJB, at the appropriate time, to highlight any lessons learned.

Jill Stacey BA(Hons) ACMA CGMA
MIJB Chief Internal Auditor
26 May 2020



Thursday 11 June 2020, 2.00pm

Midlothian Health and Social Care Integration Joint Board Annual Governance Statement 2019/20

Item number: 4.3

Executive summary

The purpose of this report is to present the draft Annual Governance Statement 2019/20 of the Midlothian Health and Social Care Integration Joint Board by the Chief Officer that will be published in the Annual Report and Accounts.

The Midlothian IJB is therefore asked to:

- a) **Consider the details of the Annual Governance Statement 2019/20 for the Midlothian Health and Social Care Integration Joint Board (Appendix 1) to ensure it reflects the risk environment and governance in place to achieve objectives, and acknowledges the actions identified by Management to improve internal controls and governance arrangements; and**
- b) **Approve that it be published in the Annual Report and Accounts 2019/20 of the Midlothian Health and Social Care Integration Joint Board.**

Midlothian Health and Social Care Integration Joint Board Annual Governance Statement 2019/20

1 Purpose

- 1.1 The purpose of this report is to present the draft Annual Governance Statement 2019/20 of the Midlothian Health and Social Care Integration Joint Board by the Chief Officer that will be published in the Annual Report and Accounts.

2 Recommendations

- 2.1 Members of the MIJB are asked to:
- a) Consider the details of the Annual Governance Statement 2019/20 for the Midlothian Health and Social Care Integration Joint Board (Appendix 1) to ensure it reflects the risk environment and governance in place to achieve objectives, and acknowledges the actions identified by Management to improve internal controls and governance arrangements; and
 - b) Approve that it be published in the Annual Report and Accounts 2019/20 of the Midlothian Health and Social Care Integration Joint Board.

3 Background

- 3.1 The MIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.
- 3.2 The MIJB approved a revised Local Code of Corporate Governance in June 2019, on recommendation by the Audit and Risk Committee, which helps to ensure proper arrangements continue to be in place to meet these responsibilities. The Local Code is consistent with the principles and requirements of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) which is deemed appropriate for the MIJB under the legislative framework for integration authorities.
- 3.3 Fundamentally, Corporate Governance is about openness, integrity and accountability. It comprises the systems and processes, and cultures and values by which the authority is directed and controlled and through which it accounts to, engages with and, where appropriate, leads its communities.
- 3.4 The CIPFA/SOLACE Framework urges authorities to review the effectiveness of their existing governance arrangements against their Local Code, and prepare a governance statement and report compliance on an annual basis.

- 3.5 Part of the MIJB Audit and Risk Committee's remit within the MIJB Standing Orders is to review the annual governance statement prior to approval. This includes to 'Be satisfied that the authority's assurance statements, including the Annual Governance Statement, properly reflect the risk environment and any actions required to improve it, and demonstrate how governance supports the achievements of the authority's objectives'¹.

4 Annual Governance Statement 2019/20

- 4.1 The Annual Governance Statement 2019/20 (Appendix 1), in compliance with the CIPFA/SOLACE Framework, provides details of the IJB's Governance Framework, the annual Review of Framework undertaken, Improvement Areas of Governance, and Overall Opinion.
- 4.2 In terms of overall corporate governance it is the Chief Officer's opinion that, although there are a few areas of work to be completed for full compliance with the Local Code, the overall governance arrangements of the IJB are operating adequately. The Annual Governance Statement 2019/20 is informed by the work of Internal Audit, External Audit and Inspection agencies, and existing mechanisms embedded within both NHS Lothian and Midlothian Council.

5 Policy Implications

- 5.1 There are a growing number of people needing services at a time of limited resources with which to deliver them and, in order that services meet the expectations and needs of service users and are sustainable, these services must be provided more effectively and efficiently in future.
- 5.2 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) is intended to ensure that health and social care services in Scotland are well integrated, so that people receive the care they need at the right time and in the right setting, with a focus on community-based, preventative care.
- 5.3 The Midlothian Integration Joint Board (MIJB), established as a separate legal entity as required by the Act, is responsible for the strategic planning and commissioning of a wide range of integrated health and social care services across the Midlothian partnership area, based on resources which have been delegated to it by the partners, Midlothian Council and NHS Lothian.
- 5.4 The MIJB is therefore expected to operate under public sector good practice governance arrangements which are proportionate to its transactions and responsibilities to ensure the achievement of the objectives of Integration.
- 5.5 The MIJB is required to review the effectiveness of its existing governance arrangements against its Local Code of Corporate Governance, and prepare a governance statement and report compliance on an annual basis. This is set out in the Annual Governance Statement 2019/20.

¹ CIPFA guidance note for local authorities 'Audit Committees' (2018)

6 Equalities Implications

6.1 There are no direct equalities implications arising from this report.

7 Resource Implications

7.1 The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the approved Scheme of Integration and the approved Standing Orders to make sure that public business is conducted with fairness and integrity.

7.2 The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

8 Risk

8.1 The Annual Governance Statement 2019/20 details areas where additional work would further enhance the internal control environment, or improve risk management, and corporate governance arrangements.

8.2 In addition to its own governance arrangements, the MIJB places reliance on the governance arrangements adopted by NHS Lothian and Midlothian Council, the partners. Where appropriate, existing mechanisms embedded within both NHS Lothian and Midlothian Council have been used to provide assurance to the MIJB.

9 Involving people

9.1 The MIJB Chief Officer, Chief Finance Officer and Integration Manager have undertaken the review of compliance with the 7 core principles of the MIJB Local Code of Corporate Governance during the year to 31 March 2020. This has been used to inform the MIJB Annual Governance Statement 2019/20.

10 Background Papers

10.1 Midlothian IJB Local Code of Corporate Governance (approved by the MIJB on 13 June 2019)

AUTHOR'S NAME	Jill Stacey
DESIGNATION	MIJB Chief Internal Auditor
CONTACT INFO	
DATE	27 May 2020

Annual Governance Statement 2019/20

Introduction

The Annual Governance Statement explains the MIJB's governance arrangements and system of internal control and reports on their effectiveness.

Scope of Responsibility

The MIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility the MIJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the MIJB's policies, aims and objectives. Reliance is also placed on NHS Lothian and Midlothian Council (the partners) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the MIJB.

The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The Board of the MIJB comprises voting members, nominated by either NHS Lothian or Midlothian Council, as well as non-voting members including a Chief Officer appointed by the Board.

The MIJB's Local Code of Corporate Governance (MIJB Local Code), which was approved by the Board in June 2019, sets out the framework and key principles, which require to be complied with, to demonstrate effective governance. The MIJB Local Code reflects the changing context of integration and is consistent with the principles and recommendations of the new CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The main features of the governance framework and internal control system associated with the seven core principles of good governance defined in the MIJB Local Code in existence during 2019/20 included:

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting rule of law

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the approved Scheme of Integration, which serves as the approved constitution, and Standing Orders to make sure that public business is conducted with fairness and integrity.

Reliance is placed on the values and standards set out in the codes of conduct within the employer partner organisations, which incorporate "The Seven Principles of Public Life" identified by the Nolan Committee on Standards in Public Life.

The MIJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistleblowing policies and procedures;
- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value of money and which reinforce ethical values.

Other areas where the MIJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the MIJB Chief Officer supported by Chief Financial Officer, Chief Internal Auditor and Board Clerk as appropriate.

B. Ensuring openness and comprehensive stakeholder engagement

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality.

Unless confidential, decisions made by the Board are documented in the public domain.

Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plan of the Health and Social Care Partnership and Delivery Plans were developed following consultations with interested parties including members of the public.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The vision, strategic objectives and outcomes are reflected in the Midlothian Health & Social Care Partnership's Strategic Plan 2019-2022 which has been updated to reflect on-going assessment of need. Implementation is underpinned by the associated Annual Delivery Plan.

Implications are considered during the decision making process within the standard report template covering Policy, Equalities, Resources, Risk, and Involving People.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes

In determining how services and other courses of action should be planned and delivered the partnership has a statutory responsibility to involve patients and members of the public.

The Midlothian Health & Social Care Partnership's Strategic Plan 2019-2022 is based on consultation during its review and update.

The MIJB has issued directions to the partners for service delivery and for service redesign and recommissioning in line with the transformation programme.

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The MIJB Chief Officer is responsible and accountable to the Board for all aspects of management.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the MIJB. The MIJB Chief Officer also meets regularly with representatives from the partner organisations.

Members of the MIJB Board are provided with the opportunity to attend Development Sessions relevant to their role as part of their development programme.

There is a leadership development programme for the joint management team supported by workforce plans with a key focus on team leader development.

F. Managing risks and performance through robust internal control and strong public financial management

The MIJB Chief Officer has overall responsibility for directing and controlling the partnership. The MIJB Board is responsible for key decision-making.

The MIJB has approved a Risk Management Strategy which includes: the reporting structure; types of risks to be reported; risk management framework and process; roles and responsibilities; and monitoring risk management activity and performance.

The MIJB Chief Financial Officer is responsible for the proper administration of all aspects of the Partnership's financial affairs including ensuring appropriate advice is given to the Board on all financial matters.

The MIJB's system of internal financial control is dependent upon on the framework of financial regulations, regular management information (including Revenue Budget Monitoring reports to the Board), administrative procedures (including segregation of duties), management supervision and systems of delegation and accountability within the partner organisations.

The MIJB also relies upon the partners for:

- Counter fraud and anti-corruption arrangements; and
- Management of data in accordance with applicable legislation.

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The Shared Chief Internal Auditor of Midlothian Council is the MIJB's Chief Internal Auditor to provide an independent and objective annual opinion on the effectiveness of internal control, risk management and governance. This is carried out in conformance with the Public Sector Internal Audit Standards.

The MIJB responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The MIJB Audit Committee is integral to overseeing assurance and monitoring improvements in internal control and governance.

Performance Reports were presented to the Board for monitoring and control of achievement of Local Improvement Goals. An Annual Performance Report for 2019/20 is being prepared to outline progress against strategic objectives over the year.

The Annual Accounts and Report for 2019/20 setting out the financial position in accordance with relevant accounting regulations is also being prepared.

Review of Adequacy and Effectiveness

The MIJB is required to conduct, at least annually, a review of the effectiveness of its governance framework.

The review was informed by: an annual self-assessment against the MIJB's Local Code of Corporate Governance which was updated to ensure it is consistent with the principles of the CIPFA/SOLACE Framework (2016), carried out by MIJB Management; MIJB Internal Audit reports; MIJB External Audit reports; relevant reports by other external scrutiny bodies and inspection agencies; and relevant partners' (NHS Lothian and Midlothian Council) Internal Audit and External Audit reports.

Improvement Areas of Governance

The review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the Local Code:

- 1 Continue to demonstrate the linkages within the Strategic Plan to local and national objectives and alignment of Directions.
- 2 Further develop the Performance Management Framework to align performance measures to key priorities and outcomes of the Strategic Plan and enhance specification within the Annual Delivery Plans of how outcomes are to be measured.
- 3 Continue to engage in the strategic planning processes of NHS Lothian's Hospitals to promote the actions required to deliver the Midlothian IJB Strategic Plan.

The implementation of these actions to enhance the governance arrangements in 2020/21 will be driven and monitored by the MIJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2020/21 is designed to test improvements and compliance in governance.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the MIJB's governance arrangements and system of internal control, while recognising that improvements are required to fully demonstrate compliance with the Local Code in order for the MIJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

Covid-19 Response

The above assurance reflects the assessment of governance in place during normal operations in 2019/20 prior to the significant coronavirus (Covid-19) outbreak in late March 2020. The Midlothian Health and Social Care Partnership played a strategic role in the emergency response with innovations, new business processes and solutions, and new technology being embraced in order to deliver services to the community. This was achieved using new ways of decision-making, leadership and implementation including virtual meetings and systems remote access.

Morag Barrow
Chief Officer MIJB
mm 2020

Cllr Catherine Johnstone
Chair of the MIJB
mm 2020

Thursday 11 June 2020, 2.00pm

COVID-19 State of Emergency– HSCP Recovery Plan

Item number: 4.5

Executive summary

This report explains why a Midlothian HSCP Recovery Plan is required. The continued threat of COVID-19 means that many services will and are already being delivered in quite different ways. This is likely to continue for the foreseeable future. Services are still learning how to adapt to the presence of the COVID virus and this Recovery Plan lays out the key issues that are now being analysed and then translated into detailed action plans. This Recovery Plan sits alongside the plans and timetables developed by NHS Lothian and Midlothian Council for the gradual resumption of their services.

This Recovery Plan has been developed in full recognition of the continuing major threat to the population posed by COVID-19. It is a plan designed to enable the Partnership to meet the broader health and care needs of the Midlothian population in this new context. In the event that there are further major outbreaks in future then this Recovery Plan will be reviewed and altered as required. The HSCP will continue to act on professional advice and actively learn from best practice across the country about how best to adapt to the major changes in how society must now function.

Members are asked to comment on this plan, which will remain a live document. The IJB is asked to approve the Plan in principle and agree progress-reporting arrangements.

COVID-19 State of Emergency– HSCP Recovery Plan

1 Purpose

- 1.1 The purpose of this report is to explain how the Midlothian HSCP is seeking to learn from the experience of operating in a prolonged period of emergency, arising from COVID, through the development and implementation of a Recovery Plan.

2 Recommendations

- 2.1 As a result of this report Members are asked to:-
1. Approve the Recovery Plan in principle
 2. Contribute on an ongoing basis to the actions included in the Plan
 3. Agree that the Strategic Planning Group will receive regular progress reports
 4. Consider what action is required in relation to the 2019-22 Strategic Plan
 5. Consider whether any new or amended Directions should be issued to NHS Lothian and/or Midlothian Council

3 Background and main report

- 3.1 Since early March 2020, the Health and Social Care Partnership's primary focus has been on contributing to the emergency responses to the COVID-19 pandemic. Services have been restricted, in terms of access, and have been delivered in very different ways with much reduced face-to-face contact.
- 3.2 It is clear that, while the national state of emergency is gradually being relaxed, the threat of the virus will remain a major influence upon how health and care services are delivered for the foreseeable future.
- 3.3 Midlothian HSCP has prepared a specific strategy outlining how it will continue to respond directly to the COVID-19 threat .-*Midlothian HSCP COVID-19 Response Plan*.
- 3.4 *Scotland's Route Map through and out of the Crisis* provides a national context for recovery. National guidance will be issued regarding the delivery of some health and care services. For example, Scottish Government introduced extensive new requirements for support and advice to care homes on the 17th May 2020.
- 3.5 Professional bodies are also very likely to provide guidance about the delivery of individual services such as dentistry and pharmacy.

- 3.6 NHS Lothian has developed a “Remobilisation Plan” (25th May 2020) about how services will gradually be made more available as the level of new cases of COVID-19 reduce.
- 3.7 Midlothian Council is developing a “Route Map” for the resumption of its services based upon the approach outlined by the Phases explained in Scotland’s Route Map as referred to in para 3.3. The initial outline of the delivery of health and care services, as part of this plan, is attached at Appendix 1, although more work is being undertaken to complete this picture for each of the phases and for all local health and care services.
- 3.8 Very few health and care services, if any, will remain unaffected by the pandemic. Many services will need to adapt to the continuing threat of the virus. This will include the provision of personal protective equipment for front line staff and new ways of working with people in group-activities to ensure social distancing can be maintained.
- 3.9 Alongside this, there has been a great deal of organisational learning gained throughout the experience of operating in such extreme circumstances for almost three months. The development of the use of technology in the provision of health care is an obvious case in point. However, there are many other positive examples including the contribution of volunteers and the experience of very strong partnership working across the services. The HSCP must capitalise on these new ways of working and, where possible, maintain them beyond the state of emergency.
- 3.10 Inevitably, the organisation has had to operate in very different ways during the emergency, and, indeed, to some extent continues to do so. Managers have commented positively on the “can-do” mentality evident throughout the service, and are keen to maintain the pace at which required service changes were introduced. Some areas of service delivery came under particular pressure and, as a result, organisational changes will be implemented to streamline processes, pathways and, possibly, some structures.
- 3.11 A programme of work is outlined in the attached Recovery Plan (Appendix 2). This work will be undertaken wherever possible through existing forums such as joint planning groups. A central action log will be maintained to monitor progress that will be overseen by the Senior Management Team and reported to the IJB Strategic Planning Group.
- 3.12 The Recovery Plan refers to a number of issues directly relevant for the IJB. These include whether the 2019-22 Strategic Plan now requires a major review, including public consultation. The IJB will also have to consider whether the Directions it issued in April to NHS Lothian and Midlothian Council, require amendment.

4 Policy Implications

- 4.1 This Recovery Plan takes account of national guidance on the response to the COVID-19 emergency-Scotland’s Route Map. It also ensures close links to plans being drawn up by Midlothian Council and NHS Lothian to move out of emergency status.

5 Directions

- 5.1 As the Recovery Plan is developed there are likely to be a number of issues that require to be communicated through revised Directions. One example is to consider what action may be needed to maintain the significant change in demand upon Unscheduled Care that took place during the period of emergency.

In the first instance, the IJB may wish to issue the Recovery Plan itself asking NHS Lothian and Midlothian Council to note the work that is planned by the Partnership.

6 Equalities Implications

- 6.1 There are no direct implications for equality groups arising from this report. Some people however, may have been particularly affected indirectly by the pandemic, particularly the period of lockdown, including those with mental health needs, those with long-term health conditions and people vulnerable to domestic abuse.
- 6.2 The possibility that the economic impact of the pandemic could result in significant job losses may result in adverse health inequality consequences for some people.

7 Resource Implications

- 7.1 The Recovery Plan specifies actions to be taken to address the considerable financial pressures arising from the pandemic that require to be considered.

8 Risk

- 8.1 The HSCP must ensure that it is able to protect staff and service users from COVID-19 as far as is possible. However, it must also ensure that it is able to return to providing the full range of services to address the broader health and care needs of the population. Crucially this must include providing the capacity to resume prevention and early intervention activities.

9 Involving people

- 9.1 The Recovery Plan has been drawn up through initial discussions with a range of key HSCP managers. It will be vital that the plan remains a live document that responds to new perspectives, as the HSCP is able to engage with planning partners, staff, service users and family and informal carers.

10 Background Papers

Appendix 1 Midlothian Council Route Map-Health and Social Care excerpt 28th May 2020

Appendix 2 HSCP Recovery Plan 24th May 2020

AUTHOR'S NAME	Tom Welsh
DESIGNATION	Integration Manager
CONTACT INFO	0131 271 3671 tom.welsh@midlothian.gov.uk
DATE	01/06/2020

Midlothian Council Phased Route Map

	Scottish Government Phase 1	Midlothian Phase 1 Transition	Scottish Government Phase 2	Midlothian Phase 2 Transition
Protections advised in each phase	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport.	<ul style="list-style-type: none"> Midlothian HSCP participating in NHS Lothian-wide tactical group about implementing physical distancing 	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport.	
Health and social care	<p>Beginning to safely restart NHS services, covering primary, and community services including mental health.</p> <p>Phased resumption of some GP services supported by an increase in digital consultations.</p> <p>Roll out the NHS Pharmacy First Scotland service in community pharmacies.</p> <p>Increase care offered at emergency dental hubs as practices prepare to open.</p> <p>Restart, where possible, urgent electives previously paused.</p> <p>Resumption of IVF treatment, as soon as it is safe to do so, and subject to the approval of HFEA.</p> <p>Increase provision of emergency eyecare in the community.</p> <p>We will consider the introduction of designated visitors to care homes.</p>	<ul style="list-style-type: none"> Critical services have already been provided although where possible using digital communication. Most mental health services have continued to be provided throughout albeit using different methods of delivery . All Mid GP practices are operating telephone triage, increased use of video consultations, F2F appointments only when necessary. Essential GMS services only: urgent care, urgent bloods, child immunisations, cancer referrals etc. No dental/optometry services other than emergency at central NHSL site. Limited services will be provided by dentists from Monday 1st June 2020 Pharmacies are open but with restrictions on customers in the shop. Greater reliance upon home delivery of prescriptions More generally individual service managers and planning officers are beginning to plan for reinstating services, with infection control/physical distancing/tech considerations Opticians open for urgent and essential eye-care Care Homes Contact remains by telephone or video-calls although in exceptional circumstances face to face visits have been arranged Work is planned to enable people with learning disabilities who live in supported accommodation to have contact with their families Plans will be developed to enable some family carers to receive some form of respite care Day services have been provided for people with learning disabilities whose needs are critical. Technology has been used 	<p>Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services.</p> <p>Reintroduce some chronic disease management which could include pain services, diabetic services.</p> <p>All dental practices open to see patients with urgent care needs. Urgent care centres provide urgent aerosol generating procedures.</p> <p>Prioritise referrals to secondary care begin.</p> <p>Increase number of home visits to shielded patients.</p> <p>Continue to plan with COSLA and Scottish Care to support and, where needed, review of social care and care home services.</p> <p>Phased resumption of some screening services.</p> <p>Expand range of GP services.</p> <p>Phased safe resumption of essential optometry/ ophthalmology services.</p> <p>Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so</p>	<ul style="list-style-type: none"> NHS Mobilisation Plan attached which outlines the details including timescales of the resumption of core services. Dental practices will continue to provide restricted services for a number of months Consider how we continue supporting shielding patients beyond COVID Delivery of Intermediate Care Services will be redesigned to be more fit for purpose in terms of patient flow GP Practices will launch major publicity campaign using social media and postcards delivered throughout Midlothian. This will encourage greater self-management through use of NHS Inform. Access will continue to be weighted towards telephone and videoconferencing Additional GMS services added including screening. Ongoing development of key initiatives e.g. Community Treatment and Care Centre functions being expanded in some GP practices – this will include chronic disease monitoring. Flu vaccination plan rolled out

Midlothian Council Phased Route Map

		creatively to provide support. This will continue and where safe to do so extended.		
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	Scottish Government Phase 3	Midlothian Phase 3 Transition	Scottish Government Phase 4	Midlothian Phase 4 Transition
	As with previous phase but with the following changes:		As with previous phase but with the following changes:	
Epidemic Status	Virus has been suppressed. Continued focus on containing sporadic outbreaks.		Virus remains suppressed to very low levels and is no longer considered a significant threat to public health.	
Criteria/ Conditions	R is consistently low and there is a further sustained decline in infectious cases. WHO six criteria for easing restrictions must continue to be met. Any signs of resurgence are closely monitored as part of enhanced community surveillance.		Virus is no longer considered a significant threat to public health.	
Protections advised in each phase	Physical distancing requirements in place. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings in enclosed public spaces, including public transport.		Physical distancing requirements to be updated on scientific advice. Frequent handwashing and hygiene measures for all. Cough etiquette is maintained. Face coverings may be advised in enclosed public spaces, including public transport.	
Health and social care	Emergency and planned care services delivered. Expansion of screening services. Adult flu vaccinations including in care homes and care at home. All dental practices begin to see registered patients for non-aerosol routine care. Urgent care centres to provide aerosol generating procedures. All community optometry reopens with social distancing safeguards. Some communal living experience can be-restarted when it is clinically safe to do so.	<ul style="list-style-type: none"> • See NHS Lothian Mobilisation Plan for details of resumption of core services • All community living services including group-based day services will be subject to risk assessment and redesign before reintroduction to ensure service user and staff safety 	Full range of health and social care services provided and greater use of technology to provide improved services to citizens.	<ul style="list-style-type: none"> • Recovery Plan with detailed action plan now being implemented redesigning the delivery of health and care services • Digital Group focussed upon the technical component of first wave recovery programme plan. All managers to consider new delivery models for reinstating service

MIDLOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP

COVID-19 CRISIS:

DEVELOPMENT OF A RECOVERY STRATEGY

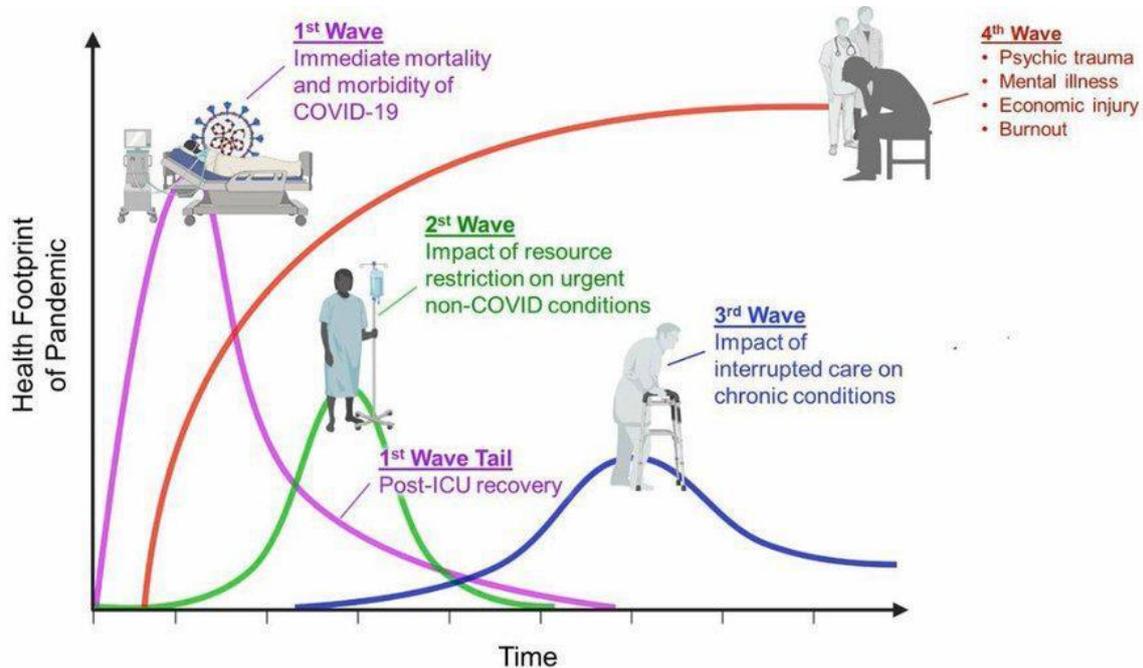
This Strategy outlines the approach of the Partnership to moving on from the major emergency in place since mid-March caused by the corona virus pandemic. We have based this strategy on the premise that COVID-19 will continue to pose a major health threat until a vaccine has been developed, if indeed this proves possible. However, we must ensure that we are able to meet the broader health and wellbeing needs alongside responding to the COVID-19 virus. This strategy describes how we intend to achieve this. It should be read alongside the Partnership's strategy for continuing to respond to the effects and ever-present threat of the corona virus.

24th May 2020

Introduction:

1. The corona virus pandemic has changed all of our lives immeasurably and within a very short space of time. Many uncertainties remain about how long the virus will be a defining feature of how society functions. However, there does seem to be a consensus that its impact is likely to continue for at least eighteen months and potentially much longer. It seems very unlikely that we will return to our 'normal' way of life, as we knew it. Given this context, it is unwise to attempt to plan in fine detail how Midlothian HSCP will move out of the current state of emergency to pursuing its broader responsibilities and strategic objectives. It will be critical that the organisation remains agile and continually reappraises the needs of the population and how best to prioritise and deliver services.
2. Nevertheless, it is important that we begin to articulate how, despite the continuing threat of the corona COVID-19 virus, we plan to return to addressing the wider health and care needs of the people of Midlothian. This plan identifies the issues that we need to consider. It is a first iteration and, as such, is a starting point. As further opportunities for reflection are created within the management team, with planning partners, with staff, and with our local communities, we will develop a more robust recovery plan that has a broad base of agreement and understanding.
3. It is important to note that a separate **COVID-19 Response Strategic Plan** has already been developed by the HSCP to explain how it will respond to the continued threat of COVID-19.
4. Predicting the wider impact on the health of the population is very difficult, particularly when the future prevalence of COVID 19 remains very uncertain.

This diagram seeks to provide an accessible picture of the new challenges we may face:



How the HSCP is Planning Recovery from this State of Emergency:

- As has been the case since the creation of the HSCP, we must continue to recognise our interdependency upon a wide range of organisations and stakeholders. The need to work on a pan-Lothian basis in relation to an NHS Lothian response to the COVID crisis was self-evident. The need for very close working between GPs, Primary Care Teams and Social Care Services has been critical. Collaboration across the Council has required daily planning and management. Weekly meetings of the Community Planning Partnership reflected the criticality of effective interagency working. Local community responses have served to illustrate how vital voluntary organisations, volunteers, neighbours and family carers are to underpinning the delivery of health and care.
- Planning recovery will entail working with all these stakeholders however daunting that may appear. We are fortunate that, as an established HSCP, we have developed valuable experience of working in such a complex environment. This Midlothian HSCP Recovery Plan will not sit in isolation. Midlothian HSCP will need to adopt an approach tailored to local health and wellbeing needs; the strengths of local communities; and the configuration of our local services. In this

respect, local decision-making will be more vital than ever. However, we will need to ensure that we take full cognisance of national policies and guidance. We will need to ensure that we fully embrace recovery actions developed by NHS Lothian for its services across Lothian, including our hosted services. We will be full partners in the development of local recovery plans prepared by Midlothian Council and its Community Planning Partners. We will both contribute to and learn from all these exercises. As such, effective recovery planning will require a continually iterative approach.

7. Whilst recognising the ever-changing situation that the Partnership will face, nevertheless it will be important to reach agreement on the way forward. Indeed, some issues will demand immediate attention in advance of concluding this recovery plan. The continued use of technology is one example of this.

Overseeing the Implementation of the Recovery Plan

8. For the most part, detailed action planning will be the responsibility of the relevant local joint planning groups, management teams and working groups. For example, work is already underway by the Mental Health Planning Group, to assess and respond to the challenges to the population's mental wellbeing that have arisen because of the pandemic. Some issues, such as 'promotion of self-management' or 'application of technology', will be considered across all our services.
9. The Recovery Plan will be managed as a programme of work that will seek to ensure that there are no gaps in planning and that the changes taking place across health and social care are implemented in a coherent way minimising unintended consequences throughout the service. In addition, a centrally held Action Log will be maintained tracking progress and enabling the Senior Management Team to retain an overview of the Recovery Plan.
10. The changes outlined in this plan are consistent with and reinforce the values and principles of the Partnership as outlined in the IJB 2019-22 Strategic Plan. '*Preventing ill health*', '*supporting people to recover*', '*providing person centred services*' and '*recognising the importance of mental well-being*' remain some of the key drivers for the delivery of health and care services in Midlothian. As an IJB, we had already

recognised that the previous approach to health and care had failed to respond effectively to the growing prevalence of issues such as loneliness, poverty and the physical health conditions associated with obesity. Nevertheless, the proposed reshaping of our services arising from our learning throughout this period of the COVID emergency will be significant. As such, strong governance is vital and this recovery plan will be overseen by the IJB Strategic Planning Group and ultimately by the Midlothian IJB itself.

11. The term 'Recovery Plan' may imply a full return to the way things were. However, as the Government and its scientific advisers continually emphasise, there will be a 'new norm'. Recovery is about moving on from operating in emergency mode. However, it is also about learning lessons from the crisis as to how we can do things differently on an ongoing basis. As such, this plan is, to some extent, the seeds of "a new beginning" for the Midlothian Health and Social Care Partnership.

Main Issues Considered in this Outline Plan

- A. New Health and Wellbeing Challenges
- B. Lessons for Service Delivery in Health and Care
- C. Strengthening Use of Technology
- D. Working with Communities and Engaging Service Users
- E. Building on Experiences of Stronger Partnership Working
- F. Workforce Resilience and Safety
- G. Organisational Issues for the HSCP
- H. Managing the Financial Consequences of COVID-19
- I. Reviewing the IJB's Strategy and Key Objectives

This collation of issues that need to be addressed as part of our recovery is based largely upon feedback from managers and service representatives. A few of their comments have been included to give a flavour of their experiences. However, we are very aware that there have been literally hundreds of staff from the HSCP involved in the response to the COVID crisis, who we have not yet spoken to, many of whom were, and remain on the front line. We need to continue to learn by enabling this feedback to be given and heard.

"Conducting this review has allowed me to experience the personal resilience of key managers in the HSCP. I have heard about how they have faced challenges such as balancing work/life, devoting time to their areas of responsibility that meant working many extra hours; showing their compassion for colleagues and clients/patients/residents; and demonstrating their willingness to lead and manage difficult situations and to do the right thing together."

A. NEW HEALTH AND WELLBEING CHALLENGES

1. Planning Responses to the Continued Threat of COVID-19

- i. Delivering inpatient-services including clear pathways across Acute Hospital, Rehabilitation and local Midlothian services
- ii. Testing and contact tracing
- iii. Advice for patients at home, and in care homes,
- iv. Staff Resilience
- v. Staff Safety including Personal Protection Equipment and its distribution
- vi. Supporting people who are shielded
- vii. Planning for future waves of the virus
- viii. Bereavement support

2. Responding to Health and Care Issues not fully addressed during the Crisis

- i. People with urgent health issues who have not sought assistance
- ii. Uptake of screening e.g. breast and bowel
- iii. Support and rehabilitation for people with long-term conditions
- iv. Uptake of immunisation programmes
- v. Re-establishing the Frailty Approach - 10 GP Practices already working with Red Cross
- vi. Addressing waiting lists and backlogs across all services

“The “shielding list” has exposed our vulnerable and those most in need, those in poverty more obvious and in a way that .has given us an opening to offer help.”

3. Responding to Wellbeing Issues resulting from the COVID-19 Crisis

- i. Social Impact e.g. Isolation; restricted recreation
- ii. Psychological Impact on users and general public e.g. anxiety
 - a. See ‘Mental Health During and Post COVID-19’ Paper to SMT
 - b. See guides to “Five Ways to Wellbeing COVID”
- iii. Economic Impact e.g. unemployment and consequences for health

“Tier 1 of mental health resources is full! We have so much to offer, we need to make everyone aware of what we have on offer.”

B. LESSONS FOR SERVICE DELIVERY IN HEALTH AND CARE

4. Maintaining New Services and New Ways of Delivering Services

- i. Role and configuration of Midlothian Community Hospital (MCH)
- ii. Evaluation of Primary Care Hub at MCH
- iii. Supporting the value of self-management e.g. in nursing tasks
- iv. Continuation of COVID Team
- v. Third Sector organisations working together-‘Alliance Contracting’
- vi. Reviewing service design of intermediate care services

“Can you do this, do you want to be able to do this for yourself and how can I help you manage this yourself?”

5. Reviewing Design of Key Social Care Services

- i. Care at Home including Reablement
- ii. Delivery of food
- iii. Delivery of medicines
- iv. Working with neighbours and volunteers (see Section D on Communities)
- v. Care Homes
- vi. Adult Support and Protection and Domestic Abuse
- vii. Learning Disability Services

“Packages of Care still our biggest concern”

“Care Home staff have been amazing and had such devotion to duty.”

“The carers and families are in a good position now to take the (LD) service forward, a much better relationship of openness and honesty”

6. The Future Roles of Primary and Secondary Care

- i. Unscheduled Care Patient Flow e.g. learning from reduction in A&E presentation
- ii. Maintaining delayed discharge performance
- iii. Adopting “Home First” approach
- iv. Reviewing the change in Primary Care demand for non-COVID issues
- v. Reviewing the relationship between Primary and Secondary Care
- vi. Implications for the ‘Primary Care Improvement Programme’

“Information from the daily Flow Hub has helped us create better care pathways.”

“Our GPs have shown such leadership, one in particular who has always been there for us, no egos.”

C. STRENGTHENING THE USE OF TECHNOLOGY

7. Technology and Ways of Working

- i. Working from home-risks, benefits, resource implications
- ii. Virtual Meetings
- iii. Wi Fi in all settings
- iv. Staff training

"The workforce will need a basic computing training course in the tools we are planning to use routinely"

8. Technology in the Delivery of Health and Social Care

- i. Primary Care- e referrals, 'Attend Anywhere'
- ii. Outpatient clinics 'Attend Anywhere'; Telephone
- iii. Minor Injuries Telephone. Video Conferencing
- iv. Health Visitors and DNs –Telephone and Video Conferencing
- v. Inequalities implications e.g. .access to equipment; confidence
- vi. Use of technology in Midlothian Community Hospital
- vii. Improved use of 'paperlite' systems e.g. MCH and Trak
- viii. Costs related to Ipads for enabling families to maintain contact with relatives in hospital or in care homes

"So impressed at the way clinical staff have embraced technology"

"Technology has been helpful but we do need to return to face-to-face"

D. WORKING WITH COMMUNITIES AND ENGAGING SERVICE USERS

9. Supporting Resilient Communities (See SMT Paper on Volunteer and Community Response 30th April)

- i. Working through the 'Care for People Group' to learn lessons
- ii. Assessing the case for continuing Community Hubs
- iii. Maintaining the contribution of Volunteers

"(There was) Real engagement with communities and application of our social work values"

"500 volunteers already-if we could keep even 50 of these that would be fantastic. Let`s take volunteering to a different level,"

10. Working with Service Users Collectively

- i. Learning from the experience of service users of all services
- ii. Strong, proactive communication about how services have changed e.g. the increased use of technology. This will include the development of a full HSCP website

"We have had no objections from staff or clients to new ways of working/providing care."

E. BUILDING ON EXPERIENCE OF STRONGER PARTNERSHIP WORKING

11. Relationships with Voluntary Organisations and Independent Providers

- i. Relationships with the Third Sector were already strong. We must build on this through, for example, Alliance Contracting (see Section 4)
- ii. Independent Providers of Care at Home and Care Homes have been at the heart of our community-based responses during COVID. We must redouble our efforts to ensure the sustainability of these services which support some of our most vulnerable citizens

12. Relationships within the Partnership

- i. Maintaining stronger working between GPs and the HSCP
- ii. Building on the stronger links between Treatment Room Nurses and District Nursing

"I am proud of how everyone has responded; it has been humbling as we have all worked together"

13. Relationships with Council Services

- i. Working more closely with Education, Children and Families, CLL
- ii. Retain strong links to Housing and Social Housing Landlords recognising that that good health is inextricably linked to appropriate good quality housing.
- iii. Stronger joint working between Health Visitors and Children's Services

14. Relationships with the central NHS Lothian Services

- i. Review arrangements for recognising the joint arrangements in HSCP-an example being taxi provision for COVID testing needed for all HSCP staff
- ii. Review approach to Outpatient Services (see Technology section)
- iii. Improved relationships with eHealth

"Introducing TRAK finally to Glenlee (MCH) was smooth, ehealth were so helpful"

F. ENSURING WORKFORCE SAFETY AND RESILIENCE

15. Supporting Staff Following the Emergency

- i. Learning from staff experiences during the emergency-
- ii. Reviewing wellbeing –psychological impact, need for time off (A/L)
- iii. Maintaining the role of a ‘Wellbeing’ Champion

“Being shielded and really wanting to work has been made possible by my line manager.”

16. Ensuring a Resilient Workforce in Future

- i. Maintaining joint working relationships
- ii. Home working (see Technology Section)
- iii. Review personal resilience plans
- iv. Reviewing our Workforce Plans e.g. proactive approach to students
- v. Transferable skills and flexibility of roles e.g. sports staff in Newbyres Home

“Working from home - big improvement in this with trust to get the job done”

G. ORGANISATIONAL ISSUES

17. Re-establishing a Collaborative Empowering Culture

- i. Moving on from the ‘Command and Control’ culture
- ii. Lessons from introducing changes very quickly
- iii. Organisational Development including ‘Change Management’
- iv. Review of internal communication e.g. daily huddles
- v. Retaining creativity evident during crisis
- vi. Building on the “can do” mentality required in the crisis

“Pace is good in one sense as things have just been done”

“What we thought was impossible just got done”

18. Structural Issues

- i. Review of viability of small teams e.g. Some OT services; Intermediate Care
- ii. Reflection on operational management alongside professional advice

19. Clinical and Care Governance

- i. Reinstating key quality control systems such as supervision and complaints
- ii. Reviewing risk management arrangements

“I am keen for supervision and reinstating the structure of daily life”

Achieving KPIs has been difficult in the current situation

H. FINANCIAL MANAGEMENT

20. Financial Implications of COVID-19

- i. Estimating current and future costs in line with 'Mobilisation Plan and the wider costs of COVID-19.
- ii. Tracking of any additional expenditure through the reporting arrangements put in place into Scottish Government
- iii. Meeting any additional costs of COVID remains uncertain we continue to link into all the appropriate channels, Health Boards, Local Authority and Scottish Government to support this.

21. Investment Decisions in Light of Learning from the Emergency

- i. Review of 2020-21 and three year investment plan to address areas requiring further investment as highlighted during crisis period
- ii. Review the allocation of the Set Aside Budget given the significant changes in hospital usage

I. IMPLICATIONS OF COVID-19 FOR IJB OBJECTIVES

22. Review of 2019-22 Strategy

- i. Review and strengthen key objectives relating to
 - a. Prevention e.g. mental wellbeing and resilience
 - b. Supporting family carers
 - c. Addressing Inequalities e.g. economic impact of COVID
- ii. Consider the implications of long-term social distancing
 - a. Group models of care –day-care older people, people with learning disabilities, mental health, offenders and substance misuse
 - b. Peer support interventions
 - c. Group approaches to health care-weight management; type 2 diabetes, pulmonary rehab
- iii. Review performance objectives including the adoption of Outcomes Mapping to provide a more rounded approach rather than rely on the hospital focussed MSG Indicators
- iv. Review the need for new or amended Directions to be issued to the Council and NHS Lothian

"It will be important to get back to the prevention agenda keeping focus on this: anti-poverty, food sources, coming out of lockdown when people have no job to go back to."



Midlothian is an exceptional team, and we need to work together to support each other to get through this safely.

You are the best, so let us show Covid-19 that it is not going to beat us in Midlothian.

Message to Staff 17th March 2020

Morag Barrow, Grace Cowan, Alison White

Authors: Fiona Huffer and Tom Welsh

Midlothian HSCP Recovery Plan: 24th May 2020 version 5



Thursday 11 June 2020, 2.00pm

Clinical and Care Governance Report

Item number: 4.6

Executive summary

The purpose of this report is to provide assurance to Midlothian Integrated Joint Board as to the clinical and care governance arrangements within Midlothian. It will highlight good practice and identify any emerging issues or risks.

Additional reports will be attached as appropriate throughout the year to provide updated information from specific service areas.

Board members are asked to:

- Note and approve the content of this report
- Note the proposed development of a clinical and care governance dashboard

Clinical and Care Governance Report

1 Purpose

- 1.1 This is the Clinical and Care Governance report for Midlothian IJB.

2 Recommendations

- 2.1 As a result of this report Members are being asked to:
- Note and approve the content of this report
 - Note the proposed development of a clinical and care governance dashboard

3 Background and main report

- 3.1 Due to the challenges the current Pandemic has presented, there was a delay in getting our meetings started. We are now in a position to commence Bi-monthly meetings which will be facilitated using Microsoft Teams to comply with social distancing recommendations.
- 3.2 Service leads and managers attended a meeting of the Midlothian Clinical and Care Governance Group on Wednesday 13th May.
- 3.3 Membership was agreed, Terms of Reference developed, and details of where the meeting sits within our governance structure shared.
- 3.4 A standing agenda and a reporting template were agreed and include:
- Dashboard – still to be developed
 - Standards
 - Quality Improvement Projects
 - Safety – including incidents and risks relating to clinical and care governance
 - Internal audits and External Reviews and Inspections
 - Shared Learning and Actions
 - Responsiveness of Services
 - Feedback
 - Workforce, including Safe Staffing
 - Reporting
- 3.5 A Clinical and Care Governance review dashboard will be developed showing Team Managers/Senior Charge Nurses, Service Managers/Clinical Nurse Managers and Heads of Service and Professional Leads a summary/overview of agreed reports in one screen.

From here they can identify areas of good practice but also areas of concern requiring immediate action. This will support managers to ensure the service we provide is safe, effective and person-centred.

Available data may include:

Safe: e.g. Safe Care, Workforce data, vacancies, absence, mandatory training

Effective: e.g. Activity data, Infection control data, Clinical audit results

Person-centred: e.g. Feedback, incidents, complaints.

This will be progressed following the current Pandemic situation.

4 Policy Implications

- 4.1 This report should provide assurance to the IJB that relevant clinical and care policies are being appropriately implemented in Midlothian.

5 Directions

- 5.1 Clinical and Care Governance is implicit in various Directions that relate to the delivery of care.

6 Equalities Implications

- 6.1 Any equalities implications will be addressed by service managers as they arise. There are no specific policy implications arising from this report.

7 Resource Implications

- 7.1 Any resource implications will be identified by managers as part of service development, and this may at times be required to ensure good clinical and care governance arrangements. There exists an expectation of staff time to attend the Clinical and Care Governance Meeting and ensure this work is embedded in local areas/teams.

8 Risk

- 8.1 This report is intended to keep the IJB informed of local governance arrangements and any related risks and to provide assurance to members around continuous improvement and monitoring.
- 8.2 All risks associated with the delivery of services are monitored by managers and where appropriate they are reflected in the risk register.

9 Involving people

- 9.1 Midlothian staff will be involved in the development and ongoing monitoring of processes related to clinical and care governance.
- 9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

- 10.1 Terms of Reference
- 10.2 Clinical and Care Governance Agenda
- 10.3 Clinical and Care Governance Reporting Template

AUTHOR'S NAME	Caroline Myles
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CONTACT INFO	0131 271 3947
DATE	11th June 2020



Thursday 11 June 2020, 2.00pm

Re-modelling of Wards at Midlothian Community Hospital

Item number: 4.7

Executive summary

The purpose of this report is to update the IJB regarding changes made at Midlothian Community Hospital (MCH).

COVID-19 pandemic came with an expectation that the number of deaths in Midlothian would increase, with those at particular risk being the elderly and those with underlying health conditions.

Although Midlothian HSCP agrees with the principle that most people would wish to die at home, as their place of choice, it was recognised that for many this may not be an option. To avoid admission to acute hospital and address the needs of the Midlothian residents who contract Covid-19, a palliative care ward was identified as a need for Midlothian Community Hospital.

Although the number of Midlothian deaths has increased they have not been as high as was initially feared and pressure on ITU beds has remained at a manageable level. A decision was made that the palliative care ward was no longer required.

As an alternative to a palliative care ward, the 3 older people wards at MCH have been reconfigured to allow for a Red Covid ward and Green non-Covid wards. This will facilitate flow of patients from other hospitals and other settings while maintaining their safety and reducing the risk of infection transmission.

Board members are asked to:

- Note and approve the content of this report

Re-modelling of Wards at Midlothian Community Hospital

1 Purpose

- 1.1 This report is presented to update the IJB regarding changes made to wards at Midlothian Community Hospital.

2 Recommendations

- 2.1 As a result of this report Members are asked to
- Note and approve the content

3 Background and main report

- 3.1 Midlothian Community Hospital has 4 wards.
- 3.2 Upstairs – Loanesk and Edenview. Elderly Rehab and Assessment, and HBCCC
Downstairs – Rossbank and Glenlee. Mental Health Assessment and HBCCC
- 3.3 Recent plans to reconfigure the mental health wards had seen a number of Glenlee East Lothian patients transfer as a result of the opening of the new East Lothian Community Hospital. Remaining Glenlee patients had plans to move to Rossbank ward after some reconfiguring of the barrier between Rossbank and Glenlee.
- 3.4 Plans were being developed for the future use of the vacated Glenlee Ward.
- 3.5 Having identified the urgent need for palliative care beds in Midlothian a working group was pulled together to expedite the work required to free Glenlee ward for palliative care use. This group was led by Chief Nurse supported by Lead GP, Nurse Managers, and relevant others.
- 3.7 Work was completed, staff numbers identified and the ward prepared for opening.
- 3.8 A Service Level Agreement was signed with Marie Curie to provide medical support to the ward. In addition Consultant and GP support was arranged.
- 3.9 Nursing staffing numbers were identified and requested from the central NHS Lothian cohort of staff returning from retirement and those staff being redeployed from acute hospital wards with low patient occupancy. Unfortunately the opening of the ward was delayed due to the limited number of nurses made available.
- 3.10 In addition a secondment was agreed for a senior Marie Curie Nurse.

- 3.11 Although the number of Midlothian deaths has increased they have not been as high as was initially feared and pressure on ITU beds has remained at a manageable level. A decision was made that the palliative care ward was no longer required
- 3.12 As an alternative to a palliative care ward, the 3 older people wards at MCH have been reconfigured to allow for a Red Covid ward and Green non-Covid wards. This will facilitate flow of patients from other hospitals, and other Midlothian settings, while maintaining their safety and reducing the risk of infection transmission.
- 3.13 An alternative medical model was agreed and support for this arranged from other areas of Lothian.
- 3.14 There have been some delays in opening this ward due to a delay in availability of nursing staff.

4 Policy Implications

- 4.1 This report should provide assurance that all existing relevant policies were considered as part of the re-modelling.

5 Directions

- 5.1 This work supports developments outlined in Direction 3 – Midlothian Community Hospital (in particular relating to the changed use of beds) and Direction 4- Palliative Care.

6 Equalities Implications

- 6.1 There are no specific policy implications arising from this report.

7 Resource Implications

- 7.1 Resource to facilitate this development was included in the Midlothian HSCP Mobilisation Plan.

8 Risk

- 8.1 When planning the palliative care ward it was accepted some patients admitted may improve but the ward was not set up to manage patients through to recovery. A clear pathway was required for these patients to ensure safe and appropriate care.
- 8.2 The availability of redeployed staff remains central to this model while Covid-19 is a factor in Midlothian. Negotiations with colleagues in acute services will continue.

9 Involving people

- 9.1 Midlothian staff have been involved in the ongoing development of Midlothian Community Hospital. They will continue to be involved as further developments take place as we move through the next pandemic phase.
- 9.2 Public representatives on the IJB will have an opportunity to provide feedback and ideas.

10 Background Papers

10.1

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Thursday 11 June 2020, 2.00pm

Midlothian HSCP Care Home briefing paper

Item number: 4.8

Executive summary

This report will give an overview of the work to date with Care homes in Midlothian and the enhanced response now required following the release of the *Coronavirus (COVID-19): Clinical and practical guidance* for adult care homes 15 May 2020 published by the Scottish Government and the amendments to the *Coronavirus (COVID-19); a framework for decision making* (15 May 2020). This work will continue to progress at pace agreeing and establishing local clinical governance arrangements, and overview of Care homes within Midlothian.

Recommendations

Board members are asked to:

- Note this information as an update on current COVID-19 work within Older Adult Care homes in Midlothian.
- Note the significant work undertaken by the HSCP team to adhere to related guidance at all times.

Midlothian HSCP Care Home briefing paper

1 Purpose

- 1.1 To update the Board on the current situation for Care homes within Midlothian.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-

Board members are asked to:

- **Note this information as an update on current COVID-19 work within Older Adult Care Homes in Midlothian.**
- **Note the significant work undertaken by the HSCP team to adhere to related guidance at all times.**

3 Background and main report

- 3.1 Information published by National Records Scotlandⁱ (NRS) on 22/05/2020 stated that 46% of COVID-19 deaths registered in Scotland to date related to deaths in Care homes. The proportion of COVID-19 deaths which took place in Care homes has risen over time but has dropped back in recent weeks and by mid-May represented 55% of all COVID-19 deaths. The actual number of deaths in Care homes fell for a third week. Also worth noting that three quarters (76%) of all deaths involving COVID-19 in Scotland to date were of people aged 75 or over.
- 3.2 There are 11 registered Care homes with a total of 548 beds for older adults in Midlothian.
- | | |
|-------------------------------------|------------|
| - 1 HSCP intermediate care facility | (40 beds) |
| - 1 HSCP care home | (61 beds) |
| - 9 Private provider homes | (447 beds) |
- 3.3 During the period from April to May 2020, 4 Midlothian care homes had cases of COVID-19 and, sadly, there have been deaths recorded over this period for Care home residents.

3.4 Governance

3.5

The Scottish Government and Health Protection Scotland produce regular guidance around COVID-19 including specific guidance and instructions related to Care homes.

On 17 May 2020 the Scottish Government issued *Coronavirus (COVID-19): enhanced professional clinical and care oversight in care homes* ([available here](#)) which outlined new arrangements to significantly strengthen oversight of Scotland's Care homes, and instruct clinical and care professionals of NHS boards and Local authorities, to take a lead role in the oversight for care homes in their area.

Every Health Board and Local authority must now have a multi-disciplinary team comprised of key clinical leads as well as the area's Chief Social Work Officer. The key elements of this guidance are:

Health Board and Local Authority will provide support to the Care Home Clinical and Care Professional Oversight team to enable it, in conjunction with the Healthcare Associated Infection (HAI) lead, to hold daily discussions about the quality of care in each care home in their area, with particular focus on infection prevention and control, but also to provide appropriate expert clinical support to residents who have Coronavirus.

In line with the guidance, NHS Lothian, the four Local authorities and four Health & Social Care Partnerships put in place a multi-disciplinary team comprised of the following professional roles:

- The NHS Director of Public Health
- Executive Nurse Lead
- Medical Director
- Chief Social Work Officer
- HSCP Chief Officer: providing operational leadership

From the beginning of the pandemic Midlothian HSCP has been working in partnership with the Care homes having set up three times a week conference calls with the 11 care homes, covering key issues such as staffing levels, PPE guidance and availability, outbreak status and identifying areas where HSCP support/input could be of benefit. In addition to this meeting, a daily (Situation Report) Sitrep was requested from each Care home which provided data in relation to resident and staffing suspected/+ive COVID-19 status, deaths related to COVID-19 and PPE stock levels.

In response to the Scottish Government letter on 17 May 2020 there is now additional increased support to Care homes and an enhanced daily Sitrep which focuses on infection control, PPE provision and usage, clinical care oversight, resident and staffing COVID-19 status, testing status and new deaths. This information is collated and discussed at a HSCP daily huddle within Midlothian, with any issues being escalated to the daily NHS Lothian Operations Group. There is a weekly Midlothian HSCP Care Home Assurance Group chaired by the Chief Nurse supported by the Clinical Director, Chief Officer, the Head of Primary Care and Older People's Services, and Chief Social Work Officer.

Problem Assessment Groups (PAGs) and Incident Management Team meetings (IMT) are convened to provide direct support to the care homes where there is an identified outbreak or other high risk. These meetings involve Midlothian HSCP Management Team, and chaired by NHSL Public Health and attended by colleagues from Health Protection, Environmental Health and the Care Inspectorate. In Midlothian we have participated in 4 PAG meetings and subsequent IMT meetings, 3 of these being instigated by Public Health and 1 at the request of Midlothian HSCP.

3.5 Resilience

Midlothian HSCP worked with each facility at the outset of the pandemic to ensure they had a robust resilience plan in place. These are reviewed regularly.

3.6 Care Home Support Team

The HSCP Care Home Support Team was originally established to cover Monday to Friday, working 8am-6pm. With sustained transmission of COVID-19 within the community, this has been extended to cover 7 days 8am-12 midnight. To achieve this Midlothian District Nurses have increased capacity to the Care Home Support Team to provide a 7 day service to support local care homes.

3.7 Workforce Capacity

Work will continue around the recruitment and redeployment of staff to care and support roles including the recruitment of locum staff. Staff training will continue to be prioritised, as will work on the clinical support worker model.

3.8 Test and Protect

Midlothian HSCP has agreed to be a local pilot site for the Scottish Government Test and Protect programme. Working with colleagues in Public Health, a phased approach to staff and resident testing will commence during week beginning 1 June 2020. This should assist to reduce transmission of COVID to and within care homes. The roll out of this work will be arranged in a phased and managed way. Resilience plans are in place, in particular around additional staffing, should there be a number of positive results.

3.9 Standards of Care/Health Protection Guidance

Each Care home has a duty to follow Scottish Government and Health Protection Scotland guidance. In addition Midlothian HSCP has reinforced this by ensuring the distribution of guidance and updates to all care homes, and discusses guidance during the support call with Care homes. Support around PPE guidance and infection control have been provided in partnership with the NHS Lothian Health Protection Team.

4 Policy Implications

- 4.1 The HSCP will continue to comply with national and local guidance and will work with local care homes to ensure it is adhered to also. Section 10 *Background Papers* includes links to key documents related to this paper.

5 Directions

- 5.1 This supports the work of Direction 9 - Older People.

6 Equalities Implications

- 6.1 We know that Covid-19 disproportionately affects people who are older and those with long term conditions. Many people in care homes fall into these categories and are generally frail and therefore more vulnerable if they contract Covid-19.
- 6.2 The NHS Lothian Public Health team are analysing data to better understand all impacts of Covid-19. An equalities impact assessment has not been undertaken around COVID-19 work in care homes specifically. However, one will be carried out on the Care Home Strategy.

7 Resource Implications

- 7.1 Additional staffing capacity is required to implement the new Scottish Government guidance. This will have an impact on HSCP available resources, in particular if staffing requests are not met by the NHS Lothian Covid19 recruitment bank.
- 7.2 There are significant resource implications for Midlothian HSCP in the event that a Care home experiences considerable difficulties and the NHS/Council are required to agree responsibility for the running of the Care home.

8 Risk

- 8.1 Midlothian HSCP has responsibility on behalf of NHS Lothian Executive Director of Nursing to have clinical oversight across all Care homes, providing support and education.
- 8.2 The guidance provides the necessary legislation that in the situation where a Care home can no longer provide safe clinical care to its residents, NHS Lothian and Midlothian Council will be required to take steps to agree a plan to take over the management of the Care home to ensure safe delivery of care.
- 8.3 There are risks related to safe care and treatment, resource (primarily, but not exclusively, staffing) and reputation.

9 Involving people

- 9.1 Midlothian HSCP provides clinical oversight of Care homes within Midlothian working in partnership with NHS Lothian, Public Health and our Care home providers.

10 Background Papers

10.1 Coronavirus (COVID-19): clinical practice and guidance for adults in care homes (15 May 2020) Scottish Government <https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/>

10.2 Coronavirus (COVID-19): clinical guidance for nursing home and residential home residents (15 May 2020) Scottish Government

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2020/03/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/documents/clinical-guidance-for-nursing-home-and-residential-care-residents/clinical-guidance-for-nursing-home-and-residential-care-residents/govscot%3Adocument/National%2BClinical%2BGuidance%2Bfor%2BCare%2BHome%2BCOVID-19%2BPandemic-%2BMASTER%2BCOPY%2B-%2BFINAL%2B-%2B15%2BMay%2B2020.pdf>

(COVID-19): enhanced professional clinical and care oversight in care homes, on 17 May 2020. Scottish Government

<https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/>

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ⁱ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths/deaths-involving-coronavirus-covid-19-in-scotland>

Thursday 11 June 2020, 2.00pm

COVID-19 - Test and Protect Briefing

Item number: 4.9

Executive summary

A part of the response to Covid19 sustained transmission in the community, and to support the relaxation of lockdown restrictions, the Scottish Government have implemented a Test and Protect strategy across Scotland.

In response to this strategy NHS Lothian have commenced planning on a local Test and Protect model.

In order to enhance the safety of residents and staff, Midlothian HSCP has offered to be a pilot site for the roll out of testing to asymptomatic staff and residents in care homes. This pilot will focus on testing of staff in 2 closed settings within Midlothian. The initial testing of staff and residents will commence in Midlothian week beginning Monday 1 June 2020. The work will be undertaken in partnership with Public Health.

To date the testing pathway has been for symptomatic individuals, both residents and staff.

Board members are asked to:

Note the Test and Protect plan for Midlothian

COVID-19 -Test and Protect Briefing

1 Purpose

- 1.1 Update the Board on the work being undertaken to support the roll out of Test and Protect within Midlothian.

2 Recommendations

- 2.1 Members are requested to:-
 - **Note the test and protect plan for Midlothian**
 - **Note the significant work undertaken by the HSCP team to develop and implement this model**
 - **Note the potential benefit to residents, staff and population in Midlothian**

3 Background and main report

- 3.1 Test and Protect is a package of measures designed to reduce spread of infectious diseases, and thus reduce the number of new cases of illness. Specialist teams within NHS Boards, Local Authorities and the third sector have practiced this for many years.
- 3.2 Health Protection Scotland advise that applying a Test and Protect model around COVID-19 should assist to reduce transmission to, and within, Midlothian Care homes.
- 3.3 The Scottish Government's *COVID-19: A Framework for Decision Making* sets out the need for a managed transition out of lockdown (updated 17 May 2020). One of the key public health measures to support this is the Scottish Government *Coronavirus (COVID19) Test and Protect strategy* (26 May 2020). This requires all Health Boards to test and undertake contact tracing of people infected with Covid 19, as well as support effective isolation for the appropriate timescale.
- 3.4 As part of NHS Lothian plans on Test and Protect, Midlothian HSCP has offered to be a pilot site. This will enhance our response to keeping residents and staff safe. The HSCP is building on the current testing which has already been implemented in care homes for symptomatic residents and staff, since the beginning of May 2020.
- 3.5 Working with colleagues in Public Health the HSCP will conduct a phased approach to staff and resident testing in care homes. This work will commence with two

Midlothian care homes week beginning 1 June 2020. All staff and residents who have not had a previous positive test will be tested. This additional pathway will be for asymptomatic staff and residents. Those who present as symptomatic will continue to be processed via the original pathway (residents via the GP pathway and staff via the established test centres).

- 3.6 Should a large number of positive results be returned the care home will be subject to the Problem Assessment Group (PAG) process - whereby direct support is provided to the care home with an outbreak or are at high risk of an outbreak due to level of Covid-19 across staff and residents. This support includes a review of PPE guidance, infection control measures, care needs of residents and staffing levels.
- 3.7 The roll out of this work will be arranged in a phased and managed way to ensure sustainability of service. Resilience plans are in place for each care home, in particular around additional staffing, should there be a number of positive results at any given time, which could lead to pressure on the existing workforce.
- 3.8 Staff and residents will be tested over 3 days with results being returned to staff members individually as well as an overall report being returned to the HSCP twice daily following testing. This will allow for a quick response to supporting the staff member(s), and addressing any staffing issues that may arise. Tests will be undertaken by the HSCP District Nursing/Care Home Support Team and trained Care Home staff.
- 3.9 Staff members who test positive for COVID-19 will receive a call from the contact tracing team (NHS Lothian centralised team) who will trace household contacts and other individuals they may have been in contact with during a window of time. These contacts will be assessed for risk of exposure and advice will be given on any further actions required e.g. testing, isolation, or no requirements at this time.
- 3.10 Monitoring and oversight will be led by the HSCP Chief Nurse through the Midlothian HSCP Care Home Assurance Group, and the NHS Lothian Test and Protect Tactical Group.

4 Policy Implications

- 4.1 The HSCP will continue to comply with:

Coronavirus (COVID19): framework for decision making (updated 23 April 2020)
Scottish Government <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/>

Test and Protect strategy: Coronavirus (COVID19) Test and Protect (26 May 2020)
Scottish Government
<https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/>

5 Directions

- 5.1 The Test and Protect work supports the work of Direction 9 Older people and Direction 19 Public Health.

6 Equalities Implications

- 6.1 Nationally it is understood that Covid is disproportionately impacting on people who are already affected by inequalities, in particular those who are poor, black and minority ethnic groups, and those living with long term conditions. The NHS Lothian Public Health team are analysing data to better understand all impact of Covid-19.

7 Resource Implications

- 7.1 The HSCP will utilise existing Care Home Support Team staff, district nurses and trained care home staff to undertake the testing of staff and residents. Going forward there will be workforce implications for district nursing team and we have therefore sought additional resource via NHS Lothian Covid staff bank to support the roll out of this work. It should be noted that there is continued work by NHS Lothian around the pathway in relation to the longer term capacity planning for Test and Protect workstream.
- 7.2 A financial risk around the cost for additional staffing to cover staffing gaps should also be noted.

8 Risk

- 8.1 The roll out of this work will be arranged in a phased and managed way to ensure that service provision can be maintained in the event a number of positive cases.
- 8.2 As above a financial risk should be noted.
- 8.3 Data read in isolation may indicate higher levels of suspected cases of Covid-19 within Midlothian. This process will potentially add to these numbers. In Midlothian the number of staff tested is higher than many other areas.

9 Involving people

- 9.1 Midlothian HSCP is working in partnership with NHS Lothian, Midlothian Council and private Care Home providers to ensure a collaborative model is developed and implemented.

10 Background Papers

- 10.1 Coronavirus (COVID19): framework for decision making (updated 23 April 2020) Scottish Government <https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/>

Test and Protect strategy: Coronavirus (COVID19) Test and Protect (26 May 2020)
Scottish Government
<https://www.gov.scot/publications/coronavirus-covid-19-test-and-protect/>

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Appendices:



Thursday 11 June 2020, 2.00pm

Midlothian's response to Shielding

Item number: 4.10

Executive summary

Within Midlothian 3218 people have been identified as needing to 'shield', this paper highlights the supports that have been offered to this group form within the H&SCP

Board members are asked to:

Note the work undertaken to support people who are 'shielding' within Midlothian.

Midlothian's response to Shielding

1 Purpose

- 1.1 To highlight the work undertaken within the H&SCP to support individuals identified as needing to 'shield'

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:-

Note the work undertaken to support people who are 'shielding' within Midlothian.

3 Background and main report

- 3.1 There are around 120,000 people¹ in Scotland whose existing medical conditions put them at high clinical risk from COVID-19. These medical conditions have been identified by the Chief Medical Officers across the UK.

'Shielding' is designed to protect those extremely clinically vulnerable individuals by minimising all interaction between them and others to protect them from coming into contact with the COVID-19 virus.

It has been deemed essential that people in these groups stringently self-isolate for at least 12 weeks.

This 'shielding' is designed to support them to do this, to protect them from serious illness as well as taking pressure off the NHS providing the most acute care.

The full guidance ("shielding guidance") is available here: <https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-shielding>

The Government advised that whilst many will have a support network already there will be some who have no local support networks and who will need support during this period of self-isolation.

- 3.2 Data provided by the government regarding shielding individuals in Midlothian has been cross referenced against local data, both social work data and that held by our GP practices. From an original number of 2049 residents of Midlothian receiving letters we now have 3218 people, an addition of 44 since last week this is due to people identified by their GP practice. GP's are also able to remove people from the

list and in the last week 5 have been removed. A proactive communication continues by staff within the H&SCP. Of the list the majority of people are aged over 60 and over half have received the letter due to respiratory conditions which is unsurprising given the mining history and prevalence of COPD in Midlothian. Only 1.9% are aged 16 and under, this is in line with the rest of Lothian. These will be picked up through the work already been undertaken on vulnerable children. If any person is not able to be contacted by phone we will undertake a welfare visit.

A phone line and email address has been set up and is staffed by H&SCP staff to triage any issues and ensure that appropriate supports are put in place. Contact via this route started to increase in last week and that level has continued. Contact is increasing and more people are now requiring some level of support to access food and medication, referrals are being made to partner organisations to support with this. Where necessary we are supporting people to apply for the national food parcel or to access a priority slot with a supermarket. At this point one quarter of the shielding list have applied for a food box from the government. Two extra staff have been brought in to support shielding full time due to the increasing demand and the length of time that the assessments are taking, approximately one hour. We have received very positive feedback from people who have been called, feeling that staff have been very supportive and they have welcomed the opportunity to discuss their concerns. We are working with partners to develop a telephone or online befriending scheme.

The Council have now proactively made contact with 2900 people who are shielding; the majority of these have not requested support however have expressed gratitude that they have been contacted and now know how to get in touch with us should their circumstances change. In the last week we have also responded to 68 incoming requests from Shielders. People are now requesting support for priority shopping slots with supermarkets as opposed to the food box or other localised supports. However we have supported a total of 523 people to access the national food box.

- 3.3 This team is also coordinating the work for CAT2 individuals, completing the necessary assessment process following their call via the national helpline. 1.8 million people across Scotland have been identified in this group. No specific letter is being sent to them but a leaflet, delivered to all houses across Scotland will contain advice and information regarding this. To date numbers calling the national helpline have been small, the team has dealt with less than 12 incoming calls his week from this group.

4 Policy Implications

- 4.1 The work to support those identified as shielding due to covid-19 has been identified as a priority by the Government with clear direction in what types of support need to be offered.

5 Directions

- 5.1 The work relating to shielding does not relate to any current direction.

6 Equalities Implications

- 6.1 The work to support those who are shielding and others that are more vulnerable as a result of covid-19 has had an impact assessment completed by the Care For People Group and an action plan has been produced to address any areas of concern.

7 Resource Implications

- 7.1 Calling out to high numbers of individuals has been time intensive for staff, each call has taken a minimum of 30 minutes but can be up to an hour. Referrals to other services and supports has been required in many situations and follow up calls to ensure supports are in place. Two additional staff have been brought into the team to enable a focus on this work and to ensure that it has been completed in a timely manner.

8 Risk

- 8.1 Failure to call and offer support to those identified as requiring to shield would leave them extremely vulnerable and at increased risk from Covid-19.

9 Involving people

- 9.1 Work has been with individuals who have been identified as needing to shield and their families.

10 Background Papers

10.1

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Appendices:



Thursday 11 June 2020, 2.00pm

COVID-19 Personal Protection Equipment - Update and Future Management

Item number: 4.11

Executive summary

To provide an update on the current situation with provision of Personal Protection Equipment (PPE) and to note the requirement for planning for future use and provision as the COVID-19 situation progresses.

Board members are asked to:

Note the issues and updates raised in this report.

COVID-19 Personal Protection Equipment - Update and Future Management

1 Purpose

- 1.1 This paper sets out an update on the current situation with provision of Personal Protection Equipment for staff, and the requirement for planning into future use and provision as the COVID-19 situation progresses.

2 Recommendations

- 2.1 As a result of this report what are Members being asked to:
- Note the issues and update within this report
 - To assure the Board that HPS/NHS guidance was followed at all times for all Health and Social Care Staff.

3 Background and main report

- 3.1 When COVID-19 impacted the UK, it became apparent that there was both a new and increased need for Personal Protective Equipment. Increased requirements were based on Health Protection Scotland National Infection Control Guidance (See Appendix 1). Personal Protective Equipment hubs were set up rapidly in each Health & Social Care Partnership to deal with the supply and distribution of Personal Protective Equipment. Two different supply routes exist, one directly from National Services Scotland to cover Social Care Services and General Practices, and one indirectly from National Services Scotland via NHS Lothian to cover hospital and community services. Within Midlothian a Personal Protective Equipment lead was identified and the hub set up, staffed by Midlothian Council redeployed Sport and Leisure staff.
- 3.2 The National Services Scotland distribution process is centrally controlled with stock required being calculated by National Services Scotland and distributed on a push basis, once a week to the local hub. As part of this service there is a triage line for emergency stock issue for providers, with a set amount of stock being issued in this manner from the local hub.
- 3.3 Any updates on PPE guidance were issued out to the Health & Social Care Partnership in a timely manner ensuring all staff and providers were kept informed.
- 3.4 The first few weeks of this new way of working were challenging, with stock levels being unpredictable and not the amounts that were required. National Services Scotland based the stock levels on inaccurate data and stock was required to be borrowed from other areas to ensure demand was covered. Over the weeks both the NHS Lothian and the National Services Scotland procedures improved.

National Services Scotland introduced a 'live' online stock update system which has helped to ensure Midlothian Health & Social Care Partnership now receives more realistic levels of stock. NHS Lothian introduced a weekly order system which works well.

- 3.5 The set up of the hub was fairly quick with staff and systems put in place. Initial issues arose both with NHS Lothian Procurement and National Services Scotland Procurement in getting stock out to the hub in a timely manner, and there was initially support required from other areas to ensure services had the required Personal Protective Equipment stock. Over the weeks this improved but the process can still be problematic. There have been specific issues with incorrect stock being issued and incorrect volume being issued. At times there has been poor national communication, with guidelines changing, and minimal notification of this to allow Hubs to have appropriate planning in place, causing significant organisational concern. A strong working relationship has been built between Midlothian Health & Social Care Partnership and NHS Lothian procurement team and this has been key to this pathway running smoothly. It has at times felt more disjointed with National Services Scotland with information coming out in different formats to various people at various times, resulting in a disconnect. This is improving with daily drop in Teams calls being set up, and some of the major issues experienced by Midlothian Health and Social Care Partnership in the early days were swiftly dealt with.
- 3.6 As the situation currently stands the HSCP need to consider how the Personal Protective Equipment process is going to look moving forward as the likelihood is that demand will further increase as we move back to the new 'norm' where Personal Protective Equipment may be required to be worn more regularly in day to day scenarios than was previously the case pre COVID-19.
- 3.7 There is a need to understand how the supply of Personal Protective Equipment is going to be distributed going forward as we return to the new normal. Modeling will be required to understand future use and will have various strands including;
 - What will be the impact of any new guidance coming out in relation to Personal Protective Equipment use?
 - How will potential guidance impact on the Personal Protective Equipment volume required?
- 3.8 A decision needs to be made on how the future procurement model will be implemented. Options will include returning back to standard procurement processes which were in place before the COVID-19 impact, or to continue to have a separate hub in each Health & Social Care Partnership to deal exclusively with Personal Protective Equipment, both of which will be dependent on future stock levels being available as required.
- 3.9 If going back to business as usual thought needs to be given as to the best way of decommissioning the current model. If keeping a separate hub we will need to consider where this will be located, as the current hub will not be available when the schools return. Recent communication from Scottish Government (Appendix 2) is requesting the local hubs stay open until the end of October so thought will need

to be given on where this will be located as using the current location of a school will not be practicable. Workforce will have to be planned to accommodate a longer term model. A full assessment of all the options available is required.

4 Policy Implications

- 4.1 The provision of Personal Protective Equipment to staff and carers across Midlothian Health & Social Care Partnership as is necessary, will ensure the spread of COVID-19 is managed and protect the health of residents within Midlothian, thus keeping in line with Midlothian's Strategic Vision that everyone in Midlothian will have the right advice, care and support; in the right place; at the right time to lead long and healthy lives.

5 Directions

- 5.1 There are no implications in relation to directions at this time.

6 Equalities Implications

- 6.1 By ensuring supplies of Personal Protective Equipment are in place as required all staff (health and social care), and carers (paid and unpaid) will be treated equitably.

7 Resource Implications

- 7.1 The resource implications are not clear at this time, as the modelling work has not been completed. Once the modelling and options have been explored the resource implications will become clearer. PPE supplied by this central model is being resourced by Scottish Government.

8 Risk

- 8.1 There is a risk if all of the potential future use required is not captured accurately nationally; there could be a shortage of Personal Protective Equipment for local Boards and Health & Social Care Partnerships. Learning from the current situation and strong modelling with robust information should help to mitigate this risk.
- 8.2 There is an external risk of Personal Protective Equipment not being available for the Health & Social Care Partnership due to demands being placed on suppliers and manufacturers. This is due to the increased risk of Personal Protective Equipment being required out with the Health & Social Care Partnership as guidance recommends the wearing of masks in public places and therefore other businesses requiring extra Personal Protective Equipment.
- 8.3 There is a financial risk involved as there will extra costs being incurred at the going forward in light of the increased Personal Protective Equipment volume that needs to be purchased. Clear and robust costing of the supplies required will quantify this and help prepare a case for this to continue to be covered by Scottish Government. The Integrated Joint Board Chief Finance Officer meets weekly with Scottish Government colleagues to scrutinise COVID-19 resourcing, and will ensure

Personal Protective Equipment remains on this agenda for agreement moving forward.

9 Involving people

- 9.1 When the modelling and options are explored, relevant stakeholders will be invited to be involved.

10 Background Papers

- 10.1 None.

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Appendices:

Appendix 1

<https://www.hps.scot.nhs.uk/guidance/>

Appendix 2

See separate paper attached - Memorandum of Understanding - PPE Hubs

PPE Hubs

A partnership between Scottish Government, COSLA, NHS National Services Scotland, Health and Social Care Partnerships, CCPS, Scottish Care and National Carer Organisations

Memorandum of understanding



Background

1. Due to the severity of the Covid 19 outbreak, and the demand it has placed on resources, the Scottish Government has agreed to provide PPE to social care settings where business as usual supply routes have failed. To do this, a new distribution network (PPE Hubs) has been set up and agreed by the Partners of this agreement.

Partnership aims and objectives

2. The aim of this Partnership is to ensure appropriate items of PPE¹ are available to all staff, unpaid carers and personal assistants in social care settings. This includes: staff in care homes, care at home providers, unpaid carers, personal assistants, sheltered housing services, supported housing and housing support, children's homes and hospices across all sectors (public, voluntary and private).

3. The initial timeframe for partnership activities will be six months, commencing on 27 April 2020, but subject to review once a month thereafter (or more frequently if the Scottish Government require).

Partnership governance and oversight

4. Governance for this agreement will be managed by the PPE Hub Steering Group. Each partner has appointed a senior member of staff to lead on the work of the partnership. The following partners will be represented on the Steering Group:

Partner	Representatives
Scottish Government	Jamie MacDougall Carla Plasberg-Hill
NSS	Jim Miller Stephen McWilliam Elaine Rae
COSLA	Nicola Dickie Clare Thomas
Health and Social Care Partnerships	Eddie Fraser Jack Libby Allister Short Anne McKenzie
Scottish Care	Donald Macaskill Karen Hedge
CCPS	Annie Gunner Logan Yvette Burgess

¹ In line with the [national guidance on PPE for health and social care settings](#), and the joint [statement](#) between Scottish Government, COSLA and Trade Unions emphasising the validity of social care professionals' own judgement in choosing to wear a face mask alongside other PPE where the person they are visiting or otherwise attending to is neither confirmed nor suspected of having COVID19, if they consider doing so necessary to their own and the individual's safety.

Principles

5. The distribution network is currently made up of around 50 PPE Hubs, each responsible for a local geography. There is also a Social Care PPE Support Centre that handles emergency requests.
6. All partners agree that:
 - Business as usual is that care providers source their own stock of PPE.
 - Where this fails, the PPE Hubs will provide PPE to the whole social care sector, including personal assistants and unpaid carers.
 - Supplies will be used in line with Hub supply guidance and distributed equitably according to need, regardless of employer.
 - NHS NSS will supply stock to the Hubs to meet need based on actual consumption/reasonable planned usage data – recognising that actual consumption may rise as business as usual sources of supply dry up and as Hubs expand their provision.
 - PPE Hubs will receive stock on a pre-determined day of the week, and will know what deliveries will include. They will be expected to provide a regular stock return to NSS.
 - NSS will provide training for Hubs and providers on Hub operations and expectations.
 - All parties recognise the global scarcity of PPE.
 - The Social Care PPE Support Centre will revert to being for emergency use only.
 - Distribution and supply arrangements will be analysed using evidence gathered from the ongoing operations, and kept under review for changes and improvements where necessary. This process will include all parties.

PPE Hubs

7. PPE Hubs are the central point for receiving and distributing PPE. They will be managed and operated by 31 Health and Social Care Partnerships. To achieve this, a standardised operating model is required for all Hubs, which is detailed [here].
8. From 27 April 2020, NSS will provide regular weekly top-up deliveries to the Hubs. These will contain aprons, Fluid Resistant Surgical Masks (FRSMs) type IIR, and gloves. Levels of stock equating to approximately one-week's previous demand have been calculated and uplifted by 20% as a safety buffer to give an initial baseline. It is recognised that this is unlikely to represent full demand going forwards. NSS will flex levels of stock delivered to individual Hubs in line with real-time data on actual demand to the Hubs.
9. A one-off delivery of a week's worth of stock was provided directly to around 1100 Adult Care Homes between 18 – 23 April. All care providers will now receive PPE from their local PPE Hubs.

10. NSS will add reusable eye protection to the stock for Hubs when this is available, scheduled for early May. Other items of PPE as described within the HPS guidance will be made available subject to availability and the principles within this agreement.

NSS Social Care PPE Support Centre

11. The NSS Social Care PPE Support Centre plays a critical role in the implementation and success of the updated Social Care PPE Hub system. It will triage incoming calls with:

- routine requests directed to the PPE Hubs; and
- emergency requests from care providers or Hubs which can be directly actioned by the Support Centre.

12. The PPE Support Centre will also provide assistance and guidance on questions and concerns from Hubs and care providers.

Assurances

13. The successful implementation of the PPE Hubs will require assurances from all Partners in the 'chain'. All Partners agree that:

NHS NSS

- Provide new process communication and training to care providers in HSCP Hub area.
- Provide new stocks of PPE weekly to each Hub based on actual usage data.
- Ensure clarity to Hubs regarding future supply.
- Model Hub future demand based on usage data from each Hub.
- Provide templates for care providers and Hubs to use to support unified reporting.
- Receive detailed weekly shipment data from Hubs to monitor and report care provider, Personal Assistant, and unpaid carer usage nationally.
- Receive weekly stock reports from Hubs and weekly emergency shipment data from Social Care PPE Support Centre.
- Establish and maintain the Social Care PPE Support Centre to support supply of emergency PPE and provide guidance on questions and concerns.
- Provide weekly management reports and dashboard to the PPE Hub Steering Group.

Health and Social Care Partnerships – PPE Hub Management

- Stock provided to Hubs from NSS are for social care use only (including Personal Assistants and unpaid carers).
- Hubs provide PPE stock to all elements of social care within its geographic boundary.
- Hubs commit to PPE stock being for use, not stockpiled.

- Stock allocated on an organisation-independent basis, on the basis of need only, and taking into account totality of sector's need.
- Communicate directly with local providers, unpaid carers, and Personal Assistants so that people know the Hub details, opening hours, how to get in touch when they need PPE and how to order it from the Hub, what training is needed in the use of PPE etc.
- Hubs work with the carers centre who will help with triaging requests from unpaid carers. Ensure excellent communication between Hub and carer centre.
- Hubs should be open as a minimum Mon - Fri, 9am-5pm, and be staffed by at least one person per shift, with arrangements locally for emergency access outwith such hours.
- Hub personnel/contact details to be kept updated and changes communicated to the necessary groups, and support contact by phone, email and SMS.
- Receive orders from care providers, unpaid carers and Personal Assistants, agree available supply, confirm the order being processed, and issue stock accordingly.
- Distribute products to care providers/carer/Personal Assistant (either care provider/carer/Personal Assistant uplifts from the Hub or the Hub delivers to them).
- Record any shortages or orders not able to be fulfilled and liaise with NSS to resolve, and to be factored into future supply.
- Record any orders not fulfilled by NSS and liaise with NSS to resolve.
- Receive and stock replenishment products from NSS weekly.
- Supply weekly stock data to NSS by product.
- Report shipments by requester/Product/Quantity/Date to NSS weekly.
- Refresh overall weekly stock level and report to NSS.

Social Care providers

- Social care providers, including Health and Social Care Partnerships, will purchase PPE through normal business as usual supply routes.
- If those routes fail, providers, individual carers and personal assistants access stock through their designated Hub according to local Hub access arrangements.
- Commit to taking no more than one week's supply of PPE. This, in practice, may be less than a week depending on when the next stock delivery is due at the Hub.
- Commit to ordering and using PPE from the Hubs in line with [national guidance](#) and the joint [statement](#) by Scottish Government, Trade Unions and COSLA, and not above or beyond that. On occasion this may entail reference to individual risk assessments particularly regarding very vulnerable people who are being supported with personal / intimate care.
- Provide intelligence to Partners on the status of their business as usual routes as appropriate to inform PPE Hub policy.

Monitoring

14. All partners commit to ongoing monitoring, with the aim of ensuring accountability and performance against the principles of this agreement.

15. The PPE Hub Steering Group will co-ordinate the monitoring and report back to national reporting lines as appropriate. They will also provide oversight of the use and demand for stock.

16. The following metrics shall be used to inform monitoring:

Organisation	Frequency	Report
NSS	Weekly	Stock deliveries to each Hub itemising stock provided
	Weekly	Comparison of stock delivered versus stock requested
	Weekly	Intelligence report of supply issues
	Weekly	Stock provided by the PPE Support Centre
	Weekly	Complaints received by the PPE Support Centre with detail of action taken
PPE Hubs	Weekly	Care provider usage itemising stock provided to each provider, unpaid carer or personal assistant
	Weekly	Hub stock levels by product and overall
	Weekly	Any shortages or orders not able to be fully allocated
Care Providers	As necessary	Any issues with business as usual supply routes.
	As necessary	Any issues with access to PPE via the Hubs or Support Centre.

17. All Partners will also share commercial information where necessary to inform where collective purchasing power or targeted purchasing will allow more efficient use of the public purse.

Dispute Resolution

18. All Partners will work co-operatively to identify and resolve issues to mutual satisfaction and in a timely manner so as to avoid all forms of dispute in meeting our obligations under this agreement.

19. Where that is not possible, members of the Steering Group will notify other members of the group about a dispute as soon as possible.

20. Steering Group members will proactively deal with any dispute on a Best for Service basis in accordance with this agreement, so as to reach unanimous resolution to finally resolve any dispute the resolution of which shall be binding upon all Partners.

21. Where unanimous resolution is not possible or where it appears to the Scottish Ministers that a party has failed to comply with the principles at paragraph 6 or the obligations at paragraph 13 (whether generally or in relation to a specific Hub), the Scottish Ministers may issue a formal direction to finally resolve any dispute or require compliance, with which Partners undertake to comply. Such direction may include a

direction to NSS to provide stock directly for such period and in such manner as the direction may set out.

Financial contributions

22. The steering group will consider the financial implications of the Hubs and the Support Centre in relation to developing a view on a sustainable model for PPE distribution. Any change in current practice would be require a decision from Scottish Ministers.

Disclaimer

23. It should be noted that by signing this document or by participating in the PPE Hub Partnership, the Partners are not committing to legally binding obligations. It is intended that the Partners remain independent of each other and that their collaboration and use of the term 'Partner' does not constitute the creation of a legal entity, nor authorise the entry into a commitment for or on behalf of each other.

Signed on behalf of Scottish Government

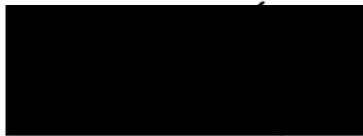


13th May 2020

..... Date

Jamie MacDougall, Deputy Director, Scottish Government

Signed on behalf of NHS NSS



28th May 2020

..... Date

Jim Miller, Director, NHS National Services Scotland

Signed on behalf of COSLA



14th May 2020

..... Date

Nicola Dickie, Chief Officer H&SC, COSLA

Signed on behalf of Scottish Care



14th May 2020

..... Date

Karen Hedge, National Director, Scottish Care

Signed on behalf of CCPS



13th May 2020

..... Date

Annie Gunner Logan, Chief Executive, CCPS

Signed on behalf of National Carer Organisations



13th May 2020

..... Date

Claire Cairns, Coalition of Carers in Scotland

Annex – Definitions

1. **PPE Hubs** – Hubs are geographically designated points of contact, managed by Scotland’s 31 Health and Social Care Partnerships (HSCPs), for PPE stock allocation for Scotland’s social care support (made up of private, public, and third sector organisations, and unpaid carers and Personal Assistants).
2. **Personal Protective Equipment (PPE)** - personal protective equipment is protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer’s body from injury or infection. The World Health Organisation (WHO) has emphasised the importance of appropriate use of PPE, particularly among frontline health care workers, as they often come into contact with sick people.
3. **NHS National Service Scotland (NSS)** - NSS is a Non Departmental Public Body, accountable to the Scottish Government, which delivers services critical to front-line patient care to support the efficient and effective operation of NHS Scotland.
4. **Care Providers (CPs)** – in this context, this term encompasses the following entities: care homes, care at home providers, unpaid carers, personal assistants, sheltered housing services, supported housing and housing support, children’s homes and hospices across all sectors (public, voluntary and private).
5. **Best for Service** – to undertake to work towards the aims and principles of this agreement in order to deliver PPE to people in social care roles regardless of employer and based solely on the requirement to wear PPE in pursuit of their caring roles.