NHS Lothian Board

Wed 06 October 2021, 09:30 - 12:30

MS Teams

Agenda

09:30 - 09:35
5 min

1. Welcome

Verbal *Martin Hill*

09:35 - 09:37
2 min

2. Apologies for Absence

Verbal *Martin Hill*

09:37 - 09:40
3 min

3. Declaration of Interests

Verbal *Martin Hill*

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

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

Items for Approval or Noting

09:40 - 09:45
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *Martin Hill*

4.1. Minutes of Previous Board Meeting held on 04 August 2021

For Approval *Martin Hill*

04-08-21 Public Board Minutes (draft to Board 061021).pdf (9 pages)

4.2. Audit & Risk Committee Minutes - 21 June 2021

For Noting *Martin Connor*

Audit and Risk Committee Minute 21-06-2021.pdf (7 pages)

4.3. Healthcare Governance Committee Minutes - 27 July 2021

For Noting *Fiona Ireland*

Healthcare Governance Committee Minute 27-07-21.pdf (6 pages)

4.4. Finance and Resources Committee Minutes - 14 July 2021

For Noting *Martin Hill*

Finance and Resources Committee Minutes 14-07-21.pdf (6 pages)

4.5. Edinburgh Integration Joint Board Minutes - 22 June 2021

For Noting *Angus McCann*

Edinburgh IJB Minute 22-06-21.pdf (8 pages)

4.6. West Lothian Integration Joint Board Minutes - 29 June 2021

For Noting *Bill McQueen*

West Lothian IJB Minute 29-06-21.pdf (8 pages)
West Lothian IJB Minute 10-08-21.pdf (6 pages)

4.7. Midlothian Integration Joint Board Minutes - 17 June 2021

For Noting *Carolyn Hirst*

Midlothian IJB Minute 17-06-21.pdf (9 pages)

4.8. East Lothian Integration Joint Board Minutes 24 June 2021

For Noting *Peter Murray*

East Lothian IJB Minute 24-06-21.pdf (7 pages)

4.9. Appointment of Members to Committees

For Approval *Martin Hill*

Board Appointments Report 06-10-2021 (final).pdf (4 pages)

4.10. NHS Lothian Board and Committee Dates Schedule 2022

For Approval *Martin Hill*

NHSL Board and Committee Dates 2022 Schedule 06-10-2021 (final).pdf (4 pages)

4.11. End Poverty Edinburgh Annual Progress Report

For Noting and Approval

End Poverty Edinburgh Annual Progress Report (final).pdf (2 pages)

Items for Discussion

09:45 - 09:50
5 min

5. Board Chair's Report - October 2021

Verbal *Martin Hill*

09:50 - 10:00
10 min

6. Board Executive Team Report - October 2021

Discussion *Calum Campbell*

Board Executive Team Board Report 06-10-2021 (final).pdf (23 pages)

10:00 - 10:05
5 min

7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

Verbal *Martin Hill*

10:05 - 10:20
15 min

8. Lothian Strategic Development Framework

Discussion *Colin Briggs*

LSDF Board Paper 06-10-2021 (final).pdf (7 pages)

10:20 - 10:30
10 min

9. NHS Lothian Board Performance Paper

Discussion *Jim Crombie*

Board Paper Performance_October 2021 Final.pdf (32 pages)

10:30 - 10:40
10 min

10. CAMHS Improvement Recovery and Renewal Plan

Discussion *Tracey Mckigen*

CAMHS Recovery Board Paper 06-10-2021 (final).pdf (12 pages)

10:40 - 10:50
10 min

11. Psychological Therapies Performance Report and Recovery plan

Discussion *Tracey Mckigen*

Psychological Therapies Recovery Board Paper 06-10-2021 (final).pdf (7 pages)

10:50 - 11:00
10 min

12. August 2021 Financial Position

Discussion *Susan Goldsmith*

August 2021 Financial Position Board Paper - 06-10-2021.pdf (8 pages)

11:00 - 11:10
10 min

Break

Martin Hill

11:10 - 11:17
7 min

13. Drug Related Deaths

Discussion *Dona Milne*

Drug Related Deaths Board Paper 06-10-2021 (final).pdf (8 pages)

11:17 - 11:24
7 min

14. NHS Lothian as an Anchor Organisation

Discussion *Dona Milne*

Anchor Institution Board Paper 06-10-2021 (Final).pdf (3 pages)

11:24 - 11:30
6 min

15. National Whistleblowing Standards - Quarter 1 Performance Report

Discussion *Janis Butler*

National Whistleblowing Standards Board Paper - 06-10-2021 (final).pdf (12 pages)

11:30 - 11:40
10 min

16. Regional Health Protection Service

Discussion *Dona Milne*

Regional Health Protection NHS L Board Paper 061021 final.pdf (4 pages)

11:40 - 11:55
15 min

17. Winter Plan

Discussion *Colin Briggs*

Winter Planning 2021-22 Board Paper - 06-10-2021 (final).pdf (122 pages)

11:55 - 12:10
15 min

18. Remobilisation Plan 4

Discussion *Colin Briggs*

Remobilisation Plan 4 Board Paper 06-10-2021 (Final).pdf (2 pages)

12:10 - 12:15
5 min

19. National Care Service Consultation

Discussion *Colin Briggs*

National Care Service Board Paper 06-10-2021 (final).pdf (3 pages)

12:15 - 12:20
5 min

20. Corporate Risk Register

Discussion *Tracey Gillies*

Corporate Risk Register Board Paper 06-10-2021 (final).pdf (17 pages)

12:20 - 12:25
5 min

21. Any Other Business

Verbal *Martin Hill*

12:25 - 12:28
3 min

22. Reflections on the Meeting

Verbal *Martin Hill*

12:28 - 12:29
1 min

23. Future Board Meeting Dates

For Noting *Martin Hill*

01 December 2021

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 04 August 2021 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr M. Hill (Vice-Chair); Mr M. Connor; Dr P. Donald; Cllr G. Gordon; Ms C. Hirst; Mr A. McCann; Mr P. Murray; Mr W. McQueen; Cllr D. Milligan; Dr R. Williams; Ms K. Kasper; Cllr S. Akhtar and Mr T. Waterson.

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Mrs S. Goldsmith (Director of Finance); Prof. A. McMahon (Executive Director, Nursing, Midwifery & AHPs – Executive Lead REAS & Prison Healthcare) and Ms D. Milne (Director of Public Health and Health Policy).

In Attendance: Mrs J. Campbell (Chief Officer, Acute Services); Mr C. Briggs (Director of Strategic Planning); Dr J. Long (Director of Primary Care); Ms A. White (Chief Officer, West Lothian HSCP); Ms A. Macdonald (Chief Officer, East Lothian HSCP) and Ms M. Simpson (Integration Manager, Midlothian HSCP); Mrs R. Kelly, Deputy Director of HR, NHS Lothian (deputising for Mrs J. Butler); Ms W. Macmillan (Business Manager, Executive Office, NHS Lothian)(Item 45); Ms S. Dillon, Clinical Nurse Manager, NHS Lothian (shadowing Prof. McMahon); Ms K. Taylor, Communications Manager, NHS Lothian; Mr A. Payne (Head of Corporate Governance) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Cllr J. McGinty; Miss F. Ireland; Mr J. Encombe; Prof. S. Chandran; Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mr P. Lock (Director of Improvement) and Mrs J. Mackay (Director of Communications & Public Engagement);

39. Declaration of Financial and Non-Financial Interest

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

40. Chair's Introductory Comments

40.1 The Chair welcomed members and guests to his first Board meeting and paid tribute to the work of Esther Roberton and Martin Hill during their periods as Interim Chairs of the Board.

40.2 The Chair also expressed gratitude for the work and contributions of staff undertaken during the ongoing pandemic which had gone beyond all expectations.

Items for Approval

41. The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as "the consent agenda". The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. There had been no such requests.

41.1 Minutes of Previous Board Meeting held on 23 June 2021 – Minutes were approved with the following amendment:

- Re-appointment of Dr Jon Turvill was as non-voting member of the East Lothian Integration Joint Board for the period from 27 June 2021 to 26 June 2024 - not Edinburgh Integration Joint Board.

41.2 Audit & Risk Committee Minutes – 26 April 2021 – Minutes were noted.

41.3 Finance & Resources Committee Minutes – 02 June 2021 – Minutes were noted.

41.4 Healthcare Governance Committee Minutes – 25 May 2021 – Minutes were noted.

41.5 Staff Governance Committee Minutes – 26 May 2021 – Minutes were noted.

41.6 Edinburgh Integration Joint Board Minutes – 24 March and 27 April 2021 – Minutes were noted.

41.7 West Lothian Integration Joint Board Minutes – 20 April 2021 – Minutes were noted.

41.8 Midlothian Integration Joint Board Minutes – 11 March and 08 April 2021 – Minutes were noted.

41.9 East Lothian Integration Joint Board Minutes – 25 February and 22 April 2021 – Minutes were noted.

41.10 Appointment of Members to Integration Joint Boards – The Board agreed to:

- Re-nominate Dr Richard Williams as a voting member of the Edinburgh Integration Joint Board for the period from 1 August 2021 to 31 July 2022.
- Appoint Dr Claire Mackintosh as the 'registered medical practitioner employed by the health board and not providing primary medical services' non-voting member of the East Lothian Integration Joint Board for the period from 23 August 2021 to 22 August 2024.
- Re-appoint Dr Elaine Duncan as the 'registered medical practitioner whose name is on a list of primary medical services performers' non-voting member of the West Lothian Integration Joint Board for the period from 21 September 2021 to 20 September 2024.

41.11 Infection Prevention Control Annual Report - The Board agreed to take moderate assurance from the information provided in the paper in relation to performance against measured standards and also:

- Noted and accepted the infection Prevention and Control Team Annual Report 2020- 2021 which had been tabled for discussion at the Healthcare Governance Committee on the 27 July 2021.
- Accepted the progress against local delivery plan standards for the year 1st April 2020 - 31st March 2021. Interim performance standards for *Staphylococcus aureus* Bacteraemia (SAB); *Clostridioides difficile* Infection (CDI) and *Escherichia coli* Bacteraemia (ECB) have not been met.
- Noted that infection rates are calculated using total occupied bed days as the denominator. Due to COVID-19 NHS Lothian has seen a drop in total occupied bed days for 2020/21 compared to previous years. Infection rates for 2020/21 should be viewed in the context of fluctuating overall activity associated with COVID-19.
- Noted the positive progress made to develop and improve resilience within the Infection Prevention and Control Service since January 2021.
- Accepted the impact on Infection Prevention and Control Services planned work programme and capacity associated with the ongoing COVID-19 pandemic, and noted the continued delivery of focused audit, education & training and incident investigation over this time.
- Noted the support provided by the Infection Prevention and Control team across a wide range of diverse capital and other built environment projects.
- Acknowledged that mandatory surgical site infection surveillance programmes remain on pause until further notice.

Items for Discussion

42. Board Chair's Report – August 2021

42.1 The Chair reported that he had only been in post for a short time but had been meeting with Non-Executive and Executive Directors as part of his induction.

42.2 The Vice Chair provided feedback from a meeting on 16 July 2021 with the Cabinet Secretary, which some of the Executive Directors and the Chair had also attended. The meeting had largely focussed on updating the Cabinet Secretary on increasing system pressures but had also covered the review of the policy around self-isolation for staff and the financial impact on NHS Boards as a consequence of the previous pay settlement not being fully funded.

43. Board Executive Team Report – August 2021

43.1 The Board received the Board Executive Team report and there was discussion on the following topics:

- **Appointment of Chair –** The Chief Executive thanked Esther Roberton for her work as the Interim Chair since 10 February 2020 until 30 June 2021 and also thanked Martin Hill for standing in as Interim Chair between 30 June and 1 August 2021.

- **NRAC (National Resource Allocation Committee) -** The Board noted that for 21/22, NHS Lothian remained behind NRAC parity by 0.8%, equating to a value of circa £14m. Discussions with Scottish Government remained ongoing.

- **Scottish Hospitals Inquiry -** The Board noted that the hearings scheduled for May 2022 would be focussed on ventilation. There would be a briefing at the next Finance and Resources Committee and Mrs Goldsmith would bring an update to the October Board meeting.

- **Chief Officer Acute Services –** Mrs Campbell recorded her thanks to Joan Donnelly, Service Director for Outpatients & Associated Services, who would be retiring from the health service today after 42 years of service.

- **NHS Lothian Remuneration Committee -** Dr Williams reported on the recent, well received Remuneration Committee Development Session. The session had been for new and current members and had been excellent. Mrs Kelly agreed to look to arrange a similar session for Board Appeal Hearings and would pick up these arrangements with the Non-Executive Directors.

- **National Treatment Centre** – There was discussion on taking learning from the RHCYP/DCN build into the National Treatment Centre work, the assurance arrangements at the finalising specification stage and the governance arrangements at board and committee level. Mrs Goldsmith confirmed that the infrastructure and internal assurance processes would be worked through and it was clear that there would have to be a delivery team with a project director and a capital planning route to the responsible officer. Consideration would also be given to what the processes would be for NHS Lothian and NHS Scotland Assure.

- **Covid Vaccination Plans for 16-17-year olds** – The Board welcomed the recent announcement that these vaccinations would be rolled out in Lothian. Ms Milne agreed to share a report with Board members on vaccinations for 16-17-year olds and would also bring an update on booster vaccinations to the October board meeting. The Board noted that NHS Lothian were trying to reach as many people as possible just now for vaccinations through community initiatives and ideas such as vaccination buses.

- **Integration Joint Boards: Review of Schemes of Establishment** - Mr Briggs confirmed that the review of the schemes was now underway having been postponed last year due to the pandemic. The reviews could be as broad or as narrow as the Integration Joint Boards decide and it was noted that a Joint Officers Oversight Group had been established. The four Integration Joint Boards in the Lothians were working together to tidy up and edit the schemes which included a lot of out-dated language. The work should be completed in time to bring this back to the October board meeting. Mr Briggs would also further brief members offline if this would be helpful.

- **Consultant Job Planning and addressing backlog due to the Pandemic –** There was discussion on the backlog in hospital procedures due to Covid and the flexibility within job planning. The Board noted that planning is normally done a year in advance and aligned to the planned activity. It was recognised that in 2020/21 there had been a large number of changes to job plans because of Covid and the need for staff to have flexibility towards direct clinical care, moving sessions to deal with greater backlogs and delivering at service level. Mr Murray asked if there would be changes in how job planning took place in future due to the previously required flexibility. Miss Gillies emphasised that staff gave up adhering to normal rules in relation to job planning, often changing job plans with only a couple of hours notice as opposed to the usual three months. This flexibility could not be expected forever and there was a need for outpatients and theatres to go through a recognisable process so other staff can be aligned to support sessions within job plans.

- **Flu/Covid Vaccination Boosters -** Professor McMahon reported that the first programme board meeting had taken place on 03 August 2021. Capacity around this programme was important and each of the four HSCPs had been asked to identify this. The Board noted that at paper around costs had been taken to the NHS Lothian Corporate Management Team and submitted to the Scottish Government. There were additional posts going out to advertisement next week, there was an issue around vaccinators as with the Covid vaccination programme two-thirds of vaccinators had been voluntary. Healthcare Support Workers were being trained up to plug gaps but were unable to take consent so a significant registered nursing workforce was still required. The plans for the Flu/Covid vaccination boosters were due to go live from 06 September 2021.

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

44.1 **Finance and Resources Committee** - The Vice Chair highlighted the following issues from the meeting held on 14 July 2021:

- **Reprovision of Eye Services** – Noted that the Outline Business Case had been resubmitted to the Scottish Government Capital Investment Group and that the Full Business Case would come via Finance and Resources Committee to the Board for approval.
- **Carbon Reinvestment Fund** – building enthusiasm of staff to undertake

projects that will deliver financial and carbon savings.

- **Pay Costs** – The Board noted that given the size of the opening financial deficit this year, the structural consequence of the previous pay deal had not yet been funded and representations were being made to Scottish Government to review the position on that.

44.2 **Alignment of Committees, Exchanges of Information and Assurances on Risk** - The Board noted that the Chairs of the Healthcare Governance and Staff Governance Committees had started useful conversations on the alignment of NHS Lothian committees, information and risk routes through the organisation and the work of the Integration Joint Boards. The Chair added that in initial meetings with Non-Executive Directors areas where risk may be uncovered, duplication and accountability had been raised and he would take this forward with committee chairs.

44.3 **Healthcare Governance Committee** – The Board noted that an emerging issue being flagged at the committee had been around the Corporate Risk relating to the impact of staffing pressures. There was also a healthcare governance workshop planned for October 2021 to look at the governance framework within which the committee operates and the linkages with other Board Governance committees.

45. NHS Lothian Board Performance Paper

45.1 Ms Macmillan introduced the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

45.2 The Board noted that demand within unscheduled care services was returning to pre-Covid levels and flow plans were under development to maximise capacity and address backlogs. Performance trajectories had also been refreshed as part of Remobilisation Plan 4. An increase back to pre-Covid levels was also being seen with outpatient waiting lists with a number of patients waiting over 12 weeks.

45.3 The Board discussed urgent suspicion of cancer referrals, the focus on 52-week long waits, the increasing delayed discharge position, the CAMHS and Psychological Therapies performance, the scheduling of unscheduled care, the long standing pressures within urology, theatre access, Computed Tomography (CT) scanning, Oral Health Services, clinical prioritisation and the opportunities for innovation and redesign of urgent care. It was noted that there was active monitoring on these areas through the Corporate Management Team and the Board's Gold Command Group. There would also be more detailed discussion at the Board's Planning, Performance and Development Committee.

45.4 The Chair added that it was important to work smarter, not harder and to get best value and assurances around new capital developments. It would be useful for the Board to receive a briefing on operating models for new facilities at a future meeting.

45.5 The Board agreed the recommendations within the report:

- To acknowledge the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
- To recognise the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.
- To consider the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
- To agree that if further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

46. June 2021 Financial Position

46.1 Mrs Goldsmith provided an update to the Board on the financial position at Period 3 for NHS Lothian. The paper also set out the financial impact from Covid-19 to date and provided an update on the Scottish Government allocation for this year.

46.2 The Board noted that there was now a well-established process around reporting on Covid related costs both locally and nationally. There was discussion on the board's core position which had slightly improved from the financial plan, the Covid/flu vaccination programme which would mean significant service delivery, the three-pronged approach to planning for efficiencies as agreed by the Corporate Management Team and the planning around pay uplifts.

46.3 Mrs Goldsmith explained that limited assurance around breakeven was being sought at this stage but this would likely move to moderate assurance after the Quarter 1 reviews had been completed.

46.4 There was also discussion on the link between the financial position paper and the corporate risk register, with the risk here relating to the scale of quality reduction in the Board's services and the Board being unable to respond to service requirements due to financial pressures and the substantial challenge around achieving efficiencies. The Chief Executive explained that this also related to the points around NRAC in the Board Executive Team report. It was important that the Board balanced staff, clinical and financial governance and greater funding meant more staff and services. It was recognised that it was not easy to capture all financial pressures into a strategy for a sustainable system.

46.5 Mr Briggs added that 3-5-year strategies for areas such as mental health, scheduled and unscheduled care were in development and the draft plans would be costed at the end of this month. These plans focused on delivery of services, appropriateness of bed bases and workforce and financial best- and worst-case scenario elements for the next 5 years.

46.6 The Board noted that other health boards routinely overspend at the end of the financial year which was not something that NHS Lothian had done. It was acknowledged that there was a pressure around prescribing and drug costs. Mrs Goldsmith confirmed that there was ongoing work with pharmacy, acute and primary care colleagues around this. The main pressure this year was acute drugs, largely cancer but there was a challenging cancer backlog to be addressed.

46.7 The Board accepted the recommendations that based on information available at this stage, NHS Lothian is only able to provide limited assurance on its ability to deliver a breakeven position in 2021/22, based on assumptions around additional funding.

47. Corporate Risk Register

47.1 Miss Gillies introduced the report reviewing NHS Lothian's Corporate Risk Register and associated processes to ensure these remains fit for purpose.

47.2 The Board agreed to the recommendations in the paper to:

- Note the Board approved in June 2021 a number of new and revised corporate risks as part of the risk register review.
- Note that the GP Sustainability and Violence & Aggression risks had been reviewed and presented to the Corporate Management Team on 03 August 2021 and these would come to the Board in October 2021, which would complete the review process.
- Note a new process had been established to review all corporate risks with executive leads prior to Corporate Management Team discussions and Board recommendations.
- Note the Audit & Risk Committee in June 2021 accepted moderate assurance regarding NHS Lothian's risk management system.

48. Any Other Business

48.1 Drug Related Deaths - The Vice Chair raised drug related deaths as a matter of huge public debate. The Board noted that there had been an annual report and discussion on drug related deaths at the Healthcare Governance Committee and noted the recent ministerial appointment. This was a significant issue of inequality in Scotland and a public health priority. The Board requested that a briefing paper be produced for the October Board meeting. Ms Milne would take this forward with HSCP colleagues.

DM

49. Reflections on the Meeting

49.1 The Chair thanked colleagues for the questions asked and participation in discussions.

50. Next Board Meeting

50.1 The next Board meeting would be held on 06 October 2021.

51. Standing Order 5.23 Resolutions to take Items in Closed Session

51.1 The Board agreed to invoke Standing Order 5.23 to allow a meeting of Lothian NHS Board to be held in Private. The reason for this was due to the commercial and confidential nature of the business to be discussed.

Chair's Signature ……

Date ……

John Connaghan
Chair – Lothian NHS Board

NHS LOTHIAN

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 21 June 2021via MS Teams.

Present:
Mr M. Connor (Chair), Non-Executive, Board Member; Ms K. Kasper, Non-Executive Board Member; and Mr P. Murray, Non-Executive Board Member.

In Attendance:
Ms K. Brooks, Internal Auditor; Mr C. Brown, Azets; Ms J. Bennett (Associate Director for Quality Improvement & Safety); Mr C. Campbell, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Ms S. Goldsmith, Director of Finance; Ms O. Notman, Head of Financial Services; Mr C. Marriott, Deputy Director of Finance; Mr J. Old, Financial Controller; Mr A. Payne, Head of Corporate Governance; and Miss L. Baird, Committee Administrator.

Apologies:
Councillor J McGinty, Non-Executive Board Member.

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

26. Minutes of the previous meeting held on 26 April 2021

26.1 The minutes of the meeting held on 26 April 2021 were accepted as an accurate record and approved.

27. Running Action Note

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

27.2 The committee accepted the running action note.

28. Corporate Risk Register

28.1 Ms Bennett spoke to the previously circulated report. She drew the committee's attention to the review of the Corporate Risk Register and the rationale for the review of individual risks. All of the risks to be reviewed had now been reviewed with the exception of GP sustainability and Violence and Aggression.

28.2 The committee noted that the Corporate Management Team (CMT) will make recommendations to the June 2021 Board on a revised Corporate Risk Register in response to actions agreed at the April 2021 Board.

28.3 The committee noted the Risk Management Annual (2020/21) report is a separate paper on the agenda and Moderate assurance is recommended with respect to NHS Lothian's Risk Management System.

28.4 The Chair assured Mr Murray that he had advanced sight of the minutes of the 17th June 2021. Mr Murray's point in respect of the position of governance of contracts

for estates and procurement in the overall structure of NHS Lothian and its impact on the NHS Lothian Corporate Risk Register was recorded in the minutes of 17th June 2021. The Chair proposed that the matter be followed up at the next meeting.

JBen

28.5 The committee accepted the report.

29. Risk Management Annual Report 2020/21

29.1 Ms Bennett presented the previously circulated report. She drew the committee's attention to work on the Adverse Event Policy and Procedure and Risk Management Policy and Procedure that informed NHS Lothian's improvement programmes.

29.2 Ms Bennett advised the committee that the Board had consider processes relating to discharge from Hospital to Care Homes and sought advice from the CLO on this matter. She noted that should any litigation come to the Board there should be a clear process and audit trail of action taken.

29.3 Ms Kasper questioned how any learning from the serious adverse events and Duty of Candour conversations linked into local risk management processes and the local risk registers.

29.4 Ms Bennett highlighted that it was important to link triggers to subsequent improvement work. Ms Bennett drew the committee's attention to the analysis of postpartum haemorrhage within maternity service and how this is linked to the improvement work within the department. Ms Kasper noted that it would be good to see further examples of work to see the improvements made.

29.5 The Committee accepted moderate assurance that there are systems in place to manage risk across NHS Lothian and there is an improvement programme to further strengthen the risk system.

29.6 The committee noted that Healthcare Governance Committee in November 2020 and May 2021accepted:

- Significant assurance that local processes were in place to identify events which require to be reported to Healthcare Improvement Scotland (HIS) to comply with the new national notification process and noted number and types of events reported
- Significant assurance on progress in implementing the statutory organisational Duty of Candour
- Moderate assurance from progress made in improving processes for management of significant adverse events (SAEs) and in addressing the backlog
- Moderate assurance on process for safety alerts and the associated reports up to March 2020.

29.7 The Committee noted that the annual internal audit review of risk management, which the Committee considered on 17 June, would be used to review NHS Lothian's Risk Management Policy and Procedure (October 2018).

29.8 The committee accepted the report.

30. Counter Fraud

30.1 Counter Fraud Activity for the year to 31 March 2021 – Mr Old spoke to the previously circulated Counter Fraud Activity report for the period to 31 March 2021. He noted that the report was the normal summary of activity over the last 12 months.

30.2 The committee accepted this report as a summary of the counter fraud activity within the year.

30.3 The Committee agreed that the report provides a moderate level of assurance that the board were raising the awareness of counter fraud strategy/policy through communications and training and all cases of suspected fraud were accounted for and appropriate action was taken.

31. Corporate Governance

31.1 National Services Audit Reports 2020/21 – Mr Marriott presented the previously circulated National Services Audit reports 2020/21. He noted that the report focused on three service level audits, namely, financial ledger, IT services and practitioners and counter fraud services.

31.1.1 The committee noted that NHS National Services Scotland had undertaken a significant programme of work. Mr Marriott explained that there was a qualified opinion for the payroll system in 2019/20 and in 2020/21 it was unqualified. However there was a qualified opinion on the systems for payments to primary care contractors at this time.

31.1.2 Mr Marriott explained that the NSS Director of Finance's letter summarises action taken since April 2021 following the receipt of the qualified opinion. The NHS National Services Scotland Audit & Risk Committee concluded that the additional work undertaken mitigated the risk of material financial misstatement. Mr Marriott highlighted that a 'qualified' opinion was given when there were some exceptions, which was different from an 'adverse opinion' (controls are absent or failed).

31.1.3 Ms Goldsmith advised that emerging Covid issues and the size of the lists within Primary Care had been flagged to Scottish Government. She noted that the Board had no confidence in the out of date information held and the mechanism used to review and reconcile the lists. Ms Goldsmith anticipated that this could be addressed as part of the development of the new GP contract.

31.1.4 The committee discussed the impact of moving from face to face consultations to a virtual system, the likelihood that this would continue after the pandemic and whether it would have an impact on list sizes. Members awaited the outcome of a further review by NSS. Mr Marriott would keep the committee appraised of the position going forward. **CM**

31.1.4 The committee accepted these reports from the service auditors as a source of significant assurance that there were adequate and effective systems of internal control relating to the National IT Services and the National Single Instance Financial Ledger, and a source of moderate assurance with respect to Practitioner and Counter Fraud Services Non Covid payments.

31.2 SFR 18.0 – summary of losses and payments for the year ended 31 March 2021 – Ms Goldsmith introduced the previously circulated paper.

31.2.1 Ms Notman explained that the increase in legal fees was due to the Board winning a case the previous year. She noted that if the Board had not been successful the level of legal fees for the year would have been similar to that seen in 2020/21.

31.2.2 Members discussed the continued issues around the timely notification of changes to employee status which results in staff overpayment. Finance would continue to work on this with line managers to ensure that a proactive approach is taken and mitigates the need to reclaim funds going forward.

31.2.3 The Committee accepted the report as a source of significant assurance that the Board has adequate and effective systems of control relating to losses and special payments, and that management were continually reviewing and evaluating changes to improve those systems.

31.3 Edinburgh & Lothian's Health Foundation Annual Report and Accounts 2020/21 - The committee noted that there had been a review of the charitable funds and that they were found to be a clean set of accounts, and there had been no issues raised.

31.3.1 The committee accepted the report as a source of significant assurance that management have prepared the Annual Report and Financial Statements of the Foundation for 2020/21, Azets (formerly Scott Moncrieff) have carried out an external audit of the accounts and have provided an unqualified audit opinion.

s32. NHS Lothian Annual Accounts 2020/21

32.1 Governance Statement

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

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

32.1.3 Mr Murray questioned how strategic planning processes and the Corporate Risk Register links to the Governance Statement and how this could be demonstrated. Mr Payne advised that the Risk Register informs the drafting of the Governance Statement. In addition there had been substantial work to reframe the process that supports the development of strategies and support the development of the Finance and Resources Committee terms of reference and create a new Planning Performance & Development Committee (PPDC).

32.1.4 Ms Bennett advised the committee that the Corporate Risk Register had been shared with Mr Briggs to provide context to the conversation around the development of the PPDC. She also assured members that national standards were at the heart of strategic development within the organisation.

32.1.5 Mr Murray commented that the he was surprised that Healthcare Governance Committee had not flagged dentistry as a clear issue within their annual report, given the current position in Lothian. The Chair agreed to refer the matter with Chair of the Healthcare Governance Committee, however the Committee agreed there was no need to amend the Governance Statement. **MC**

33. Management Representation Letter

33.1 The Committee reviewed the draft Representation Letter to the external auditors, confirming that the statements represented confirmation to the external auditors on matters arising during the course of their audit of the accounts for the year ended 31 March 2021, and agreed to recommend to the Board that the letter be signed by the Chief Executive of NHS Lothian.

34. Azets: NHS Lothian Draft External Audit Report for the year to 31 March 2021

34.1 Mr Brown gave an overview of the report highlighting how the report was collated, key findings and the audit certificate. He explained that key issues related to Personal Protective Equipment and testing kits and a change to the accounting treatment during the course of the audit. He explained that there had been significant delays in agreeing the accounting treatment with the Scottish Government and the provision of relevant cost estimates. NHS Lothian had recognised the implications that this had on the financial statements. Audit Scotland were reviewing the methodology and systems used to identify the estimated costs to provide assurances to NHS Boards and their auditors. The outcome of the Audit Scotland was awaited.

34.2 Members noted that the uncertainty around accounting policies would not impact on the Board's financial position or the overall audit opinion. Mr Brown assured the committee that standard operating procedures allow for the process to continue whilst allowing the Board to approve the accounts.

34.3 The Committee discussed the capital accrual for £508k that relates to a dispute with a public sector partner. They noted that the initial value of the of the transaction was £324k, with the Board accruing interest that reflects a potential late payment charge. Members noted that Mr Marriott and his team would take the appropriate steps to resolve this dispute to ensure that the matter was resolved.

34.4 Mr Brown advised the Committee that the report provided an unqualified opinion subject to the recognition of personal protective equipment and kits procured in NSS during 2020/21, events subsequent to the balance sheet, review of the revised accounts, matter relating to outstanding audit and final checks and review.

34.5 The committee accepted the report.

35. NHS Lothian Annual Accounts for Year End 31 March 2021

35.1 The Committee reviewed the draft Annual Accounts for the year ended 31st March 2021.

35.2 The committee agreed to recommend to the Board that they adopt the Annual Accounts for the year ended 31st March 2021 and recommend to the Board to authorise the designated signatories to sign the accounts on behalf of the Board.

35.3 The Committee approved the proposed arrangements for resolution of minor matters in relation to the accounts, including resolution of the PPE accounting adjustments, and up to the date of submission to the Scottish Government Health and Social Care Directorate

35.4 The Committee noted that the accounts would not be in the public domain until they were adopted by Parliament later in the year.

36. Patients Private Funds Annual Accounts 2021

36.1 Ms Goldsmith presented the previously circulated paper.

36.2 The Committee accepted the management letter from Azets as a source of significant assurance in relation to the draft annual accounts and the underlying systems of internal control.

36.3 The Committee agreed to recommend to the Board that the Chief Executive and the Director of Finance to sign the "Statement of Lothian NHS Board Members' Responsibilities" on the Board's behalf.

36.4 The Committee recommended to the Board that following the Board's consideration, the Director of Finance and the Chief Executive sign the "Abstract of receipts and Payments" (SFR19.0).

36.5 The Committee recommended to the Board that the Board approve the draft Patients' Private Funds accounts for the year ended 31 March 2021.

37. Audit Committee Annual Report and Assurance Statement 2020/21

37.1 The Committee reviewed the draft report, and specifically considered whether the following sentence (from Section 1) was appropriate:

"At its meeting of 21 June 2021, the Committee concluded that it has had adequate access to resources in order to properly discharge its responsibilities as set out in its terms of reference."

37.2 The Committee confirmed that the above sentence was appropriate and agreed to approve the annual report.

38. Notification to Scottish Government – Significant Issues

38.1 The committee reviewed the letter and approved the response to the annual notification to Scottish Government of Significant Issues.

39. Any Other Competent Business

39.1 There were no other items of competent business for consideration.

40. Reflections on the meeting

40.1 The chair noted that he had nothing to flag at the Board from the discussion at 17th and 21st June 2021 meetings. He acknowledged the discussions around the estates and consort issues, and these would be taken forward at the August meeting of the Audit and Risk Committee.

41. Date of Next Meeting

41.1. The next meeting of the Audit and Risk Committee will be held on Monday 23rd August 2021 at 9.30 a.m. via Microsoft Teams.

Chair's Signature
Approval Date 23-08-21
Original kept in fil

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 1.00pm on Tuesday 27 July 2021 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Ms J. Clark, Partnership Representative; Dr P. Donald, Non Executive Board Member; Mr J. Encombe, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms C. Hirst, Non Executive Board Member; Mr D. Stavert, Patient and Public Representative.

In attendance: Dr C. Baptie, Clinical Lead, Community Mental Health Team (observing); Mr J. Connaghan, appointed Board Chair; Mr J. Crombie, Deputy Chief Executive; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms T. Gillies, Medical Director; Ms M. Hughes, West Lothian Health and Social Care Partnership; Ms G. McAuley, Nurse Director, Acute Services; Professor A. McMahon, Executive Nurse Director; Ms T. McKigen, Service Director, Royal Edinburgh Hospital (item 18.1); Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse; Professor A. Timoney, Director of Pharmacy.

Apologies: Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Dr J. Long, Director of Primary Care.

Chair's Welcome and Introductions

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

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

13. Minutes from Previous Meeting (25 May 2021)

13.1 The minutes from the meeting held on 25 May 2021 were approved as a correct record.

13.2 The updated cumulative action note had been previously circulated.

14. Patient Story

14.1 Mr Stavert read out feedback from a patient with sight difficulties who found communication with the podiatry department by email helpful. Mr Stavert noted that the patient group suggested that staff and patients should be made more aware of the possibility of email communication.

14.2 Ms Gillies advised that clinical information was not normally sent to patients by email due to security of confidential information but in the small number of cases in which this was required there was a process for approval by the Caldicott Guardian.

Separately, there was an online log in system available which patients could use access to see test results and copies of letters.

15. Matters arising

15.1 Committee assurance

15.1.1 Ms Ireland reported that she had agreed with Ms Gillies, Professor McMahon and Ms Bennett that a Healthcare Governance Committee workshop would be held in September or October 2021 to discuss assurance and communication with other governance committees, Integration Joint Boards, and management assurance structures, as well as the structure of the 2022 Committee workplan. It was agreed that the patient and public representatives would be included in the workshop.

15.1.2 There was also a sperate meeting planned in September with Alan Payne and all the Governance Committee chairs to discuss a review of the whole governance structure.

15.2 Exit from the European Union

15.2.1 Ms Gillies gave a verbal update. There had been no adverse effect of the European Union exit to clinical governance. The Staff Governance Committee would consider workforce and staffing issues.

15.2.2 Professor McMahon advised that the staffing problems being experienced by the Board currently were due to the need for staff who were contacts of a covid positive case to self isolate. In addition to this there was usually a 5% nursing vacancy rate throughout the year. Staff had reported skills mix risks for delivery of service and had been asked to datix any staff shortage concerns which would be monitored along with any adverse events. To cover shortages staff were being moved to wards to ensure two registered nurses on each ward. A more detailed written update would be provided at the next Board meeting.

16. Children's Services Programme Board

16.1 Professor McMahon presented the previously circulated paper noting that it gave information on the children's services which the Programme Board had examined and given assurance on, many of which did not currently report to the Healthcare Governance Committee.

16.2 The aim of the Programme Board had been to ensure oversight over the complicated children's services reporting structure and members agreed that significant progress had been made on this over the last year. It was suggested that children's services reporting could be in several reports at consecutive meetings, each for a different strand of the service, on the model of CAMHS current reporting to the Healthcare Governance Committee.

16.3 Tracey Gillies suggested that the next step would be to identify what measures would be used to provide assurance in the different areas of the service and what assurance other groups were already receiving.

16.4 Members accepted the recommendations laid out in the paper with an amendment to recommendation 2.2 to accept moderate assurance that there was a Programme Board in place to provide assurance on healthcare governance arrangements for children's services. Members also agreed that recommendation 2.3, which asked that the Committee advised on required assurance reporting, would be discussed at the Committee workshop planned for September or October 2021.

17. Safe Care

17.1 Healthcare Associated Infection Update

17.1.1 Professor McMahon presented the previously circulated paper which included the regular report as well as the Infection Prevention and Control Team annual report which would also be reported to the Board at the next meeting.

17.1.2 Members recognised the continuous hard work of the Infection Prevention and Control Team in providing clear advice on the implementation of Scottish Government guidance which clinical colleagues had found extremely helpful.

17.1.3 In response to a question about infections related to catheterisation, Professor McMahon advised that compliance with standard infection control precautions were key. A high turnover of staff meant that continuous training was required which was challenging when services were under other pressures. The numbers of infections were low and were within the range expected for *Staphylococcus aureus* Bacteraemia and *Clostridium difficile*, and slightly above range for *E. coli* infections.

17.1.4 Regarding the mandatory surgical site surveillance, Professor McMahon advised that the Scottish Government had asked for this to be stopped to free capacity for other priorities. The surveillance was a monitoring for infections arising following caesarean section and hip replacement procedures. This was external assurance which provided benchmarking with other Boards. Internal assurance continued, including investigations when a surgical site infection was identified or any concerns were raised.

17.1.5 Members accepted the recommendations laid out in the paper.

17.2 Public Protection Update

17.2.1 Professor McMahon presented the previously circulated paper. The number of referrals were being monitored as an increase due to covid and lockdown might be expected. A slight increase was recorded in the last quarter but this was not yet a concern. It was agreed that referral numbers would be included in future reports. **AMcM**

17.2.2 Members noted that there had been no gender based violence practitioner in post for the past two years. Professor McMahon advised that a midwife who was an expert in gender based violence was covering some of this work but that funding was being sought to fill this important post.

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

17.3 Ockenden Maternity Services Report

17.3.1 Ms Gillies presented the previously circulated paper regarding NHS Lothian's response to the interim report on Maternity Services at Shrewsbury Hospital Trust. Ms Gillies advised that external assurance was available on maternity services in the MBRACE-UK report. Internal assurance routes included regular reporting on adverse events and investigation linking to national improvements.

17.3.2 Members welcomed the inclusion of patient and staff feedback in the report as a means of identifying possible improvements.

17.3.3 Members accepted the recommendations laid out in the report and accepted moderate assurance. Regarding recommendation 2.2, a more structured review would be brought back which would map care in NHS Lothian against the recommendations in the Ockenden report before assurance could be taken. **TG**

17.4 Cervical Cancer Screening Annual Report

17.4.1 Dr Milne presented the previously circulated paper. This paper had been considered by the patient and public representatives' group. Mr Stavert noted that regarding the data showing that there was a lower screening uptake both in younger women and in women living in more deprived areas the patient group had suggested a public awareness campaign would help increase uptake. Dr Milne advised that the focus for the coming year would be on inequalities. There was no clear idea why the uptake among younger women in Lothian was the lowest in Scotland at only 46% although possible reasons could include the high proportion of student and transient population in Edinburgh.

17.4.2 Dr Milne advised that regarding the national problem with sending out appointment letters which was reported in the media, an investigation was underway and a report was awaited.

17.4.3 Guidance on screening, including the age range of women offered screening, was set nationally and regularly reviewed according to the population groups where cervical cancer cases were identified.

17.4.4 In response to a question about GP capacity for screening Dr Milne advised that resources were now available to add additional GP spaces for screening. Ms Gillies noted that no concerns had been raised about GP screening capacity.

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

18. Effective Care

18.1 REAS Governance – Specialist Regional Services and CAMHS Psychological Services

18.1.1 The chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. She noted that the new model for reducing the waiting list would be trialled in the north team first as they had a 46% increase in urgent referrals which may

be a result of longer waits. The feedback from the trial would be reviewed by the children's boards with a link to GP practitioners.

18.1.2 It was noted that CAMHS was seeing a 19% increase in referrals in the last year and there had also been an increase in eating disorders referrals in both adults and children. It was not known whether this would stabilise when schools and other services returned to normal post covid restrictions.

18.1.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

18.2 Patient non attendance at appointments

18.2.1 Ms Gillies gave a verbal update. Work was ongoing nationally on making access standards clear and improving public expectations of services. For instance it was not currently clear what the patients' waiting time status was if they declined a digital appointment.

18.2.2 Investigation needed to be done to find out how patients find out about their appointments and what the process was if they needed to change them, and whether this system could be improved. More details were also needed about reasons for patients not attending. Mr Gordon noted that constituents had trouble with digital systems for receiving appointments and did not always understand what the options were when they signed up to receive appointments that way.

18.2.3 Data gathering and analysis was in progress by Ms Campbell's team and a paper would be submitted to the Committee in due course. Mr Stavert noted the patient and public representatives' interest in this area and suggested they review this paper when available for their comments to the Committee. **JCa**

18.3 Drug Related Deaths Annual Report

18.3.1 Dr Milne presented the previously circulated paper. Due to the recent reports in the media regarding drug related deaths in Scotland this item had been moved onto the main agenda. The report presented was on the data for 2019. The data for 2020 was due the following week and would be reported to the Committee at its meeting in November 2021. The trend for 2020 was similar to 2019 with a slight increase in drug related deaths in East and Midlothian and a slight decrease in Edinburgh. **DM**

18.3.2 The annual report would also go to the Integration Joint Boards as the Drug and Alcohol Partnerships report there.

18.3.3 Members noted recommendations 2.7 and 2.8 in the paper which emphasised that further work was needed to understand drug use in the population and the effectiveness of interventions. Members accepted the recommendations laid out in the paper.

19. Exception Reporting Only

19.1 Voluntary Services Annual Report

19.1.1 Professor McMahon presented the previously circulated paper and highlighted the important work done by volunteers throughout the service. There were over 700 volunteers working across the services and some had been volunteering for many years. Mr Stavert suggested that information about the role of volunteers should be given a higher profile in the public domain.

19.2 Members noted the following previously circulated papers:

19.2.1 Edinburgh Transplant Service Annual Report;
19.2.2 Drug Related Deaths Annual Report.

20. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes

20.1 Health and Safety Committee, 19 May 2021;
20.2 Clinical Management Group, 13 April 2021; 11 May 2021; 8 June 2021;
20.3 Public Protection Action Group, 31 March 2021;
20.4 Policy Approval Group, 25 May 2021; 30 June 2021;
20.5 Organ Donation Sub Group, 15 June 2021.

21. Corporate Risk Register

21.1 Ms Bennett presented the previously circulated paper. Members accepted the recommendations laid out.

22. Reflection on the Meeting

22.1 It was agreed that the planned assurance review workshop would be raised at the Board as an idea for other governance committees.

22.2 A paper on staff shortages was already planned for the private session of the next Board meeting.

23. Date of Next Meeting

23.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 7 September 2021** by video conference.

24. Further Meeting Dates

24.1 Meetings would take place at **1.00pm** on the following dates in 2021:
- 9 November 2021.

Chair's Signature
Approval Date 07-09-21
Original kept in fil

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 14 July 2021 by videoconference.

Present: Mr M. Hill, Non Executive Board Member (chair); Councillor S. Akhtar, Non Executive Board Member; Ms S. Goldsmith, Director of Finance; Councillor G. Gordon, Non Executive Director; Mr A. McCann, Non Executive Board Member; Ms N. McKenzie, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member.

In Attendance: Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Dr J. Hopton, Programme Director, Facilities; Ms K. Imrie, Programme Manager, Ophthalmology (item 21.4); Mr C. Kerr, Senior Project Manager, Capital Planning; Mr T. Logan, Head of Operations, Hard Facilities Management (item 20.2); Mr C. Marriott, Deputy Director of Finance; Mr D. Mill, Senior Project Manager, Facilities Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes); Mr A. Tyrothoulakis, Site Director, St John's Hospital (item 21.4).

Apologies: Mr I. Graham, Director of Capital Planning and Projects; Professor A. McMahon, Executive Nurse Director.

Chair's Welcome and Introductions

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

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

19. Committee Business

19.1 Minutes and Actions from Previous Meeting (2 June 2021)

19.1.1 Members accepted the minutes from the meeting held on 2 June 2021 as a correct record.

19.1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

20. Matters Arising

20.1 Shawfair Park and Ride

20.1.1 Mr Crombie presented the previously circulated paper and noted that work was in progress and there would be a further update at a future meeting.

20.1.2 It was suggested that it could be appropriate for the Endowment Fund to be used to support a shuttle bus from the Park and Ride to the Hospital for the use of both patients and staff.

20.1.3 Mr Crombie advised that the Shawfair Park and Ride would not allow NHS transport on the site following removal of covid restrictions, but that NHS Lothian would explore nearby sites.

20.1.4 The number of parking permits issued for parking spaces on site at the Royal Infirmary took into account the level of use of spaces when staff were on annual leave or days off. The criteria for issue of a parking permit to members of staff were clearly laid out and were the same for all pay bands. The challenge of providing an equitable system when staff with parking permits could park for free on site and those who did not meet the criteria must pay to park off site was noted. The aim was to provide as many access points to the site as possible, including the encouragement of public transport use.

20.2 Risk 3189 Facilities Fit for Purpose Update

20.2.1 The chair welcomed Mr Logan to the meeting and he presented the previously circulated paper. Mr Logan advised that the team were already aware of the significant issues. The survey was expected to be complete by September 2021 and a clear timescale would be written up covering all of the various programmes of work in progress.

20.2.2 Mr Logan advised that the team was being developed so that a state of proactive site surveillance would be achieved for continuous assurance.

20.2.3 The Committee would be updated on progress of the work at the time that the risk was reviewed. Mr Logan's team was working on data for regular reporting at various levels. Ms Goldsmith noted that the report asked for acceptance of the suggested systems of control and that a process for regular reporting to the Committee would be agreed; in the meantime the item would remain on the Committee action note.

20.2.4 Members accepted the recommendations laid out in the paper.

21. Capital

21.1 Property and Asset Management Investment Plan

21.1.1 Mr Kerr presented the previously circulated paper. There was discussion about the increase in costs between agreement and final cost of many projects. The initial agreements were made before the design phase so accurate estimates were difficult. 'Optimism bias' was included in calculations but Ms Goldsmith agreed that the criteria for this could be revisited and knowledge of previous projects used to make more accurate estimates. It was noted that the market was currently unusually volatile and the valuation of 'optimism bias' may have to change.

21.1.2 Ms Goldsmith advised that it was expected that the extra funding requested for the oncology enabling work from the Scottish Government as a result of cost increases would be approved.

21.1.3 Regarding the oversight of progress made after the approval of business cases at the Finance and Resources Committee, Ms Goldsmith advised that internal management processes for tracking progress were in place but needed to be strengthened. Mr Graham was working on a process for this within the Capital Planning Team. This would also include a process for learning from previous experience for the benefit of future business cases. Ms Goldsmith agreed to work on a paper describing plans for assurance to the team and to the Finance and Resources Committee on programme monitoring and benefit realisation. **SG**

21.1.4 Members accepted the recommendations laid out in the paper, accepted moderate assurance on the delivery of the programme and supported an approach to the Scottish Government for further funding for the oncology enabling works.

21.2 Non Domestic Energy Efficiency Programme (NDEEF)

21.2.1 Dr Hopton and Mr Mill presented the previously circulated paper. Mr Mill advised that Health Facilities Scotland were keen for NHS Lothian to provide feedback on the experience of using the framework as it had only been used by one other Board so far.

21.2.2 There had been only one bid for the contract. This was likely to have been because of the relatively small size of the project at £2 million and also because of the different technologies that different contractors had available that matched with the NDEEF provisions. The framework was for use on smaller sites where a relatively small amount of resource could have a higher impact.

21.2.3 Mr Mill advised that if the contractor was unable to make the savings projected then they would be obliged to make changes to make up the balance. Validation would be carried out by an external company which would use agreed measures to determine how much saving had been made, and payment would not be made to the contractor until the agreed savings had been made.

21.2.4 The criteria for deciding on the sites to be part of the programme focused on sites in the wider estate with the highest energy consumption, including only those sites where NHS Lothian had full ownership, choosing smaller sites where the funding would have a relatively greater benefit.

21.2.5 Members accepted the recommendations laid out in the paper.

21.3 Scottish Hospitals Public Inquiry – Outline Business Case Re-submission

21.3.1 Ms Goldsmith presented the previously circulated paper. Responding to a question, she advised that no information had been received on families' reaction to the delay of the opening of the new hospital. Anyone in Lothian would be able to submit evidence to the Public Inquiry at the hearing in September 2021.

21.3.2 Ms Goldsmith advised that the document management system had been purchased following investigation and the Central Legal Office and the Public Inquiry had been content with the use of this system. It would be possible that the system could be used in the future for other projects.

21.3.3 McRoberts and the Central Legal Office were helping to provide narratives on key aspects of the project including the process of engaging with IHSL to get a works programme, the environmental matrix and change to funding from capital to PPI. These would be key background for those giving evidence to the Inquiry. It was agreed that they would be considered by non executive members of the Finance and Resources Committee, if necessary outwith scheduled meetings, in keeping with the Board's decision to delegate oversight of the Public Inquiry to this Committee. This would be discussed at the Board to seek their agreement. **MH**

21.3.4 It was agreed that any sensitive information to be submitted to the Public Inquiry would be discussed at a private session of the Board which would allow wider scrutiny from non executive members who had not been involved in the signing off aspects of the project. Mitigations of the risk of submitting sensitive information to the Inquiry would also be discussed at a private session of the Board. **MH**

21.3.5 It was suggested that the risk of not submitting all of the relevant documents along with mitigations should be included in the risk profile as there could be criticism when staff who were involved in the project were also involved in locating documents for the Inquiry.

21.3.6 It was agreed that there should be a standing item on the Committee's agenda for updates on the Public Inquiry.

SG

21.3.7 Ms Goldsmith advised that there would be a hearing on 9 May 2022 for three weeks and NHS Lothian would be involved.

21.4 <u>Reprovision of Eye Services</u>

21.4.1 Ms Goldsmith and Mr Crombie introduced the item. The chair welcomed Ms Imrie to the meeting and she presented the previously circulated paper.

21.3.2 Currently cataract assessment and surgery for NHS Lothian patients was carried out at the Golden Jubilee Hospital. The business case proposed that assessment but not surgery would be brought back to NHS Lothian. Mr Crombie advised that this this had been due to the policy of the previous cabinet secretary for health, but there was now an opportunity to discuss this again as part of the full business case.

21.3.3 It was noted that the clinical research facility in the current Eye Pavilion was not included in the business case for reprovision, as the University of Edinburgh had indicated that they did not have funding for this. Other options would be discussed as part of the business case.

21.3.4 Mr Crombie advised that although the original plot chosen at the time of the original submission of the outline business case was no longer available, another preferred plot had been identified at the Bioquarter; NHS Lothian had indicated interest in the plot and was undertaking a full feasibility study of the site . Scottish Enterprise, who own the site, had been supportive and the Scottish Government had been briefed on the position.

21.3.5 Members accepted the recommendations laid out in the paper and approved the re-submission of the outline business case. It was noted that as this was a re-submission, not a new case, the Finance and Resources Committee would approve the business case on behalf of the Board. The full business case would, however, be approved at the Board in the normal way as it was above the £10 million delegation to the Finance and Resources Committee.

21.3.6 Ms Goldsmith commented and the Committee noted that NHS Lothian was now working on the delivery of three major capital projects: the eye services, cancer centre and elective care centre with all the challenges of managing resources, processes and governance structures.

22. Revenue

22.1 Financial Position June 2021

22.1.1 Mr Marriott presented the previously circulated paper. It was noted that Agenda for Change pay costs expected to be paid by the Scottish Government would now only be paid to year three, after which Boards were expected to cover the additional costs. This left a year 4 'tail' of some £10.2M to be funded in Lothian and around £66M across all Health Boards, which would be a significant challenge. It was agreed that Mr Marriott would provide a summary of the position to allow the chair to note this at the Board. **CM / MH**

22.1.2 Mr Marriott advised that the £3 million overspend on the drugs budget in the first quarter of the year had been due to a combination of increasing drug costs and reduction of £5 million in the current year in Scottish Government funding for new drugs. Drug spend would fluctuate throughout the year depending on approval dates for new drugs and the overspend would not necessarily be as high in every quarter of the year. Ms Gillies advised that there had been increased numbers of approvals for palliative care, and anecdotal evidence suggested that the later presentation of some diseases, due to the reduction in services in 2021, may have increased the number of patients eligible for these drugs. This was a Scotland wide problem and would be escalated through the Scottish Board Finance Directors and Board Chief Executive Groups.

22.2 Carbon Reinvestment Fund

22.2.1 Dr Hopton presented the previously circulated paper. She advised that NHS Lothian was represented at a Scottish sustainability group supported by Health Facilities Scotland, but that NHS Lothian was ahead of what other Boards were doing in this sector. In England there was a stronger national approach to reducing carbon emissions in the NHS and some ideas had been taken from this.

22.2.2 Members were pleased to note the launch of the NHS Lothian Carbon Reinvestment Fund, which was open to all members of staff and accepted the recommendations laid out in the paper.

22.3 Sustainability Update

22.3.1 Members noted the previously circulated paper.

23. Committee Business

23.1 Reflections on the meeting

23.1.1 It was agreed that information governance for the Public Inquiry would be discussed at the private session of the Board on 4 August 2021. The resubmission of the Eye Pavilion business case to the Scottish Government and the financial position regarding Scottish Government funding for covid costs would be updated to the main Board session. **MH**

23.1.2 This would be Ms McKenzie's last meeting, as she was stepping down from her role as Non Executive Board Member. The chair thanked her for her helpful contributions.

24. Date of Next Meeting

24.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 25 August 2021**.

25. Meeting Dates in 2021

25.1 Further meetings in 2021 would take place on the following dates:
- 13 October 2021
- 17 November 2021.

Signed by the Chair 25-08-2021
Original kept to file.

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 22 June 2021

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Carl Bickler, Heather Cameron, Andrew Coull, Councillor Phil Doggart, Christine Farquhar000, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Martin Hill, Nancy Mackenzie, Ian Mackay, Grant Macrae, Jacqui Macrae, Councillor Melanie Main, Allister McKillop, Moira Pringle, Judith Proctor, Peter Murray and Richard Williams.

Officers: Matthew Brass, Jessica Brown, Sarah Bryson, Ann Duff, Nikki Conway, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Linda Irvine-Fitzpatrick, Angela Ritchie and Hazel Stewart.

Apologies: Helen FitzGerald

1. Appointments to the Edinburgh Integration Joint Board and Committees

The Board was presented with a report informing members of changes in membership.

Decision

1) To note that the City of Edinburgh Council has appointed Councillor Ricky Henderson as the Chair of the IJB from 27 June 2021, when the current terms of office end.
2) To note that NHS Lothian has appointed Angus McCann to become the Vice-Chair of the IJB from 27 June 2021.

3) To note that Angus McCann will take up the position of Chair of the Strategic Planning Group and Councillor Ricky Henderson will take up the position of Vice-Chair from 27 June 2021.
4) To appoint Angus McCann as the Chair of the Futures Committee, replacing Peter Murray.
5) To appoint Allister McKillop to take up the non-voting member vacancy on the Clinical and Care Governance Committee.
6) To appoint Grant Macrae to take up the non-voting member vacancy on the Audit and Assurance Committee.
7) To appoint Judith Stonebridge as a non-voting member of the Strategic Planning Group
8) To note that NHS Lothian would confirm who would take up the non-voting member vacancy of the IJB in due course.
9) To re-appoint the following non-voting members to the Board fort a further three-year term
    - Carl Bickler
    - Christine Farquhar
    - Helen FitzGerald
    - Kirsten Hey.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

2. Bed Based Care – Phase 1 Strategy

2.1 – Deputation – Edinburgh Trade Union Council

The Board agreed to hear a deputation from the Edinburgh Trade Union Council. The Deputation made the following key points:

- Concerns were expressed on the future of care home workers who had worked tirelessly throughout the pandemic.
- Concerns were expressed over the impact on the wider goals of social care both within Edinburgh and nationwide ambitions by moving residents into privately ran homes.
- Assurances were sought that the care homes residents would be placed in were suitable for care needs. The deputation suggested that new build care homes would be the most appropriate alternative.
- The Deputation supported the first two points of the Proposal submitted.

2.2 – Deputation – UNISON, Unite and GMB.

The Board agreed to hear a deputation from UNISON, Unite and GMB. The deputation made the following key points:

- Concerns were expressed over the treatment of staff in the decision-making. The deputation felt that no consideration had been given over

what ‘redeployment’ would mean and look like for staff no longer able to work in the care homes closing.

- Some staff had already just been relocated from closed care homes (eg. Cherry Oak) and hadn’t yet started at their new home yet already got a letter through to state that it would be closing.
- Concerns were expressed over the stakeholder engagement that had seemed absent up to this point and questioned the consultation period that was scheduled to last until August which was not long enough to gather all information required.

2.3 – Report by the Chief Officer, Edinburgh Integration Joint Board.

The Board were presented with an overview of the bed-based care strategy (phase 1) for approval. The report recommended the decommissioning of care homes throughout Edinburgh that were noted to no longer be suitable nor have the appropriate facilities for providing the care needs of residents. With the EIJB’s role as a Joint Board, the Board were recommended to set direction to both the City of Edinburgh Council and NHS Lothian to decommission the various care homes.

Decision

1) To approve the phase 1 approach as set out in the bed-based care strategy (Appendix 2).
2) To set direction to NHS Lothian in order to:
    a. Decommission intermediate care currently provided at the remaining wards at Liberton Hospital and to re-provide these within a reconfigured number of beds within the remaining Hospital Based Complex Clinical Care (HBCCC) estate.
    b. Decommission HBCCC beds provided at Findlay House and Ellen’s Glen House and re-provide these within the former residential care home facility in Drumbrae.
    c. Commission Intermediate Care beds within the bed base remaining at Ellen’s Glen House and Findlay House.
    d. Decommission the HBCCC beds provided at Ferryfield House, withdraw from the lease at intended break point and decommission service in October 2022.
3) Set direction to City of Edinburgh Council of the EIJB’s intention to:
    a. Decommission residential care currently provided at Clovenstone, Ford’s Road, Jewel House and Ferrylee care homes.
    b. Decommission the residential care model provided at Drumbrae Care Home and single intent to re-provide HBCCC within that facility.

4) To note that the Bed Based Review proposals are designed to meet the strategic intention of the IJB to deliver the right care, in the right place, at the right time, and that the EIJB supports this.

5) To note that the four care homes proposed for decommissioning no longer meet Care Inspectorate standards and that the consequences of a reduction in care homes beds in the city needs to be connected to a commensurate reinvestment in alternative care provision

6) To agree to delay making a final decision, with the exception of preparation towards the time critical elements of recommendations 2.a. (Liberton Hospital) , 2.d. (Ferryfield House lease withdrawal) and 3.b. (Drumbrae change to HBCCC), until the following actions have been completed / progressed and for further consideration to a future Board meeting, with the target date of 17 August and a special Board meeting to be arranged to consider this if required after this date:

   a. A final Integrated Impact Assessment.
   b. Engagement with trade unions regarding the impact on Council Health and Social Care staff.
   c. Consultation with key stakeholders including City of Edinburgh Council about decommissioning four care homes.
   d. A plan detailing what investment will be required to ensure that people are supported to live independently in their own homes for as long as possible, including home care, community infrastructure and Primary Care services.
   e. An update on workforce planning for each type of care and location and the measures to be taken to support the recruitment, retention and development of key staff.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

3. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 27 April 2021 as a correct record.

4. Rolling Actions Log

The Rolling Actions Log for March 2021 was presented.

Decision

1) To agree to close Action 2 – 2021/22 Financial Plan Update.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

5. Edinburgh Integration Joint Board Risk Register – Referral from the Audit and Assurance Committee

The Board were presented with the EIJB's Risk Register that had already been considered and subsequently referred from the Audit and Assurance Committee.

The Register updated members on the activity to manage, mitigate and escalate EIJB risks, which included a new governance process for scrutinising risks.

Highlighted in the referral from Audit and Assurance, members evaluated the appropriateness of the target risk of Risk 1.3, which was currently set as high and could pose a threat to the delivery of Delegated Services and the wider Strategic Plan.

Decision

1) To note the further development of the risk register with the adoption of a new process to ensure regular Executive Management Team (EMT) involved in assessing and managing risk.
2) To consider the updated risk profile cards for medium and high-level risks noting that these have been reviewed by the EMT in May 2021.
3) To determine if mitigating controls identified against these current risks are adequate.
4) To consider the need for further risks to be added to the register,
5) To note that a review of the Committee structure would be scheduled
6) To share previous versions of the Risk Register with the newly appointed IJB members.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

6. Communications and Engagement Strategy

The Board were presented with a Communications and Engagement Strategy that had been developed in response to the EIJB's and Edinburgh Health and Social Care Partnership's (EHSCP) ambition to engage and communicate with the widest range of audiences to increase visibility and awareness.

The Strategy had been presented previously to the Strategic Planning Group and undergone scrutiny before it's presentation to the Board. Moving forward, the monitoring and development of the strategy was noted to lie with the EIJB's Public Facing Working Group.

Decision

1) To note the content of the C&E Strategy.
2) To note that monitoring and development of the C&E Strategy will be supported by the EIJB Public Facing Working Group.

3) To note that the C&E Strategy will be formally refreshed every 3 years, in line with the Strategic Commissioning Planning Cycle.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted).

7. Financial Update

The Board were presented with the out-turn position for 2020/21 and the progress with balancing the 2021/22 financial plan.

The report highlighted an overall surplus of £1.0m for 2020/21, and efforts are ongoing to update the 2021/22 Plan after the recent receipt of significant Covid-19 funding from the Scottish Government.

Members noted the current ongoing efforts from the Chief Officer and Chief Finance Officer with Scottish Government officials to explore the extent to which the IJB's earmarked reserves can be applied to support the range of financial pressures.

Decision

1) To note that, subject to audit, a surplus of £1.0m is reported for the financial year 2020/21.
2) To agree that the additional funding of £2.5m agreed by the Council is applied to reduce the 2021/22 budget deficit.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Annual Review of Directions

The outcome of the annual review of directions for 2021 was presented to the Board. Members noted the previous consideration by the Performance and Delivery Committee that had contributed to the content of the paper presented to the Board.

Moving forward, members noted the intention to review and revise the Directions Policy in the Autumn of 2021, with the last review coming in 2019.

Decision

1) Notes that P&D Committee has reviewed the directions covering the period April 2020 – March2021.
2) Notes that P&D Committee considered initial proposals for retaining, varying or closing directions at Appendix 1.
3) Approves the varied directions provided at Appendix 2, which were considered by P&D Committee as part of the review.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted)

9. Evaluation of Winter Planning 2020/2021

An update on the performance throughout winter 2020/21 was presented to the Board. The report included an overview of the winter planning actions and services as well as an evaluation of their impact and effectiveness.

Decision

1) To note the evaluation of winter 2020/21 contained within this paper.
2) To note that a number of the successful winter incentives have been funded recurringly.
3) To note that planning is underway with regards to our key priorities for Winter 2021/22.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

10. Edinburgh Integration Joint Board Governance Handbook

The Board were asked to endorse the EIJB Governance Handbook, which intended to act as a practical reference guide for the EIJB covering a range of governance themes designed in short sections, that can be used for continual board development.

Decision

1) To endorse the EIJB Governance handbook included at Appendix 1 as developed by EIJB members supported by the Good Governance Institute.
2) To agree to the Handbook being reviewed in 18 months asset out at 4 below.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

11. Committee Updates

A report was presented which provided an update on the work of the IJB committees which had met since the last Board meeting. In addition to the summary report, draft minutes of the Strategic Planning Group and Performance and Delivery Committee were submitted for noting.

Decision

To note the update and the draft minutes of the IJB Committees.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

11. EIJB Consultation Response – Fairer Duty Guidance

The consultation response to the Fairer Scotland Duty Guidance was submitted to the Board for noting.

Decision

To note the EIJB consultation response which has been approved and submitted by the Chief Officer in line with the agreed consultation protocol.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

12. Valedictory Remarks

The Chair gave thanks to both Andrew Coull and Nancy McKenzie who were both resigning from the Board and wished them well in the future.

The Chair also thanked the Board for the work and progress made throughout his time as Chair and noted that Councillor Ricky Henderson would take up the post from the next EIJB meeting, with Angus McCann moving to the Vice-Chair position.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 29 JUNE 2021.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Damian Doran-Timson, Katharina Kasper and George Paul

Non-Voting Members – Elaine Duncan, David Huddlestone, Mairead Hughes, Jo MacPherson, Alan McCloskey, Caroline McDowall, Ann Pike, Patrick Welsh and Rohana Wright

Apologies – Martin Hill, Dom McGuire and Steven Dunn

In attendance – Robin Allen ((Senior Manager, Community Care Adult Services), Nick Clater (General Manager, Mental Health and Addictions), Neil Ferguson (NHS Lothian), Hamish Hamilton (West Lothian HSCP Business Partner), Carol Holmes (NHS Lothian), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Abigail Locke (NHS Lothian), James Millar (Standards Officer), Alison White, Jeanette Whiting (Strategic Programme Manager) and Fiona Wilson (Head of Health)

The Chair opened the meeting by thanking Rohana Wright for her contributions to the IJB, as this was her last meeting.

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board confirmed the minutes of its meeting held on 20 April 2021 as a correct record.

3 MINUTES FOR NOTING

The Board noted the minutes of the Strategic Planning Group held on 1 April 2021.

4 MEMBERSHIP & MEETING CHANGES

The Clerk reminded members that the positions of Chair and Vice-Chair of the IJB and of the Audit Risk and Governance Committee were to rotate between the council and Health Board representatives on 21 September 2021.

The Clerk reminded members that there was still a vacancy on Audit Risk and Governance Committee for a council staff representative to replace Martin Murray.

Decision

Officers to continue efforts to fill the staff representative vacancy on Audit, Risk and Governance Committee.

5 CHIEF OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a summary of key developments relating to West Lothian IJB and updating members on emerging issues including those related to Covid-19.

It was recommended that the Board note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

The issue of attendance at the Health and Wellbeing Partnership was raised and after discussion it was agreed that officer representation was acceptable and that there was no need for a voting member to attend.

Decision

1. To note the terms of the report.

2. The IJB agreed that officer representation on the Health and Wellbeing Partnership was acceptable and that there was no need for attendance of a voting member.

6 2021/22 AND 2022/23 BUDGET UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2021/22 and 2022/23 budget position based on current partner funding assumptions. The report also provided an update on Covid-19 funding and expenditure assumptions and considered future financial planning over the period 2023/24 onwards.

It was recommended that the Board:

1. Note the confirmed financial contribution received from NHS Lothian in respect of 2021/22 IJB delegated functions;

2. Note the 2021/22 IJB budget resources available and the budget monitoring arrangements;

3. Consider the Primary Care Investment Plan (PCIP) Tracker which was returned to the Scottish Government at the end of May 2021;

4. Note the updated indicative budget for 2022/23 taking account of current budget assumptions;

5. Note current assumptions around Covid-19 funding and expenditure for 2021/22, including one off funding carried forward from 2020/21 to be used to meet additional one-off costs arising in 2021/22; and

6. Consider the proposed future medium-term financial planning timescales and approach for 2023/24 to 2027/28.

Decision

To note the terms of the report.

7 CONSIDERATION OF 2020/21 ANNUAL ACCOUNTS (UNAUDITED)

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer requesting that the Board consider the unaudited 2020/21 Annual Accounts of the West Lothian Integration Joint Board.

It was recommended that the Board:

1. Consider the overall 2020/21 Annual Accounts prior to submission to Ernst and Young (EY) for audit and publication;

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

3. Agree to suspend compliance during the coronavirus emergency period with the duty to make hard copies of the annual accounts available for public inspection and copying, noting that copies could be provided instead by electronic means or by post.

Decision

To approve the terms of the report.

8 IJB ANNUAL PERFORMANCE REPORT 2020/2021

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an initial draft of the Integration Joint Board's Annual Performance Report for 2020/201 acknowledging that data for inclusion in the report was being finalised and in some cases was not yet available nationally for inclusion in the report at this stage; and seeking a decision from the IJB to delegate authority to the Chief Officer to approve the final version of the annual performance report once data were available and ensure publication by the deadline of 31 July 2021.

It was recommended that the Board:

1. Consider the outline draft of the IJB's annual performance report;

2. Note that published data were incomplete and in the process of being finalised nationally and therefore not available for inclusion in the report;

3. Agree that when the national data set was finalised, it would be included in the report which would then be published in time for the deadline set out in legislation of 31 July each year; and

4. Agree to delegate authority to the Chief Officer to approve publication of the finalised report.

Decision

To approve the terms of the report.

9 STRATEGIC PLAN AND COMMISSIONING PLAN UPDATE

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on progress in relation to strategic commissioning plans and offering assurance to the Integration Joint Board over progress being made. The report also proposed a review and continuation of the IJB's current strategic plan and included recommendations on the approach to developing a new strategic plan to be implemented from 1 April 2023.

It was recommended that the Board:

1. Agree that assurance was provided over progress in relation to strategic commissioning plans;

2. Confirm that existing strategic planning priorities had been reviewed as required by legislation having regard to learning from the Covid-19 pandemic and plans updated where necessary; and

3. Agree to extend the current strategic plan for a period of 12 months from March 2022 to allow planning work to take place to deliver a new plan by March 2023.

Decision

To approve the terms of the report.

10 MENTAL WELFARE COMMISSION REPORT: AUTHORITY TO DISCHARGE

The Board considered a report (copies of which had been circulated) by Nick Clater providing an update on the Mental Welfare Commission Report on Authority to Discharge.

It was recommended that the Board note the contents of the report.

Decision

To note the terms of the report.

11 COMMUNICATION AND ENGAGEMENT STRATEGY PROGRESS UPDATE AND REVIEW

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the implementation of the Communication and Engagement Strategy, and reviewing the strategy against the new Community Engagement and Participation Guidance published by COSLA and the Scottish Government.

It was recommended that the Board:

1. Note the progress made in implementing the Communication and Engagement Strategy and the examples of engagement across the Health and Social Care Partnership;

2. Note that a specific communication and engagement plan would be put in place to underpin the development of the IJB's new strategic plan;

3. Note the publication of new guidance from COSLA and Scottish Government;

4. Note that the strategy had been reviewed against this guidance;

5. Note that a full review of the strategy was due in 2023;

6. Agree the recommended amendments to the existing strategy; and

7. Agree that future annual updates on implementation of the strategy be included in the Annual Performance Report.

Decision

To approve the terms of the report.

12 DIGITAL STRATEGY UPDATE

The Board considered a report (copies of which had been circulated) by Abigail Locke providing an update on the development of the West Lothian IJB Digital Strategy and seeking a decision about the way forward.

It was recommended that the Board note the contents of the report and agree that work to progress digital developments would be done via

existing plans developed by West Lothian Council and NHS Lothian as recommended by the Strategic Planning Group.

Decision

1. To approve the terms of the report.

2. To further reflect on digital position, address digital challenges as highlighted in the report, and to bring a progress report to a future IJB meeting.

13 ROYAL EDINBURGH HOSPITAL REDESIGN – LEARNING DISABILITY INPATIENT BED

The Board considered a report (copies of which had been circulated) by Robin Allen providing an update on the Royal Edinburgh Hospital redesign project and proposed inpatient bed numbers for adults with a learning disability from the West Lothian Health & Social Care Partnership (HSCP).

It was recommended that the Board:

1. Agree that assurance has been provided over rationale to reduce bed numbers within Royal Edinburgh Hospital;

2. Agree final bed position of 2 inpatient beds for West Lothian Health & Social Care Partnership; and

3. Agree for outcome of decision to be shared with the Royal Edinburgh Hospital Programme Board.

Decision

To approve the terms of the report.

14 CLINICAL GOVERNANCE ANNUAL REPORT 2020/21

The Board considered the Clinical Governance Annual Report 2020/21 (copies of which had been circulated) by Dr Elaine Duncan, Clinical Director of West Lothian HSCP.

It was recommended that the Board:

1. Note the contents of the report;

2. Be assured that service provision had been maintained and innovative service development continued despite the difficulties posed by the pandemic;

3. Recognise the commitment of staff in delivery of safe, effective and person-centred care at this challenging time; and

4. Review and approve the proposed suite of Primary Care Performance Indicators.

Decision

To approve the terms of the report.

15 STRATEGIC INSPECTION – ACTION PLAN UPDATE

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on progress being made against the recommendations contained in the report of a joint strategic inspection by Healthcare Improvement Scotland and the Care Inspectorate published on 9 September 2020.

It was recommended that the Board note the progress being made with the action plan to address the recommendations of the strategic inspection report, proposed revised timescales and key areas of focus required over the next 6 months.

Decision

To note the terms of the report.

16 SELF-ASSESSMENT QUESTIONNAIRE

The Board considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting arrangements for carrying out periodic self-assessment of the Board's administrative arrangements and activity and asking the Board to approve the questionnaire for issue to Board Members.

It was recommended that the Board:

1. Consider carrying out the annual self-assessment of the Board's effectiveness by the use of the questionnaire in the appendix to the report;

2. Consider including once again the questions on communication on the pandemic response and on development requirements; and

3. Agree to the questionnaire being issued to Board members and the results reported to the August meeting of the Board.

Decision

To approve the terms of the report.

17 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within VIRTUAL MEETING ROOM, on 10 AUGUST 2021.

Present

Voting Members – Harry Cartmill (Chair), Bill McQueen, Martin Connor, Damian Doran-Timson, Katharina Kasper, Dom McGuire and George Paul

Non-Voting Members – Elaine Duncan, Steven Dunn, David Huddlestone, Mairead Hughes, Jo MacPherson, Ann Pike, Patrick Welsh and Alison White

Apologies – Martin Hill, Alan McCloskey and Caroline McDowall

In attendance – Karen Adamson (NHS Lothian), Neil Ferguson (NHS Lothian), Lorna Kemp (Project Officer), James Millar (Standards Officer), Jeanette Whiting (Strategic Programme Manager) and Fiona Wilson (Head of Health)

1 ORDER OF BUSINESS

The Chair ruled that an additional report, which had been circulated as item 16 (*St Michaels Hospital Temporary Closure*), would be considered as an urgent item after agenda item 6 (*Membership*) due to the timings of the decisions detailed in the report.

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board confirmed the minutes of its meeting held on 29 June 2021 as a correct record.

4 MINUTES FOR NOTING

a The Board noted the minutes of the Strategic Planning Group held on 10 June 2021.

b The Board noted the minutes of the IJB Health and Care Governance Group held on 4 March 2021.

c The Board noted the minutes of the IJB Health and Care Governance Group held on 7 June 2021.

5 MEMBERSHIP & MEETING CHANGES

The Clerk advised that NHS Board had agreed to re-appoint Elaine

Duncan to the IJB for the period from 21 September 2021 to 20 September 2024. The IJB noted the appointment.

The IJB was also currently in the process of appointing Karen Adamson to replace Rohana Wright as a non-voting member.

6 ST MICHAELS HOSPITAL TEMPORARY CLOSURE

The Board considered a report (copies of which had been circulated) by Fiona Wilson providing information on the temporary closure of St Michael's Hospital to support St John's Hospital and seeking to provide significant level of assurance a rapid but robust decision-making process had been undertaken with appropriate approvals in lieu of an IJB meeting. The report satisfied the governance requirements to report urgent action taken to the next available IJB meetings.

It was recommended that the Board note the report.

Decision

1. To note the terms of the report.

2. A report to be prepared for the September IJB meeting highlighting the development of criteria for considering options going forward regarding St Michael's Hospital.

7 BOARD AND AUDIT RISK & GOVERNANCE COMMITTEE APPOINTMENTS

The Board considered a report (copies of which had been circulated) by the Standards Officer asking members to take appropriate action in relation to the positions of Chair and Vice-chair of the Board, and Chair, Vice-chair and membership vacancies on its Audit Risk & Governance Committee.

It was recommended that the Board:

1. Note that the positions of Chair and Vice-chair of the Board rotate every two years between council and health board nominees and that Bill McQueen and Harry Cartmill would assume the roles of Board Chair and Vice-chair, respectively, from 21 September 2021;

2. Note that the positions of Chair and Vice-chair of the Audit Risk & Governance Committee rotate on that same date and that Bill McQueen's appointment as Board Chair would prevent him from continuing as a member of the Committee;

3. Note that there remained a vacancy on that Committee for a non-voting member; and

4. Make appointments to the following positions:

a) One voting member to Audit Risk & Governance Committee from the health board's voting members;

b) One non-voting board member to the Committee;

c) Chair of the Committee

d) Vice-chair of the Committee

Decision

1. To approve the terms of the report.

2. To appoint the following:

   a) Katharina Kasper as voting member to the Audit Risk & Governance Committee.

   b) Steven Dunn as non-voting member to the Audit Risk & Governance Committee.

   c) Damian Doran-Timson as Chair of the Audit Risk & Governance Committee.

   d) Martin Connor as Vice-Chair of the Audit Risk & Governance Committee.

8 CHIEF OFFICER REPORT

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

It was recommended that the Board note and comment on the key areas of work and service developments that had been taking place within West Lothian in relation to the work of the Integration Joint Board.

Decision

1. To note the terms of the report.

2. It was agreed that officers would organise a development session to facilitate discussion regarding the social care reform consultation by the Scottish Government.

9 CHIEF FINANCE OFFICER REPORT

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on key financial matters relating to West Lothian IJB.

It was recommended that the Board note and consider the finance updates in respect of the IJB which were included in the report.

Decision

To note the terms of the report.

10 INTEGRATED ASSURANCE AND SUPPORT MODEL. OLDER PEOPLE CARE HOMES

The Board considered a report (copies of which had been circulated) by Pamela Main, Senior Manager, and Mairead Hughes, Chief Nurse, providing an update on the development of an integrated support and assurance model for older people care homes in West Lothian.

It was recommended that the Board note the report.

Decision

To note the terms of the report.

11 ANNUAL REVIEW OF RECORDS MANAGEMENT PLAN

The Board considered a report (copies of which had been circulated) by the Chief Officer seeking the Board's approval of the recommended changes to the Records Management Plan following its annual review; and assuring the Board that its Publication Scheme had been reviewed and updated.

It was recommended that the Board:

1. Note that the Records Management Plan was required to be reviewed annually;

2. Note that a new element was included in the revised model records management plan and that guidance for IJBs was still awaited;

3. Note that a review had been carried out and agree the recommended changes to the Plan;

4. Note that a Progress Update Review would be submitted to National Records Scotland on approval of the changes; and

5. Note that the Board's Publication Scheme had been reviewed and updated.

Decision

To note the terms of the report.

12 REVISED MODEL COMPLAINTS HANDLING PROCEDURE FOR IJBS

The Board considered a report (copies of which had been circulated) by the Chief Officer presenting a revised Complaints Handling Procedure for approval as required by the Scottish Public Services Ombudsman (SPSO) and in line with the new Model Complaints Handling Procedure.

It was recommended that the Board:

1. Note the requirement for public authorities to adopt the SPSO's Model Complaints Handling Procedure;

2. Note the additional requirements of the new Model Complaints Handling Procedure including an annual report on complaints by the end of September each year;

3. Approve the revised Complaints Handling Procedure;

4. Note that an Unacceptable Actions Policy required to be developed and that a draft policy would be presented to the IJB in September; and

5. Note that the SPSO had consulted on draft guidance for mandatory Key Performance Indicators and that the final guidance was awaited.

Decision

To approve the terms of the report.

13 SELF-ASSESSMENT SURVEY - RESULTS

The Board considered a report (copies of which had been circulated) by the Chief Officer informing of the results of the self-assessment survey of the Board's administrative arrangements and activity. The Board was invited to discuss the results and identify any action required.

It was recommended that the Board:

1. Note the results of the self-assessment survey; and

2. Discuss if any actions should arise from the results.

Decision

1. To note the terms of the report.

2. To add style of IJB minutes to the agenda of the next IJB development session.

14 SEASONAL FLU AND COVID BOOSTER VACCINATION PROGRAMME

The Board considered a report (copies of which had been circulated) by Neil Ferguson providing an update on the seasonal flu and Covid booster vaccination programme.

It was recommended that the Board acknowledge the current progress of program delivery and note the shared risks currently faced by all Scottish Health Boards.

Decision

To note the terms of the report.

15 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 17 June 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Cllr Catherine Johnstone (Chair)	Carolyn Hirst (Vice Chair)	Tricia Donald
Cllr Jim Muirhead	Cllr Pauline Winchester	Angus McCann
Jock Encombe		

Present (non-voting members):		
Morag Barrow (Chief Officer)	Alison White (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Keith Chapman (User/Carer)	Fiona Huffer (Head of Dietetics)	Lesley Kelly
Johanne Simpson		

In attendance:		
Anthea Fraser	Jill Stacey (Chief Internal Auditor)	Mairi Simpson (Integration Manager)
Lois Marshall (Assistant Strategic Programme Manager)	Roxanne King (Business Manager)	Leah Friedman
Gordon Aitken (Clerk)		

Apologies:		
Councillor Derek Milligan	Grace Cowan (Head of Primary Care and Older Peoples Services)	Hamish Reid (GP/Clinical Director)
Wanda Fairgrieve (Staff side representative)		

Midlothian Integration Joint Board

Thursday 17 June 2021

1. Welcome and introductions

The Chair, Councillor Catherine Johnstone, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 18 April 2021 was submitted and approved as a correct record.

4.2 The Minutes of Meeting of the MIJB Strategic Planning Group held on 17 March 2021 were submitted and noted.

4.3 The Minutes of the MIJB Audit and Risk Committee held on 4 March 2021 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chief Officers Report This paper set out the key service pressures and service developments happening across Midlothian IJB over the previous month and looked ahead to the following 8 weeks. The report advised that as of 31st May, 54,527 residents in Midlothian have had their first COVID vaccination dose (73% adults) and 32,956 have had	To note the issues and updates arising from the Chief Officers Report.	Chief Officer	

Midlothian Integration Joint Board

Thursday 17 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
their second dose (44% adults). There are two vaccination centres in Midlothian – one at the Community Hospital run by the HSCP and one at Gorebridge run by NHS Lothian. There are DNAs across all sites mostly due to delays in patients receiving appointment letters. Midlothian HSCP are proactively contacting patients to remind them of their upcoming appointment. Midlothian is within the 12-15% tolerance of DNAs with an average DNA rate of 6%. However, this is mainly due to Midlothian Community Hospital administering 2nd dose vaccinations. The report also advised that following the end of her term in office, Councillor Catherine Johnston will step down form Chair of IJB in June 2021. Carolyn Hirst would take over the Chair from this point for the next two year and that following agreement at Midlothian Council in May, Councillor Derek Milligan would take up the Vice-chair position. The Chief Officer thanked Councillor Johnstone for all the work and support she had given to the MIJB and her personally during her time as Chair and wished her all the best for her future. The report also provided updates on several other issues including: • Seasonal Flu Vaccinations • Additional Funding to Support Unpaid Carers • Unpaid work • Health Visiting			

Midlothian Integration Joint Board

Thursday 17 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
• Strategic Plan 2022-25: IJB Workshops • Third Sector Summit			
5.2 Draft Unaudited Annual Accounts for 2020/21 This report presented the Board with the IJB's draft (unaudited) Annual Accounts for 2020/21. The annual accounts contained a range of sections but breakdown into three main areas : • The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year. • The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report • A range of financial statements showing the financial position of the IJB. The report also highlighted the underspend this year in the IJB was predominantly driven by COVID funding from Scottish Government and the timing of spending against this. This funding was non-recurring and would be held by the IJB earmarked to	(a) To agree that the draft annual accounts could be published and presented for audit; and (b) To note the potential impact on the IJBs annual accounts surrounding the national accounting treatment for Personal Protective Equipment (PPE)	Claire Flanigan	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
support COVID expenditure in response to the ongoing impact of the pandemic during 2021/22. It was also noted that it had come to light nationally that the accounting treatment for the distribution of PPE had been assessed and Audit Scotland had further reviewed the overall position and confirmed their view that both PPE and community testing kits provided by NSS should be recognised within individual accounts This has potential to impact on the IJB accounts. Claire Flanagan was heard in amplification of the report and responded to Members questions and comments.			
5.3 Interim Appointment of Chief Finance Officer This report updates the Midlothian Integration Joint Board (IJB) on the proposals for the recruitment of the Chief Finance Officer/Section 95 Officer to cover a period of maternity leave Only the IJB can appoint its own Chief Finance Officer but the Integration Scheme describes a mechanism whereby the IJB's partners (Midlothian Council and NHS Lothian) can provide the IJB with a suitable candidate. It was therefore proposed to progress with a recruitment process for fixed term cover of the Chief Finance Officer/Section 95 Officer Post for both IJBs. This arrangement could be on a	(a) To agree to the proposal to recruit interim cover for the maternity leave period of the current Chief Finance Officer/Section 95 Officer; (b) To delegate authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJBs behalf after the recruitment process; and (c) To note that an update on the outcome of this process will be provided at a future IJB meeting.	Morag Barrow	

Midlothian Integration Joint Board

Thursday 17 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
fixed term or secondment basis for filling the post during this period. Given the timescales, the process for the selection of an interim candidate to cover the role of Chief Finance Officer/Section 95 Officer for the IJBs, the IJB was asked to support delegating authority to both the IJB Chief Officer and the IJB Chair on behalf of the IJB to approve this interim appointment following the recruitment process. An update will be provided to the IJB at a future meeting on the outcome of this process. Morag Barrow was heard in amplification of the report and responded to Members questions and comments.			
5.4 Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004 The purpose of the report was to provide the Integration Joint Board (IJB) with information of the inclusion of the IJB as a Category 1 Responder in line with the Civil Contingencies Act 2004, report on the requirements this inclusion involves and provide assurance to the Integrated Joint Board that the systems currently in place will ensure all requirements are met.	(a) To note the inclusion of the IJB as a Category 1 Responder in line with the Civil Contingencies Act 2004. (b) To note that all arrangements were in place to meet the requirements within the Act and agree that the Chief Officer, as the Accountable Officer, can continue to manage the necessary arrangements relating to this Act on behalf of the Integrated Joint Board.	Morag Barrow	

Midlothian Integration Joint Board

Thursday 17 June 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.5 IJB Directions Annual Update The purpose of the report was to provide the full year updates on Directions. The report also provided proposed new or updated Directions for 2021/2022. The report therefore requested IJB to consider the approach to performance management of the Directions overall. Lois Marshall was heard in amplification of the report and responded to Members questions and comments.	To agree that the approach taken to performance management of the Directions overall was clear and extremely helpful and that this format be continued for future reporting.	Lois Marshall	
5.6 Review of Midlothian Health & Social Care Partnership Winter Plan 2020/21 The purpose of this report is to review Midlothian Health & Social Care Partnership's performance in winter 2020/21 against its Winter plan. The full review of winter performance was attached to the report as an appendix.	To note the review of winter 2020/21 and the high-level recommendations for winter 2021/22. .		
5.7 Workforce Development Plan The purpose of this report was to support the Interim Workforce and Development Plan 2021/22 that was submitted to Scottish Government on 30th April 2021. The interim workforce plan which was appended to the report had built on extensive consultation and engagement to ensure staff's views and experiences were captured along with the commitment from	To agree the implementation of the plan. .	Anthea Fraser	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
managers to support and develop the workforce. As well as the interim workforce plan a development plan is being compiled to reflect all the actions contained within the plan along with key leads, time frames and measureable outcomes.			
5.8 Primary Care Improvement Plan The purpose of the report was to summarise progress to implement the Midlothian Primary Care Improvement Plan (PCIP) and highlight the implications of the Joint British Medical Association (BMA)/Scottish Government Joint Letter. A revised PCIP will be developed during 2021 which will be informed by the level of future PCIP funding. The report advised that the Midlothian Primary Care Improvement Plan (PCIP) was the main driver for HSCP-led developments in General Practice. The PCIP was approved in June 2018 by the Midlothian IJB. The PCIP describes the priorities and approach taken in Midlothian over three-years to support the implementation of the 2018 General Medical Services contract. The PCIP covered the period from 1st April 2018 to 31st March 2021. There were six dimensions in the PCIP and the report provided a brief summary of progress in Midlothian against each dimension.	(a) To note the progress implementing the PCIP and where there have been delays dues to the COVID response in 2020; (b) To note that the Joint BMA/SG letter has implications for the current PCIP; (c) To note that funding for 2022/23 onwards for the PCIP had not been confirmed but that there was a significant gap between the cost of a full PCIP in Midlothian and the current level of funding; and (d) To agree that an updated PCIP would be brought to the IJB later in 2021 after further information had been received from Scottish Government.	Mairi Simpson	
5.9 Clinical and Care Governance Group (CCGG) report	To note and approve the content of the report.		

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The purpose of the report was to provide the Clinical and Care Governance Group (CCGG) report for consideration by the Midlothian IJB.			
5.10 The Mental Welfare Commission – Authority to Discharge: Report into decision making for people in hospital who lack capacity. The purpose of the report was to ensure board members were aware of the most recent Mental Welfare Commission report –authority to Discharge: Report into decision making for people in hospital who lack capacity and to discuss the implications of the report for Midlothian.	(a) To note the content of the report; and (b) To accept a further report and action plan on how the Partnership will address the recommendations made within.		

6. Private Reports

There were no private reports for consideration at this meeting.

7. Date of next meeting

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

• Thursday 26 August 2021	2pm	Midlothian Integration Joint Board
• Thursday 9 September 2021	2pm	Special Meeting of Midlothian Integration Joint Board/Development Workshop

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

The meeting terminated at 3.56pm.

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 24th JUNE 2021
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:
Mr P Murray (Chair)
Councillor S Akhtar
Dr P Donald
Councillor N Gilbert
Ms F Ireland
Councillor S Kempson
Councillor F O'Donnell
Dr R Williams

Non-voting Members Present:
Mr D Binnie
Ms C Flanagan
Ms M McNeill
Ms L Cowan
Ms A MacDonald
Mr P White

Officers Present from NHS Lothian/East Lothian Council:
Ms T Carlyle
Mr B Dickie
Ms C Johnston
Ms S Leslie
Ms G Neil
Mr P Currie
Ms C Goodwin
Ms L Kerr
Mr A Main

Clerk:
Ms F Currie

Apologies:
Mr I Gorman
Mr T Miller
Ms J Tait
Dr J Turvill

Declarations of Interest:
None

1. MINUTES OF THE MEETINGS OF THE EAST LOTHIAN IJB ON 25TH FEBRUARY 2021 AND 22ND APRIL 2021 (FOR APPROVAL)

The minutes of the meetings on 25th February 2021 and 22nd April 2021 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 25TH FEBRUARY AND 22ND APRIL 2021

There were no matters arising from either of the minutes.

3. CHAIR'S REPORT

Peter Murray advised members that he had received a letter from the Chair of the NHS Lothian Board requiring a response on behalf of the IJB. The letter related to delegated functions and the services the IJB would be seeking to commission from NHS Lothian going forward, such as mental health and LD in-patient services. Mr Murray confirmed that he would work with Alison MacDonald to prepare a response which would be shared with the IJB in due course.

Ms MacDonald provided further background to the request and indicated that the Strategic Planning Group and relevant Change Boards should also be involved in developing the IJB's response. NHS Lothian had set a deadline of end August but this would was felt to be unrealistic given the amount of work involved and the need to consult further with IJB members. Ms MacDonald said she had instead committed to providing NHS Lothian with a plan by end August on how the IJB would respond to the request.

Mr Murray and Ms MacDonald replied to questions from members about how the request was brought forward, the possible reasons for the change in approach and the implications for the IJB's Directions going forward.

4. COMMUNITY TRANSFORMATION PROGRAMME, ADULTS WITH COMPLEX NEEDS UNDER 65

The Chief Officer had submitted a report informing the IJB of the principles and strategy to deliver the recommendations of the Community Transformation programme encompassing day opportunities for adults with complex needs.

Gillian Neil presented the report outlining the background and the proposed strategy to deliver the new service model which would include a review of existing assets to facilitate investment in new community models. She also highlighted the engagement work which had already taken place involving a wide range of stakeholders and which would continue to be supported and guided by the Communication and Engagement Group.

Ms Neil responded to a question from Patricia Donald confirming that the Third Sector had been very much at the forefront of the engagement work taking place since 2019.

The vote was taken by roll call and all of the recommendations were approved unanimously.

Decision

The IJB agreed:

i. The principles as set out in the report; and
ii. The Strategy as set out in the report; noting that the proposals would be brought to the IJB in September 2021.

5. COMMUNITY TRANSFORMATION PROGRAMME, ADULTS WITH COMPLEX NEEDS OVER 65

The Chief Officer had submitted a report informing the IJB of the principles and strategy to deliver the recommendations of the Community Transformation programme for older adults with complex needs.

Ms Johnston presented the report outlining the background and proposed key principles underpinning future day services for older people from April 2022. She also detailed the strategy to deliver the service model which included a review of existing assets to facilitate investment in new blended model from April 2022. She emphasised that this would represent a significant investment of public money and it would be important to execute due diligence. She also provided further information on the commissioning of a Dementia Meeting Centre in Musselburgh.

Ms Johnston responded to questions from members on issues such as journey of care, recognising existing outreach projects and evaluating options and learning from good practice. She confirmed that the team was currently mapping community assets across the county – both Council and other community assets- and that the process of asset transfer, in conjunction with social enterprise partnerships, would be part of the discussions around developing community assets.

Replying to further questions, Ms Johnston acknowledged the importance of community engagement and ensuring that the process was as explicit and transparent and that it involved a broad range of fora. She also provided information on services that could be accessed via day centres and the potential impact of any proposed changes to charging for personal care.

Claire Flanagan replied to a question on how to provide guaranteed funding over a 2-3 year [period when the IJB worked on a year-to-year budget. She agreed that there were potential risks but these would have to be managed through the IJB's longer term Financial Plan and annual budget discussions with partners.

The vote was taken by roll call and all of the recommendations were approved unanimously.

Decision

The IJB agreed:

iii. The principles as set out in the report; and
iv. The Strategy as set out in the report; noting that the proposals would be brought to the IJB in September 2021.

6. EAST LOTHIAN STRATEGIC PLAN – SBAR UPDATE

The Chief Officer had submitted a SBAR report asking the IJB to agree an approach to the review of its Strategic Plan.

Paul Currie presented the report outlining the background and reminding members that the current Strategic Plan ran from 1st April 2019 to 31st March 2022. He advised that the review process would usually begin 6 months prior to the end of the current plan but discussion had been taking place nationally on whether the usual 3 year cycle of renewal should be followed, or whether a different timetable should be adopted to take account of continuing uncertainties and pressures associated with the pandemic. He outlined the three options being put forward for members' consideration and asked that the IJB agree its preferred approach.

The Chair noted that the Strategic Planning Group was in favour of option 2 in the report: to delay the Strategic Plan development for 6 months; with the new Plan to run from September 2022. He was in agreement with this proposal subject to the caveat that the IJB had sufficient resource to develop and deliver a new Plan within this timescale.

As there was no support from members for either of the other 2 options, the Chair called for a vote on recommendation 2, as outlined in the report. The vote was taken by roll call and recommendation 2 was approved unanimously.

Decision

The IJB agreed to delay the Strategic Plan development for a 6 month period, with review of the existing 2019-2022 Plan from March 2022, and a new Plan effective from September 2022, running until April 2025.

7. REVIEW OF INTEGRATION SCHEMES – SBAR REPORT

The Chief Officer had submitted a SBAR report providing an update to the IJB on the review of the Integration Scheme.

Mr Currie presented the report outlining the background and reminding members that while the Scheme was due for review every 5 years the most recent review had been delayed due to COVID-19. He advised that a dedicated officer was now in place and review project management arrangements were being developed. He referred members to the timeline and details of the proposed approach which were included with his report.

In response to a question from the Chair, he confirmed that further updates would be provided to the IJB on the progress with the review of the Integration Scheme and, in due course, the development of the new Strategic Plan.

Decision

The IJB agreed to:

- Note the need for the parties to the Integration Scheme (NHS Lothian and East Lothian Council) to take forward a joint 'section 44' review, following delay in 2020;

- Note the review project management arrangements being developed, including engagement with the Local Authority and with IJB voting members, finalisation of review group membership and timescale; and
- Note HSCP officer participation in the review process.

8. ESTABLISHMENT OF A COMMUNITY HOSPITALS AND CARE HOMES PROVISION CHANGE BOARD – SBAR UPDATE

The Chief Officer had submitted a SBAR report updating the IJB on the establishment of a Community Hospitals and Care Homes Provision Change Board.

Bruce Dickie presented the report outlining the background to the setting up of the Change Board, its terms of reference and membership and the outcomes from its initial meeting on 31st May 2021. He also highlighted work being undertaken on the Integrated Impact Assessment and proposals for specific work streams, including communication and engagement.

Mr Dickie and Ms MacDonald responded to questions from members providing further information on how the Board would link in with work being done by other Lothian IJBs and proposals for engagement with stakeholders. He agreed to put together a briefing for Elected Members and to meet with them on a one-to-one basis, as required.

Councillor Fiona O'Donnell and Dr Richard Williams put forward suggestions for possible amendments to the membership of the Change Board. Mr Dickie and Ms MacDonald agreed to give these further consideration.

Councillor Shamin Akhtar welcomed the paper and the setting up of the Change Board and urged that the Communication and Engagement Group be as inclusive as possible using both virtual and face-to-face means to engage with stakeholders.

The Chair agreed adding that all members of the IJB had a role to play in helping to communicate clear, factual and accurate messages on this issue.

Decision

The IJB agreed to note:

- The establishment of the Change Board and the Chair and Vice Chair;
- The formation of the Change Board was approved at a meeting of the IJB Strategic Planning Group on 5th May 2021;
- The Terms of Reference and membership were agreed at the Board's initial meeting on 31st May 2021; and
- That the IJB had requested regular updates on progress and project plan development.

9. 2020/21 DRAFT UNAUDITED ANNUAL ACCOUNTS

The Chief Finance Officer had submitted a report presenting to the IJB the draft (unaudited) annual accounts for 2020/21.

Ms Flanagan presented the report advising members that the draft accounts had been discussed at the recent Audit & Risk Committee meeting and approved for consideration by the IJB. She summarised key aspects of the accounts including the management commentary, the annual governance statement and the financial

statements for 2020/21. She highlighted the year-end position of a £7.2M underspend, the majority of which related to earmarked monies including additional COVID-19 funding. She added that the Scottish Government had confirmed that this funding could be carried forward to 2021/22 and should be used as a first call for COVID-related expenditure in that financial year. She also advised that the IJB's reserves had increased as a result of the 2020/21 year-end position to £3M general and £6.5M earmarked. Finally, she explained that additional commentary was contained in the Notes section to reflect the complexities of accounting this year as a result of additional COVID-19 related funding and expenditure. Additional national guidance was expected on this and further adjustments would be made as necessary.

Ms Flanagan responded to questions from members on the use of COVID-19 funding carried forward from 2020/21, the likelihood of entering into dialogue with the Scottish Government regarding funding for COVID-related costs. In terms of carrying forward sums to 2022/23, she said that this would be considered nearer to the end of the 2021/22 financial year. She also outlined the complexities around funding of the staff bonus, the accounting of which had been treated differently by NHS Lothian the East Lothian Council. She agreed to provide further information on how the associated administration costs had been funded.

Replying to further questions, Ms Flanagan agreed to follow up the reasons for non-attendance at IJB meetings during 2020/21. She also addressed the IJB's reserves position advising that the earmarked reserves of £6.5M would go towards their earmarked programme of use and COVID-19 related costs in 2021/22. Any proposals for diverting some of this money to other services, such as mental health, would have to be discussed and agreed with the Scottish Government. She added that the general reserve of £3M meant that the IJB was now holding the recommended level of 2% of its total budget and that this would provide a helpful contingency going forward.

Councillor Akhtar thanked Ms Flanagan for her presentation of the draft accounts. She said it was important that they reflect the whole story, particularly given the enormous pressures faced by health and social care services over the past year. She paid tribute to the work of staff across the services with particular thanks to Ms MacDonald and Ms Flanagan.

The Chair also added his praise of Ms Flanagan and the thanks of all members of the IJB for her hard work and dedication to her role as Chief Finance Officer. He added that she would be missed over the coming months and he looked forward to welcoming her back to the IJB in the future.

The vote was taken by roll call and the recommendation was approved unanimously.

Decision

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

10. INTERIM APPOINTMENT OF CHIEF FINANCE OFFICER

The Chief Officer had submitted a report updating the IJB on the proposals for the recruitment of the Chief Finance Officer/Section 95 Officer to cover a period of maternity leave.

Ms MacDonald presented the report outlining the background and the arrangement proposed for the appointment of an interim appointment.

Replying to a question from Dr Donald, Ms MacDonald confirmed that the process had already started and that it was hoped that the appointee would be in post for a short handover period before Ms Flanagan departed on maternity leave.

The vote was taken by roll call and all of the recommendations were approved unanimously.

Decision

The IJB agreed:

i. To the proposal to recruit interim cover for the maternity leave period of the current Chief Finance Officer/Section 95 Officer;
ii. To delegate authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJB's behalf after the recruitment process; and
iii. To note that an update on the outcome of this process would be provided at a future IJB meeting.

11. CHANGE TO MEMBERSHIP OF THE AUDIT & RISK COMMITTEE

The Chief Officer had submitted a report asking the IJB to approve the appointment of Councillor Shamin Akhtar to the Audit & Risk Committee to replace Councillor Fiona O'Donnell.

The Clerk presented the report outlining the background and purpose. The vote was taken by roll call and the recommendation was approved unanimously.

Decision

The IJB agreed to the appointment of Councillor Akhtar to the Audit & Risk Committee to replace Councillor O'Donnell.

12. REPORTS OF RELEVANCE TO THE IJB (FOR NOTING):

A. EAST LOTHIAN HSCP COMMISSIONED COMMUNITY SUPPORT AND GRANT AWARDS 2020-21

B. PROCUREMENT OF CARER SERVICES

The Chair informed members that these reports were being presented to the IJB for noting.

Councillor O'Donnell welcomed the increase in funding set out in report 12a.

Decision

The IJB agreed to note the contents of both reports.

Signed .....

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

NHS LOTHIAN

Board
6 October 2021

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES

1 Purpose of the Report

1.1 Lothian NHS Board's Standing Orders state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chair on committee appointments.

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

2 Recommendations

The Board is recommended to:

2.1 Re-appoint Lorraine Cowan as the registered nurse non-voting member of East Lothian Integration Joint Board for the period from 5 December 2021 to 4 December 2024.

2.2 Appoint Linda Yule as the registered nurse non-voting member of West Lothian Integration Joint Board for the period from 6 October 2021 to 5 October 2024.

2.3 Nominate Jock Encombe as a voting member of West Lothian Integration Joint Board for the period from 1 December 2021 to 31 July 2022.

2.4 Appoint Katharina Kasper as a member of the Remuneration Committee with effect from 6 October.

2.5 Appoint Angus McCann as the Chair of the Finance & Resources Committee with effect from 1 November.

2.6 Appoint Dr Patricia Donald as the Chair of the Healthcare Governance Committee for the period 4 October 2021 to 3 January 2022.

3 Discussion of Key Issues

Changes to the Board's Membership

3.1 Sadly Tom Waterson, Employee Director, passed away in September. There is a nationally agreed process to identify an Employee Director which involves an election. That process will operate in due course.

3.2 Martin Hill has resigned from the Board and will be stepping down on 31 December 2021. Martin is currently the Board's vice-chair, and the Chair has started the process to identify a candidate to be the new vice-Chair. The aim is to present the Board with a recommendation for appointment at its meeting on 1 December.

3.3 Alex McMahon has stepped down from the Board to become the Interim Chief Nursing Officer for NHS Scotland. This is a nine-month secondment from 4 October 2021 to 3 July 2022. The following individuals will become the Interim Director (and an executive Board member) for the following periods.

- Fiona Ireland – 4 October 2021 to 3 January 2022.
- Gillian McAuley – 4 January 2022 to 3 April 2022.
- Pat Wynne – 4 April 2022 – 3 July 2022

3.4 Fiona Ireland is the Chair of the Area Clinical Forum and a non-executive member of the Board. Consequently, she will temporarily stand down as a non-executive while she is an executive Board member. Eddie Balfour, vice-chair of the Area Clinical Forum, will be a non-executive Board member from 4 October 2021 to 3 January 2022.

Integration Joint Boards

3.5 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (as amended) determines the membership of integration joint boards. The NHS Board has to appoint a person to the following non-voting positions:

'(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

(g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and

(h) a registered medical practitioner employed by the Health Board and not providing primary medical services.'

3.6 The Order provides that the term of office for members of integration joint boards is not to exceed 3 years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

East Lothian Integration Joint Board

3.7 Lorraine Cowan is currently the non-voting member who is the '*registered nurse…*' and her term ends on 4 December 2021. It is recommended that the Board re-appoint Lorraine to this position for the period from 5 December 2021 to 4 December 2024.

West Lothian Integration Joint Board

3.8 Linda Yule has been recently appointed as the Chief Nurse for West Lothian Health & Social Care Partnership, replacing Mairead Hughes who recently retired. It is recommended that the Board appoint Linda Yule as the registered nurse non-voting member of West Lothian Integration Joint Board for the period from 6 October 2021 to 5 October 2024.

3.8 Martin Hill's current term as a voting member of the West Lothian Integration Joint Board ends on 1 December 2021. It is recommended that the Board nominate Jock Encombe as a voting member of West Lothian Integration Joint Board for the period from 2 December 2021 to 31 July 2022.

Edinburgh Integration Joint Board

3.9 Martin Hill will attend the rest of the scheduled Edinburgh IJB meetings in 2021 and will step down as a member of the IJB on 8 December 2021. Due to the number of vacancies within the NHS Board's membership there is no nominee to replace him currently. The intent is to address this vacancy once the forthcoming recruitment exercise for new non-executives is completed in Spring 2022.

Remuneration Committee

3.10 The Remuneration Committee currently has three members and its quorum is three. There are two remaining scheduled meetings for 2021 and it would be helpful to have another member to reduce the risk of not securing quorum. It is recommended that the Board appoint Katharina Kasper as a member of the Remuneration Committee with effect from 6 October.

Finance & Resources Committee

3.11 Martin Hill is currently the Chair of the Finance & Resources Committee and he will chair the Committee's meeting on 13 October. Thereafter he will stand down as a member and Chair of the Finance & Resources Committee on 31 October. It is recommended that the Board appoint Angus McCann (who is currently a member of the Committee) as the Chair of the Finance & Resources Committee with effect from 1 November. Martin's departure creates a vacancy on the committee which will be filled at a later date.

Healthcare Governance Committee

3.12 Fiona Ireland will temporarily step down as a member and chair of the Healthcare Governance Committee. It is recommended that the Board appoint Dr Patricia Donald as the Chair of the Healthcare Governance Committee for the period from 4 October 2021 to 3 January 2022.

4 Key Risks

4.1 A committee or an IJB does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

8.2 The Board now has several vacancies in its membership, and this adds to the workload of the remaining members to service the meetings of the Board, its committees and the IJBs. The Scottish Government has started a public appointment process to recruit new non-executive members, with the aim of them being in place by Spring 2022.

Alan Payne
Head of Corporate Governance
27 September 2021
alan.payne@nhslothian.scot.nhs.uk

NHS LOTHIAN

Board
06 October 2021

Chair

NHS LOTHIAN BOARD AND COMMITTEE DATES SCHEDULE 2022

1 Purpose of the Report

1.1 Lothian NHS Board's Standing Orders state: 'The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates'. This report is presented for that purpose.

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

2 Recommendations

The Board is recommended to:

2.1 Approve the schedule of Board and committee meeting dates.

3 Discussion of Key Issues

3.1 It is a challenging process to prepare this schedule due to the various competing demands on members' time, e.g. integration joint boards, national and local management meetings. The proposed timetable at Appendix 1 avoids clashes as far as is possible, and schedules the required six meetings of the NHS Board.

3.2 The Board and its committees all require a quorum to be achieved. This provides a control to ensure that there is always an adequate number of members present before business can proceed.

3.3 Members have previously expressed a preference for meetings to always be held on a limited number of days in the week. This year we were also tasked with trying to avoid multiple governance meetings in the same week. This schedule provides that all governance meetings will be held on either a Monday or a Wednesday. The exception is that the Healthcare Governance Committee meetings are on Tuesdays.

4 Key Risks

4.1 The Board or one of its committees does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.

4.2 The schedule of meetings means that the members cannot carry out their responsibilities in other roles that they may have.

4.3 The need to respond to emerging events as they emerge may lead to the need for additional meetings, which not all members may be able to attend.

5 Risk Register

5.1 There is no need to add anything to the risk register.

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 This report does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Public involvement is not required. As part of the process of developing the timetable, we have considered the published timetable of board meetings of integration joint boards. However due to the complexity, the process did not consider the scheduling of any integration joint board committees or sub-groups.

8 Resource Implications

8.1 The key currency is members' time and the availability of suitable calendar slots.

8.2 The Board currently has several vacancies in its membership. The Scottish Government has just started a process to recruit and appoint new non-executive members to the NHS Board. Once those new members are in place, we will have an opportunity to review the existing membership of committees and integration joint boards.

Alan Payne
Head of Corporate Governance
14 September 2021
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Appendix 1: Proposed list of 2022 NHS Lothian Board and Committee Dates

APPENDIX 1

2022
NHS LOTHIAN
BOARD AND COMMITTEE DATES

LOTHIAN NHS BOARD [9:30am – 1:00pm]
WEDNESDAYS

Board Meetings
09 February 2022
06 April 2022
22 June 2022 *
03 August 2022
05 October 2022
07 December 2022

** Annual Accounts Meeting*

PLANNING, PERFORMANCE & DEVELOPMENT COMMITTEE [9:30am – 1:00pm]
WEDNESDAYS

Date of Meetings
19 January 2022
16 March 2022
18 May 2022
07 September 2022
16 November 2022

FINANCE & RESOURCES COMMITTEE [9:30am – 1:00pm]
WEDNESDAYS

Date of Meeting
17 January 2022
20 April 2022
08 June 2022
17 August 2022
19 October 2022
21 December 2022

HEALTHCARE GOVERNANCE COMMITTEE [1:00pm – 4:00pm]
TUESDAYS

Date of Meeting
25 January 2022
22 March 2022
24 May 2022
19 July 2022
27 September 2022
29 November 2022

STAFF GOVERNANCE COMMITTEE [9.30am – 1:00pm]
WEDNESDAYS

Date of Meetings
2 March 2022
1 June 2022
27 July 2022
12 October 2022
14 December 2022

AUDIT & RISK COMMITTEE [9:30am – 12:30pm]
MONDAYS

Date of Meetings
21 February 2022
11 April 2022 (18th Easter)
20 June 2022
22 August 2022
21 November 2022

LOTHIAN PARTNERSHIP FORUM (10am premeet) 12:00pm – 3:00pm
MONDAYS

Date of Meetings
28 February 2022
25 April 2022
27 June 2022
29 August 2022
24 October 2022
19 December 2022

REMUNERATION COMMITTEE [2:00pm – 4:00pm]
MONDAYS

Date of Meetings
14 February 2022
11 April 2022 (18th Easter)
18 July 2022
10 October 2022
12 December 2022

NHS LOTHIAN

Board Meeting
06 October 2021

Director of Public Health and Health Policy

End Poverty Edinburgh Annual Progress Report

1 Purpose of the Report

1.1 The purpose of this report is to inform the Board that the City of Edinburgh Council (CEC) has produced its first report charting progress against the recommendations in the 2020 Edinburgh Poverty Commission (EPC) report. NHS Lothian has committed to supporting EPC actions as part of its community planning responsibilities.

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

2 Recommendations

2.1 The Board notes this update on the progress made across many of the EPC recommendations.

2.2 The Board notes that many of the actions relate to child poverty. The completed Edinburgh Local Child Poverty Action Report will be submitted for Board approval in the near future.

3 Discussion of Key Issues

3.1 The Edinburgh Poverty Commission report requests that the 'Edinburgh Partnership include annual reporting on progress towards delivery of these actions [the EPC recommendations] within the Local Child Poverty Action Reports they are already required to produce.' The End Poverty annual report provides an update on progress in poverty reduction work in Edinburgh.

3.2 NHS Lothian staff have supported activity in Edinburgh to ensure greater co-ordination and coherence to anti-poverty work. The EPC report highlights seven areas for action:

- The right support in the places we live and work
- Fair work that provides dignity and security
- A decent home we can afford to live in
- Income security that offers a real lifeline
- Opportunities that drive justice and prospects
- Connections to a city that belongs to us
- Equality in our health and wellbeing

3.3 Much of this work is being delivered under the auspices of the Edinburgh Community Planning Partnership notably through the Children's Partnership and the Local Outcomes Improvement Plan Delivery Group, the latter of which the Public Health Consultant for Edinburgh now co-chairs. Specifically, Public Health staff from NHS Lothian and Edinburgh IJB are leading partnership work relating to income maximisation, affordable credit and 'a good place to live'

3.4 NHS Lothian's commitment to developing its Anchor Institution work features in the annual report. The Board's Anchor Institution status provides a strong base from which wider partnership and anti-poverty work can be developed. The EPC report acknowledges the links to the new Edinburgh public health team and the renewed

emphasis on place-based work for 'improving physical, social, emotional and economic wellbeing.'

3.5 The report updates data about the impact of poverty in the city. It is estimated that a total of 78,900 people in Edinburgh were living in relative poverty after housing costs in 2017-20, or 15% of the total population of the city. Of these, 16,100 children grow up in families living in poverty in Edinburgh, an estimated 18% of all children in the city. In order to alleviate child poverty in line with targets for 2024 set in the Child Poverty (Scotland) Act, approximately 1,000 children need to be removed from a life lived with poverty.

3.6 The Local Child Poverty Action Report will include a more detailed account of targeted work with children and families. This will be subject to Board approval as specified in the Child Poverty (Scotland) Act.

4 Key Risks

4.1 The are no risks associated with this report.

5 Risk Register

There are no risks for the NHS Lothian risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 No impact assessment is required at this stage.

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

7.1 Not applicable.

8 Resource Implications

8.1 The resource implications are public health staff time. Staff from across NHS Lothian contribute to anti-poverty work as part of their routine jobs. NHS Lothian is required to support partnership delivery of a number of the Edinburgh Poverty Commission recommendations

Rebecca Devine; Martin Higgins
Specialist Registrar in Public Health; Strategic Programme Manager in Public Health
15 September 2021
Rebecca.Devine@nhslothian.scot.nhs.uk ; Martin.Higgins@nhslothian.scot.nhs.uk

Meeting Name: Board Meeting date: 6 October 2021

Title: BOARD EXECUTIVE TEAM REPORT - OCTOBER 2021

Purpose of the Report:					
DISCUSSION		DECISION		AWARENESS	X

The aim of this report is to update Non–Executive Board members on areas of activity within the Board Executive Team Director's portfolios.

This report also includes contributions from Integration Joint Board Chief Officers. Directors have been invited to focus on key strategic / operational issues to bring to the attention of Non–Executive Board members, not otherwise covered in the Board papers.

Recommendations:

The Board is asked to receive the report.

Authors: Executive Team **Date: 29.9.21**	**Director: Calum Campbell** **Date: 29.9.21**

Guidance on completing the 1-page covering paper for reports to the Board.
(Please delete this guidance before finalising paper)

Note 1:

NHS Lothian has a standard template which is to be used for all Board and committee reports. See Meeting Paper Templates (scot.nhs.uk)

If your completed report is no more than 4-pages long, then you do not need to also prepare a 1-page covering paper.

Note 2 – Title
The title should always be short and descriptive. Use significant key words.

Note 3 – Purpose of the Report

Indicate whether the report is being presented for Discussion, Decision, or Awareness

The purpose of most reports for the Board or one of its committees will be concerned with corporate governance, and should aim to either:

1) **Provide assurance** on something, or
2) **Provide information and/or options** so that the Board or committee may decide on something.

Clearly and concisely state what the purpose of the report is. In a few sentences summarise why the Board is being asked to consider the report, and what the key issues and risks are. It may be helpful to cross-refer to any relevant Board strategy, priority, objective, or corporate risk so to set the report in context.

If the report is just for awareness, explain what information is being provided and why.

Note 4 – Recommendations

Summarise the recommendations (s) required of the Board or the committee in considering the report.

If the report is being provided for 'awareness', provide a summary of the key facts and conclusions.

Once you have completed the cover it should be no more than 1 page. If it is, please review and edit it accordingly.

LOTHIAN NHS BOARD

Board
6 October 2021

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update non – executive Board members on areas of activity within the Board Executive Team Director's portfolios. This report also includes contributions from Integration Joint Board Chief Officers. Directors have been invited to focus on key strategic / operational issues to bring to the attention of non – executive Board members, not otherwise covered in the Board papers.

1. Chief Executive

Tom Waterson
The Board will want to express their sadness about the very sad news that Tom Waterson, Employee Director and UNISON Branch Chair, passed away suddenly on 8 September 2021 at the Royal Infirmary after a brief illness. As an employee for 31 years, beginning as a porter at the old Royal and through his work representing UNISON at local, Scottish and UK level, his contribution to public service has been immense.

Our thoughts are very much with his family. I have been in touch with his wife to offer her our condolences. We will in due course, plan a fitting tribute to Tom.

System Pressures
This has been a particularly challenging August and September across the Health and Social Care system caused by a combination of Covid, Social Care flow, staff sickness and isolation and system fatigue. We are working with the LRP to consider what can be done to support system resilience across the winter period.

Redesign of Eye Services in NHS Lothian including Re Provision of the Princess Alexandra Eye Pavilion – Outline Business Case
The above Outline Business Case, which was considered by the Health Directorates' Capital Investment Group (CIG) at its meeting of 18 August 2021 and recommended for approval. NHS Lothian have now been invited you to submit a Full Business Case. The Full Business Case is now being developed.

NRAC (National Resource Allocation Committee)
For 21/22, NHS Lothian remains behind NRAC parity by 0.8%, equating to a value of circa £14m. Since 2015/16, Lothian has received over £80m less funding than NRAC parity would provide (cumulative). For 21/22, this cumulative shortfall increases to £100m. On the basis the SG maintains a 0.8% limit on parity funding as it has done in prior years, the NRAC funding stream we have received annually over a number of years will cease, at least temporarily for 22/23.

The additional NRAC funding received in recent years has been driven by a rising NRAC share in Lothian, rather than closing the parity gap. Stabilisation of Lothian's NRAC share at a 0.8% gap will result in no future additional NRAC funding for NHS Lothian. Based on the latest update to NRAC eight territorial boards (including Lothian) are behind NRAC parity with six Board's ahead.

With the number of Boards behind NRAC parity now in excess of those ahead, the challenge of returning all Boards to a parity position is more difficult. Getting boards that are currently behind their NRAC share to parity can only be delivered by returning those boards ahead of parity to equilibrium.

The impact of the shortfall in funding has resulted in a care deficit within Lothian and is evidenced by the challenge of delivering scheduled and unscheduled care targets that impacted even before Covid. Recently the Scottish Government has allocated resources disproportionately to reflect need (Substance Misuse funding based on numbers of drug related deaths, Covid funding based on costs incurred) and there remains an opportunity for the SG to redress the NRAC imbalance created by continuing to apply the principle of resource allocation based on need, particularly to Access resources where these are additionally available in 21/22.

Negotiations are continuing with SG colleagues to ensure that appropriate funding streams recognise the unique imbalance in funding impacting on NHS Lothian over a number of years. However, it is clear that our ability to recover from the impact of Covid and the legacy of our NRAC driven care deficit will place a greater burden on our services to achieve national performance targets in the future.

2. Deputy Chief Executive

Reprovision of Eye Services
Since the last update when F&R approval was given, the OBC was submitted to the Scottish Government Capital Investment Group for consideration at its August 2021 meeting where it was approved to move to FBC submission. The Programme Board is now being re-established with a Project Team being pulled together to take the project through FBC submission. We are also working to develop a robust clinical interface with Acute Services to ensure that the design developed for the new service is clinically credible, meets the service (patient) need and is safe.

Staff Wellbeing
Given the significant pressure experienced by NHS Lothian Staff, I have been prioritising spending time with staff and seeking their views (including through working in partnership with staff and union representatives, staff networks and promoting the iMatter survey). This has included in the last month; attending the site huddles at both RIE and SJH, visiting the new Haematology Centre at WGH and visiting Laundry service at SJH. These have been valuable sources of information as we still face the challenges of COVID and have given many staff the ability to talk about their experiences and the impact on their wellbeing. In the coming weeks I plan to; attend the NHS Lothian Legacy of Atlantic Slave Trade Advisory Group Inaugural Meeting, join the BME Staff Network meeting and support the launch of "coffee roulette" across staff networks and the Corporate Management Team.

Analytical Services Information Strategy
We are embarking on a process to identify and develop the key pillars of an NHS Lothian Information Strategy in the coming months. This will set out the business critical services required relating to Data and Analytical services, in addition to using this as an opportunity to harness new advanced analytical techniques and approaches to data that will allow us to add value and generate efficiencies. Lothian Analytical Services (LAS) have an opportunity to be a leader for the system on recognising and responding to the possibilities on what we might do with data. Early discussions have taken place with LAS and a framework will be set out principally in the coming weeks. Part of this framework will be to develop a consistent approach to stakeholder engagement that reaches into their functions, understands what it is that they require from data and information to carry out their role effectively. An update will follow at the next Board.

3. Executive Director of Nursing, Midwifery, & AHPs

I will be moving on to take up the interim chief nursing officer role at Scottish Government from 4th October. Arrangements have been put in place to cover my current portfolio.

Staffing pressures remain across the whole system with particular challenges in nursing and more recently midwifery. New qualified nurses and midwives are now taking up posts with us and we will see circa 460 nurses and 50 midwives taking up post during September and early October.

Four successful candidates will go forward for a jointly funded clinical doctorate between NHS Lothian and the University of Stirling. Previously years only saw two going into the programme. This year we have a nurse, midwife, speech and language therapist and a physiotherapist.

The corporate care home team is almost at full establishment with the process for recruiting quality improvement advisors underway, who will support the infection control, tissue viability and education and training teams already in place.

4. Executive Medical Director

We have made significant progress in our work to establish an innovative solution to support the provision of information to patients that supports their own individual circumstances, with an approach that can be customised for different types of information and disease. We are working with CHSS to explore using this for supporting people with Long Covid in the first instance.

Also within the Innovation team, we have continued to implement the Dynamic Scot system of remote support by physiological monitoring for patients with COPD in Midlothian

The preliminary meeting of the joint committee wit University of Edinburgh to align our research strategies was a useful and constructive one. This is an action form the external review and closer working together will also be constructive for our participation in the opportunities brought by the Bioquarter.

As Armed Forces Champion I attended the evening reception held by Lowland Reserve Forces' and Cadets' Association Silver Employer Engagement Awards and was pleased to receive our award in recognition of the renewal of the Silver Employers award.

We have been successful in a bid for an award from the Defence Medical Welfare for funding to streamline the process of referrals of serving personnel and to improve the coordination of discharges of veterans.

5. Director of Finance

Works continues on every aspect of financial planning including consideration of the £2.5bn (over the life of the parliament) announced in the Scottish Government's programme for government, and the recent UK announcement on funding to aid recovery from Covid. In particular the DOFs across Scotland are discussing how the longer term financial framework is rerun, recognising the ongoing requirement for Health protection measures and the capacity required for recovery over the next few years. There has also been engagement with Boards on the development of a national infrastructure plan covering a 10 year period. It is intended that there is alignment between this national work and the work being undertaken locally to develop a longer term financial framework in support of the strategy development. The work on the quarter one review will provide an assessment of the likely starting position from 2022.

Working in partnership, Capital Planning and Projects are entering the final stages of organisation change which has now included the addition of Programme Directors for PAEP, NTC, and ECC. The latter will be progressed once SG funding is secured, but otherwise there is likely to be recruitment in the near future to supplement the existing capital programme managers. Part of the revised structure includes enhanced Assurance roles to support the requirements arising from recent audits and the interface with NHS Scotland Assure. Less well advanced but progressing well is the development of options for a revised structure for certain aspects of the finance structure. This follows a piece of work undertaken with some other Boards, before the pandemic, on the role of business partners.

Over the last couple of months there has been a significant amount of work involved in responding to the Public inquiry. Primarily this has involved the procurement and development of a document management system including the approach to searching and coding of documentation. Responses are also being prepared for the Inquiry team for their planned Hearing in May 22, which are due to be with Lord Brodie by the 1 October, and to be considered by Finance and Resources committee members in advance of that. The team involved meet weekly to progress matters with input from the CLO

Finally interviews are taking place early in October for the Head of PPP Contract management after which the full structure will be implemented

6. Director of Human Resources and Organisational Development

Active Bystander Training
We recently commissioned a cohort of Active Bystander training; this training ran on the 8th September and was attended by 38 staff. Invites were specifically extended to the chairs of our staff networks as the training contributes to the management of discrimination and our advancing equalities agenda.

The Active Bystander training programme aims to empower staff to challenge poor behaviours and bring about cultural change through the reinforcement of messages defining the boundaries of unacceptable behaviour.

- 100% of attendees found the content of the training very helpful
- 100% of attendees would recommend the training to a colleague
- 70% of attendees were very likely to put the learning into action in the next few weeks

In the coming months we plan to draft a 'creating a culture of kindness and civility' toolkit to equip staff with a framework and tactics for dealing with poor behaviours incorporating elements from the Civility Saves Life movement and to deliver skills practice sessions to allow people opportunity to discuss scenarios, experiences and share learning. In the meantime, we are considering commissioning a further cohort of training.

Wellbeing Specialist Lead
Caroline McDowall has been appointed to the new role of Wellbeing Specialist Lead and will be instrumental in helping us to implement our new 'Work Well' Staff Wellbeing Strategy. Caroline is a Podiatrist by background and has been a Partnership Lead and Co-Chair for some years. Caroline will continue in her role as one of our 'Speak Up' Ambassadors.

Celebrating Success – Staff Awards
The virtual celebrating success event for nominations up to March 2020 will take place on the evening of 28th October.

Staff Carers Network
The Lothian Partnership Forum recently approved the creation of a fifth staff network. The aim of the Staff Carers Network will be to enable peer support, reduce isolation and give carers a voice in shaping the support that NHS Lothian offers to staff with caring responsibilities. It is estimated that 1:7 of our staff have carer responsibilities.

East Region Recruitment Service
NHS Lothian was appointed as the lead Board to manage the East Region Recruitment Service (consortium of 5 NHS Boards) at the start of 2021. Jenni Duncan, Programme Director for the East Region Recruitment Transformation Programme (and substantively Head of Resourcing, NHS Lothian) has been appointed to the Head of Recruitment for the new East Region Service, which will be operational by the end of the year.

7. Director of Public Health and Health Policy

COVID-19
From mid-August, positive COVID-19 cases increased rapidly across Lothian, reaching a peak rate of 750 cases per 100,000 on 5th September. The case numbers started to plateau last week and now suggest a possible downturn with 657.6 cases per 100,000 on 9th September. We have seen a decrease in the number of PCR tests taken, alongside this downturn in cases, therefore it may be too early to say whether the decrease in case numbers is a true reflection of the actual incidence. Test positivity remains high at 11%.

Due to the success of the COVID-19 vaccination programme, the steep increase in positive cases has only resulted in a modest increase in hospital admissions. There are currently 146 COVID-19 patients in hospital across our acute sites and 14 patients in ICU. These local trends are in keeping with the national picture.

Health Protection Response
With the increase in COVID-19 rates, we experienced increases in outbreaks particularly in care homes and social care settings. Initially most of these situations tended to be single cases, often in staff members rather than residents and in many cases, in unvaccinated staff members and residents. However, we have seen a few care homes experience significant outbreaks. Although there have been cases in fully vaccinated staff members and residents, few have been serious enough to warrant hospital admission, unlike in the period before the vaccination programme was introduced.

With schools returning after the summer break, we have seen an increase in educational outbreaks, although these are now mainly managed by the Test and Protect service. The HPT continues to work closely with Education colleagues to monitor cases of COVID-19-19 and support public health measures to reduce the spread of infection in schools.

Enhanced COVID-19 response
In order to deliver the Scottish Government's objective 'to suppress the virus to a level consistent with alleviating its harms while we recover and rebuild for a better future', it will be necessary to implement enhanced measures to encourage people to continue to test, support people isolating and encourage people to be vaccinated. Place partnership consultants have established regular meetings with local authority and third sector partners to review enhanced measures, in an attempt to increase the reach to those communities or groups identified as being at increased risk of harm from COVID-19.

Data developed with Lothian Analytical Services is considered alongside softer intelligence from the third sector to identify areas of need, barriers to access and vulnerable or underserved communities. Partners propose potential community venues which are likely to be more accessible to the target populations. Recommendations are then made to the relevant planning forums and boards leading on vaccination and testing roll out.

The third sector have helped enhance the community engagement approach to testing, vaccination and isolation through the provision of additional pick up points for lateral flow tests, providing dedicated one to one support and through targeted community messaging. Early feedback suggests this approach has been successful in removing some barriers and reaching those who had previously not accessed traditional settings.

Asymptomatic Community Testing Programme
Our local enhanced COVID-19 response has built upon successful partnership work with the community testing programmes in each of our four local authority areas. Community testing programmes continue to employ an agile response to target testing towards high prevalence COVID-19 areas with our most vulnerable populations. This has involved establishing a network of asymptomatic testing sites which have been supplemented by deployment of Scottish Ambulance Service Mobile Testing Units (MTUs).

Each local authority and its third sector partners provide individuals with wrap around support following a positive test result. Our Communication team are working with the local authority Communications teams, and Minority Ethnic Health Inclusion Services (MEHIS), to produce videos in a number of community languages: these videos will inform members of the public on the differences in the symptomatic and asymptomatic tests, and how to conduct the swabs. The NHS Lothian webpage for COVID-19 Testing has also been updated to enable easy access to information and test kits.

Scottish Government have requested revised plans to reflect lessons learnt locally and the updated Standard Operating Procedures. The success of the MTUs is particularly relevant; even before the recent surge in community transmission rates, as MTUs saw higher user numbers and higher rates of test positivity – for symptomatic and asymptomatic patients. The revised Pan-Lothian plan was submitted to Scottish Government, and the updated funding letter for the remainder of the financial year, will be issued soon. Lothian Multi-agency Community Testing Silver continues to meet weekly and provides partners with an overview of the various intelligence sources.

Anchor Institution
Our Anchors programme Board has been established chaired by the Director of Public Health with good representation across the organisation. This will form a key part of our inequalities and poverty reduction work with our partners and a key strand of our Strategic Framework. There is an update report on the work to date and next steps in the full Board papers.

Public Health Directorate Restructure
The restructuring work within the public health directorate is almost complete and our 4 Partnership and Place teams will be in place in October. These teams will work closely with local authority, third sector and health and social care partnerships with a focus on addressing the determinants of health and reducing poverty and inequality.

8. Chief Officer Acute Services

Acute services are under significant operational pressure with rising unscheduled care demand, rising Covid presentations and admissions compounded by workforce pressures.

Services continue with clinical prioritisation, aligning capacity to the most urgent patients.

Within our laboratory service, work and run-rates for combined laboratory Covid testing at the RIE and Hub sites have increased to an average of 4,000 tests per day from 1,500 and remain steady as we move into winter. Planning for winter 2021/22 now has dedicated project support to build respiratory testing systems and pathways for all Acute sites. Further work has been done on Point Of Care Testing at the 'front-end' of Acute sites allowing quicker decisions on patient flow. NHS Lothian has secured supplies of testing material and further work is underway to secure a dedicated team to support this testing regime and to ensure results are connected to electronic patient records.

NHS Lothian continues to work with Scottish Government and National Services Scotland to deliver the next phase of pandemic testing, which will focus not only on securing screening capacity, but also now on how to expand ability to detect variants through 'whole genome sequencing'. Whole genome sequences will allow mutations to be identified and tracked, and aid in evidence to verify that vaccines are working. Whole genome sequencing although live at present will increase capacity by mid-October 2021.

Recent guidance on specified outpatient areas moving to 1 metre distancing has also allowed us to reconfigure some outpatient and diagnostic waiting areas, increasing patient activity.

A new £6.2m Renal Dialysis Unit opened at the Western General Hospital in Summer 2021 and provides a much improved space for patients accessing this vital service, as well as for the clinical team to work from. This unit will allow us to continue meeting the growing demand for Dialysis within a fit-for-purpose space that all staff can be proud of.

Additionally, after almost two years of decant into the Royal Victoria Building, Haematology Inpatients moved back into a newly refurbished 19-bedded ward at the Western General Hospital on Saturday 11th September 2021. A further ward has been transformed into a purpose-built day-case unit for up to 28 Haematology patients, in turn creating additional space for oncology systemic anti-cancer therapy and clinical trials activity within Ward 1. This refurbishment of the Edinburgh Haematology Centre was made possible by a generous anonymous charitable donation, and the result is a very special environment for patients and their families, and for Western General Hospital staff.

Lastly, NHS Lothian have also reviewed their care planning systems, and established a Model Ward project with the aim of developing outcomes based, person-centred care plans on the TRAK system, whereby patients and staff participate in conversations on 'What Matters to You' to inform patients' goals for their care journeys. This new care planning system went live in 130 adult inpatient wards across Acute and HSCP systems on 7th July 2021. Feedback from patients includes that "the care plan has allowed me to really let the nurses know about my problems and set goals for going home", and staff have noted that the plan has "really changed the way that we document" and that they are "now able to capture what really matters to my patients".

9. Director of Improvement

The team continues to focus on performance recovery in a number of NHS Lothian's most challenged services.

Over this period, the Performance Support Oversight Board continues to provide a forum to help address and unblock performance issues, monitor recovery plans, and contribute to the development of the organisation strategy. A number of services now reporting through the Board, including Orthopaedics, Dermatology, Oral Health Services, CAMHS, Psychological Therapies, RIE ED and Urology. Edinburgh City HSCP have now been brought into the programme in recognition of the recent challenges of delayed discharges. I will be supporting this work in the short term with a focus on understanding and addressing current capacity gaps.

My operational leadership role in Dermatology and Oral Health Services continues. Oral Health Services are making good progress with implementing their Waiting Time Improvement Plan, and I am now considering longer term plans working with the Dental Public Health team. I have spent considerable time with the Dermatology consultant group this period finalising, and gaining sign off for, a ten point plan to tackle current capacity issues and to modernise working practices. The plan covers a number of areas including increasing activity levels, revising job plans and clinic timetables, creation of multidisciplinary teams, improved triage and the use of teledermatology.

10. Director of Strategic Planning

The Directorate continues to push forward with the construction of the Lothian Strategic Development Framework, and with the associated activities required to deliver the whole process.

To this end, we now have outline plans for each of Primary Care, Children's Services, Unscheduled Care, Scheduled Care, and Mental Health, Illness, and Wellbeing for the next five years. We have also continued to work with the Workforce, Finance, Capital, and Digital teams to develop the parameters of what will be possible in future developments. In addition, Hannah Fairbairn, our SPM for Outpatients and St John's Hospital, has developed an outline Outpatients Strategy with a vision for a future-proofed outpatients offer, and we will work this into the LSDF.

We have, with the Director of Communications, continued to develop and broaden out the engagement pieces of the LSDF work, and the RSA is now moving forward with establishing a citizen's reference group to work with us in testing the high-level direction of travel. We have also engaged further with the Consultation Institute on the quality assurance around our engagement and consultation strategy.

Our Head of Strategy Development, Rebecca Miller, has worked closely with RSA to begin our "public entrepreneurs programme", where people from across our organisation will receive support and mentoring from the RSA for developing new ideas and working to implement them. This programme went for a second round of invitations as we had received a large number of applications from male staff and very few from female. Happily, this has been rebalanced.

Rebecca has also led the gestation and final "kick-off" of the regional Thrombectomy service, which is a welcome development promising improved outcomes for stroke patients.

Board members will recall the update at PPDC regarding the development of the Royal Edinburgh Hospital for the future. As noted at that meeting, Nickola Jones, our Strategic Programme Manager for REH, has completed the drafting the initial agreements for the low secure and rehabilitation, learning disabilities, and young people with intellectual disabilities pieces of the REH "puzzle", and is now piloting these through the approvals process with our 4 IJBs.

Catherine Kelly, our Programme Director for Scheduled Care, continues to work closely with the Chief Officer for Acute and acute service directors to build recovery plans for our scheduled care programme. Catherine and Bhav Joshi, our SPM for WGH, also continue to work closely with the team for the National Treatment Centre to ensure that the revised ask of that programme is clear and coherent. Bhav has also piloted the development of an Initial Agreement for Critical Care at the Western General.

Our SPM for DATCC, James Stevenson, continues to work to develop the business case for the Centre for Life Sciences, an exciting development which we are hopeful will reach IA soon.

All of the team are working on the development of Remobilisation Plan 4 and a paper on this is for discussion by the Board. Related to this, Peter McLoughlin is beginning preparations for the Annual Review.

The Director continues to work on ensuring an alignment of LSDF with national strategy and lead the response of NHSL to the Care Service Consultation. He also currently sits as a member of the Strategic Response Group, the national operational group coordinating the NHS response to system pressures through winter.

It is worth noting that the Directorate is currently carrying 7 vacancies created through reallocating staff to "COVID projects", and so the achievements above need to be seen in that context.

11. Director of Primary Care

The whole health and care system is under significant pressure, including primary care. The significant majority of healthcare contacts take place in General Practice and activity is exceeding pre-Covid levels.

The second Memorandum of Understanding (MOU) relating to the GMS contract implementation for primary care improvement was signed 30 July with key priorities of vaccination transformation, pharmacotherapy and CTACS (Community Treatment and Care Services) for the remainder of 21/22. A workshop took place on 7 September to reflect on progress since the first MOU and discuss future plans with colleagues from the HSCPs, PCCO, pharmacy and GP sub-committee members. Colleagues from HIS also joined to provide updates on the national work they are undertaking to support GMS MOU implementation.

A planned programme of joint consultations and meetings of the Pharmacy Practices Committee is now underway to progress the applications to the pharmaceutical list. This schedule and local processes will be published on the NHS Lothian website over the next month.

Dentistry has been particularly badly affected by the pandemic because of the nature of dental treatment and the fact that many dental procedures generate aerosols requiring new and much more time-consuming infection prevention and control measures. As part of remobilisation, the Scottish Government's expectations are that dental practices will be delivering around 20% of their NHS levels of activity prior to the pandemic, and across Lothian the average is 41%. Remobilisation plans continue in line with Scottish Government guidance.

12. Director of Communications, Engagement and Public Affairs

Vaccination - Covid
Comms continues to dedicate considerable team resource to support the Covid vaccination programme. Over the summer there has been a dynamic programme of drop-in clinics, pop ups and mobile clinics as well as the start of the delivery to the 16-18 year old cohort and 12-15 year old household contacts of the immunosuppressed. New national guidance issued this week will trigger activity to support the vaccination of all 12-15 year olds and the start of the booster programme.

Vaccination - Flu
Internal communications activity has commenced to support staff flu campaign with a call out to those who might be interested in becoming peer vaccinators. A sustained comms plan has been developed.

As HSCPs are leading on delivery of the Flu vaccination programme we have been working with comms colleagues at the HSCPs to ensure a co-ordinated campaign with a common look and feel and aligned messaging across Lothian, rather than 4 separate campaigns. This work is not as advanced as it would be normally at this time of year due to delays in national policy decisions about cohort eligibility and the relationship of the flu programme to the Covid booster programme.

Redesign of Urgent Care
Focus is shifting to help promote better understanding of how GP surgeries are working and forthcoming change to scheduling all minor injuries appointments via 111 where possible.

Celebrating Success
Preparations have been underway for the 2019-2020 Celebrating Success which will be a virtual ceremony and alterative arrangements for 2020-21 to honour all staff for their work during an extraordinary year of pandemic.

Celebrating Health Care Support Worker Week
We supported the inaugural with a range of content across both our internal and external channels. We continue to work with our teams to explore other activities that we can do to help demonstrate the incredibly important work that this group of staff do.

East Region - Type Two Diabetes (TT2)
Dir of Coms is the East Region Lead for Communications (covering Borders, Fife and Lothian). The scope and approach for a public awareness comms campaign was submitted to the East Region TT2 Programme Board. The aim of the campaign is to educate people about Type 2 and the associated risk factors and promote the local support available to adults at risk of Type 2 Diabetes and the action they can take to access it. The proposal was approved for piloting in a locality in Fife and the creative is now being developed.

13. Director/Chief Officer, Edinburgh Integration Joint Board

Bed Based Care Project
The strategy underpinning the Bed Base Care project was considered by the EIJB on 22 June 2021. The EIJB noted their agreement with the direction of travel set out in the strategy and requested that further work was undertaken prior to reaching a decision on the proposals. Integrated Impact Assessments were completed in August and involved a wide range of stakeholders. Further data on the projected population and demographic changes has been gathered and work is ongoing in relation to workforce and reinvestment plans and, phasing activity. A public consultation is planned on the future provision of care for older people in Edinburgh providing the opportunity for citizens to inform future service delivery models, the consultation will run over a 12 week period and is anticipated to begin in October. The EIJB will be presented with this information at the September Board meeting to inform their decision making.

System Pressures
We are continuing to see pressures across the health and social care sector. There is currently a lack of capacity to provide social care due to issues with recruitment, particularly long-term lack of people entering the social care workforce. Social work vacancies and increasing complexity of new referrals due to deconditioning has resulted in delays to assessments taking place, or length of time for their completion.

As a result, we have an increasing backlog of people who are waiting for an assessment or for a package of care. These are people who have been determined as having a critical or substantial level of need for social care support and there is a need to balance risk and ensure people's safety. In addition to the increases in demand for our adult social care services, we are also experiencing pressure in other areas of activity, particularly in adult support and protection, and delays in discharges from hospital settings. Delayed discharges in acute settings, which had been on a downward trend, have grown significantly over the previous months almost exclusively due to the challenges with capacity not able to keep pace with demand.

We are working closely with NHS Lothian and City of Edinburgh Council (CEC) to address the interconnected issues facing all of us. The HSCP has several plans relating to managing these pressures (including within the IJB Transformation Programme). We are currently developing an overarching system pressures plan that draws these together into a single capacity plan to be shared with partners. There is no, one, single fix to this position and it's also worth noting that this situation is replicated across the whole health and care system in Scotland at the moment.

Ministerial Visit
On Wednesday 25 September the Edinburgh Hospital at home (H@H) team hosted a visit for Kevin Stewart, Minister for Mental Wellbeing and Social Care.

The visit provided us with the opportunity to highlight the H@H service and how it provides short term hospital level care as an alternative to hospital admission. We described how evidence suggested that being cared for by H@H rather than being admitted to hospital has no effect on mortality and may increase the likelihood of remaining in your own home at 6 months. There was discussion around the limitations to the service, for example geography and traffic can limit how many patients we can care for daily. We explained how over the years since November 2015 the team have been consolidating the service and focussing on increasing our capacity to take more referrals, as we increase our experience, staffing and improve efficiency.

Mr Stewart had the opportunity to meet team members as well as speak to a patient to glean their experience and feedback which he stated was overwhelmingly positive. He was extremely complimentary about the enthusiasm and passion of the team overall.

14. Director/Chief Officer, East Lothian Integration Joint Board

The partnership continues to adopt a 'home first' approach and maintains above trajectory performance on reducing delays to discharge. We have further integrated our Home care and Hospital to Home teams to increase flexibility and capacity as well as integrating our Care allocation Team to ensure flexible approach to both hospital discharge and community pressures.

Care Homes
we continue to work closely with our care home and care at home providers to ensure sustainability within the market. We have received positive feedback form the partnership approach we are following with the Care Inspectorate.

Social Care Capacity
Access to social care, particularly care at home for all client groups, i.e. over 65s, people with mental health needs, people with learning disability, people with physical disability/long-term conditions is proving a challenge at present due to self-isolation of staff adding to an already stretched workforce the HSCP monitor this on a daily basis and have been working closely with providers to cover care.

Performance Management
HSCP are continuing to work with Matter of Focus team to develop an outcomes based framework specific to the needs of East Lothian.

COVID Response
In response to significant system pressures the HSCP progressed the temporary re-allocation of inpatient capacity from the Eddington Hospital to ELCH. This was agreed through the NHS Lothian Gold Command group.

Primary Care
We continue to see pressure in particular in the west of the county and are working closely with practices to increase services available to them.

15. Director/Chief Officer, Midlothian Integration Joint Board

Vaccination Programme
71,600 people in Midlothian 18+ years of age have received their first COVID Vaccination and 64,057 have completed the course. The current focus is on uptake in the 16 and 17 year olds and there have been 1,447 people in this cohort who have received their dose out of an estimated 1,900 people. The HSCP is now leading on the Seasonal Flu/COVID Booster Programme and has taken on responsibility for the Gorebridge Mass Vaccination Centre from NHS Lothian which, along with Midlothian Community Hospital and a health centre in Penicuik, form the main venues for the adult vaccination programme. The HSCP has planned to provide over 82,000 appointments for the Flu/Booster programme with further capacity for care home staff and residents and for housebound patients. The HSCP has taken over the seasonal flu programme from General Practice. During the programme the HSCP will monito uptake to identify and respond to specific patient groups with lower uptake.

Midlothian IJB Strategic Plan 2022-25 and website
Work progressing to develop the IJB Strategic Plan 2022-25 and the corresponding Joint Needs Assessment. Workshops for IJB and Strategic Planning group members planned for early October. All strategic planning documentation will be published on-line. Midlothian HSCP website was launched at the IJB on 9th September 2021.

Unpaid carers
Midlothian IJB and Health and Social Care Partnership recognise that the health and care system is very dependent upon the contribution of unpaid carers. The shift towards self-management and care at home will depend upon the ability of carers to continue in their role and they must be supported to do so. It is vital that carers are identified; that there is recognition of what carers do and the physical, emotional and financial impact that their caring role can have on them whilst providing support, information and advice, aiming to make caring roles sustainable.

In early 2021 services were re-commissioned in line with changes in Carer's Act legislation and the carer support service review and consultation undertaken in 2020 on this foundation. VOCAL Midlothian is the lead agency for the new third sector contracts, working with the British Red Cross.

The pandemic curtailed options for respite and short breaks for carers. Midlothian HSCP recognises that this has increased carer strain and is in currently recruiting staff and changing the use of an extra care flat to provide residential respite. In addition, short break funding has been enhanced and a programme involving volunteers is being developed whereby companionships to the cared-for person will allow a break for the carer.

Developing an Outcomes-Focussed approach for Performance Management
The Partnership took a report to the IJB in February of this year which addressed the Outcomes Approach to Performance Management. This report highlighted this need to develop ways of measuring and reporting more effectively the outcomes achieved through the delivery of health and social work services. The Partnership is progressing work to develop Outcome Maps at each level of the organisation. A new software programme, *OutNav*, makes it possible to capture and link a wide range of evidence for evaluating progress with each of the stepping-stones in these maps.

Good progress has been made over the past few months in developing outcome maps for the frailty system of care and the service delivered at Number 11 (joint mental health, drugs and alcohol, and criminal justice services). The third area of activity has been the development of an outcome map for the Partnership at a strategic level.

The approach will not only provide an accessible yet comprehensive approach to measuring performance, it will also enable the Partnership to maintain a real-time approach to self-assessment. The Care Inspectorate link inspector is working with us to capitalise upon this added benefit of the approach. An enhanced capacity to measure outcomes is consistent with the priority now being given to outcomes by the inspection agencies.

Health Inclusion Team (formerly CHIT)
Midlothian HSCP has a well-established **Health Inclusion Team** staffed by two Specialist Nurse Practitioners. The nurses work with people most vulnerable to poor health and health inequalities; this includes people with challenges related to mental health, substance misuse, homelessness and offending/criminal justice. It also includes gypsy/travellers, unpaid carers, people attending food banks and frequent attenders at the Emergency Department.

They support people to improve and manage their health and to access local services, such as drug treatment or welfare rights. Nurses provide an outreach service and offer time-limited self-management support. The Health Inclusion Team nurses are skilled in using health behaviour change, person centred approaches and deliver health needs assessments in community-based venues often linked to local services to improve reach and engagement.

The nurses visit each of Midlothian's homeless hostels every one or two weeks. They knock on each resident's room door, offering the opportunity to speak to a nurse about their health and wellbeing. Every conversation is different and guided by what matters to the person. It can take a while for people to build up trust with the nurses. The nurses also provide support and advice to hostel staff when working with people with complex needs and can support people to access a wide range of local services. They also offer naloxone training, blood borne virus testing, sexual health assessments, contraception and STI testing.

Welfare Rights Support
During 2020-21 the Welfare Rights Service supported 673 people which generated £4,226,848 income for these Midlothian HSCP clients.

This included 239 people with cancer who received support from the MacMillan Welfare Rights Advisor.

Third sector partners also provided welfare rights support including Citizen's Advice Bureaus and the British Red Cross.

Health and Homelessness
Midlothian HSCP and Housing Services continued to work together to support people affected by homelessness. The Housing First programme commenced in July 2020 aiming to provide secure council tenancies per annum targeted at hard to reach and vulnerable homeless households. Many of these households have previously spent lengthy periods living in emergency accommodation. A specialist support provider offered intensive support to people in order to sustain their accommodation. The Health Inclusion Team continued to offer on-site support to people living in the homeless hostels following risk assessments.

Midway – workforce
Midlothian HSCP recognises the need for staff to work differently to understand and empower the people they work with and have adopted 'The Midway' as an approach – where staff are facilitators, not fixers, shift power to the person, understand trauma and recognise inequality. Good Conversations training and bitesize programmes resumed after a pause in the early part of the pandemic. We have trained staff so that anytime someone contacts our services, the focus is on their needs and what matters to them and what their personal circumstances are. Training paused due to Covid between March and Aug 20. During 2020-21 - 228 participants (Good Conversations 50 and Bitesize 178) Bitesize topics included, Covid Debrief, Good Grief, Housing and Homelessness, Money worries and social security, weight stigma and intro to Good Conversations for use by Midlothian council managers

Training opportunities are made available across the Community Planning Partnership (CPP), for example training on health inequalities, health literacy, suicide prevention, and weight stigma. Midlothian continues to implement the Trauma Awareness Framework.

Midlothian Implementation of Neurological Pathway
Midlothian was successful in securing funding to develop a local pathway for people with a neurological condition, working in partnership with NHS Lothian and other services. Reference group met on 2nd September to assist on the programme design and development. This work will be both data driven and will involve local people with lived experience. It will therefore provide a focus for two elements (population data management and citizen engagement) of Midlothian's Knowledge Exchange Programme (Scirocco) with European partners.

Potentially Preventable Admissions
Midlothian HSCP is undertaking focussed work on hospital admission avoidance. This includes a focus on Potentially Preventable Admissions (PPAs). Work across the HSCP and with acute hospital partners currently underway around heart failure and cellulites.

Health Visiting
Health Visiting teams are now undertaking 13-15 month visits which were suspended in the earlier part of the pandemic. The 4 newly qualified Health Visitors who joined our teams in early July are making a significant contribution to providing the best possible start for children in Midlothian. A number of ideas for quality improvement projects are being considered. Discussions have taken place with our Council Children and Families Service to ensure appropriate mechanisms are in place to implement the Child Death Review process from October.

The Adults with Exceptional and Complex Needs (ACENS)
The ACENS team continue to support people with very high levels of care needs in their own homes across Lothian. Demand for the service appears to be increasing with a number of possible new referrals at an early stage of discussion. Work is underway to develop an update to share with Chief Officers to aid a more developed understanding of the role of this hosted service and to ensure clarity on the funding mechanism for the service.

Governance
Our governance framework around falls has been refreshed and a pressure ulcer oversight group has been convened to review the incidence of pressure ulcers and identify any patterns and potential learning to improve patient experience and outcomes. QI work on the operation of the Midlothian Safety and Experience Action group in relation to suicides and drug related deaths continues to be supported by the QIST. Considerable progress has been made in addressing a backlog of reviews of the deaths of Midlothian residents, and discussion is taking place to convene a multiagency 'summit' to achieve a deeper shared understanding of this important area of work.

Midlothian Community Hospital
Edenview and Loanesk wards participated in the inaugural Lothian Accreditation and Care Assurance Standards benchmarking exercise in May of this year. Edenview gained a Bronze award and Loanesk Silver.
The most recent round of assurance assessments were published at the end of July. Loanesk achieved a Gold award and Edenview Silver. Participating for the first time in a LACAS review, Glenlee ward and the Rossbank unit both received Bronze awards.

This approach provides the multidisciplinary team with knowledge and skills to develop and deliver quality improvement work to address key components of patient care and has the support of a senior nurse with additional training in Quality Improvement. The approach is now rolled out across all adult inpatient services in Midlothian and plans will be developed to take forward benchmarked accreditation and assurance activity across community teams in time.

Electronic care planning and risk assessment was successfully implemented in Midlothian Community Hospital on 7th July 2021. This Lothian -wide initiative supports a more person-centred approach to care planning and improved information sharing. Staff embraced this initiative with enthusiasm, including highlighting their preparations on social media. The approach enables the development of care plans which reflect what is important to the person; staff value the opportunity to spend time talking to their patients to properly get to know them. Compliance has consistently been recorded at 100%.

Care Homes
Midlothian's Care Home Support Team continues to provide a proactive and preventative support approach as well as a reactive response where care homes need additional support/advice/training. They provide advice, support and education directly and maintain strong links with Lothian-wide specialist teams, enabling the provision of additional specialist infection prevention and control, tissue viability, clinical education and quality improvement support. Partnership working with these teams, the Care Inspectorate and the social work teams within the Midlothian Health and Social Care Partnership delivers multidisciplinary perspectives on the care and support of older people within our local care homes. This enables proactive support of the delivery of person-centred care, and regular input to address issues and challenges being faced in the care homes as they arise using risk assessment skills to drive informal approaches and more formal procedures as required.

Substantial support has been provided to care homes for older people to address the challenges faced throughout the Covid-19 pandemic. Examples include the provision of direct support to meet staffing challenges, input to meet the complex care needs of individual residents, vaccination, testing of staff and residents, support with the reintroduction of visiting and providing practical and emotional support to staff affected by the impacts of the loss of residents in unprecedented numbers. Quality improvement approaches have been utilised to develop checklists to build on the learning the team has acquired and to ensure a thorough and consistent approach. Over the last 4 months, targeted and integrated work has been undertaken to support 2 Midlothian care Homes where multi agency concerns had been raised around staffing and leadership issues which were impacting on the experience of residents. In both homes, improvements are being observed and collaborative work continues to

ensure residents receive safe, effective and person-centred care with the aim of maximising their quality of life.

16. Director/Chief Officer, West Lothian Integration Joint Board

Housing Developments in West Lothian and Impact on GP Practice Populations
Just prior to the first period of lockdown, the West Lothian Health and Social Care Partnership began a piece of work with the Local Intelligence Support Team from Public Health Scotland to better understand the impact of planned housing developments in West Lothian on general practice populations. The purpose of the work was to investigate methodologies to predict population increases and potential GP service demand in West Lothian based on planned housing data in the area. Data from the Housing Land Audit 2020 (HLA) was used to investigate the number of housing units planned to be built each year. This data was then used in conjunction with two different methods to predict the population in West Lothian. The current available population projections published by National Records of Scotland include trends in births, deaths and migration; however, they do not consider how planned housing developments might impact those trends. This investigation attempted to give a better idea of how the population might change in the future by including planned housing data.

The main finding of the report are that:

- 11,685 dwellings are programmed to be built in West Lothian over the next 7 years from 2020/21 to 2026/27, which is more than double the completed dwellings in the previous 7 years from 2012/13 to 2018/19.
- 65% of the planned housing developments over the 7 years are planned to be built in the WLC01 housing market area, 29% in WLC02 and only 6% in WLC03.

Currently approved sites have a remaining capacity for a further 8,027 dwellings (programmed post 2027), most of which will also be in WLC01.
Since 2013, net migration has been on an upward trend, while birth and death rates have been steadying and gradually balancing. From 2014, net migration contributed more to West Lothian's population increase than birth and deaths.

NRS 2018-based population projections predict an annual growth rate of 0.49% to 0.69% with the population exceeding 190,000 residents in 2025.

The methods used by the study predict annual growth rates between 0.41% and 2.33% from 2019 to 2026. Method 1 estimates that West Lothian's population will surpass 190,000 in 2021, however method 2 predicts the population will surpass 190,000 a few years later in 2023, both of which are before the NRS projection estimate.

Predicted figures for net migration have been applied to GP practice populations based on the distribution of GP registrations for new residents in 2018/19

The East Cluster population is predicted to increase by 11% between 2019/20 and 2026/27 with the largest increase predicted for the East Calder Medical Practice (29%). The compares to an overall increase of 24% in the previous 8 years, 2011 to 2019.

The West Cluster population is predicted to increase by 9% between 2019/20 and 2026/27 with the largest increase predicted for West Calder (13%) and Blackridge (13%) Medical practices. This compares to an overall increase of 12% in the previous 8 years, 2011 to 2019.

A workshop is planned for the end of September 2021 with colleagues from across the WLHSCP and housing to explore the finding of the report in more detail and to consider the planning implications for primary care services.

17. The Board is asked to receive the report.

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
Consultation	Board Executive Team
Consultation with Professional Committees	None
Risk Assessment	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Dona Milne	Director of Public Health and Health Policy
Jim Crombie	Deputy Chief Executive	Jacquie Campbell	Chief Officer Acute Services
Alex McMahon	Executive Director Nursing, Midwifery and Allied Healthcare Professionals	Pete Lock	Director of Improvement.

Tracey Gillies	Medical Director	Colin Briggs	Director of Strategic Planning
Susan Goldsmith	Director of Finance	Jenny Long	Director of Primary Care Transformation
Janis Butler	Director of Human Resources and Organisational Development.	Judith Mackay	Director of Communications, Engagement and Public Affairs
Morag Barrow	Director/Chief Officer Midlothian IJB/HSCP	Judith Proctor	Director/Chief Officer Edinburgh IJB/HSCP
Alison Macdonald	Director/Chief Officer East Lothian IJB/HSCP	Alison White	Director/Chief Officer West Lothian IJB/HSCP

Meeting Name: Board **Meeting date: 6 October 2021**

Title: Lothian Strategic Development Framework – Progress Update

Purpose of the Report:					
DISCUSSION	x	DECISION	x	AWARENESS	

The report updates the Board on progress in developing the Framework, and seeks their approval for next steps, including detailed discussion on 27th October.

Recommendations:

The Board is recommended to;

- **Note** the outline of the process to date;
- **Note** the headline proposals for change;
- **Agree** the process for further development of the consultation draft

Author: Colin Briggs **Date: 23rd September**	**Director: Colin Briggs** **Date: 23rd September**

NHS LOTHIAN

Board Meeting
6th October 2021

Director of Strategic Planning

LOTHIAN STRATEGIC DEVELOPMENT FRAMEWORK – PROGRESS UPDATE

1 Purpose of the Report

1.1 The purpose of this report is to update the Board on progress in developing the Lothian Strategic Development Framework (LSDF).

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

2 Recommendations

2.1 The Board is recommended to;

- **Note** the outline of the process to date;
- **Note** the headline proposals for change;
- **Agree** the process for further development of the consultation draft

3 Discussion of Key Issues

3.1 Board members have been well-sighted on the full process for developing the LSDF. The intent of this process is to identify the approach the Lothian Health and Care System (LHCS) will take over the next five years to deliver improved outcomes in;

- **Population Health** – tackling inequalities, maximising prevention of ill-health and increasing the number of years of healthy lives;
- **How we work with people** – increasing citizen engagement and understanding of the system, and working to ensure that the way we deliver care is of a standard we would all wish;
- **Performance** – working to improve our performance against key national measures.

3.2 Taken together, these measures should summarise how LHCS will contribute to the delivery of the Scottish Government's National Outcomes and progress against the National Performance Framework (https://nationalperformance.gov.scot/national-outcomes).

3.3 The LSDF is described as a framework because it is a collaboration between five independent, but deeply connected organisations – the City of Edinburgh Integration Joint Board (EIJB), East Lothian IJB (ELIJB), Midlothian IJB (MIJB), NHS Lothian (NHSL), and West Lothian IJB (WLIJB), who have agreed to collaborate on the key elements of this programme. It is crucial to ensure that the LSDF is appropriately respectful of the primacy of IJBs in planning around unscheduled care, mental health, and primary care, in particular, and so the LSDF will need to reflect the aims of our IJBs in these areas.

3.4 LSDF is also described as a framework because the system is working from a deeply unstable baseline. The COVID-19 pandemic continues to have significant impacts on our operations and it is not possible to know how long these will last for. It is therefore impossible to be precise on when long-term strategic actions will be completed. To be clear, this does not reflect a lack of ambition, action, or effort, but rather a pragmatic approach.

3.5 It is important to note and understand how many moving parts are combined in the LSDF, and how many voices have contributed, and continue to contribute. While the framework is constructed around five key programmes, these are a synthesis of working with a huge range of stakeholders – patients, families, carers, staff, statutory and third sectors, and more recently, the RSA to support our work and help pull it together. They are also, as noted above, based on the work that our 4 IJB partners have undertaken to understand the needs of the communities that they serve.

3.6 At present, the RSA is assembling a representative resident discussion group to work with us on the next stages of development, is conducting a targeted survey of citizens, and we are working with the Consultation Institute to design a formal consultation period. The key challenge we have in designing this consultation is that we have a range of very specific proposals, but also a general direction of travel. There is therefore a balance between attracting criticisms of vagueness and overwhelming citizens with fine and technical detail.

3.7 The final document is constructed in five key pillars supporting the three key outcomes described in 3.1, above. These pillars are;

- Unscheduled Care
- Scheduled Care
- Mental Health, Illness, and Wellbeing
- Primary Care
- Children and Young People

3.8 A sixth crucial piece, around how we become an anchor institution, wraps around all of our other proposals.

3.9 These pillars all include a mix of broad prevention measures, changes to how we deliver NHS care, and changes to how care as a whole can be provided in future. There are also significant changes to the facilities we operate from in some pillars.

3.10 We can also be clear that the system will be;

- Focussed on explicitly prioritising the greatest need;
- Increasingly digital, with a decreased physical footprint;
- Focussed on recruiting and retaining our staff with a focus on their wellbeing and development.

3.11 Key issues such as women's health and cancer are covered within these pillars, but we will bring forward clear, subject-specific plans during 2022-23 on how we will progress these.

3.12 These pillars in turn rest on the parameters LHCS operates within – workforce, revenue, capital, digital, and our commitment to environmental sustainability. These are all both enablers and constraints.

3.13 In particular, the challenges around workforce seem the most significant for us to overcome. The Planning, Performance, and Development Committee, at its session on 1st September, noted both the general demographic pressures on us for the next ten years and longer, and the specific workforce challenges we currently face. Specifically, the UK as a whole is at a low point in the number of young people entering the workforce, is seeing reductions in immigration to the country, and has a rapidly aging workforce with changes in retirement age and pension schemes. Combined, these are creating acute pressures in large parts of our workforce.

3.14 Taken together, these elements demand radical change to how we deliver our services. This change is not in terms of organisational structure or funding models, but in the *how* of service delivery. The key fixed point for us going forward is the citizen's home, and working to make sure as much care and support as possible is delivered there, unless there is a good reason to leave the home.

3.15 The key proposals for change are summarised here;

Unscheduled Care

- The redesign of urgent care, increasing the use of scheduled appointments and the development of our same-day emergency care (SDEC) approach;
- Significantly increasing capacity in our out-of-hospital support services, such as Hospital at Home;
- Redesigning the care system to be more reflective of need, specifically the residential care sector, and working to expand options for care at home;
- Maximising the use of East Lothian Community Hospital, Midlothian Community Hospital, and bringing forward a case for a West Lothian Community Hospital. In turn, we will seek to close buildings that are no longer fit for purpose;
- Close Ferryfield House in North Edinburgh and develop intermediate care capacity within the city;
- Aligning in-hospital and out-of-hospital processes to smooth patient journeys and ensure that messages to patients and families are consistent.

Scheduled Care

- A new National Treatment Centre at St John's Hospital, caring for more than 15,000 patients per annum and focussed on those who will stay less than 48 hours in hospital;
- Maximising the space created at the Royal Infirmary and Western General to increase capacity for complex surgery and in particular cancer treatments;
- A new Edinburgh Cancer Centre at the Western General Hospital, supporting the whole of South-East Scotland;
- Maximising the use of technology and expanding our use of surgical robots, but also maximising the use of communications technology to radical redesign outpatient services and only bringing patients to in-person appointments when absolutely necessary;
- A new Princess Alexandra Eye Pavilion on the RIE campus;
- Additional interim capacity for our most pressured services such as orthopaedics;
- Working with the Centre for Sustainable Development to implement best practice from across the world

Mental Health, Illness, and Wellbeing

- Radically redesigning our system to provide homes with support for people who previously have been cared for in-hospital, and bringing back Lothian residents previously cared for outside of the area. These proposals will affect people with learning disabilities, and those recovering from severe and enduring mental illness;
- New facilities at the Royal Edinburgh Hospital for those requiring treatment for learning disabilities, requiring low-secure forensic care, and for rehabilitation from severe mental health illness;
- Work to reduce waiting times for psychological therapies;
- Develop a specialist national unit for children and young people with intellectual disabilities and mental health difficulties;
- Prioritise prevention and destigmatisation by working with partners through initiatives such as Thrive

Primary Care

- Support general practice in continuing to develop triage systems to ensure that those with the greatest need are prioritised, and that patients are managed by the professional with the most appropriate skills for their needs;
- Support development and spread of models that allow for asynchronous access and maximise multi-modal communications technologies e.g. phone, NearMe, e-consult, in order to develop a system which reflects modern citizen needs and expectations. We will move away from “the 8 o’clock lottery”;
- Bring forward cases to invest in technologies which support self-care and self-management of long-term conditions such as diabetes;
- Continue to invest in new facilities for general practice provision, and wherever possible to build these alongside other public services. We will work within the City of Edinburgh to develop the “20-minute neighbourhood” approach, and in other areas to support “town and village centres”;
- Support the development of community pharmacy, optometry, and dentistry aligned with national contractual arrangements

Children and young people’s services

- See Children’s services as the ultimate investment in prevention;
- Radically redesign our child and adolescent mental health services, placing emphasis on supporting children and families in their communities and supporting non-specialist professionals. We will also increasingly place CAMHS services in primary care facilities and ultimately in 20-minute neighbourhood centres;
- Develop and implement a new neurodevelopment pathway;
- Incorporate the United Nations Convention for the Rights of the Child into our planning and delivery;
- Develop bespoke models of care for teenagers.

3.16 The final document will include;

- A short, accessible and readable, summary of the case for change and the actions we will take;
- A series of aligned documents which cover, in detail, the case for change in each section and the actions we will take. This will therefore be a mix of narrative and bullet points;
- Cross-cutting sections on our parameters and outlining our commitments around workforce, finance, capital, and environmental measures.

3.17 There is considerable work to be done on the document, and this includes seeking to "account" for these proposals. That is, to see what the impact of each of the proposals received so far is in terms of financial and workforce costs, to see what the requirement of infrastructure is, and to see what the environmental impact (or benefit) is.

3.18 Clearly, the document will also need to strike a balance between the optimism LHCS can feel about changes it can make, and some genuinely radical positive changes, and the realities of an unstable baseline and that for some services recovery will take years, not months.

3.19 The proposed process for the next stage of LSDF development is for;

- the teams to continue to build and refine the LSDF document;
- Continued engagement with stakeholders and in particular to take this paper through IJB Strategic Planning Groups;
- a full discussion to form the basis of the Board Strategy Awayday scheduled for 27th October.

4 Key Risks

4.1 The implications of these proposals are significant. Some are clearly positive and some less so. A full analysis will be discussed with Board members at the Strategy Away-Day.

4.2 One particular risk to the LSDF lies in the final shape of a national care service, and the disruption that will inevitable ensue in its establishment.

5 Risk Register

5.1 No entries are made to the risk register with regards to the LSDF, but it would seem likely that some will be as the programme of implementation progresses.

6 Impact on Inequality, Including Health Inequalities

6.1 No specific impact assessment has been undertaken. The consultation and engagement processes will clearly inform a final impact assessment more clearly and meaningfully.

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

7.1 As noted, the LSDF will be subject to public consultation. It is important to note that there has been a huge amount of engagement in the construction of all proposals.

8 Resource Implications

8.1 It is too early to tell what the resource implications of these proposals would be, but this is being worked through.

Colin Briggs
Director of Strategic Planning
23rd September 2021
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Meeting Name: Board Meeting **Date: 6 October 2021**

Title: NHS LOTHIAN BOARD PERFORMANCE PAPER

Purpose of the Report:

DISCUSSION	**X**	DECISION		**AWARENESS**	**X**

The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

Recommendations:

1. The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
2. The Board recognises the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures.
3. The Board considers the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
4. To note the PPDC draft work plan is due to commence to further enhance coordinated and aligned performance reporting across the system.
5. If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

Author: Wendy MacMillan **Date: 15 September 2021**	**Director: Jim Crombie** **Date: 16 September 2021**

NHS LOTHIAN

Board Meeting
06 October 2021

Jim Crombie, Deputy Chief Executive

NHS LOTHIAN BOARD PERFORMANCE PAPER

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.

The overall approach adopted is that performance management is integral to the delivery of quality and effective management, governance and accountability. The indicators included in this report are a high level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Planning, Performance and Development Committee (PPDC) which will report into the NHS Lothian Board. These metrics will be aligned with the NHS Lothian Board priorities:

- improving the health of the population,
- improving the quality of healthcare,
- achieving value and sustainability and,
- improving staff experience.

This categorisation of key metrics aligned to our board priorities will facilitate a greater visible connection to their performance. Local intelligence is gathered through quarterly performance reviews, existing committee structures and additional context sought from service areas, offering a robust and expansive set of indicators for review at PPDC. PPDC will also receive more detailed reports on issues or areas of strategic priority which have been escalated from subcommittees or via the performance review cycle. This reporting link to the Board will offer the opportunity for separate papers to be introduced to the board on specific escalated issues discussed by the PPDC.

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

2 Recommendations

2.1 The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.

2.2 The Board recognises the performance challenges detailed in this paper including; exacerbated pre-existing performance issues and dips in performance following the impact of Covid-19 and current measures.

2.3 The Board considers the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.

2.4 To note the PPDC draft work plan is due to commence to further enhance coordinated and aligned performance reporting across the system.

2.5 If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

3 Discussion of Key Issues

3.1 Current Performance

3.1.1 Where there are significant performance issues of key services, an escalation process to the weekly Executive-led Performance Oversight Group is in place. This process ensures there is ongoing detailed review of the services and enables the deployment of rapid improvement support to increase performance. The services currently involved in this escalation include; Delayed Discharges within Edinburgh HSCP, Oral Health Services, Dermatology, CAMHS, Urology, Orthopaedics and 4-Hour Access Standard at the Royal Infirmary of Edinburgh (RIE).

3.2 Remobilisation

3.2.1 Remobilisation 4 plans are due for submission to Scottish Government at the end of September to cover the period up to March 2022.

3.2.2 Lothian is experiencing a high number of patients who have tested positive for COVID-19. We continue to see a rise in the number of patients admitted to hospital and continue to face workforce challenges across the system.

3.2.3 Unscheduled Care remobilisation plans continue with key actions and clear deliverables against the national Redesign of urgent Care Programme (RUC).

3.2.4 The Scottish Government are aware and content that both CAMHS and Psychological Therapies are following the detailed Recovery and Renewal Plan(s) that were submitted to them and recently approved.

3.2.5 Additional Scottish Government funding has be sought for various services to support further insourced activity, locum appointment and private sector activity.

3.2.6 The key challenge remains throughout remobilisation: the ability of current services to be sustained whilst entering a period of unpredictability.

3.3 Winter Planning

3.3.1 The winter period is recognised as a time when significant additional demand is placed upon NHS Lothian. This relates primarily to higher prevalence of winter illness and an increase in the ageing population with co-morbidities resulting in complex care needs, however this will likely be exacerbated by COVID prevalence in 2021/22. Winter planning is one way in which NHS Lothian can ensure organisational resilience to provide safe, effective patient care.

3.3.2 For Unscheduled Care, a number of plans are in place to enhance capacity and improve flow across the acute sites. The main challenge is this is a non-bed based winter plan within the context of very high occupancy of acute beds and that the majority of these enhancements are dependent on the availability of additional workforce, whom are already under significant pressure and will continue to be going into winter.

3.3.3 Outpatient demand has increased over the summer and as pent up demand emerges, this will add to the normal winter pressure if trends continue. Winter planning for TTG inpatient and daycase workstreams also continues to be extremely challenging this year. The clinical prioritisation of urgent patients will remain at the forefront of scheduled care planning throughout the winter.

3.3.4 With regards to Cancer Services, we anticipate that surgical services will continue to be under pressure this winter, clinical prioritisation approach will remain in place to minimise impact for our most urgent patients.

3.3.5 In Gastrointestinal Diagnostics, the increasing prevalence of COVID-19 in the community has the potential to further impact ability to deliver expected levels of

activity, to recover the long-waiting new and surveillance positions, due to patients and staff requiring periods of COVID-19 isolation.

3.3.6 The four Health & Social Care Partnerships continue to focus on prevention of emergency department attendance and hospital admissions and are taking a proactive management approach of patient flow from acute services to reduce delayed discharges. Although the significant workforce pressures felt across all these services will mean this remains challenging.

3.3.7 Radiology will undertake its established approach to winter planning, which will see additional services provided at periods of known peak demand.

3.4 The table below outlines the key performance metrics for the attention of the board:

Metric		Trajectory/ Standard	August 2021 position	July 2021 position	June 2021 position	2020/21 monthly average	2019/20 monthly average	2018/19 monthly average
4 Hour ED Standard[1]		95%	72.4%	78.4%	81.3%	89.5%	88%	88%
Outpatients (end of month breaches)[2]	➢ 12 weeks	-	40,886	40,338	37,279	37,123	22,414	20,777
	➢ 52 weeks		7,141	7,519	8,009	5,142	923	567
Delayed Discharges[3]	Health and social care / patient and family reasons	88	211	197	174	111	217.7	303.4
	All census delays (above plus complex code 9s)	116	238	235	216	131	247.2	331.4
TTG (end of month breaches)[4]	➢ 12 weeks	-	10,531	9,899	9,262	9,098	2,795	2,328
	➢ 52 weeks		3,064	2,892	2,810	1,290	49	73
Cancer Waiting Times[5]	31 Day Standard	95%	-	96.6%	98.6%	97.6%	94.5%	94.3%
	62 Day Standard		-	82.9%	88.7%	85.8%	79.2%	81.0%
CAMHS < 18 weeks standard (seen within 18 weeks)[6]		90%	-	63.9%	59.1%	61.3%	54.0%	63.0%
Psychological Therapies < 18 weeks standard (seen within 18 weeks)[7]		90%	-	87.0%	76.5%	79.7%	79.2%	72.3%
Acute Adult Mental Health Bed Occupancy[8]		85-90%	96.9%	94.4%	96.3%	92.5%	92.6%	-
HAI's per 100,000 bed days[9]	CDI	<11.4	-	16.4	14.2	13.1	12.0	12.6
	ECB	<26.6	-	39.1	29.7	31.2	35.2	35.5
	SAB	<12.2	-	20.2	12.9	14.0	12.6	13.5

[1] Data sourced from Lothian internal management system
[2] Data sourced from Lothian WT Monthly dashboard data
[3] Data sourced from PHS official statistics. *Standards are reportable census delays as projected for the 20/21 System Transformation Plan (and will be for 21/22 as projected in the 21/22 Remobilisation Plan). Trajectories are currently being reviewed for RMP4 in light of continuing COVID pressures.
[4] Data sourced from Lothian WT Monthly dashboard data
[5] Data sourced from Discovery
[6] Data sourced from Lothian internal management system
[7] Data sourced from PHS official statistics
[8] Data sourced from Lothian internal management system – average % Occupancy (inc. Pass) based on weekly data time points
[9] These rates represent overall rates for the year rather than monthly average: (sum of healthcare associated infections for the year / sum of total occupied bed days for the year)*100,000. Data sourced from Lothian internal management system.

Metric		Trajectory/ Standard	August 2021 position	July 2021 position	June 2021 position	2020/21 monthly average	2019/20 monthly average	2018/19 monthly average
Paediatrics and St Johns		7 days a week 24x7	**7 days a week 24x7**	7 days a week 24x7	7 days a week 24x7	-	-	N/A
8 key diagnostic procedures > 6 weeks standard (end of month breaches)[10]	Upper GI endoscopy	-	1,755	1,802	1,781	1,805	759	1,308
	Lower Endoscopy (other than colonoscopy)		666	675	643	558	351	680
	Colonoscopy		1,032	1,056	1,010	1,279	828	1,508
	Cystoscopy		886	934	918	946	375	418
	Magnetic Resonance Imaging (MRI)		396	496	640	930	342	304
	Computer Tomography (CT)		215	249	383	521	124	29
	Non-obstetric ultrasound		2,037	1,704	1,046	1,031	7	10
	Barium Studies		23	<10	<10	14	0	0

[10] Data sourced from Lothian DMMI

3.5 The following section provides summary narrative on the performance demonstrated in the metrics in the table above.

- **Unscheduled Care**

Measures definition: The summary table above shows the monthly average percentage of patients seen within 4 hours as a percentage of all attendances at Emergency Departments across NHS Lothian.

What the data tells us: Performance against the 4-hour Emergency Access Standard continues to deteriorate with the August 2021 position at 72.4%, significantly below the national standard of 95%. Attendances across Lothian have returned to, and on occasion exceeded, pre-pandemic levels.

Narrative: As COVID restrictions have eased, attendances have returned to pre-pandemic levels. This is despite the implementation of the national Redesign of Urgent Care (RUC) programme within NHS Lothian which aimed to reduce the number of self-presenters attending Emergency Departments. A step change in the number of patients scheduled to Minor Injury Assessment (Call MIA) through RUC referrals was seen in April, with on average 64 patients daily provided with an appointment for a Near Me or face-to-face minor injury assessment. However, this is a small proportion of the total daily number of self-presenters across our acute sites.

Emergency Departments (EDs) are required to maintain amber and red streams which also put pressure on processes and staffing. General staffing availability remains a significant challenge on all acute sites, including managing the impact of Covid isolation and sickness. In addition, due to pressures across the whole health and care system the ability to admit patients from EDs has reduced, with hospital occupancy remaining high. The number of patients delayed in their discharge has increased in recent months due to the workforce pressures within care services. Along with the increasing number of COVID admissions this is having a negative impact on performance in the Emergency Departments.

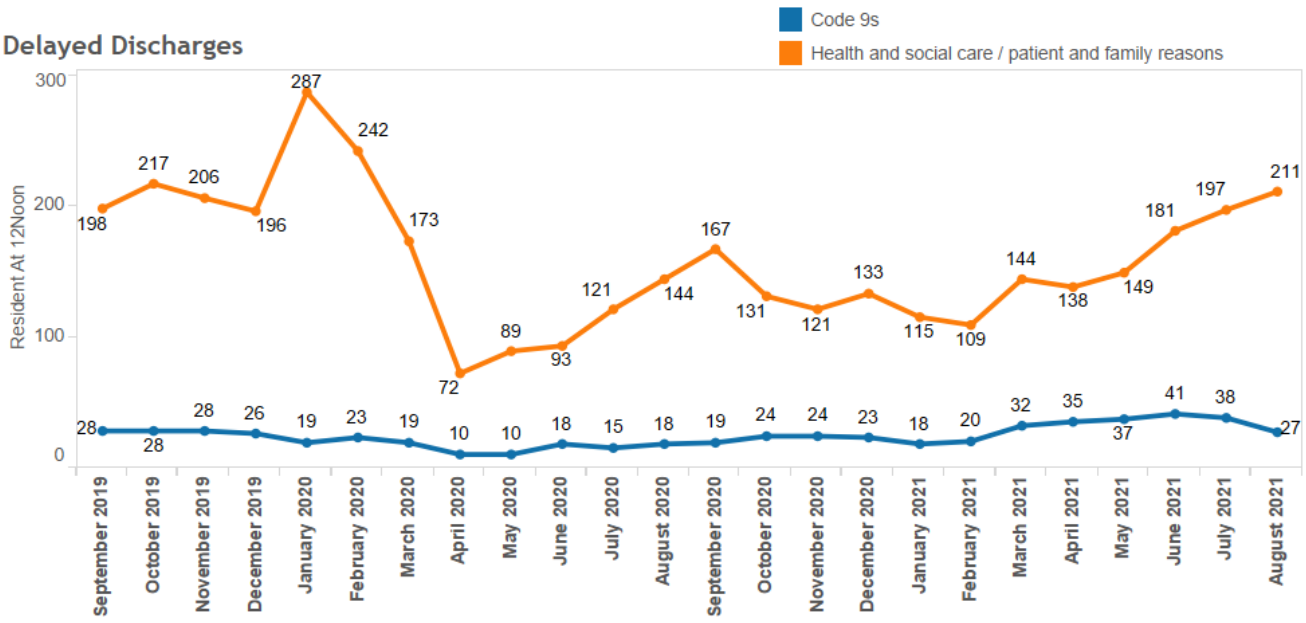
Remobilisation Plans 4: Progress continues with key remobilisation actions, with clear deliverables against the RUC programme, active participation in the Healthcare Improvement Scotland led national work to scale-up Hospital at Home services, and improve discharge planning. Workforce remains a challenge for many of these work-streams, with the operational challenges of safe-staffing and infection control measures to reduce COVID risk continue.

Winter Planning: A number of plans are in place to enhance capacity and improve flow across the acute sites, including enhancing Allied Health Professional (AHP)/ Pharmacy/ Medical/ Nursing cover across 7 days, introducing dedicated teams for boarding patients to reduce length of stay, enhancing AHP provision at front door areas to reduce admissions and increasing discharge facilitators to improve flow. In addition, a laboratory winter testing strategy is in place to provide a new testing pathway for all winter respiratory viruses.
The main challenge is this is a non-bed based winter plan within the context of very high occupancy of acute beds and that the majority of these enhancements are dependent on additional workforce, which is already under significant pressure and will continue to be going into winter.

- Delayed Discharges

Measures definition: The summary table shows Delayed Discharges for Health and social care / patient and family reasons, and all census delays (plus complex code 9s).

What the data tells us: The number of patients who are delayed in their discharge has increased over 2021 with a total of 238 census-reportable delays in August 2021. This is approximately the same as the 19/20 monthly average.



Narrative: Members will be aware that with the continued increase in delayed discharges tackling this drop in performance is a key priority for the Board as we approach winter. It is a critical focus of the Gold Command remit, with the executive directors requiring Edinburgh HSCP to deliver resilient improvement plans in particular, to relieve pressure both in the short and longer term. The key reasons for delays at this time are predominantly patient delays related to care required to live in their own home and nursing/residential home placements. The demand for community care has increased as COVID restrictions have eased, whilst capacity continues to be limited by the workforce availability. There are many factors that are reducing workforce availability, including COVID isolation and sickness, but also the impact of Brexit and the movement of staff to other sectors as they have reopened.

Remobilisation Plans 4: Work has already commenced with a review of Lothian Hospital at Home (H@H) service against the H@H Healthcare Improvement Standards and principles. Funding from Healthcare Improvement Scotland has been received and will support a focussed approach and an initial steering group with key stakeholders commenced in September 2021.

The Planned Date of Discharge (PDD) pan-Lothian Short Life Working Group is continuing with collaborative working between HSCP and acute colleagues to reduce delayed discharges. The development of an updated Discharge and Transfer Policy is well underway to support parallel working and ensuring the safe facilitation and effective discharge for patients who experience inpatient care in an acute or community hospital setting within NHS Lothian.

There is a focus on increasing flow and capacity within our Intermediate Care Services by reviewing all potential options to create community-based capacity; specifically focussing on early intervention, urgent care and prevention of admission. There is recognition that there are

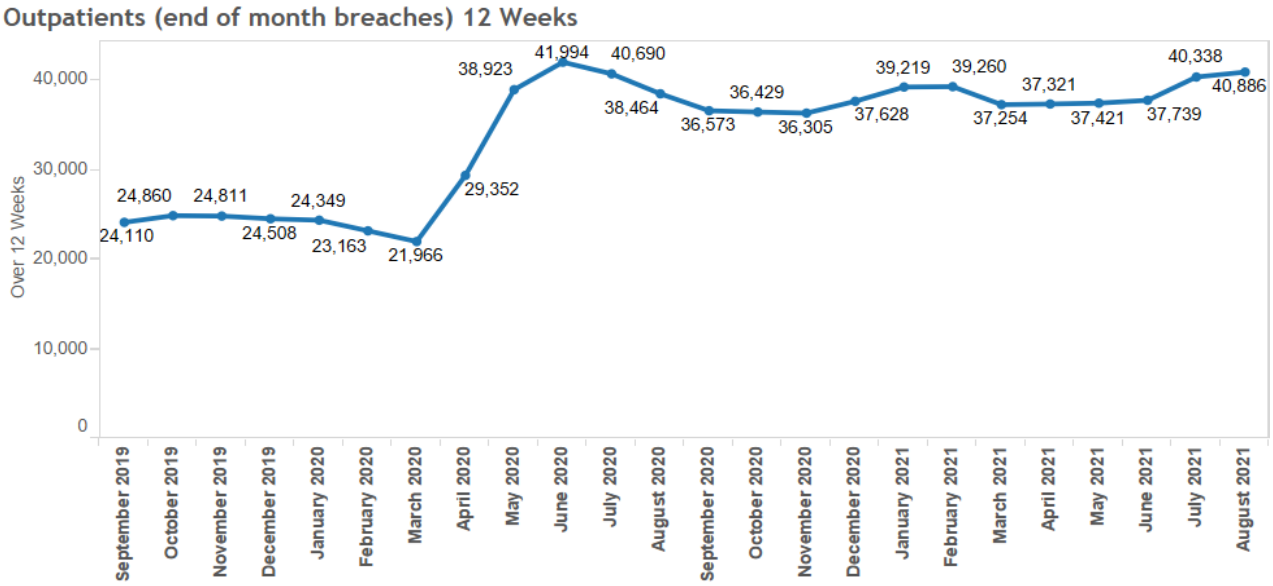
challenges including a lack of care provision, available care home capacity and recruitment and retention issues which are an ongoing national concern. The requirement for care at home capacity within Local Authorities is essential to underpin all approaches to ensure flow.

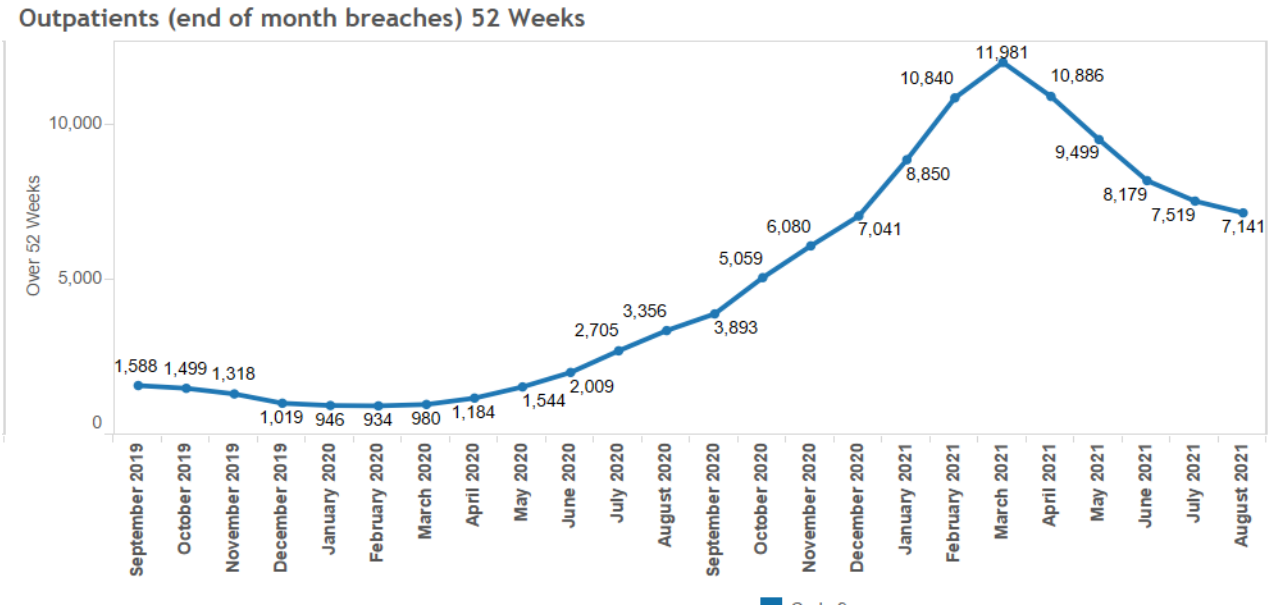
Winter Planning: The four Health & Social Care Partnerships continue to focus on prevention of ED attendance and hospital admissions and a proactive management of patient flow from acute services to reduce delayed discharges. Winter plans are in place to enhance Hospital to Home, Discharge to Assess, Hospital at Home and Community Respiratory Teams to support flow. However there are significant workforce pressures felt across all these services that remain challenging.

➢ Outpatients

Measures definition: The summary table shows two indicators covering outpatient end of month breaches waiting over 12 and over 52 weeks at the end of August 2021.

What the data tells us: The overall position at the end of August showed the % of patients waiting over 12 weeks was higher than the previous month by 1.3%. The number of patients waiting over 52 weeks has decreased by 378 since previous month.

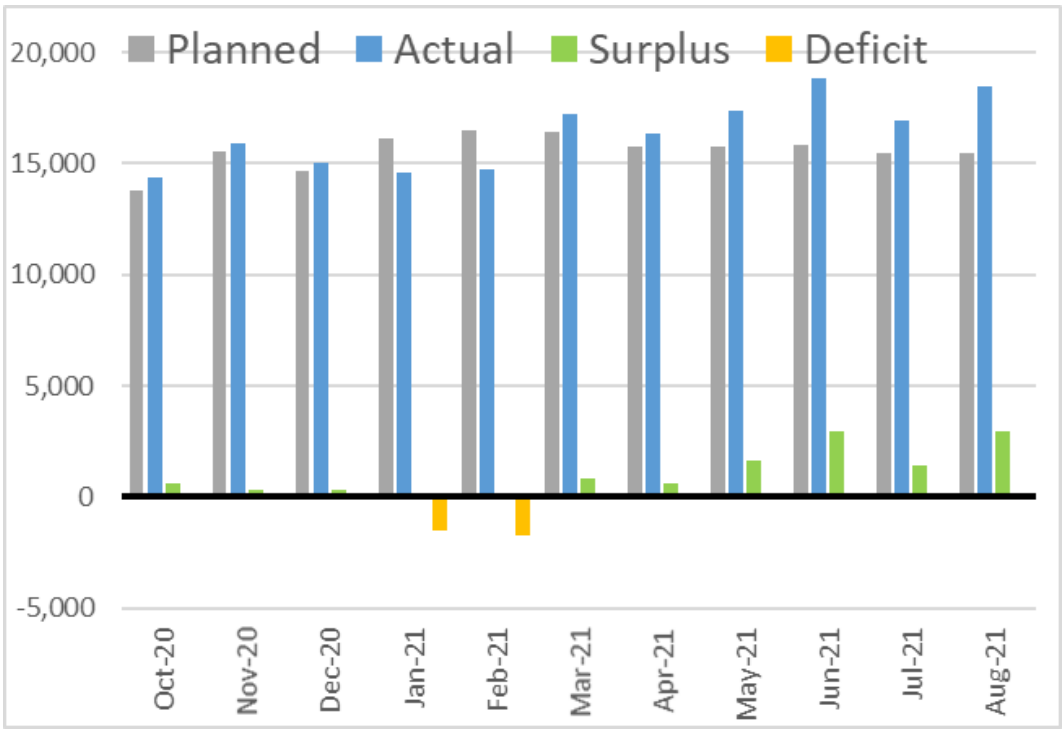




Narrative: As part of NHS Lothian's remobilisation following lockdown, services planned for the activity that could be achieved under the constraints of 2 metre physical distancing. The actual activity that specialties have achieved shows that we have exceeded the expected levels of outpatient appointments since March 2021. This is through service redesign and active clinical referral triage, resulting in a combination of advice only, virtual and face-to-face appointments.

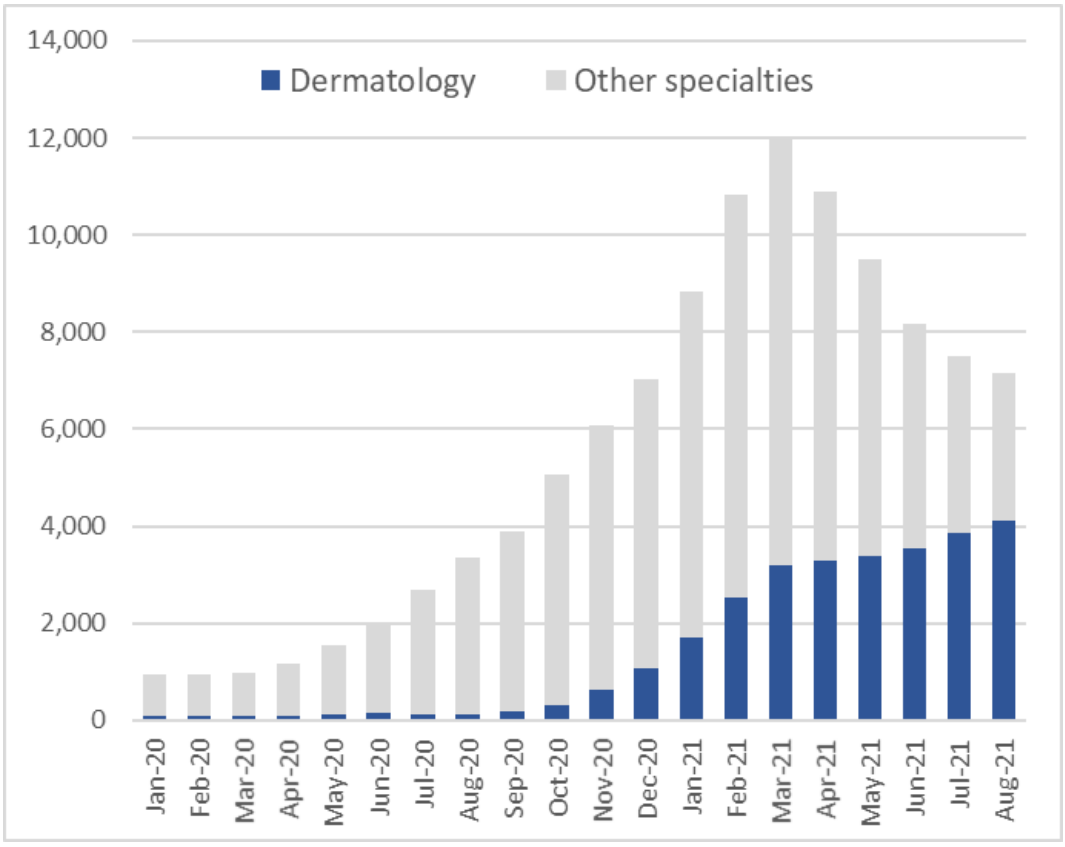
Physical distancing guidance was updated by Scottish Government at the end of August 2021, reducing to 1 metre and our outpatient areas are now implementing this guidance; this will increase activity further in some areas.

New Outpatient planned vs actual activity



The outpatient waiting list size and the number waiting over 52 weeks has decreased in August 2021. Specialties continue to clinically prioritise USoC and Urgent patients and target the longest waiting patients. However, the number of long waiting patients continues to increase in Dermatology, which has seen a significant increase in USoC referrals in recent months (together with Gastroenterology, Gynaecology and Respiratory Medicine).

New Outpatients waiting over 52 weeks

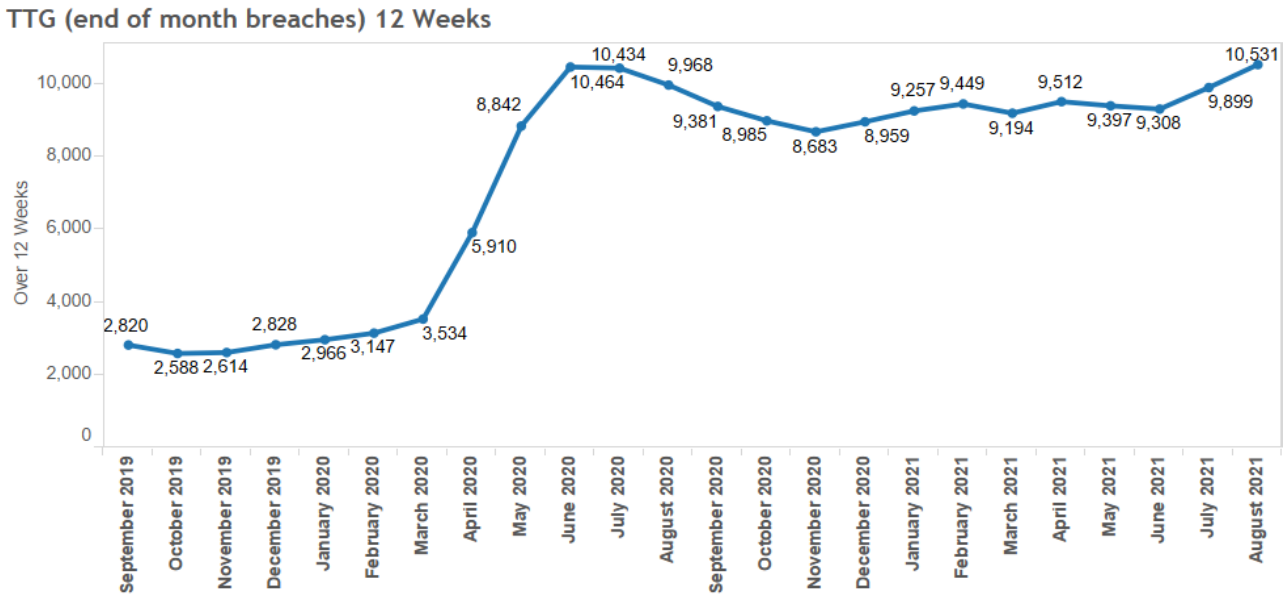


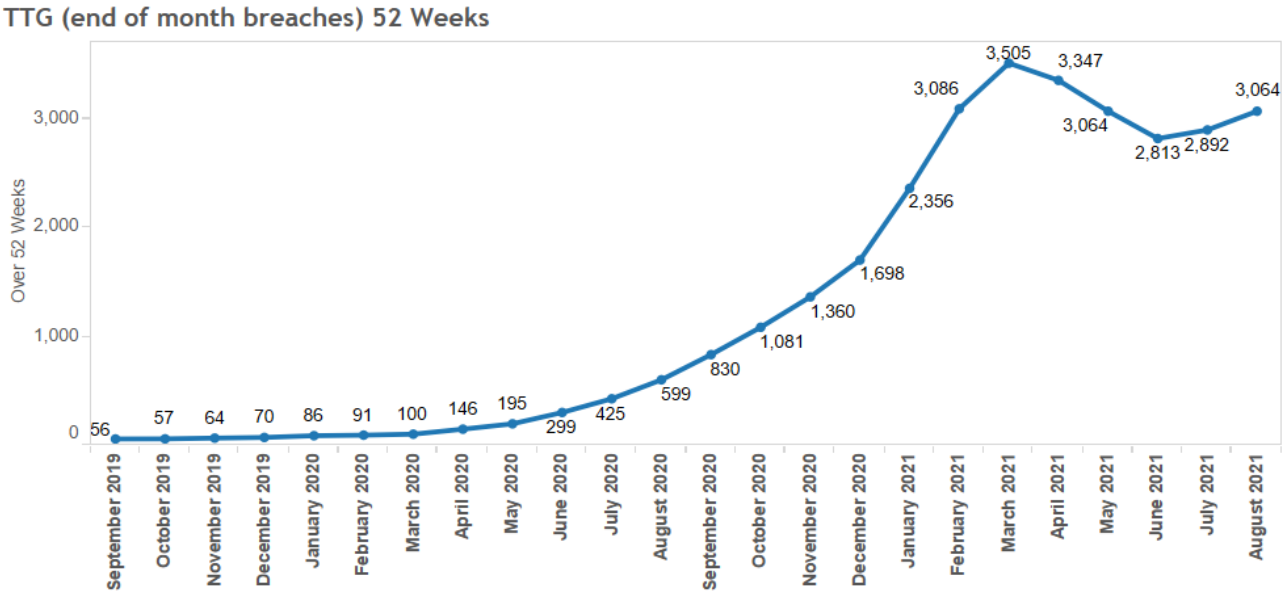
Winter Planning: Outpatient demand has increased over the summer as pent up demand emerges, which will add to the normal winter pressure if trends continue. While we are now maintaining pre-COVID activity levels, there remains a significant backlog of patients still waiting for their outpatient appointment. Workforce challenges and increasing unscheduled care demand may affect the delivery of outpatient services if staff are required to be redirected from non-urgent care.

- **Inpatients & Daycase (IPDC)**

Measures definition: The summary table shows two indicators covering inpatients and daycases end of month breaches waiting over 12 and over 52 weeks at the end of August 2021.

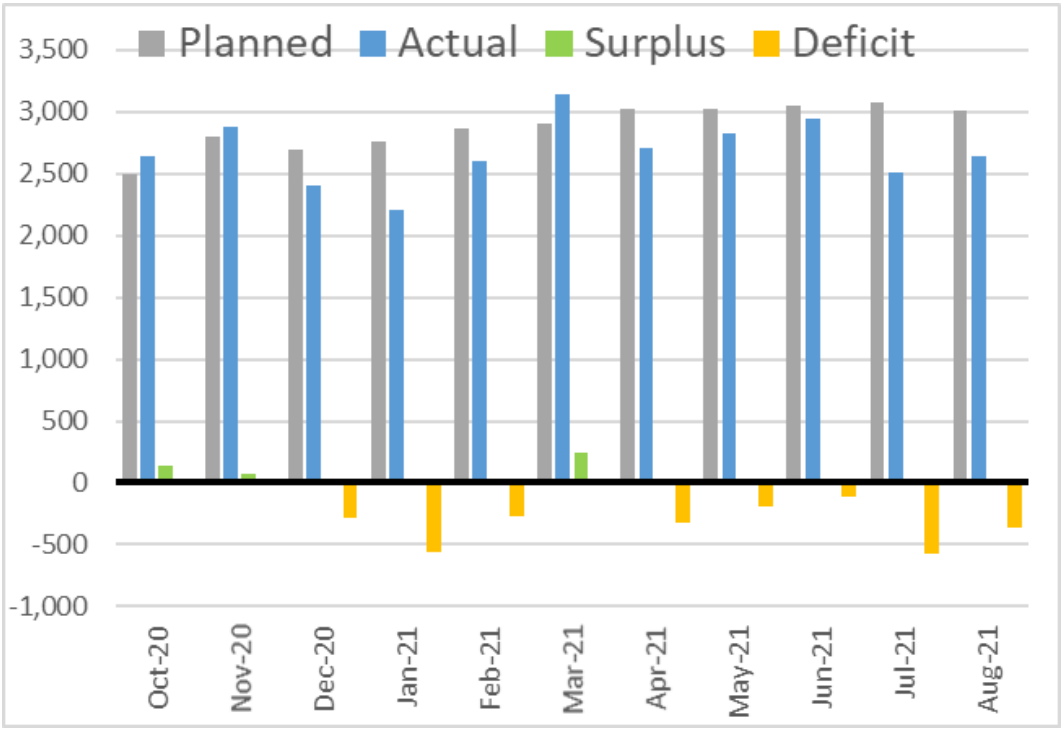
What the data tells us: The overall position at the end of August showed the % of patients waiting over 12 weeks was higher than the previous month by 6.4% and higher than previous yearly figures. A steady increase continues to be observed in the number of patients waiting over 52 weeks, with an additional 172 patients now in this category compared to previous month.





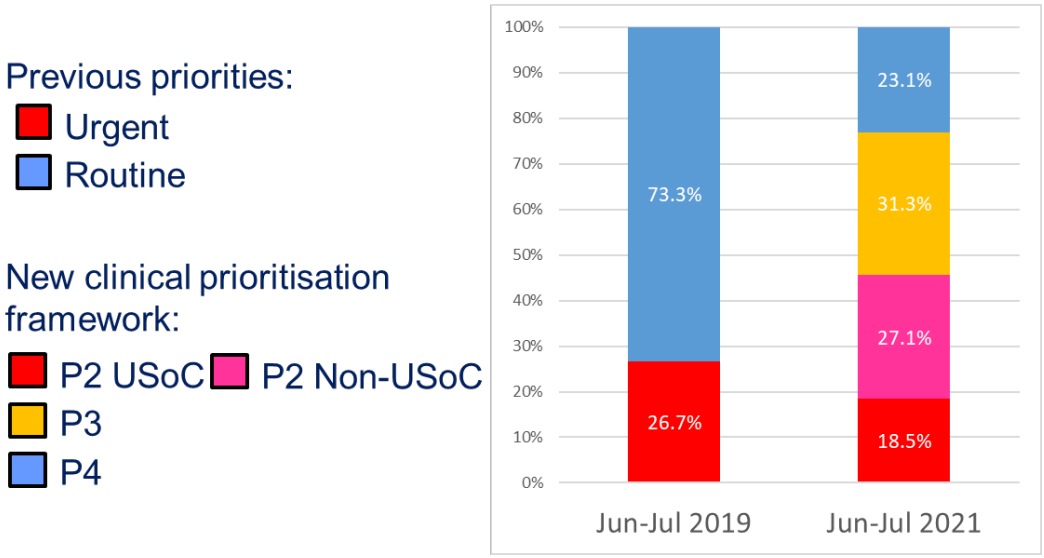
Narrative: Actual TTG activity has increased from July 2021 to August 2021, as shown in the graphs below. Although activity remains lower than planned, this is due to the requirement to cancel surgical procedures as a result of a combination of staff pressures, bed pressures, including critical care and theatre capacity.

TTG planned vs actual activity



The clinical prioritisation framework introduced in February 2021 supports the prioritisation of treatment of the most urgent patient(s). A significantly increased proportion of TTG procedures are for the most urgent patients compared to pre-Covid.

Proportions of priority patients undergoing TTG procedures



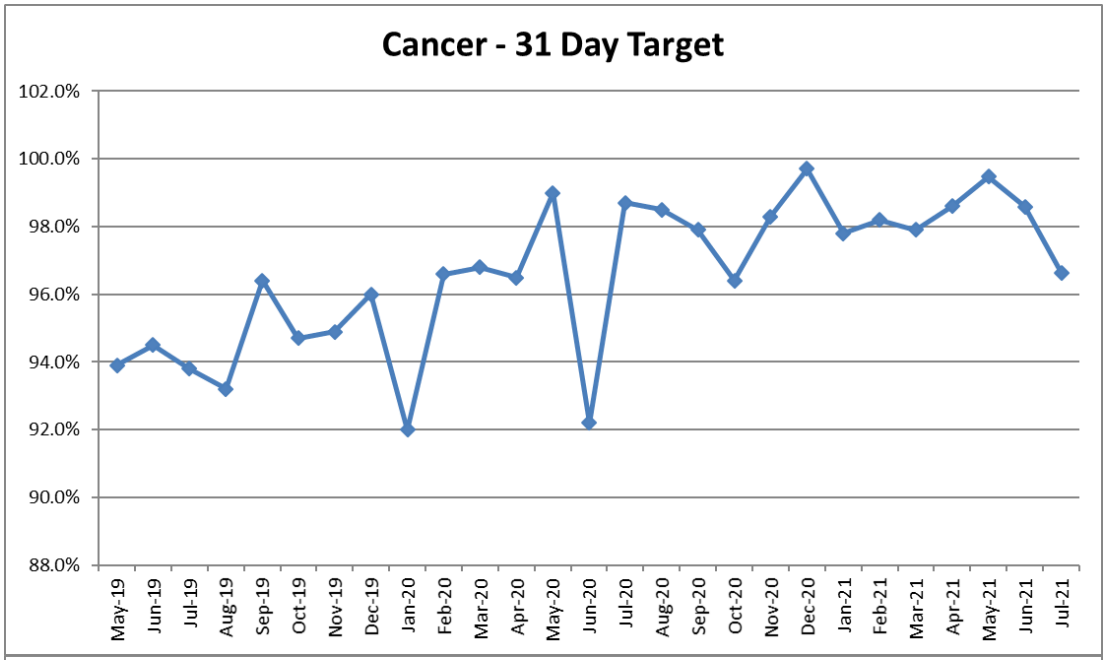
Winter Planning: Winter planning for TTG inpatient and daycase workstreams continues to be extremely challenging this year. We expect normal winter pressures will be compounded by the cumulative impact of workforce unavailability, rising unscheduled care demand, uncertainty regarding COVID, capacity constraints with beds and theatres and a rising number of delays due to diminished downstream capacity in the community services. The clinical prioritisation of urgent patients will remain at the forefront of scheduled care planning throughout the winter.

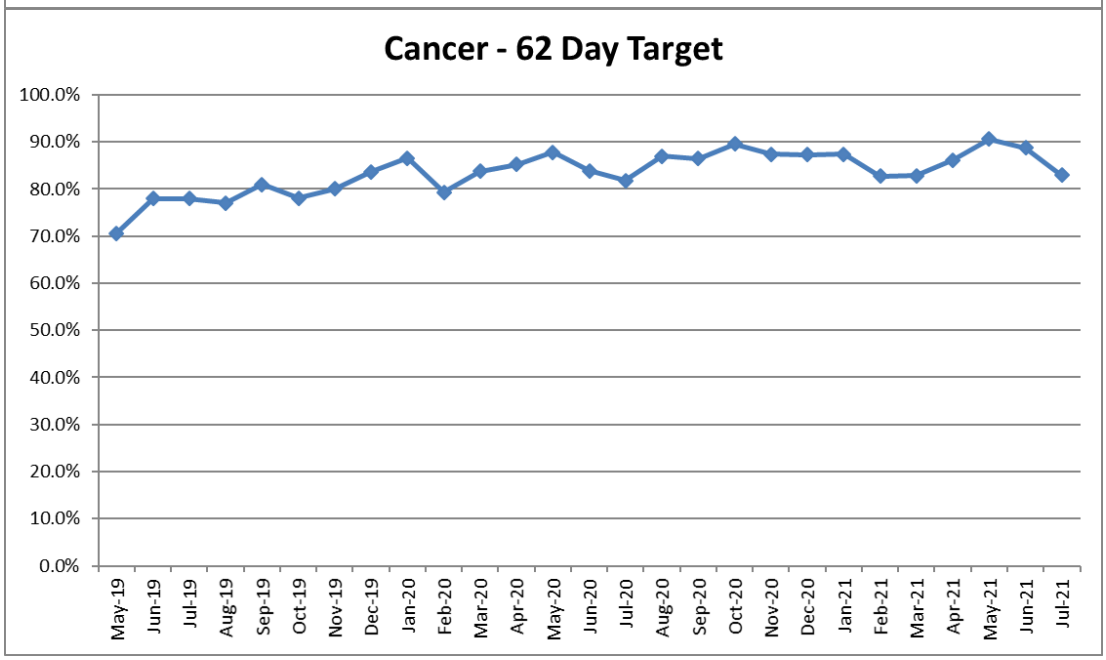
- **Cancer**

Measures definition: Measures the % of patients diagnosed with cancer to begin treatment within 31 days of decision to treat and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62-days from urgent receipt of referral for newly diagnosed primary cancers.

What the data tells us: Performance deteriorated from June 2021 to July 2021 for both 31 and 62-day pathways, by 1.7% and 5.9% respectively (August 2021 data is not yet available for cancer waiting times), but the 31-day performance remained above target at 96.6%.

Narrative: 62-Day cancer performance remained below target in July 2021, however Lothian's performance is in line with the Scottish average 62-day: NHS Lothian 82.9%; NHS Scotland 82.8%. The 31-day cancer performance was within target (>95%) and similarly on par with Scottish average 31-day: NHS Lothian 96.6%; NHS Scotland 97.1%. The graphs below show the trends dating back to May 2019 for these metrics.





The breast cancer service has been an area of strong improvement achieving 100% for the 62-day target for screened excluded patients in July 2021; an improvement from the previous month at 94.4%. The following also achieved 100%; Breast screened only, Cervical screened only, Head & Neck, Lung, Ovarian and Upper Gastrointestinal.

The majority of 62-day breaches and all 31-day breaches occurred in the Urology pathway and several recovery actions are underway as part of a Prostate Action Plan.

Remobilisation Plans 4: Challenges associated with managing demand due to staff vacancies, sick leave and/or COVID isolation continue to impact across pathways. Cancer patients are prioritised but there can be deferrals in line with clinical prioritisation where this is considered essential. The relevant consultant risk assesses and the patient is rebooked to the next available slot to maintain priority and date order booking.

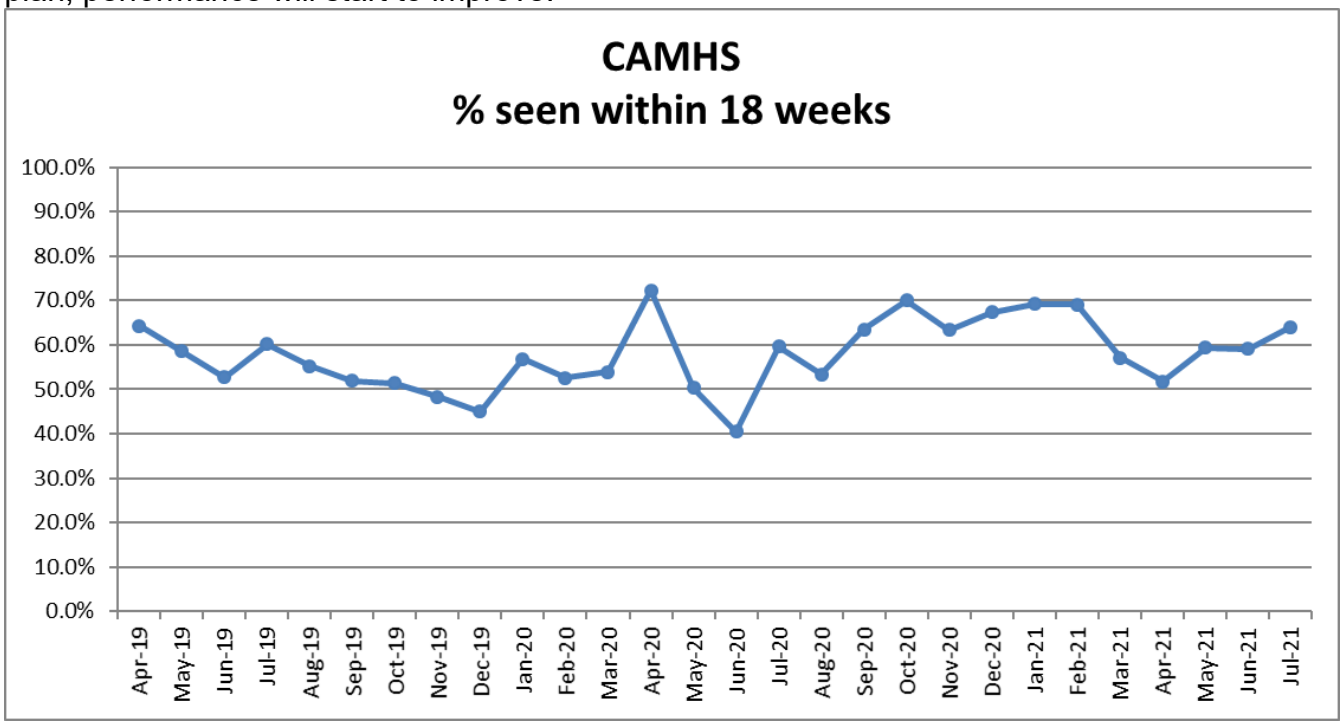
Referral numbers overall have been above pre-COVID levels since March 2021. Gynaecology referrals in particular are now a focus for improvement going forwards.

Winter Planning: We anticipate that surgical services will continue to be under pressure this winter, clinical prioritisation will remain in place to minimise impact for our most urgent patients.

- **CAMHS**

Measures definition: The 18 Weeks Referral to Treatment (RTT) target focuses on the entire patient journey from the initial referral to the start. There is a target of 90% of patients commencing treatment with CAMHS within 18 weeks of their referral. The measure shows the percentage of NHS Lothian patients who commenced treatment within the 18 weeks standard. Improvement trajectories have been developed via the CAMHS Recovery and Renewal Plan to bring our performance within standard by March 2023.

What the data tells us: The 90% standard has not been met in Lothian for some years due to several reasons both internally and externally. The month to month performance remains fairly consistent, however, due to significant investment and the development of an improvement plan, performance will start to improve.



Narrative: The strategic aims of the NHS Lothian CAMHS Recovery and Renewal Plan align with the Boards CAMHS 2021 Project; the project is a long-term improvement programme that has been running throughout 2021 and will conclude in early 2022 with the full implementation of the Choice and Partnership Approach (CAPA). To sufficiently recover the waiting times position by March 2023, we are implementing a sequential and resource intensive approach to delivering CAPA.

Recent developments to maintain, benefits realised and the measures in place to further improve performance align with the three main strategic aims of the project:

Choice and Partnership Approach (CAPA)

- A Short Life Working Group (SLWG) has supported the North and South teams with CAPA job planning and implementation and the first cycle of the CAPA job Planning exercise will be completed by the end of September. Each clinician will have an agreed job plan with expected number of new patient appointments per quarter; it will be important to match current capacity to demand, and match those patients currently waiting with alternative providers.
- Compared to the long-term trend before the COVID-19 pandemic, there has been an increase in the average number of accepted urgent referrals, specifically eating disorders.

- We are exploring opportunities for a time limited change to referrals criteria to support current demand, recover the waiting list backlog and release capacity to deliver organisational and operational changes required to deliver a sustainable demand and capacity model (CAPA).
- The impact of COVID is still being measured and recruiting additional experienced staff to fill new posts without drawing from other Lothian services or indeed from within CAMHS remains challenging. However, some risk is being mitigated through the Unscheduled Care Service and investment in the Primary care Workforce with its key role in early intervention.
- The Unscheduled Care Service launched in August 2021. CAMHS continues to recruit staff and the service will eventually move to 24/7 with a footprint in both Little France and St John's Hospital.

Neurodevelopmental Pathway:

- Work continues to clinically identify children and young people currently waiting on the specialist outpatient teams primarily for a neurodevelopmental assessment, and to integrate these children and young people into a combined neurodevelopmental waiting list (ADHD + other neurodevelopmental disorders).
- As this cohort of young people will no longer be reported as part of the Public Health Scotland CAMHS LDP, it is expected that the number of reported waits will significantly reduce.
- The job planning process for Core has been progressing and feedback from staff positive; the next stage will be to develop an ND specific job plan as we have for Mental Health and test this with staff.
- Those children and young people waiting on the neurodevelopmental pathway have been reported to Public Health Scotland as waits for access to a CAMHS specialist mental health service; reported waits by NHS Lothian CAMHS are therefore not currently consistent with Public Health Scotland CAMHS LDP standard guidance.
- As part of the NHS Lothian CAMHS Recovery and Renewal Improvement Plan, NHS Lothian asked for the endorsement of the Scottish Government to align future LDP Access Standard reporting with the data definition standards provided by Public Health Scotland. The Scottish Government agreed with this change in line with Scottish Government policy.

Developing Sustainable Tier 2:

- CAMHS continues to support Tier 2 to build capacity, actively engage and collaborate with our community partners to ensure the appropriate distribution and long-term sustainability of services.
- NHS Lothian CAMHS continue to work with local collaborators to increase access to evidence based low intensity interventions as part of the NHS Education Scotland (NES) funded Training in Psychological Skills – Early Intervention (TIPS-EIC) work stream.
- NHS Lothian has now trained 213 professionals out-with CAMHS to deliver a low intensity intervention to children and young people (CYP) experiencing anxiety, primarily within school settings. Data collected from 194 children and young people who have received this intervention indicates the significant positive impact of this for the emotional and mental wellbeing of those who receive it.
- Following on from this successful implementation, we plan to extend the breath of interventions available to CYP via this work stream by introducing a similar low intensity

approach for low mood, known as 'Behavioural Activation', with an initial role out of training planned for October 2020.

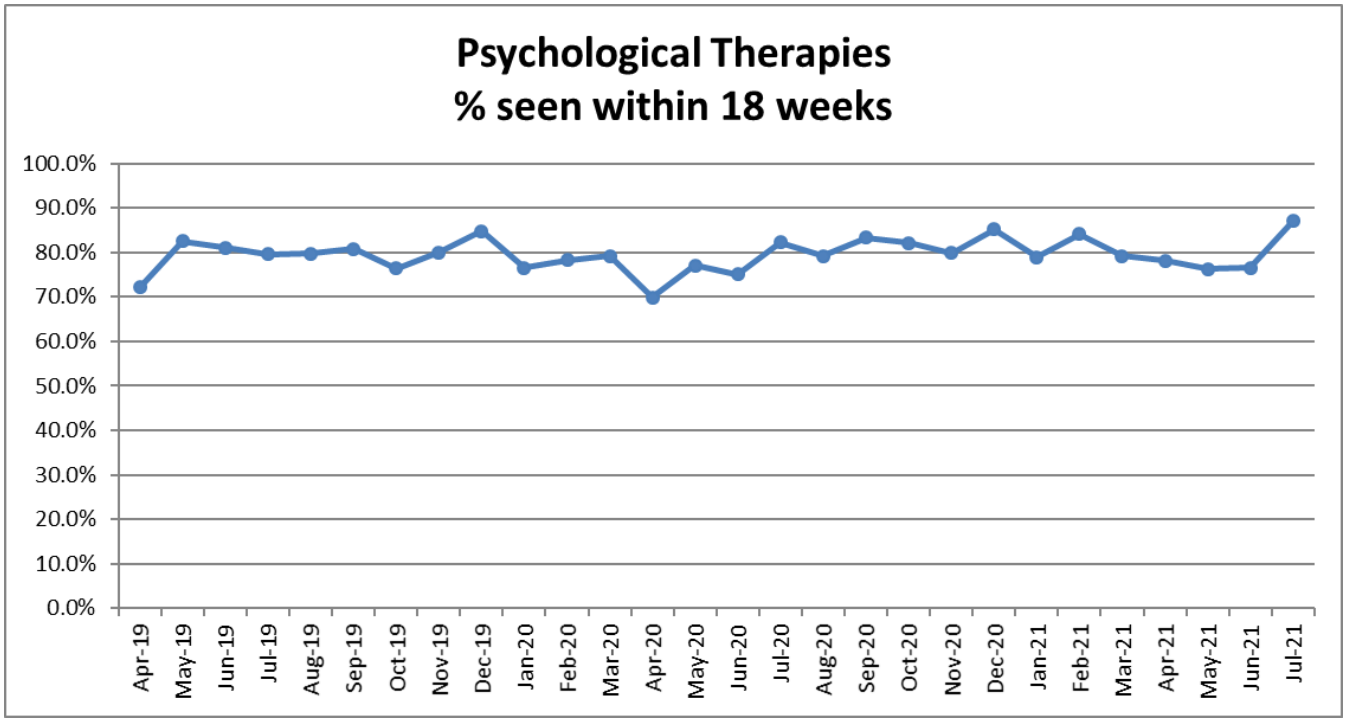
- The Edinburgh Wellbeing Academy is a joint project delivered collaboratively between Psychological Services (City of Edinburgh Council) and TIPS-EIC team in the Child and Adolescent Mental Health Services (CAMHS). The aim of the project is to improve school-based capacity to deliver evidence based early supports in relation to emotional health and wellbeing. There are over 40 Schools involved in the project at present. A further 3 secondary schools and 4 primary schools have enrolled for 2020-2021 Wellbeing academy training (with a further 9 schools, who are already involved project, enrolling additional staff members in Wellbeing academy training). It is particularly encouraging that of the 23 secondary schools in Edinburgh, 18 (72%), are enrolled in the Edinburgh Wellbeing Academy, translating to a significant increase in evidence based supports available to CYP across Edinburgh.
- Although the work has been impacted by the recent Covid-19 crisis, a number of significant adaptations are being made to ensure the continuation of this work. This includes piloting the remote delivery of an anxiety workshop for parents and carers and plans for a number of remote training events for new and existing practitioners in the coming autumn.
- The Training in Psychological skills team have also supported a pilot of computerised cognitive behavioural therapy in Midlothian which will be rolled out to other CAMHS teams over the next 6 months.
- Work continues to support stronger local links with Tier 2 and changed working practices such as a single point of referral.
- CAMHS is actively collaborating with Barnardo's who are providing post- diagnostic support and No 6 are providing an alternative pathway to ASD assessments.
- Examples of good practice around multi-agency working include East Lothian Tier 2 services linking into Tier 3 through a single point of access where education/social care/ CAMHS triage together every 2 weeks.
- West Lothian has developed strong relationships with Tier 2 colleagues in the Council through screening groups.
- Tier 2 CAMHS Primary Care workforce proposal has progressed to job evaluation and will support and deliver evidence-based interventions for children and young people and their families who present in primary care with mild to moderate mental health issues - through a single point of access for all but the most urgent presentations (e.g. eating disorder and active suicide risk) - acts as gate keeper to Tier 3 CAMHS and will identify referrals that meet the specification for specialist CAMHS Tier 3 and Tier 4 intervention.
- The Tier 2 CAMHS Primary Care workforce will be supported by 18.5 WTE of a new workforce recruited from across the health professions including nursing, applied psychology and allied health care professionals
- A longer-term goal is a decrease in overall referrals. Changes in Tier 2 configuration and integration with Tier 3 will increase alternative options to referral to Tier 3 with earlier intervention and targeted support for children and young people. Key strategies include looking at multi-agency screening and contacts whereby children and young people will be referred to a multi-disciplinary team who will match the young person to the most appropriate support. A second strategy is developing a CAMHS Tier 2 workforce and having that workforce embedded in the community e.g. CAMHS Primary Care Mental Health Workers.

Remobilisation Plans 4: With respect to re-mobilisation, the Scottish Government are aware and content that CAMHS is following the detailed Recovery and Renewal Plan that was submitted to them and recently approved.

- **Psychological Therapies**

Measures definition: Psychological therapies refers to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress. The indicators included show performance against the Scottish Government's key target that 90% of patients with mental health conditions that meet the service's clinical threshold should start treatment within 18 weeks of referral.

What the data tells us: The 90% standard has not been met in Lothian for some years due to long-term demand and capacity imbalances. However, Lothian has demonstrated improvement in the % of patients seen within 18 weeks with a performance of 81.6% in August. The majority of longer waits are for the Adult Mental Health General Outpatients Service delivered in each HSCP area. The numbers waiting for this service have now been falling relatively steadily since February 2020 and the current trajectory forecasts the elimination of >18 weeks waits in this service by March 2023 as required by the Scottish Government. There are some additional long waits in specialist services however these are expected to be addressed more rapidly.



Narrative: It should be acknowledged that Psychological Therapies are operating within a challenging environment which existed pre-COVID and so performance is recognised to be improving within the circumstances. NHS Lothian has extensive waiting lists for Psychological Therapies and has consequently been placed in 'Escalation' by the Scottish Government. As previously detailed the Scottish Government as part of a national funding plan for all Boards has already provided £751k to address the Psychological Therapies waiting list backlog. This enabled all existing fixed term posts to be made permanent with a focus to reduce the longest waits for the most complex patients. Subsequently, in May 2021 a Recovery Strategy and associated Psychological Therapies Plan to eliminate long waits by March 2023 was submitted to the Scottish Government. This Plan recently received approval. It included proposals to recruit an additional 18 WTE staff to support the Adult Mental Health Service and a further 12.6 WTE staff to support Specialist Services and increased supervisory capacity. The Plan also included a request for £2.7m funding (£1.5m non-recurring, £1.2m recurring) to enable this additional staffing. Although the Plan has been approved, the Scottish Government has yet to respond to this funding request. However, the need for the funding is supported by

the Scottish Government advisers liaising with the Board. The Trajectory to eliminate over 18 week waits by March 2023 is dependent on this additional funding and the associated staffing.

Recent developments to maintain and further improve performance continue, including:

- Individual and team capacity models to provide monthly new patient targets;
- Changes to Trak are being undertaken to support Patient Focused Booking for new treatment appointments and improved reporting;
- Consideration is being given to an Uplift in PFB Booking targets to compensate for the high levels of DNA / Short Notice Cancellations typically experienced in mental health services;
- Target mean durations of treatment are in place. These have subsequently been endorsed as appropriate duration expectations at national level by the Scottish Heads of Psychology Services Group;
- Weekly and Monthly Performance reporting is in place at individual and team levels for the AMH service. It is being introduced in the new format for key specialist services;
- Monthly performance and improvement review meetings are held at HSCP / locality level;
- Improved reporting is in place to support the case management supervision process;
- Improving data recording and reporting to allow better outcomes assessment is being addressed following HOPS' recent guidance on appropriate measures.

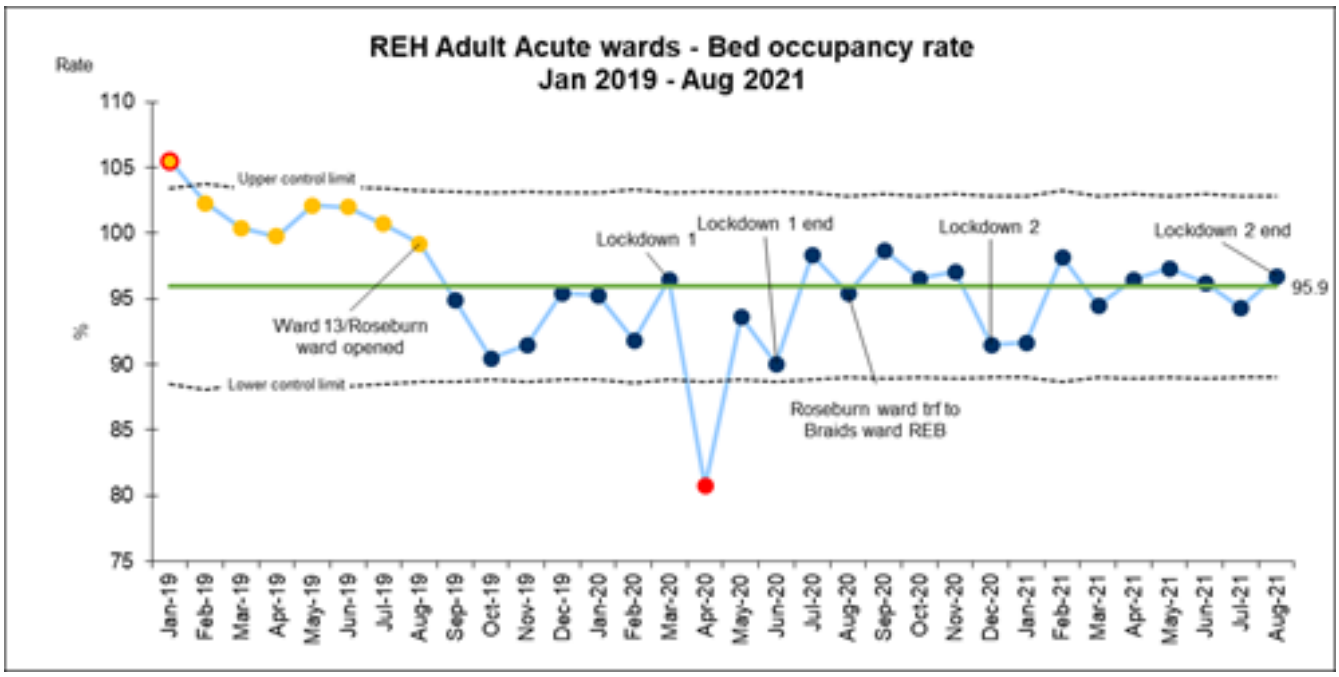
At present, there are some staffing vacancies within the existing West Lothian HSCP, East Lothian HSCP and Edinburgh HSCP teams. However, there has been recent success with recruitment in competition with other Health Board's and Public Sector Organisations. Nevertheless, the Psychological Therapies Plan envisages significant further additional staffing and recruitment success remains the most significant risk. There was a strong response to recent adverts following a social media campaign, however the number of highly qualified staff applying was limited and a portion of the additional workforce required will come from recent graduates. Additionally, the fixed term posts are proving, not unexpectedly, to be of reduced attractiveness.

Remobilisation Plans 4: With respect to remobilisation Scottish Government are aware and content that Psychological Therapies is following the more detailed Plan that was submitted to them and recently approved.

- **Acute Adult Mental Health Bed Occupancy**

Measures definition: This measure shows the average % Occupancy (inc. Pass) based on weekly data time points. *(Pass occupancy = beds that have been used for admitting additional patients when a patient originally allocated that bed is out of the ward on overnight 'pass' as part of the assessment of their preparedness for safe discharge).*

What the data tells us: During the last quarter there has been no major change in bed occupancy other than that expected through normal variation.



Narrative: There continues to be a requirement for additional inpatient capacity across Adult Acute Mental Health, largely from the Edinburgh HSCP population. This varies between an additional 15 to 17 beds on a day to day basis. Six of the additional beds have been funded through allocations linked to the COVID-19 Pandemic, with the remaining beds being unfunded. The workforce resource required to safely and effectively care for this number of additional acutely mentally unwell patients has placed a significant pressure on the existing nursing and medical workforce. Despite use of Bank and Agency nursing, there continues to be considerable gaps in the Registered Mental Health nurse workforce availability. This is a Scotland wide issue and not particular to NHS Lothian. These gaps are also evident but to a lesser degree in Learning Disability nursing.

Remobilisation Plans 4: The inpatient service has continued to function as normal throughout the pandemic. There has however been an increased demand on psychiatric services in general nationally. Consideration will need to be given to whether the current unfunded bed usage is to be substantiated through the strategic and financial plans of Edinburgh HSCP.

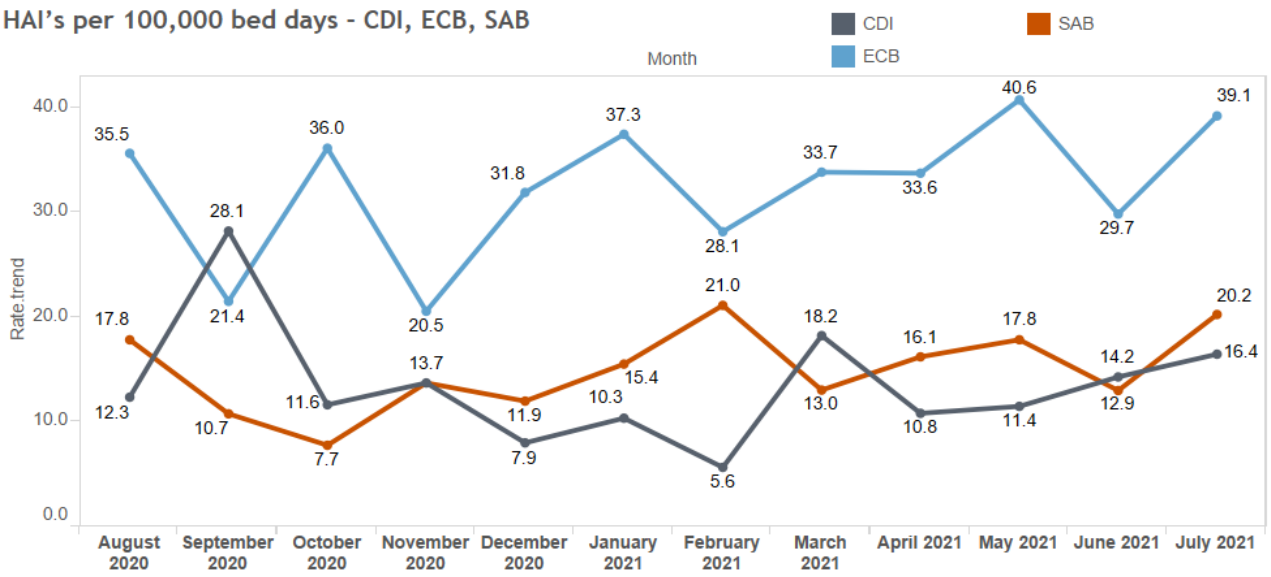
We expect to see improvement in workforce availability and a reduction in registered nurse vacancies in the next quarter as the graduate nursing workforce start to take up post. New roles of 'Assistant Practitioners' have also been developed to support aspects of patient care that are impacted by the shortage of Registered Mental Nurses. The first cohort of these post holders started on 1 September 2021 in REAS with plans to recruit and train further cohorts at the end of the calendar year.

Work continues on the review and improvements in the unscheduled care pathway for mental health, with work required to ‘join up’ various workstreams being driven nationally and locally.

- **Healthcare Acquired Infections (HAIs)**

Measures definition: The table illustrates the sum of healthcare associated infections for the year / sum of total occupied bed days for the year.

What the data tells us: The data suggests that at this point in the year NHS Lothian is currently exceeding the planned incidence rate of local delivery plans for Clostridioides difficile infection (CDI), Staphylococcus aureus bacteraemia (SAB) and Escherichia coli bacteraemia (ECB).



Narrative: Reporting of HAIs is made to the Healthcare Governance Committee with the most recent update of September 2021 summarised below.

Staphylococcus aureus Bacteraemia (SAB): NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 12.2 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 -Jul 2021), incidence is 16.8 (n=52 episodes). This is above the LDP target rate of 12.2 (n=38 approx.), an increase from the previous month and is now above the current mean. Device related SAB continues to account for a large proportion of healthcare associated SAB. On review, all of the device-related cases were deemed to be preventable. In addition to targeted feedback to local clinical teams, opportunities for wider quality improvement action in relation to invasive device insertion and maintenance are being explored and progressed through the Acute Services Clinical Management Group.

Clostridioides difficile Infection (CDI): NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 11.4 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 – Jul 2021), incidence is 13.2 (n=41 episodes). This is above the LDP target rate of 11.4 (n=35 approx.). Exposure to antibiotics with recognised association with CDI continues to contribute to cases of CDI. All C. difficile toxin positive inpatients are reviewed by the ward pharmacists. Any non-compliance of patient management, including documentation identified by IPC review is promptly fed back to and followed up with the clinical team. Infection Prevention Control Team continue to further investigate the barriers to non-compliance with CDI documentation and appropriate placement of patients. It is hoped intelligence gained will allow for targeted intervention.

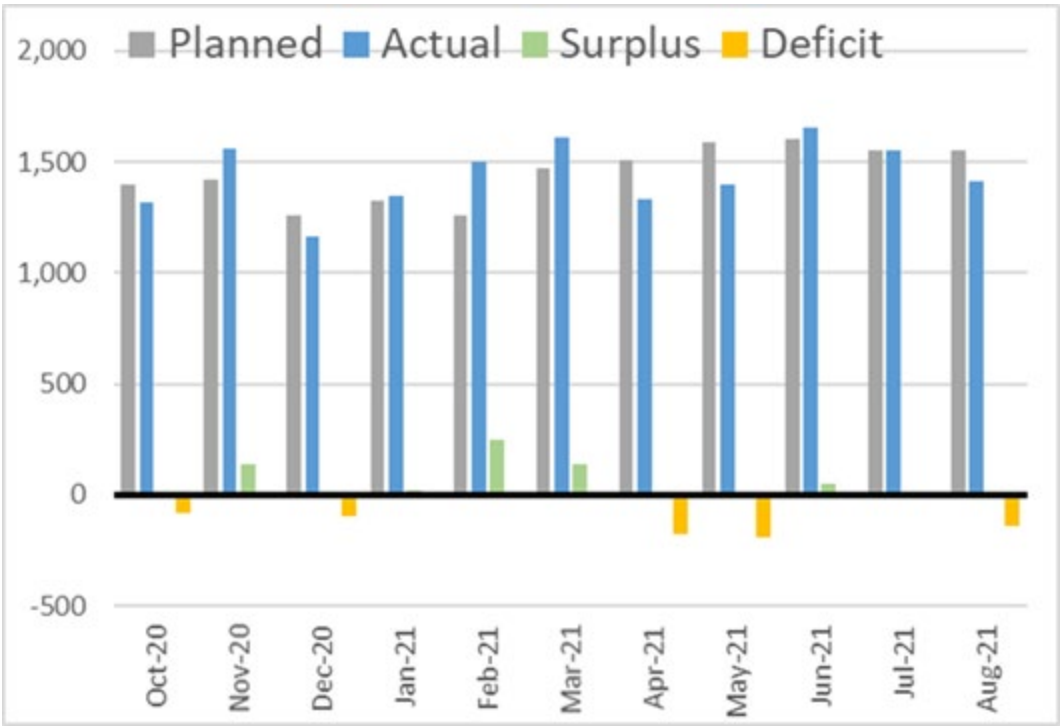
Escherichia coli Bacteraemia (ECB): NHS Lothian's interim Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 26.6 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 - Jul 2021), incidence is 35.8 (n=111 episodes). This is above the LDP target rate of 26.6 (n=82 approx.). 32% of the healthcare associated ECB were deemed on review to be associated with a source that was potentially preventable and were urinary catheter related. NHS Lothian continues to encourage the reduction in use of urinary catheter and optimise care and management of all invasive devices.

➢ **Diagnostics – Gastrointestinal Diagnostics**

Measures definition: The summary table above shows data for the four key Gastrointestinal (GI) Diagnostics >6 week wait standards, as of the end of August 2021.

What the data tells us: The data shows improving positions for patients waiting over 6 weeks for August 2021 for all four GI Diagnostic standards. The chart below shows reduced actual activity against planned activity for August 2021.

Diagnostics – Endoscopy planned vs actual activity



Narrative: The continued lower than planned level of new patient lower and upper endoscopy activity was partially due to existing vacancies in endoscopy practitioners and unsuccessful attempts at recruiting locums to cover activity; the service has now confirmed the appointment of one locum from September to improve in-session utilisation on an ongoing basis. Activity over summer has been significantly affected by support and endoscopist staff requiring periods of COVID-19 isolation, resulting in the cancellation of sessions. There has also been a reduced level of waiting list initiatives as a result of seasonal leave. In addition, appointment slot prioritisation remains for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent surveillance patients, irrespective of diagnostic test.

The 14 day USoC target was achieved for 70% of USoC oesophago-gastro-duodenoscopy (OGD) patients in the first quarter of 2021. Bowel screening demand has reduced to pre-pandemic levels, USoC demand remains higher than pre-pandemic levels, therefore new OGD and lower urgent and routine endoscopy waits remain extended. Case-mix is dependent on incoming referral priority, the urgency at which appointments are required to be booked and therefore activity by modality will be impacted by this in any given month.

Remobilisation Plans 4: OGD, lower urgent and routine endoscopy capacity remains at 82% of pre-COVID levels due to ongoing reduced appointment slots as a result of 2 metre distancing in waiting rooms, and recovery areas. Infection control guidance has confirmed that any service which involves recovery should remain at 2 metre distancing.

Cytosponge activity has reduced the number of patients beyond their target date for Barrett's surveillance. The implementation of a carvedilol patient pathway has resulted in all upper GI banding patients being appointed within their target interval and the additions of new upper GI banding patients has also reduced by 75%.

Scottish Government funding to recover the long waiting position will be allocated to further insourced activity, locum appointment and private sector activity.

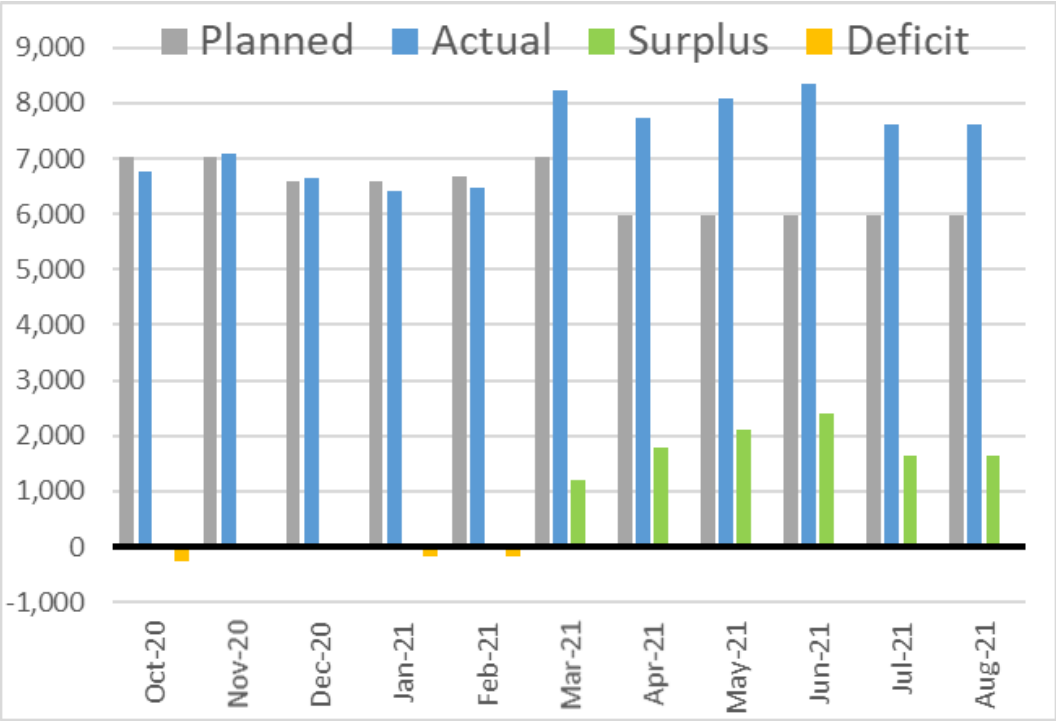
Winter Planning: The increasing prevalence of COVID-19 in the community has the potential to further impact ability to deliver expected levels of activity, to recover the long-waiting new and surveillance positions, due to patients and staff requiring periods of COVID-19 isolation.

- **Diagnostics - Radiology**

Measures definition: The summary table above shows data for the four key Radiology 6 week wait standards, as of the end of August 2021.

What the data tells us: Over 6 week waits have improved for both CT and MRI but have deteriorated for Barium and for Ultrasound. The number of patients waiting over 6 weeks have almost doubled for Ultrasound from June 2021 to August 2021. The chart below however indicates that actual activity has remained higher than planned activity since March 2021.

Diagnostics – Radiology planned vs actual activity



Narrative: There has largely been stability in performance within key indicators for Radiology, as services seek to address COVID backlog pressures, and cope with the continued compliance with required restrictions and workarounds.

Prioritisation of both inpatient and unscheduled care has remained our consistent approach, with the department contributing considerably to hospital workflows at all stages.

Within outpatients, there has been a shift to improved and sustained performance across both urgent and urgent suspicion of cancer referrals, with patient waits for access to imaging appropriately at the two to four week targeted timescales.

For routine outpatient referrals there has been a stabilisation of both list size and average waits for patients requiring CT and MRI scanning. This has been achieved through adaptive and flexible usage of NHS capacity; additional contributions made by staff willing to work extended weekend and evening hours, and the support of externally provided services from commercial, third sector (University) and national NHS services (Golden Jubilee National Hospital).

The most significant operational pressure for Radiology remains demand for routine Ultrasound scanning. The total demand for this service has seen a sustained rise from before the beginning of this calendar year. Equally, the loss of staffing capacity within the specialised

sonography roles who undertake considerable volumes of this workload, has exacerbated the issue.

Considerable effort has been made to safeguard as much Ultrasound capacity within the service as possible. NHS Lothian has a longstanding commitment to the in-house training of sonographers and plans to increase the forthcoming intake of trainee sonographers, within the coming academic cycle. Additionally, Specialist Registrar staff continue to participate in additional Ultrasound sessions, to address the ongoing high levels of demand for the service.

Through our established relationships with Primary Care services, Radiology is also ensuring only appropriate referrals are made for Ultrasound scans at source, with continuing review of the existing pathways.

Remobilisation Plans 4: The key challenges remain; specifically the Ultrasound routine outpatient referral position and the ability of current services to be sustained while entering a period of unpredictability.

There is a risk that future periods of staff unavailability due to COVID positivity and/or close contact exposure are likely to pressurise staffing teams across the department.

Winter Planning: Radiology will undertake its established approach to winter planning, which will see additional services provided at periods of known peak demand. This will contribute to NHS Lothian's overall programme of winter plan initiatives.

4 Key Risks

The risks during this remobilisation phase have largely remained the same, as shown below.

4.1 The risks associated with delivering the performance metrics relate to the need for recurring, longer term investment plans and availability of workforce to support delivery of access standard trajectories relating to outpatients, treatment time guarantee, diagnostic, cancer, child and adolescent mental health services and psychological therapies.

4.2 Pre-COVID staffing challenges, driven by vacancies, have been exacerbated over summer 2021 due to an increase in COVID related absence including; Positive test, Test and Protect Isolation, Long Covid, Quarantine, Self-Isolating Household, Self-Isolating Symptoms, Other/Unknown, Underlying Health Condition.

4.3 Implementation of some of the longer term ambitions to improve performance require an ambitious cultural change for patients and staff. The key risk to this is the potential for services to revert back to pre COVID-19 working practices.

4.4 That there will be an increased demand and backlog as a result of increased contact with GP and clinic.

4.5 There is limitations, due to infection control measures and national lockdowns on both internal and external capacity.

4.6 Some specialties have particular challenges with recruitment into key roles, ultimately impacting their capacity to support clinical services.

5 Risk Register

5.1 NHS Lothian's Risk Register already includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan and Recovery Plans. The corporate risk register is subject to on-going review and update.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.

8 Resource Implications

8.1 The resource implications are being clarified through our finance department. Any financial reporting will remain within the remit of the Director of Finance.

Wendy MacMillan
Business Manager, Deputy Chief Executive
16/09/2021
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List of Appendices

Appendix 1: Delayed Discharge Code Inclusion

Appendix 1: Delayed Discharge Code Inclusion

Health and social care reasons: Public Health Scotland		
	Assessment:	
		awaiting commencement of post-hospital social care assessment
		awaiting completion of post-hospital social care assessment
	Funding:	
		non-availability of statutory funding to purchase Care Home Place
		non-availability of statutory funding to purchase any Other Care Package
	Awaiting place availability:	
		in Local Authority Residential Home
		in Independent Residential Home
		in Nursing Home
		in Specialist Residential Facility for younger age groups (<65)
		in Specialist Residential Facility for older age groups (65+)
		in care home (Dementia bed required)
		Awaiting place availability in an Intermediate Care facility
	Awaiting completion of care arrangements:	
		for care home placement
		in order to live in their own home – awaiting social care support (non-availability of services)
		in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
		Re-housing provision (including sheltered housing and homeless patients)
	Transport:	
		awaiting availability of transport
Patient and family related reasons -		
	Legal/Financial:	
		legal issues (including intervention by patient's lawyer) e.g. informed consent and/or adult protection issues
		financial and personal assets problem - e.g. confirming financial assessment
	Disagreements:	
		internal family dispute issues (including

		dispute between patient and carer)
		disagreement between patient/carer/family and health and social care
	Other:	
		patient exercising statutory right of choice
		patient does not qualify for care
		family/relatives arranging care
		other patient/carer/family related reason
Code 9 reasons -		
	Patients delayed due to the Adults with Incapacity Act	
	Code 9 patients (excluding those delayed due to Adults with Incapacity Act):	
		awaiting completion of complex care arrangement - in order to live in own home
		awaiting place availability in specialist residential facility (under 65)
		awaiting place availability in specialist residential facility (65+)
		patient exercising statutory right of choice – where an interim placement is not possible or reasonable

Meeting Name: Board Meeting date: 6 October 2021

Title: CAMHS IMPROVEMENT RECOVERY AND RENEWAL PLAN

Purpose of the Report:

DISCUSSION		DECISION		AWARENESS	

- The purpose of this report is to provide a briefing on key context and progress in relation to improving performance against the CAMHS LDP Access Standard and associated programme of work to strengthen the clinical governance and improve the effectiveness of services.
- The underlying objective of the programme of work is a number of key improvement actions to recover and renew NHS Lothian Child and Adolescent Mental Health Services (CAMHS).
- To provide a moderate level of assurance to board members that the programme of work will deliver the required improvement within CAMHS.

Recommendations:

- Acknowledge the levels of improvement to date and continuing progress in relation to key trajectories and performance against the CAMHS LDP Access Standard.
- Note that the Scottish Government are aware and content that CAMHS is following the detailed Recovery and Renewal Plan that was submitted to them and recently approved.
- Note the strategic aims of the NHS Lothian CAMHS Recovery and Renewal Plan align with the Boards CAMHS 2021 Project.
- Endorse the NHS Lothian CAMHS revised waiting list trajectory and the assumptions made therein.
- Note that in future those children and young people who are referred internally for a specific treatment/intervention will not be reported as part of the Public Health Scotland CAMHS LDP standard as waiting for treatment to commence (e.g. Dietetics, Eating Disorder Development Team (EDDT), CAMHS Assertive Outreach Team (CAOT) and Day Programme.
- Endorse and accept the requirements for recurrent funding to ensure that the additional 23 WTE required to clear the core mental health waiting list can be recruited on a permanent basis.
- Note the associated investments secured from the Mental Health Recovery and Renewal Fund that will be applied against the delivery of the National CAMHS Service Specification and Transition Care Planning standards for children, young people, and families in Lothian.
- Note the key risks around urgent referrals.
- Compared to the long-term trend before the Covid-19 pandemic, there has been an increase in the average number of accepted urgent referrals from 23 referrals accepted per month to 42 referrals accepted per month (82.60% increase). The growth in the number of accepted routine and urgent referrals means CAMHS clinician's workload is increasing.

Author: David Pickering Gummer Date: 22/09/2021	Director: Tracey McKigen Date: 22/09/2021

NHS LOTHIAN

Board Meeting
6th October 2021

REAS Services Director

CAMHS IMPROVEMENT RECOVERY AND RENEWAL PLAN

1 Purpose of the Report

1.1 The purpose of this report is to provide a briefing on key context and progress in relation to improving performance against the CAMHS LDP Access Standard and associated programme of work to strengthen the clinical governance and improve the effectiveness of services.

1.2 The underlying objective of the programme of work is a number of key improvement actions to recover and renew NHS Lothian Child and Adolescent Mental Health Services (CAMHS).

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

2 Recommendations

2.1 Acknowledge the levels of improvement to date and continuing progress in relation to key trajectories and performance against the CAMHS LDP Access Standard.

2.2 Note that the Scottish Government are aware and content that CAMHS is following the detailed Recovery and Renewal Plan that was submitted to them and recently approved.

2.3 Note the strategic aims of the NHS Lothian CAMHS Recovery and Renewal Plan align with the Boards CAMHS 2021 Project.

2.4 Endorse the NHS Lothian CAMHS revised waiting list trajectory and the assumptions made therein.

2.5 Note that in future those children and young people who are referred internally for a specific treatment/intervention will not be reported as part of the Public Health Scotland CAMHS LDP standard as waiting for treatment to commence (e.g. Dietetics, Eating Disorder Development Team (EDDT), CAMHS Assertive Outreach Team (CAOT) and Day Programme.

2.6 Endorse and accept the requirements for recurrent funding to ensure that the additional 23 WTE required to clear the core mental health waiting list can be recruited on a permanent basis.

2.7 Note the associated investments secured from the Mental Health Recovery and Renewal Fund that will be applied against the delivery of the National CAMHS Service Specification and Transition Care Planning standards for children, young people, and families in Lothian.

2.8 Note the key risks around urgent referrals.

3 Discussion of Key Issues

3.1 Children and Young People (CYP) waiting within NHS Lothian CAMHS

3.2 The 18 Weeks Referral to Treatment (RTT) target has not been met in Lothian for some years due to several reasons, both internally and externally. The month to month performance remains consistent, however, due to significant investment and the development of an improvement plan, performance will start to dramatically improve.

3.3 Performance for patients waiting at month end [adjusted waits] *

	Patients waiting at month end [adjusted waits]				
Service	**Number waiting**	**<18 wks.**	**>18 wks.**	**% < 18 wks.**	**% >18 wks.**
Neurodevelopmental Pathway*	1,622	214	1,408	13.2%	86.8%
Mental Health Pathway	1,859	899	960	48.4%	51.6%
Tier 4 & Specialist Teams	335	238	97	71.0%	29.0%
Total	**3,816**	**1,351**	**2,465**	**35.4%**	**64.6%**

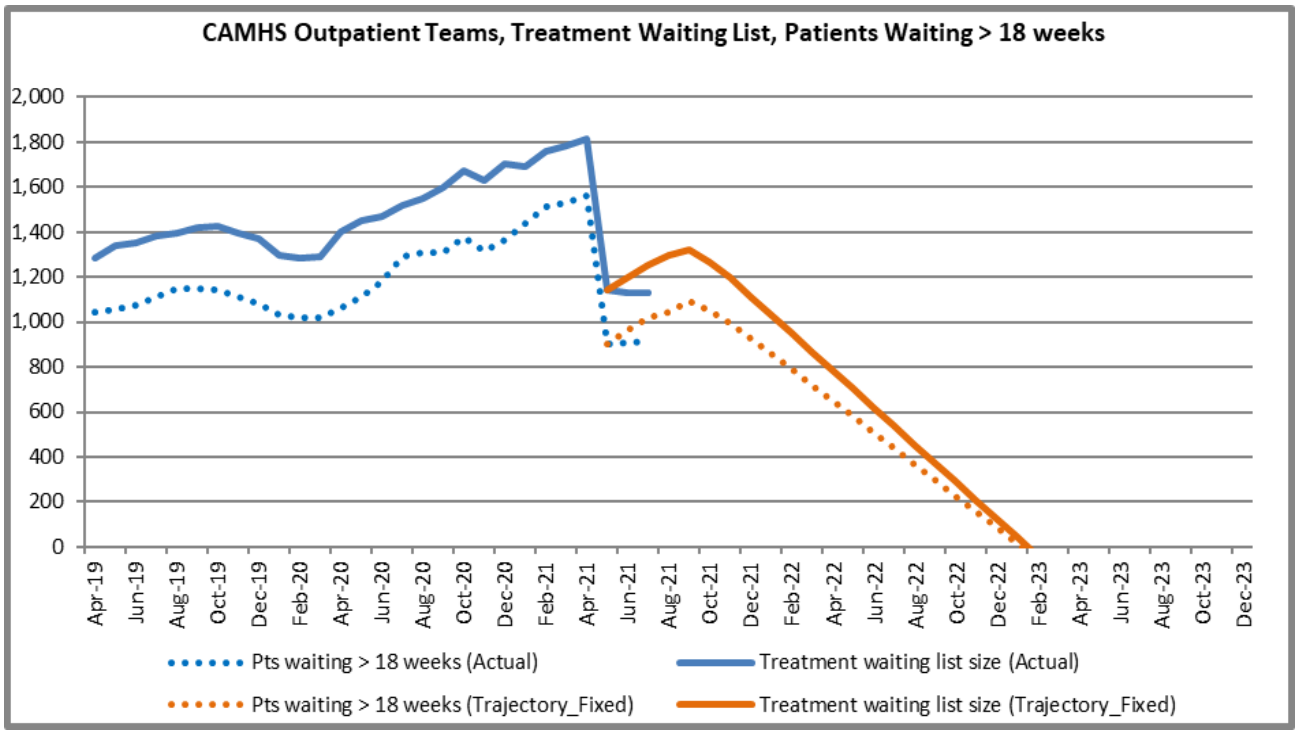
* Adjustments are made (when a patient has not gone past the Guarantee date), where the patient declines 2 reasonable offers, Cancels or Did not attend (DNA). Clock re-sets do not take place where the Priority is Urgent.

3.4 CYP seen for 1st Treatment Appointment

	May 21 to July 21 Qtr.		August 2021 CYP Seen for 1st Treatment				
Service	**Pts seen**	**% < 18 wks.**	**Pts seen**	**< 18 wks.**	**>18 wks.**	**% <18 wks.**	**% >18 wks.**
Neurodevelopmental Teams	129	**11.6%**	22	3	19	13.6%	86.4%
Generic Teams	297	**51.9%**	76	35	41	46.1%	53.9%
Tier 4 & Specialist Teams	342	**86.8%**	120	102	18	85.0%	15.0%
Total	768	**60.7%**	**218**	**140**	**78**	**64.2%**	**35.8%**

3.5 For those waiting more than 18 weeks – 96.06% of over 18 weeks waits occur the Tier 3 locality teams.

4. CAMHS Core Mental Health Trajectory



4.1 CAMHS remains ahead of trajectory. With further improvements expected within November and December as CAPA is fully implanted within Edinburgh.

4.2 Referrals were up at 310 (July: 275). This remains significantly reduced from the levels of October 2020 (388) to June 2021 (524) and is an acknowledged seasonal summer effect with the schools being closed. The table below shows referrals since October last year: however, it should be noted that these figures also include neurodevelopmental referrals as they don't currently have a separate Referral / Assessment process.

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
Referral Received	388	397	384	274	333	427	409	502	524	275	310
Referrals Accepted	289	278	273	207	258	310	311	374	413	210	222
Percentage of Referrals Accepted	74.5%	70.0%	71.1%	75.5%	77.5%	72.6%	76.0%	74.5%	78.8%	76.4%	71.6%

5. Neurodevelopmental Service

5.1 Through the development of the national CAMHS and Neurodevelopment specifications, NHS Lothian will comply with the new reporting standards. These standards will see those children and young people waiting on the neurodevelopmental pathway, no longer being included as part of the CAMHS LDP submission to Public Health Scotland.

5.2 To ensure overall waiting times governance and compliance, NHS Lothian asked for the endorsement of the Scottish Government to align future LDP Access Standard reporting with the data definition standards provided by Public Health Scotland. The Scottish Government agreed with this change in line with Scottish Government policy.

5.3 As this cohort of young people will no longer be reported as part of the Public Health Scotland CAMHS LDP, it is expected that the number of reported waits will significantly reduce.

5.4 Work continues to clinically identify children and young people currently waiting on the specialist outpatient teams primarily for a neurodevelopmental assessment, and to integrate these children and young people into a combined neurodevelopmental waiting list (ADHD + other neurodevelopmental disorders).

5.5 Considerable work is being done to develop the ND pathway within NHS Lothian, however in the interim, and due to a large number of those waiting being for ASD assessments, we are looking for Healios to deliver up to 450 assessment – which will significantly reduce the overall waits. We have also sought several 3rd sector organisations to help support our current waiting list within ND, ultimately increasing the quantity of ND assessments being delivered.

6 CAMHS Clinical workforce

6.1 Trajectories have been agreed as to impact of additional 23 WTE staff. The trajectories assumed that additional workforce would be available from October 2021.

6.2 The assumed additional capacity was distributed to the outpatient teams as below.

East Lothian	Midlothian	North Edinburgh	South Edinburgh	West Lothian
2 WTE	1 WTE	9 WTE	6 WTE	5 WTE

6.3 Overall, the workforce position against the funded establishment gap remains positive and includes significant recruitment into Psychology and Occupational Therapy as part of wider workforce redesign.

6.4 The Scottish Government are aware and content that CAMHS is following the detailed Recovery and Renewal Plan that was submitted to them and recently approved.

6.5 It has been agreed that the additional 23 WTE required to clear the core mental health waiting list should be recruited on a permanent basis (i) in view of core funded posts historical 10% vacancy gap in the outpatient teams and (ii) offer more attractive to posts to secure potential applicants.

6.6 A contract between Healios and NHS Lothian has been signed. The contract requires Healios to deliver 450 Autism Spectrum Disorder assessments and 270 mental health treatments over a 12-month period starting from October 2021. This will have a significant positive impact on both the staff and families, and the resulting decrease in the waiting list.

6.7 The table below shows the current position in line with the Mental Health Recovery and Renewal Funding priorities:

MHRRF Priority	Posts	Recruitment Stage	Projected to Commence
Transforming Nursing Roles	5.0 Advanced Nurse Practitioners	Job Evaluation/Workforce Organisational Change Group	01/11/21
	1.0 Nurse Consultant	Partnership	01/12/21
	5.0 Community Psychiatric Nurse	Live Advert – 1 applicant, shortlisted	01/11/21
	5.0 Community Assistant Practitioner	CAMHS Senior Management Team	01/12/21
Primary Care	16.5 Primary Care Mental Health Worker	Workforce Organisational Change Group - Job evaluation	01/12/21
	2.0 Team Lead	Workforce Organisational Change Group	01/11/21
	1.0 A&C	Workforce Organisational Change Group	01/11/21
Unscheduled Care	8.2 Nurse Specialist	Interviews / Advert 1.6 staff in Job Train	18/10/21
	3.6 Nurse Specialist	Recruited	03/09/21
Psychology Asst	5.0 Assistant Psychologists	Offer Process	01/11/21
Groups	0.2 Clinical Psychology	PO BOX 4000	01/10/21
	2.0 Clinical Associate in Applied Psychology	Rolling Recruitment	01/10/21
	1.0 Assistant Psychologist	Re-advertise	01/10/21
	5.0 Occupational Therapy	Appointed	01/10/21
SLT	6.0 Speech & Language Therapists	Recruitment	01/10/21

Other Posts	Posts	Recruitment Stage	Projected to Commence
Clinical Pharmacy	1.0 Clinical Pharmacists	Appointed	04/10/21
	4.0 Clinical Pharmacists	2.0 Appointed	01/11/21
Psychiatry	3.0 Consultant Psychiatrist	Live Advert	01/10/21
	2.0 Speciality Doctor	Appointed	01/10/21
	1.0 Clinical Director	Appointed	01/10/21
	1.0 Locum Appointment (LAT)	Closed	01/09/21
	1.0 Locum Appointment (LAS)	Closed	n/a

6.8 Challenges remain in Psychiatry, however a recruitment and retention strategy is being developed. Further posts are being advertised and the consultant group are currently providing enhanced support to the team and patients from North Edinburgh. Dr. Nicky Cannon has been appointed as the new Clinical Director within CAMHS Lothian.

6.9 Two Specialty Doctors have been appointed, one of whom will be based in the Midlothian team and the other based in the Intellectual Disabilities Team. A locum from the staff bank will join South team.

6.10 Rolling adverts for Nursing, Psychology, Occupational Therapy and Psychiatry are being progressed through recruitment or are live. Dietetics have received confirmation of funding and will begin recruiting to posts. Speech and Language Therapy recruitment is ongoing.

6.11 We have appointed a Clinical Pharmacist who will be based in the North Edinburgh team from 4 October 2021. Two additional Clinical Pharmacists have been successfully recruited and remaining posts are being advertised with the ambition that every outpatient team will have access to a Clinical Pharmacist.

6.12 The CAMHS Primary Care Mental Health Workers proposal has been approved by Workforce Organisational Change Group (WOCG) and is subject to job evaluation.

6.13 After a successful pilot in the summer 2020, our plans for a permanent Unscheduled Care Team were introduced and the service saw its first patient on 4 August 2021. As the team continues to recruit, the service will move to 24/7 with a footprint in both the Royal Hospital for Children and Young People and St John's Hospital site.

6.14 Six additional Band 5 occupational therapists have been successfully recruited to support the CAMHS OT career framework - many of these new OT posts will support the development and expansion of the CAMHS Group Service. It is envisaged that this "grow our own" strategy will replicate the opportunities realised from the similar graduate entry opportunities that were made available to Band 5 nurses in the outpatient teams.

6.15 The Tier 2 CAMHS Primary Care workforce proposal has progressed to job evaluation. This workforce will support and deliver evidence-based interventions for children and young people and their families who present in primary care with mild to moderate mental health issues - through a single point of access for all but the most urgent presentations (e.g. eating disorder and active suicide risk) - acts as gate keeper to Tier 3 CAMHS and will identify referrals that meet the specification for specialist CAMHS Tier 3 and Tier 4 intervention.

6.16 The Tier 2 CAMHS Primary Care workforce will be supported by 18.5 WTE of a new workforce recruited from across the health professions including nursing, applied psychology and allied health care professionals.

6.17 Further to a workforce review and in recognition of the critical role our administrative and clerical teams play in supporting patient care, a total of 8.3 WTE A&C posts are currently being progressed through recruitment.

6.18 Developing our workforce remains a priority. The governance and terms of reference of the Training Committee have been refreshed and applications are open to staff for funded training and continual professional opportunities. The Training Committee have also funded an additional reflective group based on feedback from staff who valued this reflective opportunity to support their practice.

6.19 We also successfully negotiated a further 4 places on the National Education Scotland 1-year development plan for clinicians new to CAMHS, bringing our total allocation to 8 places.

7 CAMHS Project and Improvement Programme

#	Workstreams	Start Date	Revised End Date	Overall Status
1	Ongoing Project Management	14/06/21	03/09/21	On Track
2	Familiarisation and Education	14/06/21	06/08/21	Complete
3	Ongoing Communication and Engagement with Locality Teams	14/06/21	03/09/21	Complete
4	Choice consistency and establishing goal setting	19/07/21	31/09/21	Monitoring
5	Caseload Review and Letting Go	21/06/21	31/09/21	Monitoring
6	CAPA job planning with associated new patient quota	14/06/21	31/09/21	Monitoring
7	Waiting List Validation	14/06/21	31/09/21	Monitoring
8	Accommodation	14/06/21	31/09/21	Monitoring
9	Review of implementation plan	02/08/21	31/09/21	Not Started

7.1 The timeline for the 12-week CAPA Implementation Plan has been extended by a period of one month (to end September) in recognition of the fact that deliverables such as scoping the waiting lists took longer in North team than initially anticipated. We do not expect the same delay in delivering CAPA to the remaining teams.

7.2 The job planning process for core waiting list work is progressing and feedback from staff has been positive. A Short Life Working Group (SLWG) has supported the North and South teams with CAPA job planning and implementation and the first cycle of the CAPA job Planning exercise will be completed by the end of September.

7.3 North and South team coordinators will provide a CAPA job plan and CAPA team capacity plan for September, to cover the last quarter of the year; professional leads in the SMT will support the team coordinators to allow them to free up some of their time to undertake this work.

7.4 For the CAPA job planning and CAPA team capacity plan elements to be successful it is important for staff to create space and time individually and collectively, allowing them to agree the plan for the next quarter. CAMHS SMT have been more visible in the teams, helping to create opportunities for team coordinators to come together as a locality leadership group.

7.5 Remaining teams are also keen to begin the CAPA job planning process and are being supported by senior staff in individual and team job planning exercises.

7.6 East Lothian Team have been using Quality Improvement Methodology to test whether some young people triaged as priority can be supported with a brief intervention focused on stabilisation.

7.7 The flexibility and adaptability of the Service in embracing the move to Digital delivery of our Services has been a huge success. Next to general practice, we continue to be the largest user of NearMe.

7.8 The roll out of the Digital Mental Health Risk Assessment has also been successfully received by staff; the total number of Open Cases with a Digital Mental Health Risk Assessment continues to increase with significant improvements been achieved in many of the Outpatient Teams.

7.9 Work continues to support stronger local links with Tier 2 and changed working practices such as a single point of referral. CAMHS continues actively engage and collaborate with our community partners to ensure the appropriate distribution and long-term sustainability of services.

7.10 We continue to work with local collaborators to increase access to evidence based low intensity interventions as part of the NHS Education Scotland (NES) funded Training in Psychological Skills – Early Intervention (TIPS-EIC) work stream. TIPS -EIC aims to equip staff to deliver psychologically informed practices and interventions to children and young people who have elevated levels of distress but who would not meet the criteria for a referral to tier three CAMHS.

7.11 NHS Lothian has now trained 213 professionals out-with CAMHS to deliver a low intensity intervention to children and young people (CYP) experiencing anxiety, primarily within school settings. Data collected from 194 children and young people who have received this intervention indicates the significant positive impact of this for the emotional and mental wellbeing of those who receive it.

7.12 Following on from this successful implementation, we plan to extend the breath of interventions available to Children & Young People via this work stream by introducing a similar low intensity approach for low mood, known as 'Behavioural Activation', with an initial role out of training planned for October 2020.

7.13 The Training in Psychological skills team have also supported a pilot of computerised cognitive behavioural therapy in Midlothian which will be rolled out to other CAMHS teams over the next 6 months.

7.14 The Edinburgh Wellbeing Academy is a joint project delivered collaboratively between Psychological Services (City of Edinburgh Council) and TIPS-EIC team in the Child and Adolescent Mental Health Services (CAMHS). The aim of the project is to improve school-based capacity to deliver evidence based early supports in relation to emotional health and wellbeing. There are over 40 Schools involved in the project at present. A further 3 secondary schools and 4 primary schools have enrolled for 2020-2021 Wellbeing academy training (with a further 9 schools, who are already involved project, enrolling additional staff members in Wellbeing academy training). It is particularly encouraging that of the 23 secondary schools in Edinburgh, 18 (72%), are enrolled in the Edinburgh Wellbeing Academy, translating to a significant increase in evidence based supports available to CYP across Edinburgh.

7.15 Although the work has been impacted by the recent Covid-19 pandemic, a number of significant adaptations are being made to ensure the continuation of this work. This includes piloting the remote delivery of an anxiety workshop for parents and carers and plans for a number of remote training events for new and existing practitioners in the coming autumn.

7.16 The Training in Psychological skills team have also supported a pilot of computerised cognitive behavioural therapy in Midlothian which will be rolled out to other CAMHS teams over the next 6 months.

7.17 CAMHS is actively collaborating with Barnardo's who are providing post- diagnostic support and No 6 are providing an alternative pathway to ASD assessments.

7.18 Examples of good practice around multi-agency working include East Lothian Tier 2 services linking into Tier 3 through a single point of access where education/social

care/ CAMHS triage together every 2 weeks. West Lothian has developed strong relationships with Tier 2 colleagues in the Council through screening groups.

7.19 A longer-term goal is a decrease in overall referrals. Changes in Tier 2 configuration and integration with Tier 3 will increase alternative options to referral to Tier 3 with earlier intervention and targeted support for children and young people. Key strategies include looking at multi-agency screening and contacts whereby children and young people will be referred to a multi-disciplinary team who will match the young person to the most appropriate support. A second strategy is developing a CAMHS Tier 2 workforce and having that workforce embedded in the community e.g. CAMHS Primary Care Mental Health Workers.

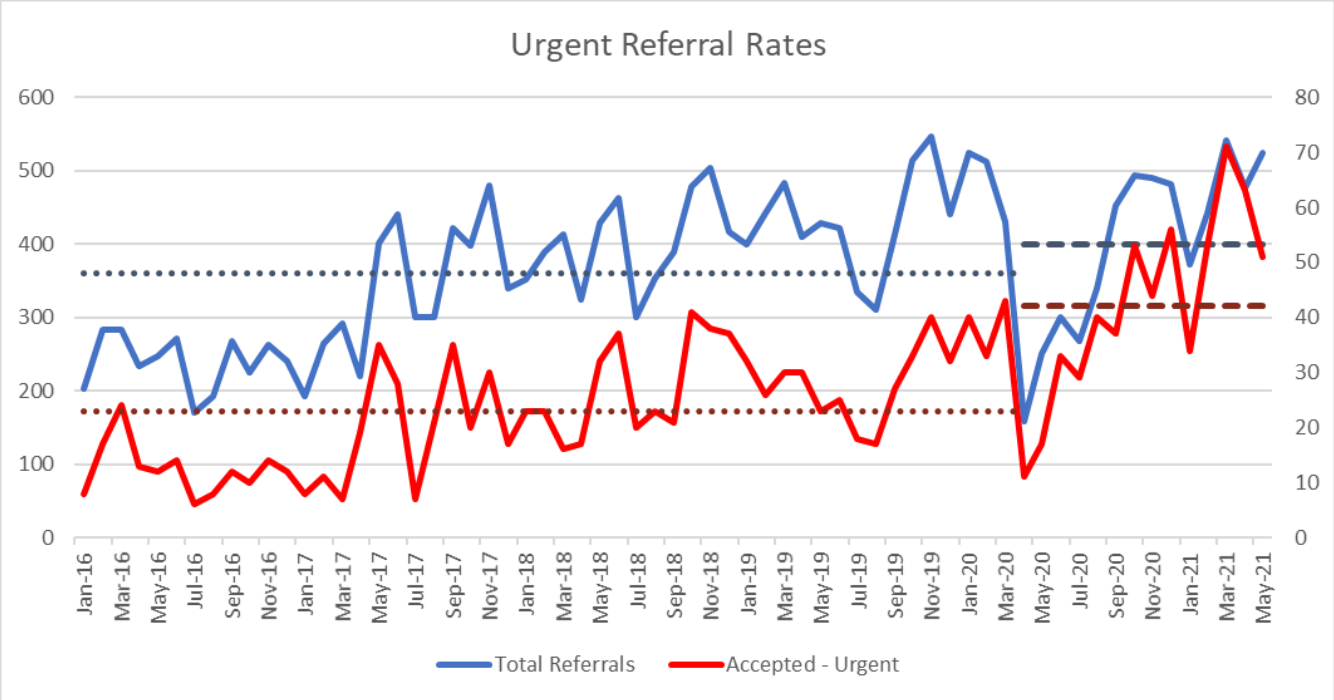
7.20 The project team continue to oversee the completion of the ND service waiting list and ND service staffing profiles, ensuring that plans are in place to review staff job plans to ensure a clear demarcation between the neurodevelopmental and mental health pathway commitments.

7.21 Separating the ND staffing profiles will now be captured as part of the CAPA informed job planning. The aim will be to identify the partnership - specific requirement to meet demand in the ND waiting list.

7.22 The project team have reviewed the current project plan in preparation for the next phase, identifying lessons learned during this implementation and agreeing a timeline for phasing in the remaining teams. CAMHS SMT will be based in the teams supporting the team coordinators in their leadership roles.

7.23 With the changing rules around restrictions, we hope teams will be able to spend more time together in team meetings and team away day forums. The experience of the last 18 months has demonstrated that this coming together is an important aspect of supporting each other, whilst planning for service delivery improvements.

8 Risks



8.1 Compared to the long-term trend before the Covid-19 pandemic, there has been an increase in the average number of accepted urgent referrals from 23 referrals accepted per month to 42 referrals accepted per month (82.60% increase). The growth in the number of accepted routine and urgent referrals means CAMHS clinician's workload is increasing.

8.2 Recruiting additional experienced staff to fill new posts without drawing from other Lothian services or indeed from within CAMHS itself will remain challenging.

8.3 NHS Lothian does face some specific challenges in competition with other Boards, particularly in the psychiatry recruitment position with the requirement for psychiatry staff to undertake on-call work as part of a regional service.

8.4 This risk though is being mitigated through realisation of the Unscheduled Care Service which has been operational since August.

8.5 The impact of Covid-19 on mental health has been widely reported and there is some accredited evidence of its impact in delaying presentations which as a consequence creates a more complex caseload.

8.6 Ensuring the funding is recurring will be important if the additional 23 WTE required to clear the core mental health waiting list.

9 Risk Register

9.1 CAMHs LDP standard is on NHSL risk register.

10 Impact on Inequality, Including Health Inequalities

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

11.1 NHS Lothian CAMHS continues to work closely with local Children's Partnerships, Champions Board's, and the 3rd sector, ensuring they remain engaged and involved in the implementation of the CAMHS improvement programme.

12 Resource Implications

12.1 The resource implications, as outlined in the mental health recovery and renewal plan, is described in the table below. Please note that the funding to cover these posts is currently non-recurring.

Initiative	Staff Profile	WTE	Cost	Subtotal
Primary Care Mental Health	Band 7 Team Lead	2	£ 126,936.00	£ 1,046,729.00
	Band 6 Practitioner	16.5	£ 889,102.00	
	Band 3 A&C	1	£ 30,691.00	
Unscheduled Care	Band 7 Nurse	1	£ 554,000.00	£ 554,000.00
	Band 6 Nurse	11.84		
EDDT	Consultant	0.6	£ 84,000.00	£ 530,937.00
	Paediatrician	0.6	£ 84,000.00	
	Speciality Doctor	0.7	£ 70,000.00	
	Band 7 Nurse	1.6	£ 101,549.00	
	Band 3 A&C	1	£ 30,691.00	
	Band 7 OT	0.5	£ 31,734.00	

	Band 6 Social Work	0.6	£	27,365.00		
	Band 8C Psychology	0.6	£	58,317.00		
	Band 5 Psychology	1	£	43,281.00		
Tier 3 Nursing Roles	Band 4 Nurse	5	£	169,540.00	£	823,171.00
	Band 6 Nurse	5	£	269,275.00		
	Band 7 Nurse	5	£	317,340.00		
	Band 8A Nurse	1	£	67,016.00		
Psychology Assistants	Band 5 Psychology	5	£	216,405.00	£	216,405.00
Group Work	Band 8A Psychology	0.2	£	13,403.00	£	463,493.00
	Band 7 Clinical Associate in Applied Psychology	2	£	126,936.00		
	Band 5 Psychology	1	£	43,281.00		
	Band 7 OT	1	£	63,468.00		
	Band 5 OT	5	£	216,405.00		
PAVES	Band 8A Psychology	0.5	£	33,508.00	£	46,202.00
	Band 7 Psychology	0.2	£	12,694.00		
Dietetics	Band 7 Dietician	2	£	126,936.00	£	234,646.00
	Band 6 Dietician	2	£	107,710.00		
Administration and Clerical	Band 2 A&C	3.73	£	104,455.00	£	186,564.00
	Band 3 A&C	1.46	£	44,809.00		
	Band 4 A&C	1.1	£	37,300.00		
				Total	£ 4,102,147.00	

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Meeting Name: Board Meeting Meeting date: 6 October 2021

Title:
PSYCHOLOGICAL THERAPIES IMPROVEMENT RECOVERY AND RENEWAL PLAN

Purpose of the Report:					
DISCUSSION	X	DECISION		AWARENESS	X

- To describe the performance of psychological therapies as against the LDP Access Standard and to note the associated initiatives to strengthen clinical governance and to improve the effectiveness of services.
- To highlight progress on the current recruitment plan.
- To provide assurance that the Improvement Plan as submitted to the Scottish Government as part of the Recovery Plan is being implemented and that the performance is on track with the trajectory submitted.

Recommendations:

- To recognise the steady improvement with the reduction of the total number of patients waiting in total and over 18 weeks for psychological therapy in Adult Mental Health Services with increased accountability and performance management; the overall performance is essentially on track with the trajectory.

- To note the reduction in planned capacity offered in July associated with the change of service model in Edinburgh to Thrive, which has happened earlier than expected, as well as higher than expected demand levels in East Lothian and a coding TRAK error in West Lothian. While this caused a slight variation to the numbers expected to be waiting for psychological treatment, the performance over August is bringing the trajectory back on track.

- To support the TRAK work required to allow services to make use of Patient Focused Booking (PFB), with scheduled activity for taking on new patients, associated patient allocation and booking systems. A manualised version of PFB is currently in place.

- To note the recruitment in place for staff being offered fixed term contracts as part of the waiting list initiative; there remains a gap in recruitment of experienced applied psychologists to Band 8A fixed term posts.

Author: Dr Belinda Hacking **Date: 22/09/2021**	**Director: Psychology Services** **Date: 22/09/2021**

NHS LOTHIAN

Board Meeting
06 October 2021

Prof Alex McMahon
Executive Nurse Director NHS Lothian

PSYCHOLOGICAL THERAPIES IMPROVEMENT RECOVERY AND RENEWAL PLAN

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3. Discussion of Key Issues

3.1 For the quarter ending July 2021, 3,966 patients were offered psychological treatment; 79.8% were seen within 18 weeks of referral. This includes 2,167 who were offered cCBT. In August 2021, 81.6% of patients were seen within 18 weeks of referral.

Table 1: Patients seen for 1st treatment appointments in 2nd Quarter and August 2021

	May - July 2021		Aug-21				
Service	**Pts seen**	**% < 18 wks**	Pts seen	< 18 wks	>18 wks	**% <18 wks**	% >18 wks
CAMHS	1	-	0	0	0	-	-
cCBT	2,167	100%	625	625	0	100.0%	0.0%
General Adult Services	904	32.0%	257	104	153	40.5%	59.5%
Learning Disabilities	41	73.2%	6	4	2	66.7%	33.3%
Older Adult Services	135	98.5%	34	33	1	97.1%	2.9%
Psychotherapy	42	100.0%	6	6	0	100.0%	0.0%
Specialist Service [Adult]	152	73.0%	61	32	29	52.5%	47.5%
Clinical Health Psychology	441	76.6%	110	96	14	87.3%	12.7%
Neuropsychology	83	63.9%	28	20	8	71.4%	28.6%
Overall Performance	**3,966**	**79.8%**	**1,127**	**920**	**207**	**81.6%**	**18.4%**

3.2 At the end of August 2021, the total number of patients waiting for Psychological treatment was 5,172, with 2,614 waiting over 18 weeks. The breakdown by month is set out as below.

Table 2: Treatment Waiting List Profile by Month

Month	<18 weeks	19-35 weeks	36-52 weeks	>52 weeks	Grand Total
Oct-19	3,246	1,162	604	877	5,889
Nov-19	3,195	1,197	594	930	5,916
Dec-19	3,196	1,283	642	992	6,113
Jan-20	3,269	1,321	628	1,028	6,246
Feb-20	3,253	1,295	657	1,067	6,272
Mar-20	3,143	1,301	675	1,138	6,257
Apr-20	2,789	1,364	712	1,166	6,031
May-20	2,503	1,451	795	1,168	5,917
Jun-20	2,369	1,568	859	1,156	5,952
Jul-20	2,157	1,795	977	1,129	6,058
Aug-20	2,260	1,662	1,076	1,112	6,110
Sep-20	2,259	1,480	1,144	1,154	6,037
Oct-20	2,570	1,190	1,233	1,185	6,178
Nov-20	2,537	997	1,189	1,205	5,928
Dec-20	2,273	1,038	1,029	1,318	5,658
Jan-21	2,230	1,059	885	1,397	5,571
Feb-21	2,139	1,062	717	1,500	5,418
Mar-21	2,254	1,021	654	1,496	5,425
Apr-21	2,284	1,013	677	1,406	5,380
May-21	2,463	849	677	1,263	5,252
Jun-21	2,519	750	659	1,183	5,111
Jul-21	2,549	769	670	1,257	5,245
Aug-21	2,558	829	633	1,152	5,172

3.3 General Adult Mental Health outpatient services continue to account for the majority of breaches of the LDP Standard. Staff continue to offer psychological treatment through Near Me Video Conferencing or phone calls; face-to-face treatment appointments are increasing month on month to meet patient need and preference. Of those waiting more than 52 weeks for psychological treatment, the majority have been classified at Matrix Level 4, those with the highest level of complexity of presentation.

3.4 There is a need across all teams to improve performance in providing focused psychological treatment to reduce the outliers in the treatment range, with routine use of outcome measures to demonstrate clinical impact, managed through the clinical supervision and case management processes. A reporting and monitoring process to

improve the level of recording of the Minimum Data Set and the Mandatory Data Set (clinical measures taken with each session) has been implemented, as current individual practitioner performance is variable. Delivery of treatment through digital means has made collection of outcome measures more challenging.

3.5 The performance of the general adult mental health services demonstrates a steady reduction in the numbers waiting. In July there was a rise in numbers waiting due an AL impact (as with 2020); a higher than expected treatment list demand in East Lothian; return of patients to the Treatment Waiting List in West Lothian following a TRAK classification error (which has now been rectified); a lower than expected removal ratio in Edinburgh due to the move of PCMHT staff to Thrive. This meant that PCMHT staff did not pick up the planned numbers for psychological therapy.

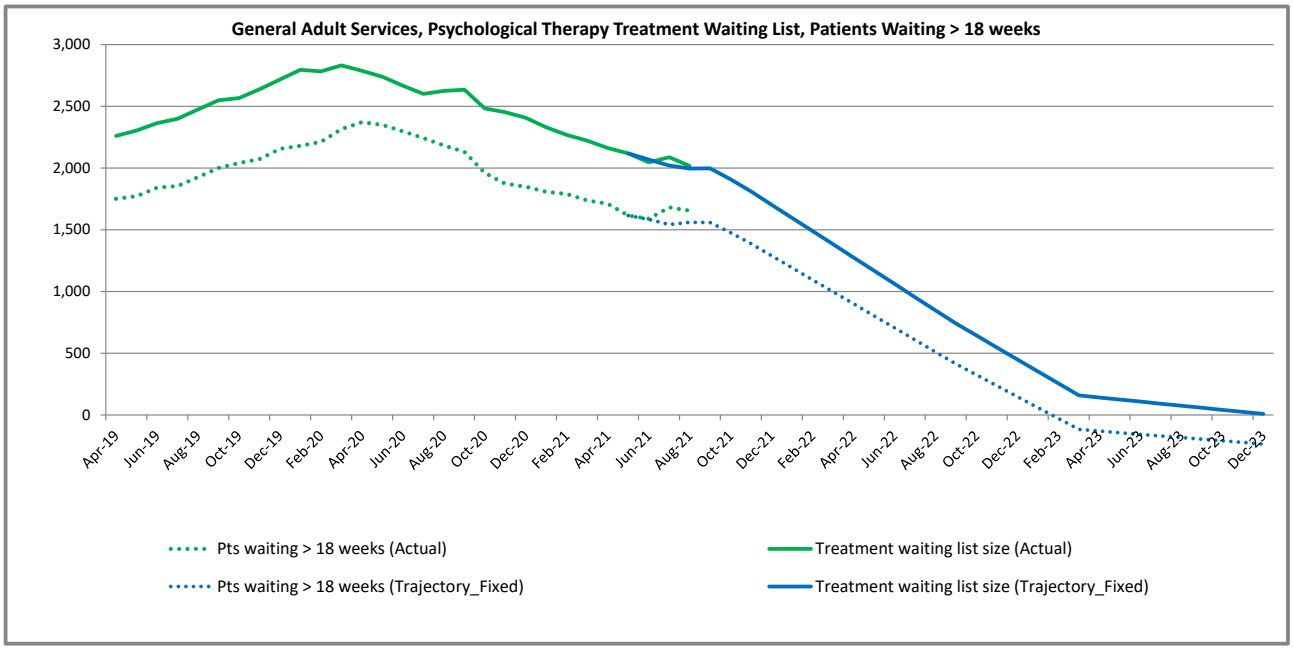
3.6 The trajectory had taken account of the reduced PT activity of 7.7WTE in the PCMHT's in Edinburgh as of August 2021, but the reduction in capacity has happened earlier than expected. Additional fixed term staffing of 2.00 WTE was added to compensate; there is also an assumption in the trajectory that the referral rate to PT will not increase further with the Thrive initiative in place. A robust system of monitoring is in place across all HSCP's with monthly local management meetings to review not only the team clinical activity but also the demand for psychological therapies and the associated additions to the treatment waiting list.

3.7 In East Lothian, changes to clinical pathways and a new self-referral primary care team has increased access to Psychological Therapies, with a significant increase of referrals over the last 2 months, measures to manage this are being put into place; it is too early to determine whether this referral rate will be sustained.

3.8 The TRAK build for Patient Focused Booking is due to be completed by December 2021 for the General Adult Mental Health Psychology; as the teams are ready for this change, earlier implementation would facilitate waiting list management.

3.9 Although the trajectory position in August was improved, Lothian remains slightly above what was expected with a total 2,016 people waiting in general adult services against 1,996 expected and of those waiting more than 18 weeks, 1,656 vs 1,560.

Graph 1 To Show Total Number of Patients Waiting >18 Weeks in General AMH Services



3.10 The Improvement Plan was previously submitted to the Scottish Government as part of the Recovery and Renewal Strategy to eliminate waits over 18 weeks by March 2023. Although the plan was approved, the Scottish Government has not yet responded to the funding request. The proposal included a recurring funding request for permanent posts for the 16.00WTE staff recruited with the waiting list initiative started in 2020, as well increasing the supervisory capacity, specialist services capacity and business support roles including administration (12.6WTE). Non-recurring funding was sought for the recruitment of an additional 18.00 WTE staff on fixed term contracts to Adult Mental Health Services to reduce the waiting list.

Table 3: Recurring and Non-Recurring Funding Proposals

Recurring Funding	WTE	£k
AMH posts	16.00WTE	960,000
AMH Administration posts (already recruited)	5.5WTE	150,000
Supervisory and Specialist posts and administration	12.6WTE	760,00
Total	**34.1**	**1,870**

Non Recurring Funding	WTE	£k
AMH Waiting List posts	18.00	1,509
Total	**18.00**	**1,509**

3.11 Recruitment to the 9.00WTE 8A posts has proved to be challenging, due to the competitive environment, as fixed term posts have not been attractive. Offers have been made to 4.8 WTE staff, 1.8 WTE through internal recruitment within Lothian. The recruitment of the Band 7 staff has been more successful, with 8.8 WTE offers made, although the majority of these staff are due to start employment in December/January. The recruitment to the permanent posts has not yet been completed; the supervisory

positions are to be reviewed with Workforce Organisational Change Group (WOCG) and subsequently, Job Evaluation. The table 3 below shows the recruitment position.

Table 3: To Show Recruitment Progress with Additional Funding

18.00 WTE Fixed Term	Offered	Vacant
Band 7	8.8 WTE	0.2 WTE
Band 8A	4.8 WTE (1.8 internal)	4.20 WTE
Total	**13.6 WTE**	**4.40 WTE**

12.6 WTE Permanent	Offered	Vacant
Specialist 8A permanent	0.5 WTE	4.0 WTE In recruitment
Supervisory senior permanent posts	0 WTE	4.1 WTE Pending WOCG and Job Evaluation
Administration permanent	1.00 WTE	3.00 WTE in recruitment
Total	**1.5 WTE**	**1 WTE**

3.12 The trajectory had previously assumed that the employment of 18.00WTE new staff in general adult services would reduce the waiting times by offering an additional 82 new patient appointments per month from October 2021; it also assumed that the reduction in the PCMHT activity in Edinburgh would begin to reduce from August. As we have not been able to recruit as intended and a proportion of the workforce will be coming into post 3 months later than expected, the trajectory will need to be amended. There is also a discussion with the Consultant and Clinical Leads to consider how a change of model can be implemented to maximise the contribution provided by the additional staffing.

3.13 Productivity could be increased through providing a higher proportion of psychological treatment in groups. Increasing the intensity of the face-to-face group programme across each HSCP by offering this as the primary treatment option is being considered for patients at the top of the waiting list. A digital group platform is required for the implementation of group work at greater scale. NHS Lothian has supported the use of MS Teams but for educational purposes only. The use of Near Me for group work is being approved at national level by the Scottish Government Digital Board; Lothian has been put forward as a pilot site for the 1st stage of testing.

3.14 A recruitment cycle is being restarted, offering a wider range of training posts at Bands 6 and 7. Other approaches being considered include a revision of the treatment pathways for patients within Matrix Level 4 group, as well as increasing the allocation rate of new patients by taking account of the non-attendance rate, which is circa 20% for most teams.

4. Key Risks / Challenges

4.1 It was identified in the previous June CMT paper that this was a competitive recruitment environment where fixed term contracts may not be attractive. While we have been able to recruit to 13.6 posts, the appointment of more experienced staff to treat those patients with the complex disorders has not been fully achieved. The appointment of other permanent positions within the staffing establishment has been more successful. There remains the risk of attrition for staff employed on fixed term contracts as part of the waiting list initiative.

4.2 Discussions are underway to reconsider the model of treatment working with the standard evidence base; an intensification of the group programme may not meet some patients' expectations.

4.3 A number of permanent positions have not gone out to recruitment; the supervisory posts (4.1 WTE) have not been approved yet by Workforce Organisational Change Group (WOCG) and Job Evaluation has not therefore reviewed these posts.

4.4 The Improvement Plan submitted to the Scottish Government relies on the roll out of Patient Focused Booking (PFB) being built within TRAK which is expected to be completed for AMH Psychology by December 2021. The current manualised version of PFB which has been implemented across General Adult Services is less efficient than the TRAK form; an earlier implementation date would facilitate treatment booking and management of the waiting list.

4.5 The trajectory set out relies upon the demand for psychological therapy not increasing beyond the levels of the last 6 months; there has been an increase in referrals of 12% over the last 2 months in Lothian, it is difficult to know if this will be sustained.

4.6 With no group digital platform consistently implemented across Scotland, the scope for the delivery of treatment with this modality remains limited. The group size remains lower due to measures taken for social distancing and other infection control interventions. This will be reviewed with any changes to social distancing requirements in healthcare settings.

5. Risk Register

5.1 No additions made to the risk register; Performance of the Psychological Therapies LDP Standard is on the NHSL Risk Register.

6. Impact on Inequality, including Health Inequalities

6.1 Those patients who are experiencing digital poverty are offered face-to-face treatment.

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

7.1 All patients on the waiting list are provided information about local resources. Formal engagement with service users will be part of the project management process.

8. Resource Implications

8.1 A commitment to investment has been made by NHS Lothian and the HSCP's. The request for £3.3m of additional funding from Scottish Government remains outstanding.

Meeting Name: Board Meeting date: 6 October 2021

Title: AUGUST 2021 FINANCIAL POSITION

Purpose of the Report:
Provides an update to the Board on the Period 5 financial position for NHS Lothian, including the impact of Covid and current core pressures.

DISCUSSION		DECISION		AWARENESS	X

Currently only limited assurance can be given on NHS Lothian's ability to deliver a breakeven position in 2021/22. This remains consistent with the assurance level at the time of the Financial Plan.

At period 5, NHS Lothian cumulative overspend is £8.9m. This is an improvement (pro rata) over the estimated position based on Financial Plan predictions. Core pressures include Drug expenditure and Medical and Dental Pay costs which were highlighted within the Financial Plan.

£40m of additional Covid costs have been incurred to date in 21/22. The Covid submission to the SG at Quarter 1 estimates £124m of additional Covid expenditure for NHS Lothian for the full financial year. We continue to work on the assumption that funding will be provided in full by the Scottish Government (SG) to meet all Covid related costs this year.

The SG are yet to confirm arrangements for funding shortfalls within efficiency savings this year. This remains a risk to all boards – the value of unmet savings in Lothian is currently £8.9m.

Recommendations:

The Board is asked to:

- **<u>Accept</u>** that, based on information available at this stage and assumptions around additional funding, NHS Lothian continues to provide **limited assurance** on its ability to deliver a breakeven position in 2021/22.

Author: Andrew McCreadie **Date:** 16/9/21	**Director:** Susan Goldsmith **Date:** 16/9/21

NHS LOTHIAN

Board Meeting
6th October 2021

Director of Finance

AUGUST 2021 FINANCIAL POSITION

1 Purpose of the Report

1.1 This paper provides an update to the Board on the financial position at Period 5 for NHS Lothian.

1.2 The paper sets out the financial impact from Covid-19 in the first five months and provides an update on the main core pressures in year.

1.3 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

2.1 The Board is recommended to:

- **Accept** that, based on information available at this stage and assumptions around additional funding, NHS Lothian continues to provide **limited assurance** on its ability to deliver a breakeven position in 2021/22;

3 Discussion of Key Issues

Financial Position as at August 2021

3.1 In Period 5, NHS Lothian overspent by £2.1m brining the year to date position to £8.9m overspend against the Revenue Resource Limit. A summary of the position is shown in Table 1 below with further detail in Appendix 1 and by operational unit in Appendix 2.

Table 1: Financial Position to 31st August 2021

	YTD £'000
Pay	(2,825)
Non Pays	(15,648)
Income	9,575
Total	**(8,898)**

3.2 The Financial Plan presented to the Board in April 2021 showed a projected deficit for the year ahead of £91m, which included estimated Covid-19 costs of £66m. The Scottish Government (SG) is expected to fund all costs associated with Covid-19 in 2021/22, leaving the Financial Plan gap in the core underlying position of £25m. Table 2 below shows the month 5 year-to-date position compared to the year to date Financial Plan (based on a pro-rata share), highlighting a moderately improved Core position when compared against plan (by £1.5m). There is a small Covid unfunded pressure within the overall reported position.

Table 2: Breakdown of Financial Position to 31st August 2021

	21/22 FY Variance £'000	Pro-Rata Est YTD £'000	Actual YTD Mth £'000
Core Position	(25,073)	(10,447)	(8,738)
Covid Costs			(160)
Total	**(25,073)**	**(10,447)**	**(8,898)**

3.3 The Core pressure is driven by drugs costs within acute services along with Medical and Dental spend, discussed later in this paper. Both were reported as key elements of the estimated gap in the Financial Plan.

Financial Impact of Covid-19 at Period 5

3.4 The latest review of Covid-19 costs up to the end of August 2021 shows that the board has incurred an estimated £40m of additional Covid related costs. These costs are assumed to have funding attributed based on the expectation that further Covid funding will be made available by the SG. The breakdown of these costs is shown in table 3.

Table 3: Summary Breakdown of Covid-19 Costs Incurred

	YTD £'000
Covid Budget	39,828
Covid Expenditure	39,988
Covid Variance	**(160)**
Core Variance	**(8,738)**
Total	**(8,898)**

SG Category of Spend	Covid Costs YTD £'000
Covid-19 Vaccination	£18,943
Other Additional Staff Costs	£6,943
Additional Bed Capacity/Change in Usage	£2,594
Contact Tracing	£2,220
Other	£2,038
Loss of Income	£2,057
Testing	£1,703
Remobilisation -Digital & IT costs	£698
Additional Community Hospital Bed Capacity	£659
Reducing Delayed Discharge	£603
Additional Equipment and Maintenance	£346
Community Hubs	£328
Scale up of Public Health Measures	£290
Additional PPE	£216
Additional Infection Prevention and Control Costs	£174
Additional FHS Contractor Costs	£142
Remonilisation -Primary Care	£26
Other additional staff costs	£9
Total	**£39,988**

3.5 The largest element of Covid spend to date relates to the ongoing Covid Vaccine rollout, with circa £19m incurred for this financial year so far.

3.6 Given the low risk to receiving additional Covid funding from the SG, pre-funded Covid allocations have been anticipated and made for this year, in lieu of additional SG resource allocation in future months. Funding has therefore been allocated against Covid costs incurred to date. £84m has been pre-funded in total for the year, with £40m phased into the reported position to month 5. This has allowed for improved reporting of Core pressures and easier budget management across services.

3.7 The SG has already made some additional Covid resources available, with an initial allocation of £27m "payment-on-account" allocated to Lothian as part-funding at this stage.

3.8 The first quarter review of Covid estimates £124m of expenditure for the year and this value has been submitted to the SG as part of the reporting process. Further funding releases are expected to meet this cost, although the unachieved savings (currently £8.9m for Lothian) are subject to further discussion nationally. Table 4 below shows a breakdown of the £124m forecast Covid Costs submitted to the SG.

Table 4: Forecast Summary of Covid Costs Submitted

Total Forecast NHS Covid Costs	
SG Category	**£000's**
Additional Bed Capacity/Change in Usage	£7,689
Additional Community Hospital Bed Capacity	£5,162
Additional Equipment and Maintenance	£330
Additional FHS Contractor Costs	£419
Additional FHS Prescribing	£9,040
Additional Infection Prevention and Control Costs	£170
Additional PPE	£108
Community Hubs	£1,254
Contact Tracing	£6,673
Covid-19 Vaccination	£31,677
Loss of Income	£5,593
Other	£5,384
Other Additional Staff Costs	£12,279
Remob - Other	£1,167
Remob -Digital & IT costs	£2,000
Remob HSCP - Other	£205
Remob HSCP-Reducing Delayed Discharge	£2,773
Scale up of Public Health Measures	£1,681
Testing (Including LA Community Testing)	£21,345
Unachieved Savings	£8,909
Total	**£123,856**

3.9 The current cost estimate of Covid at £124m is significantly in excess of the estimated £66m within the Financial Plan, but several changes have been progressed since that initial forecast. Table 5 below shows the movement from the original £66m to the £124m. As part of the Q1 review exercise, the requirement for additional Covid resource will be scrutinised further.

Table 5: Covid Cost Forecast Movement

	£000's	**Total £000's**
FP Covid Estimate	£65,672	
Changes made to FP Estimate	£323	£65,995
New Additional Covid Costs (Incuding LA Comm Testing)	£26,952	
Est for Booster/Extended Flu/ Vaccination updated costs	£22,000	
Forecast Unmet Savings	£8,909	£57,861
Total		**£123,856**

	£000's
Whole Genome Sequencing	£5,104
LA Community Asymptomatic Testing	£9,216
Covid Booster	£14,000
Extended Flu	£2,400
Additional Vaccine cost	£5,600
Additional staff cover incl isolation cover	£4,527
Public Health Measures	£1,252
Additional Bed costs - Nursing & Medical	£2,348
Additional Pay Uplift Implications	£1,980
Other general increased costs	£2,525
Unmet Savings	£8,909
Total	**£57,861**

Core (Non-Covid) Financial Pressures at Period 5

3.10 Two of the main pressures that were previously highlighted in the Financial Plan are now reporting significant overspends in line with the predicted pressures.

3.11 Drugs are currently overspent year to date by £6.5m. This is mainly within Acute areas (WGH £3.3m; RIE £0.9m; St Johns £0.5m; and W&C £0.6m). The main pressure relates to Cystic Fibrosis Drugs approved in the last financial year.

3.12 If this drugs overspend were to continue with this trend for the year, the position would be in the region of circa £15m, in line with the FP estimate (taking account of efficiencies).

3.13 Medical and Dental pays are overspent by £3.7m year to date, again largely within Acute (£2.1m), Edinburgh Partnership (£0.3m), East Lothian (£0.3m) and REAS (£0.4m). Within Acute Services the key pressure areas are at the Western General, Women and Children, and the Diagnostics, Anaesthetics, Theatres and Critical Care Directorate (DATCC).

3.14 £1.2m of this variance relates to Junior Medical pressures, specifically where costs are above training income received from NES. Shadowing of FY1 staff is one area where funding is insufficient to meet costs incurred.

3.15 The £1.8m Senior Medical pressure is spread across Acute and Partnership areas and the majority relates to Locum and Agency Senior Medical appointments for gaps within the services.

3.16 For both the Drugs and Medical Staffing core pressures, further review of the key areas are being discussed within the current Quarter 1 finance review meetings to understand more closely the financial issues and any potential corrective actions.

3.17 Covid Exit plans and efficiency delivery are also key components of the Quarter 1 meetings to understand the risks of recurrent pressures and actions to remove or mitigate them.

3.18 The Quarter 1 review is nearing conclusion and will be reported to the Finance and Resource Committee in October with an update to the Board at the next meeting.

4 Risk Register

4.1 The corporate risk register includes the following risk:

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

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

5 Impact on Inequality, Including Health Inequalities

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

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

6.1 The implementation of the financial plan and the delivery of a breakeven outturn may require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation.

Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

7 Resource Implications

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

Susan Goldsmith
Director of Finance
30th September 2021
susan.goldsmith@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st August 2021
Appendix 2 - NHS Lothian Summary by Operational Unit to 31st August 2021

Appendix 1 – NHS Lothian Income & Expenditure Summary to 31st August 2021

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	302,223	126,458	130,166	(3,708)
Nursing	522,525	218,467	217,038	1,429
Administrative Services	150,313	60,454	57,886	2,568
Allied Health Professionals	89,018	37,059	36,676	382
Health Science Services	48,364	20,640	19,928	711
Management	8,766	3,662	3,073	589
Support Services	83,317	34,824	37,135	(2,311)
Medical & Dental Support	14,377	5,920	6,163	(243)
Other Therapeutic	39,705	17,114	18,900	(1,786)
Personal & Social Care	2,911	1,222	1,450	(228)
Other Pay	(5,595)	(5,650)	(5,525)	(126)
Emergency Services	25	10	11	(1)
Vacancy Factor	(248)	(103)	0	(103)
Pay	**1,255,701**	**520,076**	**522,901**	**(2,825)**
Drugs	118,914	44,515	50,972	(6,456)
Medical Supplies	90,225	39,193	41,625	(2,432)
Maintenance Costs	6,931	3,882	3,081	801
Property Costs	41,721	11,083	11,303	(219)
Equipment Costs	30,166	7,494	11,431	(3,936)
Transport Costs	9,636	3,920	3,662	259
Administration Costs	209,234	26,073	20,862	5,211
Ancillary Costs	12,945	5,708	7,296	(1,588)
Other	(2,552)	(19,079)	(19,305)	226
Service Agreement Patient Serv	37,264	14,478	15,093	(616)
Savings Target Non-pay	(1,157)	(485)	0	(485)
Resource Trf + L/a Payments	109,032	37,183	38,494	(1,312)
Non-pay	**662,359**	**173,964**	**184,513**	**(10,549)**
Gms2 Expenditure	127,991	57,078	57,337	(259)
Ncl Expenditure	888	370	341	29
Other Primary Care Expenditure	87	36	33	3
Pharmaceuticals	152,490	62,382	64,951	(2,569)
Primary Care	**281,455**	**119,866**	**122,663**	**(2,797)**
Other	**(1,338)**	**(549)**	**(202)**	**(347)**
Income	**(298,329)**	**(147,629)**	**(157,205)**	**9,575**
Extraordinary Items	**0**	**0**	**1,955**	**(1,955)**
CORE POSITION	**1,899,848**	**665,728**	**674,626**	**(8,898)**
Additional Reserves Flexibility	0	0	0	0
TOTAL	**1,899,848**	**665,728**	**674,626**	**(8,898)**

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st August 2021

Description	Acute Services Division (£k)	Reas (£k)	Directorate Of Primary Care (£k)	East Lothian Partnership (£k)	Edinburgh Partnership (£k)	Midlothian Partnership (£k)	West Lothian Hsc Partnership (£k)	Facilities And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Service Improvement (£k)	Research + Teaching (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
Annual Budget	**851,924**	**114,517**	**26,583**	**87,132**	**341,898**	**76,129**	**134,398**	**136,570**	**214,698**	**(14,301)**	**24,384**	**(10,462)**	**(139,869)**	**56,250**	**1,899,848**
Medical & Dental	(2,147)	(388)	(169)	(346)	(331)	(126)	(84)	0	(72)	(86)	66	(25)	0	0	**(3,708)**
Nursing	360	274	(3,112)	627	1,810	366	898	(18)	534	(12)	51	(348)	0	0	**1,429**
Administrative Services	522	31	(803)	(43)	125	(36)	38	(146)	3,197	(196)	(69)	(53)	(0)	0	**2,568**
Allied Health Professionals	(502)	(61)	(23)	81	686	(44)	293	(13)	(35)	0	0	(1)	0	0	**382**
Health Science Services	807	(0)	(12)	0	145	(2)	(0)	(4)	(257)	(2)	2	36	0	0	**711**
Management	(68)	4	45	2	222	6	39	(14)	286	61	0	6	0	0	**589**
Support Services	(86)	33	(162)	(12)	(47)	(13)	(1)	(1,989)	(26)	(11)	1	3	0	0	**(2,311)**
Medical & Dental Support	(363)	(0)	0	(67)	(5)	(0)	(1)	0	(17)	0	211	0	0	0	**(243)**
Other Therapeutic	(30)	372	(114)	(22)	(31)	126	24	0	(2,088)	(24)	(0)	0	0	0	**(1,786)**
Personal & Social Care	(12)	(2)	8	9	(10)	3	0	0	(223)	0	0	0	0	0	**(228)**
Other Pay	(5)	4	(162)	(5)	11	(5)	0	40	(3)	0	0	0	0	0	**(126)**
Emergency Services	0	0	0	0	0	0	0	(1)	0	0	0	0	0	0	**(1)**
Vacancy Factor	(73)	0	0	0	0	0	0	0	0	0	(31)	0	0	0	**(103)**
Pay	**(1,598)**	**266**	**(4,503)**	**226**	**2,574**	**275**	**1,205**	**(2,144)**	**1,296**	**(270)**	**231**	**(383)**	**(0)**	**0**	**(2,825)**
Drugs	(5,364)	(1)	38	(82)	(214)	(56)	(65)	(2)	(246)	(270)	(194)	0	0	0	**(6,456)**
Medical Supplies	(1,527)	(35)	(5)	(76)	(533)	2	(0)	(76)	(18)	(0)	(164)	(0)	0	0	**(2,432)**
Maintenance Costs	(266)	(57)	(1,563)	(18)	(62)	(11)	(56)	(445)	(80)	3,376	(17)	0	0	0	**801**
Property Costs	(12)	(30)	(531)	15	(10)	108	(149)	848	(4)	(455)	0	0	0	0	**(219)**
Equipment Costs	(2,262)	(143)	12	(154)	(198)	(125)	(91)	(88)	(847)	(6)	(31)	(4)	1	0	**(3,936)**
Transport Costs	64	55	(2)	(9)	24	2	28	(4)	61	9	34	(0)	(3)	0	**259**
Administration Costs	(316)	(13)	8,289	15	669	1	(33)	1,621	(1,498)	(3,489)	6	(52)	12	0	**5,211**
Ancillary Costs	(142)	22	(1,345)	(15)	(8)	12	(19)	7	(98)	(0)	(1)	(0)	0	0	**(1,588)**
Other	17	2	19	0	0	0	0	(13)	201	0	0	0	0	0	**226**
Service Agreement Patient Serv	(2)	188	(0)	18	16	5	(114)	(1)	46	(200)	(9)	0	(561)	0	**(616)**
Savings Target Non-pay	(316)	0	0	0	(175)	0	0	0	7	(0)	(0)	0	0	0	**(485)**
Resource Trf + L/a Payments	(173)	(0)	(165)	31	(810)	(65)	(5)	(27)	(96)	0	0	0	0	0	**(1,312)**
Non-pay	**(10,299)**	**(12)**	**4,746**	**(274)**	**(1,301)**	**(128)**	**(505)**	**1,820**	**(2,574)**	**(1,036)**	**(376)**	**(57)**	**(551)**	**0**	**(10,549)**
Gms2 Expenditure	(14)	10	(144)	(67)	(7)	(41)	41	(23)	(14)	0	(1)	0	0	0	**(259)**
Ncl Expenditure	0	0	29	0	0	0	0	0	0	0	0	0	0	0	**29**
Other Primary Care Expenditure	3	0	0	0	0	0	0	0	0	0	0	0	0	0	**3**
Pharmaceuticals	0	0	(73)	(518)	(830)	(449)	(698)	0	0	0	0	0	0	0	**(2,569)**
Primary Care	**(11)**	**10**	**(188)**	**(585)**	**(837)**	**(490)**	**(657)**	**(23)**	**(14)**	**0**	**(1)**	**0**	**0**	**0**	**(2,797)**
Other	**1**	**(0)**	**0**	**0**	**(8)**	**0**	**(15)**	**(0)**	**0**	**0**	**(0)**	**0**	**(325)**	**0**	**(347)**
Income	**1,359**	**34**	**(43)**	**0**	**32**	**(0)**	**23**	**506**	**140**	**2,010**	**(13)**	**125**	**5,404**	**0**	**9,575**
Extraordinary Items	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(1,955)**	**0**	**0**	**0**	**0**	**(1,955)**
CORE POSITION	**(10,549)**	**298**	**11**	**(634)**	**460**	**(344)**	**51**	**159**	**(1,152)**	**(1,252)**	**(160)**	**(314)**	**4,527**	**0**	**(8,898)**
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
TOTAL	**(10,549)**	**298**	**11**	**(634)**	**460**	**(344)**	**51**	**159**	**(1,152)**	**(1,252)**	**(160)**	**(314)**	**4,527**	**0**	**(8,898)**

Meeting Name: Board Meeting date: 6 October 2021

Title: DRUG RELATED DEATHS UPDATE

Purpose of the Report:					
DISCUSSION		DECISION	X	AWARENESS	
The purpose of this report is to provide the Board with an update on drug related deaths (DRD) across Lothian. Information on current rates and trends is provided, the national and local priorities are summarised and current and proposed future actions are set out. The Board is asked to acknowledge the information provided and consider the proposed recommendations					

Recommendations:

Clinical service delivery-The greatest area of risk for achieving the Medication Assisted Treatment (MAT) standards by April 2022 is associated with clinical treatment. The Board should request a more detailed report providing an assessment of these issues to be considered, in the first instance, by the Healthcare Governance Committee. There are specific concerns in relation to workforce capacity (development and retention), access to suitable buildings from which to deliver specialist services and appropriate therapies for the most vulnerable which must be trauma informed.

Data flows and health intelligence -The Board should continue to support health intelligence dedicated to enhancing a partnership approach to consistent data gathering, information governance and timely follow-up for all non-fatal overdoses (NFO's) (including those who are homeless and registered with the Access Practice) and frequent attenders at A&E.

Governance and oversight-It is recommended a twice yearly update on DRD reporting and associated work be presented either to the Board or delegated committee.

Early intervention and prevention - It is recommended that the Board support capacity building amongst NHS Lothian staff to reduce the stigma and improve understanding of problematic drug use and associated behaviours. This could consider the updating and extension of mandatory training modules for staff on how to respond to an overdose and the use of naloxone

Author: Judith Stonebridge **Date: 27/09/2021**	**Director: Dona Milne** **Date: 27/09/2021**

NHS LOTHIAN

Executive Leadership Team
17th September 2021

Director of Public Health and Health Policy

DRUG RELATED DEATHS UPDATE

1 Purpose of the Report

1.1 The purpose of this report is to provide the Board with an update on drug related deaths (DRD) across Lothian. Information on current rates and trends is provided, the national and local priorities are summarised and current and proposed future actions are set out.

1.2 The Board is asked to acknowledge the information provided and consider the proposed recommendations.

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

2 Recommendations

Clinical service delivery

2.1 The greatest area of risk for achieving the Medication Assisted Treatment (MAT) standards by April 2022 is associated with clinical treatment. The Board should request a more detailed report providing an assessment of these issues to be considered, in the first instance, by the Healthcare Governance Committee. There are specific concerns in relation to workforce capacity (development and retention), access to suitable buildings from which to deliver specialist services and appropriate therapies for the most vulnerable which must be trauma informed.

Data flows and health intelligence

2.2 The Board should continue to support health intelligence dedicated to enhancing a partnership approach to consistent data gathering, information governance and timely follow-up for all non-fatal overdoses (NFO's) (including those who are homeless and registered with the Access Practice) and frequent attenders at A&E.

Governance and oversight

2.3 It is recommended a twice yearly update on DRD reporting and associated work be presented either to the Board or delegated committee.

Early intervention and prevention

2.4 It is recommended that the Board support capacity building amongst NHS Lothian staff to reduce the stigma and improve understanding of problematic drug use and associated behaviours. This could consider the updating and extension of mandatory training modules for staff on how to respond to an overdose and the use of naloxone.

3 Discussion of Key Issues

3.1 National Policy Context

Reducing drug related deaths is a national priority. In response to the growing numbers of drug-related deaths in recent years, the First Minister announced a new national mission in January 2021. A recent paper to NHS Chief Executives highlighted the key role NHS Boards have to reduce harm and save lives[1].

The principal contribution from Health Boards will be to work with Integration Authorities and Alcohol and Drug Partnerships (ADP) to ensure the Medication Assisted Treatment (MAT) standards are embedded by April 2022[2]. (See Appendix 1).

Ministers have provided an additional £4 million in funding for 2021/22 and have established a MAT standards implementation team which is working with ADPs across all 10 of the standards. ADPs will benefit from direct support from Health Boards in leadership, programme management and quality improvement support.

The majority of people at risk of drug related harm are disproportionately affected by the wider determinants of health inequalities such as poverty, homelessness and unemployment as well as societal discrimination associated with drug use. Most are vulnerable, have complex and multiple needs and face structural and social barriers which can further impact on their ability to access health and social support. The risk factors that contribute to risk of drug related harm have been exacerbated by the effects of COVID-19 and measures taken to contain it.

Delivery of the MAT standards will not of themselves reduce DRDs. Reducing drug deaths is a complex issue and requires a whole system response with local and national organisations working together to implement immediate actions to save lives whilst at the same time embedding longer term prevention interventions.

3.2 **Lothian Drug Related Deaths**

The number of drug related deaths recorded by NHS Lothian in 2020 was 171 compared to 172 in 2019. Prior to 2020 there has been a year on year increase in the numbers of drug related deaths in NHS Lothian. The rate of increase in NHS Lothian has been lower than that observed at a national level.

The number of DRDs per month was relatively constant across 2020. The median age and age distribution of those suffering a DRD in 2020 was 45 years which is older than the median age of 42 years in 2019. In 2020, there was a record high number of DRDs in males. 77% of those experiencing a DRD in 2020 were male, 23% were female. Compared to 2019 there was a fall in numbers of DRDs in females.

In the past 3-4 years, numbers of recorded DRDs has been relatively stable in the City of Edinburgh and East Lothian. Numbers have risen steadily in both West Lothian and Midlothian.

In 2020 the median number of drugs implicated in death was 4 and the commonest number involved (the mode) was 5. The number of drugs implicated in at least one DRD has increased over recent years. There were 42 different drugs implicated at least once in a DRD in 2020 compared with 21 in 2018 and 50 in 2019.

There has been an increased contribution to the number of DRDs from non-Opiate Substitution Therapy (OST)/non-heroin opioids, benzodiazepines and stimulants. The increase in DRDs is from all three drug groups and is not due to a single drug or drug

[1] Drug Policy, National Mission – Health Boards Contribution. NHS Chief Execs Business Meeting. August 2021.
[2] https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/pages/7/

class and reflects the picture seen nationally. There is a widening set of drugs available on the street and burgeoning routes of supply. Obtaining illicit drugs seems cheaper and easier than ever before and with a wider selection on offer.

3.3 Lothian Response

A Public Health informed approach: In line with the national drug strategy and repeated government statements, Lothian's response to reducing harm from drugs has been driven and underpinned by public health approaches. The local action plan was initiated following a Health Needs Assessment (HNA) undertaken in 2017/2018 which looked at the needs of injecting drug users in the city of Edinburgh.

The HNA informed a systematic approach to the development of priority, evidence-based actions which were assessed as having the most impact on reducing harm from drug use and preventing drug related death both for injecting drug users and wider. The priorities set out within the Lothian plan align specific actions from the national strategy to address alcohol and drug harms and death, *Rights, Respect & Recovery* (2018), and the MAT standards. These include

a. developing and implementing a programme of work to improve access to treatment and recovery services, particularly those at most risk;
b. improving access to evidence-based harm reduction approaches for those experiencing alcohol and drug harms; and
c. ongoing improvement of public health surveillance to ensure that service design is informed by data, intelligence, and academic evidence.

The lessons from pandemic work and the renewed focus on DRDs has resulted in innovative work in Lothian to improve services and preparation for the implementation of MAT standards. This work includes:

- Adoption of MAT standards across the Board and each Lothian ADP. It is expected that the successful implementation of MAT standards will improve access, choice and retention in services but requires sustained funding, workforce development, system change and improved shared care. This may present challenges to service capacity due to the demands on the workforce with increased numbers as well as a further Scottish Government standard which states that 60% of estimated prevalence of problem drug users in each area must be reached and engaged in treatment. Currently the percentage in treatment in Lothian as a whole is 50%. In Lothian this will mean an increase from approximately 4,598 people in treatment to 5,388 to meet the standard (Please note these are only indicative figures). This will require increased workforce capacity (development, support and retention), along with access to suitable buildings from which to deliver services and provision of bespoke services and appropriate therapies for the most vulnerable.
- Continued support for GPs to provide drug treatment for patients in community settings when clinically appropriate and increase the provision of shared care for substance use.
- Investigation of options for a bespoke Homeless Addiction Service (as seen in other Scottish cities) with primary and secondary care (mental health and addiction) provision. Homelessness is the end result where other complex and overlapping drivers including mental health and addiction have not been addressed.
- The Combined Health Intelligence Node (CHIN) continues to support non-fatal overdose (NFO) patient lists for clinical intervention and follow-up support informs primary care training and supports ADPs in developing data flows

related to the MAT standards. The ADPs currently fund the DRD co-ordinator role (functions are listed in Appendix 1). The rise in numbers of DRDs over recent years and need for enhanced surveillance associated with implementation of the MAT standards means that existing capacity is not sufficient to maintain effectively the DRD coordinator function. The ADPs have agreed to uplift the available funding to increase the capacity.

- Anticipatory Care proactively identifies people who are at high risk of severe drug related harm and feeds them into the relevant part of the pathway so they are rapidly provided with support for engagement or re-engagement with holistic care including medication assisted treatment.
- Assertive outreach engages with people who may not otherwise be involved with any services (MAT standards 3 and 4). The Harm Reduction Team, VOW (Police Scotland) and Third Sector work in partnership in different ways across Lothian to provide this service.

Wider partnership work has included the establishment of twice monthly meetings that involve the ADPs, Police Scotland, NHS Lothian and third sector to share intelligence, discuss barriers and develop responsive actions to DRDs. The implementation of multi-agency weekly huddles (both community and hospital) to review those identified as high risk has helped facilitate timely and coordinated responses. It is clear that third sector partners ability to contribute to a co-ordinated DRD service can be improved by having improved access to CHIN and other intelligence outputs. Providing these partners with access to nhs.scot email addresses will enhance service planning and quicker responses.

Addressing the causes of the causes: Most of the work is focussed on the treatment end of pathways for those already affected by serious and problem drug use. The realignment of the public health department to strengthen public health leadership, expertise and capacity at a Local Authority level provides an opportunity to address the wider factors that are disproportionately experienced by those at risk of harm from drugs. Higher DRD rates are associated with poverty and deprivation and exacerbate the inequalities that already exist in some of the most deprived communities. The challenge presented by the increase in DRDs means that a whole system approach to addressing the problem is required. Due to the complexity of the problems and the multiple points within the system at which need may present, NHS Lothian staff should be aware of the challenges and solutions available to address DRDs and reduce drug harm.

Efforts must be made to support partners to employ a health in all policies approach, and lead on more upstream work where we can work with partners to address the structural and intermediary determinants of health including housing, employment and education. This should be applied across the life course. A review of investment should be used to ensure there is dedicated spending on early intervention and prevention for children and young people. Work with Children's Partnerships to develop an integrated approach to health and wellbeing, essential to improve the outcomes for the children and young people and mitigate the long term impact on adult substance use and other health and social services. Investing in a holistic approach allows multiple risk factors to be addressed and is more likely to be effective such as those which provide an opportunity to practise and learn a range of personal and social skills, specifically coping, decision making and resistance skills.

3.4 **Governance & Oversight**

The drug related death and harm reduction oversight group (DHOG) is the Pan-Lothian multi agency strategic oversight group which leads a co-ordinated, whole systems approach to delivering on the priority areas to reduce harm and prevent drug related death. The DHOG is chaired by a Consultant in Public Health and reports into NHS Lothian via the Public Health Department governance structure. Membership includes representatives from each of the local Alcohol and Drug Partnerships across Lothian, Health & Social Care Partnerships, criminal justice, Voluntary sector, Police, Scottish Ambulance Service, Primary and secondary care. A number of working groups feed into the DHOG. Each is aligned to a priority outcome and will form the framework for action which will complement and feed into local planning and structures.

There are strong links, engagement and effective partnership working between NHS Lothian and the three Alcohol and Drug Partnerships in Edinburgh, West Lothian and the combined Midlothian and East Lothian Partnership.

The national response to the drug death crisis included the introduction of the Drug Death Task Force (DDTF) in 2019. The DDTF is supported by key sub-groups which provide further expert guidance on evidence-based practice and standards to inform work to reduce drug related death across the country. Health Boards and Alcohol and Drug Partnerships will be accountable to the Scottish Government to ensure that standards of intervention are being achieved and drug harm is being addressed.

Representatives from NHS Lothian and the local Alcohol and Drug Partnerships are engaged in the national forums and groups. The DHOG has established a good foundation to progress with this work.

4 Key Risks

4.1 The greatest area of risk for achieving the Medication Assisted Treatment (MAT) standard by April 2022 is associated with clinical treatment. There are specific concerns in relation to workforce capacity (development and retention), access to suitable buildings from which to deliver services and provision of bespoke services and appropriate therapies for the most vulnerable.

4.2 The risk factors that contribute to risk of drug related harm have been exacerbated by the effects of COVID-19 and measures taken to contain it. Drug trends and consumption continue to change at pace. Polysubstance use is an increasing concern and continues to heighten the risk of harm and death, with particular combinations of drugs being fatal, yet cheap and easily accessible option on the streets. There is a risk therefore that the upward trend of drug related deaths continues and that health and social inequalities widen.

5 Risk Register

5.1 Risks are currently being defined, particularly with reference to MAT standards and treatment services. They will be added to risk registers for Public Health and the Integration Joint Boards as appropriate.

6 Impact on Inequality, Including Health Inequalities

6.1 This paper summarises some of the proposed work going forward but where any service or policy changes are introduced an impact assessment will be carried out in partnership with key stakeholders and include representation from people with lived and living experience.

6.2 A full impact assessment may need to be carried out to understand how the 60% in treatment target may impact on gender, age groups and other socio demographic measures.

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

7.1 Engaging with people with lived and living experience is key in this area of work and is a priority for all alcohol and drug partnerships. At NHS Lothian we work closely with these partners to ensure the voices and experiences of PWLE are heard and used to inform projects, services and changes. Experiential evaluation from service users and staff is a major requirement for demonstrating that the MAT standards are being implemented effectively so further work will look at how that is done consistently across the Board.

8 Resource Implications

8.1 The resource implications are significant, but the actions are supported with additional funding from Scottish Government to fully implement the MAT standards. There may be a need for Integration Authorities and Alcohol and Drug partnerships to redistribute resources where they are needed most.

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15 September 2021
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Appendix 1: Medication-Assisted Treatment Standards Overview

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care.
8. All people have access to advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care.

NHS LOTHIAN

Board Meeting
06 October 2021

Director of Public Health and Health Policy

NHS LOTHIAN AS AN ANCHOR INSTITUTION

1 Purpose of the Report

1.1 The purpose of this report is to update on progress toward developing the Board's corporate objective to developing its Anchor Institution status.

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

2 Recommendations

2.1 The Board agrees that it has been briefed on progress towards developing its role as an Anchor Institution as part of its work on pandemic remobilisation and tackling inequalities.

3 Discussion of Key Issues

3.1 At the 7th April meeting, the Board agreed to the recommendation that Public Health lead the development of an Anchor Institution approach for NHS Lothian as specified in the corporate objectives for 2021-22. A Programme Board, chaired by the Director of Public Health with representation from across NHS Lothian and the Health and Social Care Partnerships, has been established to progress this work.

3.2 Anchor Institutions are defined by The Health Foundation as: '…large public sector organisations rooted in and connected to their local communities. They can improve health through their influence on local social and economic conditions by adapting the way they employ people, purchase goods and services, use buildings and spaces, reduce environmental impact, and work in partnership' (see Appendix One). These five core work areas provide a framework for developing an anchors approach. It is important to emphasise the interdependencies between these work areas: for example, NHS Lothian's staffing needs are linked to the regional and national labour market which is influenced by factors including housing prices and supply, which can in turn be affected by land availability.

3.3 The Programme Board has now met twice. A baseline assessment of NHS Lothian's activity is being prepared to ensure that existing strengths are reinforced and appropriate new initiatives are developed. It is already apparent that NHS Lothian functions as multiple Anchor Institutions; each of the Integration Joint Boards and Health and Social Care Partnerships and the hospital and primary care systems have significant anchor footprints.

3.4 Key issues that have been raised so far include

- Living Wage Accreditation for NHS Lothian
- Housing supply and its impact on NHS Lothian staff recruitment and retention
- Extending the scope of community benefit clauses beyond construction programmes (note that local authority procurement appears to offer more flexibility than NHS Scotland procurement). e.g. public health partnership teams can facilitate local intelligence to inform NHS Lothian procurement wish-lists.
- NHS capital planning assumptions: opportunities to work with local authority spatial planning and housing teams to establish shared population projections to inform demand e.g. draft West Lothian Planned Housing Report

- Core funding for welfare rights and income maximisation service provision at NHS Lothian hospitals
- Ensure NHS Lothian's pioneering employability programmes provide entry level opportunities and development prospects across the whole organisation

The Programme Board will develop an agreed workplan which will prioritise action for the remainder of 2021-22.

3.5 Developing as an Anchor Institution will provide a strong basis for preventative work and work tackling inequalities across NHS Lothian. The Programme Board is focused initially on ensuring the NHS Board is delivering best practice across the five anchor work areas. Best practice across the UK suggests that anchors work needs to be ambitious and set aspirational targets.

3.6 Anchors work will be a key component of the new Strategic Development Framework as it provides the basis for health in all policies which is the vehicle for primary prevention. For example, clarity about NHS Lothian's anchor mission will enable the Board and its representatives to engage in discussions already underway at Lothian Community Planning Partnerships about opportunities to develop community wealth building.

3.7 In some instances, national action will be necessary to effect change at local or regional level. The Scottish Government's Director of Population Health is leading work with the Health and Social Care Management Board to highlight potential areas for action and policy alignment around anchors and community wealth building.

4 Key Risks

4.1 NHS Lothian does not develop an approach that is proportionate to the challenges presented by the inequalities evident in the wake of the pandemic

5 Risk Register

5.1 None.

6 Impact on Inequality, Including Health Inequalities

6.1 Not required at this stage.

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

7.1 Not required at this stage

8 Resource Implications

8.1 The resource implications are staff time from within Public Health and other departments to support a new Committee. New Public Health locality teams based in each Health and Social Care Partnership area will support this work as part of their annual workplan.

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14 September 2021
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List of Appendices

Appendix 1: NHS Anchor Institution graphic

What makes the NHS an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care. The NHS can make a difference to local people by:

Purchasing more locally and for social benefit
In England alone, the NHS spends £27bn every year on goods and services.

Using buildings and spaces to support communities
The NHS occupies 8,253 sites across England on 6,500 hectares of land.

Working more closely with local partners
The NHS can learn from others, spread good ideas and model civic responsibility.

Reducing its environmental impact
The NHS is responsible for 40% of the public sector's carbon footprint.

Widening access to quality work
The NHS is the UK's biggest employer, with 1.6 million staff.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

The Health Foundation

References available at www.health.org.uk/anchor-institutions

Meeting Name: Board Meeting date: 6 October 2021

Title: National Whistleblowing Standards – Implementation and Quarter 1 Performance Report

Purpose of the Report:

DISCUSSION	X	DECISION		AWARENESS	X

Provide information on the implementation of the new national whistleblowing standards

Provide information on the performance monitoring for quarter 1 (1 April – 30 June 2021)

Corporate Objective – Improving Staff Experience (objective 10)

Key Risks – There is a risk that if the new standards are not widely promoted across the organisation then staff will be unaware of how to raise a concern and managers will not comply with the standards if a concern is raised with them. This will then lead to the potential of an adverse report from the INWO. The implementation plans and arrangements have been designed to help mitigate this risk. There is also an ongoing risk within Primary Care where although the Standards have been highlighted, ownership of the process is not yet fully in place.

Recommendations:

Note the work to date on the roll out of the Whistleblowing Standards across all staff and contractor groups.

Note that further work is required and the continued need to promote and publicise the Standards.

Note the content of the attached Quarter 1 Performance Report.

Note that from Quarter 3 onwards Performance Reports will include figures from Primary Care Contractors.

Author: Lynne Barclay Date: 14/09/21	Director: Janis Butler Date: 23/09/21

NHS LOTHIAN

Board
6 October 2021

NATIONAL WHISTLEBLOWING STANDARDS – QUARTER 1 PERFORMANCE REPORT

1 Purpose of the Report

1.1 The purpose of this report is to provide the Board with details of the current position with the implementation of the new National Whistleblowing Standards and note and approve the first quarterly report produced under the National Whistleblowing Standards.

2 Recommendations

The Board is invited to:

2.1 Note the work to date on the roll out of the Whistleblowing Standards across all staff and contractor groups.

2.2 Note that further work is required and the continued need to promote and publicise the Standards.

2.3 Note the content of the attached Quarter 1 Performance Report.

2.4 Note that from Quarter 3 onwards Performance Reports will include figures from Primary Care Contractors.

3 Discussion of Key Issues

3.1 Background

During 2017/18 the Scottish Government advised of the intent to introduce a new role of Independent National Whistleblowing Officer (INWO) and it was subsequently agreed that the role and functions of the INWO would be undertaken by the Scottish Public Services Ombudsman (SPSO).

The purpose of this was to ensure everyone delivering NHS services in Scotland can speak out to raise concerns when they see harm or wrongdoing putting patient safety at risk or they become aware of any other forms of wrongdoing. Not only must people be able to raise concerns, but they must be confident that they can do so in a protected way, that will not cause them personal detriment, and to which they have the right to an independent review if dissatisfied about how the concern was investigated.

The INWO has powers to make recommendations for actions to be taken and has a national leadership role providing support and guidance to relevant bodies with a

focus on early resolution where possible, recording, reporting, learning and improvement. Ultimately the aim is to ensure the NHS in Scotland is as well run as possible. The INWO is the final stage of the process for those raising concerns.

In addition, the INWO has developed and published National Whistleblowing Standards for NHS service providers. These set out the high level principles and a detailed procedure for investigating concerns, which all NHS organisations in Scotland are required to meet and follow with a strong emphasis on protection and support for people who speak up about any wrong doing or harm. The new standards were due to have been implemented in July 2020 but due to the Covid 19 pandemic the implementation was postponed until 1 April 2021. A Once for Scotland Whistleblowing Policy has also been developed which replaces our existing policy and is based on the standards.

3.2 Definition of whistleblowing

Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as:

"When a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Service Ombudsman Act 2002) raise a concern that relates **to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing"**

3.3 National Whistleblowing Standards Roles and Responsibilities

3.3.1 Each Board has a Non-Executive Whistleblowing Champion whose role is predominantly one of scrutiny and assurance which helps the Board comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion has critical oversight of the process and are also expected to raise any concerns with the Board either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

3.3.2 Whilst the Chief Executive has specific responsibilities regarding the operation of the Standards, the Director of HR & OD is the lead executive for overseeing the implementation and operation of the Standards. The Director of Primary Care has a specific set of responsibilities with regard to the implementation and operation of the Standards for Primary Care Contractors.

3.4 Implementation

These Standards are applicable across **all NHS services**. This means they must be accessible to **anyone** working to deliver an NHS service, whether directly or indirectly. This includes current (and former) employees, bank and agency workers, contractors (including third sector providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

3.4.1 Within NHS Lothian a Short Life Working Group was established and chaired by the Director of HR & OD to oversee the implementation of the new standards from 1 April 2021. Significant progress has been made to date particularly in relation to our directly employed staff and detailed below is a summary of the actions that have been taken to date but also identifying where further work is still to take place.

3.4.2 The Standards also require that for those who wish to raise concerns they should have access to confidential contacts. Within the Board there is a well-established Speak Up model which is supported by the cohort of Speak Up Advocates. Following the implementation of the Standards, additional Advocates have been recruited and trained to ensure a pool of Advocates with the necessary skills and knowledge to signpost and support staff across the whole system, including primary care contractors.

3.4.3 Directly employed staff

Good progress has been made with the embedding of the new standards within our directly employed staff. We will continue through the Short Life Working Group, to check in with services to ascertain areas where additional support or training may be required.

3.4.4 Facilities Contractors

Following initial discussions with the management teams across Soft and Hard FM and in discussion with the INWO, as both Hard and Soft FM staff are based on our own sites, it was agreed that the same model of handling concerns from these staff groups would be used as for directly employed staff. We are currently engaging with senior managers across facilities services to ensure all staff and contractors are aware of how to raise and record concerns.

3.4.5 Students and Volunteers

Processes are in place for volunteers and all student groups.

3.4.6 Primary Care

We are working closely with the Director of Primary Care to ensure the standards are implemented across the various independent contractor organisations, however there is a degree of complexity to this given the range of organisations covered. A variety of engagement sessions have taken place and we are working through the implementation and agreeing timescales with the Director of Primary Care.

3.5 Whistleblowing Cases from 1 April 2021

3.5.1 The new National Whistleblowing Standards were implemented on the 1 April 2021 and concerns are now being recorded through the DATIX system with a specially designed module for whistleblowing.

As required by the Standards, a quarterly performance report is included at Appendix 1, this details the position for the first quartre of 2021 covering the period 1 April 2021 to 30 June 2021.

3.5.2 Under the terms of the standards, those raising concerns anonymously cannot be recorded under the Standards and they cannot refer the matter to the INWO, however good practice is to follow the whistleblowing principles and investigate concerns in line with the Standards.

3.5.3 The timescales in which concerns need to be investigated and concluded are challenging, however in the first quarter it has only been necessary to seek an extension to the timescales to two of the Stage 2 concerns which have been raised. The Whistleblower's have been kept advised of progress with their concerns.

3.5.4 To support the implementation of the standards a wide range of actions have been delivered and regular reports through the Staff Governance Committee on progress and management of risk. Summary of key actions are detailed below:

- Recording and monitoring of cases via the DATIX system
- Promotional materials (posters and booklets) have been developed and distributed across the organisation.
- A series of 'Lunch and Learn' for mangers to help them understand the new standarsds and associated processes
- The TURAS Learning Whistleblowing modules have also been promoted and managers encouraged to undertake the modules to supplement their learning.
- Expanded our pool of Speak up Advocates, who are undertaking the role of confidential contacts.
- Appointed a Whistleblowing Liaison Programme Manager to co-ordinate implementation and monitoring of the standards
- Communications plan to raise awareness and promote how to safely raise concerns within NHS Lothian

3.6 Next Steps

3.6.1 Over the coming months, we will continue to embed the Standards, making any changes to documentation or processes that may be required. Further training sessions will be offered ie 'lunch and learn' and training on the softer skills of having good conversations to resolve concerns at an early stage. We will continue to work with and support the Director of Primary Care and her team to ensure that process and procedures are in place to investigate and report on concerns raised within Primary Care. The Board's Non-Executive Whistleblowing Champion is kept updated with progress and regular meetings will continue to take place to provide further updates and to brief them on any concerns raised.

4 Key Risks

4.1 There is a risk that if the new standards are not widely promoted across the organisation then staff will be unaware of how to raise a concern and managers will not comply with the standards if a concern is raised with them. This will then lead to the potential of an adverse report from the INWO. The implementation plans and arrangements have been designed to help mitigate this risk. There is also an ongoing risk within Primary Care where although the Standards have been highlighted, ownership of the process is not yet fully in place.

5 Risk Register

5.1 There is no requirement for anything to be added to the Risk Register at this stage.

6 Impact on Inequality, Including Health Inequalities

6.1 At this stage there are no implications for health inequalities or general equality and diversity issues arising from this paper.

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

7.1 There is no requirement for engagement and consultation in relation to this paper.

8 Resource Implications

8.1 There are no specific resource implications associated with this paper.

Lynne Barclay
Whistleblowing Programme and Liaison Manager
14 September 2021
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List of Appendices

Appendix 1 – Quarter 1 Whistleblowing Performance Report

Whistleblowing Performance Report

Quarter 1 April to 30 June 2021

Lynne Barclay
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns - Quarter 1 (April – June) 2021-22

Context

The new role of Independent National Whistleblowing Officer (INWO), which is to be undertaken by the Scottish Public Services Ombudsman came into effect on the 1 April 2021. This provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing concern. On the same date the National Whistleblowing Standards were formally published and the "Once for Scotland" Whistleblowing Policy went live.

The National Whistleblowing Standards set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

The Whistleblowing principles for the NHS as defined by the Standards is
'An effective procedure for raising concerns whistleblowing that is, open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.'

A staged process has been developed by the Independent National Whistleblowing Officer (INWO). There are two stages of the process which are for NHS Lothian to deliver, and the INWO can act as a final, independent review stage, if required.

- Stage 1: Early resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- Stage 2: Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

The standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements.

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
- The experience of all those involved in the whistleblowing procedure
- Staff perceptions, awareness, and training

For Quarter 1 the learning, changes or improvements to services are limited by the low number of concerns which have been raised and as the requirements of the Standards are to maintain anonymity there is a real concern that those raising concerns may be identified however learning from concerns is being recorded and shared with relevant management teams and service areas.

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. For those raising concerns at Stage 2 they are offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish.

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Lothian and how this can be done.

Quarter 1 Performance Information April 2021 – June 2021

Quarter 1 Performance Data (April 2021 – June 2021)		
	No	
Total number of concerns received	6	
Total number of concerns closed in full at each stage	4	
Total number of concerns still open	2	
Concerns closed at stage 1 and stage 2 as a percentage of all concerns closed	No	%
Total number of concerns closed	4	
Stage 1	2	50%
Stage 2	2	50%
Concerns upheld, partially upheld or not upheld at each stage as a percentage of all concerns closed in full at each stage	No	%
Stage 1		
Upheld	2	100%
Partially upheld	0	0%
Not upheld	0	0%
Stage 2		
Upheld	0	0%
Partially upheld	1	50%
Not upheld	1	50%
At the end of Q1 (30 June 2021) two stage 2 concerns are still being investigated, therefore are not included in the numbers or percentages above		
Average time in working days for a full response to concerns at each stage of the procedure	Days	
Stage 1	4	
Stage 2	12	
Number and percentage of concerns at each stage which were closed in full within timescales of 5 and 20 working days		
Stage 1	2	100%
Stage 2	2	50%
Number of concerns at stage 1 where an extension was authorised as a percentage of all stage 1 concerns	0	0%
Number of concerns at stage 2 where an extension was authorised as a percentage of all stage 2 concerns	2	50%

As this is the first report under the new standards there is no comparative data, future quarterly reports will contain comparative data.

However, of note under the previous whistleblowing policy and as reported to Staff Governance Committee in May 2021, between October 2016 and March 2021, NHS Lothian received and investigated 46 whistleblowing cases.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Lothian has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information'.

Anonymous Concerns received and investigated during Quarter 1 - 2 two)

Key Themes

Analysis of the concerns raised by key themes is provided below and where possible comparisons have been made against the Whistleblowing cases received pre-April 2021.

Theme	April 18 to March 21	Theme*	April 2021
Management of a Service	11	Poor Practice	5
Patient Care and Patient Safety	10	Patient Care/Patient Safety	2
Fraud/Financial	5	Unsafe working conditions	2
		Breaking legal obligations	1

*more than one theme may be applicable to a single Whistleblowing Concern

Concerns raised by Division

Division	Number
Edinburgh Health and Social Care Partnership	*
Acute Hospitals	*
Corporate Services	*
REAS	*

*to maintain anonymity actual case numbers have not been included.

NHS LOTHIAN

Board Meeting
6th October 2021

Dona Milne, Director of Public Health

REGIONAL HEALTH PROTECTION SERVICE

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board supports the strategic direction proposed for Health Protection services in the East Region.

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

2 Recommendations

2.1 It is recommended that NHS Lothian, Fife, Forth Valley and Borders work towards implementation of a regional model for Health Protection services which will deliver a resilient, sustainable regional service which maximises the skills of the workforce, reduces duplication and makes provision for surge capacity and mutual aid should it be required.

3 Discussion of Key Issues

3.1 In December 2020, the Chief Executives and Directors of Public Health from NHS Borders, Fife, Forth Valley and Lothian agreed to explore the potential opportunities afforded through regional collaboration in Health Protection services with the aim of delivering improved service resilience, sustainability, minimise duplication and ensure a service fit for the future. This decision was influenced by the inevitable impact of the Covid 19 Pandemic on Health Protection services but also separately occurring workforce challenges within some of the Boards.

3.2 Led by Professor Peter Donnelly, Professor of Public Health Medicine, University of St Andrews and Jan McClean, Director of Regional Planning, a formal project and associated governance arrangements were put in place in January 2021 to explore options for regional working with the benefit of Partnership involvement at every stage. An Oversight Board was established to provide senior level governance for the project with representation from Chief Executives and Directors of Public Health from the 4 participating Boards together with Partnership representation. A Clinical Reference Group was established with representation from both Nursing and Consultant teams in each Board and Partnership representation. The Clinical Reference Group provided essential specialist Health Protection knowledge and clinical engagement necessary to consider and develop potential options for regional collaboration, with a recognised formal Options Appraisal process adopted. Engagement with clinical teams from across the 4 Boards was enthusiastic and constructive throughout the process despite the challenging pandemic operating context. Issues raised by the Health Protection teams as particular challenges included:

- On-call rotas
- Staff retention
- Training and education of Health Protection Nurses
- Role development for nurses
- Service resilience and workforce planning

3.3 Health Protection Teams recognised and supported the need for change and the opportunities presented through the Project.

3.4 The preferred option describes a model where small local, largely nurse led Board teams provide routine Health Protection services, with regional resources identified and deployed for strategic work, specialty areas and mutual aid/surge capacity.

3.5 A series of meetings with individual Board Executive Teams took place over the early summer, with all confirming support to move to implementation of a regional model. An additional request was made to bring forward proposals on options for out of hours work, an area where there are challenges with resilience and sustainability.

3.6 Health Protection is currently provided in each Board as part of the wider Public Health function. While there are differences between the 4 Boards in relation to the scope, scale and delivery models, there are many aspects which are the same or similar e.g. development and use of Standard Operating Procedures; strategic plans; specialist work on specific diseases.

3.7 All Boards have a mixed workforce with Specialist Nurses, Consultant grades and in some Boards, Nurse Consultants, with some variation in the deployment and roles and responsibilities of staff. The Covid 19 pandemic has seen Health Protection teams augmented with additional staff at various grades to support the significant increase in workload. All Boards currently operate an out of hours on-call rota, an aspect of the service which has been identified as fragile and challenging to operate.

3.8 The vision for Health Protection services in the East Region is a resilient, sustainable function which is fit for the 21st Century and maximises the skills of the workforce.
The regional working arrangements will:

- focus on specialist areas of work e.g. Tuberculosis, which can be shared across 4 Boards supporting development of specialist interest and expertise and avoid duplication of effort
- coordinate plans for responses in specialist areas such as ports, airports, nuclear related issues
- agree and maintain regional Standard Operating Procedures ensuring consistency of approach and reducing unnecessary duplication thereby freeing up time for other activities
- offer immediate mutual aid or surge capacity to be directed to areas of need when required, providing service and workforce resilience
- provide opportunities for shared training and education across the Region, offering wider opportunities and economies of scale and making the East Region an attractive service to work/remain
- provide opportunities for Specialist Nurses and Nurse Consultants to lead on aspects of regional work, maximising their skills and knowledge and providing an opportunity for career progression
- support the sharing of good practice and collaborative working, providing opportunities for organisational development and shared values.

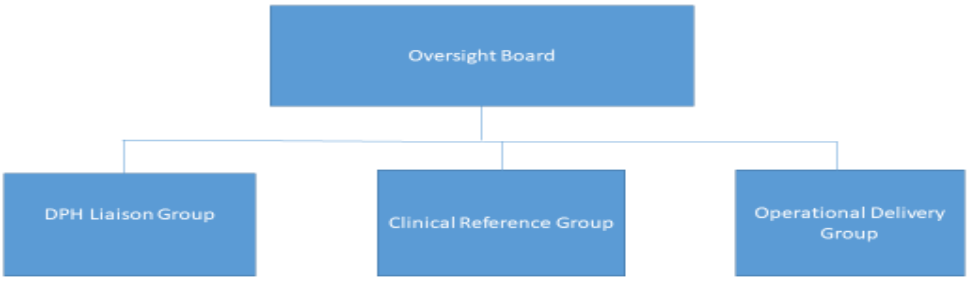
The local elements will:

- provide routine Health Protection services such as nurse led day to day handling of routine issues using agreed Standing Operating Procedures
- maintain important local knowledge and interface with key stakeholders e.g. Environmental Health

3.9 Out of hours arrangements have been identified as a particular challenge for all Boards and further work will focus on assessing potential solutions which will be brought forward for consideration by the end of 2021.

3.10 The Project structure has now been revised to take account of project implementation with the establishment of key groups to support delivery.

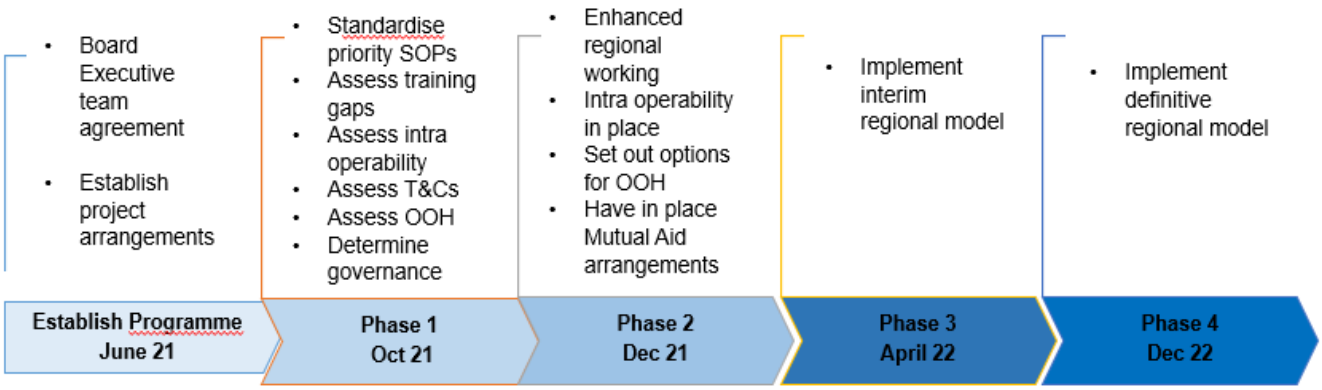
Regional Health Protection – Programme Arrangements



The Oversight Board includes representation from Board Chief Executives, Directors of Public Health, HRD Lead for the project, Partnership representation and the Project Team. Directors of Finance and eHealth and others will be invited to attend as required.

3.11 The following timeline has been agreed with the Oversight Board:

Project Timeline



3.12 The following progress has been made:

- Health Protection systems have been mapped with more detailed assessment of intraoperability planned with eHealth support
- Financial baseline information has been collated with Directors of Finance preparing financial principles to support the project
- Regional Standard Operating Procedures (SOPS) are being developed where no national SOPS are available
- Nurse grades and roles are being profiled to identify and understand variation
- An audit of out of hours activity will support understanding of the scale and nature of out of hours work

3.13 Stakeholder engagement is ongoing with interested groups such as Public Health Scotland, Scottish Public Health Network and Scottish Directors of Public Health Group.

4 Key Risks

4.1 A Project Risk Register is maintained with key risks including:

- Ability to implement a regional model within the current operating context across Health Protection services and the wider system
- Securing an agreed model for out of hours work recognising the challenges of current arrangements for remuneration
- Securing IT intraoperability between Boards

5 Risk Register

5.1 This proposal is in response to existing risks relating to the sustainability of health protection teams in local areas. As the operating model is defined, ongoing risks will be identified. The biggest risk to this service being delivered is achieving agreement across the 4 health boards on a delivery model and resource allocation that meets local needs alongside undertaking a process of organisational change with the local teams.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment has not been undertaken. This will be undertaken when a delivery model has been defined.

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

7.1 Local health protection teams and some key partners have been involved throughout this process. Following the further definition of service models, further engagement will take place with those partners who are linked to the delivery of health protection functions locally, regionally and nationally.

8 Resource Implications

8.1 The resource implications relate to project management support and Professional Advisor input to the project. NHS Forth Valley currently provide the Project Management Support and Professional Advisor fees are met by NHS Lothian.

Jan McClean
Director of Regional Planning
28th September 2021
janet.mcclean2@nhs.scot

Peter Donnelly
Professor of Public Health, St Andrews University

Meeting Name: Board Meeting date: 6 October 2021

Title: Winter planning actions

Purpose of the Report:

DISCUSSION	x	DECISION	x	AWARENESS	x

The report updates the Board on winter planning actions being undertaken across the Lothian system to provide resilience.

The paper describes the context and the actions we are taking, but concludes that this winter is very likely to see a further deterioration in performance and an impact on the quality of care being provided.

Recommendations:

The Board is recommended to:

- **Note** the context the Lothian system is working within;
- **Note** the actions already underway to mitigate system pressures;
- **Note** the additional actions planned for the winter period;
- **Note** that the actions will be updated constantly through the winter period;
- **Agree** that the Board can only take **limited assurance** that the system will be able to respond to additional pressures during the winter period

Author: Colin Briggs **Date: 24th September**	**Director: Colin Briggs** **Date: 24th September**

NHS LOTHIAN

Board Meeting
6th October 2021

Director of Strategic Planning

PLANNING FOR WINTER

1 Purpose of the Report

1.1 The purpose of this report is to brief the Board on the actions being taken to plan and prepare for winter.

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

2 Recommendations

2.1 The Board is recommended to:

- **Note** the context the Lothian system is working within;
- **Note** the actions already underway to mitigate system pressures;
- **Note** the additional actions planned for the winter period;
- **Note** that the actions will be updated constantly through the winter period;
- **Agree** that the Board can only take **limited assurance** that the system will be able to respond to additional pressures during the winter period

3 Discussion of Key Issues

Context

3.1 Board members are well-aware of the challenges that have faced the Lothian Health and Care system throughout 2020 and 2021. The first waves of the covid-19 pandemic forced the system to respond to a new set of challenges and build new ways of working and new ways of working, not all of which were successful.

3.2 Managing these first waves depended in part on the application of restrictions on a societal level ("lockdowns") and on an individual level (Test and Protect and self-isolation). Both were based on a high level of societal conformance leading to a reduction in social mixing, which in turn led to a reduction in transferable disease incidence and a significant drop in attendances for health and care support. It would appear that society is much less concerned about covid-19 now, especially amongst certain sections, where the reopening has facilitated riskier behaviours, and where some citizens are clearly not going to take up vaccination.

3.3 The system was also maintained by a huge level of effort from staff, including those returning to practice and students, and a singular focus on dealing with the pandemic above all else.

3.4 As Scottish society has reached "beyond Level Zero" and reopened with minimal restrictions, so has demand on the health and care system been resurgent. Attendances at emergency departments have returned to pre-covid levels, and anecdotally general practice is reporting a doubling of demand.

3.5 This combines with;

- Exhaustion across the workforce;
- Guidance around self-isolation;
- Reduced access to the additional flexible workforce which provided capacity in previous waves;
- A need to restart the provision of “business as usual” care including elective and outpatient work;
- Severe challenges in sustaining the care workforce in particular, given the alternatives in the economy which are now available. These alternatives are frequently financially more attractive.

3.6 Most crucially are;

- The increased transmissibility of the currently-prevailing Delta variant of covid-19;
- What appears to be a pent-up “health debt” for those who did not access care during lockdowns, where conditions have worsened and require more care than they would have done otherwise.

3.7 Taken together, these challenges are significant, and operationally the system is under considerable strain. With this in mind the “Gold Command” resilience structures were stood back up in August and have met three times a week to focus on increasing flow across the system.

3.8 Winter traditionally brings a spike in unscheduled care activity generally, with underlying reasons including poor weather leading to orthopaedic trauma, fuel poverty and poor housing to challenges with general health, and citizens staying indoors more, socialising, and therefore transferring influenza, norovirus, coughs and colds. This all, of course, applies to staff as much as it does to the general citizenry.

3.9 Winter 2021-22 is expected to see a considerable increase in these infections, not least because immunity among the populace will have reduced due to the lack of such infection spikes throughout 2020 and well into 2021. This is also expected to lead to an increased prevalence of RSV in children, which can be very serious and require hospitalisation.

Remobilisation Plan 4 and winter planning

3.10 It is within this context that the Lothian Health and Care system (LHCS) has worked to develop risk mitigation plans for all services for the winter ahead. Prior to the pandemic, a dedicated winter plan was required annually from Health Boards detailing how they would manage risks. With the development of the Mobilisation and Remobilisation Plan sequence a separate winter plan is no longer required, but rather a delivery template outlining key risks and issues and the organisation’s plans to mitigate those risks.

3.11 In addition, a winter planning checklist is supplied to Boards with standard good practice recommendations for the Board’s operational teams to consider. The Lothian system’s winter planning checklist is attached as appendix 1 to this paper.

3.12 What is apparent from this checklist is that while the prescribed processes are in place, the capacity requirement to cope with winter surges is not, and will not be. This can already be seen throughout the system:

- Delayed discharge performance being at 236 delays as at the end of August, comparable with February 2020 levels. Care at home and care home providers are describing an inability to recruit and retain staff;
- Performance against the 4-hour emergency access standard being below 80%, against a target of 95%, and an unprecedented number of patients waiting longer than 12 hours. The Royal Infirmary, in particular, was just over 60% against this standard in August;
- The system's inability to deliver priority 3 and 4 surgical treatment due to pressures on beds and theatre staffing. This has included most recently the postponement of all p3 and p4 surgical treatments in children's services;
- Having 16 beds closed currently at St John's Hospital and 11 at the Western General due to lack of staff;
- The gradual but inexorable rise in the number of covid-19 infected patients in general wards, which across RIE, SJH, and WGH totals 134 as at 24th September. SG projections are that we will stay at this level through the next 2-3 months at least;
- Similarly, the number of covid patients in our critical care units is now 16.

3.13 While delayed discharge and 4-hour performance are problems from before the pandemic, the other aspects are new and represent significant risk.

3.14 These issues are, as Board members are aware, not limited to Lothian nor indeed territorial Boards, as the recent publicity regarding the Scottish Ambulance Service demonstrates.

Plans for winter

3.15 At 1st September's Performance, Planning, and Development Committee, Board members received a presentation from the Chief Officers for Acute and our 4 IJB partners on actions proposed to provide additional capacity for the winter period and to maintain flow. The slide deck for this is appended as appendix 2 to this paper.

3.16 The Lothian Unscheduled Care Committee disbursed £2.2m of dedicated winter funding in June 2021, to ensure that there was sufficient time for teams to put in place additional measures. This funding was split:

- £361k to Health and Social Care Partnerships;
- £1,000k to acute services;
- £337k to primary care services;
- £132k to flu programme;
- £251k to point of care testing programmes across the system

Health and Social Care Partnerships

3.17 **East Lothian** Health and Social Care Partnership intends to:

- invest in additional Discharge to Assess capacity, to improve flow from acute hospitals;
- expand capacity within East Lothian Community Hospital to specifically target health delays from acute services, and provide capacity on a pan-system basis for rehabilitation. In order to staff the 18 additional beds, it has been necessary to temporarily close the in-patient unit at Edington Community Hospital meaning a net additional 12 beds.

Delayed discharge performance in East Lothian is ranked 5th by head of population, out of 32 local authority areas.

3.18 **Midlothian** Health and Social Care Partnership has:

- Worked to deliver 7-day cover for critical discharge-supporting services;
- Opened an additional 12 beds at Glenlee ward, Midlothian Community Hospital;
- Secured additional funding for recruitment to Discharge to Assess and Hospital to Home, supported by NHS band 2 staff, from the Midlothian IJB;
- Identified opportunities to expand its Community Respiratory Team, to support 5 additional discharges and 8 prevented admissions per month. As of the date of this paper, there is a further set of opportunities currently unfunded for a further expansion of this team, providing an additional 10 discharges and 15 prevented admissions per month;
- Also currently unfunded is additional GP and OT capacity to prevent 7 attendances per week by the frail elderly, and 5 admissions of less than 24 hours to RIE per week.

Midlothian currently ranks 14th out of 32 local authority areas in delayed discharge performance.

3.19 **City of Edinburgh** Health and Social Care Partnership has:

- Invested in additional proactive measures to support people at risk of falls, aiming to reduce SAS conveyance to hospital by 25%;
- Expanded its Community Respiratory Team services, with a capacity for 10 additional patients per month;
- Recruited additional social workers to assist with a further 80 assessments per month;
- Expanded its discharge to assess service to be able to take on a further 50-75 cases per month;
- Continued to develop its Hospital at Home services;

City of Edinburgh currently ranks 31st of 32 local authority areas in delayed discharge performance.

3.20 **West Lothian** Health and Social Care Partnership has:

- Invested in its reablement programme, providing up to 15 additional discharges per week;
- Additional social worker capacity recruited and focussed on eliminated waits for assessment;
- Developed its discharge to assess and hospital to home approaches, providing 25 additional discharges per week;
- Invested in infrastructure and leadership posts to ensure grip and control;
- Identified currently unfunded opportunities in SJH AHP capacity, assessment capacity, and the creation of a single point of contact for assessment which could equate to up to 50 assessments and discharges per week.

West Lothian has improved its performance to currently rank 6th of 32 local authority areas in delayed discharge performance.

3.21 All four partnerships report concerns regarding the sustainability of the social care sector, with regular work to support providers and avoid returning contracts.

3.22 Less obviously, all four partnerships rightly flag the challenges associated with those waiting in the community for either assessment or care packages.

3.23 The challenges associated with the care sector have been escalated to the Scottish Government and a dedicated social care winter plan is under construction. The challenges regarding workforce and sustainability are common ones, it appears, across Scotland.

3.24 In recognition of these challenges, NHSL is recruiting for up to 90 band 2 posts across the system to support and provide additional capacity. This is not without risk, as there may be some shift from independent contractor work to NHS-employed.

Acute services

3.25 Within adult acute services, the system has moved to:

- Not produce additional general bed based plans, given staffing challenges;
- Provide 7 day cover – Enhanced AHP/Pharmacy / medical and Nursing cover;
- Reducing Length of Stay- Dedicated teams for Boarding patients;
- Admission Prevention– AHPs at front door / hot clinics;
- Improving flow- enhanced site and capacity / POCT / enhanced discharge; facilitators
- Enhanced CT capacity;
- 4 additional critical care beds

3.26 It is worth reiterating that almost all non-urgent elective activity has now ceased within acute services.

Children's services

3.26 Within children's services, additional testing capacity, additional qualified and unqualified nursing staff, and management grip through safety huddles are all in place. The Director and Associate Medical Director of Women's and Children's Services are both involved in national planning work regarding RSV plans.

Other considerations

3.27 Nationally, the issues facing Lothian are replicated in almost all national Boards. As of the writing of this paper, an action plan is under construction to bring together the key elements of additional support which can be provided at a system-wide level. This has included the deployment of military aid to the Ambulance Service.

3.28 This plan is being overseen by a national Systems Response Group, chaired by the NHS Scotland Chief Operating Officer. Both the Chairman and Director of Strategic Planning for NHS Lothian are members of this group.

3.29 Nationally, the system is determined to ensure effective delivery of the redesign of urgent care programme, and to this end actions are being taken to support the expansion of capacity at NHS24.

3.30 Alongside this, there is an interest nationally in what is being described at “interface care”, which is understood to be analogous to ambulatory care. The Lothian system is well served with programmes in this vein – community respiratory teams, hospital at home, same-day emergency care, and surgical hot clinics, to name but four – but is investigating whether additional benefits could be realised rapidly.

3.31 Finally, there is a reiteration of the importance of delivering against the Six Essential Actions programme for unscheduled care, and the Lothian system is working to manage these on a daily basis.

3.32 It should also be noted that NHSL remains committed to delivering vaccination programmes mandated by the Scottish Government, although some details of these are still to be finally confirmed, making planning trickier than it otherwise could be.

3.33 These actions will remain under constant review throughout the winter period, not least through the Gold Command structure.

Leadership arrangements

3.34 The Lothian system stood up its Gold Command structure in August this year. This meets 3 times a week and includes key system leaders focussing on improving flow through the system.

3.35 NHSL continues with its multi-layer leadership on-call system, and will monitor this closely for effectiveness and impact on staff through the winter.

3.36 Board members are aware of the robust business continuity arrangements in place in Lothian and under the direction of the Director of Public Health.

Assessment

3.37 NHS Lothian receives a weekly update showing epidemiological modelling on the predicted three-week course of the pandemic. This comes from the infrastructure supporting SAGE, and includes projections of the number of beds that would be required to accommodate hospital admissions as a result of covid infection.

As it stands, NHSL is unable to surge its bed capacity to match these projections. This applied throughout September, and this has been made clear in writing to the Scottish Government.

3.37 The major risk to the system is the scarcity of staff across all settings, and while the system is committed to attempting to recruit, indications are not as yet positive on this. There is the additional challenge that most providers are fishing in the same pool for recruits, and that the NHS will usually be the most stable (and potentially attractive) employer.

3.38 It is therefore difficult to see that the Board can be reassured that the position will not deteriorate during the winter ahead at least any more than to a limited level of reassurance.

4 Key Risks

4.1 There are clearly significant risks throughout the above description to the quality of care that can be provided through the winter, and to the system's ability to deliver against performance expectations.

4.2 The major risk, as noted above at 3.37, arises from concern regarding availability of staff.

5 Risk Register

5.1 All risks are already noted on the Board's risk register, but these will be reviewed in light of the assessment in this paper.

6 Impact on Inequality, Including Health Inequalities

6.1 No specific impact assessment has been undertaken.

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

7.1 National messaging is being developed on these points. Our own communications teams are developing approaches for the winter ahead.

8 Resource Implications

8.1 Winter plan investment of £2.2m has been made.

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23rd September 2021
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List of Appendices

1 – Lothian Winter Planning checklist

Preparing for Winter 2021/22: Supplementary Checklist of Winter Preparedness: Self-Assessment.

Priorities

1. **Resilience**
2. **Unscheduled / Elective Care**
3. **Out of Hours**
4. **Norovirus**
5. **COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing**
6. **Respiratory Pathway**
7. **Integration of Key Partners / Services**

These checklists supplement the narrative and deliverables identified in your RMP4 and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance and experiences of managing Covid -19.

Your winter preparedness assessment should cover systems, processes and plans which take into account the potential impacts of COVID-19, Respiratory Syncytial Virus (RSV), seasonal flu, other respiratory conditions and severe weather impacts. Plans should recognise that some of these events may occur concurrently and should take into account system wide impacts. Plans should also reflect a strategic as well as operational approach to maintain service resilience and business continuity.

The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS National Boards should support local health and social care systems to develop their winter plans as appropriate.

Winter Preparedness: Self-Assessment Guidance

- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.

- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action /Comments
1	NHS Board and Health and Social Care Partnerships (HSCPs) have clearly identified all potential disruptive risks to service delivery and have developed robust Business Continuity (BC) plans to mitigate these risks. Specific risks include the impact of Respiratory Infections (e.g. Covid, RSV, Seasonal Flu) on service capacity, severe weather and staff absence. Business continuity arrangements have built on lessons identified from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded in Remobilisation / Annual Operating Plans as part of all-year-round capacity and service continuity planning *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details.* This guidance Preparing for Emergencies Guidance*sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☒ ☒	 	NHS Lothian's Resilience Strategy is supported by the Resilience Assurance Process, requiring sites and services to undertake a resilience risk assessment and to update Operational and Tactical resilience plans with any changes, including lessons learned, these plans are submitted annually and signed off at Director level. The resilience team are available to support and advise the sites and services throughout this process <u>Edinburgh HSCP:</u> The Partnership has a designed Resilience Lead and Co-ordinator who regularly link with both Council and NHSL resilience teams in a resilience event. The Partnership Resilience Team review the severe weather plan annually as part of a formal review, with reviews undertaken as part of any severe weather incidents to

				ensure any lessons learned are captured in future iterations of the plan (eg this year the resilience teams will work with CEC Transport and Roads colleagues to ensure optimal use of existing resources. In addition, additional seasonal resources such as hired 4x4s will be brought in at an earlier stage). There are several groups that manage/co-ordinate resilience activity included the Resilience Steering Group, Resilience Committee which includes a cross-section of the Partnership and focus on resilience events. Alongside this, a severe weather group was set up in 2019, and include a range of key stakeholders. This group specifically focuses on winter weather-related incidents. As the response to COVID19 is now being managed in a more planned way, the command centre has been stood down, however an Operational Oversight Group was stood up in its place in Summer 2020 and was changed to focus on system pressures highlighting	

				the fluid and dynamic nature of the operational response at this time. This arrangement will be kept under review. The Partnership are currently in the process of updating their resilience plans and Business Impact Assessments and aim to be completed by early October. The plans cover the arrangements for services to maintain their service in the event of a resilience event (eg loss of building, loss of IT etc). The Partnership are currently looking to create integrated resilience plans as currently the Council and NHSL have difference ways of documenting their approach to a resilience event. The Resilience Steering Group also discuss a range of potential resilience related activity that could affect service deliver (eg EU Exit, COP26) and agree / discuss mitigation strategies <u>Midlothian HSCP:</u> All services updating service resilience plans and additional winter-specific resilience	

				planning by 13/09. Winter operational briefing with services was held on 30/08 to review previous winter experiences and go over resilience planning requirements. Baseline capacity will be monitored to evaluate services' resilience planning. <u>West Lothian HSCP:</u> Resilience plans in place to support Business Continuity. These are updated annually and also cover the specific risks identified. The pandemic has allowed us to test out our business continuity in real time. <u>East Lothian HSCP:</u> Business continuity arrangements are in place across East Lothian HSCP's (ELHSCP's) services, with associated documentation available to all staff via a shared drive.	

2	BC plans take into account all critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios and are linked to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required to maintain them are included on the corporate risk register and are actively monitored by the risk owner. The Health Board and HSC partnership have robust arrangements in place to support mutual aid between local / regional partners in respect of the risks and impacts identified	☒ ☒ ☒	■ ■	NHS Lothian's resilience strategy adopts an all risk approach but requires services to assess risk and mitigation, including loss of staff and loss of access to departments. Critical activities are identified, within the Operation Plans, by each service along with the risks and mitigations. Minimum requirements are also identified for these activities to continue and how these needs would be met. <u>Primary Care and USC</u>: Ongoing active monitoring and review <u>Edinburgh HSCP:</u> Partnership Resilience Plans cover all essential / critical services and document the risks and impact of service disruption and considers the resources needed to maintain key services in an emergency and appropriate risk assessment have been undertaken. The Partnership have also tested their call trees in terms of how long it would take key staff to arrive on site to allow	

				planning to determine minimum number of staff that could be available in a resilience situation. The Partnership resilience lead / co-ordinator is linked into the relevant Council and NHS Lothian resilience groups. <u>Midlothian HSCP:</u> As above All services completing resilience plans to maintain baseline capacity, taking into account staff sickness absence. Planning for annual leave to ensure service deliver is maintained over winter period. <u>West Lothian HSCP:</u> Business Continuity plans in place. Prioritisation system in to risk assess and prioritise people with greatest needs. EG DN – Diabetics <u>East Lothian HSCP:</u> Individual ELHSCP service	

			■	areas have resilience plans in place to ensure maintenance/ prioritisation of service delivery under all scenarios, including Covid-19 Primary Care Lockdown Plan agreed with NHS Lothian Primary Care Contractor Organisation to ensure continuity of primary care services GP Practice continuity plans and buddying arrangements are in place to maintain services through winter and in the event of Covid-19 impacts on staffing and service delivery.	
3	The NHS Board and HSCPs have appropriate policies in place to cover issues such as : • what staff should do in the event of severe weather or other issues hindering access to work, and • arrangements to effectively communicate information on appropriate travel and other advice to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	☒	■	There is an HR Policy Group document: Adverse Weather and Major Transport Disruption Policy and Procedures <u>Acute Services</u>: Severe weather policies, in place and available via intranet. In addition are proactively shared at appropriate time of year with all acute teams via Site Leadership teams . <u>Primary Care and USC</u>	

			■	LUCS Business Continuity Plan <u>Edinburgh HSCP:</u> Both CEC and NHS Lothian have appropriate procedures in place which are held on the orb /intranet. The procedures are regularly communicated with staff about what they should do in the event of adverse weather/ access to work. The Partnership also ensures that any key communications relating to accessing travel arrangements are cascaded through the management line (eg bus strike) or via colleague news. ■ <u>Midlothian HSCP:</u> Working with Midlothian Council teams and local voluntary groups for access to transport in severe weather. Service level agreement has been updated and SOP for accessing 4x4s is being produced. Individual services are maintaining lists of staff who can drive other staff. Services also prepared for staff to work from home or change work base as required.

			■	West Lothian HSCP: Business Continuity plans in place that cover severe weather and staffing. Staffing is well exercised. Local communication arrangements in place including the use of social media to communicate general messages.	
			■	East Lothian HSCP: ELHSCP Winter plan is in place for all services. This includes contact details for all staff, and operational guidance to cope with all scenarios, communication approaches, escalation policies and utilisation of voluntary group/partner assets in maintaining key services.	
4	NHS Board/HSCPs websites will be used to advise patients on any changes to service access arrangements or cancellations of clinics / outpatient services due to severe weather, reduced staffing levels etc,	☒	■	Services would use these as appropriate Primary Care and USC Flow Centre and NHS24 messaging	

			■ ■ ■	<u>Edinburgh HSCP:</u> There are communication plans in place and in the event of severe weather impacting on service delivery, access to services, the Partnership website as well as NHS Lothian and CEC would be updated accordingly. The Partnership would also utilise relevant twitter accounts to communicate any issues. This is included the Council's Severe Weather plan. <u>Midlothian HSCP:</u> Communications via social media and website. All staff communication mechanisms for the HSCP are in place. Process for any emergency/urgent comms in place and draft scheduled comms plan including holiday closures being developed. <u>West Lothian HSCP:</u> Communications directly with those affected, along with use of social media. <u>East Lothian HSCP:</u>

			■	ELHSCP website and social media feeds are kept updated on all changes to service delivery arrangements as soon as these become known.
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	☒	■ ■	<u>Acute Services:</u> Enhanced body storage capacity by purchasing Nutwell units at the earliest phases of the pandemic. These remain available. Risk re bariatric patient storage across system <u>Midlothian HSCP:</u> Midlothian Council have developed plans for this <u>East Lothian HSCP:</u> ELHSCP used local funeral directors and capacity above the expected mortality norms is available

2	Unscheduled / Elective Care Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	**Clinically Focussed and Empowered Management**			
1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity and visibility of other key performance indicators *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☒	■	<u>Acute Services:</u> USC committee in place with whole system MDT representation to oversee winter planning and monitoring of outcomes. Clear communication processes are in place across all Acute AHP services. Evidenced by existing operational huddles, safety pauses teleconferences and escalation routes on all sites. Continue to focus on daily senior review, EDD/PDD with Site Triumvirate focussed on safe patient flow. Good links with e.g. Gold and Silver and good links with other Acute sites. Process in place for minimum of once / day pan acute

				teleconference to ensure across system flow and decision making. Tactical and strategic decision making taken through Bronze, silver and Gold command. GOLD is overarching whole system.
			■	<u>Primary Care and USC:</u> Ongoing Clear operational lines of escalation and communication processes are in place within EHSCP including regular Executive Management Team meetings and Senior Operational Team meetings. <u>Edinburgh HSCP:</u> Note: All of the tactical daily operational meetings (e.g., huddles, teleconferences etc. can be stepped up out of hours or more frequently when required.) <u>Midlothian HSCP:</u> Winter EMT established and meeting weekly w/c 13/09 as avenue for escalation and

				dissemination of information; performance monitoring is a key part of this Daily huddles for intermediate care services and delayed discharges All staff communication channels established Monthly IJB Brief commencing 07/10 to include winter information <u>West Lothian HSCP:</u> Daily Flow Huddle in place Monday to Friday with representation from the acute sites and other partners focused on supporting patient flow. Oncall Manager Rota in place for out of hours and weekends <u>East Lothian HSCP:</u> Daily 8am huddles are held by ELHSCP management 7 days per week. These can be increased to twice daily if required. The huddles support rapid rundowns across all acute wards in East Lothian Community Hospital

				Robust site management policies are in place in all ELHSCP premises and with partners responsible for other premises utilised by HSCP services and staff.
1.2	Effective communication protocols are in place between clinical departments and senior managers across the whole system, to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked with key actions and timescales assigned to individuals.	☒	■	<u>Acute Services</u>: Acute Medical Director engaged to support senior decision making. Robust on call system. Confident that there are effective communication protocols in place between AHP teams/clinical departments and senior managers across the whole system. Evidenced by existing daily operational huddles, teleconferences and escalation routes on all acute sites. . Good links with e.g. Gold and Silver and good links with other Acute sites.

				Evidenced in DATCC by regular teleconference/teams meetings, escalation routes in place for all services to SMT. Good links with Gold and Silver and Site Teams <u>Primary Care and USC:</u> Need to share escalation policies <u>Edinburgh HSCP:</u> Daily tele- or video conferences will be scheduled if there are significant pressures across the system. Individual services have systems in place for daily for the communication and escalation of pressures or issues, for example via daily huddles. From these actions are identified and followed up. <u>Midlothian HSCP:</u> As above Involved with NHS Lothian Gold Command and local authority Gold when initiatied <u>East Lothian HSCP</u>: ELHSCP Site and Capacity Team works 7 days per week to support

				staff deployment and to escalate issues in real-time. Well-established and regular communication channels between clinical departments, community services, independent contractors and senior managers in ELHSCP ensures early discussion of any and all pressures, escalation of issues as appropriate and commencement of actions to address pressures. ELHSCP has clear communication channels in place with GP Practices including identified Service Manager contacts for practices. It uses established levels of reporting as per PCCO guidelines to establish when practices are under pressure and may have difficulty in to delivering core and enhanced services.
1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.*	☐	■	<u>Acute Services</u>: Clinical prioritisation embedded for Scheduled Care. Daily risk assessment in place taking account of unscheduled demand and available capacity

	Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care, with PDDs (planned dates of discharge) visible and worked towards, to ensure patients are discharged withouth delay.		■	in each site / service – workforce, beds, theatre, critical care to determine scheduled care activity. AHP teams will use appropriate prioritisation criteria to support discharge and enhance patient flow. N.B: Process would be RAG status green – reality and impact red <u>Primary Care and USC:</u> LUCS Business Continuity Plan Specific PDD Project looking at effective discharge and patient transfers is still in the early stages of planning and implementation. Test of Change within an Acute site and Intermediate Care Facility will form the process to establish an effective and standardised approach in line with the new Person Centred Care Planning model within Trak. <u>East Lothian HSCP:</u> East Lothian Rehabilitation Service (ELRS) proactively screens the admission lists on a daily basis (Mon-Fri) to highlight those with

				potential to be supported on discharge home (These are highlighted on Trak).
1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	☐	■	<u>Acute Services</u>: Sustainable staffing discussed daily at operational huddles with engagement from clinical teams and partnership leads to ensure safe staffing in all areas, however this remains an ongoing concern given sickness absence and vacancy rates across acute and community services. On nursing home closures and number of delays on the site - There are a high number of delays on Acute site plus inability to support now pre winter, we need clarity that the action can be put in place from partnerships. Difficult to answer fully as we do not have access to the community surge plans.

			■	<u>Edinburgh HSCP:</u> Care Home admissions are managed centrally matched to available capacity and information about capacity in private care homes is also utilised to match service users to places dependant on price and funding available. Should exceptional pressures develop these will be escalated to EMT. Senior Mgt is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge/early sight of any specific issues in community hospitals which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton Hospital over winter. Any escalations will be via Head of Operations to the EMT/Chief Officer. The Partnership is in the process of reviewing how any excess capacity in internal care homes might be utilised to the best effect over winter, and working closely with other providers to secure additional interim care placements should the need arise

			■ ■ ■	<u>Midlothian HSCP:</u> Full HSCP strategic winter plan by 18/09 to cover capacity and workforce, substantiated by robust action plan. Going to IJB in October. <u>West Lothian HSCP:</u> Community hospital and Care Homes continue to have capacity, the challenge is the infection status. WL have access to Step down beds in both care homes and community hospitals. Over 100 beds are sitting empty within the system. <u>East Lothian HSCP:</u> ELHSCP has established efficient processes for the utilisation of step-down, community hospital and care home beds.

2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID-19 activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**			
2.1	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for COVID demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID-19 care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.* *NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID-19 surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.*	☐	■	Acute Services: Limited surge capacity with areas identified for covid red pathways and mobilisation of amber patients to other areas creating strain on rest of hospital system specifically on scheduled care. Local site winter plans are traditionally based on activity trends for recent years, however, there is added pressure anticipated due to red and amber flow requirements, the lack of capacity in the community, the high prevalence of Covid in the community and hospital attendances and increase in usual winter attendances. Sites are already seeing a higher number of attendances, back to pre covid levels, with increase in acuity. There is no bed-based model to support this year with 45 beds

				currently (in September) closed across the acute base due to staffing pressures. There are variable but traditionally higher numbers of beds closed due to IPCT advice over winter period further compounding flow. Ability to staff wards and if surge capacity not already in use for ongoing COVID management, there will be an impact on urgent elective activity (P2) not just P3 and P4 Ability to deliver elective workload remains vulnerable and is likely to remain so throughout Winter. Staffing remains a challenge and we do not anticipate this improving soon. Winter bid discussions have taken place with local evaluation of proposals and approval at Emergency Access followed by final sign off at SMT. For example these included: 7 Day Discharge Facilitators; Winter boarding teams and inpatient diabetes service to

				support improvements in length of stay. Review surgical staffing model to identify potential for additional surgical presence at front door to address rising surgical presentations Continue to deploy additional medical shift at front door (twilight shift) to support reduction of risk/delays to first assessment Working alongside EHSCP Home First to enhance capacity to support discharge. Development of PT and OT targeted team to support Health delays on RIE site. Processes in place across DATCC services to deliver workload demand. Prioritisation in place in both A&T and Radiology. Staffing availability remains vulnerable. <u>Primary Care and USC:</u> Ongoing development required

				to better understand the impact of changes in delivery of care on capacity for in and out of hours triage and face to face assessments <u>Midlothian HSCP:</u> Building performance monitoring and KPIs to be regularly reported to weekly winter EMT, looking for risks/bottlenecks in delays, beds, capacity, demand, etc. relating to HSCP community performance <u>East Lothian HSCP:</u> ELHSCP has experience of quickly redeploying staff from non-essential to essential services. Red, Amber and Green Zones have operated East Lothian Community Hospital wards. These will be reintroduced if necessary.
2.2	Pre-planning created pathways which provide an alternative to admission, and optimised the use of inpatient capacity for the delivery of emergency and elective treatment, including identification of winter / COVID-19 surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work.	☐		<u>Acute Services</u>: Each HSCP has a range of existing services which support prevention of ED attendance /

	This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution. *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.* *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*			acute admission and proactive management of flow from acute to reduce delayed discharges Each acute site has sign-posting and redirection processes in place at front doors, and a focus on pre-12 discharges and reducing LoS, and additionally the Flow Centre supports direction of referred patients to the right site and patient transport Flow Centre has the following alternative pathways: SDEC at WGH, Hospital at Home Edinburgh, Ambulatory Care RIE, Respiratory Hot Clinic. Vascular “Hot Clinics” delivered in OPD and supported by clinical staff across the week. Recruitment underway for expansion of four Critical Care beds as agreed nationally. Enhancing supported discharge capacity at RIE and WGH with B4 post in collaboration with

				EHSCP Home First. Evidenced by EMA model at SJH. Preventing admission into inpatient bed. Fragile model given limited space and staffing challenges (SJH Team) Continue to maximise use of SDEC as alternative to attendance at front door areas to allow WGH and RIE GP medical flow to be supported – aiming to extend SDEC service later into the day to support later GP presentations. SDEC as part of the future plan is moving to a later in the day and covering Saturday Model. This will support capacity and demand of the appointment slots and an ability to pull from the front door later in to the evening. There is a strong focus on sharing the risk at the front door. They have just had approval for a Team Lead 8a Advanced Nurse practitioner and have recruited to full nursing establishment for current model. Increase in resource is required

				to assist the new model. The plan is with finance to cost and a paper will be presented to the UCCB to support authorisation. Inpatient diabetes enhanced services have been agreed to be prioritised through Emergency Access as part of WGH winter plan. Work underway to schedule all self-presenters to Minors with an in-house triage and local communications being developed. Continue to provide CallMia service for virtual consultations and scheduled appointments to prevent need for attendance at acute sites supporting reduction in overcrowding and staff and patient safety with potential COVID-19 surges. <u>Primary Care and USC:</u> Ongoing development required <u>East Lothian HSCP</u>: ELRS provides same day OT/PT assessment to prevent admission,

			■	by taking referrals from GPs or for patients seen under the H@H caseload. Urgent assessments are also accepted under other caseloads such as Domiciliary Physiotherapy, Advanced Practitioner Physiotherapy pathway and Community OT.
3	**Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.**			
3.1	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations*.	☐	■	<u>Acute Services</u>: Enhanced consultant cover rota to be finalised at SJH, with recruitment to additional frailty team and discharge team posts ongoing. Aimed at supporting increase in activity and working 6 day model. Well established festive period staffing models (normally funded via non-recurrent winter funding and supported again this year) at the RIE. (RIE Team) Well established festive period staffing models with appropriate levels of senior management on

				duty for DATCC. At the WGH updating CSM, CNM and SMOC Rota. Medical rota 1st draft has been created for winter period encompassing the OOH period. Continue to support wider system, including RIE with mutual aid for GP flow and proportion of MoE beds where capacity is available. New General Manager not starting until January which is a risk. On- call rotas being finalised moving to day about to support staff resilience over festive period <u>Edinburgh HSCP</u>: EHSCP will map annual leave arrangements for all teams to ensure there is adequate cover in place. There will be clearly defined points of contact across the system for the duration of the festive period; providing assurance there is

				adequate leadership in place for the purpose of immediate decision-making, responding to any unexpected situations that may arise as well as programmed activity. <u>Midlothian HSCP:</u> Winter operational briefing with service managers on 30/08 as reminder for holiday cover. Resilience planning templates to be completed by 13/09. All services to have holiday cover plans by 01/10. <u>East Lothian HSCP</u>: Planning across ELHSCP is actively underway to secure appropriate staff cover at all grades. Additional staff are being recruited to the Hospital to Home team. Posts within Home Care are being recruited to on 30hrs a week contracts, an increase from the usual 20hrs. A currently unused floor in Crookston Care Home is available to provide 20 beds if demand

				increases. Planning of Public Holiday cover by OT/PT is underway and will provide priority cover for inpatient and community caseloads.
3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☒	■	<u>Acute Services</u>: Factored into festive leave planning – All services. CSM, SMOC and CNM rota and Medical rota sin development for winter period. Orthopaedic plan supporting trauma activity requirements for out-patient activity (Ortho team/ OAS) Provision of plaster technician to Orthopaedic wards across festive period agreed each year (OAS/Ortho) <u>Primary Care and USC:</u> Reminder letter will be sent to GP practices to ask them to plan appropriately for the "return to

				work" days Edinburgh HSCP: As above Midlothian HSCP: As above Services planning/approving annual leave currently for winter period. East Lothian HSCP: Standard cover will be in place and agreed across inpatients, outpatients and community OT and PT in East Lothian adhering to minimum staffing levels. Other ELHSCP service rotas are being finalised.
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations*	☐		Acute Services: NHSL retains good links with partner organisations including Police Scotland. Edinburgh HSCP: EHSCP now has a tactical resilience plan and an Incident Management Team. The resilience plan includes collaborative links with Police Scotland, for example

				during severe weather. <u>Midlothian HSCP:</u> Working with NHS Lothian within their Cat. 1 responder responsibilities <u>East Lothian HSCP</u>: There is close working between ELHSCP and partners.
3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*	☐		<u>Primary Care and USC:</u> Care Home cover by GPs will be arranged over festive period as in previous years Community Pharmacy opening hours over festive period will be collated and shared Details of emergency dental service cover over festive period will be collated and shared <u>Edinburgh HSCP</u> This is communicated via NHS Lothian Primary Care Contracts Office (PCCO) at Waverley Gate. PCCO communicate community

				pharmacy hours of service to relevant parties, including updating NHS Inform. ■ Midlothian HSCP: Communications plan in place to disseminate information and emergency comms process in place. ■ East Lothian HSCP: Primary Care contact details and opening hours, including HSCP managed services (CWIC, CWIC MH, CTACS) and independent contracted services included in local operational winter plan
	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of hospital associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**			Acute Services: Flow Centre co-ordinates other alternatives to hospital, including access to SDEC, and redesign of urgent care is in place 24/7 Midlothian HSCP: ■ Representation on NHS Lothian Unscheduled Care Programme Board Local planning in place to support key pathways

				Continued development of Home First models and pathways
3.5	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide viable appointments / timeslots at A&E services. The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.			<u>Acute Services</u>: SDEC, other alternatives to hospital and redesign of urgent care are in place 24/7 Covid-19 triage still has gaps but the Flow Centre is working on providing a more consistent service. Also, working on having a Senior Clinical Decision Maker based in the Flow Centre. Flow Centre has capacity to book patients for scheduled VC and face-to-face appointments Implementation of test of senior medical decision-maker in Flow Centre to identify improvements to referral pathways for patients with a view to reducing attendances at acute site / ensuring patients are seen at the right place first time. <u>Primary Care and USC:</u> Lothian has an established FNC operating 24/7. The FNC can

				accept and processing referrals from NHS24, GP's, HCP's and SAS The Senior clinical decision maker within FNC is a combination of Covid Triage clinicians from 8am – midnight, and ED teams at RIE and RHCYP from midnight – 8am. The exploration of an acute physician within the flow centre is being explored. Planning is currently underway to undertake further scoping of this in Sept / Oct 21. We are experiencing workforce challenges with fully staffing the covid triage/RUC SCDM rota, and there are also workforce challenges with GP OOH – as per longstanding GP sustainability issues. We are discussing how best to manage the NHS24 referrals across GP OOH, Covid and RUC flows with potentially moving to one clinical triage workforce to try to improve workforce sustainability, but early in planning process. The FNC can schedule attendance to MIU / ED / SDEC and other urgent care services. Plans are progressing to expand the opportunity for further scheduled urgent care attendance.

				A local equality integrated impact assessment has been completed and reviewed / monitored on a regular basis. <u>Midlothian HSCP:</u> As above Representation on RUC Project Board Working with acute, primary care, and flow centre colleagues to build professional to professional pathways to Midlothian's Single Point of Access <u>East Lothian HSCP</u>: ELHSCP is engaging with the Scheduling Unscheduled Care workstream to ensure regional coordination. ELHSCP is developing a single point of contact for its HSCP managed Primary Care services in response to phase 2 of the Scheduling Unscheduled Care services, to ensure East Lothian patients are directed to the most appropriate member of the MDT.

				A pathway is in place for ELHSCP's Advanced Practice Physiotherapy in the community. D2A supports discharges from A&E and MAU (having had minimum AHP input) referrals are accepted outwith core hours (e.g. weekends). A single point of access (SPOC) is in place for patient access to OT & PT including MSK, intervening to potentially prevent patients from attending A&E. The designated D2A phone line is available for GPs to directly refer for same day OT/PT assessment in the community to prevent admission.
3.6	Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.		■	<u>Acute Services</u>: Scottish Ambulance Service is able to access Prof to Prof advice via the Flow Centre paramedics and able to make direct referrals for remote consultation or face-to-face through agreed clinical pathways e.g. for falls Opportunities for P2P as part of

				the acute physician in FC test of change as part of the RUC work. SAS referrals via FC to SDEC being developed: Scottish Ambulance Service is able to access Prof to Prof advice via the Flow Centre paramedics and able to make direct referrals for remote consultation or face-to-face through agreed clinical pathways e.g. for falls Opportunities for P2P as part of the acute physician in FC test of change as part of the RUC work. SAS referrals via FC to SDEC being developed <u>Primary Care and USC:</u> NHS Lothian is currently reviewing prof to prof advice and referral pathways to ensure all required advice and referral pathways are in place. We are working collaboratively with SAS to optimise use of appropriate alternative pathways to ED attendance. This includes scheduled attendance to MIU / SDEC / H@H etc.

				LUCS has a robust Prof to Prof line through the Flow Centre <u>Edinburgh HSCP</u>: Work is continuing and ongoing as part of the Redesign of Urgent Care Phase 2 workstream to redirect appropriate community pathways through the Flow Centre . There has been refinement to Urgent Care pathways via the Flow Centre to support Prevention of Admission (Home First, Hospital at Home and the Community Respiratory Team). There have been additional pathways established including that from SAS direct to Hospital and Home, ED direct to Hospital at Home, and the SAS Falls Pathway. Hospital at Home takes referrals from SAS crews to prevent transporting to hospital and therefore avoiding admission. They have also enhanced weekend referrals to the service by taking GP referrals from care homes. Additional resource has been sourced and obtained from HIS and

				RUC for additional posts in Hospital at Home, the Flow Centre Home First Team and the Community Respiratory Team which will provide increased capacity and support. Development of a frailty nurse post in the Flow Centre to redirect admissions to hospital at home and rapid assessment. <u>Midlothian HSCP:</u> As above. Single Point of Access now in place CRT/SAS pathway established to avoid admissions Funding secured to develop pathway with paramedics within Hospital at Home <u>East Lothian HSCP</u>: East Lothian communities have direct access to some Primary Care services without the need to contact their GP Practice, most notably Mental Health and MSK services.

4	**Optimise patient flow by proactively managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools such as – Daily Dynamic Discharge, to shift the discharge curve to the left and optimise in day capacity,and ensure same rates of discharge over the weekend and public holiday as weekday.**			
4.1	Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	☐	■	Acute services: AHPs committed to MDT involvement in Discharge planning. Communication with HSCP to determine community therapy capacity to ensure optimal discharge planning. Evidenced by existing daily flow huddle with SJH and WL HSCP and associated escalation process. Evidenced by Discharge Hub processes in collaboration with Edinburgh HSCP as well as daily huddles. Escalation through snr management. RIE discharge hub in operation but ability to discharge can be

				reliant on downstream capacity which we cannot influence. However, downstream capacity currently a bottleneck, as of 7/9/21 there are >230 delays on acute sites which represents c7 wards of removed capacity. Programme of work underway re planned date of discharge across whole system. . PDSA cycle 3 for PDD at WGH is scheduled to include patients and families in the discharge planning <u>Primary Care and USC:</u> Through a PDD SLWG, currently piloting a PDD approach to support effective discharge planning within one acute and one ward within Intermediate Care. The following discussions are still in the early planning stages: - Particular focus on MDT meetings, ward round structure and timely requests for services such as diagnostics, medicines and transport.

				- In the initial stages of scoping potential alternative transport support/suppliers to alleviate transport delays including third sector/volunteering. <u>Edinburgh HSCP</u>: Onsite presence of Home First Navigators on both RIE and WGH acute sites with ED/MAU and wards working as part of the MDT to support POA. Home First Navigator working within discharge hub in WGH to manage people on acute medical wards. Discharge to Assess pathway and service fully utilised to create an alternative pathway to admission. Tests of change currently underway to begin the roll out of PDD in WGH (Wd 51) and ICF (Fillieside) with a further plan for the RIE site. PDD approach is heavily invested in the involvement of the patient and family/carer. Additional SW resource allocated for WGH and RIE sites as well as ICF to promote the Home First

				approach and early supported discharged maximising community assets. <u>Midlothian HSCP:</u> Daily delayed discharge calls to discuss plans Enhancement of Home First Model 7-day operation of Single Point of Access and Flow Hub Recruitment of additional HCSWs into D2A to move delays out of RIE Investment in Frailty GP project from HSCP Additional OT working with frailty GP to review A&E attendances of those with severe/moderate frailty Intensive assessment of top 10 frequent attenders to A&E over 75 Enhanced services from British

				Red Cross to support discharge Improving anticipatory care planning Plans in development for top 5 potentially preventable admissions Delays part of performance monitoring system built into weekly EMT tracking <u>West Lothian HSCP:</u> WLHSCP work to Home First and a planned discharge date aiming to avoid a delay. Patients are discussed daily at the Flow huddle – led by the Partnership. The local carers centre works with families via the integrated discharge hub to support involvement in discharge planning. <u>East Lothian HSCP</u>: ELHSCP Patient Flow and Site and Capacity support has expanded to work 7 days a week.

				Inpatients in East Lothian Community Hospital have a dedicated case coordinator to act as the link across all medical and social care professionals and the designated family contact. In ELCH, ward rapid rundowns occur daily, to ensure necessary actions are tasked to individuals and carried out as quickly as possible. Collaborative MDT discharge planning is in place for all patients in the Community Hospital. Teams already carry out effective 'in-reach' and active 'pulling' of East Lothian patients from the three acute hospitals in Lothian.
4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.*	☒	■	<u>Acute services</u>: Key areas that affect patient flow (Acute Front door/MOE/Ortho) have robust weekend and festive period Physio and OT cover. At SJH currently recruiting to frailty team and discharge hub team posts to support flow through system. Aimed at working 6 day model. Daily flow

				huddle with SJH and WL HSCP weekdays. Focus on pre-12 discharge profile in medicine and use of 'Golden Patient' initiative. Winter proposal to increase discharge facilitators to support weekend discharges PDD initiative/ programme of work underway to support MDT discharge planning including SW and criteria for discharge <u>Primary Care and USC:</u> Early discussions are underway to undertake a QI approach in Sept/Oct reviewing specific wards to reduce LoS and increase capacity and flow. This work will directly inform the overall PDD Project Plan. Current LoS pilot underway within one acute ward which is focussing on early discharging and 'the golden patient'. <u>Edinburgh HSCP</u>:

			■	Hub therapy weekend working will re-convene in November (Sat and Sun) and Social Work (SW) on Saturdays. There will also be public holiday SW cover over the festive period for acute sites. SWs will work closely with the D/C hubs. There is a low level of system wide discharge at weekends. The Lothian wide PDD work stream will drive improvements in performance as it rolls out. CRT operates a 7 day service as routine <u>Midlothian HSCP:</u> ■ Home First, Flow Hub, and SPOA now covering 7 days per week <u>East Lothian HSCP</u>: ■ A multi-disciplinary approach is established on all ELCH wards, facilitating 7-day discharge.

4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☐	■	<u>Acute services</u>: Discharge Lounge on all 3 Acute Sites. SJH lounge open on site with ability to take patients waiting medication, provide meals etc. Opening times Mon-Fri 10-6pm. At RIE Lounge open but utilisation is sporadic and rarely to full capacity. Work ongoing to improve this facility and understand barriers to access. At WGH Discharge lounge present on site with capacity for 21 patients per day. However use is variable and could be improved. Staffing challenges mean that discharge lounge staff are sometimes redeployed which impacts ability to improve utilisation. Furthermore

				increasing risk lounge will need to close if staff required to support inpatient areas <u>Primary Care and USC:</u> Specific focus on clear communication pathways between health and social care, pre-12 discharges and increasing the use of the discharge lounge on all acute sites.
4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☐	■	<u>Acute services</u>: Pharmacy: Winter funding money allocation being utilised to support the 3 acute adult sites for additional locum shifts for additional hours after the departments close weekdays and weekend rotas. However, the staff resource and funding required to optimally support patient discharge across the acute sites is not available. Additional pharmacy technicians, pharmacy support workers and independent prescribing pharmacists is still needed but permanent funding to attract these posts to NHS Lothian is needed in the tight

				recruitment environment that exists for this smaller specialist workforce. Working with the 4 HSCP around enhanced capacity for public holiday service <u>Midlothian HSCP:</u> As above HSCP Pharmacy recruiting to vacancies to increase capacity for winter surge Recruitment for additional D2A capacity commencing (risk in any recruitment delays) <u>East Lothian HSCP:</u> ELHSCP has increased Discharge to Assess capacity and planned prevention of admission slots – this is assisting in maintaining the HSCP's consistently good Delayed Discharge performance. ELHSCP continues to commission additional transport support for vulnerable patients to access Primary and Community Care services.

			■	Edinburgh HSCP: The NHS Lothian Community Pharmacy Core Group review demand and adjust Community Pharmacy opening hours accordingly. Pharmacists and Technicians are deployed across GP Practices to support pharmacotherapy services, medicines reconciliation at discharge and acute prescription requests.
5	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.**			
5.1	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels. *This will be particularly important over the festive holiday periods.* *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.* *Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*	☐	■ ■	Acute services: Continue to utilise D2A capacity within community to reduce LOS programme and facilitate effective PDD. Primary Care and USC: Ensure adequate staffing of CRT and H@H etc Edinburgh HSCP: Provision of care packages in Edinburgh is an ongoing challenge, in keeping with the trends across

				much of the Health and Social Care sector. The sector as a whole continues to struggle with the impact of COVID and Brexit on the available workforce and this is evidenced by the increasing levels of unmet need in the community and hospital delays. To mitigate some of the challenges and pressures EHSCP are working in close partnership with providers of these support services, and other wider groups of stakeholders to support at a minimum stability in the market and the existing capacity that they deliver. Measures currently being implemented to support and hopefully improve the situation are: • EHSCP funded and led campaign to promote employment opportunities in Edinburgh across the Health and Social Care sector targeted to start end Sept/early Oct and run through to Jan/Feb at a minimum. A landing page on EHSCP website will provide an understanding of what working in Health and Social Care means, rewards of the career, skills, values and attributes required and linking to roles organisations advertise through

				My Job Scotland. . • Additional CCA resources in post - 1WTE each for SE/SW/NW localities to start in Oct. This will replicate the successful “unmet need officer” role piloted in NE Locality which delivered a significant reduction in unmet need and hospital delays through a single point of contact and pro-active approach to building of relationships with providers, assessors, other health professionals and people waiting for support. The aim being to come to practical solutions to enable support to be put in place rapidly where previously there were barriers indicated. Also tracking hospital admissions where care arrangements exist and ensuring that these are re-started at earliest point of fitness to discharge, or where no discharge planning is in place to free up the capacity to match to another individual to support discharge home or prevention of admission. • Mapping exercise of existing care capacity both internally and externally, and new process implemented to

				increase collaborative working between all organisations delivering support. Maximise efficiencies that can be delivered through more joined up approaches to use of existing workforce to increase the number of individuals who can be supported to remain at home through provision of appropriate support arrangements. <u>Midlothian HSCP:</u> Workforce issues relating to Covid currently impacting significantly on availability of packages of care across the system. Plans in place to review current processes and systems to free up additional capacity. Use of RAG risk assessment for all clients when required. Recruitment of additional 20 HCSWs to support care for our Home First team. Working within Scottish Government guidance. Regular status communication to local authority and NHS Lothian Gold Command in line with other partnerships.

			 	<u>West Lothian HSCP:</u> Care at Home remains a risk around the flow within the system. Weekly meeting are currently in place to ensure oversight of care at home supply as part of the whole system approach. Data is used to track demand and capacity. <u>East Lothian HSCP</u>: A winter-monies funded test of change was completed over 4 months ending in June 2021. This enhanced the existing Discharge to Assess (D2A) pathway with Rehabilitation Support Workers in one geographical cluster. A report is available on request. Volunteer Development East Lothian provide a collaborative model alongside the D2A pathway to provide additional capacity and exit strategies. ELHSCP has increased Hospital to Home provision and internally managed and provided Homecare An Integrated Care Allocation Team was established to ensure

				the Independent Sector are fully engaged with care package allocation. Winter monies have been allocated for Occupational Therapy resource for ICAAT to expand the capacity of this team to work more proactively with the acute as well as identify digital alternatives to care. This is proposed across 7 days. The Business Continuity Plans of care at home providers will be updated. Cars are available for use by Internal Homecare Provision to provide rural care packages as well as bad weather responses. Providers are aware of increase in demand if families cannot return home to support service users due to Covid-19 restrictions on household visiting.
5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.*	☐	■	<u>Acute services</u>: Physio and OT - n/a but Amber for SLT as very difficult within current resource as above – AHPs

	All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible		■	<u>Edinburgh HSCP:</u> Additional Assistant Practitioner posts have been agreed and are currently being implemented to increase therapy capacity to support Discharge to Assess. The additional skills mix will ensure that the therapists are made available to provide additional rehabilitation, supporting better outcomes in a shorter duration. Patients considered through a variety and increasing range of pathways and services, including Discharge to Assess, Hospital at Home, Intermediate Care, and the Community Respiratory Team to reduce the length of hospital stay and to prevent a delayed discharge.
			■	<u>Midlothian HSCP:</u> These processes are in place
			■	<u>West Lothian HSCP:</u> Baillie Step Down unit focused on intermediate care rehab and ongoing assessment.
			■	<u>East Lothian HSCP:</u> As above, a winter-monies funded test of change was completed over 4 months ending in June 2021,

				enhancing the existing Discharge to Assess (D2A) pathway with Rehabilitation Support Workers, 1 geographical cluster. A report is available on request. 7day OT input into ICAAT is currently being recruited to.
5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☐	■ ■	<u>Acute services</u>: Physio and OT - n/a but Amber for SLT as very difficult within current resource as above – AHPs <u>Primary Care and USC:</u> Ask practices to update their patients' KIS <u>Edinburgh HSCP:</u> The Long Term Conditions (LTC) Programme has worked with health & social care professionals and third sector organisations to improve ACP conversations and models for sharing/accessing information across the integrated system. COVID19 ACP bundles with educational guidance, information for citizens, and resources for sharing/accessing ACP quality criteria across the integrated

				system have been developed for health and social care professionals, GP practice teams, care homes and third sector partners. The care home ACP model has been shared nationally and recently updated with learning and improvements gained during the pandemic, available on the NHS Lothian care home website: 7 steps to ACP: Creating Covid-19 relevant ACPs in Care Homes - Implementation Guide and Resources All other ACP bundles are available on the NHS Lothian intranet and will be soon be available on the HIS Midlothian HSCP: ■ Process in place for SAS/acute services to view this information if developed by the practices ■ East Lothian HSCP: An Advanced Physiotherapy Practitioner for long term conditions is embedded into ELRS core services, targeting frequent attenders to the acute setting. Current test of change in 1 of the 3 geographical clusters by ELRS, using the skills of an Advanced Practice OT to focus on frailty and

				frequent attenders.
5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances. *KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.*	☐	■	<u>Primary Care and USC:</u> Ask practices to update their patients' KIS <u>Edinburgh HSCP</u>: There are 259,301 active Key Information Summaries (KIS) in place for people in Edinburgh, a 287% increase since March 2020. Guidance has been shared with GP practices on how to review and update the volume of KISs in place, including when to obtain consent to prevent KISs for high risk individuals created under the COVID19 protocol being deleted. The Long Term Conditions Programme is facilitating the scale and spread of ACP across community, primary, acute, and 3rd sector services. Providing improvement and implementation support to utilise the ACP bundles (see 5.3), working with teams to test and embed ACP across the patient journey (eg Medicine of the Elderly, Old Age Psychiatry, Emergency Medicine, Clinical Genetics Service, Community Nursing, Lanfine Service (neurological conditions), District Nursing, Home Care, Carer

				Support Services, Adults with Complex and Exceptional Needs Service, Care Homes, and Home First teams, Dementia Link Workers, Admiral Nurses, and Improving the Cancer Journey Link Workers). The Edinburgh ACP Stakeholder Group meets quarterly to drive ACP improvements in practice and during the pandemic has focused on improving information sharing at the interface between acute and primary care. During winter 2021-22 an ACP model will be tested with: falls practitioners to improve information shared through ACP on falls prevention and management; and with social workers to improve the quality of social care information shared for people with severe frailty, including Power of Attorney arrangements. Both tests of change aim to decrease avoidable admissions and delayed discharges from hospital through ACP. 800 KIS magnets and wallet cards have been given to people who are at risk of hospital admission to display in their home, prompting SAS, OOH, ED to check KISs for quality criteria that will improve shared decision-making on

				providing quality care at home or as close to home as possible. <u>Midlothian HSCP:</u> ACPs in place for care homes. Specific focus on frail patients who have them as part of innovation models currently in place. <u>East Lothian HSCP</u>: Daily MDT rapid rundowns are in place at East Lothian Community Hospital. At the outset of the pandemic GP practices reviewed ACPs for vulnerable groups (e.g. shielding, care home residents)
5.5	COVID-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.			<u>Acute services</u>: Partner nodes stood down Maintaining staff group is integral to maintaining turnaround times. Risk of temporary staff leaving for permanent posts. New testing pathway for all winter respiratory viruses to be introduced for patients exhibiting recognised symptoms;

				• New central laboratory testing pathways from ~Oct 21 for winter respiratory viruses incl. – SARS-CoV, – Influenza A & B, – RSV • POCT – – Cepheid machine SAR-CoV2 cartridges will be replaced with **multiplex** respiratory virus cartridges once surveillance data indicates these are in circulation; – All other testing capability (SARS-CoV2 only) will remain unchanged; – New staffing model for Laboratories POCT incl. Site Coordinator roles to support machine installation & maintenance, consumables management and training of clinical

				staff.
6.0	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐	■ ■ ■	<u>Primary Care and USC:</u> Each service has escalation policies which impact on other services. Sharing of escalation plans between LUCS, Flow Centre, EDs and SAS <u>Edinburgh HSCP:</u> Managed at a corporate level across the whole system through Gold Command and at a partnership level though the winter command centre group. <u>Midlothian HSCP:</u> Work with communications teams in NHS Lothian and Midlothian Council around key messaging <u>East Lothian HSCP</u>: A Primary Care Mental Health Pathway (and accompanying protocol) was updated to improve referrals from GP Practices into secondary care. There is ongoing work to develop care navigation

				routes.
6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. *SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.* *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.* *The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.* *Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns*	☐	■	Edinburgh HSCP: EHSCP will amplify the Scottish Government campaign promoting flu vaccination and promote Public Health Scotland's range of promotional materials aimed at the different audiences. As well as that, EHSCP will promote preventative or operational messages around seven key topics; winter resilience messages and arrangements, winter vaccination programme, falls prevention, hospital avoidance/signposting, anticipatory care planning, keeping safe and healthy over winter, and support and advice for carers. We will target communications to some of our most vulnerable residents, who are among the largest users of health and social care resources. This includes vulnerable older people, people who receive a care at home service, those who receive technology-enabled care and equipment from us, people with long-term health conditions or who are at higher risk of falls.

				The most effective route to such a wide audience is through the health and social care workers, their unpaid carers and organisations that support them to live their daily lives. For that reason, we plan to communicate with our primary audiences through general practice, social work, occupational and physical therapists, pharmacies, care at home agencies, care home staff and ATEC24. We will also support GPs in their messaging on websites and social media. In addition we will link with the Carer Support Team to ensure that carer organisations are kept informed to allow them to support unpaid carers who often struggle at this time of year. We will keep the EHSCP workforce informed through regular internal communications and briefings to staff on winter arrangements, including the winter vaccination programme. And we will work closely with the City of Edinburgh Council communications team on resilience messaging around severe weather etc to ensure we more effectively reach people in Edinburgh with time critical messages.

			■	Midlothian HSCP: Working with NHS Lothian and Midlothian Council communications team that uses all available media to communicate with staff and public HSCP Public website will be launched 09/09/21 Winter communication plan in place to disseminate information East Lothian HSCP: ELHSCP maintains an up to date website, has an active social media presence and publishes a regular Chief Officer blog. These approaches bring key messages and information to the attention of public, patients, staff and partners. Rehabilitation services communicate with the public via the East Lothian Community Hospital Rehab twitter page and the ongoing development of the HILDA (Health Independent Living Daily Activities) system.

3	**Out of Hours Preparedness** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
1	The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. *This should include an agreed escalation process.* *Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?*	☐	■	Acute services: Process in place with Flow Centre being a 24/7 model Key areas that affect patient flow (Acute Front door/MOE/Ortho) have robust weekend and festive period PT and OT cover Robust OOH respiratory cover Mon- Fri and weekend Primary Care and USC: Systems Processes fully in place & tested where appropriate. Routine monitoring Midlothian HSCP: Midlothian HSCP will ensure key services are working over the festive period and will work with LUCS for OOH pathways.
2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.	☐	■	Primary Care and USC: Systems Processes fully in place & tested where appropriate. Routine monitoring

3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	☐	■ ■ ■	<u>Primary Care and USC:</u> Systems Processes fully in place & tested where appropriate. Routine monitoring <u>Edinburgh HSCP:</u> Additional capacity has been put in place provide seven-day working in areas of key demand Operational managers will ensure that there is sufficient capacity to provide front-line services over the festive period. <u>East Lothian HSCP:</u> NHS OT and PT staff have volunteered to work to support inpatients at East Lothian Community Hospital and community patients on Public Holidays over the festive period. The ELC Community Occupational Therapy service will also provide cover over festive bank holidays if demand is required, which will keep people at home for longer
4	There is reference to direct referrals between services.	☐	■	<u>Primary Care and USC:</u> Redirection in place between

	For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?			ED and LUCS
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	☐	■ ■	<u>Primary Care and USC:</u> Systems Processes fully in place & tested where appropriate. Routine monitoring <u>Edinburgh HSCP:</u> Processes are in place to ensure availability of robust management information and this will be monitored by senior management on an on-going basis.
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☐	■ ■	<u>Primary Care and USC:</u> Systems Processes fully in place & tested where appropriate. Routine <u>Edinburgh HSCP:</u> Pharmacists have established professional to professional lines in place and LUCS has access to the Community Pharmacy Palliative Care Network of pharmacies providing an emergency call out service. NHS24 algorithms updated to include details of the community pharmacy first service, treating UTI and impetigo infections.

7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☐	■ ■	<u>Primary Care and USC:</u> Systems Processes fully in place & tested where appropriate. Routine <u>Edinburgh HSCP:</u> Emergency mental health assessment is provided 24/7 via the Mental Health Assessment Centre at REH. Referral is via GP or phone call; and includes self-referral. Due to COVID19 MHAS is not at present offering a 24-hour walk in service but individuals needing a face-to-face assessment will be offered a specific time slot to be seen as soon as possible. Intensive Homecare Treatment Team can provide intensive crisis service into people's homes following an MHAS referral. The crisis centre is a third sector commissioned service that is operational 52 weeks of the year and provides people with advice and support, it also has the capacity for people to stay over in the building. This service is accessed by people in distress, services can refer but it

			■ ■	is a not clinical area and people need to be self-determined <u>West Lothian HSCP:</u> ACAST in place to support urgent mental health assessment. <u>East Lothian HSCP</u>: ELHSCP offers a direct access Primary Care Mental Health service. This can refer directly onto Secondary Care if required and works closely with the Intensive Home Treatment Team if an acute mental health assessment is required.
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☐	■	<u>Primary Care and USC:</u> Increased provision for emergency dental services needed
9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☐	■	<u>Primary Care and USC:</u> Confident that shifts will be filled closer to the time with enhanced festive rates available for GPs However less confident of nursing rotas due to high level of resignations of nurse practitioners in last few weeks – emergency recruitments

				underway Edinburgh HSCP: EHSCP will map annual leave arrangements for all teams to ensure there is adequate cover in place. Operational managers will ensure that there is sufficient capacity to provide front-line services over the festive period. East Lothian HSCP: East Lothian HSCP is confident that rotas will be filled as planned and agreed with staff.
10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☐		Primary Care and USC: Increased comms required and reminders
11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☐		Primary Care and USC: LUCS need sight of escalation plans from SAS Edinburgh HSCP: The Home First navigator posts are well established within the RIE and WGH (4) alongside the In-Reach Nurses (4) in a Home First Team providing a link between acute and community services.

				Additional SW resource has been allocated for WGH and RIE sites as well as ICF to promote the Home First approach and early supported discharged maximising community assets. Additional capacity has also been obtained to support the Flow Centre Home First Navigator not only support POA, also to support the flow out of hospital, a reduced length of hospital stay and prevention of delayed discharge by utilising community assets. The Hospital at Home team has been successful in obtaining funding for resource to increase its capacity for an ANP and APP/AHP. There have been additional pathways established for Hospital at Home and other EHSCP services including that from SAS direct to Hospital and Home, ED direct to Hospital at Home, and the SAS Falls Pathway. These pathways and services are bedding in and demonstrating increasing success and it is

				anticipated that they will help avoid admissions for the aging patient with underlying frailty, and co-morbidity, in addition to those with a risk of infection, deconditioning and loss of independence.
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☐	■	
13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☐	■	<u>Primary Care and USC:</u> As above
14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☐	■ ■	<u>Primary Care and USC:</u> Sharing of BCP and discussions with LUCS/Flow centre/ED/NHS24 <u>Edinburgh HSCP</u>: The Winter Planning Group includes multi-agency and pan-system representation, including membership from acute sites, Social Care Direct, and includes leads for flu, carers, third sector, resilience, and communications. The group leads on the planning, monitoring and evaluation of the winter plans. Members of the

				group have all contributed to preparing the plan and this checklist.
15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☐	■	<u>Edinburgh HSCP</u>: All Partnership services have resilience plans/business impact assessments in place, and are in the process of reviewing and updated through September / and October. All resilience plans are held by the Resilience Lead in a confidential shared space and can be accessed in an emergency situation.

4	Prepare for & Implement Norovirus Outbreak Control Measures *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☐	■ ■ ■ ■	IPC: Well established systems & processes in place for Norovirus management. Information reinforced to staff via safety huddles/intranet and speed read Edinburgh HSCP: All EHSCP staff have access to appropriate guidance depending on care setting and report cases via local reporting system's e.g. Huddles, care inspectorate reporting. Bed based areas - Escalation to local infection control teams Care Homes – Escalation to Public health Midlothian HSCP: In place East Lothian HSCP: The guidelines were shared with ELHSCP staff who are aware of and compliant with their requirements.
2	IPCTs and HPTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their IPCTs and Health Protection Teams (HPTs) are supported to undertake the advance planning to ensure that Norovirus outbreaks in hospitals and care homes are identified and acted upon swiftly. Boards should ensure that there are sufficient resources to provide advice and guidance to ensure that norovirus patients are well looked after in these*	☐	■	IPC: No comment / but marked the qn. RAG Green

	settings.			
3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff	☐	■ ■ ■ ■	IPC: No comment / but marked the qn. RAG Green Edinburgh HSCP: All EHSCP staff have access to appropriate guidance. In hospital settings staff are required to access most up to date information on line with the exception of daily outbreak records which are kept through the course of the outbreak. In other settings paper copies may be held for ease of access. Local outbreaks are discussed and recorded at daily safety huddles. Midlothian HSCP: In place East Lothian HSCP: The Control Measures are available to all ELHSCP staff, who are all aware of their duties and responsibilities arising from these.
4	How are NHS Board communications regarding bed pressures, ward closures, kept up to date in real time. *Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☐	■	IPC: Twice daily summary of hospital closures distributed by IPCT. Updates provided out of hours by on call virology staff. In collaboration with Communications teams, key messages are shared via social media, internal and external comms

			■ ■	Edinburgh HSCP: Local sit rep reports are in place detailing capacity and any pressures. Staff also have access to NHS Lothian infection control sit rep which is circulated at least twice a day or more frequently if necessary. This advises on ward closures. Midlothian HSCP: Communication in real time via flow hubs regarding bed capacity.
5	Debriefs will be provided following significant outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☐	■ ■ ■	IPC: No comment / but marked the qn. RAG Green Edinburgh HSCP: Outbreak management systems are in place for all settings • Problem assessment groups (PAG) • Incident management teams (IMT) These are led by IPCT and include local clinical management teams. Midlothian HSCP: Business as usual within clinical areas
6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☐	■ ■	IPC: No comment / but marked the qn. RAG Green Edinburgh HSCP: This information is available and shared as appropriate

7	Are there systems in place that would ensure appropriate patient placement, patient admission and environmental decontamination post discharge in ED and assessment areas	☐	■ ■	IPC: Note that planned pathways are influenced by wider activity and occupancy across ED, hospital and wider system. Risk based approach adopted Primary Care and USC: LUCS will use current infection control measures in place for COVID when dealing with Norovirus
8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	☐	■	IPC: Staffing constraints within IPCT, virology highlighted within Board. 7 day working suspended due to skill mix/activity. A winter plan/festive cover plan will be in place by end Oct.
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	☐	■ ■	IPC: A risk based approach is adopted. The impact of all seasonal infection pressures and COVID 19 are considered as part of dynamic risk assessment Edinburgh HSCP: Surge capacity planning is incorporated in the EHSCP resilience plans
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.	☐	■	IPC: IPCT provide site-based support & input to Adult Care homes. There are established meetings/briefings on a daily/weekly basis between IPCT/HPT

11	Are there systems in place to deploy norovirus publicity materials information internally and locally as appropriate,	☐	■ ■ ■	IPC: No comment / but marked the qn. RAG Green Edinburgh HSCP: Materials are available on NHS internet and CEC Orb for staff to access. Any communications are cascaded through operational and professional lines to front line staff Midlothian HSCP: In place
12	Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of COVID-19.		■ ■	IPC: No comment / but marked the qn. RAG Green Midlothian HSCP: Will communicate any NHS Lothian communications from the Directorate through all available channels to our community

5	COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on Adult flu immunisation programme 2021/22 (scot.nhs.uk) and Scottish childhood and school flu immunisation programme 2021/22 . Further CMO letters will be issued before the flu season begins to provide further details on aspects of the programme, including the marketing campaign and details of education resources for staff administering vaccinations.	☒	 	Staff communication plan has been developed for flu vaccine campaign. This will be reviewed and updated following JCVI announcement (expected w/c 13 September) relating to Covid booster vaccination given potential requirement to co-administer both flu and Covid booster vaccine. Acute services: Green – AHPs <u>Edinburgh HSCP</u>: EHSCP is working closely with colleagues from NHS Lothian and nationally to implement the winter vaccination programme, starting in September and aiming to have all eligible people vaccinated by 6 December 2021. This will include existing eligible groups, NHS Lothian staff and social care staff delivering direct personal care, and additional groups added this year such as independent contractors, teachers and prison officers. The winter vaccination programme will be offered acute sites, through peer vaccination and by self-registering to attend one of 11 vaccination sites/2 drive-through sites being made available across Edinburgh. <u>Midlothian HSCP:</u> Planning assumptions in place but awaiting final

				guidance form Scottish Government to finalise plans for flu and Covid-19 vaccination programmes for staff and patient cohorts. <u>East Lothian HSCP</u>: Work is progressing well on providing the flu vaccine to ELHSCP clinical and support staff, with some areas (for example Rehabilitation Services) having already completed.
2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.* *Vaccine uptake will be monitored weekly by performance & delivery division*	☒		There are clinics planned at the following hospital locations and times: • Western General Hospital 08:30- 16:00 • Royal Infirmary Edinburgh 07:00- 21:00 • Royal Edinburgh Hospital 07:00- 16:00 • Royal Hospital for Children and Young People- TBC • St John's Hospital Livingston 07:00 18:45 • The Lauriston Building 08:30- 16:15 • A drop in schedule is being formulated and the call for peer vaccinators will be going out w/c 13th September. • Staff have the ability to choose an appointment that suits them once they register on the national online portal therefore this should mitigate against staff not being able to attend appointments. They will also have the ability to call the Lothian enquiries line to reschedule

				their appointment if they cannot attend. • The processes for dealing with staff once they get to the vaccinations centres (booking in, vaccinating, recording on TURAS) are tried and tested amongst the majority of sites and for those who need TURAS/SNow support we are providing training or posting a Team lead at the site for support. • Link not yet available for the national self - registration portal and there are some unknowns relating to Service Now scheduling Acute services: Green – AHPs <u>Edinburgh HSCP:</u> Online booking for self-registration will go live on 13 September with vaccinations offered on acute sites, through peer vaccination and by self-registering to attend one of 11 vaccination sites/2 drive-through sites being made available across Edinburgh. The aim is to ensure the programme is as accessible as possible and provide flexibility around work commitments. The Community Vaccination Team will lead on the school programme covering both staff and pupils in primary and secondary schools. Full guidance is still awaited from the JCVI and centrally, including whether there will be a need for COVID booster doses, so there may still be alterations to these plans as that position becomes clearer.

				Midlothian HSCP: Planning assumptions to tun two mass vaccination sites operating 6 days a week with extended hours for staff to attend, but awaiting final Scottish Government guidance Care home staff will be vaccinated in care homes East Lothian HSCP: Access arrangement for all East Lothian HSCP staff are good, with numerous clinics in all work settings at times to suit shift and office workers, those who need vaccination at short notice and those working from home. Regular communication has supported staff awareness and high uptake of the vaccination programme.

3	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. SG procures additional stocks of flu vaccine which is added to the stocks that Health Boards receive throughout the season, which they can draw down, if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals co-ordinated and issued by the Vaccinations Strategy Division.)*	☐	 	<u>Primary Care and USC:</u> Stock issue of antiviral medication at LUCS, understanding that LUCS are not swabbing CH residents, or providing outbreak control and medication requests to entire CH <u>Edinburgh HSCP:</u> EHSCP has sufficient capacity to meet the demands of the winter vaccination programme and is ensuring that appropriate training is in place to facilitate it. <u>Midlothian HSCP:</u> Midlothian HSCP Winter Plan to be finalised and agreed by Senior Management Team 15/09
4	PHS weekly updates, showing the current epidemiological picture on COVID-19, RSV and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *Public Health Scotland and the Vaccinations Strategy Division within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☐	 	<u>Edinburgh HSCP:</u> Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines. <u>Midlothian HSCP:</u> Weekly Winter EMT will monitor PHS updates Midlothian Public Health Team involvement

5	Adequate resources are in place to manage potential outbreaks of COVID-19, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☐	■ ■	<u>Edinburgh HSCP:</u> Partnership resilience plans are now in place (subject to review / updating) and detail the required resourcing / response to dealing with concurrent events which may include prioritisation to essential services only. <u>Midlothian HSCP:</u> Outbreaks managed under Public Health processes
6	Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are fully aware of all IPC policies and guidance, FFP3 fit-tested and trained in the use of PPE for the safe management of suspected COVID-19, RSV and flu cases and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***	☐	■ ■	<u>Acute Services</u>: DATCC – GREEN evidenced by Adult Critical Care face fit testing and training processes established. Note consistent supply chain is a key enabler <u>Edinburgh HSCP:</u> All staff have access to PPE and training. This is monitored via safety huddles, Care Inspectorate, care home support teams, PQIs, IPCTs and informally by team leads, senior charge nurses, care home managers. <u>Midlothian HSCP:</u> HPS guidance in place at all times Local PPE Hub established with processes in place Staff communications of guidance continue to be in place

7	Staff in specialist cancer & treatment wards, long stay care of the elderly and mental health (long stay) will also will be required to continue to undertake asymptomatic weekly testing for COVID-19 throughout this period. We are actively reviewing the current asymptomatic Healthcare Worker testing Operational Definitions to ensure they are still fit for purpose.	☒	■ ■ ■	Weekly PCR testing remains in place for staff in the high risk areas identified. Testing uptake in these areas remains regularly over 94% of eligible staff. Weekly LFT testing is also available to this group. <u>Edinburgh HSCP:</u> Weekly PCRs continue to be undertaken in HBCCC - frail elderly and old age psychiatry areas. This is supplemented by LFT testing <u>Midlothian HSCP:</u> Staff testing in place at Midlothian Community Hospital and monitored
8	Ensure continued support for care home staff asymptomatic LFD and PCR testing and wider social services staff testing. This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results. *Enhanced care home staff testing introduced from 23 December 2020 . This involves twice weekly LFD in addition to weekly PCR testing review of enhanced staff testing underway. PCR testing - transition to NHS lab complete. Good level of staff participation in PCR testing.* *Testing has been rolled out to a wide range of other social care services including care at home, sheltered housing services.*	☐	■ ■	<u>Edinburgh HSCP:</u> Weekly PCR testing of care home staff has now transferred from NHS Lighthouse to the NHS Lothian Lauriston Hub. <u>Midlothian HSCP:</u> Staff testing in line with national guidance with support for asymptomatic care home testing
9	NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows: • Adults aged over 65	☒		The CMO issued communication on 17 September 2021 to recommend Covid Booster at 24 weeks following 2nd dose Covid vaccination for JCVI priority cohorts 1-9. Due to the need to assess capacity requirements associated with the preference for co-administration of both flu and Covid booster in a single

	• Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household • Eligible shielding households The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from day 1 of the programme utilising automated data collection methods for performance monitoring. Public Health Scotland will report weekly.			appointment this needs to be considered when setting flu trajectory. It is not possible for confirm uptake trajectories as unable to quantify denominators associated with cohorts (comments outlined below) • Adults aged over 65 - should this be over 50 given revised recommendations for vaccination • Those under 65 at risk • Healthcare workers – self registration for vaccination, no complete cohort file therefore cannot measure uptake. NHSL direct employed and SSSC registered is available with potential to match CHI and give uptakes within those – but not for other healthcare or front line cohort staff (funeral directors, laboratories etc) • Unpaid and young carers – self declaration and self-registration, no denominator • Pregnant women (no additional risk factors) – some will be done within mass centres, no way of knowing identifying, highlighted to Public Health Scotland, able to identify those vaccinated via midwifery and recorded on TURAS (mass centres pregnancy coding unreliable) • Children aged 2-5 – not on TURAS, monitoring in place via usual routes • Primary School aged children – not on TURAS, monitoring in place via usual routes • Frontline social care workers – self-registration – no complete cohort file so cannot measure uptake – DO have NHSL direct employed and SSSC registered, can match CHI and give uptakes within those – but not for other

				healthcare or front line cohort staff (funeral, labs etc) • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household (why are they a special group, apart from over 50s?) • Eligible shielding households – self registration, no denominator It is suggested further discussion associated with difficulties in clarifying performance trajectories is taken forward through the established fortnightly Scottish Government vaccine performance review meetings <u>Midlothian HSCP:</u> Performance monitoring in place and will be tracked via winter EMT <u>East Lothian HSCP:</u> ELHSCP is monitoring vaccination update in conjunction with NHSL and will offer additional targeted clinics to maximise under 65 at-risk uptake as required. In addition, further weekday clinics are scheduled via the local CTACs and the HSCP's CWIC service <u>Edinburgh HSCP:</u> EHSCP are operationally responsible for the Vaccination Programme and will monitor uptake with NHS colleagues and adjust any delivery arrangements to ensure performance trajectory is on target ie use of bus for 'pop up', opening up more appointments .

10	**Low risk** – Any care facility where: a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative) **Medium risk** Any care facility where: a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARSCoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing **High risk** Any care facility where: a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing So all emergency admissions where COVID-19 status is unknown/awaited will fall into the medium risk pathways until testing can be undertaken to allow them to transition into green.	☐	■	Edinburgh HSCP: EHSCP follows NHS Lothian guidance on classification of wards with all areas classed as Amber (medium) risk. We follow COVID pathways for those in, admitted to or transferred into our service using both local and national infection control standards and risk assessments. http://www.nipcm.hps.scot.nhs.uk/scottish-covid-19-infection-prevention-and-control-addendum-for-acute-settings/#a2732
11	All NHS Scotland Health Boards have provided assurance that all emergency and all elective patients are offered testing prior to admission. *Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.*	☐		

12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf *In mid-February 2021, the scope of the LFD testing pathway was expanded further to include patient facing primary care staff (general practice, pharmacy, dentistry, optometry), hospice staff, and NHS24 and SAS call handlers. Some hospice staff had been included in the original scope where staff worked between hospitals and hospices, so this addition brought all patient facing hospice staff into the testing programme.* *On the 17 March Scottish Government announced that the scope of the HCW testing pathway would be further expanded to include all NHS workers. The roll out is currently underway and we expect that all Boards across Scotland will have fully implemented the roll-out of twice weekly lateral flow testing to eligible staff by the end of June 2021. This will include staff who may have been shielding or working from home and is in line with national guidance. Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-COVID-19-healthcare-worker-testing/*	☒	■ ■ ■ ■	In outbreak situations mandatory PCR testing is in place. Since December 2020 twice weekly lateral flow testing has been available to asymptomatic staff. All eligible groups have been targeted as part of the roll out and since April 2021 this has been available to all NHS Lothian staff and volunteers with the exception of those who are full-time home workers. The number of kits ordered suggests good participation levels. NHS Lothian is making preparations for the change from current Innova kits of 25 to the replacement Orient Gene kits of 7. <u>Edinburgh HSCP:</u> These decisions are made at IMTs in conjunction with IPCT and partnership (union) representatives <u>Midlothian HSCP:</u> In Place <u>East Lothian HSCP:</u> Arrangements are in place for staff testing where indicated.

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☐		<u>Acute services:</u> Green – AHPs <u>Primary Care and USC:</u> Respiratory pathway needs clarifying nationally <u>Edinburgh HSCP:</u> ■ Multi-disciplinary Community Respiratory Hub is well established in Edinburgh. Annually, GPs, Out of Hours, SAS receive winter reminder of service available to prompt clinicians to access this highly effective community service. Fortnightly MDT meeting held at RIE to discuss COPD patients at risk and strengthen links between RIE and community services. Between April 2020 and March 2021 414 people who were at immediate high risk of hospital admission were assessed by the Community Respiratory Team within the hub. 84% of these people were able to be safely kept at home. ■ <u>Midlothian HSCP:</u> Community Respiratory Team remain operational within Midlothian <u>East Lothian HSCP:</u>

			■	An Advanced Physiotherapy Practitioner (APP) Community Respiratory Pathway is in place and followed across East Lothian, interfacing with the acute medical teams and primary care colleagues.
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☐	■	<u>NHSL Respiratory MCN:</u> There is community respiratory team model (or similar) for all parts of Lothian and COPD patients (along with some other chronic respiratory condition patients) would be looked after at home when suitable including earlier facilitated discharges from the hospital <u>Acute services:</u> Green – AHPs <u>Edinburgh HSCP:</u> ■ Multi-disciplinary Community Respiratory Hub operates 7 day week, 8am-6pm weekdays and 0830am-4pm weekends with acute response to COPD exacerbations. 90min response pathway in place for COPD exacerbations referred from Scottish Ambulance Service and Flow Centre. Prof to Prof support line set up with Respiratory Consultant for Community Respiratory Hub to escalate decision making if necessary and/or fast track to hot clinic during winter period. The Community Respiratory Hub will increase staffing capacity to support a larger group of patients to include all those with acute respiratory

				illness over the winter period, including at the weekend. This may include supporting appropriate hospital discharge of COVID-19 patients, with an existing respiratory condition. Enhanced staffing is also planned for over the festive weekend periods to support respiratory care in the community. <u>Midlothian HSCP:</u> Additional investment in Community Respiratory Team which may support 7-day working, dependent on recruitment
1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☐	■ ■	<u>NHSL Respiratory MCN:</u> Treatment escalation plans are discussed with suitable patients when in the hospital in respiratory Unit of RIE ...GPs are encouraged to complete ACPs in the community. Suitable high risk COPD patients are given self management plans to implement for escalations through CRTs <u>Acute services:</u> Green – AHPs <u>Primary Care and USC:</u> LUCS have a home oxygen policy in collaboration with H@H, and palliative care policy for rapid COVID dying <u>Edinburgh HSCP:</u> Individuals at high risk of admission identified via

			■ ■	COPD frequent attender database. High risk patients reviewed at consultant led multi-disciplinary team meeting using care bundle checklist. ACP/KIS generated for high risk patients shared across the health system via TRAK alert and ACP created using KIS. Special notes of KIS created to alert all staff across the health system to contact Community Respiratory Team for COPD exacerbation. Patients issued with self management ACP and 'Think COPD Think CRT' fridge magnet to prompt them to **'MyCOPD'** is an app to support people living with Chronic Obstructive Pulmonary Disease (COPD) to remotely self-manage their condition. <u>Midlothian HSCP:</u> In place <u>East Lothian HSCP:</u> These plans are in place and available to East Lothian HSCP staff.
1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☐	■	<u>Edinburgh HSCP:</u> Key messages are sent to all patients with COPD known to CRT including fridge magnet of CRT contact details as first point of contact should the patient feel unwell with their COPD. Simple advice given by all HCPs to keep warm and hydrated over the winter period

			■	Midlothian HSCP: Fact-sheet for patients specific to winter time Working with NHS Lothian and Council communications team around key messaging
2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).*	☐	■ ■ ■	NHSL Respiratory MCN: Most high risk COPD patents have Trak alerts and these patients if needed are discussed through the virtual MDT IN RIE (for East Lothian, Edinburgh City and Midlothian) to reinforce plans including smoking cessation, self management plans, checking compliance and inhaler techniques. Some of this is facilitated through the CRTs as well. Patients on oxygen are reviewed by the respiratory nurses periodically through the LTOT clinic as well. Acute services: Green – AHPs Edinburgh HSCP: Community respiratory Hub will support the discharge plan by ensuring a holistic assessment and management plan is put in place, This may include medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.

			■	Midlothian HSCP: In place East Lothian HSCP: A community respiratory pathway is established. Additional recruitment is underway for Advanced Physiotherapy Practitioners (APPs).
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☐	■ ■ ■ ■	NHSL Respiratory MCN: We have a dedicated a pharmacist in the Respiratory Unit in RIE and a couple of community pharmacists in CRT who act in sync to facilitate this. Edinburgh HSCP: Dedicated pharmacist within community respiratory hub. Medication review will be carried out at initial assessment by the Community Respiratory Hub. Access to specialist pharmacy review available if required Midlothian HSCP Pathway in place from hospital to home. Expanded Community Respiratory Team in place (MCRT+) for discharge planning for any respiratory patient. East Lothian HSCP: A request for assistance pathway and single point of contact is included in the Community Respiratory Pathway. Non-medical prescribing qualifications are completed for 2 of the 3 APPs.

				Increased emphasis across ELRS, led by the Early Intervention and Prevention Team, on use of technology to prompt patients when self-medicating to reduce the need for care.
3	**People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.**			
3.1	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*	☐	■ ■ ■	NHSL Respiratory MCN: End stage patients with COPD are often discussed through MDTs and looked after sometime by the CRTs or the IMPACT nurses, often in conjunction with Marie Curie and similar services in the community. In RIE we have the palliative team that work simultaneously with us to do a ward round twice a week to facilitate this in end stage in patients. Primary Care and USC: LUCS have a home oxygen policy in collaboration with H@H, and palliative care policy for rapid COVID dying LUCS may need to adapt palliative care policy for rapid COVID dying to include other respiratory issues Edinburgh HSCP: Individuals with COPD at high risk of admission are proactively identified via COPD frequent

				attender database which is refreshed every 6-8 weeks. KIS accessible by primary & secondary care, LUCS and SAS out of hours. TRAK alert as prompt for prompt to acute services COPD KIS in place. COPD patients issued with ACP self management plan and 'Think COPD Think CRT' fridge magnet to prompt contacting CRT in event of exacerbation as alternative to emergency services. 918 of patients actively managing their condition using LiteTouch telehealth – with dedicated CRT support line should their condition deteriorate. <u>Midlothian HSCP:</u> In place <u>East Lothian HSCP</u>: This is a core aspect of the Advanced Physiotherapist Practitioner role.
4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			

4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*	☐ ☐ ☐ ☐	■ ■ ■ ■	<u>Primary Care and USC:</u> LUCS have home oxygen policy <u>Edinburgh HSCP:</u> Patients with COPD should aim to have oxygen saturations on air of 88% or above at rest if doesn't have LTOT at home. If a patient is acutely unwell with lower oxygen saturations they should be referred to hospital for treatment which may include acute oxygen therapy If a patient is stable and oxygen saturations on air are 88% or below then they should be referred for an LTOT assessment at the respiratory outpatient clinic. There is no evidence for only ambulatory oxygen for patients with COPD. Once a patient receives LTOT they will be given the appropriate system for their requirements. <u>Midlothian HSCP:</u> This is managed by our Hospital at Home team. CRT have developed COVID oxygen weaning pathway. Staff have access to community respiratory team and the team is available over the festive period. <u>East Lothian HSCP</u>: Home oxygen pathways are clear for staff within community services

5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☐	■	NHSL Respiratory MCN: High risk COPD patients are often given an oximeter through the CRT pathway. We also have a robust home ventilation team that look after patients on NIV in the community o help look after these patients as a good support system. ■ Primary Care and USC: LUCS home oxygen policy Edinburgh HSCP: ■ Currently 918 CRT patients on Lite Touch/ Self Referral have a pulse oximeter at home. There is capacity for this to increase and pulse oximeters are available. ■ Midlothian HSCP: In Place ■ East Lothian HSCP: This is established and accessible within the East Lothian service

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☐		EHSCP: ■ MHSCP: ■ ELHSCP: ■: All in post in ELHSCP
	Nursing / Medical Consultants	☐		EHSCP: ■ MHSCP: ■ Inability to recruit to some trained nursing roles within HSCP has and will continue to impact on ability to safely maintain and maximise bed numbers. Mitigation plans in place but recruitment challenges remain a risk.
	Consultants in Dental Public Health	☐		EHSCP: Not applicable, done through PCCO
	AHP Leads	☐		Acute services: : ■ – AHPs MHSCP: ■ ELHSCP: ■: AHP Lead in post in ELHSCP
	Infection Control Managers	☐		EHSCP: ■ MHSCP: ■
	Managers Responsible for Capacity & Flow	☐		EHSCP: ■ MHSCP: ■ ELHSCP: ■: Responsibility allocated in the ELHSCP team
	Pharmacy Leads	☐		EHSCP: ■ MHSCP: ■ ELHSCP: ■: In post in ELHSCP
	Mental Health Leads	☐		EHSCP: ■ MHSCP: ■ ELHSCP: ■: In post in ELHSCP
	Business Continuity / Resilience Leads, Emergency Planning Managers	☐		EHSCP: ■

				MHSCP: ■ ELHSCP: ■: In post in ELHSCP
	OOH Service Managers			<u>Primary Care and USC:</u> Ongoing work required as above EHSCP: ■ MHSCP: ■
	GP's			EHSCP: ■ MHSCP: ■ ELHSCP: ■: Liaison arrangements in place with GP reps and individual practices
	NHS 24			EHSCP: ■
	SAS			EHSCP: ■
	Other Territorial NHS Boards, eg mutual aid			EHSCP: Not applicable
	Independent Sector			EHSCP: ■ MHSCP: ■ ELHSCP: ■: Liaison and planning arrangements in place
	Local Authorities, incLRPs & RRPs			EHSCP: ■ MHSCP: ■ ELHSCP: ■: Liaison and joint working arrangements in place
	Integration Joint Boards			EHSCP: ■ MHSCP: ■ ELHSCP: ■: Oversees strategic delivery of its priorities
	Strategic Co-ordination Group			EHSCP: ■ Through Chief Officer MHSCP: ■
	Third Sector			EHSCP: ■ MHSCP: ■ ELHSCP: ■: Liaison and planning

				arrangements in place
	SG Health & Social Care Directorate	☐		EHSCP: ■ Through Chief Officer

COVID-19 Surge Bed Capacity Template **Annex A**

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	29	58	87	113	**Note 4 new ICU beds not included in baseline until staff recruited**	**We have appropriate workforce to sustain service delivery with agreed skill mix depletion** **We have appropriate supplies of PPE, clinical consumables and equipment** **We have sufficient isolation space and early testing capacity to maintain and separate red and amber flow** **There will be an impact on non-emergency services as staff are drafted in to support critical care expansion – recovery and theatre teams in first instance**

PART B: CPAP	Please set out the maximum number of COVID-19 patients (at any one time) that could be provided CPAP in your NHS Board, should it be required		

PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for COVID-19 patients (share of 3,000 nationally), should it be required		

Annex B

Health Protection Scotland

Infection Prevention and Control COVID-19 Outbreak Checklist

(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information http://www.nipcm.hps.scot.nhs.uk/)

NHS National Services Scotland

This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings.

Definitions: 2 or more confirmed or suspected cases of COVID-19 within the same area within 14 days where cross transmission has been identified.
Confirmed case: anyone testing positive for COVID-19
Suspected case: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology)

This tool can be used within a COVID-19 ward or when there is an individual case or multiple cases.

Standard Infection Control Precautions; **Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.**					
Patient Placement/Assessment of risk/Cohort area **Date**					
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities					
Cohort areas are established for multiple cases of **confirmed** COVID-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.					

Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).					
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**					
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.					
Personal Protective Clothing (PPE)					
1. PPE requirements: PPE should be worn in accordance with the **COVID 19 IPC addendum** for the relevant sector: • **Acute settings** • **Care home** • **Community health and care settings** 2. All staff should wear a FRSM in accordance with the updated guidance on face coverings, which can be found **here**.					
Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily)is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					

Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings.					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					
Patient Information Leaflet if available or advice provided?					
Education given at ward level by a member of the IPCT on the IPC COVID guidance?					
Staff are provided with information on testing if required					

NHS LOTHIAN

Board Meeting
6th October 2021

Director of Strategic Planning

REMOBILISATION PLAN 4

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board note progress in developing Remobilisation Plan 4 (RMP4), covering the period 1st October 2021 to 31st March 2022.

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

2 Recommendations

2.1 The Board is recommended to;

- **Note** the purpose of RMP4;
- **Note** that an accompanying paper to this Board meeting outlines the winter planning actions that form a key underpinning for RMP4;
- **Note** the discussions with Board members informing RMP4;
- **Note** that a draft version of RMP4 is under discussion with the Scottish Government;
- **Agree** that the final version of RMP4 should be brought to the December meeting of the Board for final agreement and to facilitate publication on the Board's website.

3 Discussion of Key Issues

3.1 Board members are by now well-versed in the Mobilisation and Remobilisation Plan sequence and approach agreed between Health Boards and the Scottish Government (SG).

3.2 The invocation of emergency powers for Ministers, combined with the rapid changes brought about as a result of the pandemic response, have seen the system maintain the good practice of outlining clearly the aims and objectives for the coming period, but shorten the time horizon and adopt a risk management approach.

3.3 RMP4 continues in this vein and seeks to cover the period 1st October 2021 to 31st March. Guidance has been formed in partnership between the Scottish Government and NHS Scotland, with the Directors of Planning group taking the lead for NHSS.

3.4 Guidance was issued in August and Boards are to aim to submit a draft plan for discussion with SG by the end of September. In recognition of pressures on the system, this submission is intended to be focussed on risk and mitigation plans, and to be a "streamlined" version.

3.5 This draft RMP4 will be the subject of discussion between NHSL and SG through October and it would be intended that a final draft would be brought to the Board in December to incorporate comments, seek approval from the Board, and publish the final document on NHSL's website.

3.6 Board members have been sent the draft RMP4 and have had an opportunity to discuss the document in informal session.

3.7 The focus for the winter is clearly in managing the risks presented by the unstable baselines for staffing, COVID-19 infection, flu and respiratory disease, and managing the "health debt" from the first series of lockdowns.

3.8 A paper on winter planning being presented to the Board presents more detail on these risks and the actions that NHSL proposes to mitigate risks. This paper notes that these risks will not be eliminated.

4 Key Risks

4.1 RMP4 is intended to bring together the key risks faced by the system into a single document. The paper on winter planning actions covers these risks more effectively.

5 Risk Register

5.1 RMP4 is intended as a tool for risk identification and mitigation, and therefore all major risks to the service are the subject of some element of this work.

6 Impact on Inequality, Including Health Inequalities

6.1 No specific impact assessment has been undertaken. The function of RMP4 is minimise the impacts of inequality. More detail is provided in the winter planning actions paper.

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

7.1 No formal consultation undertaken. Where specific changes are proposed consultation lies at individual clinical service level.

8 Resource Implications

8.1 The resource implications of producing RMP4 have been contained within the Directorate of Strategic Planning and the organisation's management structures.

Colin Briggs
Director of Strategic Planning
21st September 2021
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List of Appendices

None

NHS LOTHIAN

Board Meeting
6th October 2021

Director of Strategic Planning

NATIONAL CARE SERVICE - CONSULTATION

1 Purpose of the Report

1.1 The purpose of this report is to inform the Board of the current Scottish Government consultation on the proposal for a National Care Service, and to agree the process to prepare an organisational response to the consultation.

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

2 Recommendations

2.1 The Board is recommended to;

- **Note** the parameters of the consultation;
- **Note** the high level summary of proposals;
- **Note** the issues flagged in internal analysis;
- **Agree** a process for concluding a response on behalf of NHS Lothian.

3 Discussion of Key Issues

3.1 Board members are aware that the Independent Review of Adult Social Care ('IRASC'), led by Derek Feeley, reported earlier this year and was accepted by the Scottish Government. The implementation of the recommendations made by IRASC was a key manifesto priority for the SNP during the Scottish Parliament elections.

3.2 The Scottish Government opened a consultation for a National Care Service in Scotland on 9 August 2021. Members can access the consultation paper at the following link: A National Care Service for Scotland - Scottish Government - Citizen Space (consult.gov.scot). The deadline for the response is 2nd November.

3.3 The proposals in the document include those laid out in the IRASC recommendations;

- That there should be a National Care Service, responsible directly to Scottish Ministers.
- That this National Care Service should adopt as foundational principles a human rights approach to the provision of social care and support, and that this means a universal level of care and support.
- That there should be reform of integration joint boards to deliver on these principles.
- That the mixed model of provision – with statutory, independent, and third sector bodies all providing element of social care – should continue.
- That an improvement methodology should be at the heart of the National Care Service.

3.4 The proposals, however, are wider than the IRASC recommendations and include significant considerations for NHS Boards;

- That IJBs should be reformed into Community Health and Social Care Boards (CHSCBs), aligned with local authority boundaries unless otherwise agreed at local level. CHSCBs will be accountable to Ministers and will include locally elected members to preserve local democratic accountability.
- That CHSCBs should employ their own chief executives and staff to undertake planning, commissioning, and performance management of their functions;
- That CHSCBs should take on the management of contractual arrangements for general practice (although the rest of extant primary care contracts, for optometry, pharmacy, dentistry are not mentioned);

There is also reference within the proposals to placing children's services, mental health services, and some acute services under the purview of the CHSCBs, but at this point it is not yet clear the extent to which these would be planned, commissioned, operated, or performance-managed by CHSCBs.

3.5 A high-level analysis identifies;

- Support for the "universal" ethos of the National Care Service.
- A question about where funding to deliver this universality would come from.
- A need to understand the proposed governance model more clearly and precisely.
- A need to understand the intended scope of services under the purview of the CHSCBs more clearly and precisely.
- A need to understand the nature of that purview – planning, commissioning, performance-management, operational management – more clearly and precisely.
- A need to understand what the implications of CHSCBs employing staff may mean in practice. It may be that this would lead to new, different, terms and conditions.
- A need to understand what "management of contractual arrangements for general practice" means more clearly and precisely. Currently, the responsibility to ensure delivery of general medical services within a community statutorily rests with Health Boards and it is not clear from the consultation document whether this would change. Should a change be required, this would require primary legislation and would have impacts for Health Boards.

3.6 These are clearly significant issues and it is challenging to summarise a 130-page consultation in a brief Board paper. The proposed approach is therefore that the Director of Strategic Planning and Head of Corporate Governance would work with the Chair and Chief Executive to form a draft response, and that this would be discussed in detail with non-executive colleagues at the Board's development session on strategic planning on 27 October.

3.7 This approach would allow the organisation to submit a response ahead of the 2nd November deadline.

4 Key Risks

4.1 The implications of these proposals are significant. Some are clearly positive and some less so. A full analysis will be discussed with Board members on 27 October.

5 Risk Register

5.1 The scope of the National Care Service has a bearing on the governance and management of health & social care functions, and consequently many of the risks on the Board's corporate risk register. The risks include the 4-hour emergency access target (Risk 5186), timely discharge of inpatients (Risk 3726), sustainability of the general practice model (risk 3829), access to treatment (risk 5185), access to psychological therapies (risk 5187), access to Child & Adolescent Mental Health Services (risk 5188), bed capacity in acute mental health (risk 4921), and care homes (risk 5034)

6 Impact on Inequality, Including Health Inequalities

6.1 The introduction to the consultation document includes the following statement:

'This is an opportunity to change the way we deliver support and services - to place human rights at the centre of our decision making; shift our emphasis to prevention; empower people to engage positively with their own care; embed fair work and ethical commissioning; and strengthen our commitment to integrating social care with community healthcare, which we last legislated for in 2014.'

6.2 As part of the process of preparing a response to this consultation, we will ask colleagues to consider the proposals from the perspective of addressing inequalities.

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

7.1 The consultation is open to the public. The Scottish Government is developing the proposals and it will lead on involvement, engagement and consultation.

8 Resource Implications

8.1 We will prepare a response to the consultation within current resources.

Colin Briggs
Director of Strategic Planning
23rd September 2021
Colin.briggs@nhslothian.scot.nhs.uk

Meeting Name: Board Meeting date: 6 October 2021

Title: NHS LOTHIAN CORPORATE RISK REGISTER

Purpose of the Report:					
DISCUSSION		DECISION	✓	AWARENESS	

The reports sets out recommendations with respect to specific risks that require decisions by the Board.

Recommendations:

1.1 The reviewed and retitled Sustainability of the Model of General Practice risk remains on the CRR, plus associated gradings and adequacy of control.

1.2 The reviewed Violence & Aggression risk remains under review on the CRR pending the findings of the planned Internal Audit report.

1.3 The Bed Capacity in Acute Mental Health risk be downgraded to moderate and be removed from the CRR. The rationale for downgrading and removal is set out in para 3.2.3.

1.4 The Complaints risk be downgraded to moderate and the rationale for downgrading is set out in para 3.2.4.

1.5 The Care Home risk be downgraded to moderate and the rationale for downgrading is set out in para 3.2.5.

1.6 Review the updates provided by the executive leads on risk mitigation, as set out in the Assurance Table in Appendix 1.

Author: Jo Bennett **Date: 29/09/21**	**Director: Tracey Gillies** **Date: 29/09/21**

NHS LOTHIAN

Board
6 October 2021

Medical Director

NHS LOTHIAN CORPORATE RISK REGISTER

1 Purpose of the Report

1.1 The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

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

2 Recommendations

These recommendations follow the Corporate Management Team (CMT) discussion of the risk register and the associated actions and recommend to the Board that:

2.1 The reviewed and retitled Sustainability of the Model of General Practice risk remains on the CRR, plus associated gradings and adequacy of control.

2.2 The reviewed Violence & Aggression risk remains under review on the CRR pending the findings of the planned Internal Audit report.

2.3 The Bed Capacity in Acute Mental Health risk be downgraded to moderate and be removed from the CRR. The rationale for downgrading and removal is set out in para 3.2.3.

2.4 The Complaints risk be downgraded to moderate and the rationale for downgrading is set out in para 3.2.4.

2.5 The Care Home risk be downgraded to moderate and the rationale for downgrading is set out in para 3.2.5.

2.6 Review the updates provided by the executive leads on risk mitigation, as set out in the Assurance Table in Appendix 1.

3 Discussion of Key Issues

3.1 Role of the Corporate Management Team

3.1.1 It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance

committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper. The August Executive Leads updates are summarised in the Assurance Table in Appendix 1.

3.1.2 The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHSL risk management system including our assurance system.

3.1.3 Below are the two remaining risks on the CRR that required review. The reviews have taken place and the executive leads are recommending that the Sustainability of GP Model remains on the CRR and plans are being developed for consideration by the CMT mitigate this risk. It is also recommended that the Violence & Aggression risk remains under review pending the findings of the planned internal audit report.

Sustainability of the Model of General Practice

Description
There is a risk that the Board will be unable to meets its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g. leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.

Governance
The Healthcare Governance Committee is the principal governance committee for this risk and will seek assurance on risk mitigation plans and any associated clinical risk

Management
The principal management group is the Primary Care Joint Management Team who will submit risk mitigation plans to the Corporate Management Team for consideration.

Plans
Plans are being developed to manage this risk including the review of key measures.

Adequacy of Controls:
Remains inadequate as Corporate Improvement Plans require redevelopment which will include in-hours and out of hours plus GP retention and recruitment. Risk grading therefore remains very high/20.

Violence & Aggression - Remains under review

Description
There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to people and poor patient and staff experience plus potential prosecution by HSE.

Governance
Staff Governance Committee via the NHS Lothian Health & Safety (H&S) Committee

Management

Site H&S committees monitor effectiveness of service improvement plans supported by data.

Plans
Service level plans in place. Corporate plan will be developed including the review of measures and informed by an Internal Audit into the management of V&A.

Adequacy of Controls:
Adequate but partially effective; control is properly designed but not being implemented properly.

3.2 **Specific Board Recommendations**

3.2.1 The Board is asked to approve the revised and retitled risk Sustainability of the Model of General Practice remains on the CRR as it is a risk that cannot be managed operationally and is contingent on national and local planning.

3.2.2 The Board is asked to approve that Violence & Aggression remains on the CRR under review until the planned internal audit has reported.

3.2.3 The Board is asked to downgrade the Bed Capacity in Acute Mental Health risk to moderate and for the risk to be removed from the CRR, as this risk is being managed at a divisional level. There have been no bed capacity issues experienced since the additional beds were opened and this includes those waiting out of area. This risk will be monitored by the REAS Senior Management Team and should this situation change the risk would be escalated to CMT.

3.2.4 The Board is asked that the Complaints risk be downgraded to moderate as there is a positive performance improvement trajectory and it is being actively monitored through the Patient Safety & Experience Group (PSEAG), plus Healthcare Governance Committee (HCG) accepted moderate assurance in July 2021, with respect to complaints management.

3.2.5 The Board is asked that the Care Home risk be downgraded to moderate as a robust infrastructure is now in place to oversee and respond to quality issues in nursing homes. The HCG in July 2021 agreed moderate assurance for professional oversight and the aspects of care the Executive Nurse Director is accountable for, which previously was limited. This risk will be actively monitored and reviewed over winter 2021.

3.3 **Escalation of Risks**

3.3.1 Note that the CMT have considered the Very High and High Risk risks on the divisional risk registers, with an expectation that Directors will present to CMT their plans to mitigate these risks. Divisional risks that remain at a Very High and High level and that cannot be managed at a divisional level, will be considered for inclusion on the CRR.

4 Key Risks

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

5 Risk Register

5.1 Will positively impact on the CRR and associated risk system.

6 Impact on Inequality, Including Health Inequalities

6.1 Not applicable.

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

7.1 This paper does not consider developing, planning, designing services and/or policies and strategies.

8 Resource Implications

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

Jo Bennett
Associate Director for Quality Improvement & Safety
1 September 2021
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List of Appendices

Appendix 1: Risk Assurance Table

Risk Assurance Table – All risks revised in June 2021 and approved at June 2021 Board

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td rowspan="2">4984</td><td rowspan="2">Covid-19

There is a significant risk to the health of the population from the current Covid-19 outbreak and that NHS Lothian will not have sufficient capacity to respond because of the number of people requiring care, including critical care, reduced numbers of staff available to deliver care due to illness or isolation, timely availability of supplies leading to reduced quality and safety of patient care as well as physical and psychological pressure on staff. There will also be a significant impact on routine activity including waiting lists as resources are diverted to managing the impact of Covid-19.

New risk added June 2020.

Executive Lead: Jim Crombie</td><td colspan="2">Healthcare Governance & Risk Committee (HCG)

July 2020 - HCG accepted limited assurance on this risk overall. A standing item on the HCG Agenda.

Paper on Vaccines went to the June 2021 Board</td></tr>
<tr><td colspan="2">Outcome of Executive Lead Discussions
• Gold command re-convened due to significant rise in cases, impacting on availability of staff to deliver services due to infection and self-isolation. Remobilisation 4 plans in development.
• Remobilisation 3 plans in place. Remobilisation 4 plans due to be submitted to Scottish government September 2021
• Vaccine programme on course in line with government targets. No issues with delayed discharges in HSCPs except for Edinburgh.
• Continuous monitoring through ELT/CMT highlighting ongoing capacity issues re the acute and EHSCP</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
Very High 20</td><td>CMT/Board June 2021
Very High 20</td></tr>
<tr><td>3600</td><td>Finance

There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is as a result of a combination of the level of resource available and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.

Executive Lead: Susan Goldsmith</td><td colspan="2">Finance & Resources Committee

November 2020 – F&R continued to accept limited assurance on the management of this risk.

March 2021- significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021.

Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22

Risk to be discussed at August 2021 F&R</td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Outcome of Executive Lead Discussions • **This is a newly approved risk and plans to mitigate the risk are numerous and come from a range of sources such as programme boards (scheduled and unscheduled care) and specific workforce plans examples are:** ○ **Elective Centre discussions** ○ **Access support from the Independent sector** ○ **COVID exit plan** ○ **Efficiency programme** ○ **Seeking SG recurrent funding to support CAMHS and PT recovery to improve access.** ○ **There is a 5year financial plan in place, currently bringing a range of plans around improving capacity together to inform the 5-year plan, plus national regional and local discussions.** • **Efficiency programme has been reviewed and approved by the CMT to contribute to the management of this risk acknowledging underlying capacity shortfalls are significant and long standing.** • **Discussions around population health interventions, associated resources and impact require further consideration, as does how we measure the impact of additional funding allocations aimed at increasing capacity and improving access.**	
	Risk Grading:	**Jan-Mar 2021** Very High 20	**CMT/Board June 2021** Very High 20
5186	**4 Hours Emergency Access Target** There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red and amber Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care. New risk created from previous risks 3203 & 4688. Approved by June 2021 Board. Executive Lead: Jim Crombie	Healthcare Governance Committee Newly revised risk November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4 hour performance in RIE ED. Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021. June 2021 Board agreed downgrade of risk from Very High to High Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. **Outcome of Executive Lead Discussions** • **Unscheduled care programme Board meeting regularly as are subgroups which are in place for each element.** • **Plans still in development. Implementation of Redesign of Urgent Care phase 1 is underway and phase 2 is in development. The newly appointed Director will take the development of the plans forward**	

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="2">RIE ED escalated for enhanced monitoring by the performance oversight Board and Gold command</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
Very High 20</td><td>CMT/Board June 2021
High 16</td></tr>
<tr><td>3726</td><td>Timely Discharge of Inpatients

There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.

Executive Lead: Jim Crombie</td><td colspan="2">Healthcare Governance Committee

September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted.
November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge.

Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021.

June 2021 Board agreed to downgrade risk from Very High to High.</td></tr>
<tr><td></td><td></td><td colspan="2"><u>Outcome of Executive Lead Discussions</u>
Funding provided by HIS to accelerate provision of ‘Hospital at Home’.
Unscheduled care programme plan still in process of being collated new Director of unscheduled Care appointed and will take forward.
Performance continues to be encouraging for all HSCPs, except for Edinburgh.
Considered at each Board meeting as part of wider performance report. No specific levels of assurance proposed or agreed.
Social Care capacity in Edinburgh now escalated for enhanced monitoring by the performance oversight Board and Gold Command
Under review</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
Very high 20</td><td>CMT/Board June 2021
High 15</td></tr>
<tr><td>3829</td><td>Sustainability of General Practice Model

There is a risk that the Board will be unable to meets its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general</td><td colspan="2">Healthcare Governance Committee

July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda.

Update paper went to HCG May 2021.
No assurance level of assurance proposed or agreed as paper setting out the current position.</td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	practitioners, other staff and premises issues (e.g. leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system. Executive Lead: Tracey Gillies	Outcome of Executive Lead Discussions Risk revised to be approved at October 2021 Board. New Director in place and plans being drawn up to mitigate this risk for consideration by the August/September CMT	
	Risk Grading:	**Jan-Mar 2021** Very High 20	**CMT/Board June 2021** Very High 20
5185	**Access to Treatment** There is a significant risk that NHS Lothian will not achieve waiting time standards for 2021/22 and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients. New risk created from previous risks 3211 & 4191. Approved by June 2021 Board. Executive Lead: Jim Crombie	Healthcare Governance Committee October 2020 - Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. November 2020 – HCG accepted moderate assurance on the Clinical prioritisation plan. December 2020 – the Board accepted limited assurance that Remobilisation will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. January 2021 – HCG discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months. March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19.	
		Outcome of Executive Lead Discussions • **Remobilisation 4 plans due to be submitted to Scottish government September 2021.** • **Remobilisation 3 plans in place.** • **Each of the 4 Recovery Boards have plans in place, which include at specialty level.** • **Monitored by the Performance Oversight Board, too early to see any measurable impact as yet and acknowledge there are longstanding capacity issues.**	
	Risk Grading:	**Jan-Mar 2021** Very High 20	**CMT/Board June 2021** Very High 20

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td rowspan="2">4693</td><td rowspan="2">Brexit/EU exit

There is a risk that patient experience and outcome care may be compromised due to uncertainty relating to EU Exit.

Executive Lead: Jim Crombie</td><td colspan="2"><u>Healthcare Governance Committee</u>

Agreement to keep under review pending discussions on trade agreements.

October 2020 – Board agreed to reinstatement of this risk.

January 2021 - HCG accepted limited assurance – to be re-assessed July 2021.

April 2021 Board agreed to downgrade risk from Very High to Medium.

July 2021 HCG – verbal update. Focus on Medicines Management, no significant issues being experienced at present.</td></tr>
<tr><td colspan="2"><u>Outcome of Executive Lead Discussions</u>
• NHSL SEUMG was temporarily stood down as agreed by SMT Gold in March 2021 and will be reconvened if required.
• Position reviewed by the Resilience Committee who agreed there are no specific issues relating to EU exit at present therefore specific plans not in place or required. General business continuity and emergency planning actions are captured as part of general resilience plans.
• The position will be reviewed in September 2021 in light of the national position.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
Very High 20</td><td>CMT/Board June 2021
Medium 9</td></tr>
<tr><td rowspan="2">5187</td><td rowspan="2">Access to Psychological Therapies

There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.

<u>New risk approved by June 2021 Board.</u>

Executive Lead: Alex McMahon</td><td colspan="2"><u>Healthcare Governance Committee</u>

New risk pertinent to HCG. Approved at June 2021 Board.
Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed</td></tr>
<tr><td colspan="2"><u>Outcome of Executive Lead Discussions</u>
• The Scottish Government has requested costed improvement plans to improve access to Psychological therapies.
• Plans are in place to manage locally. However, additional finance required.
• Additional funds required to achieve national standards which have been submitted to Scottish Government with the aim of achieving standards by March 2023. Await Scot Gov confirmation of funds. Early signs of improvement</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
N/A</td><td>CMT/Board June 2021
Very High 20</td></tr>
</table>

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td rowspan="2">5188</td><td rowspan="2">Access to CAMHS

There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.

<u>New risk approved by June 2021 Board</u>

Executive Lead: Alex McMahon</td><td colspan="2"><u>Healthcare Governance Committee</u>

New risk pertinent to HCG. Approved at June 2021 June.

July 2021 HCG accepted limited assurance with respect to plans in place to improve access, acknowledging significant work is taking place to rectify the current position.

Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed</td></tr>
<tr><td colspan="2"><u>Outcome of Executive Lead Discussions</u>
• CAMHS are in a better position than Psychological Therapies as they have non-recurrent funding in place to support achievement of the national standards.
• Utilising non-recurrent funding and a range of actions to improve compliance with national standards.
• Plans in place to mitigate the risk with a view to seeing improvement in performance from October 2021</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021</td><td>CMT/Board June 2021</td></tr>
<tr><td></td><td></td><td>N/A</td><td>Very High 20</td></tr>
<tr><td>3828</td><td>Nursing Workforce

There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.

Executive Lead: Alex McMahon</td><td colspan="2"><u>Staff Governance Committee</u>

July 2020 - increase in grading from 6 to 12

Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce.

Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan

October 2020 – verbal update provided no new level of assurance agreed.

December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation.

May 2021 – Staff Governance accepted grading reduced from Very High to High.
• Paper went to Private Board August 2021 and agreed to increase grading from High to Very High. Follow up paper to go to September 2021 Board</td></tr>
</table>

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="3">Committee Assurance Review Date</th></tr>
<tr><td></td><td></td><td colspan="3"><u>Outcome of Executive Lead Discussions</u>
• Key issue with respect to this risk is the current impact on staffing as a result of staff required to isolate due to test and trace mechanisms.
• Plans are in place and reported through the management and governance structure.
• All the controls that are within the gift of the system are working well, however, the pandemic and staffing issues related to isolation continue are a significant risk and as such the grading will require constant review.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
Very High 20</td><td>CMT/Board June 2021
High 16</td><td>CMT/Board Aug 2021
Very High 20</td></tr>
<tr><td rowspan="2">4921</td><td rowspan="2">Bed Capacity in Acute Mental Health

There is a risk that acute admissions exceeds the inpatient bed capacity due to increasing demand, beds being reduced in the move to The Royal Edinburgh Building, and barriers to patient flow through the adult mental pathway leading to patients having to be boarded overnight in other specialities, being placed out of area or sleeping in areas within wards not designed for this purpose.

Executive Lead: Alex McMahon</td><td colspan="3"><u>Healthcare Governance Committee</u>

January 2021 - moderate assurance accepted. 15 additional beds remain open, but demand is being managed within that capacity.</td></tr>
<tr><td colspan="3"><u>Outcome of Executive Lead Discussions</u>
• Recommend to CMT that this risk be removed from the CRR as this risk is being managed at an operational level. There have been no bed capacity issues experienced since the additional beds were opened and this includes those waiting out of area.
• There are key plans in place to manage capacity with key partners.
• No inpatients in an inappropriate setting.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
High 15</td><td colspan="2">CMT/Board June 2021
High 15</td></tr>
<tr><td>5034</td><td>Care Homes

There is an ongoing risk to the health and well-being of care home residents and staff from Covid-19 outbreaks. This is as a result of the potential for community transmission to a vulnerable population and the enhanced requirements for infection prevention and control within non-clinical environments.

Health Boards have been given additional responsibilities for multi professional oversight in organisations that they have no formal jurisdiction</td><td colspan="3"><u>Healthcare Governance Committee</u>

September 2020 – moderate assurance accepted on oversight of quality in care homes by HSCPs as part of HSCP annual reports.
January 2021 – moderate assurance accepted that governance infrastructure in place to deliver the enhanced professional oversight.
Limited assurance in respect of the 4 aspects of care for which Exec nurse director given accountable.

June 2021 – went to HCG. Accepted moderate assurance for professional oversight and for the four aspects of care which the executive Nurse Director is accountable.</td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	over. This presents potential reputational, political and legal risk to NHS Lothian. New risk –approved by Board, 12 August 2020. Executive Lead: Alex McMahon	**Outcome of Executive Lead Discussions** • **Widening the support for care homes, particularly around falls and delirium.** • **Clear oversight of quality within care homes. Infrastructure to support reliable quality of care in place. Clear visibility of issues around infection prevention and control demonstrated by flexible, timely response to limited Covid outbreaks.**	
	Risk Grading:	**Jan-Mar 2021** High 12	**CMT/Board June 2021** High 12
5020	**Water Safety and Quality** There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems. New risk –approved by Board 12 August 2020. Executive Lead: Tracey Gillies	Staff Governance Committee October 2020 – limited assurance accepted. Limited assurance was agreed by the NHS Lothian H&S committee in May 2021. A paper will be presented to the next Staff Governance Committee as the principle committee for assurance of this risk.	
		Outcome of Executive Lead Discussions • **Main issue has been for community premises where water use has been reduced due to suspension of services through the pandemic.** • **Water safety plans have been written for the majority of NHS Lothian community premises and are in the process of being written for all acute sites. Written schemes of control and Legionella risk assessments are in place for all sites with a reporting structure agreed.** • **Local sub-groups have been established for all acute sites. REAS & HSCPs are not yet in place.** • **It is anticipated that Water safety plans for all NHS Lothian and Third-Party providers with easy access to documentation and reports to be completed within the next 12 months** • **Plans for all premises are not yet in place.**	
	Risk Grading:	**Jan-Mar 2021** High 12	**CMT/Board June 2021** High 12
3454	**Learning from Complaints** There is a risk that learning from complaints and feedback is not effective due to the lack of reliable implementation of complaints and feedback processes leading to the quality of patient experience being	Healthcare Governance Committee November 2020 – Moderate assurance accepted. March 2021 – limited assurance accepted on the effectiveness of processes to collect feedback on complaints handling and performance in respect of stage 1 and 2 complaints. HCG May 2021 accepted Moderate Assurance re complaints management.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	compromised and adverse effect on public confidence and expectation of our services. Executive Lead: Alex McMahon		
		Outcome of Executive Lead Discussions • **Alignment of complaints officers to operational units is now in place to support performance improvement. Proposal going to CMT to close complaints which are part of a SAE process.** • **Additional controls have been put in place to enhance management oversight and accountability of complaints management at HSCP and Acute level, which is supported by weekly, monthly and quarterly reporting/data across the system, including CMT.** • **An initial improvement plan has been developed which went to HCG in May 2021 and a more robust plan will go to the August 2021 HCG for consideration.** • **Complaints objectives being set for Acute and HSCPs and monitored through CMT.** • **Significant improvements in 20 day target which will inform the grading when sustained.**	
	Risk Grading:	**Jan-Mar 2021**	**CMT/Board June 2021**
		High 16	High 16
3189	**Facilities Fit for Purpose** There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety. Executive Lead: Jim Crombie	Finance & Resources Committee June 2020 - Moderate assurance agreed, reduction in grading from High 16 to high 12 (impact changed from high to moderate) January 2021 – moderate assurance accepted further review July 2021.	
		Outcome of Executive Lead Discussions • **Comprehensive, systematic plan in development informed by current survey of whole estate.**	
	Risk Grading:	**Jan-Mar 2021**	**CMT/Board June 2021**
		High 12	High 12
5189	**RIE Facilities**	Finance & Resources Committee New risk approved by Board June 2021.	

<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td></td><td>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:
• Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases)
• Water quality and management of water systems (flushing, temperature control, periodic testing)
• Window safety and maintenance
• Wire Safety

Leading to interruption to services, potential harm to patients and staff and significant remedial costs.

<u>New risk approved by June 2021 Board</u>

Executive Lead: Jim Crombie</td><td colspan="2"><u>Outcome of Executive Lead Discussions</u>

• There has been an issue in gaining traction with contractors and dispute resolution process has been undertaken which has now re-set relationships with Consort.
• Plans in place overseen by RIE estates and facilities improvement group, continuous development informed by results of site wide surveys.
• A risk workshop is being undertaken with the technical team to look at patient safety, infection control and facilities to inform priorities and where escalation is required.
• Some progress is now being made with lifecycles works. Plans not yet fully developed therefore too early to judge effectiveness, currently assessing the risk to inform the development of plans.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
N/A</td><td>CMT/Board June 2021
High 15</td></tr>
<tr><td>3455</td><td>Violence & Aggression
(Reported at H&S Committee)

There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.

Executive Lead: Alex McMahon</td><td colspan="2"><u>Staff Governance Committee</u>

October 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions.

December 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms.

May 2021 HCG Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.

<u>Outcome of Executive Lead Discussions</u>

Internal audit due to report and will inform improvement plans in addition to quarterly reporting through local H&S Committees to the Lothian committee which take place in August 2021</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
High 15</td><td>CMT/Board June 2021
High 15</td></tr>
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<table>
<tr><th>Datix ID</th><th>Risk Title & Description</th><th colspan="2">Committee Assurance Review Date</th></tr>
<tr><td rowspan="2">3328</td><td rowspan="2">Roadways/Traffic Management

There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John’s, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.

Executive Lead: Jim Crombie</td><td colspan="2"><u>Staff Governance Committee</u>

October 2020- limited assurance accepted regarding safe traffic management at the acute sites.

December 2020- limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.

June 2021 Board - Governance and Management remain the same as does grading and adequacy of controls

Paper to be presented to Staff Governance in October 2021</td></tr>
<tr><td colspan="2"><u>Outcome of Executive Lead Discussions</u>
• Running action plan in place with oversight of local plans.
• Further plans in development.
• Local plans effective to manage ‘business as usual’, however, effect of additional demand for parking due to Covid and current building work on site impacts effectiveness, safety and results in abuse of staff and complaints.</td></tr>
<tr><td></td><td>Risk Grading:</td><td>Jan-Mar 2021
High 12</td><td>CMT/Board June 2021
High 12</td></tr>
<tr><td rowspan="2">1076</td><td rowspan="2">Healthcare Associated Infection

There is a risk of patients developing an infection:
1) as a consequence of healthcare interventions because of inadequate implementation and monitoring of HAI prevention and control measures.
2) linked to the built environment as a consequence of non-compliant design, maintenance or monitoring. This includes infections associated commonly occurring environmental organisms e.g. Pseudomonas aeruginosa.
3) associated a failure to decontaminate reusable invasive and semi invasive medical equipment effectively.

Potential increase in individual patient morbidity & mortality risk, extended length of stay and duration of treatment associated with healthcare associated infections.</td><td colspan="2"><u>Healthcare Governance Committee</u>

January 2021 - Moderate assurance accepted. Standing item on HCG agenda.

March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres.

May 2021 HCG accepted Moderate Assurance against plans in place to deliver the standards.

July 2021 HCG accepted Moderate Assurance against plans in place to deliver the standards.

August Board received the HAI annual report and metrics continued to be monitored through the Board performance report.</td></tr>
<tr><td colspan="2"><u>Outcome of Executive Lead Discussions</u>
• Current constraints numbers of IPCNs available to advise the service and the ability of the service to deliver the plans due to the pandemic and number of staff isolating. Significant pressures on the Infection & Control Team due to environmental risks at the RIE and other sites.
• Confirmation of local plans in place. Organisational plan still in development, operational plans in place.</td></tr>
</table>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Alex McMahon	• **Did not meet LDP targets, however, performed well against many other Boards. Suspended many of the service audits due to Covid, so difficult to assess impact of plans at present with respect to infection control and prevention standards but plans are in place to reinstate these.**	
	Risk Grading:	**Jan-Mar 2021**	**CMT/Board June 2021**
		High 16	High 16