

Agenda

09:30 - 09:35
5 min

1. Welcome

Verbal John Connaghan

09:35 - 09:37
2 min

2. Apologies for Absence

Verbal John Connaghan

09:37 - 09:40
3 min

3. Declaration of Interests

Verbal John Connaghan

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 corporategovernanceteam@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 John Connaghan


4.1. Minutes of Previous Board Meeting - 22 June 2022

For Approval John Connaghan

 22-06-22 Public Board Minutes (draft to meeting).pdf (15 pages)

4.2. Audit & Risk Committee Minutes - 11 April 2022

For Noting Martin Connor

 2022 ARC 11-04-2022 Minutes_MC.pdf (7 pages)


4.3. Healthcare Governance Committee Minutes - 24 May 2022

For Noting Fiona Ireland

 HGC 24-05-22 Minutes.pdf (8 pages)

4.4. Staff Governance Committee Minutes - 01 June 2022

For Noting *Bill McQueen*

 SGC minutes June 2022.pdf (12 pages)

4.5. Midlothian Integration Joint Board Minutes - 14 April 2022

For Noting *Carolyn Hirst*

 Midlothian IJB Minutes 14.04.2022.pdf (12 pages)


4.6. West Lothian Integration Joint Board Minutes - 21 April 2022

For Noting *Bill McQueen*

 WL IJB Minute - 21 April 2022.pdf (5 pages)

4.7. Appointments of Members to Committees

For Approval *John Connaghan*

 03 August 2022 - Board appointments report (Final DT).pdf (3 pages)

Items for Discussion

09:45 - 09:50 5. Board Chair's Report - August 2022

5 min

Verbal *John Connaghan*

09:50 - 10:10 6. Board Executive Team Report - August 2022

20 min

Discussion *Calum Campbell*

 BET Report 3 August 2022 final.pdf (19 pages)

10:10 - 10:15 7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

5 min

Verbal *John Connaghan*

10:15 - 10:45 8. NHS Lothian Board Performance Paper

30 min

Discussion *Jim Crombie*

 Board Paper Performance August 2022 final.pdf (5 pages)

 Public Board Performance Paper Aug22 v2.pdf (51 pages)

10:45 - 10:55 Break

10 min

10:55 - 11:10 9. Financial Position

15 min


Discussion *Andrew McCreddie*


 NHS Lothian 1-page cover Board 3 August Finance Report.pdf (1 pages)

11:10 - 11:20 **10. Corporate Risk Register**

10 min

Discussion *Tracey Gillies*

 Board Corporate Risk Register Paper 03 August 2022 - Cover Page.pdf (2 pages)

 Board Risk Register Paper 03 August 2022 Final.pdf (23 pages)

11:20 - 11:25 **11. Any Other Business**

5 min

Verbal *John Connaghan*

11:25 - 11:28 **12. Reflections on the Meeting**

3 min

Verbal *John Connaghan*

11:28 - 11:29 **13. Future Board Meeting Dates**

1 min

For Noting *John Connaghan*

2022

05 October 2022

07 December 2022

11:29 - 11:30 **14. Invoking of Standing Order 5.23 - Resolution to take items in closed session**

1 min

Decision *John Connaghan*

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 22 June 2022 using Microsoft Teams.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Mr P. Allenby; Cllr S. Akhtar; Ms N. Akta; Prof. S. Chandran; Mr M. Connor; Ms V. de Souza; Dr P. Donald; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Ms C. Hirst; Miss F. Ireland; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Knight; Mr W. McQueen; Ms T A Miller; Cllr D. Milligan and Dr R. Williams.

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms A. MacDonald (Executive Director, Nursing, Midwifery & AHPs); Mr C. Marriott (Director of Finance) and Ms D. Milne (Director of Public Health and Health Policy).

In Attendance: Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of HR & OD); Ms J. Campbell (Chief Officer, Acute Services); Mr J. Crombie (Deputy Chief Executive); Ms Y. Lawton (Head of Strategic Planning & Performance, West Lothian HSCP); Dr J. Long (Director of Primary Care); Ms G. McAuley (Nurse Director Acute Services); Mrs J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (REAS Services Director); Ms R. Miller (Strategic Programme Manager)(Item 25); Mr. P McLoughlin (Strategic Programme Manager)(Item 26); Ms L. Barclay (HR Business Manager) (Item 29); Mr A. McCreddie (Deputy Director of Finance) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Mr A. McCann; Mr J. Encombe; Cllr H. Cartmill and Ms A. White.

17. Declaration of Financial and Non-Financial Interest

17.1 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.

18. Chair's Introductory Comments

18.1 The Chair welcomed Cllr Jenkinson to his first Board meeting and noted that Cllr Cartmill had also been appointed as council stakeholder member to the Board. Cllr Akhtar and Cllr Milligan were returning to the Board as council stakeholder members.

18.1.1 The Chair also welcomed Ms MacDonald and Mr Marriott to their first Board Meeting as Director of Nursing, Midwifery & AHPs and Director of Finance respectively.

18.1.2 The Board noted that Fiona Wilson would be starting as East Lothian IJB Chief Officer on 27 June 2022, taking over from Ms MacDonald, and moving from her Head of Health post with West Lothian IJB.

18.2 Dr P Donald and Dr R Williams - valedictory comments

- 18.2.1 The Chair reported that this would be Dr Williams and Dr Donald's final Board meeting.
- 18.2.2 Dr Williams joined the Board in March 2010 as the GP representative until 2018, he then re-joined the Board in August 2018 as a lay member. The Chair thanked Dr Williams for his long and distinguished service to the Board.
- 18.2.3 Dr Donald joined the Board in August 2018. The Chair thanked Dr Donald for her very significant contribution to the work of the Board, its Healthcare Governance Committee and both the Midlothian and East Lothian IJBs.
- 18.2.4 The Chair welcomed the clinical voice that both Dr Williams and Dr Donald had brought to the Board and would contact both of them personally to convey the thanks of the Board in more detail.

Items for Approval

- 19. 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. The Board noted that no such requests had been made.
- 19.1 Minutes of Previous Board Meeting held on 06 April 2022 – Minutes were approved.
- 19.2 Audit and Risk Committee Minutes – 21 February 2022 – Minutes were noted.
- 19.3 Finance and Resources Committee Minutes – 17 January, 21 March and 20 April 2022 – Minutes were noted.
- 19.4 Healthcare Governance Committee Minutes – 22 March 2022 – Minutes were noted.
- 19.5 Staff Governance Committee Minutes – 02 March 2022 – Minutes were noted.
- 19.6 Edinburgh Integration Joint Board Minutes – 22 March 2022 – Minutes were noted.
- 19.7 West Lothian Integration Joint Board Minutes – 17 March 2022 – Minutes were noted.
- 19.8 Midlothian Integration Joint Board Minutes – 10 February and 17 March 2022 – Minutes were noted.
- 19.9 East Lothian Integration Joint Board Minutes – 24 March 2022 – Minutes were noted.

- 19.10 Appointment of Members to Committees and Integration Joint Boards – The Board agreed to:
- Appoint Cllr Derek Milligan to the Remuneration Committee with immediate effect.
 - Appoint Cllr Shamin Akhtar to Finance and Resources Committee and Pharmacy Practices Committee with immediate effect.
 - Appoint Cllr Stephen Jenkinson to Audit and Risk Committee with immediate effect.
 - Appoint Cllr Harry Cartmill to Healthcare Governance Committee and Audit and Risk Committee with immediate effect.
 - Re-Appoint the following people to the Pharmacy Practices Committee:
 - John Niven, Lay Member
 - Judie Gajree, Non-Contractor Pharmacist
 - Hazel Garven, Non-Contractor Pharmacist
 - Mike Embrey, Contractor Pharmacist
 - John Connolly, Contractor Pharmacist
 - Phil Galt, Contractor Pharmacist
 - Kaye Greig, Contractor Pharmacist
 - To bring forward Ms. Elizabeth Gordon’s appointment as voting member of East Lothian IJB to 25 June 2022, running until 31 March 2025. Dr Patricia Donald to step down from the IJB on 25 June 2022.

Items for Discussion

20. Board Chair’s Report – June 2022

- 20.1 The Chair reported on the National Care Service (Scotland) Bill which the Cabinet Secretary for Health and Social Care had formally introduced to the Scottish Parliament and had been published on 21 June. Details had been circulated to Board Members. The Chair confirmed that there would be further consideration of the Bill and the required engagement from the Board in due course.
- 20.2 The Chair also reported that himself and Mr Murray had attended the NHS Scotland Conference yesterday which the Cabinet Secretary and Director General had opened by highlighting the significant contributions made by staff over the past couple of years and the enormous amount of flexibility shown within health and the wider care system. There had been a presentation from NHS Lanarkshire on its successful Homefirst and supporting early discharge programme.
- 20.3 The Chair also recounted a quotation from the Chief Medical Officer who had paraphrased Martin Luther King in relation to whole system engagement:

“We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”

21. Board Executive Team Report – June 2022

21.1 The Board noted the Board Executive Team report for June 2022. There was discussion on the following topics:

Capital Developments (Reprovision of Eye Services; National Treatment Centre; Cancer Centre)

Dr Williams asked that there be close working with the NHS Lothian Charity (formerly Edinburgh and Lothians Health Foundation) around funding and fund raising. The Chief Executive confirmed that this would absolutely be the case with the added value the NHS Lothian Charity would bring to capital developments.

Registered Nursing Workforce

Mr Allenby welcomed the outlined work on access to careers in healthcare. This included the BSc (Hons) with Open University to become a registered Mental Health Nurse with REAS. Ms McAuley replied that it was a great opportunity to take the Open University course and replicate this in other areas such as mental health. The key focus was on widening access to careers.

The Board noted the NHS Lothian nominations for the RCN Scotland awards which was also welcomed good news.

Da Vinci Robot

The Chair asked about the benefits of the Da Vinci Robot at St John's Hospital. Miss Gillies stated that robotic assisted platforms supported complex, minimum invasive work and the robotic prostatectomy service had been moved to the site and areas of use would continue to accelerate over the next couple of years.

National Treatment Centre (Lothian)

Mr McQueen asked about investment proposals not yet being agreed with Scottish Government and the construction and operational dates for the centre.

The Chief Executive explained the investment proposals related to workforce costs and that confirmation was awaited. The Scottish Government were still to confirm all capital schemes and timescales following a meeting last week. The timescale realistically for the Centre was 2026/27.

Mr Crombie added that the intention was to have early engagement on the workforce plan, so that advance practice individuals would be at optimum level for when the Centre opened, and this year was Year 1 of the workforce plan. There had been a request to pause the spending review whilst the finance was reviewed centrally. There was ongoing work with contractors, external experts and NHS Assure to look at the process for these projects and

due to emerging requirements from NHS Assure it was likely to be a 2026/27 timescale.

3-Year Workforce Plan

Mr Murray asked about the plan and the degree of confidence that this could come to fruition for NHS Lothian and the National Treatment Centre. The Chief Executive explained that these were two different but linked areas. The NHS Lothian 3-Year workforce plan is within the Board's gift and will be monitored by the Staff Governance Committee. The wider workforce planning linked to the National Treatment Centre is part of the programme for which finance would need to be released by Scottish Government.

Mrs Butler confirmed that the focus of the 3-Year Workforce Plan was to set out the challenges ahead and how to mitigate these within the Board's gift. With the National Treatment Centre there were elements of risk predicated on national funding availability.

Mr Briggs added that the LSDF set out what was needed to increase workforce, the challenges for workforce and consideration of changes to delivery of services. There was a shift of model where the LSDF influences the Workforce plan and vice versa, like a symbiotic relationship.

Resource Spending Review

Mr Connor asked about the proposed reduction in public sector headcount back to pre-Covid levels and the Scottish Government commitment to extra medical staffing to aid recovery. The Chief Executive emphasised the need to balance out money with workforce. The Scottish Government would not go back from its commitments but there were significant workforce challenges to do both these things at the same time. Mr Marriott added that the devil would be in the detail with the impact of the resource spending review providing focus for direction of travel. It was not possible to say what the impact of that would be at the moment. There was an expectation for public sector workforce to grow in totality over the next 5 years, not just within the health service.

System Flow

Mr Knight referred to the Midlothian IJB Chief Officer update and the possible negative effect of system changes on delayed discharges when they should improve delays. The Chief Executive clarified that there was no direct correlation and that Discharge Without Delay program was a good thing to do in order to reduce delays in the system. The Chair suggested Mr Knight contact Ms Barrow for further detail if required.

Winter Planning

Mr Fleming asked about contingency planning for winter 2022. The Chief Executive stated that the reality was that it had felt like winter for the last number of months and planning was always thought through in terms of balance between an increase in elective work and the added pressures of

winter. Ms Campbell added that winter planning started at the beginning of summer and that non-recurring winter funding was given out to sites to proactively increase the step up in operations. There was a focus on redesign of urgent care and front-end diversion of patients safely away to other services. The unscheduled care committee and board meets all year round to maintain this focus.

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

22.1 **Finance and Resources Committee** - Mr Marriott reported from the April and May 2022 Meetings. There had been updates on the Scottish Hospitals Inquiry, new cyber security risk, increasing financial pressures for health and social care services and specific service challenges for HSDU and mitigations being put in place by Estates and Facilities.

23. NHS Lothian Board Performance Paper

23.1 Mr Crombie introduced the report recommending that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.

23.2 Mr Crombie highlighted the new format of the report, the sustained challenges for delivery of services and the drivers of the challenge as seen through a series of threads in the paper. This included availability of workforce (recruitment and sickness absence). There was high unscheduled care demand, referrals into the system and an increasing and ongoing impact of Covid positive patients in acute sites along with high bed occupancy in the system and high delayed discharge numbers.

23.3 Mr Crombie explained the new report format covered 57 indicators, driven by the Local Delivery Plan and Remobilisation Plan 4. There had been a move away from tables to using statistical process charts showing a period of time. There were links to targets, performance, process charts, and availability of data sources to show responsible directors for each indicator and detail of improvement actions and mitigations to deal with that indicator if not meeting target required.

23.4 The Chair asked about outpatient waits and encouraging people to come forward for screening appointments. Mr Crombie confirmed that the outpatient detail in the report was for April 2022 and the upturn was due to public holidays and increased cover demand. Ms Campbell confirmed that May 2022 activity had now recovered.

23.5 Ms Milne explained the issues with validating provided data relating to Bowel and Cervical Screening. Bowel screening performance had improved since this report had been written however there remained significant challenges for cervical screening which had been discussed at the Board's Healthcare Governance Committee. There was a lower uptake from younger women and those from more deprived areas. Primary care were doing well in responding to screening requests with cervical screening staff in place. Patients within

long stay mental health settings were now being reached. There was further improvement work required in relation to screening.

- 23.6 Mr Murray asked if it was possible to correlate between the recommendations and KPIs not being met, hyperlinking to areas in the report reflecting on the action being taken. Equally linking to where the Corporate Risk Register shows areas being tackled. Mr Crombie would take this away to discuss the possibility of setting this up.

JCr

- 23.7 Mr Murray also asked about analysis undertaken on assurance by the Board's sub-committees and how the extent their contribution leading to effective change could be recognised. It would be interesting to see what actions were being taken by sub-committees in seeking assurance on a more regular basis.

- 23.8 The Chief Executive clarified there was the opportunity for sub-committee Chairs to flag issues to the Board through the "Opportunity for committee chairs or IJB leads to highlight material items for awareness" item on the agenda. As a Board of Governance, it was important that there was trust in sub-committees to discharge their responsibilities or to flag concerns to the full Board.

- 23.9 Mr Murray added that in relation to outpatient redesign, 12 specialities had completed through the programme and 27 were currently progressing through redesign. What was the outcome of the areas completed? Ms Campbell confirmed that there had been a meeting with the modernising outpatients team yesterday and that a full evidence dashboard was being developed to show the impact of the modernisation programme. There had been an issue with the recording of different types of activity, but this had been resolved.

- 23.10 Mr McQueen welcomed the new format report and asked about the St John's Hospital hybrid SDEC model pilot. Mr Crombie and Ms Campbell confirmed that the SDEC model mimicked the one at the Western General Hospital as part of the direct distribution of that good working. This had been identified as impactful practice at the Western General Hospital and it had been an Executive Team decision to distribute this model to other areas.

- 23.11 Mr McQueen also asked about the use of Primary Care Data and whether there would be benefit in widening the sample of GP practices from 9. Dr Long explained that almost 100 practices had now signed up to DataLoch so data would be used in future reports going forward.

- 23.12 Mr McQueen raised concern around the wording in relation to implementation of patient focussed booking system within mental health services. Ms Mckigen confirmed that for mental health services (psychological therapies) there was a working manual fix in place whilst the full fix was awaited. There was no-one else using the system at the moment so being innovative was causing issues at the moment.

- 23.13 Ms de Souza asked about the Urgent Suspicion of Cancer and Urgent referrals rate rising and whether this trend related to Covid or something else. Miss Gillies clarified that the rates were increasing across the country with the

yield of cancers out of referrals being quite low. The pandemic had meant a complex series of people not being seen face to face who are now accessing health care and diverted capacity meant patients being seen as best as possible within the time frames.

- 23.14 Ms Gordon asked about Cervical screening reminders to address poor uptake and the focus on hard to reach people. Ms Milne thought reminders were sent but would check this and confirm to Ms Gordon outside the meeting.

DM

- 23.15 Dr Williams asked about quality of outcomes and links to patient pathways, patient satisfaction, whistleblowing, and complaints.

- 23.16 Mr Crombie commented that the paper to the last PPDC had referred to the positive patient feedback being received, and Healthcare Governance committee was looking at outcomes in more detail.

- 23.17 Miss Gillies explained that safety, effectiveness, and experience were considered in detail at Healthcare Governance committee against an annual workplan. This came back to the "Opportunity for committee chairs or IJB leads to highlight material items for awareness" item on the Board agenda with the expectation that the Healthcare Governance Chair would raise any concerns around deteriorating outcomes to the Board.

- 23.18 The Chair added that the prospect of having a patient experience seminar for Board members had been raised and this could be a topic for such a seminar. This would be taken forward out with the Board meeting.

- 23.19 Cllr Akhtar asked about psychological therapy services options and models. Ms Mckigen confirmed that different models were being tried, similar to nursing alternative roles, working on NES competencies and care pathways. Moving staff across specialities to support areas not doing so well was also being looked at.

- 23.20 Mr Knight asked about emergency admissions length of stay. The Chair pointed out the link between length of stay and the increasing acuity factor on acute sites. Mr Crombie added that delayed discharges were a significant contribution to the length of stay issues. Ms Campbell commented that boarding and the right specialty first time approach also added to length of stay as teams had to work across larger areas.

- 23.21 Mr Knight also asked about primary care telephone calls versus surgery consultations and whether the calls were accurately counted as the figures looked good and were trending towards more in surgery consultations rather telephone calls.

- 23.22 Dr Long confirmed that the data in the report from the 9 GP practices was accurate and correct. When there is a broader cohort of practices there would have to be work around analytics and data input to ensure accuracy. Face to face consultations were now more than telephone calls with a 60:40 or 70:30 ratio.

- 23.24 Mr Fleming asked about the performance report and the planned benefits against the actual benefits and whether the broad impact of interventions could be shown in high level terms. Mr Fleming appreciated this was an ask. Mr Crombie confirmed these comments were helpful and would be taken onboard as the report continues to evolve to the next stage.
- 23.25 Mr Fleming also asked about the role of pharmacy in primary care and as the primary care data develops the impact pharmacy was having on GP attendances. Dr Long commented that primary care did not just equal general practice and there were lots of other areas too. These first two areas gave a contextual measure and work would continue to develop the data to give broader context.
- 23.26 Ms Hirst commented on the transformation of the performance report from its earlier iterations. The report now gave stronger links between what the data is telling the Board and the links to the Board's strategy. In terms of reporting to committees there was significant focus on some aspects of quality (6 dimensions). The PPDC focussed on time; Healthcare Governance focused on safety and efficiency and Staff Governance Committee focused on efficiency as well. Ms Hirst stated she was not convinced that effectiveness, equity, and patient centred were measured with a focus more on quantitative rather than qualitative. The performance report gave numbers rather than reasons. Ms Hirst cited the Midlothian IJB work on performance measures as a good example.
- 23.27 Mr Briggs explained that the Executive team continued to look at ways to bind the LSDF vision with Corporate Objectives reporting and this was a work in progress picking up on areas Ms Hirst mentioned. The Chair suggested that the Corporate Objectives consider how to address the 6 dimensions of healthcare quality more explicitly.
- 23.28 The Board noted the performance across NHS Lothian in relation to the metrics included in this paper and recognised that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks would be addressed via existing governance channels and designated board sub-committee. If further deeper dives were requested by the Board, these would be addressed in separate reports to maintain the structure of the core performance report.

24. Scheduled Care Inpatient and Day case Treatment Time Guarantee Options Appraisal

- 24.1 Ms Campbell introduced the report detailing the completed a risk-based Options Appraisal in April 2022, to inform the strategic framework for Scheduled Care (TTG) recovery in NHS Lothian.
- 24.2 Ms Campbell provided a short presentation on the Scheduled Care Recovery options appraisal. The presentation covered the reasons behind the need to carry out an options appraisal which included the:
- Growing Number of Long Wait Routine Patients for Treatment
 - Impact for individual patients due to length of wait

- Requirement for a strategy that increased capacity for more routine patients with an understanding of benefits and risks
 - Impact on Surgical Training and subsequent pipeline for new Consultants
- 24.3 The Presentation looked at Scheduled Care balance; unscheduled care flow; the need to maintain and increase urgent capacity; the need for capacity to address long waits; long waits by clinical priority and the focus of implementation around clinical priority and booking of routine patients in date order (longest wait first)
- 24.4 Ms Campbell explained the risks to implementation which included
- Workforce pressures – wards, theatres, critical care
 - Impact on unscheduled care flow, further crowding and long waits at front doors
 - High volume Delayed Discharges with high bed occupancy
 - Delivery within constrained financial position
 - Delivery of no-one waiting longer than 104 weeks by March 2023 not achievable with current constraints
- 24.5 There was discussion on acute site occupancy, high volumes of delayed discharges and occupied bed day numbers; scheduled care recovery; registered theatre practitioner vacancies and long wait patients especially in orthopaedics, urology, and general surgery.
- 24.6 The Chair asked about impact on staff and noted appreciation of staff flexibility over the past couple of years and ongoing staff wellbeing work as mentioned in the Board Executive Team report discussed earlier.
- 24.7 The Chair also asked about continuous assessment of patients. Ms Campbell confirmed that daily safety huddles assess the front door risk against the ability to cope with additional workload as party of daily pressures.
- 24.8 Ms Campbell confirmed that work with the Centre for Sustainable Delivery had started looking at a nationally coordinated and programmed capacity allocation system. Patient communication remained high on the agenda. There was continuous contact with patients on long wait waiting lists to ensure there remained the need for a procedure or if patient's condition had change. Complicating factors to this was the legal obligation to send a letter when a patient is added to a waiting list to say treatment would be within 12 weeks then a letter saying it would not be is sent. This obligation remains in the TTG guidance so other ways at reducing confusion were being considered. This included linking with GP practices at the front end so that patients could be advised of approximate waiting times at that stage.
- 24.9 Mr McQueen referred to the options appraisal financial analysis and whether this had been assumed cost neutral or had only clinical benefits been looked at. Ms Campbell confirmed that this had been a non-financial option appraisal focused on increased activity within existing infrastructure.

- 24.10 Mr Murray questioned how the long waits backlog would impact on the fluid nature of the LSDF and engagement with this as previously discussed and what was the correlation with the acute front door. Ms Campbell stated that Same Day Emergency Care (SDEC) did reduce admissions and demand on beds but there was added complexity in creating ringfenced beds which meant a balance of risk for unscheduled care. Miss Gillies added that patients previously on a waiting list could turn up at the front door either for the procedure they were on the waiting list for or something different. As there was no way to predict this, it was not possible to pull out cohorts of patients waiting for a long time in a valid way.
- 24.11 The Chief Executive confirmed that safety remained the overall priority and that unscheduled care tended to come before scheduled care on a basis of need. The balance is now changing with very long waits now a significant and increasing risk. There was a need to push hard on redesign of urgent care and other pathways people can go down and to communicate these out to patients.
- 24.12 The Board accepted the recommendations within the report, and:
- Accepted the approved the preferred option in the report, to increase Day-case and Inpatient activity, booked in date order by individual clinical priority and accepted this may be amended to ‘increase Day-case and Inpatient activity, booked in date order’ if the proposal to Scottish Government (SG) to revert to the pre-Covid classification of urgent and routine was accepted.
 - Approved the principle of a phased implementation taking cognisance of workforce and capacity constraints.
 - Noted the option appraisal process undertaken to define the strategic framework for Scheduled Care Inpatient/ Day-case Recovery and acknowledged that all options appraised retained capacity prioritisation for our most urgent patients.
 - Recognised the risks associated with recovering scheduled care services on unscheduled care, workforce and SG recovery performance targets and accepted the intention for biannual review of remobilisation plans to take account of seasonal pressures.
- 24.13 The Chair requested a report to the next PPDC on the eventual impact in terms of numbers that could come off waiting lists between now and end of March 2023 through this work.

JCAM

25. Lothian Strategic Development Framework Update

- 25.1 Mr Briggs introduced the report updating the Board on progress with engagement work to support the Lothian Strategic Development Framework (LSDF), and to seeking Board agreement to adopt the LSDF as NHS Lothian “policy”.
- 25.2 Mr Briggs highlighted public feedback received which had been supportive of the direction of travel and the need for continues engagement and working with people about every major change going forward. Concerns raised had

not been about major omissions but more about the need to be explicit. The example Mr Briggs gave was about local community engagement on changes to physical properties and not just pathways.

- 25.3 Mr Briggs confirmed that immediate action to be undertaken would be to contact those that had participated in the engagement and telling them what was being done with their feedback and reiterate any commitments that had been made. A paper outlining continuous engagement plans, potential changes coming forward and plans for implementation would be taken to the September 2022 PPDC meeting. IJB partners would also be engaged to check they are comfortable with any plans. It was noted that IJB partners had not been written to formally to take plans through governance processes but there had been ongoing involvement and discussion.
- 25.4 Mr Briggs thanked Ms Miller, her team and all the participants involved in bringing this work to fruition which would be seen as only the “end of the beginning.”
- 25.5 Dr Donald welcomed the continuous engagement process and Mr Murray reiterated the efforts that had gone into this work to engage with people and the flexibility and adaptivity of the framework in bringing together the aspirations and plans of the five partners (East Lothian IJB, Edinburgh IJB, Midlothian IJB, West Lothian IJB, and NHS Lothian).
- 25.6 Ms Gordon asked about the scheduled “postcard drop” to every address in the Lothians. Mr Briggs confirmed this was planned for late June/early July and despite people may be on holiday, there was never really a good time to do this, but this would be backed up with refreshed social media coverage with information also presented there and the routes to contribute and ask questions remaining open indefinitely.
- 25.7 Mr Fleming asked about the use of the term ‘citizen’ which had certain legal connotations and there was discussion whether ‘people’ or ‘residents’ would be a better term to use.
- 25.8 Mr Briggs commented that the intention was that people were not seen as patients or passive recipients and it may be felt awkward to use ‘people’. Prof. Siddharthan suggested that ‘residents’ may be a better option. The Chair asked that it be noted that the Board would like the widest definition possible to be attached to the use of the word ‘citizen’. Prof. Chandran suggested that ‘residents’ may be a better option. Mr Briggs would consider this outside the meeting.
- 25.9 Mr Allenby welcomed this interesting piece of work and requested that when the implementation plans are brought to PPDC these include plans around digital as part of the suite of integrated plans that support this work. Mr Briggs added that the Chief Executive chaired the Digital Oversight Board which would input into the implementation plans.
- 25.10 Cllr Akhtar commented that it would be useful to go back to those engaged with a you said, we did type response as part of the wider conversation. Mr Briggs confirmed that this would be taken into consideration as part of the

reporting to PPDC.

- 25.11 The Board agreed the recommendations in the paper, and:
- noted the summary of engagement work and emergent themes.
 - agreed changes to the LSDF as proposed.
 - agreed that NHS Lothian remained committed to continuous engagement
 - agreed that the LSDF now be considered NHS Lothian's strategic direction, with attention now turning to implementation of the LSDF.

26. IJB Schemes of Establishment

26.1 Mr Briggs introduced the report outlining work undertaken jointly across Lothian to ensure compliance with our duty to carry out a full review of the Integration Schemes. The report sought NHS Board approval of the four draft revised Integration Schemes, subject to subsequent approval by Lothian Local Authorities where this is still outstanding. Formal approval from all parties would allow submission of the draft revised Integration Schemes to Scottish Ministers for their approval, as required by law.

26.2 Mr Briggs thanked Mr McLoughlin for all his efforts to get this work to this stage.

26.3 The Chair asked about financial arrangements and resolution around variances in spending. Mr Marriott confirmed he was content with arrangements and that the four Lothians IJBs had worked on these arrangements together to make them consistent.

- 26.4 The Board agreed the recommendations in the report, and:
- approved the four Lothian final draft revised Integration Schemes, subject to remaining approvals by Lothian Local Authorities and agreed to the submission of the revised schemes to Scottish Ministers once all final approvals from Lothian Council parties to the schemes had been obtained.
 - noted that the West Lothian Council Executive had approved the West Lothian final draft revised Integration Scheme at their meeting of the 19th of April 2022, for submission to Scottish Ministers pending approval by NHS Lothian in June 2022. It was also noted that the remaining Council approvals required were being requested at City of Edinburgh Council meeting on 30th June 2022, Midlothian Council on the 28th of June 2022, and East Lothian Council on the 28th June 2022. It was anticipated that the final draft revised schemes would be approved by all remaining council parties on these dates.

27. Edinburgh Local Outcomes Improvement Plan Update

27.1 Ms Milne presented the updated Edinburgh Partnership Local Outcomes Improvement Plan (LOIP), also known as the Community Plan, for 2022-2028 which focused on reducing poverty and inequality in the city.

27.2 The Board approved the 2022-2028 Edinburgh LOIP and noted the content

of the LOIP, which reiterated the previously agreed priority themes of a) enough money to live on; b) access to work, learning and training opportunities; and c) a good place to live. The Board also noted the areas of work outlined under each theme relating to the input from NHS Lothian.

28. 2021/2022 Financial Position

- 28.1 Mr Marriott provided an update to the Board on the financial position for 2021/22 for NHS Lothian, following consideration by the Finance and Resources (F&R) Committee.
- 28.2 Mr Marriott highlighted how the financial position had been delivered against financial targets; the significant issues around Covid; the pressures and challenges for 2022/23; Covid exit plans and working with Scottish Government to take opportunities to bring pressures down. There would also be a robust Quarter 1 review to look at all the issues and available opportunities. The Chair thanked Mr Marriott and his predecessor Mrs Goldsmith for their work in steering the Board's finances through the challenges of the past year.
- 28.3 The Board agreed to Accept NHS Lothian had achieved its financial target of breakeven for the year 2021/22, subject to external audit review.

29. National Whistleblowing Standards – Annual Performance Report

- 29.1 Mrs Butler presented the 1st Annual Whistleblowing Performance report covering the period 1 April 2021 to 31 March 2022.
- 29.2 Mrs Butler commented that last year was about building infrastructure to support the standards whilst trying to understand what the standards were ahead of implementation. The key metrics set out in the standards had received scrutiny at Staff Governance Committee over the past year.
- 29.3 The Chair thanked Mrs Butler and Ms Kasper, in her role as Whistleblowing Champion, for their support of this work. The Board agreed the recommendations in the report:
- To note the content of the Annual Whistleblowing Performance report and noted that during this year 2021/22, 14 named concerns had been raised under the Standards compared with 4 named concerns in the year prior to implementation (2020/21).
 - To note as previous advised to the Board in April 2022, the Annual Performance Report also contained data from Primary Care Contractors and that the implementation of the Whistleblowing standards, linked to the Improving Staff Experience Corporate Objective (objective 10).

30. Corporate Risk Register

- 30.1 Miss Gillies introduced the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

- 30.2 The Board accepted the following Corporate Management Team (CMT) recommendations:
- The removal of the complaints risk based on comparative performance, assurance level and risk grading and put it onto the Corporate Nursing risk register
 - That the current Covid-19 risk is closed and a new risk accepted with a public health focus
 - The new risk description related to timely discharge which has been re-framed to focus on hospital bed occupancy.
 - The change in the description of the finance risk, following consideration at the January 22 meeting of the Finance and Resource Committee.
- 30.3 The Board noted the CMT recommendation to the Board that Hospital Sterilisation Decontamination Unit (HSDU) Capacity is entered onto the CRR and noted the updates provided by the executive leads concerning risk mitigation, set out in the Assurance Table in Appendix 1.
- 30.4 The Board also noted that a schedule of risk assurance reporting to the Planning, Performance and Development Committee was in development and that the divisional high and very high risks would be considered at the July 2022 CMT as part of routine reporting.
- 30.5 Miss Gillies also confirmed that now there was a more established position around the CRR templates there would now be the opportunity to consider linkages between the Board's Performance report and the CRR to see how changes could be consistently reflected between the two.

31. Any Other Business

31.1 None.

32. Reflections on the Meeting

32.1 The Chair asked members to contact himself or executive responsible if they had further questions on any of the areas presented to board.

33. Next Board Meeting

33.1 The next Board meeting would be held on Wednesday 03 August 2022 at 9.30am.

Chair's Signature

Date

John Connaghan
Chair – Lothian NHS Board

Audit and Risk Committee

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 11 April 2022 via MS Teams.

Present:

Mr M. Connor (Chair), Non-Executive Board Member; Mr P. Allenby, Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member; Mr P. Murray, Non-Executive Board Member and Councillor J. McGinty, Non-Executive Board Member.

In Attendance:

Ms J. Bennett, Associate Director for Quality Improvement & Safety; Mr J. Crombie, Deputy Chief Executive; Mr P. Clark, Grant Thornton; Ms S. Goldsmith, Director of Finance; Ms O. Notman, Head of Financial Services; Mr C. Marriott, Deputy Director of Finance; Mr W. MacMillan, Business Manager; Mr J. Old, Financial Controller; Ms J. Irwin, Clinical Nurse Manager; Ms G. McAuley, Nurse Director – Acute Services and Miss L. Baird, Committee Administrator.

Apologies: Ms J. Brown, Chief Internal Auditor; Mr C. Campbell, Chief Executive; Mr D. Eardley, Azets; Mr C. Brown, Azets.

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.

Welcomes and Introductions

The Chair welcomed Members to the April meeting of the Audit and Risk Committee. He extended a special welcome to Mr Allenby, Non-Executive Director who was attending his first meeting of the Committee and Ms Irwin, Clinical Nurse Manager who was shadowing the Committee as part of her personal development.

The Chair acknowledged Ms Goldsmith's retirement from NHS Lothian. He thanked her for her support over the years whilst recognised the importance of the strong link between the Director of Finance and the Chair of the Audit and Risk Committee.

The Chair noted that the April meeting would be Mr Murray last meeting of the Audit and Risk Committee. He thanked Mr Murray for his support over the years and wished him well in his new role on the Healthcare Governance Committee.

It was noted that the private session between the Internal Auditors and the External Auditors had been postponed to the June 2022 Audit and Risk Committee meeting.

1. Minutes of the previous meeting held on 21 February 2022

- 1.1 The minutes of the meeting held on 21 February 2022 were accepted as an accurate record and approved.

2. Running Action Note

- 2.1 The Committee noted the actions marked complete or items on the agenda for further discussion and those that were not due for consideration detailed within the report.
- 2.2 Mr Marriott advised that he had scheduled a development/ induction session on 24th May 2022 to brief the members of the Audit and Risk Committee on the Audit Scotland report.
- 2.3 The Chair took an action to follow up on whether there that had been any feedback from the Short-Life Working Group and confirm how the medium-term risk would be transferred back to management with Mr Wynne. **MC/PW**
- 2.4 The Committee accepted the running action note and the information therein.

3. Corporate Risk Register

- 3.1 Ms Bennett presented the previously circulated report.
- 3.2 Ms Bennett noted that the Risk Annual Report would be presented to the Audit and Risk Committee in June 2022.
- 3.3 In response to Mr Murray's concerns around the wording of the financial risk, Ms Bennett took an action to amend the narrative to include "this was a result of the combination of the capital and revenue the level of resource" and take that back to the Finance and Resource Committee for approval. **JB**
- 3.4 Members agreed that the mitigation action around this risk would take longer to work through but in the interim, it would be appropriate to capture interim measures it in the narrative of the risk at this time.
- 3.5 The Committee recognised that if the water quality risk was downgraded to limited assurance and if it stayed low over a long period, Ms Bennet's team would review the risk rating assigned to it.
- 3.6 The Committee agreed to note that at the February 2022 Board agreed the Corporate Management Team (CMT) recommendations to approve the description and grading of the Cyber Security risk, remove the Care Home risk from the Corporate Risk Register and put it onto the Corporate Nursing Risk Register.
- 3.7 The Committee noted that the CMT would ask the April Board to accept the following recommendations:
- The removal of the complaints risk based on comparative performance, assurance level and risk grading and put it onto the Corporate Nursing risk register.
 - That the current Covid-19 risk is closed and a new risk accepted with a public health focus.
 - Accepts the new risk description related to timely discharge which has been re-framed to focus on hospital bed occupancy.
 - Accepts a change in the description of the finance risk, following consideration at the January 22 meeting of the Finance and Resource Committee.

- 3.8 The Committee agreed to note that the Staff Governance Committee reduced its level of assurance for the violence and aggression risk from moderate to limited, based on the internal audit findings.
- 3.9 The Committee noted that a paper setting out risks associated with performance was considered by the Planning, Performance and Development Committee at its March 2022 meeting, to inform a schedule of reporting.
- 3.10 The Committee noted Healthcare Governance continues to consider the impact of risks relating to the delivery of person-centred, safe effective care as part of routine service reporting.
- 3.11 The Committee reviewed the updates provided by the executive leads on risk mitigation set out in the report.

4. Internal Audit

- 4.1 Internal Audit Progress Report – April 2022 – Mr Clark presented the previously circulated report.
 - 4.1.1 It was noted that fieldwork for four audits was underway, and fieldwork completed for a further three, and one additional audit on waiting list initiative payments had been added to the plan.
 - 4.1.2 Mr Clark noted that discussions around the resourcing and management of the 2022/2023 Internal Audit Plan were in progress with line management. He explained that Internal audit were proposing moving eight audits to the 2022/2023 plan, leaving 12 original audits and the 2 additional audits relating to the Waiting List initiative Payments and the Overpayment of staff.
 - 4.1.3 The Committee supported this approach, to allow the team to have a sustainable position going forward.
 - 4.1.4 The Committee accepted the report.
- 4.2 Internal Audit Report – Integrated Joint Board (IJB) Budget Monitoring – Mr Clark presented the previously circulated report that set out the IJB budget monitoring process.
 - 4.2.1 It was noted that the finding relating to out-of-date financial procedures had been raised with management and they had agreed to review and update these as and when required.
 - 4.2.2 The Chair welcomed sight of the IJB report and the improved lines of communication between the Audit and Risk Committee and the IJBs.
 - 4.2.3 The Committee accepted the report.
- 4.3 Internal Audit Follow-up of Management Actions Report (March 2022) – Mr Clark presented the previously circulated report.

- 4.3.1 Mr Clark advised that twenty-two actions were being monitored, and of those twenty-two three new actions had been added, five had been closed off, 6 were overdue and 14 were not due. He went on to assure the Committee that the 6 actions that had passed their due date were either medium or low risk actions.
- 4.3.2 It was noted that the action relating to consort invoicing has been addressed with the head of PPD Contract Management and the process tidied up in terms of consolidating invoices. Ms Goldsmith took an action to provide a separate update to Mr Clark to ensure that it was picked up and included in future reports. **SG/PC**
- 4.3.3 The Committee accepted the report.
- 4.4 Internal Audit Draft Terms of Reference – Incorrect payments to staff resulting in Overpayment – Mr Clark presented the proposed draft scope for work that would look at the controls in place around additional payments to staff.
- 4.4.1 Mr Clark explained that in addition to the traditional scope, internal audit would also carry out a survey of management to gauge their understanding of their role within the additional payments process and seek feedback on areas of improvement that can be made to the process.
- 4.4.2 Mr Clark confirmed that the audit would focus on the design of the process but also include testing of the operation of the key controls. He noted that as the internal team would refine the scope and identified the areas of high risk and testing as it develops.
- 4.4.3 The Committee discussed whether there was opportunity to look into lines of defence and controls that did not rely on policy. Members were concerned how adherence to policies would be monitored and questioned what mechanisms were in place to identify areas of non-compliance that would assure the Board that the necessary action was being taken. Mr Clark recognised that regular testing would be vital to the success of the audit and going forward. He took an action to review the wording around control monitoring and consider how this could be strengthened. **PC**
- 4.4.4 The Committee discussed how NHS Lothian compared to other organisations such as NHS Greater Glasgow and Clyde and whether they were experiencing similar issues in respect of overpayments to staff. Mr Clark advised that benchmarking had not been factored into the scope of work but took an action to discuss this with his colleagues and identify whether it could be incorporated into the later stages of the audit or as a separate piece of work. **PC**
- 4.4.5 The Committee accepted the report.

5. Counter Fraud Activity

- 5.1 Mr Old presented the previously circulated report. He noted that since the February meeting there had been eight referrals, and ten operations were open.
- 5.2 Mr Old advised that the Counter Services Fraud Services Partnership Agreement had been signed by Mr Campbell and returned to Counter Fraud Services.
- 5.3 It was noted that 5 intelligence alerts had been received and disseminated to the appropriate staff for awareness and action.
- 5.4 Mr Old noted that after a short period of suspension Counter Fraud Services had resumed the patient exemption checking and it was hoped that the reinstatement of the process would support the recovery of £600k across NHS Scotland.
- 5.5 Mr Old advised that the team were looking into rolling out an online verification process for the Government Procurement Card to strengthen oversight of payments before they come into Procurement.
- 5.6 The Committee accept this report as a briefing on the current status of counter fraud activity.
- 5.7 The Committee took a moderate level of assurance from the report, that all cases of suspected fraud were accounted for, and appropriate action was taken.
- 5.8 The Committee accepted the report.

6. Accounting Policies

- 6.1 Ms Notman presented the annual paper that summarised the accounting policies that formed part of the Annual Account.
- 6.2 It was noted that the accounting standards for leases would go live in April and the team were working to embed the standard into the Board operations and add the disclosure to the annual accounts for the 2022/23 period.
- 6.3 Ms Notman updated the Committee on the work around IFRS16. She advised the Committee on the materiality of the work, in terms of the number of leases held in Lothian and the work to date relating to existing leases that would not have an impact on funding going forward.
- 6.4 Ms Notman reported that she had sought clarification from Scottish Government that NHS Lothian would be no worse off in terms of the implications of IFRS16 and its impact on the budget going forward. She assured the Committee that she would continue to monitor the position and feedback on any impact to the Audit and Risk Committee if required.
- 6.5 Ms Goldsmith assured the Committee that property issues were discussed regularly at the Property Investment Group, noting that there were robust management processes in place.

6.6 Ms Goldsmith confirmed that PPPD did not meet criteria outlined within IFRS16 and therefore was recorded separately within the annual accounts.

6.7 The Audit & Risk Committee reviewed and approve the accounting policies, confirm that they are appropriate for the Board at the present time for the purpose of giving a true and fair view.

6.8 The Committee accepted the report.

7. Write Off of Salary Overpayment

7.1 Ms Goldsmith spoke to the previously circulated report.

7.2 The Committee noted that the planned audit of the payments to staff reflected the Boards concerns around and that further consideration of the systems of control were required to mitigate future risk to the organisation.

7.3 Ms Goldsmith acknowledged that the current payroll systems were antiquated and unfit for purpose and this was likely to be picked in the audit and will feed into national work on business systems.

7.4 The Committee recognised the challenges associated with the payroll system and the scale of NHS Lothian's monthly payroll that sits at around £52m per month. Noting that in 2021/22 the monthly debt recoveries for NHS Lothian were just under £37k and the monthly average for debtor requests for employees who had left the organisation was around £74k.

7.5 The Committee noted it was difficult to prove that staff were knowingly accepting overpayments due to changes in roles and responsibilities but acknowledged that management should have advised the payroll team that these employees had moved on to other roles or from the organisation. Mr Marriott advised the committee that he and his team were look at how the process can be automated so that payroll is automatically notified when a member of staff changes role or leaves the organisation rather than placing the ownness on individual managers going forward.

7.6 The Committee discussed how the change form process could support the process within payroll. Mr Marriott advised that the current forms were used nationally and did not cover all the employees' allowance and whether they remained appropriate when transferring into their new role. He took an action to pick this up locally with Mr Clark prior to feeding into national discussions around payroll. **CM**

7.7 The Committee took assurance that the Executives had considered the move away from always pursuing recovery of payments based on:

- whether the recipient has acted in good or bad faith.
- the cost-effectiveness of recovery action.
- any relevant personal circumstances of the payee, including defences against recovery (this includes hardship - acceptance of any claim of hardship is a judgement based on the individual circumstances of a particular case).
- the length of time since the payment in question was made (which is more relevant for a one-off overpayment); and

- the need to deal equitably with overpayments to a group of people in similar circumstances.

And agreed that the decision not to pursue recovery, or not to pursue recovery in full, should be defensible in the public interest.

7.8 The Committee agreed that the Director of Finance could approach the Scottish Government Health and Social Care Department to request approval to write off the loss.

7.9 The Committee accepted the report.

8. Any Other Competent Business

8.1 Mr Murray thanked the members present for their support over the years and wished the well for the future.

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

9. Reflections on the meeting

9.1 The Chair noted that there was nothing to report to the Board at this time.

10. Date of Next Meeting

10.1 The next meeting of the Audit and Risk Committee will be held on Monday 20th June 2022 at 9.30 a.m. via Microsoft Teams.

Signed by the Chair 20/06/2022

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 24 May 2022 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; Mr A. Fleming, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms C. Hirst, Non Executive Board Member; Mr P. Knight, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member; Ms T. Miller, Employee Director; Mr P. Murray, Non Executive Board Member; Ms L. Rumbles, Partnership Representative.

In attendance: Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr C. Bruce, Lead on Equalities and Human Rights (item 5.3); Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer Acute Services; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms J. Browning, Lead Pharmacist; Mr M. Dolan, Head of SMART Services (item 7.1); Ms J. Gillies, Programme Director, Unscheduled Care (item 6.4); Ms T. Gillies, Medical Director; Ms K. Imrie, Talent Management and Succession Programme (observing); Ms J. Irwin, Talent Management and Succession Programme (observing); Dr J. Long, Director of Primary Care; Mr S. Malzer, Public Involvement Manager (item 5.4); Ms G. Marsh, Associate Nurse Director; Ms G. McAuley, Nurse Director Acute Services; Ms A. MacDonald, Chief Officer, East Lothian Health and Social Care Partnership; Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms S. Muir, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership; Mr J. Pearson, Talent Management and Succession Programme (observing); Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms K. Ruggeri, Associate Midwifery Director (item 4.1); Dr J. Sherval, Consultant in Public Health (item 6.2); Mr A. Short, Director of Women's and Children's Services; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Mr P. Wynne, Interim Executive Nurse Director; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: None received.

Chair's Welcome and Introductions

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

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

1. Minutes from Previous Meeting (22 March 2022)

- 1.1 The minutes from the meeting held on 22 March 2022 were approved as a correct record.
- 1.2 The updated cumulative action note had been previously circulated.

2. Emerging issues

2.1 New Public Health Risk on the Risk Register

- 2.1.1 Dr Milne presented the previously circulated paper. She advised that the Scottish Government had requested a reserve team to be kept in place in case of a future need for a Covid test and trace team. Currently 100 members of the team were redeployed in other areas with a contract that would end in September 2022. Confirmation was awaited from the Scottish Government regarding the reserve team but this would be 8-10 members of staff to be retained in Lothian as part of a Scotland wide team.
- 2.1.2 It was noted that communications for the public regarding the remaining risk from Covid were being led by the Scottish Government. Regular staff communications were also being sent where required. Dr Milne agreed to add an item on the mitigation plan for coordinated communications with Local Authorities and Integration Joint Boards for the Lothian population.
- 2.1.3 The financial risk if funding was not confirmed by the Scottish Government before September 2022 and further activity was required over the winter would be added to the mitigation plan.
- 2.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

2.2 Review of Microsoft Access Databases

- 2.2.1 Ms Gillies presented the previously circulated paper. As part of the review of the breast screening invitation incident where patients were not called for appointments due to a corrupted database which was no longer supported, eHealth had been asked to identify any further high risk databases in use in NHS Lothian. This was an interim update as the investigation was not yet complete
- 2.2.2 The risk was currently highlighted on local risk registers; once the investigation was complete a decision would be made as to whether to add this to the Corporate Risk Register.
- 2.2.3 It was expected to take approximately 2-3 months per service for those databases that needed to be transferred to TRAK, but this would vary according to the size and complexity of each database and all the high risk databases were expected to be transferred by the end of the year.
- 2.2.4 The two asset holders who had not yet responded to the survey would be followed up as part of the investigation, but there were no concerns in these areas.
- 2.2.5 A further update would be provided in six months' time at the meeting on 29 November 2022.

TG

3. Committee Business

3.1 Healthcare Governance Committee Annual Report

- 3.1.1 Ms Bennett presented the previously circulated paper. The knowledge and skills of the Committee Members and their ability to properly scrutinise the reports was discussed. Mr Campbell noted that Board Members had skills and experience in assessing assurance levels and did not need to have clinical experience or in depth understanding of the specific clinical areas discussed. It was noted that a set of questions had been devised specifically for the Healthcare Governance Committee Members to use as an aid to interrogating papers for assurance on safe, effective and person centred care. This would be recirculated.
- 3.1.2 It was the role of the executive team to ensure that all relevant topics were covered according to the terms of reference for the Committee. Ms Gillies noted that no clinician would have the indepth knowledge about every service covered, but the need was to ask the right questions.
- 3.1.3 Inductions and meeting with the Chair were arranged for new members which would provide more opportunities to gain confidence.

4. Women's Services Assurance

4.1 Women's Services Assurance Report

- 4.1.1 Mr Short presented the previously circulated paper. Members commended the evidence of staff and patient engagement in the Maternity Partnership and of staff wellbeing work.
- 4.1.2 Ms Ruggeri advised that a small team covering the City of Edinburgh worked with the Homeless Practice and with social workers to give extra support to women in areas of deprivation. It was recognised that wider support may be needed for women with chaotic lifestyles and it had been suggested that a midwifery assistant would be the best role to work together with different services to provide support.
- 4.1.3 Mr Short advised that a number of areas were being worked on to improve workforce and staff retention including a focus on staff wellbeing, training and a good work experience. Shorter training courses of two years for midwifery was being considered as a more attractive programme for staff currently working as clinical support workers for instance. Use of multidisciplinary teams and sharing of the midwifery role with other trained staff was also being investigated.
- 4.1.4 It was noted that the caesarean section rate was higher than in other Boards but that as a tertiary centre the Royal Infirmary of Edinburgh took more patients with complex pregnancies from other Boards which may increase the rate, as a caesarean section would be the right choice in some cases.
- 4.1.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

4.2 Maternity Services – learning from national reports in other systems (Ockenden Report)

4.2.1 Ms Gillies presented the previously circulated paper. It was noted that it was the role of the executive team to draw out any issues and key risks and that those writing papers to submit to the Committee were asked to cover these areas.

4.2.2 Members accepted the recommendations laid out in the paper.

5. Person Centred Culture

5.1 Patient Experience

5.1.1 Ms Morrison presented the previously circulated paper. She noted that measurement was against the national 20 day target for responding to complaints, but that locally the team was aiming at making this shorter.

5.1.2 There was a focus on support for the patient experience team in having difficult conversations with patients, including training and peer support. Sickness absence in the team was improving but remained challenging.

5.1.3 Performance data was reported at alternate meetings of the Board and at the Planning, Performance and Development Committee. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

5.2 Spiritual Care Annual Report

5.2.1 Ms McAuley presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

5.3 Equality Outcomes

5.3.1 The chair welcomed Mr Bruce to the meeting and he presented the previously circulated paper. It was noted that work on the staff networks was not included in the report as this was reported to the Staff Governance Committee but there were five network groups that worked in parallel with the City of Edinburgh Council.

5.3.2 There was a collaborative approach to equalities outcomes working across services with all four local authorities including joint consultations. Keep Safe work was an example of collaborative work which linked with the Policy. Action plans for this work included actions for NHS Lothian and actions for other bodies, with some in collaboration.

5.3.3 Dr Milne noted that the draft workplan for 2022-23 would make it clearer what the planned outcomes were and how these would be measured. This included work to scale up local pieces of work to the wider organisation.

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

5.4 Involving People Update

- 5.4.1 The chair welcomed Mr Malzer to the meeting and he presented the previously circulated paper. The Engagement Framework had been published the previous year with aspirations for a more collaborative relationship with third sector services which were able to engage with patients in different ways. Improved engagement with Health and Social Care Partnerships patient engagement groups would be worked on in the coming year.
- 5.4.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

6. Safe Care

6.1 Paediatric Audiology Update

- 6.1.1 Ms Gillies presented the previously circulated paper. She advised that regular support meetings for staff continued to take place and managers were aware of difficulties for staff seeing parents and children being called back for reassessment.
- 6.1.2 The recommendations from the review of the service had been shared with other physiology services and feedback had been received. This would be followed up.
- 6.1.3 Ms Gillies would attend the meeting with the National Deaf Children's Society which would be facilitated by the Scottish Government.
- 6.1.4 A verbal update on progress with actions would be presented at the next meeting on 19 July 2022 with a written update report at the meeting on 27 September 2022. Members accepted the recommendations laid out in the paper and accepted moderate assurance. **TG**

6.2 Drug Related Deaths – update

- 6.2.1 The chair welcomed Dr Sherval to the meeting and he presented the previously circulated paper. Members accepted the recommendations laid out.

6.3 Management and Learning from Adverse Events

- 6.3.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out and accepted significant assurance for national reporting compliance and moderate assurance for process improvement and for safety alerts.

6.4 Winter Planning Evaluation

- 6.4.1 Ms MacDonald presented the previously circulated paper. It was noted that unscheduled care performance was now reported at the Planning, Performance and Development Committee.
- 6.4.2 Members commended the new three year planning approach and improved processes described in the paper and accepted the recommendations laid out, accepting moderate assurance.

7. Effective Care

7.1 SMART Centre – update on progress with recommendations

7.1.1 Ms Proctor presented the previously circulated paper. Members noted the progress made and suggested that a consideration of the level of assurance should now be made in terms of safe, effective and person centred care and to what extent the standard of care offered in assessment and provision of equipment would meet the external standards required. Ms Proctor would draft a report with assurance recommendations to be submitted to the meeting on 27 September 2022. This would include a progress update against the recommendations as an appendix. **JP**

7.1.2 Mr Dolan advised that staff had been kept informed of changes via a staff led internal communications group and minutes from monthly operational management team meetings were distributed to all staff. A recent staff survey on communication received positive results which were improved from a previous survey 15 months ago. The i-matter all staff survey had results similar to the organisational average.

7.1.3 Regarding the waiting times for the service noted in the report, Mr Dolan advised that these had been distorted by covid restrictions as hospital and urgent cases had been prioritised during the period where capacity had been limited meaning the waiting times for routine patients was longer.

7.1.4 In response to a question about the estimated expected wheelchair provision by population size, Ms Muir advised that this was based on Glasgow provision. The gap identified was being investigated to find out whether non-referral, waiting times, wheelchair replacement programme or demography were factors involved.

7.1.5 Members accepted the recommendations laid out in the paper.

7.2 Research and Development Annual Report

7.2.1 Ms Gillies presented the previously circulated paper. The next report would include mapping of external assurance and would offer an assurance level.

7.2.2 The ACCORD office was joint between the University of Edinburgh and NHS Lothian and the university was the lead partner for medical research but some research was also carried out with other higher education institutions and as part of international research projects with multiple centres.

7.2.3 Service improvement work was normally carried out within the service whereas formal medical research was carried out by the ACCORD office.

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

7.3 GP Sustainability

- 7.3.1 Dr Long presented the previously circulated paper. GP sustainability had been marked as 'very high' risk on the risk register for some time; the proposal was to change the risk level to 'high' with the mitigations set out in the paper.
- 7.3.2 It was noted that workforce issues continued to be a problem in filling multidisciplinary roles but Ms MacDonald was confident that recruitment and training for these roles was progressing. There had been a high level of activity for these roles through vaccination, physiotherapy and pharmacy; in the future it would be useful to be able to show how many patients had been seen through these routes so that the impact could be measured.
- 7.3.3 Ms Gillies suggested that management of risk and reporting on quality of care should be separate for general practice and for services delivered by Health and Social Care Partnerships. The Health and Social Care Partnerships submitted annual reports to the Committee each September; a separate update on safe, effective and person centred care in general practice would be helpful.
- 7.3.4 Members accepted the recommendations laid out in the paper and agreed to the change in risk status.

8. Exception Reporting Only

No exception reports were submitted to this meeting.

9. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 9.1 Clinical Management Group, 8 March 2022, 12 April 2022;
- 9.2 Policy Action Group, 8 March 2022;
- 9.3 Organ Donation Sub Group, 17 February 2022;
- 9.4 Area Drug and Therapeutics Committee, 4 February 2022.

10. Corporate Risk Register

- 10.1 Ms Bennett presented the previously circulated paper and members accepted the recommendations laid out.

11. Reflection on the Meeting

- 11.1 Ms Rumbles wished to thank the executive team for all the work and support for staff wellbeing in the organisation, evidence for which was seen in a number of reports at the meeting.

12. Date of Next Meeting

- 12.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 19 July 2022** by video conference.

13. Further Meeting Dates

- 13.1 Further meetings in 2022 would take place at 13:00 on the following dates:
- 27 September 2022;
 - 29 November 2022.

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 1 June 2022 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair);
Mrs J. Butler, Director of Human Resources and Organisational Development;
Miss T. Gillies, Medical Director
Ms C. Hirst, Non-Executive Board Member
Ms K. Kasper, Non-Executive Board Member;
Ms T Miller, Director Employee Relations;
Ms N. Akta, Non- Executive Board Member
Ms J. Clark, Partnership Representative;

In Attendance:

Mr C. Campbell, Chief Executive
Mr J. Crombie, Deputy Chief Executive
Ms R. Kelly, Deputy Director of Human Resources;
Ms A. Langsley, Associate Director of OD & Learning;
Ms H. Monaghan, Consultant, Laboratory Medicine (Item 5.3);
Ms L. Barclay, Business Manager Human Resources;
Ms A. MacDonald, Specialist Education Lead Workforce Development (Item 2)
Ms I. Penman, Clinical Service Manager, Outpatients;
Ms H. Tait, Clinical Service Manager, Oncology;
Ms K. Imrie, Programme Manager, Ophthalmology;
Ms J. Bladen, Clinical Services Manager, Outpatients;
Ms F. Ireland, Deputy Director, Nursing
Mr N. McAlister, Head of Workforce Planning, Human Resources (Item 11.4)
and Mr G. Ormerod, Committee Administrator (minutes).

Apologies:

Mrs J. Campbell; Ms G. McAuley; Ms H. Fitzgerald

Chair's Welcome and Introductions

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

1. Declaration of Conflicts of Interest

- 1.1 Mr McQueen welcomed everyone to the committee and advised guests are shadowing the committee today from the Talent Management and Succession Planning Programme.
- 1.2 Mr McQueen highlighted there are no reflections or feedback from the board on the agenda today, but this will be covered at the end of the meeting.

2. Presentation - Employability and Early Careers

- 2.1 Ms MacDonald attended today's committee and provided a brief presentation on the delivery and early years careers for the next year.
- 2.2 It was highlighted that the population from 2018 has seen an increase of 25% for those aged 75 but only a 1% increase in those aged 16-24. Unemployment is falling after the pandemic and Scotland currently has 1100 apprenticeships available for young people. There is a continuous need for employees to feel a sense of connectivity with their jobs and for an equal priority and a renewed sense of purpose and value. Ms MacDonald highlighted that 40% of employees are likely to leave their job if some of these qualities are not provided within the working experience.
- 2.3 Ms MacDonald advised that it is critical that we continue to invest in retaining staff while also developing a framework for pillars and embed these into the programme of work to attract, train and nurture employees. A lot of work has been ongoing with wellbeing and preparing for next steps; choices for learning and developing opportunities to give people a meaning and purpose of their role and to improve wellbeing.
- 2.4 The new apprenticeship pathway is one example of this in pharmacy with band 2 roles available and linked to other ODP routes that can lead to a band 4 pharmacy technician role. We are supporting band 4 technicians and supporting local education for opportunities for staff with skill gaps so they can compete, progress and learn to aid progression across the organisation.
- 2.5 Ms MacDonald confirmed that employability programmes are restarting with a 10 month project with work experience and job training taking place at RIE and RHYCP sites in partnership with NHSL, Edinburgh City Council and the new Virgin Media Hotel. There will be a number of internships available for new graduates and posts available within HR, West Lothian Health and Social Care Partnership (HSCP). There are opportunities with 6 month work experience for 16-24 year olds and positions available in admin, play workers and activity co-ordinators. The youth network will also contribute to the organisation to develop early leadership and support mentoring and leadership.
- 2.6 NHSL will look to develop a work experience model and develop a project group with revised opportunities for placements, workshops and supporting colleagues through a based system. The curriculum will also be included within schools and we are launching a webinar for future nurse-led work with Grampian with teaching resources in collaboration with NHS, NHSS and NHS Scotland.
- 2.7 Mr McQueen thanked Ms MacDonald for an excellent presentation and highlighted that its great to see this work progressing. Mr McQueen asked what do you do to keep close to new employees in the first 6-12 months?
- 2.8 Ms MacDonald advised we do this through workforce development and work with mentors and buddies to support people in their roles. Behaviour science tools are being used throughout apprenticeships that can sense check engagement levels before any issues start to occur and this has been successful.
- 2.9 Mr McQueen asked if the 20 care experience positions have been filled or is there more we can do for care youngsters?

- 2.10 Ms MacDonald confirmed that we are currently out to advertise this programme of work and that this work is embedded in the corporate parenting board to support work that is happening here. This is a good example of collaborative working with other organisations that we are learning from and who can feed into the model to provide learning and support for young people and wider projects to make this a success.
- 2.11 Ms Penman thanked Ms MacDonald for the great presentation and mentioned that its good to know the organisation offers this support to young children.
- 2.12 Ms Miller also acknowledged the presentation and the need to fill vacancies. Ms MacDonald thanked Ms Miller for her and the unions support with the apprenticeships.

3. Minutes and Action Note of Previous Meeting held on 2nd March 2022

- 3.1 The minutes of the meeting held on 2nd March were approved as an accurate record, with the exception of 43.1 should read 15th December and not 20th October.

4. Matters Arising

- 4.1 Mr McQueen confirmed he has been involved in coffee roulette with scientists from WGH and encouraged other colleagues to take up this offer as he found this a very useful session.

5. Staff Experience

5.1 Advancing Equalities Action Plan - final update on 2021/22 plan and new plan for 2022/23

- 5.1.1 Ms Kelly provided an update on the equalities action plan for 2021/22 and advised the 2022/23 plan had also been circulated for approval. The 2021 action plan identifies areas that we have carried forward, but the majority of the action has been completed.
- 5.1.2 Last year we worked with animate on the action plan; however this year we felt we had more of an established relationship and didn't need to invite animate to help with the plan for this year. The actions cover all characteristics and we have engaged with staff and the plan has been pulled together for diversity and culture for the next year and has been discussed through the HR-OD meetings. The 2022/23 plan will also be brought to the next committee in July, with a RAG status brought to each subsequent committee.
- 5.1.3 Ms Kasper advised that from looking back at previous years that a lot of actions have been completed, but looking at red, amber and green, will there be an overall activity and year on overview.
- 5.1.4 Ms Kelly advised that some of the areas we will report on during the year. A lot of work is ongoing on promotion and increasing membership with the work supported through HR-OD but we do need to build this element into the financial plan for the next year with spend against this.
- 5.1.5 Mrs Butler advised that we have not been turned down for any requests for funding and have protective time for staff to attend projects.

5.1.6 The committee noted the plans for 2021/22 and to approved the 2022/23 plans.

5.2 Whistleblowing Report

5.2.1 Ms Kelly provided an update on the whistleblowing report ad confirmed 3 areas of focus. The report shows a note of the cases raised within the last 3 months, with 1 stage 1 concern and 2 stage 2 concerns detailed within the appendix. We have been linked in with Ms Kasper, who is involved in the whistleblowing process.

5.2.2 It was noted that we have almost fully implemented and HSCP are aware of the process and know how to raise concerns, with 2 out of the 4 having guidance in place and 2 working on guidance.

5.2.3 Ms Kelly advised that we have received quarter 4 responses back from GP practices for the annual reports; this information has been included and each have a contact and flow charts in place should any practice need to raise any concerns.

5.2.4 Lunch and learn sessions have continued, with 15 colleagues joining the most recent session, with another expected to take place in October. The sessions involve looking at the process of investigating and training for those involved in whistleblowing. Over the next 12 months we plan to send out regular updates through the team brief and continue with updating staff.

5.2.5 The first draft of the annual report for whistleblowing is included in the paper and details the learning and implementation, and this is expected to go to the June board meeting.

5.2.6 Ms Kasper thanked Ms Kelly for the update and advised to not underestimate the work that has gone into setting up the process and highlighted that we are in a good position for using this process. Ms Kelly advised we are in a position where more cases have gone through and we need to continue with training and raising awareness.

5.2.7 Ms Hirst highlighted the usefulness of the report and progress that has been made but welcomed additional information on primary care contractors based on the low return rate and a focus on learning and changes to services would be useful to highlight, along with making stronger links to equalities and who is raising concerns.

5.2.8 Mr McQueen confirmed a very helpful update, and the committee agreed to take moderate assurance of the cases that have come through this committee and asked for this to continue. It was noted that the annual whistleblowing report was approved to go to the next board meeting.

5.3 Speak Up Report

5.3.1 Ms Monaghan attended today's committee and provided an update for the speak-up report and confirmed that numbers for the speak-up initiative continue to rise but these are similar to previous concerns raised under the whistleblowing standards, with key themes highlighted within the report.

5.3.2 It was reported that often individuals raise concerns under 'business as usual' and these are not considered under the standards. Ms Monaghan advised that quite often

line managers have worked on concerns fed back and subsequently the responses are dropped when the investigators find out that the work relating to the concern is underway or has started.

- 5.3.3 The number of concerns raised before the standards were introduced in April and this reflects the work done by Mrs Butler and Ms Kelly and due to the increase in work we are looking to recruit to a third post.
- 5.3.4 It was noted that the National speak-up network and two development days with peer networks have had good board representation. Ms Monaghan advised the service is very busy with around 200 contacts.
- 5.3.5 Mr McQueen thanked Ms Monaghan for the 'on the ground' updates under 3.4 and 3.5 and asked if there is anything we can do to improve communication?
- 5.3.6 Ms Monaghan advised there was already an element in place but feedback and follow-up is important along with the confidence of the conversations. Mrs Butler advised that communication is difficult for the whole organisation but we can raise awareness with new managers that come into these roles and feedback and good conversations lead to staff experience and joy in work.
- 5.3.7 Ms Hirst commented on the positive work and themes that are coming out and highlighted that work and concerns have been discussed at staff governance and through healthcare governance. Ms Hirst asked if this work should have more prominence at the board and a triangular piece of work that could be presented to the public at board meetings? Mr McQueen acknowledged this and advised that an overview be provided for feedback from these meetings and to bring this work together.
- 5.3.8
- 5.3.9 Ms Kasper thanked Ms Monaghan for her work with the speak-up campaign and advised that she meets with whistleblowers and mentioned that everyone comments on how amazing the speak-up service is.
- 5.3.10 Mr Campbell advised we are a massive organisation and we have to work through a lot of governance but there is a chance to feedback messages to the board but the unscheduled and scheduled care performance is not good enough and we need to be careful not to show a rosy picture. Mr Campbell advised that it is every manager's duty to make themselves available so staff can be heard and there will always be room for improvement, but there needs to be a balance.
- 5.3.11 Mr McQueen suggested having a further discussion on presenting an organisation picture at the board. **BM/ JB/RK & HM**
- 5.3.12 The committee accepted the challenges, barriers and observations noted within the recommendations in the report.

6. Assurance and Scrutiny

6.1 Corporate Risk Register

6.1.1 3455 –Management of Violence and Aggression

Ms Ireland provided an update on work to address internal audit recommendations that had previously went to the staff governance committee. The work plan would

address broader progress of work rather than just the recommendations from the internal audit and would advise the committee that we are seeking limited assurance as this work is expected to take a few years to complete the actions.

- 6.1.2 It was noted that there are 2 mitigating actions, the programme of reviews and the purple packs, and the delivery date for the purple packs is 31st August but subject to adequate resources. Ms Ireland confirmed we did get some funding but not enough for a full review of the purple packs. These packs have been added to an electronic system and these can be monitored and flag any concerns.
- 6.1.3 It was reported that the team is also concluding a review of reliance lone worker alarm devices and the new contract. There is non-reoccurring resources in place and a paper due to go to the CMT meeting. Details on who administers and ownership of areas are still to be agreed.
- 6.1.4 Mr McQueen thanked Ms Ireland for the comprehensive update and advised it seemed sensible to pause the roll out of the devices until support was right. Ms Ireland confirmed that recruitment has gone back out to recruit but the money is non-reoccurring and these are succession planning posts and hope to recruit to these permanent as there are some retirements planned.
- 6.1.5 Ms Hirst highlighted the last few years doesn't reflect on the importance of increase in V&A towards staff and advised of concern that these posts are non-recurring V&A is a high priority and highlighted that we may need to look at resources and funding available.
- 6.1.6 Mr McQueen advised that part of the governance structure for audit and risk and F&R alongside our enthusiasm for the business case and programme this work to other committees.
- 6.1.7 Mr Campbell agreed and confirmed that we need to look at the business case but there is limited funding and a number of risks that we need to balance out, but highlighted that other committee should be aware and to support the business case as best as we can to get the risk priorities right.
- 6.1.8 The committee noted the recommendations and noted that the risk remains high.
- 6.2.1 3828 – Nurse Workforce – Safe Staffing Levels
Ms Ireland confirmed the risk is very high and that this had been fluctuating over a number of months. Due to bringing in new recruits from the graduate nursing programme, we are likely to see a reduction in the risk.
- 6.2.2 The establishment gap is currently 6.67% against the 5% target and this is noticeably higher in other areas. New graduates will come in towards the end of June/July from Edinburgh, Queen Margaret University and from Napier in September.
- 6.2.3 Trainee mental health nurses will be recruited at B2 level and will complete 2 modules with the Open University and support apprenticeships. We are also looking to roll this out to Napier for nurse training.
- 6.2.4 Ms Ireland highlighted that around 73 staff retired in March and this was a significant number compared to previous years when this is usually around 20 staff. A lot is happening but moderate assurance remains.

- 6.2.5 Ms Kasper thanked Ms Ireland for a very comprehensive paper. Ms Kasper asked if we have the tools in the organisation to manage demand for nursing levels and how do we know these tools are consistently applied to meet demand for nursing levels.
- 6.2.6 Ms Ireland advised the underlined establishment gap is what we run the posts against. We are looking at nursing ward staff, which is made up of substantive and bank staff. The eRostering system and safe care looks at patients across the sites to balance staffing. Work is also taking place with a national system for mental health and adult services as we move away from SCAMPS in paediatrics.
- 6.2.7 The committee agreed to accept the paper and to support the associated risk mitigation plan. To note the risks remain very high and to support a moderate level of assurance concerning the risk mitigation plan.
- 6.3.1 5020 – Water Safety
Miss Gillies confirmed the water safety risk came onto the register due to a change in premises and access to premises during and after the pandemic and increased into legionella as a statutory obligation. Miss Gillies advised the documentation around water safety was not as clear for monitoring and underlined water safety plans.
- 6.3.2 It was noted that local health and safety teams have taken a stronger interest in this area over the last 2 years and there has been input from estates and facilities. Miss Gillies also noted that local Health and Safety chairs have noted an improvement in the quality of information they are receiving.
- 6.3.3. Miss Gillies confirmed we are having legionella culture from the water and its not cases of legionella, but progress is being made on the water plans. The level of risk is unchanged but we anticipate at the next review this will come down as the mitigation plans and becoming clearer.
- 6.4.1 3328 – Traffic Management
Mr Crombie confirmed there were no changes to the report discussed at the meeting on 2nd March, with grading assurance and control remaining the same.
- 6.4.2 Mr Crombie highlighted an incident that took place at WGH where a member of staff was hit on a zebra crossing by a car driven by another member of staff. The employee returned to work after 4 days and the member of staff who was driving the car is being investigated by Police Scotland.

7.0 Health and Safety Assurance

- 7.1 Miss Gillies confirmed that Ian Wilson is due to retire next week and thanked him for his contribution to this area. The Health and Safety paper is set out in the usual format and highlights that we remain in the out-of step cycle that was reported at the latest Health and Safety committee last week.
- 7.2 It was noted that there was helpful discussion at the Health and Safety committee around safer clinical sharps and perceived gaps with an HSE improvement notice served to manage the use of safety-engineered and non-safety devices.
- 7.3 Lone working and violence and aggression (V&A) were discussed with local committees to share learning for smoother implementation and work required on the

ground to get these devices working.

- 7.4 Miss Gillies confirmed the Health and Safety service review and feedback has been paused until a new director of Health and Safety is in post. The decision to pause the review was made so any changes to restructure the team could be made once they were in post and to avoid changing the team twice in a couple of months.
- 7.5 Mr McQueen thanked Ian Wilson and wished him well with his retirement.
- 7.6 Mr McQueen mentioned that he had an interest in fire safety and asked if there were any administering challenges in sharing information with fire assessments?
- 7.7 Miss Gillies advised the fire officers within estates would share this information within the sites, but this is not managed by the site directors. Work is underway to complete visibility and continuing to follow this through. Feedback from site level is that they are welcoming the increased input from estates and their input into the health and safety meetings and to triangulate this work.
- 7.8 The committee acknowledged the updates from the most recent NHSL Health and Safety committee with overall assurance levels for the three risks for clinical sharps, fire safety management and other risks including Covid 19 and water management.

8.0 Healthcare Science Service - Accredited Registrations

- 8.1 Miss Gillies provided an update against the accredited registrations and advised that this came up as a result of the paediatric audiology and issued raised around accountability and standard of practice for audiologists, the type of registration and whether there was an opportunity to move to statutory registration and if this would make a difference.
- 8.2 Miss Gillies highlighted appendix 2 that has been taken from the website that sets out the roles of professional standard authority for statutory registration and the opportunity for voluntary registration with an accredited registration.
- 8.3 The details set out in the paper for healthcare scientists and what they do, the committee needs to be aware for when people register whether this is a statutory or voluntary registration but this is also subject to variable processes to their VPD and different for certain professional bodies. Fundamentally the quality of care that is provided is down to the organisation and we have to have a line of sight.
- 8.4 Miss Gillies noted that overall we don't think it would be helpful to move to statutory registration based on previous experiences, and that it would also lead to difficulty with recruitment and retention.
- 8.5 Mr McQueen welcomed and acknowledged the earlier draft, and this report is clearer on the advantages to the professions that are regulated. Mr McQueen highlighted that we should be asking for registration as a level of comfort, but the importance is to understand the accountability to the employer as Lothian.
- 8.6 Mr McQueen asked if paediatric audiology staff were all registered and asked if this was a reaction as we focused on the review? Was this a reaction as we focused on it for the review? Miss Gillies advised she would need to check this detail, but most were

registered before.

- 8.7 Miss Hirst asked if requirements and continued professional development (CPD) should be approached with an internal focus rather than learning externally from best practice.
- 8.8 Miss Gillies confirmed individuals have CPDs, but training requirements for paediatric audiology will be picked up by National review and input from QMU. Staff registered in England need to go through accredited training and this isn't required in Scotland.
- 8.9 The committee noted the recommendation and agreed that healthcare scientists will be actively encouraged to register with the appropriate accredited registration body for their profession.

9.0 Staff Governance Committee Annual Report

- 9.1 Ms Kelly confirmed the annual report for the committee and that template format is set out with the bulk of this statement of assurance. The questionnaire was circulated to all members, but there was a lower than expected response rate.
- 9.2 The main feedback that was received highlighted that there is concern that not all committee members participate at meetings.
- 9.3 Ms Kelly confirmed a draft report has been submitted to the board secretariat for the annual accounts.

10.0 Staff Governance Monitoring Framework Return

- 10.1 Ms Kelly confirmed at the August 2021 committee we have approved the 2021 monitoring framework for the return to the Scottish Government.
- 10.2 Ms Kelly confirmed this submission had been approved and the letter from September's submission has been shared and response was acknowledged in April. The 2022 framework has not yet been received for 2022.
- 10.3 Ms Kelly asked the committee to note the response to the submission for 2020/2021 and the plans for 2021/22 return.

11.0 Sustainable Workforce

11.1 Workforce Report

- 11.1.1 Ms Kelly provided an update on the refreshed workforce report and advised this shows the latest relevant data. The format of the report has changed and this shows more detail and workforce statistics. HR enquiries and redeployment information has been removed as these elements are more internal and not something that needs to be scrutinised.
- 11.1.2 Ms Kelly advised that in future reports we plan to add in KPIs for regional recruitment centres and timescales and KPIs for job evaluation. We will also add in a section for speak up campaign and whistleblowing; this information comes to this meeting as a separate report but it was agreed this data should also be recorded within the workforce report.

- 11.1.3 ER and bullying and harassment information will also be added to build up the report over the next few meetings. Ms Kelly asked for any feedback on the report to be sent to her or for any additions that could be included for future reports.
- 11.1.4 It was reported that sickness absence is low compared to other health boards but the level of staff retirements has significantly increased due to pension changes and a lot of staff pausing their retirements during the pandemic.
- 11.1.5 Mr McQueen advised that he found the new layout useful, especially the focus on key metrics. Mr McQueen asked if Covid numbers could be removed from the establishment gap as these are conflicting? There are 22% of staff over 55 and advised to look at the age profile by staffing categories due to difficulties in recruitment and expected retirements. The number of completed appraisals at 30% was disappointing.
- 11.1.6 Mrs Butler advised that we are reviewing the age profiling of all the time and looking at the risks; this information is shown within the diversity report, but its not reported at this committee. Appraisals are a key priority around CMT and this was paused, but we have more to do with performance.
- 11.1.7 The recommendations were accepted by the committee.
- 11.2 Equality and Diversity Monitoring Report
- 11.2.1 Ms Kelly shared the annual report that will be published after the staff governance committee and will be uploaded onto the intranet. The workforce is broken down by key data and shows a number of information for workforce indicators, staff promotions and indicators for staff moving roles and posts.
- 11.2.2 The information collected is based on the 2011 census as we currently don't have the most up-to date information for 2022.
- 11.2.3 There are plans to look at the data within the HR-OD quality group to further analyse the data into what this is telling us and if there is anything else we need to do for the coming year. Ms Kelly advised we will ask staff to update their own characteristics and this has been communicated to staff through the team brief with focused work in groups expected this year. We are also working with the communications team on a user-friendly way to share this information.
- 11.2.4 Ms Kaper advised there was a lot of data present and wondered if something was able to be produced for a year-on year timeline and any outliers for cause for concern?
- 11.2.5 Mrs Butler advised that data is published but there is a tight turnaround with HD-OD, we will go through the data and highlight any areas for action.
- 11.2.6 The committee noted the recommendations and took moderate assurance that systems and processes are in place to ensure that this information about staff is captured.

11.3 National Workforce Strategy for Health and Social Care

11.3.1 Mrs Butler advised there are a series of papers for the National workforce strategy and co-produced between COSLA and the Scottish Government.

11.3.2 The plan was published in March and focused around the 5 pillars of plan, attract, train, employ and nurture that are summarised within appendix 1. Mrs Butler advised the plans are part of the government commitments and not something the board is involved in pulling together; we have not received sight of the delivery plan at present.

11.3.3 It was noted that with in the document on page 5 that growing the workforce by 1% will need to be reassessed due to recent announcements.

11.3.4 It was noted by the committee that the report is not fit for purpose based on current Scottish intelligence and that there would need to be a return to pre-pandemic levels of workforce in Scotland.

11.3.5 The committee noted the report covers the health and social care sector and noted that although the strategy is national and outlines national actions for health boards, that local authorities and HSCP will lead on operational strategy and outcomes over the 3 year plan.

11.4 National Workforce Planning Guidance

11.4.1 Mrs Butler advised the workforce guidance has been received and work is already ongoing for the 3 year workforce plan required to be submitted by the summer for publication in October.

11.4.2 It was highlighted that HR directors have been advised that they wouldn't be able to follow the guidance as this was received later than anticipated but the plan would be aligned to the National LSDF and we will follow the 5-pillars.

11.4.3 Mr MacAllister advised this came out much later than expected and there is a lot of service integration and financial planning for the medium to long term for National direction. The guidance asks for detail that we wouldn't naturally include in the 3 year workplan.

11.4.4 Mr McQueen advised to produce a work plan based on the financial constraints and underlined advice from the government.

11.4.5 The committee acknowledged the expectation that workforce plans will sit alongside the upcoming medium-term operational planning (MOP) guidance will not be possible as the Scottish Government has subsequently changed planning guidance to focus on the development of a 12-month annual operational plan.

11.5 NHS Lothian 3-Year Workforce Plan

11.5.1 The committee noted that work is ongoing with colleagues and this will be aligned to the LSDF. The plan will have a summary section with an 'ask' from the government to push forward with areas for progression similar to work that has been completed with the physician associates, which has been progressed locally with 50 PAs now in post.

11.5.2 The paper will be discussed next week at the CMT meeting and has good involvement

with services and professional leads and the plan is expected to come back to the next staff governance meeting as a first draft on 27th July.

- 11.5.3 Mr McQueen asked if the plan had detail and analysis of the workforce position and age profile and a look ahead over the next 5 years?
- 11.5.4 Ms Butler confirmed that Mr McAlister has developed a number of tools to analyse data; this has shown there will not be enough band 5 nurses but workforce plans are changing the shape of the workforce to look for other associated professionals. We are also in a better position with the tools to promote international recruitment against domestic supply routes.
- 11.5.6 Mr McAllister advised we have also picked collaborative action and a social care joint approach for training and developing rather than competing, and to make staff more transferable for career pathways.
- 11.5.7 The committee accepted the recommendations set out in the 3 year workforce plan.

12. For Information and Noting

12.1 Staff Governance Work Plan 2022-23

- 12.1.1 The Staff Governance Work Plan 2022-23 was noted by the committee

12.2 Staff Governance Assurance Statement 2022-23

- 12.2.1 The Staff Governance Assurance Statement 2022-23 was noted by the committee

12.3 Workforce Planning and Development Programme Board Minutes - 25 January 2022

- 12.3.1 The Workforce Planning and Development Programme Board Minutes were noted by the committee

13. Reflections on the meeting

- 13.1 Mr McQueen thanked Mrs Butler and Ms Kelly and their teams for their updates and the excellent Employability and Early Careers presentation which is vitally important.
- 13.2 Mr McQueen thanked today's guests for attending the committee and asked for any feedback to be sent directly to him.
- 13.3 Mrs Butler advised the 3 year plan will come back to the Staff Governance Committee in July, before this goes to the Scottish Government but advised the document is available if requested by board members. Ms Hirst advised that non-executive board members have raised workforce for reassurance work that is currently ongoing. Mrs Butler confirmed she would include this within the June board meeting.

14 Date of Next Meeting

- 14.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 27 July 2022

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 16 June 2022
Item No: 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 14 April 2022	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Carolyn Hirst (Chair)	Cllr Derek Milligan (Vice Chair)	Tricia Donald
Jock Encombe	Cllr Catherine Johnstone	Angus McCann
Cllr Pauline Winchester		

Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Keith Chapman (User/Carer)
Fiona Stratton (Chief Nurse)	Miriam Leighton (Volunteer Midlothian)	Wanda Fairgrieve (Staff side representative)
Joan Tranent(Chief Social Work Officer)	Jordan Miller (Staff side representative)	

In attendance:

Jill Stacey (Chief Internal Auditor)	Alan Turpie (Standards Officer)	Johanne Simpson (Medical Practitioner)
Gill Main (Integration Manager)	Hamish Reid (GP/Clinical Director)	Lois Marshall (Assistant Strategic Programme Manager)
Roxanne Watson (Business Manager)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Peter McLoughlin (Program Manager)
Andrew Henderson (Clerk)		

Apologies:

Cllr Jim Muirhead	Nick Clater (Head of Adult Services)	
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Midlothian Integration Joint Board

Thursday 14 April 2022

1. Welcome and Introductions

The Chair, Carolyn Hirst, in welcoming everyone to the virtual Meeting of the Midlothian Integration Joint Board, extended her thanks to Hamish Reid who was standing down from his role as a medical director and extended further thanks to David King, who was attending his final board meeting. The Chair also advised that this would be the last Midlothian Board meeting for Councillor Board Member colleagues – Derek Milligan, Catherine Johnston, Pauline Winchester and Jim Muirhead – and on behalf of the Board thanked them for their significant contributions to the work of the IJB over many years.

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 Minutes of the MIJB held on 10 February 2022

The Minutes of Meeting of the Midlothian Integration Joint Board held on 10 February 2022 were submitted and approved as a correct record.

Carolyn Hirst took the opportunity to update regarding the rejection of an independent pharmacy application in Rosewell, acknowledging that the issue had since been raised with NHS Lothian and that assurances had been given that due process had been followed. Members then took the opportunity to express their concerns regarding the constraints of the current pharmacy Guidelines and the impact of demand on pharmacies. Morag Barrow clarified that pharmacies operated under private contracts issued by the Scottish Government highlighting that Grace Cowan would be meeting with pharmacy leads and agreed to provide further feedback. Carolyn Hirst agreed to discuss the issue further with Morag Barrow and conduct further following up.

4.2 Minutes of the Special MIJB held on 17 March 2022

Midlothian Integration Joint Board

Thursday 14 April 2022

The Minutes of Meeting of the Special Midlothian Integration Joint Board held on 17 March 2022 were submitted and subject to the following clarifications to item 5.2 were approved as correct record.

Lois Marshall clarified that consultations and engagement were undertaken throughout the year and that equality data was considered as part of the integration impact assessment.

From an operational standpoint, Lois Marshall highlighted that that each service area was in the process of developing their own action plan.

Regarding to what extent the feedback was in line with the proposed direction of the strategic plan, Lois Marshall acknowledged that issues around communication, digital and finally staff and communities had been raised.

4.3 Minutes of the Audit & Risk Committee held on 02 December 2021

The Minutes of Meeting of the MIJB Strategic Planning Group held on 02 December 2021 were submitted and noted

4.4 Minutes of the Strategic Planning Group held on 19 January 2022

The Minutes of Meeting of the MIJB Strategic Planning Group held on 19 January 2022 were submitted and noted

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update By way of a chairs update, Carolyn Hirst thanked board members for their participation in the self-evaluation survey, confirming that results would be analysed and included in the board's development plan. Carolyn Hirst also flagged that the NHS Lothian Strategic Development framework was out for consultation.	To note the Chairs update	All to note	

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Referencing the Single Midlothian Plan that had been discussed at the most recent meeting of the Community Planning Partnership which included information in relation to Community Justice, Community Safety, Sustainable Growth, GIRFEMC Adult Health and Social Care and Improving Opportunities; Carolyn Hirst advised of her intention to make closer working relations with the Community Planning Partnership and align purposes with the MIJB.</p>			
<p>5.2 Chief Officer Report – Morag Barrow, Chief Officer.</p> <p>Morag Barrow provided an overview of the report updating members in relation to ongoing system pressures, the spread of COVID infections and the spring booster campaign pausing to respond to member's questions.</p> <p>Morag Barrow acknowledged 3rd sector representation within the Health and Social Care partnership and highlighted that 3rd sector posts (Carer posts) were used to provide "softer" care as they could not provide personal care. In addition further recruitment was acknowledged, with the Care at Home team/Home first team increasing its capacity to ensure it could cover its caseload. Grace Cowan confirmed ongoing work to identify gaps and blocks in the system to ensure they could be addressed in advance of them becoming an issue.</p> <p>Responding to comments on primary care, Morag</p>	<p>To note the Chief Officer's report.</p> <p>Hannah Cairns to be asked to provide an update on the Digital Time Frame</p>	<p>All to note</p> <p>Morag Barrow/Hannah Cairns</p>	

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Barrow confirmed ongoing work in relation to the IJB Strategic Plan Spotlight Program and that a program manager had also been asked to support the development work for primary care. There was then a brief discussion in relation to the GP data issue and whether this was something being explored by the Royal College of GP's. Hamish Reid advised that work was being done to extract data unilaterally and to ensure Midlothian was ahead of the curve, examination of the existing data set was being conducted.</p> <p>Morag Barrow provided an update regarding permanent vaccination centres acknowledging that the site in Bonnyrigg is unfortunately no longer an option but that two further sites, including one in Rosewell are being considered in addition to temporary sites in Dalkeith being secured, until a permanent site established around the Mayfield area, with continued use of Midlothian Hospital and pop up's as required. Morag Barrow acknowledged that the inclusivity program was working well in addition to the care home program with ongoing mopping up.</p> <p>With regard to the digital implementation and delivery plan timelines Morag Barrow confirmed that it had been signed off at an SMT. Some work had not been able to be progressed due to the pandemic, but that every effort would be in place to accelerate these.</p> <p>Responding to a question in relation to work being done to addressing the nursing recruitment gap, Fiona Stratton confirmed ongoing work into local</p>			

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>recruitment in addition to ongoing work to recruit from other parts of the UK, internationally and with higher education institutions. Fiona Stratton further acknowledged the development of the strategic practitioner post and acknowledged huge focus on the wellbeing amongst the workforce was to ensure safe and effective protective care.</p>			
<p>5.3 Nomination and Appointment of Members to the Midlothian Integration Joint Board - Carolyn Hirst, IJB Chair</p> <p>Carolyn Hirst advised board members of several upcoming changes to the membership as a result of the council elections and advised that she would also be stepping down from the MIJB in August following her departure from NHS Lothian. Carolyn Hirst asked members to note the nomination of two NHS Lothian Board Members to the Midlothian Integration Joint Board and to agree the appointment of the Third Sector Representative Board Member. Carolyn Hirst also took the opportunity to welcome Miriam Leighton who was in attendance at the meeting.</p>	<p>Noted the nomination of Val De Souza and Nadin Akta as board members of the Midlothian IJB.</p> <p>Agreed the appointment of Miriam Leighton (Midlothian Voluntary Action) as a board member of the Midlothian IJB.</p> <p>Agreed the appointment of Grace Chalmers (Unison) as a board member of the Midlothian IJB</p>	<p>All to note</p> <p>Board Members</p> <p>Board Members</p>	
<p>5.4 Midlothian Integration Joint Board Strategic Plan 2022-2025 – Lois Marshall, Assistant Strategic Programme Manager</p> <p>Lois Marshall provided an overview of the paper highlighting minor changes to the draft that had been submitted to the Special MIJB held on the 17th of March including a new section on advocacy, the inclusion of palliative care in 'how services are</p>	<p>Approved the Strategic Plan 2022-2025</p>	<p>Board Members</p>	

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>planned', the combination of community justice and workforce and the intention to include a paragraph on the climate emergency. Carolyn Hirst thanked those who had worked on the report for their extensive efforts and opened to questions. Jock Encombe endorsed the comments of Carolyn Hirst and referencing Carolyn Hirst's announcement in item 5.3 took the opportunity thank Carolyn Hirst for her work with the MIJB.</p>			
<p>5.5 Code of Conduct Revised Model Scheme for Members of Devolved Public Bodies - Gill Main, Integration Manager and Alan Turpie, Standards Officer</p> <p>Carolyn Hirst acknowledged that arrangements for a formal induction would be made to take new board members through the proposed changes. Gill Main introduced the paper outlining that the MIJB had until the 10th of June to agree to any changes, submit the code of conducted to the Scottish Government, await agreement from the Scottish Government and implement the new code of conduct. Gill Main continued to outline that it was individuals' personal responsibility to ensure they abided by the code of conduct.</p> <p>Alan Turpie provided an overview of the new code conduct highlighting that changes were in line with the Ethical Standards in Public Life (Scotland) Act 2000 which provide Codes of Conduct for local authority councillors and members of relevant public bodies and that the revised model took into account</p>	<p>Members decided to apply the first line of paragraph 3.11 and disapply second line of paragraph 3.11 of the Model Scheme.</p> <p>To submit the revised model scheme of administration, highlighting paragraph 3.8 as an area of concern and agreed for Carolyn Hirst to draft an alternative wording, to be circulated amongst board members in advance of it being submitted to the Standards Commission.</p>	<p>Board Members</p> <p>Carolyn Hirst/Board Members/Alan Turpie</p>	

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the changes made to the new councillors code of conduct. Alan Turpie advised that that the Scottish Government are willing to accommodate the derogation of paragraph 3.11.</p> <p>A discussion ensued amongst board members, with concerns being expressed in relation to paragraph 3.11 due to the element of support that would have to be given should members disagree with a decision and further concern being expressed in relation to paragraph 3.8 due the potential it could have to impact upon the scrutiny role of board members. Alan Turpie clarified that in relation to paragraph 3.11 the MIJB's standing orders reflected the councils 6 month rule. Members then agreed that the first line of 3.11 which encourages members to respect the principle of collective decision-making and corporate responsibility should be applied whilst the second line regarding the support of decisions should be removed.</p> <p>Following further discussion in relation to paragraph 3.8 Alan Turpie outlined that the message from the standards commission was that members could challenge a decision or a service but that individual officers could not be referenced highlighting that this was mirrored throughout other codes of conduct used by councillors. Alan Turpie confirmed that he could write to the Scottish Government outlining members concerns in relation to paragraph 3.8, but that this would likely be bounced back. Board members then agreed that with regard to item 3.8</p>			

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>there was enough unease in relation to its wording for this to be raised to the standards commission and that the revised code of conduct could be submitted as reviewed with additional concerns highlighted and a proposal to reword paragraph 3.8.</p>			
<p>5.6 Review of Integration Joint Board Governance Requirements - Gill Main, Integration Manager</p> <p>Gill Main provided an overview of the report highlighting its purpose, background and continued to outline its recommendations, inviting members to comment. Board members unanimously agreed to approve the report.</p>	<p>Noted the proposed scheme of works and timelines.</p> <p>Approved the proposed scheme of works.</p> <p>Noted future action required.</p>	<p>All to Note</p> <p>Board Members</p> <p>All to Note</p>	
<p>5.7 Midlothian IJB Directions 2022-2023 – Lois Marshall, Assistant Programme Manager</p> <p>Lois Marshal provided a brief overview of the report and asked members to discuss and provide comment on the proposed Midlothian IJB Directions for 2022-2023. Responding to comments regarding the measurability of certain items as the result of them not having targets, Morag Barrow clarified that the board would need to decide if it wanted to explore wider provision or delegation. With regard to barriers to engagement, Morag Barrow confirmed that engagement was embedded in all planning. With regard to frailty in Midlothian it was agreed that</p>	<p>Further exploration into the topic of frailty in Midlothian to be conducted and further feedback to be provided.</p> <p>To otherwise note the contents of the report.</p>	<p>Lois Marshal</p> <p>All to Note</p>	

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
further exploration into this topic would be done and that further feedback would be provided.			
<p>5.8 Clinical and Care Governance Group (CCGG) report - Fiona Stratton, Chief Nurse</p> <p>Fiona Stratton provided an overview of the report outlining its key messages and opened to members questions. Morag Barrow confirmed that a final report will be submitted to a later board meeting.</p>	Noted and approved the contents of the report.	All to Note/Board Members	
<p>5.9 Performance Overview Report - Roxanne Watson, Executive Business Manager</p> <p>Roxanne Watson provided an outline of the Performance overview report outlining the MIJBs performance against its performance goals, referencing the draft Terms of Reference for the Performance Assurance and Governance Group and further highlighting the progress made by the spotlight programme continuing to highlight plans to review and update improvement goals going forward. Following this members were invited to discuss and comment on the report. Morag Barrow acknowledged that the updated report would come back to the board the future.</p>	<p>Noted the performance against the IJB performance goals.</p> <p>Noted the draft Terms of Reference for the Performance Assurance and Governance Group.</p> <p>Noted the progress made by the Spotlight Programme.</p> <p>Noted the plan to review and update the improvement goals.</p>	<p>All to Note</p> <p>All to Note</p> <p>All to Note</p> <p>All to Note</p>	
<p>5.10 Scheme of Integration Verbal Update - Peter McLoughlin, Strategic Programme Manager,</p>			

Midlothian Integration Joint Board

Thursday 14 April 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>NHS Lothian</p> <p>Peter McLoughlin provided a verbal update in relation to the scheme of integration referencing the slides that had been circulated prior to the meeting covering the key areas. Peter McLoughlin then outlined the next steps following the conclusion of the consultation on the 10th of April. Peter McLoughlin extended thanks to Lynn Cochrane, Caroline Shillton and Gill Main for their work during the consultation period and to Carolyn Hirst for her feedback in relation to complaints handling. Peter McLoughlin then opened to questions.</p> <p>Jill Stacey expressed an interest in consultation feedback regarding counter fraud acknowledging that a significant refresh and update had been made to the local code of corporate governance which recognised that the MIJB as an integration authority and advised that this was a separate governance document.</p>	Noted the verbal update and presentation.	All to Note	

6. Any other business

Carolyn Hirst again thanked the elected members for their work on the Midlothian Integration Joint Board during their respective tenures.

7. Private Reports

No private reports were submitted for consideration.

8. Date of next meeting

Midlothian Integration Joint Board

Thursday 14 April 2022

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

- Thursday 2 June 2022 2.00pm MIJB Audit and Risk Committee
- Thursday 16 June 2022 1.00pm MIJB Board and Development Workshop (Development Workshop 3.00pm).

(Action: All Members to Note)

The meeting terminated at 16:09

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within VIRTUAL MEETING ROOM, on 21 APRIL 2022.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Jock Encombe, Dom McGuire, Katharina Kasper and George Paul

Non-Voting Members – Karen Adamson, Elaine Duncan, Steven Dunn, David Huddleston, Jo MacPherson, Alan McCloskey, Ann Pike, Patrick Welsh and Alison White

Apologies – Harry Cartmill, Damian Doran-Timson, Lesley Cunningham and Linda Yule

In attendance – Robin Allen (Senior Manager), Neil Ferguson (General Manager Primary Care and Community Services), Ashley Goodfellow (Consultant in Public Health), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer) and Fiona Wilson (Head of Health)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minutes of its meeting held on 17 March 2022 as a correct record.

Matters arising

Item 7 (Lothian Strategic Development Framework)

Dave Huddleston provided a further update on the Royal Society of the Arts consultation on the National Care Service. The latest update by the RSA, which had been circulated to the IJB members, would be presented to the Health Board shortly. The Chief Officer would advise of further developments relating to the strategic development framework in due course.

Item 16 (Workplan)

The Chief Officer provided an update on progress with the National Treatment Centre on St John's Hospital Campus, advising of the expected completion timelines for the business case as well as the benefits and challenges the completed Centre would offer. Members then enquired about shifting completion timelines and funding.

Decision

It was agreed that the Chief Officer would provide supplementary information to members regarding the current position on progress and funding for the National Treatment Centre.

3 MEMBERSHIP & MEETING CHANGES

The IJB confirmed the appointment of George Gordon to the IJB as a voting member from 1 August 2022 to 15 May 2025.

4 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 Board members on emerging issues including those related to Covid-19.

It was noted that the Matalan store vaccination clinic referenced in section 1.5 of the report would operate on weekends only.

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.

During discussion, it was requested that an update on the two community wellbeing hub pilots be provided at the next meeting, as well as a full update report at a future meeting, which would include evaluation of the pilot and next steps.

Decision

1. To note the terms of the report.
2. To provide an update at the next IJB meeting and a full report at a future meeting on the two community wellbeing hub pilots evaluation and next steps.

5 PUBLIC HEALTH - PRESENTATION

The Board considered a presentation by Ashley Goodfellow, Consultant in Public Health, NHS Lothian, explaining the role and activity of the West Lothian Public Health Partnership and Place Team.

The overarching principles governing the team were presented, as well as the team's structure and membership. The presentation then focused on public health aims and priorities. Discussion among members followed.

During discussion, details of the team's collaboration with universities in terms of research support were provided; the impact of service delays on population health was also discussed.

Decision

1. To note the presentation.
2. To provide a progress report to the IJB in six months' time, including an update on the team's engagement with universities.
3. To keep IJB informed regularly and to provide an annual update report on progress with data that inform the team's work and the impact of their usage in practical terms.

6 CHIEF FINANCE OFFICER REPORT (HEREWITH)

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.

7 COMING HOME IMPLEMENTATION: A REPORT FROM THE WORKING GROUP ON COMPLEX CARE AND DELAYED DISCHARGE

The Board considered a report (copies of which had been circulated) by Karen Love, Senior Manager Adults Services informing members of the planned response following the publication of the Scottish Government and CoSLA report *Coming Home Implementation: A report from the working group on complex care and delayed discharge*.

It was recommended that the Board note the contents of the report and the planned work to support the implementation of people returning to West Lothian.

During discussion, members emphasised the importance of feedback from individuals and carers affected by the implementation of the report and asked officers to include a relevant update in a future report.

Decision

1. To note the terms of the report.
2. To ensure an equality impact assessment as well as feedback from individuals and carers affected by the implementation of the report are included in an appropriate future report to the IJB.

8 CHIEF SOCIAL WORK OFFICER UPDATE REPORT

The Board considered a report (copies of which had been circulated) by the Chief Social Work Officer providing an update on the developments and progress made in the areas detailed within the Chief Social Work Officer's Annual Report as requested at the Board on 13 January 2022.

It is recommended that the Board:

1. Note the contents of the report; and
2. Note that update reports would be provided to the Board on a 6-monthly basis.

Decision

1. To note the terms of the report.
2. The Board also agreed that going forward, one update report instead of two would be provided per year alongside the full Chief Social Work Officer report. The update report would be provided in July each year.

9 INTERIM PERFORMANCE REPORT

The Board considered a report (copies of which had been circulated) by the Chief Officer providing a quarterly performance report based on the latest data available on the Core Suite of Integration Indicators, the Ministerial Strategic Group (MSG) integration indicators and social care benchmarked data.

It was recommended that the Board:

1. Note the content of the performance report and confirm assurance;
2. Agree to continue with the current reporting format for the duration of the existing strategic plan; and
3. Agree that a revised performance framework be presented for approval with the new strategic plan.

Members wished to see national data closer to real time, even if unvalidated, which could then be compared with validated data when they were approved. Optimal data gathering and empowering front-line teams to perform their own data assessment were also discussed.

Decision

To approve the terms of the report.

10 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

NHS Lothian

Board
03 August 2022

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

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

2 Recommendations

The Board is recommended to:

- 2.1 *Appoint* the following people to the Pharmacy Practices Committee, each for a three-year term from 03 August 2022 to 2 August 2025:
 - June Edwards, Non-Contractor Pharmacist
 - Isobel Bishop, Non-Contractor Pharmacist
 - Barry Chapman, Non-Contractor Pharmacist
 - Susanne Gooding, Non-Contractor Pharmacist
 - Mike Ash, Lay Member
 - Eleanor Blair, Lay Member
- 2.2 *Re-appoint* Brian McGregor as a Lay Member of the Pharmacy Practices Committee, from 4 December 2022 to 3 December 2025.
- 2.3 *Re-nominate* Fiona Ireland as a voting member of the East Lothian IJB, from 22 September 2022 to 21 September 2025.
- 2.4 *Nominate* Rebecca Green as a non-voting member of the Midlothian IJB and specifically as the "registered medical practitioner whose name is on the list of primary medical services performers" (retrospectively) from 18 July 2022 to 17 July 2025.
- 2.5 *Re-nominate* Johanne Simpson as a non-voting member of the Midlothian IJB and specifically as the "registered medical practitioner employed by the health board and not providing primary medical services" from 2 October 2022 to 1 October 2025.

3 Discussion of Key Issues

Pharmacy Practices Committee

- 3.1 There are regulations which prescribe the membership and operation of this committee.

It has seven members, being one NHS Board member, three pharmacists, and three lay members. The NHS Board member convenes the committee. The regulations allow deputies to be used provided that when the committee meets the prescribed membership categories are there. For practical reasons the NHS Board has appointed several individuals to fill the positions, as this facilitates convening the committee when a hearing is required and allows a fresh panel to consider any appeals.

- 3.2 The Lothian Area Pharmaceutical Committee has identified individuals to be appointed and reappointed to contractor pharmacist, non-contractor pharmacist and lay member positions as outlined at 2.1 and 2.2 above.

East Lothian Integration Joint Board

- 3.3 Fiona Ireland's term of appointment as one of the Board's four voting members nominated to the East Lothian IJB will come to an end on 21 September 2022. It is recommended that the Board re-nominate Fiona Ireland as voting member of the East Lothian IJB from 22 September 2022 to 21 September 2025. Completion of a full term will be subject to her continuing in her role as Chair of the Area Clinical Forum and a non-executive member of the Board.

Midlothian Integration Joint Board

- 3.4 [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014 \(as amended\)](#) determines the membership of integration joint boards. The NHS Board is required to appoint a person to each of 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.”

- 3.5 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.
- 3.6 Hamish Reid stood down as Clinical Director of the Midlothian HSCP on 14 May 2022 and therefore also demitted office as the non-voting member of the Midlothian IJB fulfilling the position at (f) above. Rebecca Green took up post as the new Clinical Director from 18 July. It is therefore recommended that the Board nominate Rebecca as a new non-voting member of the IJB and specifically as the “...*registered medical practitioner whose name is on the list of primary medical services performers...*”, to apply retrospectively from her date of appointment.
- 3.7 Johanne Simpson currently sits on the Midlothian IJB as a non-voting member and as the Board's nominated “...*registered medical practitioner employed by the health board and not providing primary medical services*”. Johanne's first term of office will end on 1 October 2022. With the support of the NHS Lothian Board's Medical Director, it is

recommended that Johanne be re-nominated by the Board for a second three-year term, from 2 October 2022 to 1 October 2025.

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 the membership of committees, 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. 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.

Chris Graham
Secretariat Manager
03 August 2022

LOTHIAN NHS BOARD

3 August 2022

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update Board Non-Executive Directors on areas of activity within the Board Executive Team Director's portfolios. The template for this report has been revised following feedback from Non-Executive Members, and Directors have been invited to focus on key strategic / operational issues to bring to the attention of Non-Executive Directors, not otherwise covered in the Board papers.

1. Chief Executive

1.1 Waiting times and long waits targets - The Cabinet Secretary has recently announced new targets to eliminate long waits for planned care. The targets are to eliminate the following:

- two years wait for outpatients in most specialities by the end of August 2022.
- 18 months wait for outpatients in most specialities by the end of December 2022.
- one year wait for outpatients in most specialities by the end of March 2023.
- two years wait for inpatient/day cases in the majority of specialities by September 2022.
- 18 months wait for inpatient/day cases in the majority of specialities by September 2023.
- one year wait for inpatient/day cases in the majority of specialities by September 2024.

A focussed approach will be implemented to achieve these targets while the system continues to experience extreme pressures. We will have the opportunity to consider this, and the letters received on Reasonable Offers (18 July) and Clinical Prioritisation (22 July) during the discussion on performance.

1.2 Operational Performance & Delivery Group (OPDG) – The newly established OPDG, which will be chaired by the Deputy Chief Operating Officer: Performance & Delivery - NHS Scotland and includes the membership of Directors of Acute Services and Chief Operating Officers, will provide strategic direction for the programmes that support local Boards as well improvements by the Centre of Sustainable Delivery. The OPDG aims to drive innovation, introduce new ways of care delivery as well as support the ongoing plan to reduce the long waiting lists.

1.3 2022-23 Priorities – The following service priorities have been set out by NHS Scotland to NHS Chief Executives reflecting the considerable financial challenges anticipated in 2022-23 alongside the operational and workforce pressures.

- Planned care – The reduction of waiting lists focussing on outpatients waiting over one year and on inpatients waiting over two years. The extended targets are listed under point 1.1.
- Cancer 31/62-day performance – A need to enhance patient access to cancer diagnosis and treatment services.
- Unscheduled and urgent care collaboration to address the pressures on the unscheduled pathways and improve 4-hour emergency access performance.
- Extended flu and COVID-19 vaccination drive managed by the Delivery Lead for Vaccination Programme to prepare for the Autumn/Winter programme.

- Reduction of drug deaths in line with ministerial priorities, including the implementation of Joint Plans to ensure adherence with Medical Assisted Treatment (MAT) standards.
 - 2022-23 Funding – Funding levels are in line with levels received for 2021-22, except where separate approvals or confirmations have been provided by the relevant Scottish Government policy teams. COVID-19 exit plans are being developed to counter the end of anticipated COVID-19 funding in 2022-23 and a consistent and prudent financial approach will be implemented to manage cost expectations.
- 1.4 NRAC (National Resource Allocation Committee) - For 22/23, NHS Lothian remains behind NRAC parity by 0.8%, equating to a value of between £12-14m. Since 2015/16, Lothian has received over £100m less funding than NRAC parity would provide (cumulative).
 - 1.5 Although additional NRAC funding has been received in recent years, this has been driven by a rising NRAC share in Lothian relative to other boards due to population growth, rather than closing the parity gap. In this current year, based on the latest update to NRAC nine territorial boards (including Lothian) are behind NRAC parity with five Board's ahead. Getting boards that are currently behind their NRAC share to parity can only be delivered by returning those boards ahead of parity to equilibrium.
 - 1.6 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-19.
 - 1.7 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-19 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

- 2.1 Cancer Centre - The refreshed Initial Agreement (IA) has been approved by the Cancer Clinical Management Team, Programme Board, Lothian Capital Investment Group and Acute Division Senior Management Team. It has been shared with NHS Borders, NHS Dumfries & Galloway and NHS Fife for their review and approval by 10th August, after which it will go to both NHSL Finance and Resources Committee and Planning, Performance and Development Committee. Indicative costs have been shared with Scottish Government colleagues, who have invited us to submit the IA in August for consideration at the SG Capital Investment Group in September.
- 2.2 Little France Plot 1 Car Park - Work has been ongoing to build a new on-site car park (Plot 1) with 250 additional spaces. This is now complete, and the car park opened on Monday 11 July. The car park is available between 6am-9pm reflecting the period of highest demand. During these hours, the facility will be staffed to ensure appropriate usage and to help maintain traffic flow. The NHS Lothian parking teams have allocated permits to staff to access this facility, using the existing eligibility criteria and it opens to all staff after 11:30am each day. This car park is available to NHS Lothian on a temporary basis for an initial period of 2.5 years. We are continuing to explore all options to facilitate additional car parking facilities for our staff, patients and visitors. We continue to encourage staff to engage constructively with us, sharing any ideas they have to improve things further.
- 2.3 Strategic Review of Analytics across NHS Lothian - This programme of work will review the Boards current arrangements and capabilities with regards to our use of data/information, characterise strengths & weaknesses of our current provision and importantly facilitate a

more cohesive understanding of the ambitions of key stakeholders in this regard. A Programme Board has been established and has already met a number of times, progress includes the completion of an initial desktop exercise and stakeholder engagement, and workforce mapping is now underway.

3. Executive Director of Nursing, Midwifery, & AHPs

- 3.1 Workforce - There are several ongoing initiatives to support the recruitment pipeline ranging from those that bring local people into the workforce to an international recruitment initiative. International recruitment: a national initiative and funding for international recruitment has been taken forward. 18 international recruits have accepted positions and up to 6 are starting in Lothian in early June / July. Preparations to receive these recruits, to provide pastoral support and educational requirements to meet NMC registration are well underway. To support an increase the registered workforce there has been agreement with two of the HEIs to take “access to nursing” candidates with 600 hours or practice time and a portfolio of competencies into the 2nd year of nurse training. Clinical teams are keen to support the provision of practice placements for this initiative. The student nurses due to graduate between June and September have been matched to available vacancies. There were 680 applicants, of which 368 adult nursing graduates have been matched, 103 mental health or learning disability nurses and 50 midwifery graduates. There is a national oversupply of children’s nurses and this cohort have been interviewed (159 applicants for c 30 vacant positions). There is work being progressed locally to consider the best way to enable the remaining children’s nurses to be supported into employment upon graduation.
- 3.2 Fit Notes - A recent press release by the UK Government ([More healthcare professionals given powers to certify fit notes - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/more-healthcare-professionals-given-powers-to-certify-fit-notes)) announced a change in legislation to allow a wider range of healthcare professionals including AHPs, nurses and pharmacists to certify fit notes. Whilst this change is welcomed, processes in relation to governance, training and competency requires to be addressed before any of the above staff across Lothian will be in a position to issue fit notes. We are currently working through these areas whilst we also await further guidance from Scottish Government and will provide further updates as we progress. AHPs already work closely with individuals and employers to provide support and advice re returning to / remaining in work, many already utilise the AHP Health and Work Report and will continue to do so.
- 3.3 NMAHP Research - NHS Lothian will be launching its [Clinical Academic Research Gateway Awards](#) on 25th July 2022. The new awards, a unique model in Scotland, offers research opportunities to nurses, midwives, allied health professionals, pharmacy professions, psychologists and healthcare scientists (NMAHPPS) employed by NHS Lothian. The innovative five-year programme, funded by NHS Lothian Charity, will offer five different awards each year that create opportunities across the full career pathway from entry to post-doctoral level. The awards have been developed in partnership with six academic partners and are one component of the [NHS Lothian NMAHPPS Research Strategy 2022-2025](#).
- 3.4 RCNi Awards - Two NHS Lothian nurses have been shortlisted for these prestigious awards and will attend the awards ceremony in London on 6th October 2022. Frances Aitken, Dementia Nurse Specialist, St John's Hospital has been shortlisted for the Nursing Older People award for her provision of expert nursing assessment of people with cognitive decline aimed at reducing their stress and distress. Vivienne Wilson, Senior Research Nurse in the Edinburgh Cancer Centre has been shortlisted for the Excellence in Cancer Research Nursing for her long service and outstanding impact in cancer research in Scotland and the innovative Patient Trial Advocate project she led during the pandemic.

4. Medical Director

- 4.1 We have spotlighted the work of the Innovation team with executive colleagues, discussing both the national landscape and our regional structure and the opportunities this brings us to participate in the Bioquarter.
- 4.2 We have continued to develop our Research Oversight structure with University of Edinburgh colleagues.
- 4.3 I have attended a meeting of the Chair and chairs of subgroups of the Independent Review into Audiology services and then a meeting of the review to outline NHS Lothian's approach to the recommendations, our progress to date including the work on developing a system of quality control and the issues raised by families. I have also met the Director of Education for CEC to pick up some of the points raised regarding the support available to children with a hearing impairment.
- 4.4 Contact with others outside the immediate NHS in Scotland can be enlightening and informative. I have participated in an interview for a thesis looking at female leadership in surgery and comparing this to other areas. As a further example, I have recently been involved in exploring opportunities to develop a product to support a common staff health issue with a small company and their potential funder.
- 4.5 I was pleased to be asked to be a panellist in a webinar on automation and AI hosted by Deloitte and gained some useful insights into work in progress in other parts of the UK.
- 4.6 As Armed Forces Champion, I met the CO of the 205 Field Hospital when they attended the RIE to meet some of our reservists and visit areas where they work.
- 4.7 I have attended discussions on the revision of Good Medical Practice at a GMC in Scotland hosted meeting and at the Responsible Officers network.

5. Director of Finance

- 5.1 The annual accounts for 2021/22 have been considered and approved through NHS Lothian governance channels and signed off by External Audit, with an unqualified audit opinion.
- 5.2 Approval has recently been given through the Executive Leadership Team to progress recruitment of additional Anaesthetist Associates (AAs) as part of the resource planning for the National Treatment Centre. A further 6 AAs will be recruited, with a programme of academic study and clinical training to support their development. These posts will be progressed at risk as there is currently no specific additional funding confirmed prior to the introduction of the new NTC. We will continue to work with SG colleagues to establish funding solutions for this, and in the interim, we will seek non-recurring financial support from Waiting Times resource – the work of these AAs in the short to medium term will support WT initiatives. It is however likely that further recruitment will be required in anticipation of the NTC, and without confirmed funding is a financial risk to the health board.
- 5.3 The work on the structural review of the Finance function continues. A period of consultation with staff has recently concluded and we are in a process of reviewing the feedback received with follow up discussions with staff diarised.
- 5.4 Following completion of the period 3 outturn, the finance team have initiated the Quarter 1 review programme. This will provide an update on the projected outturn for this year, comparing against Financial Plan estimates. The process will engage service leads to

discuss their individual forecasts and any actions required to deliver improvements in financial performance. Updates will be presented to the F&R in the first instance.

- 5.5 The Corporate Management Team have received an update on the estimates for COVID-19 costs for this year. Whilst costs have reduced slightly from that within the Financial Plan, risk remains with only some information received around funding support for this year - further information is awaited in relation to the financial arrangements for Test & Protect. In light of the current challenges around COVID-19 funding, particularly for 23/24 where no additional resource is available, a Financial Improvement group led by the Chief Executive and Director of Finance has been established to consider the operational and workforce arrangements in place and under development to minimise financial and other risks for this year and recurringly. The meetings of this group begin from mid-August.
- 5.6 At the RIE, the life cycle proposals received previously continue to be refined in coordination with the development of an updated Consort commissioned condition survey to establish the programme of works. This will assist in establishing the level and timing of decant required to permit the works to proceed. The dispute raised by the Board with Consort on certain aspects of their performance continues to progress via the Dispute Resolution Procedure (DRP). There was a hearing on June 10th attended by NHSL, Consort and Equans (Consort's services provider). The final decision on DRP has been delayed twice. While this has progressed, the Board has continued to try and work with Consort on the day-to-day management of the contract. The DRP decision has now been received and we are working through the details of its contents and implications.
- 5.7 The Public-Private Partnership (PPP) Programme Director is finalising the contract management structure to support his role in overseeing all 10 PPP contracts and is now coordinating with Estates and Facilities appointments given their expanded role going forward on the PPP sites.
- 5.8 NHS Scotland Assure was launched, under National Services Scotland, in 2021 to work with Health Boards to improve the healthcare-built environment, helping Boards demonstrate compliance at key stages of capital projects. NHS Lothian's Finance and Resources Committee have received reports on the processes established by NHS Scotland Assure but wish to understand better the benefits for Health Boards. Their Director has been invited to attend F&R Committee to discuss the assurance offered to the NHS Lothian, and cost and programme implications for the capital programme.
- 5.9 NHS Lothian Charity Director - New Brand / Website: A new NHS Lothian Charity brand was launched on 6th June: new name, new brand, new website. This followed a process of brand development including research among internal and external stakeholders, a clear recommendation to change our name in order to clarify our purpose, enhance our status as a NHS charity, and specifically our connection to NHS Lothian.

NHS Big Tea - took place on 6th July to mark the 73rd Anniversary of the NHS. Across the country, thousands of tea parties took place to say a massive thankyou to all NHS staff. Events were hosted by the team in all Lothian main sites as well as in hospitals and the community across Lothian.

Award winning - NHS Lothian Charity and Hibernian Football Club won [Best Partner Relationship Corporate award](#) at the Chartered Institute of Fundraising Scotland Annual Awards on 9th June, for their partnership during the pandemic.

Accounts Approved - Trustees signed off the charity's Annual Report and Accounts 2022 in June, with a clean external audit. These will be published to our website in due course.

Royal Garden Party - outgoing trustee and chair of Charitable Funds Committee Richard Williams joined the Charity Director in representing NHS Lothian Charity and NHS Charities Together at the Queen's Annual Garden Party at Holyrood.

NHS Scotland Event 2022 -showcased several of our funded projects: 1) Giving voice to NHS Lothian Staff through COVID-19 (film project) 2) Vaccine Inclusion: Reducing Inequalities One Vaccine at a Time 3) Here4U Supporting our workforce: the benefits of providing psychological intervention to NHS staff and social care staff at the point of need 4) Scotland's Long COVID-19 Approach: [A Whole-system Approach to Integrated, High Quality Support for Long-Term Condition Management](#).

6. Director of Human Resources and Organisational

6.1 NHS Scotland Speak Up Week - The benefits of staff being able to speak up with confidence and with the expectation that they will be listened to and treated with respect and dignity go without saying. But anecdotal feedback tells us there is still progress to be made to share and refresh the speak up messages within NHS Boards. To promote the benefits and to encourage staff to speak up, Speak Up Week is being launched in NHS Scotland for the first time. Speak Up Week will run from 3 to 7 October and plans area already underway in NHS Lothian to generate and gather ideas and views from a range of stakeholders to support the design and organisation of our Speak Up Week.

6.2 International Recruitment - Our partnership with Yeovill NHS Trust to recruit international nurses is making good progress. The first cohort of four nurses for adult inpatient areas joined us week commencing 25th July and a further eight will join us during August. Following a period of education and induction the nurses will sit their objective structured clinical examination (OSCE) to enable NMC registration. Appropriate practical and pastoral support is in place, including supported accommodation for the first 3 months.

6.3 Talent Management and Succession Planning - We hosted a celebration event with the first cohort of our Talent Management and Succession Planning Programme, which we have been running in partnership with Edinburgh University Business School. This provided an excellent opportunity for members of the Corporate Management Team to hear directly from the first 12 participants about their experience and the benefits of the programme. Applications are now open for cohort 2 which starts in the Autumn.

A Succession Planning and Talent Management Framework has also been developed for the Corporate Management Team. Our aspiration as a CMT is to: (a) identify and engage with internal candidates who are high potential leaders for retention, (b) be able to easily and effectively fill short -medium term leadership gaps within CMT and (c) to have at least one credible internal applicant for every CMT vacancy in a competitive

6.4 Staff Wellbeing - Over the next few months, we will be running several Work Well campaigns on the importance of nutrition and hydration when at work. Local Work Well Leads across sites and services will be undertaking activities locally to raise awareness of this important topic.

6.5 iMatter - The survey is nearing completion for the 2nd cohort covering HSCP's and Facilities. The Board iMatter report will be available week commencing 9th August.

7. Director of Public Health and Health Policy

- 7.1 Health Protection - COVID-19 case numbers started to rise again at the beginning of June, peaking at the end of June and falling throughout July. The 7-day positive rate per 100,000 population is currently 293 in Midlothian, 279 in East Lothian, 254 in the City of Edinburgh and 231 in West Lothian (as of 16th July 2022). The Office of National Statistics (ONS) have estimated that 1 in 17 people in Scotland, or 5.94% of the population, are currently testing positive for COVID-19. Changes to testing and reporting practice make interpretation of data challenging.

The Health Protection Team (HPT) have seen an increase in the number of COVID-19 related situations and outbreaks in care homes since the start of June and continue to prioritise support to care homes, in order to protect the most vulnerable. We have continued to see an increase in the number of non-COVID-19 situations, more in line with the pre-pandemic workload.

Currently there is an international rise in monkeypox cases which is reflected in the UK with the following case numbers reported: England 1,735 (890 in London), Scotland 53, Wales 19 and Northern Ireland 12. Monkeypox is caused by infection with monkeypox virus, a member of the Orthopoxvirus genus, which also includes variola (smallpox), vaccinia (smallpox vaccine) and cowpox viruses. It usually causes mild disease and does not spread easily between people.

The Health Protection Team have been managing monkeypox cases and their contacts within NHS Lothian. Current management of contacts of cases includes offering smallpox vaccine, which offers protection against monkeypox too. There is now the opportunity to deliver the smallpox vaccine as a preventative measure to those who are likely to be exposed to monkeypox prior to their exposure, as recommended by the National Incident Management Team led by Public Health Scotland.

NHS Lothian have successful pathways in place for post-exposure vaccination for contacts of cases of monkeypox. Pathways for pre-exposure vaccination have now been set up and are being implemented. Due to the limited number of vaccine doses available, NHS Lothian are prioritising the highest risk groups within the eligible population.

- 7.2 Test and Protect/Variants and Mutations (VAMs) - Following the end of contract tracing on 30th April 2022, all staff from NHS Lothian Test and Protect team are now in redeployment in line with the expectations of the National Test & Protect Workforce subgroup. A local workforce group comprising of colleagues from finance, ER and Partnership as well as Test and Protect and HPT management has been providing oversight to the process. We have now received confirmation from Scottish Government of funding for 2022-23 to identify, investigate, risk assess and respond to new SARS-CoV-2 variants and mutations (VAMs) of COVID-19. A small, retained workforce will be put in place to manage a future VAM response, based locally but part of a coordinated national response.
- 7.3 Many of you will know that our Head of Equality and Diversity retired in May. Our new Head of Equality and Diversity Laura Hutchison starts on 1st August. Laura joins us from the Equality and Human Rights Commission and will be leading the development of a new Equality and Human Rights Action Plan for NHS Lothian as outlined in our corporate objectives.
- 7.4 Many of you will have seen that the Health Foundation have commissioned Health inequalities in Scotland: an independent review. I am a member of the Expert Group and I am hoping that the findings of the review will help us shape future policy to make a more

significant impact on population health. You can find out more here: [Health inequalities in Scotland: An independent review - The Health Foundation.](#)

8. Chief Officer Acute Services

- 8.1 Acute services remain under significant operational pressure, with busy Emergency Departments/ front doors and staffing pressures, and this continues to limit our ability to recover our elective programme. On 6th July the Cabinet Secretary for Health announced new targets to eliminate long waits for planned care. Further to the Option Appraisal process and our strategic intent to increase Day Case and Inpatient activity, plans are being formulated to open further theatre lists and maximise theatre efficiency, whilst balancing access for unscheduled care flow. Site readiness groups are formulating implementation options for General Surgery, Ophthalmology, Orthopaedics, Plastic Surgery and Urology as a priority, in line with services that have the highest volumes of longest waiting patients.
- 8.2 Within our laboratory service, work and run rates for combined laboratory COVID-19 testing at the Royal Infirmary Edinburgh and Hub sites have continued to decrease to around 1,000 tests per day as a result of changes to national and local test protocols. Laboratory systems are continuing to process Flu or associated respiratory virus testing in combination with SARS-COV2 (COVID-19) testing. Work, conversely, has been increasing in the consolidation of Point of Care Testing (PoCT) at the 'front-end' of Acute sites, with the wider roll out of Lumira antigen testing with over 100 instruments being placed across Lothian. This is allowing quicker decisions to be made on patient flow, infection control and patient placement, using rapid Polymerase Chain Reaction (PCR) and Antigen technology - this testing accomplishes on average 1,700 POCT tests per week currently.
- 8.3 NHS Lothian continues to work with the Scottish Government and National Services Scotland to deliver the business-as-usual systems for pandemic testing and to explore the legacy effects of pandemic-related technologies, which will focus not only on securing screening capacity, but also on how to expand ability to detect variants through 'whole genome sequencing'. We are awaiting ministerial decisions on the future use of the NHS Scotland Hub system - this is expected by end of July 2022. We continue to work towards contingency plans for the winter ahead and into 2023.
- 8.4 Laboratory blood sciences equipment for undertaking thousands of tests daily across Lothian went live with a new Supplier from November 2021 – Roche Diagnostics – and work is now nearing completion. Western General Hospital and St John's Hospital are fully live, and the Royal Infirmary site automated track system is now live. The Project is regional with NHS Fife and NHS Borders being on the same contract, with the same supplier. NHS Fife implementation meetings have started and will progress over the Summer of 2022, and NHS Borders will join the project in 2024. This has been a good example of East Region working with the three Laboratory teams working to provide upgraded and effective systems supplying the same tests across the region, to a population of about 1.4 million people.
- 8.5 The Royal Infirmary Meaningful Activities Club (MAC) commenced on 6 June 2022. The service is open Monday to Friday with a full timetable of activities to support patients with Dementia and/or delirium, and since opening 195 patients have visited and benefited from the activities available. Patients are also benefiting from RITA (Reminiscence Interactive Therapy Activity), supported by NHS Lothian Charity. RITA is changing how care is delivered to older people, those with dementia, mental health conditions, acute brain injuries, and learning difficulties.
- 8.6 Frances Aitken, Dementia Nurse Specialist, has reached the last 5 of 534 applicants for the Royal College of Nursing National Awards to be held this October, in terms of the 'Stress and Distress' Programme being implemented on the St John's Hospital Site.

- 8.7 Claire Palmer, currently Clinical Nurse Manager (CNM) in Cancer Services, has been appointed substantively to the role of Western General Hospital's Deputy Associate Nurse Director (DAND) and commenced on 11th July, reporting to Geraldine Marsh. Neil Boyle, who was Interim DAND, will return full time to his substantive role as CNM for Gastroenterology and Rheumatology. Dr Claire Mackintosh will be stepping down as Clinical Director for Infectious Disease after 6 years in the leadership position. A fuller tribute and recognition will be circulated in due course that reflects her hugely successful stewardship of this role, but I am pleased to confirm that Dr Morgan Evans has been appointed as Claire's successor. Details of the official start date will be circulated in due course.

9. Director of Strategic Planning

- 9.1 The Directorate of Strategic Planning's key focus remains the Lothian Strategic Development Framework, but the focus has shifted from the construction of the LSDF to the implementation thereof. The team are working on pulling together the implementation plans for each of the 6 pillars and 5 parameters and will combine these into an "Implementation Book" for presentation to a future PPDC, and thereafter to use as a guide for the next five years.
- 9.2 We have also worked to develop the additional elements to the LSDF that the Scottish Government wish to see in the Annual Delivery Plan, which is due for submission in draft to SG at the end of July. As at the writing of this report (20th July) we continue to work on this. SG issued further guidance on key areas of focus on 14th July and so this is requiring some considerable additional work.
- 9.3 We continue to work on our "bread and butter" projects, as would be expected. Oli Campbell and Nickola Jones are undertaking exciting redesign work to provide single points of access in the four children's partnership areas, which could have significant positive impacts; Sarah Archibald is supporting the work to develop contingency and continuity plans for the Royal Infirmary; Rebecca Miller continues to lead our engagement work in and around the LSDF and restarting our MCNs.
- 9.4 It has become customary in these reports to note members of the SP team moving on to promoted posts in pastures new, and two long-serving members of the team have now fallen into this category. Frieda Cadogan, who joined us as personal assistant to the Director five years ago, is moving on to Midlothian HSCP as an Assistant Programme Manager, a testament to her hard work in supporting both our Respiratory MCN and vaccination programmes. Catherine Kelly, our Head of Masterplanning, has been with the team since 2016 and is moving to become General Manager for the National Treatment Centre. Catherine has been the intellectual engine behind the reshaping of our capital plan over the last half-decade and has worked with me for nearly ten years, all told. We will all be sad to see Frieda and Catherine go, but we are delighted to see them progress

10. Director of Primary Care

- 10.1 Eight public consultations are currently underway for proposed applications for new community pharmacies and can be found here [Joint Consultations – Pharmacy Application Process \(nhslothian.scot\)](https://www.nhs.uk/consultations/joint-consultations-pharmacy-application-process).
- 10.2 There are ongoing workforce pressures across primary care services, in a similar way to that affecting all health and social care services. Community Pharmacy Lothian (the organisation that represents community pharmacy contractors across Lothian) asked NHS Lothian to consider a proposal for temporary measures over the summer for pharmacy contractors to

vary their core contractual hours, particularly to review Saturday morning opening hours due to the ongoing workforce challenges. This proposal was not agreed as whilst we are very aware of the continued pressures on the community pharmacy workforce, we need community pharmacy to be open for their core contracted hours, especially as Edinburgh and the Lothians see a temporary increase in population over the summer period and we are encouraging the use of Pharmacy First to support access to unscheduled care. We asked Community Pharmacy Lothian to continue do everything they could to mitigate risks to service delivery, and we continue to work with contractors to plan for a resilient community pharmacy service.

- 10.3 General practice are also experiencing workforce pressures, and as has been previously reported there are current challenges in certain areas for new patients registering with a general practice due to localised influx of students or new housing developments. This is not widespread across all 119 practices in Lothian and most patients are still able to register themselves with a practice that covers their address. However, we have agreed for one practice to formally close their list to new patients as of June 2022 for a minimum period of 3 months due to continued new patient demand and significant loss of clinical sessions that cannot currently be recruited to.
- 10.4 The Scottish Government has set out their first steps for engagement with General Dental Practitioners about future reform of service delivery. A copy of the letter from the Cabinet Secretary for Health and Social Care to all dental teams in June 2022 can be found here [Letter to NHS dental teams from the Cabinet Secretary for Health and Social Care | Scottish Dental](#). Scottish Government is setting up a dental reform advisory group and we have asked for nominations from NHS Lothian dental contractors to join this group with the stipulation being that nominations must be at least 70% NHS committed.

11. Director of Communications, Engagement and Public Affairs

- 11.1 WGH Edinburgh Cancer Centre - An approach and supporting pitch materials are being developed as we prepare to make the case to the Scottish Government's Capital Investment Group for a new regional cancer centre based at the Western General. The Initial Agreement is currently working its way through regional and NHS Lothian Governance and will come to F&R Ctte in August and finally Planning, Performance and Development Ctte in September before submission to SG.
- 11.2 WGH Site Development - Comms planning is also underway to support handover and opening of new LINAC building at WGH next month, including an opening and media event. A new community newsletter providing update of WGH site redevelopment works has also been issued.
- 11.3 Urgent Care Access - Scheduling of Minor Injuries – The move to schedule Minor Injury appointments is supported by an ongoing social media campaign. The launch received wide pick up across newspaper and included an STV piece for their News at Six, shot at St John's.
- 11.4 LSDF and Continuous Engagement – The LSDF engagement plan has committed us to a process of continuous engagement which is aligned to the wider public engagement strategy in NHS Lothian. Every home in Lothian is receiving an invitation to participate in an ongoing form of conversation that allows us to develop and deepen understanding of the issues and challenges facing the organisation as well as providing valuable user input across a range of service developments. Videos have also been developed to show examples of change and innovation in the way services are delivered.

- 11.5 Discharge without Delay - An engagement plan has been developed to ensure the proposals to streamline this process uses real life experience of patients to help shape and define the new procedures. Key methods include baseline surveying and, in phase two, the gathering of qualitative data through focus groups. A pan-Lothian comms plan which will involve all HSPS is also in development as operational details become clearer. Launch anticipated in mid to late August.
- 11.6 Celebrating Success Awards - This year sees the return of an in-person event which we hope to hold in October. Extensive promotion of the call for nominations has resulted in a record number of nominations and work is underway to support the judging process and finalise arrangements.
- 11.7 Recruitment - We worked with the British Medical Journal to create an NHS Lothian employer hub, on the BMJ website and for inclusion in their printed journals as part of efforts to promote our vacancies to medical professionals across the UK, particularly consultants. We will complement this with promotional content on our LinkedIn page. We also supported the creation of a microsite to promote the RIE Site Director Vacancy.
- 11.8 Immunisation & Vaccination Transformation Programme - Revised content for the public, information for GP practices and an update for staff has been produced. The close of the spring booster campaign was marked with a media release and a communication strategy has been developed to support the roll out of the autumn phase, the JCVI having now clarified their recommendation that COVID-19 vaccination be offered from the autumn to the over 50s as well as vulnerable groups.
- 11.9 Parking at Little France - Further communications support was provided in relation to parking changes at the Little France campus. Staff and external communications were developed to support the launch of the Plot 1 car park – this included an all-campus staff email, further updates to the extensive FAQ document and an MP/MSP briefing. The additional capacity has been welcomed.
- 11.10 Visit of NHS Scotland Chief Executive, Caroline Lamb was facilitated at the Western general with a visit to the Cancer Centre and the new Renal Unit.
- 11.11 Other Proactive Media Work has included:

Precision Medicine Research Projects - We worked with The Scotsman on an exclusive feature focused on three Precision Medicine research projects being run in in collaboration between NHS Lothian and the University of Edinburgh, and which received significant Scottish Government Funding. Precision Medicine is an emerging approach for disease treatment and prevention that considers individual variability in genes, environment, and lifestyle for each person. The approach allows doctors and researchers to predict which treatment and prevention strategies more accurately for a particular disease will work best in particular groups of people. Two of the research projects will focus on the use and impact of precision medicine on distinct medical conditions, with one concentrating on multiple sclerosis, and the other focusing on liver conditions, including liver cirrhosis. The third project will focus on the impact of time-critical precision medical treatment for critically patients admitted to Intensive Care Units.

Long COVID-19 Platform - Working with Chest Heart Stroke, the NHS Lothian Charity and Pogo Studios wide coverage of the introduction of an innovative new platform to support patients with Long COVID-19. The platform offers series of 'Tailored Talks' resources coupled with 1:1 support with a specialist nurse practitioner to support individual patients with their particular needs.

Dad 's Rock - STV visited the neonatal ward at St John's for a News piece about a new initiative to offer support to the fathers of premature babies.

Lothian Clinical Academic Research Gateway Awards - the first of their kind in Scotland, the five new awards offer research opportunities to nurses, midwives, allied health professionals, pharmacy professionals, psychologists and healthcare scientists employed by NHS Lothian. Funding has been provided by the NHS Lothian Charity. A Media release was accompanied by a package of external and internal content and follows partnership liaison with six universities and the Charity.

Web Development - Current focus of the web team is the continued migration of the NHS Lothian Services websites to WordPress and the redevelopment and migration of the RefHelp website from SharePoint 2013 to WordPress to ensure resilience and 'futureproofing'.

12. Services Director – REAS

- 12.1 Inpatient services remain under pressure in acute adults, acute old age and acute young people with an expectation that this will continue due to the impact on people's MH of the COVID-19 pandemic. Occupancy remains over 100% in all areas. Of REH. Delayed discharges in adult and old age Psychiatry continue to have an impact on flow. One of the acute wards is piloting discharge without delay, the focus is on actions which include embedding planned date of discharge and refreshing rapid run downs (RRDs) The Quality Improvement Team are supporting and have reviewed white boards to support RRDs, review of interface meetings and patient flow to improve effective communication. Good engagement from the working group who are all keen to embed this initiative. Pilot will run for three months prior to rolling out in other wards.
- 12.2 Nursing vacancies remain a pressure within REAS and other MH services. REAS have 63 newly qualified staff coming in September, but this doesn't fill all vacant post. Work continues to develop alternative ways of working including the introduction of band 4 nursing roles, increase Art Therapy and Occupational therapy in the wards and increase Psychology provision.
- 12.3 We have also had permission from the Chief Nursing Officer for Scotland to expand our Open University (OU) provision for students. The OU has a well- established BSc in Adult, Mental Health Nursing and Learning Disability Nursing which has enabled HCSWs across NHS Lothian to undertake a degree whilst in paid employment. The first cohort offers 20 spaces and following competitive interview all 20 should be filled.
- 12.4 CAMHs Consultant interviews taking place on 25th July with 3 applicants following the redesign of roles to make them more attractive. CAMHs and Psychological Therapy performance remain on escalation and under close review by the Performance Oversight Board and Corporate Management Team. CAMHs are ahead of agreed trajectory, whilst Psychological Therapies remains behind trajectory mainly due to recruitment challenges. They continue to improve. Overall, the Scottish wide picture is showing deterioration.

13. Director/Chief Officer, Edinburgh Integration Joint Board

- 13.1 System Pressures - As reported previously, the Health and Social Care system remains under intense pressure. While the number of people delayed in hospital had remained fairly stable overall in Edinburgh, we have seen a slight increase in the number of people

delayed since the beginning of July. This is predominantly due to increased levels of annual leave across the care sector, loss of capacity, higher levels of people testing positive for COVID-19, high vacancy levels and an inability to recruit into crucial front-line posts. Despite this, we remain on track in terms of delivering a downward trend against the set delayed discharge improvement trajectory.

Good progress has been made on Discharge Without Delay in collaboration with colleagues in the Western General Hospital and RIE with targeted improvement identified for the discharge process with Elderly Frail patients to reduce the average number of OBDs in Medicine of the Elderly wards across both sites.

The rise in cost of living and fuel prices, remains a concern and is impacting on staff deciding to stay within the Health and Social Care system. We continue to work closely with our partner providers to mitigate any risks against this. We are currently recruiting to our internal Homecare service and early signs indicate a strong response rate, compared to previous rounds of recruitment. This is being progressed at pace.

Our Whole System Oversight Group continues to monitor progress against our improvement trajectories, relating to areas of pressure across delays and waits for care. Given the significant challenges in the Edinburgh system, regular meetings take place with the Cabinet Secretary and Scottish Government to discuss our performance and areas for improvement. Edinburgh is one of six partnership areas where these discussions are taking place.

13.2 Bed Based Review - HBCCC/Intermediate care - The Heads of Terms for the transition of Drumbrae care home were agreed by the City of Edinburgh Council's Finance and Resource Committee on 16th June. Several site visits have taken place to assess the work required to make the facility compliant with current healthcare standards and determine final timescales for their completion

13.3 Nursing Model - Recruitment is underway to the nursing model in the HSCP's four newer, 60 bed care homes. The model will be implemented iteratively, one care home at a time. A targeted recruitment campaign is underway to generate interest in the roles through various employment websites in addition to the regular adverts via the NHS Job Train site. This has extended the reach of the adverts with more interest generated via this round of recruitment versus previous attempts. All deputy nurse posts have been filled with start dates spread over the coming month. Interviews are planned later in the month for the registered nurse roles, with eight applicants being considered in this tranche of recruitment. The roles are advertised in a four-week cycle and will continue to be so until all roles are filled. It is anticipated that the first home will have the full cohort of nursing staff in post by the beginning of October 2022.

A comprehensive induction course has been developed for all new nursing staff within care homes and will be completed over two weeks. Furthermore, a clinical skills passport has been developed for nurses working in care homes which is a considerable training package incorporating much of the content of the Older People's Module and links to best practice and SIGN guidelines.

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

14.1 Delayed Discharges - East Lothian Health and Social Care Partnership has experienced challenges in responding to delayed discharge pressures, with a resulting increase in hospital waits for clients, some the result of reduced capacity in Care Homes and Care at Home services. All teams, across the East Lothian Community Hospital, Home Care, Hospital to Home, Care Allocation and Rehabilitation services, continue to work together to tailor support

for individual clients to meet their clinical and social care needs, to avoid admission and to facilitate early discharge.

- 14.2 Inpatient staffing – Like all areas in NHS Lothian there are significant workforce challenges due to a combination of retention issues, COVID-19 absence and other leave (e.g. non COVID-19 sickness absence). This is a particular issue in our inpatient facilities such as ELCH which is operating with less than 60% of the expected level of registered nurse staffing. The Eddington inpatient beds remain closed to support the larger ELCH footprint. In addition, daily staffing huddles are operating with support from the Chief Nurse to ensure the risk can be managed across the site however spikes in absence levels have required operational changes including the reduction in the inpatient footprint on the site. There are concerns regarding the wellbeing of the ELCH workforce who are operating in an exceptionally challenging situation which, despite successful recruitment, is not improving. The ELHSCP management team will continue to recruit and will be progressing plans to balance the workforce pressures with the required service capacity.
- 14.3 Care Homes - All East Lothian care homes are open to admission, however, four homes have COVID-19 reflecting the increase in case numbers nationally. Staffing remains an ongoing challenge, which influences bed availability in some homes. An unplanned Care Inspectorate inspection of Eskgreen has resulted in grades of 4 (good) for all areas inspected apart from environment which received a 3 (adequate). There are a number of requirements for improvement of the estate. These are currently being costed.
- 14.4 Social Care Capacity -Providers are beginning to struggle again with high sickness absence caused mainly by COVID-19. The HSCP continues providing support and guidance as required as the services continue to step up provision, to improve responsiveness and to recruit to vacant posts. Although the HSCP internal service continues to increase its input of care at home hours there remains a deficit in provision, meaning some client needs are unmet.
- 14.5 IJB Strategic Plan - Consultation and engagement is underway across East Lothian partners, geographical communities and communities of interest as part of development of the 2022-25 Strategic Plan. To improve reach and to reduce consultation fatigue, the Strategic Plan consultation was carried out alongside consultation on the East Lothian Local Housing Strategy 2023-28 and the East Lothian Local Development Plan 2025. The Strategic Plan will set out the IJB's strategic priorities for the next 3 years, reflecting local East Lothian priorities as well as those arising at regional and national level. The East Lothian Strategic Plan will align with the Lothian Strategic Development Framework (LSDF) as part of the co-ordinated remobilisation across the Lothian Health and Care System to improve service provision and to reduce waits.
- 14.6 IJB Annual Performance Report 2021-22 - Preparation of the report is underway and as with last year's report it will present performance against a range of nationally determined measures.

15. Director/Chief Officer, Midlothian Integration Joint Board

- 15.1 Clinical Director for Midlothian HSCP- Dr Rebecca Green will take up the post of Clinical Director for Midlothian HSCP. She succeeds Dr Hamish Reid, who retired from the role in June. Rebecca is currently a GP in Pathhead Surgery and is also very involved in quality

improvement work and mental health within the HSCP, and within NHS Lothian. Rebecca will take up post on 18th July 2022

- 15.2 Primary Care Mental Health update - Midlothian HSCP has invested strongly in its Primary Care Mental Health Team, which has been expanded and rolled out to all GP practices since 2019. The multi-disciplinary team offers direct access to mental health triage, assessment and brief intervention for people aged 18-65. The community-based access service is delivered in partnership with GPs, the voluntary and third sectors, and other relevant statutory services. Successes in 2021/22 have made it possible for Midlothian to apply for further funding through the Scottish Government Mental Health and Wellbeing fund.

The additional funding will improve, develop, and expand individual's access to primary care services, enabling the existing approach to be maintained and improved across several areas:

- Planning future developments with key stakeholders to develop, enhance and expand the service model to improve access to support.
- Increase the workforce to expand the age range, capacity and delivery of the current model, offering more individuals a greater choice of interventions.
- To develop digital options to increase choice and control for individuals.

- 15.3 Vaccination update - The COVID-19 spring booster vaccination campaign officially came to an end on June 30th, 2022. Individuals who missed appointments due to being infected with COVID-19 are still being encouraged to present over the coming weeks.

The COVID-19 vaccination programme for children aged 5-11 continues over the summer. The HSCP team are now contacting patients for their second dose, as well as first dose for children turning five. The Rosewell Steading Vaccination site officially opened on Monday July 4th. A clinic for children aged 5-11 will continue to be operated from Midlothian Community Hospital on Saturdays to support patient access for this age group.

The Midlothian vaccination team have recently taken on responsibility for all vaccinations previously part of the Vaccination Transformation Programme, with responsibility passing from GPs to Midlothian HHSCP. Flu/COVID-19 booster planning is underway, and the team are awaiting JCVI Guidance on the COVID-19 booster vaccine imminently.

- 15.4 Midlothian HSCP Community Volunteering Projects celebrated Volunteers' Week last month, recognising the invaluable contribution their volunteers make across Midlothian. One of the week's highlights was the Midlothian Volunteer Awards, which honoured local people donating their time to help make a difference across eight categories.

- 15.5 Cherry Road Learning Disability Day Service: Human Threads Exhibition - A large scale, multi-sensory exhibition produced in partnership with Midlothian HSCP Cherry Road Day Service for people with learning disabilities, has opened at the Tramway in Glasgow.

Curated by Edinburgh-based arts group Artlink, Human Threads is a truly impressive piece of work.

The exhibition is a great demonstration of how thoughtful investment of public money in partnerships such as this, can generate so much. Human Threads, for example, is supported by Creative Scotland, Midlothian HSCP, and RS Macdonald Charitable Trust.

It also illustrates how the 'Midway' approach in Midlothian can work for our most disabled citizens in that the main protagonists in the process are people with profound and multiple disabilities, and it is from their understanding of the world that the work stems.

Successful in creating an equal playing field where all involved contribute and participate on equal terms, the project has brought together a key team of people to make it work, including world-renowned artists and engineers.

Full details of the Tramway exhibition can be found at <https://bit.ly/3y7jc4Y>

- 15.6 Allied Health Professions (AHP) Governance & Assurance Framework -Professional governance is a requirement for all professional groups within NHS Lothian and the associated Health and Social Care Partnerships (HSCP's). Each of the AHP services has differing operational management lines and therefore differing reporting arrangements and escalation mechanisms.

To enable a consistent approach to professional governance, the AHP Governance and Assurance Framework has been designed to prevent and reduce the need to duplicate processes and enhance and support use of existing mechanisms. It aims to enable governance assurance to be provided to the Director of Allied Health Professions (AHPD), Chief Officers, Chief AHP's and other Senior Leaders within each management division.

Following an extensive workstream to develop the AHP Governance and Assurance Framework, a trial of the newly designed system is underway. This includes a trial and evaluation of the Framework and associated Standard Operating Process, the data input Application, and a Tableau Dashboard as a visible output of the data. As well as Midlothian HSCP, the trial group includes other HSCTs in Lothian and a selection of single system AHP services including the Dietetics service hosted in Midlothian.

Following the trial, any subsequent revisions, and a roll out to all AHP professions, it is anticipated that a similar Midlothian HSCP Governance Assurance framework, in line with our developing HSCP Quality Management System, will be developed for use across all operational teams and professional groups within Midlothian HSCP.

- 15.7 Midlothian IJB Directions 2022-23 - Directions were issued to the Chief Executives of NHS Lothian and Midlothian Council following IJB Board approval on the 16th of June 2022. As the team have reviewed our strategic planning, it is apparent that the collective priority given to the pandemic has slowed progress in reshaping elements of health and social care in Midlothian. The team have therefore taken time to review the Directions issued since April 2020 and carried forward those actions which remain outstanding. This combined set of Directions and the new IJB Strategic Plan 2022-25 remains ambitious, and the HSCP are mindful of the need to progress the transformation programme in a balanced way.
- 15.8 NHS Lothian Annual Delivery Plan - Midlothian HSCP has submitted contribution to the NHS Lothian Annual Delivery Plan, with a focus on how social care is being supported and enhanced.
- 15.9 Framework for Community Health and Social Care Integrated Services - Midlothian HSCP has embedded several of the principles of the Scottish Government Framework for Community Health and Social Care Integrated Services to identify and promote best practice in the local systems, illustrate what good looks like in community settings, and focused on improving outcomes for people and communities. Work is now underway in collaboration with Scottish Government to embed the Framework in all service planning and bring together workstreams across governance, assurance, quality management systems, and outcome mapping.
- 15.10 Third Sector Summit- Midlothian HSCP recently hosted another successful third sector summit where partners from across health and social care, the independent and Third Sector came together to explore new and innovative way of working together. This highly successful and popular initiative recognises the valuable contribution all our partners bring to support people live the lives they choose

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

- 16.1 Home First – Single Point of Contact - Significant progress has been made to develop an operational delivery model for the Community Single Point of Contact (SPoC), which will receive direct referrals for West Lothian adults 18yrs+ to access care in the community. The first phase of this project will take urgent referrals from GP practices and the Lothian Unscheduled Care Service (LUCS) where there is an opportunity to prevent an imminent presentation to hospital. The SPoC Clinical Lead will navigate and coordinate between community health and social care teams to confirm a plan to prevent admission within 2-4 hours.

The access criteria for referrals to SPoC has been finalised and included in the draft Standard Operating Procedure. Job descriptions have been prepared ahead of submission for evaluation and approval and accommodation at Strathbrock Partnership Centre has been identified for the SPoC's physical base.

A TRAK floorplan is in development for SPoC, which will be used to manage referrals and patient flow. Finally, work is ongoing to ensure SPoC will have access to Social Work records and a mechanism by which they can securely refer people to a range of community teams.

The focus in recent weeks has been preparing to launch a 6-8 pilot to test the proposed hours of operation and operational delivery model. This will include 2 GP practices (Whitburn and Linlithgow) and LUCS.

Communications materials have been prepared in advance of briefing the GP practices, LUCS and receiving community teams. GP practices taking part have received some information already and will be fully briefed in the next week. The pilot will now commence in August.

Capacity of services to respond remains a high risk to the project. The pressures in Care at Home are being partly mitigated by other services bridging gaps in care provision and it is expected that the resulting reduction in capacity for these services could further impact the ability to provide urgent intervention to prevent admission, a key outcome for the project

- 16.2 Trauma Informed practice – The West Lothian Health and Social Care Partnership has invested in a dedicated Officer to support the roll out of trauma informed practice with the aim of building the resilience of the workforce in West Lothian. A multi-agency project board is in place and a project plan is being developed to ensure that staff are supported to understand and respond to the impact of trauma on people's lives.
- 16.3 IJB Strategic Plan - Strategic Needs Assessment – A Strategic Needs Assessment has been commissioned to inform the development of the new IJB Strategic Plan 2023-2028. A detailed Engagement Plan is in place to ensure that the views of key stakeholders are captured to shape the priorities of the new plan. As part of the engagement phase of the work we have met with a wide range of key stakeholders including colleagues in Acute Services within St John's. A range of surveys are currently being developed that will be circulated to broader staff groups, service users, the general public and commissioned services. The findings of the Strategic Needs Assessment will be presented to the IJB on 20th September 2022.
- 16.4 Carer Strategy Update - During the pandemic a range of funding was provided to the HSCP and Carers of West Lothian (CoWL) to provide alternative support to those undertaking a

caring role whilst traditional respite / short break opportunities were closed. Further funding has been received over the past few months as we recover from the pandemic.

CoWL have administered the following funds:

- Time to Live – funding from the Scottish Government and West Lothian Council to distribute grants for unpaid carers to give them a break away or to buy something that will give them a chance to take time out of their caring role.
- ScotSpirit – funding from the Scottish Government and working with VisitScotland, unpaid carers could apply for vouchers of up to £400 to pay for a weekend away or to contribute to a longer holiday. Applications were required by the end of March 2022 and the holidays must be taken by the end of December 2022.
- Just a Little Extra – funding from the Scottish Government to help ease the financial pressure of higher energy bills in the coming months. Applications from carers were accepted for ASDA vouchers to be used mainly for food to leave disposable income to pay their increased energy bills

In addition to the funding above, the West Lothian Integration Joint Board (IJB) agreed to create a one-off £70,000 fund to support local organisations coming out of lockdown. It was aimed at grass roots community groups, small charities, social enterprises, 3rd sector and voluntary organisations to bid in to proactively find innovative ways to encourage carers (and their cared for person if appropriate) to engage in short breaks from caring to support their health and wellbeing. The West Lothian Voluntary Sector Gateway was commissioned to administer this fund on behalf of the HSCP.

Some examples of activities that will be organised for carers as a result of this funding being awarded include Mental Health First Aid Training; Tai Chi relaxation classes; a golfing day; Art classes that focus on relaxation and stress reduction; entertainment evenings; cooking courses and other therapeutic activities such as massage and meditation.

To promote early intervention and prevention activities we have also purchased 100 Xcite Leisure membership passes to assist carers in increasing or maintaining their mental health and wellbeing. These will start to be issued in August '22 to the appropriate carers of all ages.

To understand the needs of our carers and prepare for the review and refresh of our next Carers Strategy, a survey was undertaken from January to March 2022 where people in West Lothian who help care for others were asked to share their experiences of their caring role. The aim of the survey was to provide a better understanding of the level of care that is currently being delivered by unpaid carers in West Lothian and also to determine the supports that they require to enable them to continue with their caring role.

592 people responded to the survey and summary results can be found here: [West Lothian Carer Survey summary results](#)

As well as the survey results that will help inform our next Strategy, the current IJB strategic needs assessment being carried out by Axiom is also seeking the views and needs of carers and these will be reflected in our Carer Strategy and the next IJB Strategic Plan.

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	Colin Briggs	Director of Strategic Planning
Jim Crombie	Deputy Chief Executive	Jenny Long	Director of Primary Care
Alison MacDonald	Executive Director of Nursing, Midwifery, & AHPs	Judith Mackay	Director of Communications, Engagement and Public Affairs.
Tracey Gillies	Medical Director	Tracey McKigen	Services Director - REAS
Craig Marriott	Director of Finance	Judith Proctor	Director/Chief Officer Edinburgh IJB/HSCP
Janis Butler	Director of Human Resources and Organisational Development.	Fiona Wilson	Director/Chief Officer East Lothian IJB/HSCP
Dona Milne	Director of Public Health and Health Policy	Morag Barrow	Director/Chief Officer Midlothian IJB/HSCP
Jacque Campbell	Chief Officer Acute Services	Alison White	Director/Chief Officer West Lothian IJB/HSCP

Meeting Name: Board Meeting date: 03 August 2022 Agenda item: See Note 2

Title: NHS Lothian Board Performance Paper

Purpose of the Report:

DISCUSSION	X	DECISION		AWARENESS	X
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The Board is being asked to consider the performance report so they are aware of the operational and strategic performance challenges which NHS Lothian are experiencing, reacting to and developing plans to mitigate against.

The risks during this remobilisation phase have largely remained the same and are detailed in this paper. There are several related corporate risks with corresponding action plans for the issues noted in this paper, with assurance and reporting structures in place for these across the Boards existing Sub-Committees.

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

Recommendations:

This report is being provided to;

- facilitate Board Member oversight across agreed metrics, an executive summary has also been included.
- detail that the following KPIs **are not meeting** the standard or trajectory agreed at the latest reporting point:
 - Emergency Access (4hr) Standard
 - Delayed Discharges
 - 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment
 - Treatment Time Guarantee (100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee)
 - Cancer 62 Day standard
 - Diagnostics radiology activity (MRI, Non-Obs Ultrasound, Barium Studies)
 - Diagnostics – GI Diagnostics incl. cystoscopy activity (Lower Endoscopy, Colonoscopy, Cystoscopy)
 - Psychological Therapies trajectories (total waiting list and those waiting over 18 weeks)
 - Average % bed Occupancy (Mental Health)
 - Staff Sickness Absence Rate %
 - Sustain and Embed Successful Smoking Quits at 12 Weeks Post Quit in 40% of SIMD Areas Most Deprived data zones within Lothian
 - Immunisation: MenB, PCV, MMR1, Hib/MenC, Rotavirus, MMR2, 4-in-1
 - Bowel Cancer Screening Uptake (2019)
 - Cervical Cancer Screening Uptake (2021)

Author: Wendy MacMillan
Date: 18/07/2022

Director: Jim Crombie
Date: 21/07/2022

NHS Lothian

Board Meeting
03 August 2022

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, National Standards and Remobilisation Plans.
- 1.2 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.

Any member wishing additional information should contact the Executive Lead responsible for the service area in advance of the meeting.

2 Recommendations

- 2.1 The Board members are asked to note the performance across NHS Lothian in relation to the metrics included in this paper.
- 2.2 Recognise that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks will be addressed via existing governance channels and designated board sub-committee.
- 2.3 If further deeper dives are requested by the Board, these should be addressed in separate reports to maintain the structure of the core performance report.

3 Executive Summary: Key Messages

- 3.1 **Workforce:** Staffing availability remains a significant challenge across acute, community and social care settings due to a combination of COVID isolation, sickness, annual leave, and vacancies. Ongoing issues with staff absence have affected our capacity to work through the scheduled care backlog. Our sickness rate in May was 5.34%, which represents an increase of 0.46% on the same period in the preceding year; this is significant over a large number of staff.
- 3.2 **COVID-19:** Between the start of May and end of June 2022, our COVID patient bed occupancy across the four acute sites quadrupled from 58 to over 200 patients. Now that mass testing has ended, a best estimate approach is underway nationally to model COVID-19 cases across Scotland. This model has suggested the number of cases in Scotland has been rising throughout May and June 2022.
- 3.3 **Primary Care:** In General Practice, face-to-face consultations have increased since the initial onset of the pandemic, with more consultations taking place face-to-face than remotely in May 2022.

- 3.4 **Flow:** Due to pressures across the whole health and care system, the ability to treat, discharge or admit patients from our Emergency Departments/ Front Doors continues to be compromised, linked significantly to high hospital occupancy remaining high. Pressure and lack of capacity in other areas of the patient pathway, including in social care, has added to challenges for patient flow through hospitals. The system is struggling to move people on to their next care setting, with 282 patients across Lothian's acute hospitals medically fit for discharge remaining in a hospital bed in June. This has been a constant throughout the winter and 2022 so far. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard.
- 3.4.1 In addition, a significant portion of Mental Health Acute Beds, in particular Older Persons Services, continue to host patients delayed in their discharge. These difficulties remain due to a lack of appropriate placements and staffing availability in the community. It is a concern that this level of delayed discharges generally across the system has become the norm and is a sign that our local system is under significant strain in terms of capacity. Tackling delayed discharges continues to be a key priority for the Board.
- 3.5 **Scheduled Care:** Despite this, our outpatient services continue to exceed planned activity levels in May and June, giving more people access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits that accrued during the pandemic. The overall numbers waiting over 78 and over 104 weeks has decreased further in June, and the majority of patients that are, or will be waiting over 104 weeks by the end of August, have a date for their outpatient appointment booked.
- 3.5.1 The number of people awaiting 'routine' treatment/operations, and the length of wait for treatment continues to increase in the absence of access to sustainable capacity to meet demand. Our current activity remains below pre-pandemic levels (an average of 60-65%), whilst our total TTG waiting list rose; further activity will be required to slow this growth or reduce the waiting list.
- 3.5.2 NHS Lothian 62-day cancer performance remained below the trajectory of 82.8% in May 2022 and the 95% standard. Cancer 31-day performance remains below the 95% standard; however, we continue to exceed the trajectory agreed. We are working to recover this position through the improvement actions and remobilisation plans detailed in this report. Diagnostic radiology services continue to access additional capacity, which continues to positively impact on all waiting times, except for non-obstetric ultrasound where staffing pressures continue.
- 3.5.3 On 6 June, the Scottish Government announced new targets to eliminate long waits for planned care:
- Two year waits for outpatients in most specialties by end of August 2022
 - 18 month waits for outpatients in most specialties by end of December 2022
 - One year waits for outpatients in most specialties by end of March 2023
 - Two year waits for inpatients/daycases in the majority of specialties by majority of specialties by September 2022

- 18 month waits for inpatient/daycases in the majority of specialties by September 2023
- One year for inpatient/ daycases in the majority of specialties by September 2024.

A national Operational Performance and Delivery Group (OPDG) chaired by Gordon James the Deputy Chief Operating Officer: Performance and Delivery has been established. This group is responsible for overseeing delivery and progress of national and local plans to support the delivery of waiting time standards. The OPDG will also consider the wider system impact on areas such as urgent and unscheduled care, cancer, and diagnostics. Jacquie Campbell, Chief Officer for Acute Services, is a member of this group for NHS Lothian.

Early modelling against the end of August outpatient target shows that with the exception of two services, most services have no patients waiting over 104 weeks (2 years). For in-patient/daycases there are eight services with significant waits over 104 weeks, and work locally and through OPDG on options to reduce waits.

3.6 **Mental Health:**

3.6.1 For CAMHS (Child and Adolescent Mental Health Services), the Improvement Plan continues to be implemented, although the pace of improvement has been impacted by the challenges around recruitment and staff retention. Percentage of CYP (Children & Young People) starting treatment within 18 weeks was 63.8% (June 2022) compared to 70.5% (April 2022). Despite this drop, the service remains ahead of trajectory for reducing patients waiting over 18 weeks for treatment.

3.6.2 For Psychological Therapies, the service remains behind the anticipated trajectory. There has been a further reduction of the treatment waiting list over June 2022 in AMH General Services. The number of patients waiting over 18 weeks for treatment is decreasing but slower than expected; there are currently 411 more people waiting over 18 weeks in June 2022 than anticipated in the trajectory. The total number of patients waiting for assessment and treatment in Lothian is reducing and our focus remains on reducing the longest waits. Lothian accounts for 21% of the total waits over a year in Scotland, relative to a population share of 16.6%. Across Scotland the waiting times continue to deteriorate, whilst in contrast the NHS Lothian position has continued to improve.

3.7 **Public Health:** There are limited changes to the performance reported in the previous Board paper.

4 **Key Risks**

4.1 Any relevant risks have been included within the narrative of the appendix.

5 **Risk Register**

5.1 NHS Lothian's Risk Register includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan, Recovery Plans and Remobilisation Plans. The corporate risk register is subject to on-going review and update. Some of the key linked corporate risks to this paper have been included throughout appendix 1.

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.

7.2 Patients are kept informed by their clinical care teams.

8 Resource Implications

8.1 Financial reporting will remain within the remit of the Director of Finance.

Wendy MacMillan
Business Manager, Deputy Chief Executive
18/07/2022
Wendy.macmillan@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Performance Metrics Summary



NHS LOTHIAN BOARD PERFORMANCE

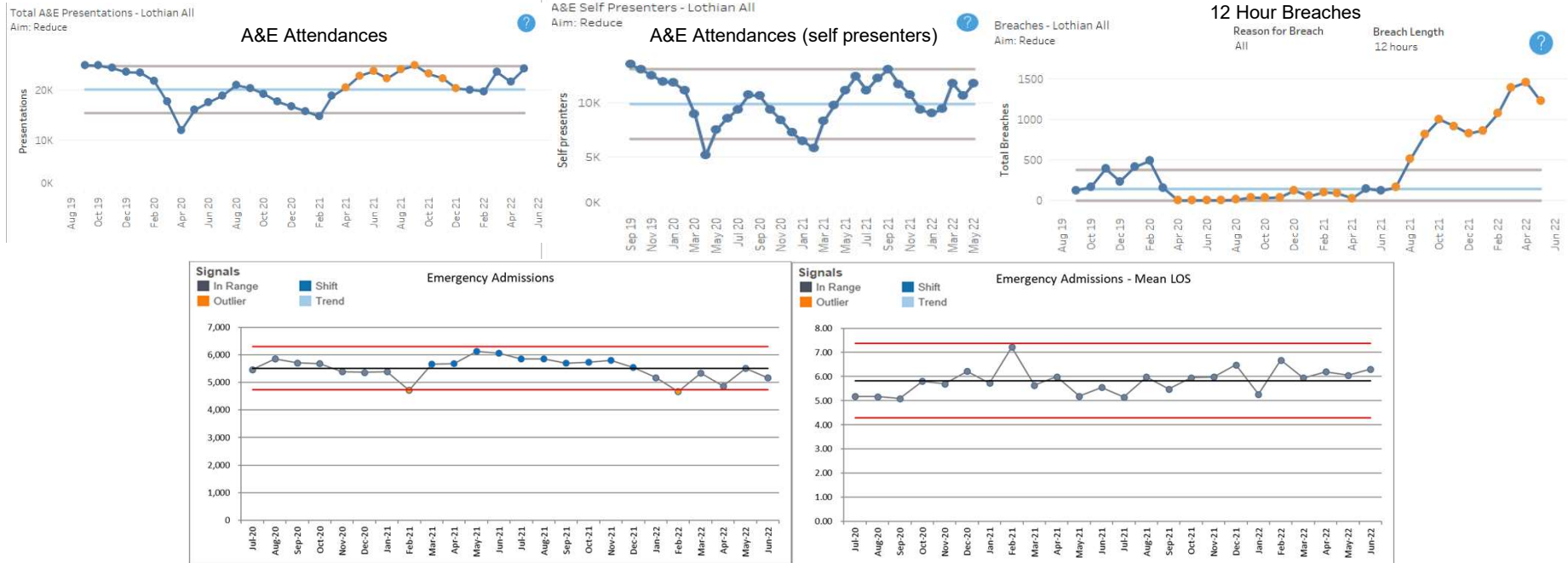
AUGUST 2022

APPENDIX I

UNSCHEDULED CARE & FLOW

Reporting Month:	May 2022	Oversight Mechanism:	Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.
Responsible Director(s):	Alison MacDonald – Chief Officer Jacquie Campbell – Chief of Acute Services	Corporate Objective(s):	Pillar 5 objective 30 – Redesign of Urgent Care – Phase 2 / Interface Care - On track 4 hour Emergency Access Target
Corporate Risk Grading:	5186- Very High (20) 3726- Very High (20)	Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via Healthcare Governance Committee) Risk 3726 – Hospital Bed Occupancy (via Planning Performance Development Committee)

Unscheduled Care & Flow - Environment & Context

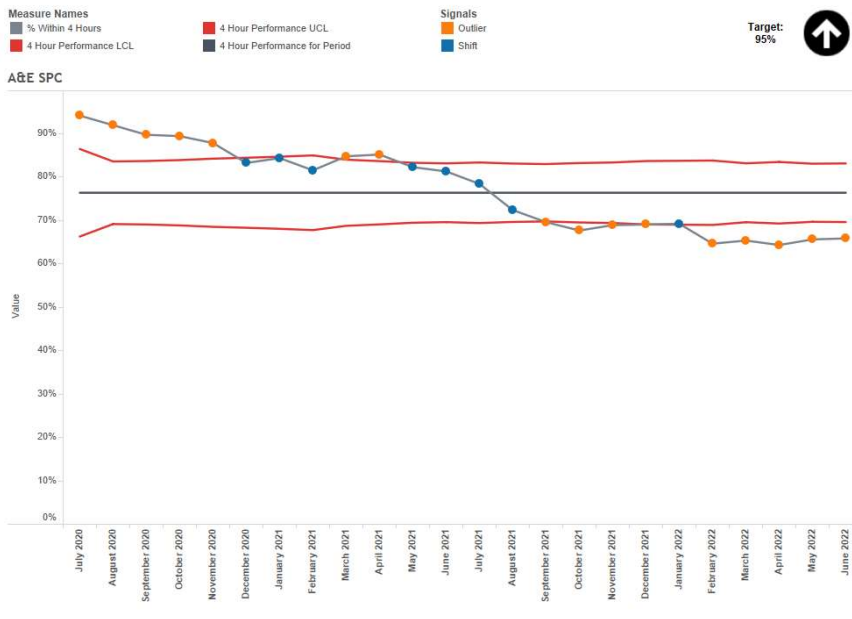


UNSCHEDULED CARE & FLOW – EMERGENCY ACCESS (4HR) STANDARD

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (June 2022)	Data Source
Not Met	95% Standard	65.9%	Management Information

SPC A&E

Source: BI
 Updated: Monthly
 Contact: analysts.scheduledcare@nhslothian.scot.nhs.uk



Background, what the data is telling us, underlying issues and risks:

- There continues to be significant challenges in delivering the 4-hour emergency access standard, with performance remaining below standard at 65.9% in June 2022.
- Data is showing special cause variation, with the 5 most recent data points for 4-hour performance remaining below the Lower Control Limit, although this is not yet a signal of a deteriorating trend. The data has an Upper Control Limit which is below the 95% standard, therefore we recognise the current system has not been capable of meeting the 95% standard in the last 2 years. Through the improvement actions and plans, we are working to recover this position.
- NHS Lothian’s overall ED (Emergency Department) attendances have remained within the control limit, with some common cause variation month to month as shown on the previous page.
- NHS Lothian has seen an increase in the number of ED 4-hour breaches. However, the number of 8 and 12 hours breaches in June 2022 has been lower than previous months.

Improvement actions planned, timescales and when improvements will be seen:

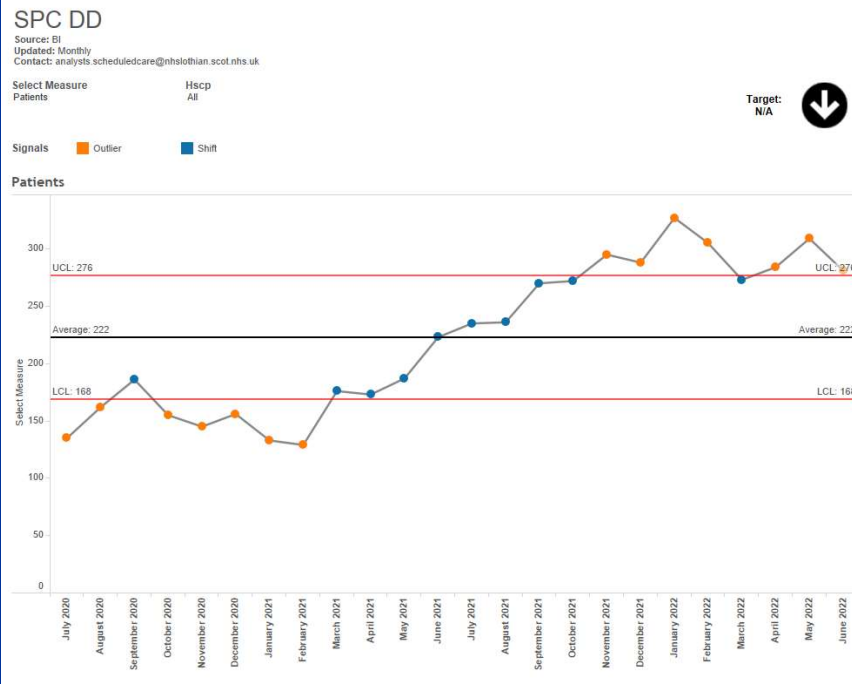
Action	Due By	Planned Benefit	Actual Benefit	Status
Phase 1 Redesign of Urgent Care Pathway: Maximise reduction and scheduling of self-presenter attendance	March 22	Patients receive timely access to the right care in the right place avoiding delays anywhere in the system.	Early implementation of Redesign of Urgent phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post COVID19	Implementation of RUC phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post COVID. A pathway evaluation has been undertaken with patient feedback obtained, which forms part of the end of phase 1 report to transfer to business as usual. Recommendations have been approved by the unscheduled care programme board. This includes a review of the clinical model within the Lothian Flow Centre to reduce unplanned attendances by increasing opportunities for Flow Centre to schedule patients to alternatives.
Continue robust local communication plans to optimise stakeholder understanding of accessing urgent care.	Ongoing			Local communications and stakeholder engagement are continuing in line with national communications plan of urgent care access and pathways.
Schedule all minor injury attendances across NHS Lothian.	June 2022	Improve patient safety by all scheduling Minor Injury Attendances and avoiding waits in busy A&E departments.		A plan to implement scheduling all adult minor injury presentations across NHS Lothian is underway. This was delayed as NHS Lothian were awaiting guidance from Scottish Government and Public Health Scotland on recording and reporting of scheduling unscheduled attendances, this has been clarified and NHS Lothian are progressing plans for implementation Pan Lothian, which went live on 27 th June 2022.
Develop, implement and embed an NHS Lothian Signposting Policy at acute Emergency Departments that is consistent with all entry points to healthcare (including primary care) to ensure patients are seen by the right person, in the right place at the right time.	Ongoing			Following publication of the national Signposting Framework, an NHS Lothian ED policy has been developed, circulated for consultation and approved by the Policy Approval Group. The ED signposting policy has been piloted and embedded within SJH ED and plans are progressing for this to be implemented within the RIE ED.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Phase 2 Redesign of Urgent Care – Professional to Professional Urgent Care Referral Pathways and Interface Care</p> <p>-ensure clear referral pathways for GPs, SAS, AHPs to Interface Care Services i.e. hot clinics, MIA, SDEC</p> <p>Develop Pan Lothian Same Day Emergency (SDEC) Care model</p> <p>Optimising enabling services for Respiratory care and Outpatient Parenteral Antibiotic Therapy (OPAT) services</p>	March 23	Patients receive timely access to the right care in the right place avoiding delays anywhere in the system.	Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission.	<p>Referral pathways in place for GP, community pharmacy and SAS referrals to schedule minor injury appointments. GP and AP SAS referral pathways in place to SDEC (WGH and SJH), surgical and medical hot clinics. Ongoing monitoring of these pathways is continuing to establish whether a 20% reduction of unscheduled attendances to ED is being achieved. The programme team also plan to map all existing alternative and direct to speciality pathways to establish what pathways are in-situ and working well, and which require development and/or review to build on the opportunities available to schedule attendance.</p> <p>Currently undergoing an evaluation of the current SDEC model at WGH to inform service planning for SDEC expansion across Lothian. The evaluation is looking to capture the benefits the SDEC model has delivered to patients, how efficient the model is, how it compares to pre-SDEC in terms of costs and patient admission rates, and how SDEC has impacted system-level performance indicators. Once this evaluation has concluded, the SLWG to expand SDEC to RIE and SJH will continue.</p> <p>Priority to enhance NHS Lothian OPAT and Respiratory enabling services to reduce attendances, admissions, and overall length of stay. SLWG have been established, current service provision has been mapped with areas for enhancement identified and prioritised. A draft proposal is in development for approval.</p>

UNSCHEDULED CARE & FLOW – DELAYED DISCHARGES

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (June 2022)	Data Source
Not Met	228 (RMP4*)	282	Management Information



* RMP trajectory for delayed discharges continues at the March 2022 position temporarily.

Background, what the data is telling us, underlying issues and risks:

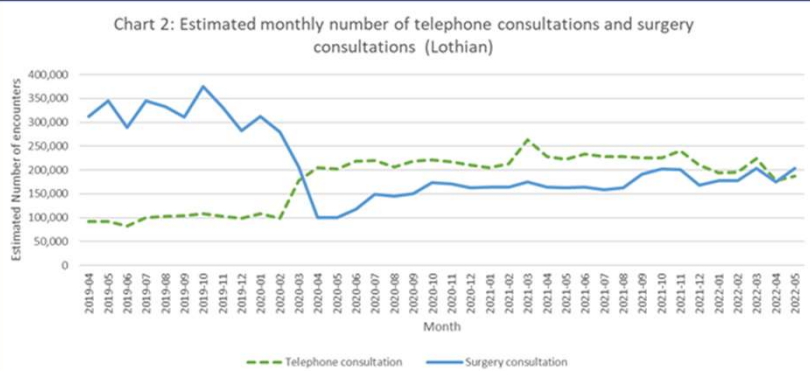
- Data is showing special cause variation, with the last 3 data points exceeding the Upper Control Limit.
- With the continued challenges in reducing delayed discharges tackling this performance continues to be a key priority for the Board. It should be noted this remains a critical focus with Edinburgh Health & Social Care Partnership (EHSCP) to deliver resilient improvement plans to relieve pressure both in the short, and longer term.
- HSCP delays have failed to recover in recent months, attributed to Package of Care (POC) capacity. There also continues to be a challenge with ability to recruit in the care sector, due to the competitiveness of the local recruitment market within Health and Social Care.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Implement a Discharge without Delay (DwD) approach from the Scottish Government Expert Guidance Paper on Optimising Flow	Ongoing	The Discharge without Delay approach aims to reduce delay in every patient journey	To be realised	<ul style="list-style-type: none"> • Pan Lothian DwD Core Implementation Group meetings commenced in January 2022 and are being held monthly • Self-assessment Tool completed jointly with acute sites and HSCP teams • Acute sites and HSCP teams continue to develop their action plans following completion of the self-assessment • Planning is underway to introduce a Planned Date of Discharge (PDD) model within MoE Wards at the RIE and WGH, working collaboratively with EHSCP colleagues in undertaking a QI approach to support this • Following the publication of the Discharge and Transfer Policy, the implementation will be directly linked to the DwD Programme and the introduction of a Planned Date of Discharge model
Develop a Pan Lothian Discharge and Transfer Policy	March 2022			
HSCP led initiative(s) monitored and overseen by Corporate Management Team (Including DCAQ project in Edinburgh)	December 2021 - ongoing	A variety of initiatives (funded on a non-recurring and recurring basis)	Reduced Length of Stay Reduced/ avoided delayed discharges	<ul style="list-style-type: none"> • Ongoing • Regular updates at CMT

PRIMARY CARE

Reporting month:	May 2022	Responsible Director(s):	Jenny Long – Director of Primary Care
Oversight mechanism:	Primary Care Joint Management Group	Data Source:	Vision
Primary Care (initial Measures for 22/23)	Estimated General Practice (in hours) activity	Data Source:	Adastra
	General Practice Out of Hours (LUCS) activity		



Background, what the data is telling us, underlying issues and risks:

- Charts 1 and 2 provide an indication of General Practice in-hours (8am-6pm, Monday-Friday) activity across Lothian based upon a sample of 9 practices where data reporting is robust. This data shows that activity has returned to pre-pandemic levels following a drop in activity between April and October 2020. In May 2022 there was an estimated 413,000 patient consultations across the 119 General Practices in Lothian, the equivalent of around 20,000 consultations a day. Note that activity dropped slightly in April due to the Easter public holidays.
- Chart 2 demonstrates the significant shift in the mode of consultation due to the pandemic, with more consultations taking place by telephone than face-to-face in surgery in order to minimise the risk of COVID-19 infection for patients and staff. Chart 2 shows that face-to-face have increased since the onset of the pandemic with more consultations taking place face-to-face than remotely in May 2022. Practices are still working on the optimal balance of mode of consultation to provide safe and effective care, however the changes implemented due to the pandemic have resulted in more ways to access care more quickly through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.

Note: Direct encounters are defined as a direct contact with a patient: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. These figures for Lothian have been estimated based on general practice activity from a sample of 9 GP practices. Please note this sample represents only approx. 7% of the Lothian GP practice registered patients and is not a random sample. Figures should be interpreted with caution and only used as a general indication of level of activity.

PRIMARY CARE (2)

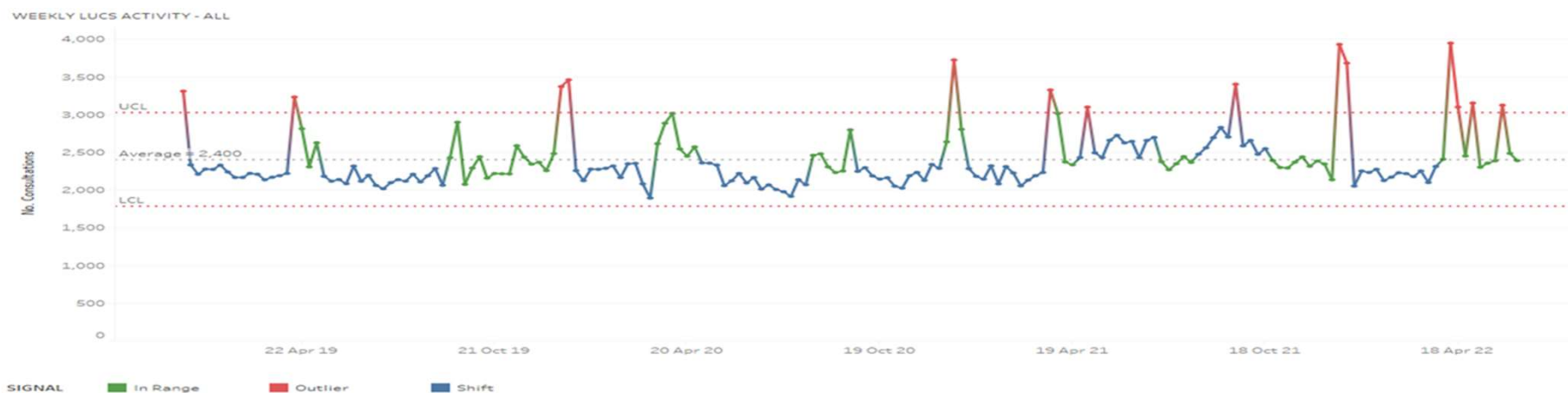


Chart 3: Weekly Number of Lothian General Practice Out-of-Hours service (LUCS) consultations and cases (number of patients)

Background, what the data is telling us, underlying issues and risks:

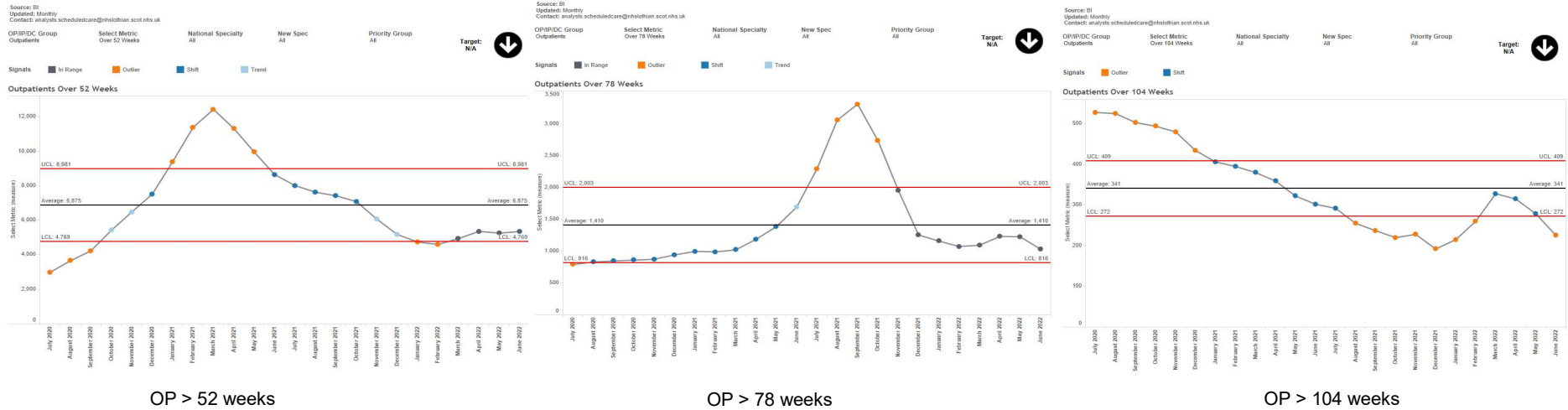
- Chart 3 shows the Lothian General Practice Out-of-Hours service (LUCS) activity, which provides urgent general medical services when in-hours General Practices are closed. The peaks in activity in chart 3 correlate to public holidays as would be expected with the three recent peaks representing the Easter weekend, May and Jubilee public holidays. LUCS experienced an initial dip in activity levels when COVID-19 restrictions were first put in place in March 2020, however, as the service supported the community COVID-19 pathway from the end of March 2020 overall activity has remained broadly similar but with more variation post-pandemic which likely reflects public behaviour relating to changes with COVID-19 restrictions. In May 2022 the average weekly activity was around 2,800 patient consultations.

SCHEDULED CARE & DIAGNOSTICS

Reporting Month:	May/June 2022	Oversight Mechanism:	Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. Regular weekly/monthly/quarterly performance reporting is carried out through the Executive Team and Acute Senior Management Group.
Responsible Director(s):	Chief Officer – Acute	Corporate Objective(s):	Diagnostics – Pillar 6 (no.42); Cancer Services – Pillar 6 (no.43) TTG – Pillar 6 (no. 40, 43); OP- Pillar 6 (no. 42, 43, 45)
Corporate Risk(s):	<ul style="list-style-type: none"> • ID 3328 - Roadways/Traffic Management – High; • ID 3600 – Finance - Very High; • ID 3726 - Hospital Bed Occupancy – Very High; • ID 3828 - Nursing Workforce – Very High; 		<ul style="list-style-type: none"> • ID 5185 - Access to Treatment- Very High; • ID 5186 - 4 Hours Emergency Access Target – Very High; • ID 5189 - RIE Facilities – High.

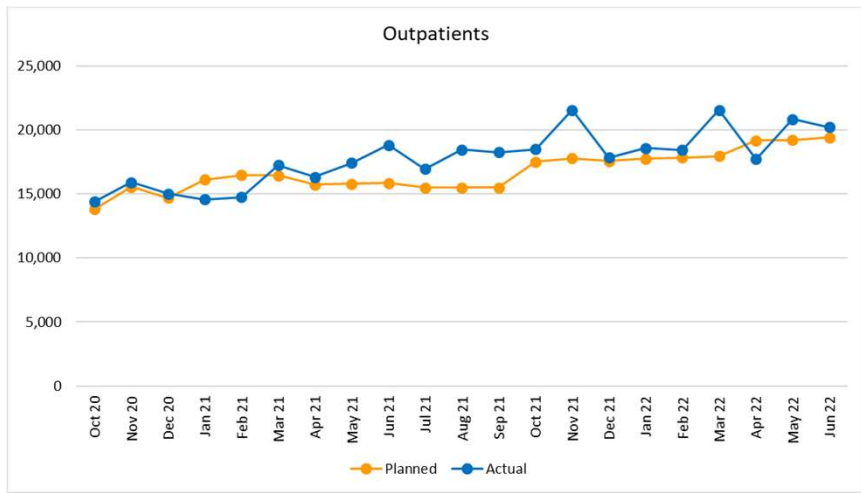
On track

Scheduled Care & Diagnostics – Outpatients Environment & Context

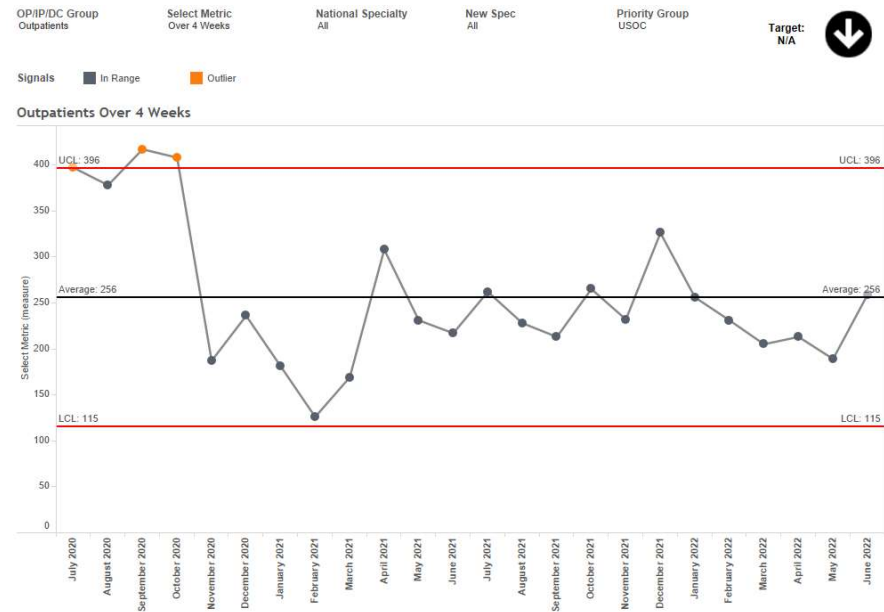


SCHEDULED CARE & DIAGNOSTICS

Scheduled Care & Diagnostics – Outpatients Environment & Context (cont'd)



OP Planned vs Actual Activity



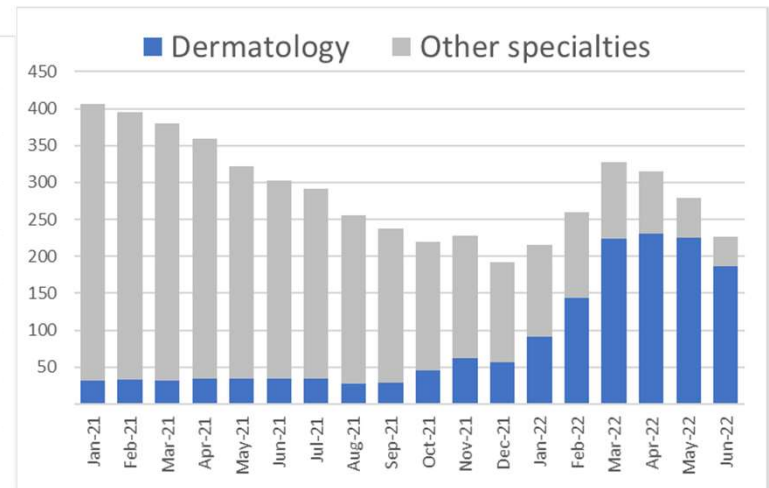
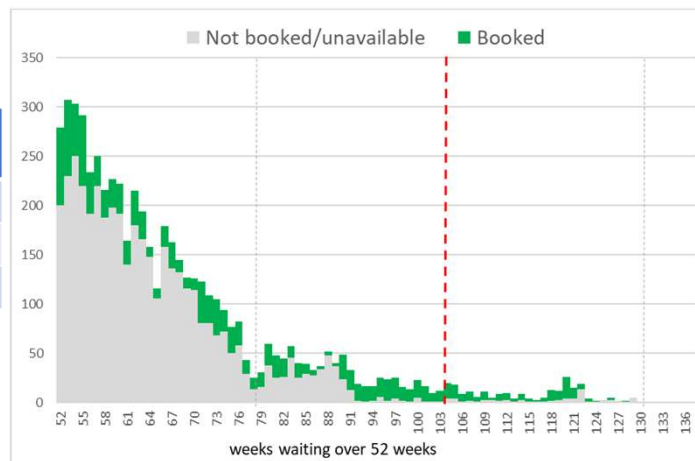
USOC OP > 4 weeks



SCHEDULED CARE & DIAGNOSTICS

Scheduled Care & Diagnostics – Outpatients Environment & Context (cont'd)

Zero over N weeks	By
104	Aug-22
78	Dec-22
52	Mar-23



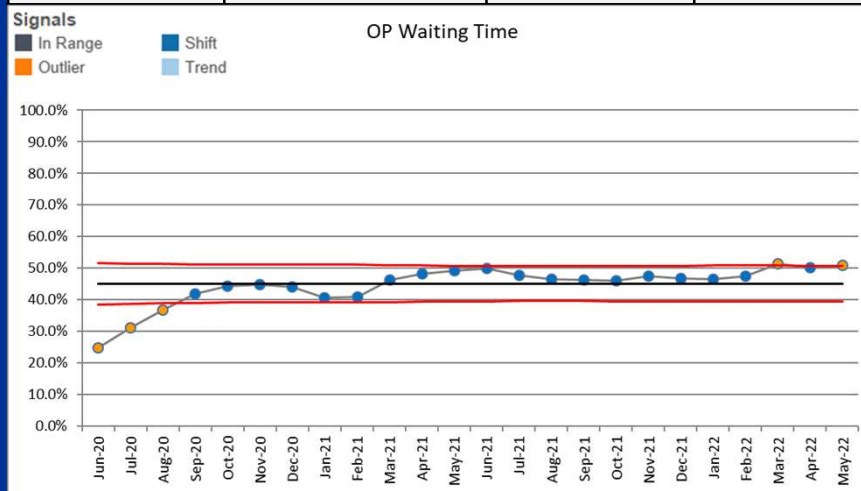
Scottish Government milestone targets to eliminate long waits

Long waits (over 52 weeks) as at start July snapshot date by booked status

Long waits (over 104 weeks) trend for Dermatology and all specialties

SCHEDULED CARE & DIAGNOSTICS – OUTPATIENT WAITING TIME (12 WEEKS)

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (May 2022)	Data Source
Not Met	95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment	50.9%	Management Information



Background, what the data is telling us, underlying issues and risks:

- 12-week Waiting Time performance (%) has remained relatively unchanged over the last three months – 50.9% waiting no longer than 12 weeks at the end of May 2022.
- On 6 July the Cabinet Secretary for Health announced new targets to eliminate long waits for planned care. The first milestone target for Outpatients is to eliminate two year waits in most specialities by the end of August 2022.
- The majority of patients that are, or will be by the end of August, waiting over 104 weeks have a date for their Outpatient appointment booked.
- There is a challenge in finding additional capacity in Dermatology and Urology for the relatively small number of patients waiting over 104 weeks that do not yet have an appointment booked. This is due to the specialist nature of these patients and the few specialist clinicians available within the Board or nationally to see these patients.
- Most services continue to focus on reducing the backlog of long waits that accrued during the pandemic. The overall numbers waiting over 78 and over 104 weeks has decreased in June.
- The majority of patients waits over 104 weeks are in Dermatology. However, over the last quarter there has been a sustained reduction in the number waiting over 104 weeks in Dermatology.

Improvement actions planned, timescales and when improvements will be seen:

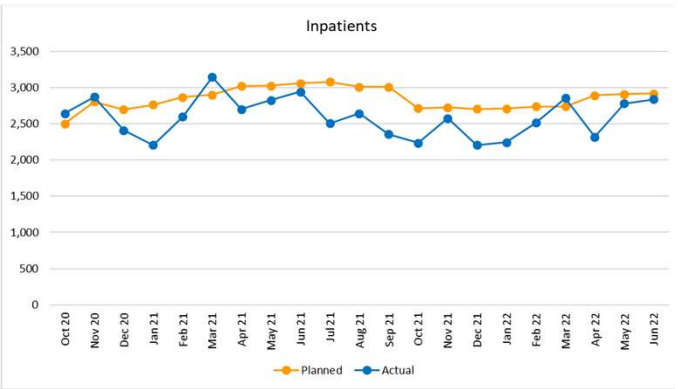
Action	Due By	Planned Benefit	Actual Benefit	Status
<p>There is a Board-wide Outpatient (OP) Redesign Programme underway. All OP specialties will be engaged in the programme on a rolling basis, based on priority as agreed by the Outpatient Recovery Board and advised by Site Directorate Groups.</p> <p>We are collaborating with the National Centre for Sustainable Delivery (CfSD) to support our programmes of remobilisation, recovery, and redesign (RRR). This collaboration facilitates specialty networks to bring together colleagues from across Scotland to share best practice.</p>	<p>Ongoing, and continuing throughout 2022/23.</p>	<p>Active Clinical Referral Triage streams patients to appropriate advice, virtual or face-to-face appointments.</p> <p>Patient Focused Booking (PFB) to support patient choice of a suitable appointment, whereby patients are sent an appointment letter. This can improve 'Did not attend' (DNA)/ cancellation rates.</p> <p>Patient Initiated Follow Up (PIFU) gives patients flexibility to arrange follow-up appointments when they need them and so reduce demand.</p>	<p>Completed specialties have functionality for virtual appointments, PFB and PIFU embedded.</p>	<p>18 specialties have completed through the programme; 24 are currently progressing through the redesign phase.</p>
<p>Increasing capacity in Dermatology.</p> <p>Remobilisation of hand/foot phototherapy service, which had been paused due to lack of workforce and capacity.</p>	<p>Ongoing, and continuing throughout 2022/23.</p>	<p>'Hot' clinics in place every 4-6 weeks as required to provide additional capacity for Urgent/USoC patients.</p> <p>Focus External Provision activity at longest waits.</p> <p>Hand/foot phototherapy is a service where long waiting patients do not yet have an appointment booked and is specialist.</p>	<p>77% of the patients waiting longer than 2 years in Dermatology have an outpatient appointment booked.</p>	<p>Future scope of Hot clinics being reviewed to model the impact of including additional capacity for long waiting patients.</p> <p>External Provision contract in place until September, to be reviewed to continue beyond September.</p> <p>Hand & Foot Phototherapy equipment testing and staff training underway, and first clinic due to commence 9 August.</p>

Improvement actions planned, timescales and when improvements will be seen (cont'd):

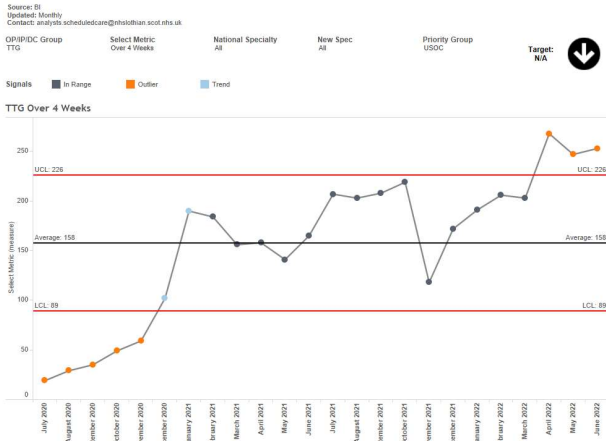
Action	Due By	Planned Benefit	Actual Benefit	Status
Procurement of External Provision.	Ongoing, and continuing throughout 2022/23.	Increase capacity to reduce backlog.		New procurement exercise underway to tender further additional capacity for the remainder of 2022/23. This includes specialties with longer waiting patients.
Redesign of Qfit pathway in Colorectal for lower bowel symptoms.	April 2022	Less invasive diagnostic test to stream patients to appropriate treatment plan.	USoC demand to Endoscopy has reduced by 100 patients per month.	Went live 9th April 2022.
All services reviewing waiting list management processes. Enhanced focus on longest waiting patients. Action plans to ensure capacity is available	August 2022	Longest waiting patients booked into the next available appointments. Achieve the Scottish Government milestone for August 2022		Underway.

SCHEDULED CARE & DIAGNOSTICS

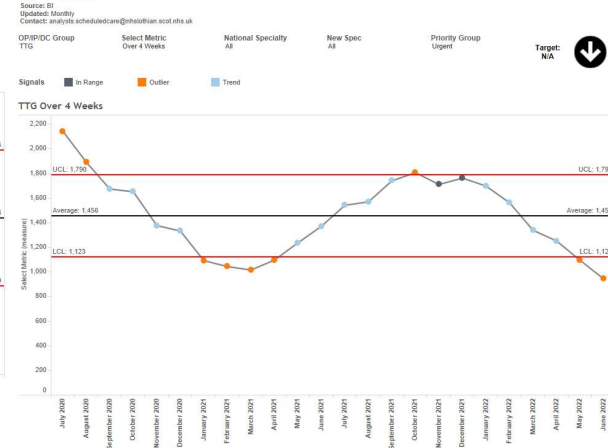
Scheduled Care & Diagnostics – Inpatients/ Daycases (TTG) Environment & Context



IP Planned vs Actual Activity (activity that is measured against the 12 Week Treatment Time Guarantee)



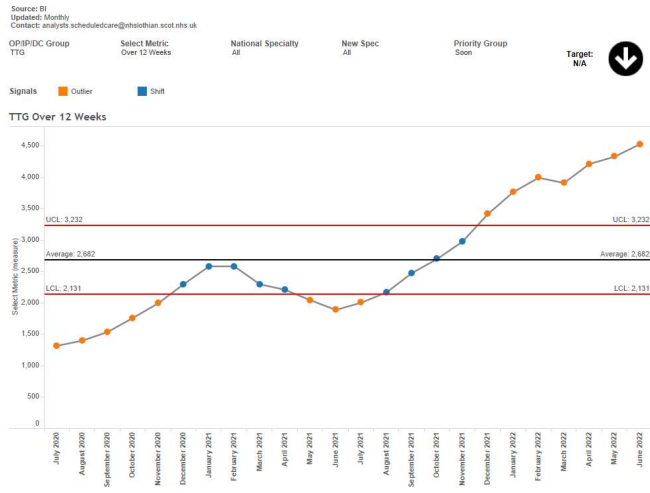
TTG USOC > 4 weeks



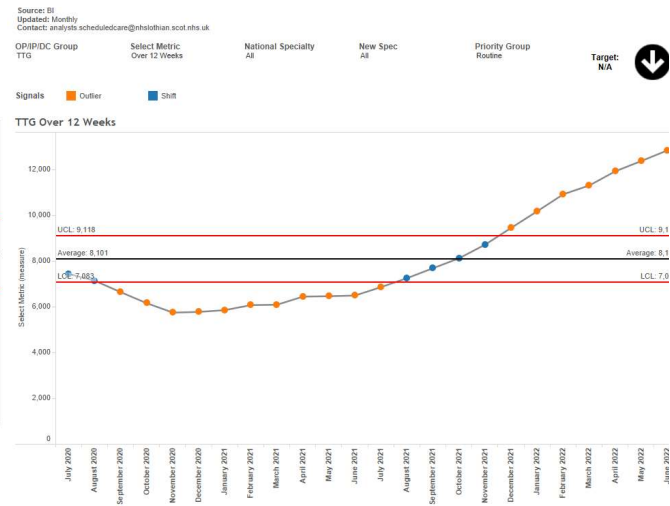
TTG Urgent > 4 weeks

SCHEDULED CARE & DIAGNOSTICS

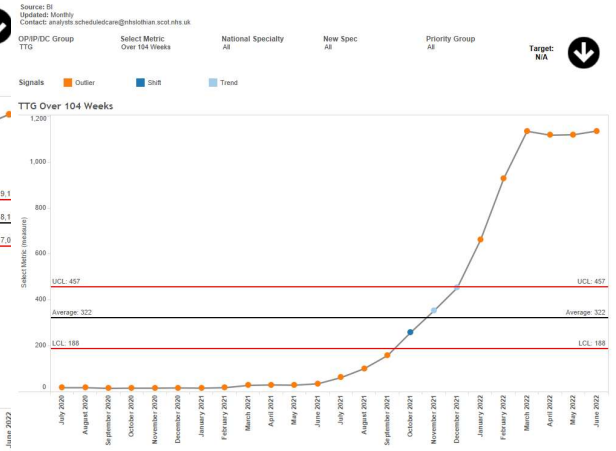
Scheduled Care & Diagnostics – Inpatients/ Daycases Environment & Context (cont'd)



TTG 'Soon' > 12 weeks



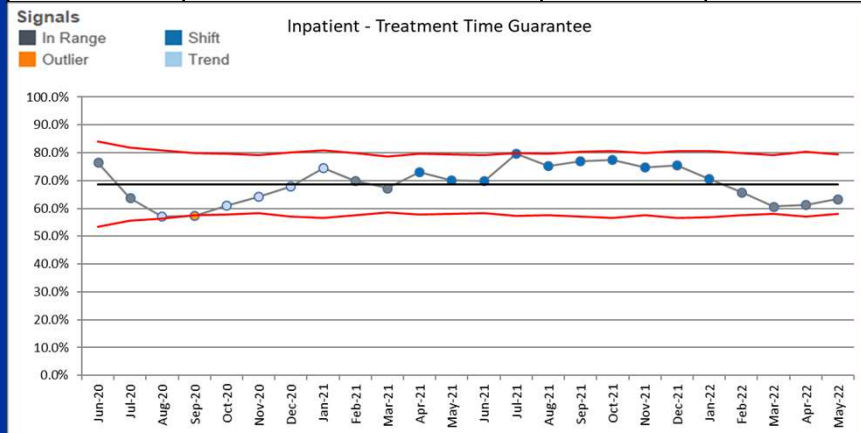
TTG 'Routine' > 12 weeks



TTG (all) > 104 weeks

SCHEDULED CARE & DIAGNOSTICS – INPATIENT TREATMENT TIME GUARANTEE

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (May 2022)	Data Source
Not Met	Treatment Time Guarantee (100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).	63.4%	Management Information



Background, what the data is telling us, underlying issues and risks:

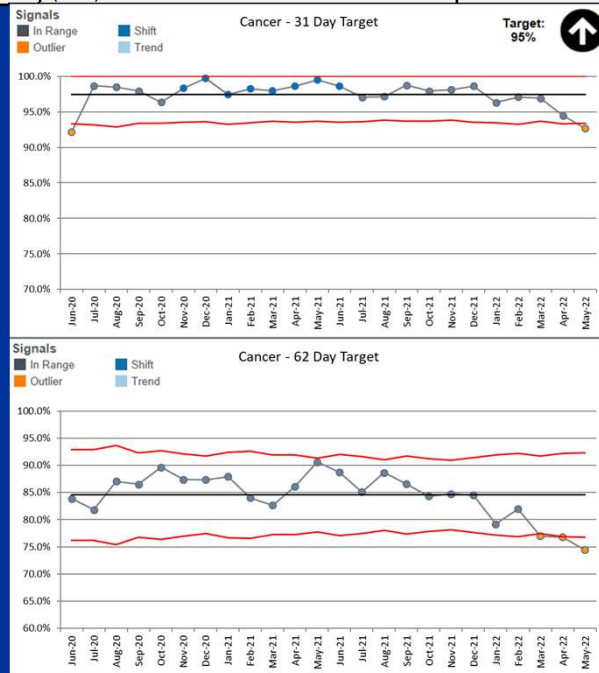
- The recovery of Treatment Time Guarantee (TTG) is more challenging than for Outpatients, with our current activity remaining below pre-pandemic levels (on average around 60-65%).
- On 6 July the Cabinet Secretary for Health announced new targets to eliminate long waits for planned care. The first milestone target for TTG is to eliminate two year waits in most specialities by the end of September 2022.
- As previously briefed, from our trajectories and activity forecasts it is anticipated we will continue to see a deterioration in TTG performance and we are not likely to meet the September 2022 milestone in some specialities.
- The significant majority waiting over 104 weeks do not yet have a date for their procedure. Limited capacity is available to meet the backlog of non-urgent patients and there is a growing number of long waiting patients month on month: 1,135 at end June 2022.
- The majority of patients waiting over 104 weeks are in eight specialities: Ear, Nose & Throat, General Surgery, Gynaecology, Paediatric Surgery, Plastic Surgery, Trauma and Orthopaedic Surgery, Urology, Vascular Surgery.
- Whilst a proportion of these patients are Day cases, the long waiting patients also include complex patients with procedures requiring longer theatre times, longer length of stay in hospital, critical care.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Following option appraisal recommending strategic intent to increase Day case and Inpatient activity, plans are being formulated to open further theatre lists and maximise theatre efficiency	September 2022	Increase Day-case and Inpatient activity.	Priority services identified; operational plans	Site readiness groups formulating implementation options for General Surgery, Ophthalmology, Orthopaedics, Plastic Surgery and Urology as a priority, in line with the services with the highest volumes of longest waiting patients
Procurement of external provision.	Continuing throughout 2022/23	Increase capacity to improve backlog.	Patient cohorts identified and streamed for booking.	New procurement round underway to tender further additional capacity for the remainder of 2022/23. This includes specialties with longer waiting patients.
Implementing theatre scheduling tool.	August 2022	Help ensure theatre lists are fully utilised.		Tool supplier working to interface tool with Patient Administration System (in Ophthalmology in the first instance).
Increasing theatre staffing via external provision procurement	August 2022	Support core theatre staffing levels and increase available theatre lists.	Successful pilot at Western General Hospital.	Pilot extended for a further three months and a cost/benefit analysis is underway to appraise the value further procurement.

SCHEDULED CARE & DIAGNOSTICS – CANCER 31 & 62 DAY STANDARD

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (May 2022)	Data Source
Not Met (62d)	95% Standard (agreed trajectory 82% (62d))	74.4%	Management Information
Not Met Standard (31d) but met trajectory	95% Standard (agreed trajectory 87% (31d))	92.6%	



Background, what the data is telling us, underlying issues and risks:

- Data from the last reporting period (Q1 2022) was showing common cause variation which was below the Lower Control limit. The 5 most recent data points for 62 Days were below the mean, although this is not yet a signal of deterioration, the data has an Upper Control limit of 92.3%, therefore we recognise the current system has not been capable of meeting the 95% goal in the last two years. Through the improvement actions and remobilisation plans, we are working to recover this position.
- NHS Lothian 62-day cancer performance remained below the trajectory of 82.8% in May 22, with performance at 74.4%. Scotland's performance was 75.8%.
- 31-day cancer performance dipped just below the target of 95% but was above the trajectory of 88.1%; NHS Lothian's performance was 92.6% and the Scotland position was 94.8%.
- 62-day pathways continue to be impacted by high referral numbers, reduced bed and theatre capacity, in addition to staffing challenges across services.
- Waiting times for OPD appointments, endoscopy and radiology continue to be over 2 weeks.
- An update in guidance in Q1 means that pre-isolation period for surgical patients on a cancer pathway is no longer required and an additional WTA (waiting times adjustment) is no longer applicable for each patient in the lead up to surgery. It is expected that this will have contributed towards a decrease in performance across all tumour groups on 31-day and 62day pathways. The most significant decreases have been in Urology, particularly in addition to the removal of the 'non-standard treatment' to 'standard' for Robotic Prostatectomy.

Improvement actions planned, timescales and when improvements will be seen:

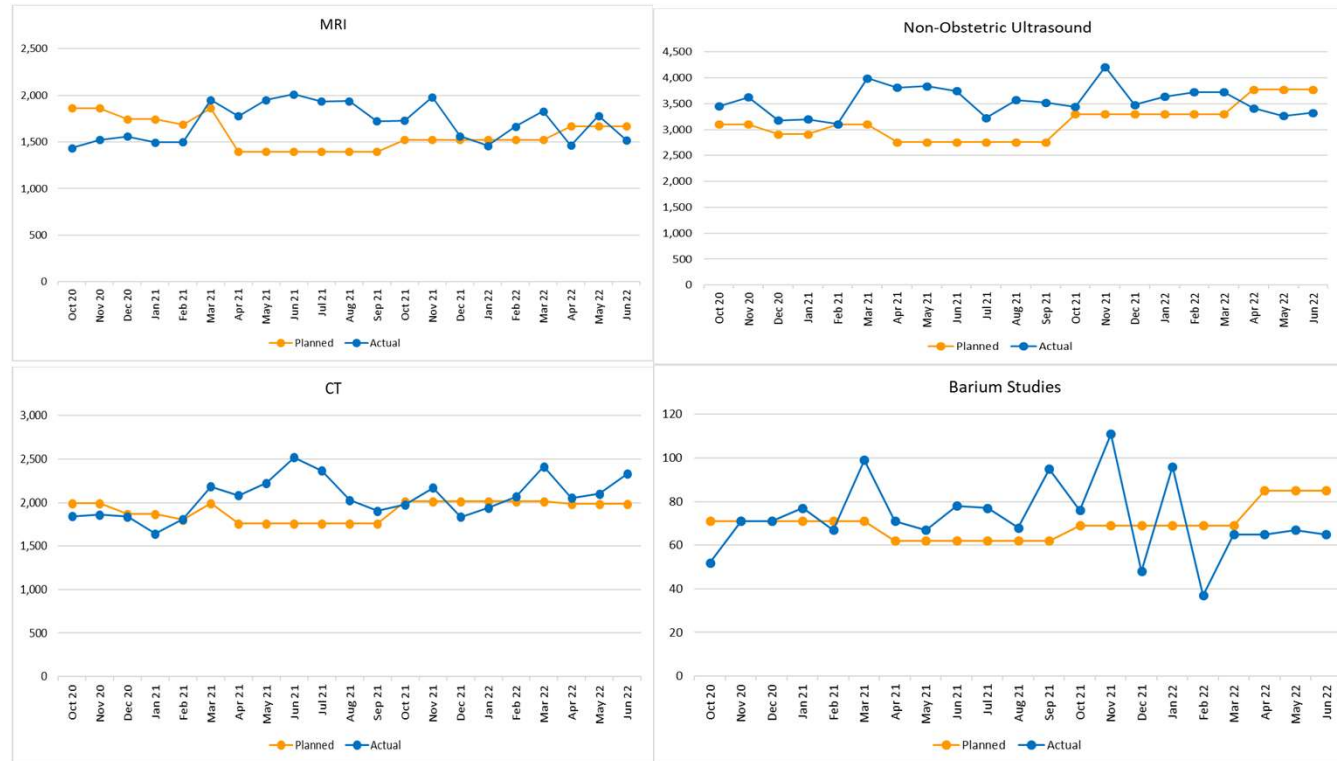
Action	Due By	Planned Benefit	Actual Benefit	Status
1. All tumour groups to review and update timed cancer pathways; Breast, Colorectal, Head and Neck, Lung, Gynae (Cervical & Ovarian), Melanoma, Urology, Upper GI and Breast	All TGs up to end Oct 2022	Up-to-date understanding of opportunities for improvement in the pathways, to support attainment of the National Cancer Standards and encourage effective escalations.		All services are engaged. Terms of Reference have been developed by Associate Quality Improvement Advisor (AQIA) for Cancer Services. Upper GI and Head and Neck have presented at Cancer Recovery Board (CRB), final amendments to be made before sign off. Cervical and Breast to present at July CRB.
2. Urology Pathway improvement and development work	Various up to end June 2022 (excl. nephrectomy recovery plan)	Prioritise actions to reduce timings across various stages of the cancer pathway	Positive patient feedback on one-stop clinic. Additional flexible cystoscopies and surgical capacity.	One stop bladder clinic commenced in Dec 21. Demand, Capacity, Activity & Queue (DCAQ) improvement plan for Nephrectomy approved Dec 21. In house capacity for Robot Assisted Radical Prostatectomy (SJH) commenced 10 May 2022. Overall, the move from Spire to SJH has resulted in a -2 or -3 position per week, and due to reduction in staff hours, 0.5 RARPs per week have been lost from WGH.. Additional PSA clinics to help clear the backlog of patients has commenced (caused by increased referrals).
3. Endoscopy: Wait List Initiatives (WLIs) will be used for USoC patients in January. Endoscopists now adding "Stop Tracking" to the pathology order if they think they are unlikely to show cancer.	End Jan 2022	Spread demand across bowel screening, colonoscopy, and flexi sigmoidoscopy to provide extra capacity for patients. Patients to be closed off as Non-Cancer quicker, reducing the no. of patients needing tracked on a 62/31-day pathway for an extended period.	Providing extra capacity for patients and spread of demand across bowel screening, colonoscopy, and flexi sigmoidoscopy.	Complete – WLIs have continued Ongoing

Improvement actions planned, timescales and when improvements will be seen (cont'd):

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>4. Dermatology:</p> <p>Trialing 'Hot Weeks', incl. for Melanoma patients, when only new USoC patients will be seen.</p> <p>Change Amber queue to urgent – bespoke letters being sent to GPs when patients are regraded from USoC to Urgent.</p>	Ongoing throughout 2022	<p>Reduce waiting list for USoC OP appointments.</p> <p>Better quality referrals to support clinical triage and prioritisation based on clinical need.</p>	Reduced waiting list for USoC OP appointments.	<p>Hot weeks will continue, on a 5-weekly basis throughout the rest of 2022, treating only USoC and urgent patients.</p> <p>GPs are now asked to submit photos with referrals.</p>
<p>5. Gynaecology: New consultant</p> <p>Recruitment of Medical Secretaries</p>	As soon as possible	<p>Reduce backlog of patients due to additional resource, improving overall performance for service.</p> <p>To reduce delays in write-up of reports.</p>		<p>Consultant started in May 22.</p> <p>Repeated attempts to recruit, and ongoing.</p>
<p>6. Pathology:</p> <p>New GI Consultant Pathologist</p> <p>Requested licenses for voice recognition</p>	Starts 5 th July, 3 days p/week	<p>Improve turnover time of samples.</p> <p>To improve turnaround time for pathology reporting due to challenges in recruitment of medical secretary (band 4's).</p>		<p>N/A</p> <p>Await outcome</p>

SCHEDULED CARE & DIAGNOSTICS

Scheduled Care & Diagnostics – Radiology Environment & Context (activity)



SCHEDULED CARE & DIAGNOSTICS – RADIOLOGY ACTIVITY

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2022)	Data Source
Not Met	Diagnostics: MRI Activity Variance (Planned Versus Actual)	-147	Management Information
Met	Diagnostics: CT Activity Variance (Planned Versus Actual)	346	
Not Met	Diagnostics: Non-Obstetric Ultrasound Activity Variance (Planned Versus Actual)	-451	
Not Met	Diagnostics: Barium Studies Activity Variance (Planned Versus Actual)	-20	

Background, what the data is telling us, underlying issues and risks:

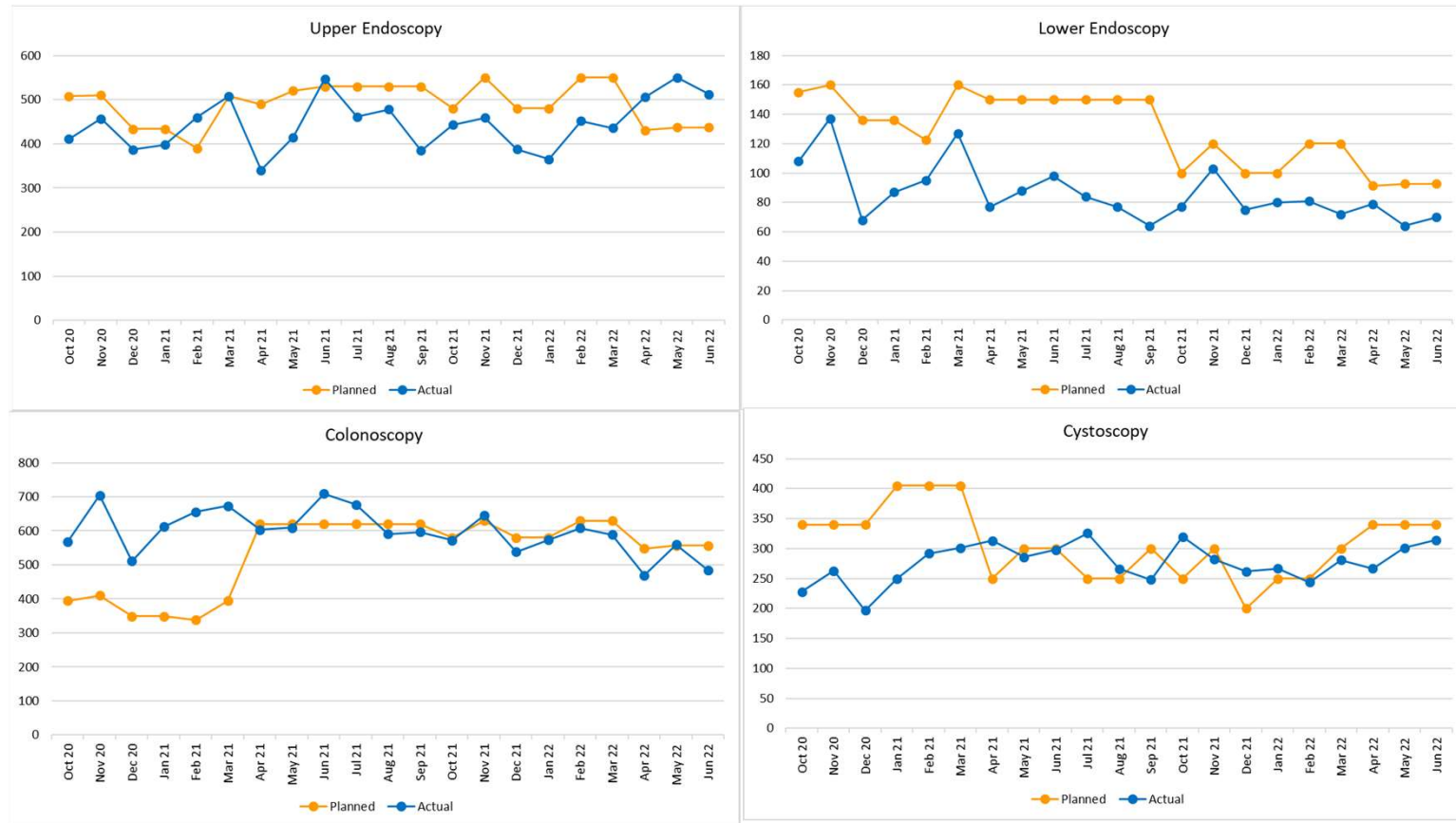
- Magnetic Resonance Imaging (MRI) – Activity has exceeded trajectories consistently throughout the year due to the availability of external capacity. Where activity matches, or is below the plan this is primarily due to reduced external capacity on public holidays. Capacity has also been impacted through Apr/May/Jun due to Covid-19 related staffing shortages resulting in a number of cancelled sessions.
- Computed Tomography (CT) – Similar context to MRI, where activity has exceeded plans, this was primarily due to increased availability of external capacity. Where activity was below plan this was due to reduced availability of external capacity e.g. in Dec 21/Jan 22 Spire hospital CT capacity was not available. Capacity has also been impacted through Apr/May/Jun due to Covid-19 related staffing shortages and equipment failures on both the SJH and WGH sites.
- Non-obstetric ultrasound - The Ultrasound service remains a particular cause for concern. Although activity levels have been maintained, this has been supported by additional Radiologist scanning sessions through flexing job plans together with additional waiting list initiative (WLI) scanning sessions. The Ultrasound service is very reliant on Sonographer availability and this has been impacted by COVID-19 sickness, isolation, vacancies and maternity leave.
- Barium Studies – Activity is less than planned trajectory but is matching current demand. No patients currently waiting over 6 weeks.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Increase mobile MRI capacity from 15 days per month to 18/19 days per month	Commenced in April 2022	Approximately 60 additional MRI appointments per month	Dependent on scan type but will be monitored.	Ongoing
A mobile CT service, funded by Scottish Government Health & Social Care Directorates (SGHD), based in NHS Forth Valley will provide capacity for NHS Lothian patients It is proposed this be replaced by a relocatable CT unit on SJH site (Funded by SGHD Diagnostics)	June 2022 July 2022	Total of 1,300-1,500 scans over a 13 week period Total of 100 scans per week up to October 2022	To be monitored To be monitored	Complete Ongoing
CT capacity to be provided by Golden Jubilee National Hospital	From April 2022	Capacity for 200 scans per year will be provided		Commenced in April 2022
Additional Radiographer and support staff to be recruited to increase internal MRI and CT capacity	Recruitment during Jan/ Feb 2022 Additional capacity from May 2022 once induction and training completed	Increased scanning capacity of in the region of 300-500 CT scans per month.	To be measured	In progress
Re-advertise to recruit to Sonographer vacancies	July 2022	Seek to recruit 6 Sonographers though will be particularly challenging due to National shortage of trained staff.	Recruitment process started	Ongoing
Flex Radiology jobs plans to replace some CT/MRI reporting sessions with Ultrasound scanning	Jan 2022 onwards			Ongoing
Provide evening and weekend WLI Ultrasound scanning sessions	Ongoing	Variable as this is dependent on staffing being available to work additional hours		Ongoing
Work between the three acute sites to optimise the use of Fluoroscopy equipment and workforce to increase Barium capacity. Patients will be asked to move from one site to another.	Sept 2022	Increased fluoroscopy capacity will reduce waits	To be monitored	Ongoing

SCHEDULED CARE & DIAGNOSTICS

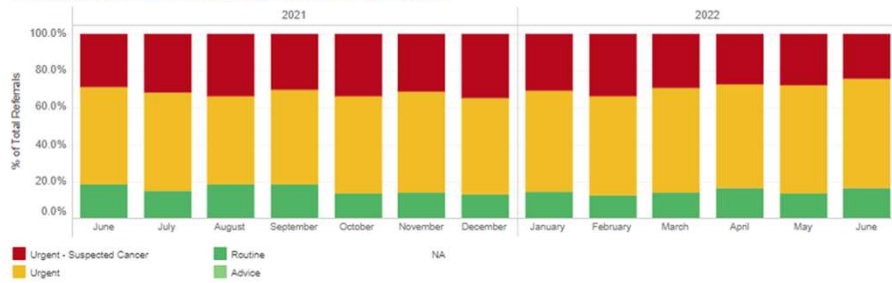
Scheduled Care & Diagnostics – GI Diagnostics incl. Cystoscopy Environment & Context (activity)



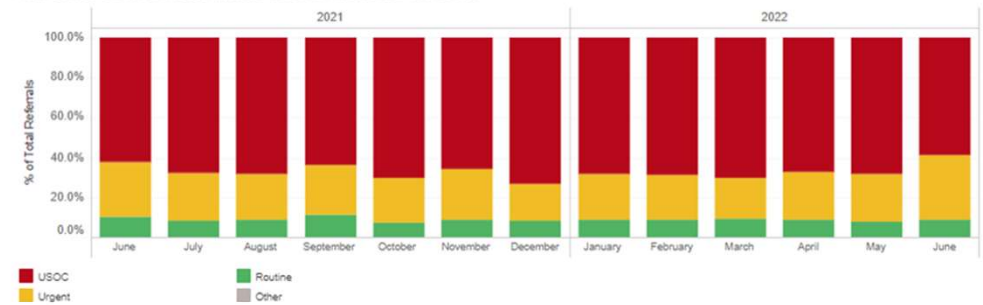
SCHEDULED CARE & DIAGNOSTICS

Scheduled Care & Diagnostics – GI Diagnostics incl. Cystoscopy Environment & Context (cont'd)

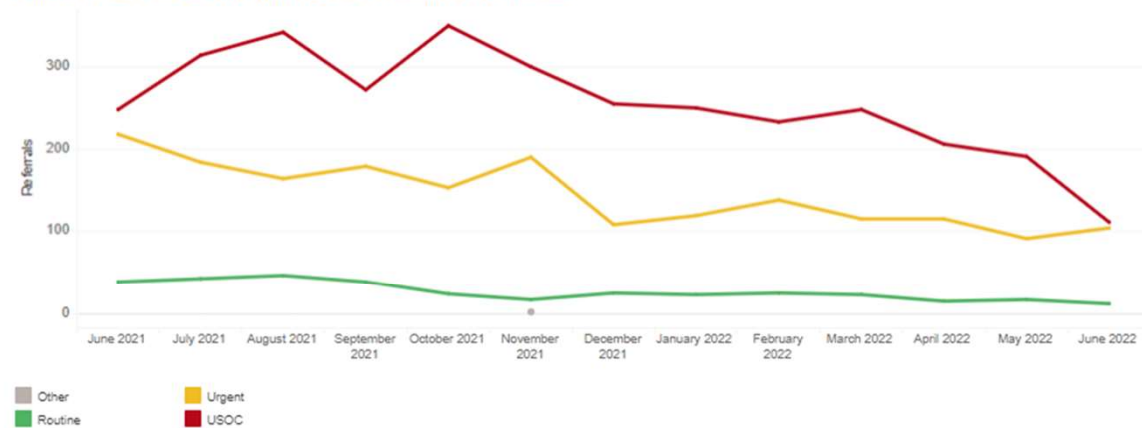
PROPORTION OF REFERRALS BY MONTH / YEAR AND PRIORITY BEFORE TRIAGE



PROPORTION OF REFERRALS BY MONTH / YEAR AND PRIORITY AFTER TRIAGE



NUMBER OF REFERRALS BY MONTH / YEAR AND PRIORITY AFTER TRIAGE



Colon referrals after triage:

	2021							2022					
	June	July	August	September	October	November	December	January	February	March	April	May	June
Other							1						
Routine	38	42	46	38	23	16	24	22	24	22	14	16	11
Urgent	18	184	164	179	153	190	108	119	138	115	115	91	104
USOC	48	314	342	272	350	300	255	250	233	248	206	191	111

SCHEDULED CARE & DIAGNOSTICS – GI DIAGNOSTICS INCL. CYSTOSCOPY ACTIVITY

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (June 2022)	Data Source
Met	Upper Endoscopy	75	Management Information
Not Met	Lower Endoscopy	-23	
Not Met	Colonoscopy	-73	
Not Met	Cystoscopy	-26	

Background, what the data is telling us, underlying issues and risks:

- Overall, both new and repeat activity has increased since February 2022. This has been limited however due to increasing COVID-19 isolation by nursing staff and endoscopists along with staff sickness, which has resulted in the cancellation of lists when alternative operators could not be found. Workforce pressures continue to impact on the activity we are able to deliver.
- Appointment slot prioritisation remains in place for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients, irrespective of diagnostic test. In order to ensure new, genetically high-risk patients are receiving their diagnostic investigations in a timely manner, ring-fencing of slots has been established. There is on-going clinical validation of high risk ulcer patients by the clinical team as well as new Inflammatory bowel disease (IBD) diagnosis colonoscopy patients.

- USoC demand remains high, therefore 'new' upper and lower urgent and routine endoscopy waits remain extended. The demand for USOC colon is now decreasing as shown on the previous slide. This is due to Qfit pathway implementation - a process that effectively identifies those USoC referrals that require an endoscopy, reducing demand and freeing up capacity for other patients. This has allowed patient-focussed booking (PFB) to be switched on for urgent colon patients, reducing the long waits for this cohort. Attendance at the regional Endoscopy Unit has increased by 15% since the need for COVID-19 PCR testing was discontinued at the end of January 2022. This is being monitored on a regular basis.
- Increased capacity for weekend activity has been initiated following the reduction in social distancing. On-going housekeeping of waiting lists is undertaken and local policies for patient cancellations and 'Did Not Attends' (DNAs) have been updated and are being implemented. Telephone reminder calls are being undertaken to assist with reducing DNA activity. Longest waiting patients are being reviewed and clinically validated to be booked or removed booked on a weekly basis. Additional capacity is being delivered at Golden Jubilee Hospital for 55 Oesophago-Gastro-Duodenoscopy (OGD) patients per month. Since commencing on 16th May 2022 79 OGD procedures have been undertaken.
- Utilisation of cytosponge for Barrett's surveillance patients has demonstrated a reduction in waiting times for these patients. Patients suitable for this procedure are triaged accordingly, which has allowed them to be booked within their target dates if they meet the clinical criteria. Capacity for patients who do not meet this criteria is also ring-fenced on a weekly basis so that they are not further delayed.
- Gaps in Urology trainee rota have been resolved. Flexible cystoscopy lists have also been reinstated to baseline volumes.
- There are delays in appointed clinical fellows taking up posts, requiring capacity to be moved from flexible cystoscopy to cover on-call rotas, and this continues to impact our performance.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Recruitment to Nursing vacancies within endoscopy	Recurring advert for Band 5 nurses within endoscopy.	Improve nursing capacity within main sites.	Ability to utilise and improve capacity for endoscopy procedures, thereby reducing waiting times.	Ongoing – Western General Hospital (WGH) and Royal Infirmary Edinburgh (RIE) recruitment ongoing, posts advertised. Workforce paper and actions for Performance Oversight Board (PSOB). SBAR submitted to assist with recruitment issues. June 22 - Endoscopy posts visible on generic B5 adverts.
Increase capacity at East Lothian Community Hospital (ELCH) to 20 sessions per week	Was due March 21 – have incrementally increased capacity but on-going nursing issues at ELCH - unable to confirm date nursing will be in place to facilitate capacity but likely Summer 22.	Increased endoscopy capacity by 10 sessions per week (approx. 48-50 patients, scope-type dependent).	Have now increased capacity to 15. Increased number of patients being scoped, thereby reducing waiting times.	Ongoing recruitment to open remaining sessions - 2 posts currently at advert. ELCH converting 2 x B5 nursing posts to B3 posts to assist with recruitment process and difficulties in recruiting B5 registered nursing. Meeting undertaken with ELCH service team highlighting need for nurse recruitment. To be followed up with staffing plan workforce paper for PSOB as above. June 22- posts visible on generic recruitment
Utilisation of Room 4 WGH	Was due by Mid-2021	Increased capacity for endoscopy procedures (approx. 50-60 patients per week, scope-type dependent).	Will increase capacity, thereby reducing waiting times.	Room ready and posts being recruited to – see above for recruitment. Ongoing discussions re. ability to increase throughput of patients through WGH day bed area. June 22- further discussions and actions agreed locally to increase capacity where able
Recruit to current Nurse Endoscopist vacancies	Ongoing as previous adverts have not been successful	Increased ability to cover capacity - 6 scope lists per week (approx. 30-40 patients).	Reduction in waiting times as capacity will be increased.	Ongoing review of vulnerability of Nurse endoscopist workforce Advert currently out for trainee Nurse Endoscopist with academic component through NHS Education for Scotland (NES) established. Advert closed 11/7/22.
Reduction of 2m distancing within recovery areas	Ongoing – in line with latest Infection Prevention Control (IPCT) guidance.- now complete	Increase capacity.	Reduction in waiting times.	ELCH and CTC increased capacity for OGD SJH / RIE and WGH – charge nurses increasing capacity where able June 22 – QMH - increased capacity for The Aberdeen Clinic (TAC) at weekends. Ongoing discussions re increasing capacity for weekdays.
Long wait urgent Colon patient re-triage via telephone consultation and Qfit.	Commenced November 2021 – will continue until waiting list validated	Abnormal Qfit patients will be expedited and booked. Patients who no longer require it will be removed from the waiting list.	Only patients who require colonoscopy will be scoped. Decreases clinical risk and improves waiting times.	This is ongoing. A total of approximately 800 urgent colonoscopy patients being reviewed. Clear guidelines in place, patients are being expedited and booked if high Qfit or removed if they no longer meet criteria for colonoscopy.

Improvement actions planned, timescales and when improvements will be seen (cont'd):

Action	Due By	Planned Benefit	Actual Benefit	Status
Implementation of Qfit to determine need for colonoscopy	Now in place	Patients will only be triaged to colonoscopy if they have abnormal Qfit result.	Decreased referrals for colonoscopy. Improved waiting times.	Qfit pathway established in April 2022 and now colorectal team and Gastrointestinal (GI) clinical team implementing Qfit pathway and integrating into triaging practice, prior to decision being made to refer for scope. Standard Operating Procedure circulated to GI Clinicians. (see chart on previous slide with USOC colon referrals decreasing)
Review of clinician templates	Commencing week beginning 24 th January.	Maximising use of time, capacity and throughput. Potential to increase capacity. Approximately 100 templates to be reviewed.	Increased capacity	Ongoing To date - RIE further session commenced 21 st April 2022. ELCH AM sessions to increase – templates built and in place to accommodate this (increase from 8 patients on an upper endoscopy list to 10). SJH, WGH & RIE small increase in patient numbers where able. Leith Community Treatment Centre (LCTC) templates also built and in place with increased capacity – incrementally adding a slot each month over the next couple of months and reviewing at each step (increased this time from 7 to 8.)
Roll out Cytosponge diagnostic procedure, an alternative to upper endoscopies - Cytosponge added to Triage	Now in place.	Cytosponge diagnostic procedure to reduce the number of upper endoscopies. Decrease number of referrals to Upper endoscopy for patients presenting with specific symptoms.	Decreased waiting time for Barrett's surveillance endoscopy. Decreased waiting times for Upper endoscopy for specific group patients triaged with Gastro-oesophageal reflux disease (GORD).	Ongoing – to date only small numbers of new patients are meeting the criteria for cytosponge with symptoms of GORD and are booked as soon as they are referred. Decreased trajectory sent to NSS cytosponge for 50 procedures per month agreed.
Review feasibility of insourcing external provider for weekend activity within main site	To commence as soon as possible. – On hold for ELCH due to staffing	Maximise use of endoscopy room availability and increase capacity. This would potentially increase capacity by 10 patients per day if one operator undertaking a full day list.	Increased capacity within NHS Lothian for endoscopy thereby reduce waiting times/ waiting list.	To commence feasibility and initiate discussions. Discussions commenced with ELCH for weekend working for this once staffing in place. Demand, Capacity, Activity & Queue (DCAQ) work to be undertaken following Performance Oversight Board request. On hold due to staffing currently for ELCH June 2022 – preliminary discussions held with an insource provider for possible room 4 at WGH.
Recruitment to vacant Urology fellow posts and specialty doctor post, who will also provide Cystoscopy activity.	1 st April 2022	Return to capacity levels quantified in trajectories	Awaited	Candidates awaiting final approvals incl. professional. To commence fully from July 2022.
Additional short term flexible cystoscopy capacity to manage long waiting patients	April – June 2022.	Additional 10 flexible cystoscopies per week.	Awaited	Implemented.

Improvement actions planned, timescales and when improvements will be seen (cont'd):

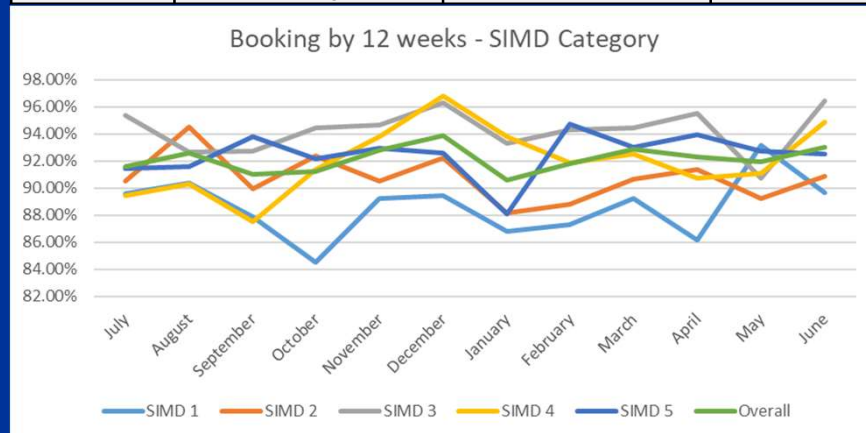
Action	Due By	Planned Benefit	Actual Benefit	Status
Additional capacity via weekend Waiting List Initiatives (WLIs)	Ongoing	Additional 20 flexible cystoscopies per week.	Additional activity	Ongoing.
Recruitment of nurse cystoscopist	Ongoing/ June 2022.	Additional flexible cystoscopy lists.	Additional flexible cystoscopy lists but no immediate impact as extensive training is likely to be required.	Appointed 2 people to build additional capacity within the team. Course commences September 2022.
One-stop visible haematuria clinic	Implemented	As right.	Improves patient pathway by reducing need for second patient attendance.	Implemented Meeting planned for August 22 with Radiology and Urology teams to consider options to expand the service.
Additional short term flexible cystoscopy capacity to manage long waiting patients	April – June 2022	Additional 10 flexible cystoscopies per week.	Awaited.	Implemented.

PREGNANCY SERVICES

Reporting Month:	June 2022	Oversight Mechanism:	Acute Senior Management Group (SMG)
Responsible Director(s):	Allister Short – Service Director Jacquie Campbell – Chief of Acute Services	Corporate Objective(s):	N/A
Corporate Risk Grading:	N/A	Corporate Risk(s):	N/A
National Standard:	LDP standard(s)		

PREGNANCY SERVICES – ANTENATAL CARE

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2022)	Data Source
Met	At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.	SIMD 1 (most deprived): 89.69% SIMD 2: 90.91% SIMD 3: 96.49% SIMD 4: 92.55% SIMD 5: 94.44% Overall: 93.05%	Management Information

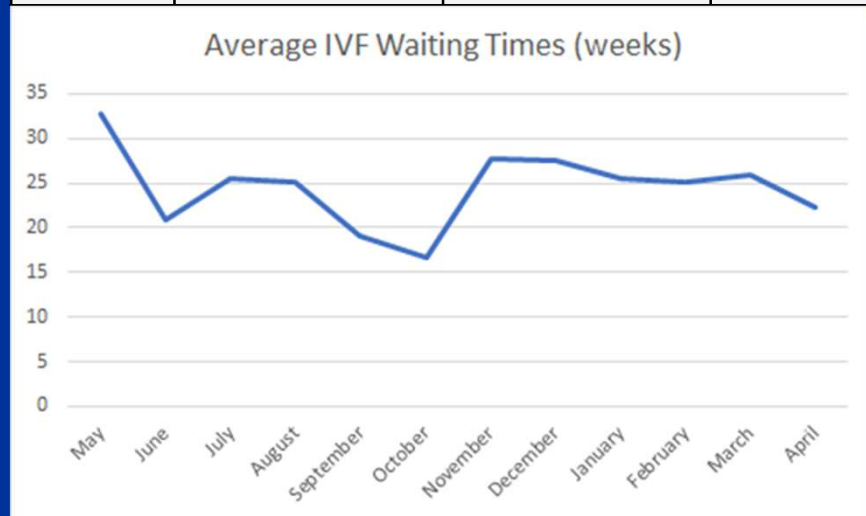


Background, what the data is telling us, underlying issues and risks:

- 80% standard achieved for all SIMD categories in each of the 12 months for the year to June 2022.
- Those in SIMD category 1 continue to be less likely to book by 12 weeks gestation than other groups.
- Late booking may lead to issues with accessing early interventions and screening, such as smoking cessation, fetal alcohol syndrome, dietary advice, screening tests for congenital abnormalities and other public health interventions. In turn this may lead to poorer birth outcomes for mother and baby.

PREGNANCY SERVICES – IN-VITRO FERTILISATION (IVF) ACCESS

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (June 2022)	Data Source
Met	90% of eligible patients to commence IVF treatment within 12 months of referral.	92.3%	Management Information



Background, what the data is telling us, underlying issues and risks:

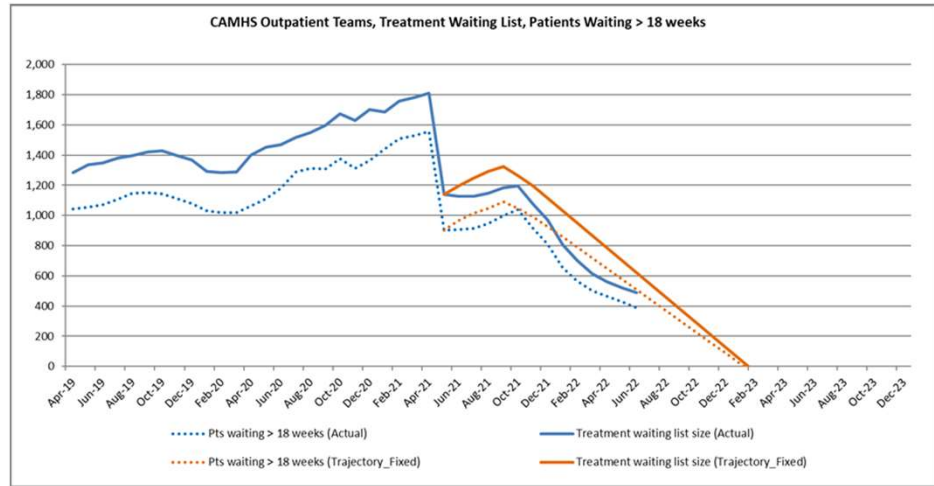
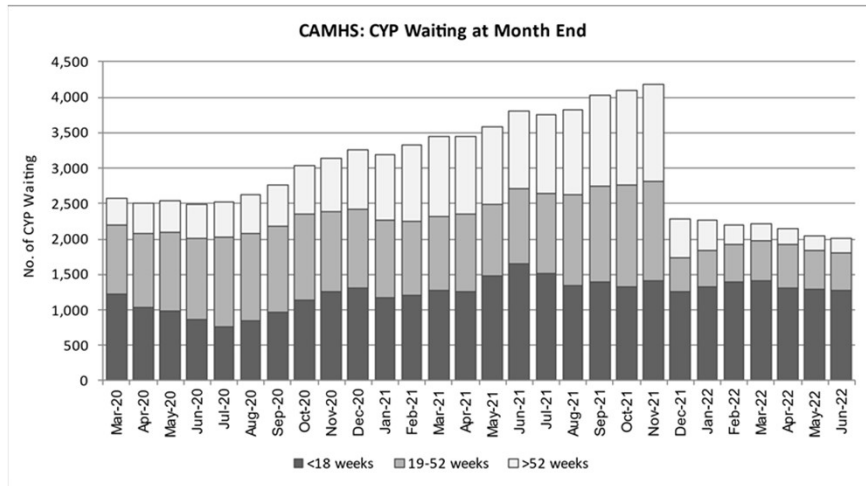
- The service currently meets the 52 week target for IVF treatment and has done so throughout the last 12 months.
- The recommencement of the self funding service within the EFC has resulted in an increase in the overall average waiting times.

MENTAL HEALTH SERVICES

Summary for CAMHS, Psychological Therapies and Adult Acute Bed Occupancy:			
Reporting Month:	June 2022	Oversight Mechanism:	Reported via REAS Senior Management Team, CMT, CAMHS SMT, Performance Support Oversight Board and PPDC, clinical and corporate risk(s) overseen by Healthcare Governance Committee.
Responsible Director(s):	Tracey McKigen – Services Director	Corporate Objective(s):	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> LSDF Pillar Two – valuing our work with Children and Young People as the ultimate investment in prevention (objective no. 15) LSDF Pillar Four – Continuing to develop the provision of services for Mental Health, Illness, and Wellbeing, with an emphasis on preventing ill-health (objective no. 24) </div> <div style="width: 15%; text-align: center;"> On track On track </div> </div>
Corporate Risk Grading:	5187 – Very High (20) 5188 – Very High (20)	Corporate Risk(s):	5187 – Access to Psychological Therapies Corporate Risk (via Healthcare Governance Committee) 5188 – Access to CAMHS Corporate Risk (via Healthcare Governance Committee)

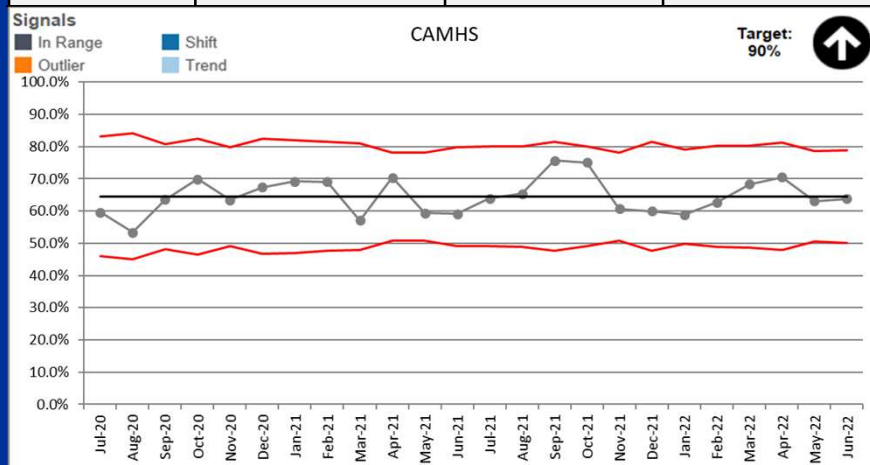
MENTAL HEALTH SERVICES

CAMHS - Environment & Context



MENTAL HEALTH SERVICES - 90% OF YOUNG PEOPLE ARE TO COMMENCE TREATMENT FOR SPECIALIST CAMHS WITHIN 18 WEEKS OF REFERRAL

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (June 2022)	Data Source
Not met	90% Data is showing special cause variation but no recent signals of change. CAMHS are currently ahead of trajectory of reducing patients waiting >18 weeks for treatment by February 2023.	63.8%	Validated internal management information



Background, what the data is telling us, underlying issues and risks:

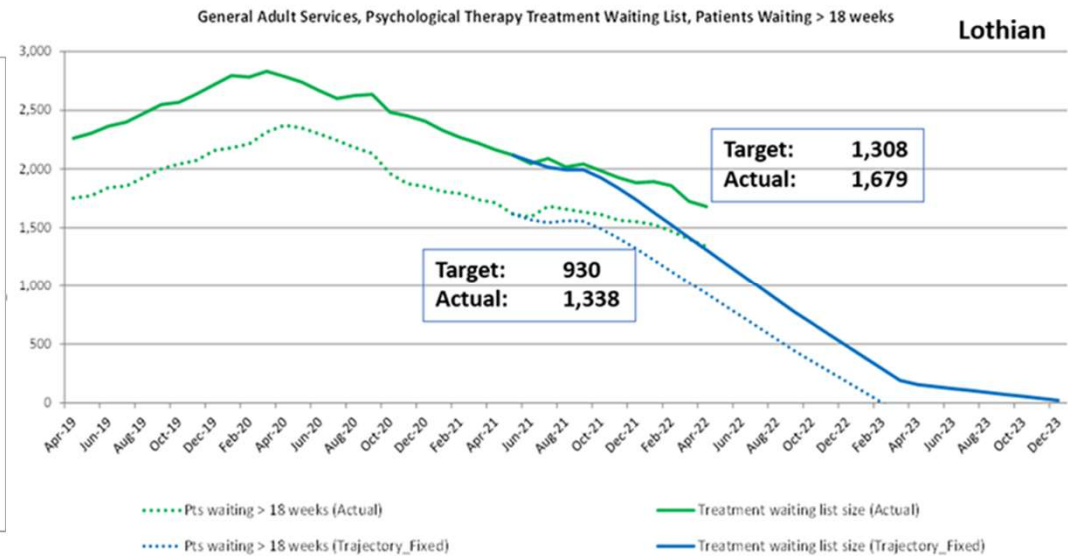
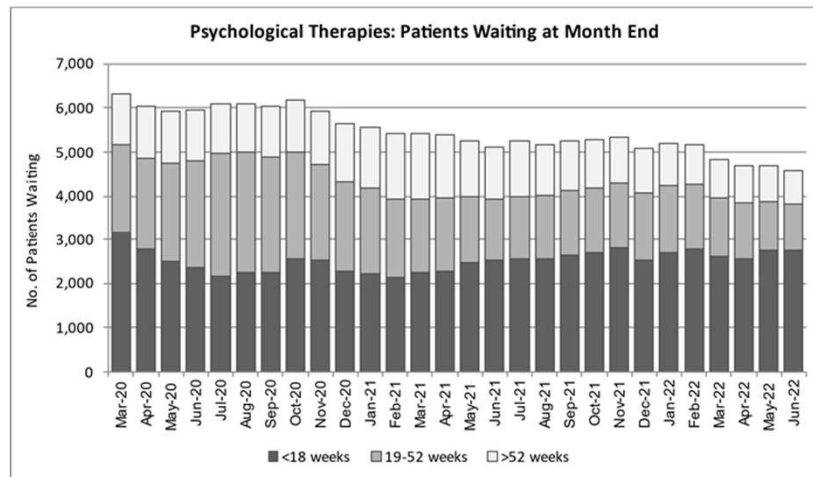
- Data was showing a slight upward shift in the percentage of CYP starting treatment within 18 weeks from January – April 2022. There has since been a decrease from 70.5% in April to 63.8% in June.
- The number of CYP waiting increased slightly in March to 2,217 and then fell again each month (April 2,142; May 2,046) until June with 2,003 patients waiting. Numbers waiting over 18 weeks has decreased from 832 in April to 730 in June.
- The CAMHS trajectory model indicated a treatment waiting list size of 620 and a trajectory of 509 patients waiting >18 weeks. However, we are ahead of trajectory on both these aspects with an actual waiting list of 489 and 389 patients waiting >18 weeks.
- The improvement in performance can be contributed to several factors. This includes the ability of the services to increase staffing establishment; a continued focus on CAPA implementation, in all Lothian Teams; and the utilisation of the HEALIOS team.
- The CAMHS Improvement Plan continues to be implemented, though the pace of improvement continues to be impacted by the challenges around recruitment and staff retention. Case holding staffing levels by October 2021 were expected to be 136.28 WTE. The case holding staffing count in May was 105.50 WTE and in June it was 107.10 WTE.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
<u>Current/Ongoing Actions</u>				
Implementation of Healios to aid in the delivery of Neurodevelopmental Assessments.	Ongoing	Reduction in the number of patients waiting for assessment	Reduction in the number of overall waits for assessment	Work is ongoing to develop the Neurodevelopmental pathway within NHS Lothian. A large percentage of waits is contributed to ASD & ADHD assessments. Additional contract - Healios have been contracted to deliver up to 450 ASD & 100 ADHD assessments and further treatment appoints A new multi-agency pathway for young people who require support with ND is required
Additional support and recognising the challenges faced in North Edinburgh	June 2022	To provide enhanced locality support in North Edinburgh to provide valuable learning and inform the development of future operational management roles	Reduction in the number of overall waits for treatment and assessment within North Edinburgh Outpatient team.	North Edinburgh has seen significant improvement in CAMHS waiting times over the previous quarter as a result of clear operational management. There are currently plans to develop a more permanent leadership structure to ensure continual improvement within the outpatient team.
<u>Completed Since Last Report</u>				
Implementation of individual job plans and team capacity models on CAPA.	May 2022 – Completed and will be removed by next report	Utilisation of current capacity to deliver service within all Lothian Outpatient Teams.	Reduction in the number of overall waits for treatment.	Completed in all localities and has resulted in further reduction in patients waiting >18weeks for treatment. CAPA capacity plans have now been completed for all Lothian teams for the July-Sept quarter. Teams have been gathering data on the split between the ND allocation sessions within the job plans for new assessments and specific work. This will contribute to the mapping of the capacity for new patient assessment pick-ups across teams and in developing the ND trajectory.

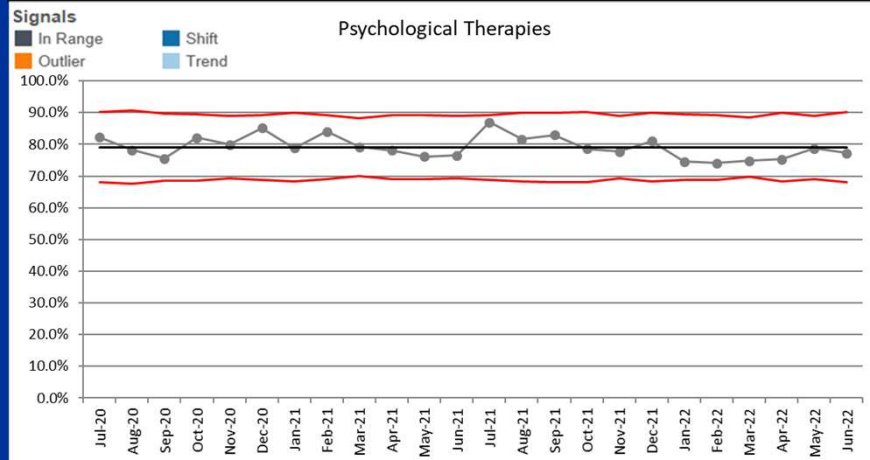
MENTAL HEALTH SERVICES - PSYCHOLOGICAL THERAPIES

Psychological Therapies - Environment & Context



MENTAL HEALTH SERVICES - 90% OF PATIENTS WITH MENTAL HEALTH CONDITIONS THAT MEET THE SERVICE'S CLINICAL THRESHOLD SHOULD START TREATMENT WITHIN 18 WEEKS OF REFERRAL

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (June 2022)	Data Source
Not met	Data is showing a decrease in the number of patients waiting >18 weeks, however this is slightly behind trajectory.	77.3%	Validated internal management information



Background, what the data is telling us, underlying issues and risks:

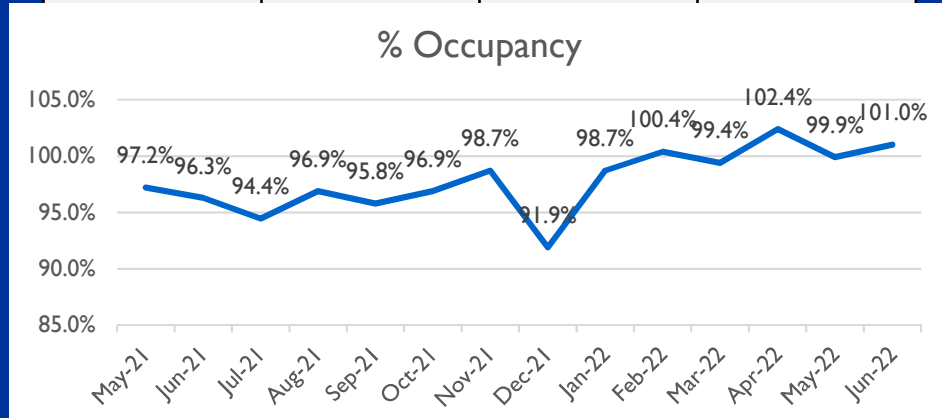
- The Percentage of patients starting treatment within 18 weeks has remained stable.
- There has been a further reduction of the treatment waiting list over June 2022 in AMH General Services. The number of patients waiting over 18 weeks for treatment is decreasing but slower than expected; there are currently 411 more people waiting over 18 weeks in June 2022 than anticipated in the trajectory. The number of patients waiting for assessment was 748; this is a slight decrease compared to January 2022. Of those assessed for psychological treatment between April 2021 and March 2022, 37% were added to the treatment waiting lists and 11% were added direct to the groups waiting lists.
- Across Scotland, the total number of waits for assessment and treatment is increasing gradually. Compared with NHS Scotland, NHS Lothian psychological therapy waiting times is gradually declining.
- While the total number of patients waiting for assessment and treatment in Lothian is reducing, the focus remains on reducing the longest waits. Lothian accounts for 21% of the total waits over a year, relative to a population share of 16.6%.
- With a focus on the total number of patients waiting for treatment to June 2022, there is continued and steady reduction across all services. This is from 1821 waiting >18 weeks in May 2022 to 1692 waiting >18 weeks in June 2022.
- Based on a total expected 78.8 WTE across Lothian AMH PT teams, the expected pick-up rate for new patients was expected in June 2022 to be 301. The actual pick-up rate was 310 with a total capacity of 61 WTE. Over the last 4 months, the average pick-up rate of 310 has exceeded expectations based on the level of staffing. Based on the staffing level of 61 WTE, it was anticipated that the number of new patients offered appointments would be at 254.

Improvement actions planned, timescales and when improvements will be seen:

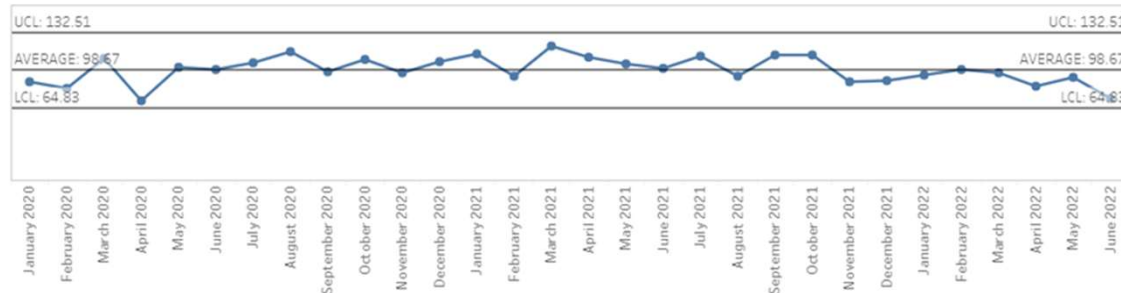
Action	Due By	Planned Benefit	Actual Benefit	Status
Current Improvement Actions/Ongoing				
Completion of recruitment of additional staffing	March 2022	To reach the trajectory to eliminate >18 week waits by March 2023.	Meeting this trajectory is dependent on the success of recruitment to these posts	Planning on working with Staff Bank to recruit senior staff from Locum Agency – will involve 100% remote working. Flexing workforce from specialist to general AMH services to increase skilled capacity; 40 M4 patients to be transferred over June-July to specialist services. Transferring M3 capacity across HSCPs due to significant reduction of M3 waiting list in Edinburgh.
Use of management reports across all services to show individual and team activity, in terms of new and return appointments, caseload size and average treatment duration. Personalised reports provided to all staff for monitoring.	Ongoing	To provide support to line managers with caseload management	To monitor performance levels commensurate with job plans. Increased transparency has contributed to reduction in the number of overall waits for treatment and assessment	Promoted transparency of individual targets and current performance. Line managers are accountable for monthly case management to support job planned activity with each individual. Management reports for Edinburgh will be provided from April following the Trak changes. Ongoing case management and activity monitoring monthly with all HSCP teams. Testing increasing M4 capacity with Phased Based Interventions in Edinburgh; reducing individual appointments with combined group offer. All management reports are now in place.
Implementation of Patient Focused Booking for new treatment appointments and improved reporting	Ongoing	To generate consistency in new patient allocation according to the agreed job plans	To date, manualised version of PFB in place, automated version expected to lead to greater efficiency	PTS required RTT change in TRAK to sort patients on treatment list in correct RTT order. Problems were highlighted during joint testing and we are awaiting fixes from Intersystem. PTS in East and Edinburgh have been using a BI report to order the patients and to facilitate the use of PFB in TRAK for treatment. Agreement to start treatment PFB in West Lothian shortly.
Completed Actions				
Uplift in new patient appointments by 20% across all Adult Mental Health General Teams	Implemented and ongoing	To contribute to the reduction of patients waiting by accounting for an average 20% non-attendance rate	New patients pick up rates increased by 20% for each staff member, reflected in job plans	This has been implemented across all Adult Mental Health General Teams
Implementation of Digital Cognitive Behavioural Treatment packages for those with mild-moderate presentations as an alternative to psychological treatment.	Implemented and ongoing	Alternative evidence-based treatment offers following triage and assessment	Reduction in the number of additions to treatment waiting list	Approximately 700 referrals a month are made to these CBT packages mainly by GP's, this is managed and governed through psychology. Increased range of treatment offers available

MENTAL HEALTH SERVICES - THE AVERAGE % BED OCCUPANCY (INC. PASS) BASED ON WEEKLY DATA TIME POINTS

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (June 2022)	Data Source
Not met	85-90%	101%	Validated internal management information



Monthly discharges:



Background, what the data is telling us, underlying issues and risks:

- The percentage occupancy for REAS Adult Acute remains high. This was an increase from 99.9% in May 2022 to 101% in June 2022.
- The data does not include any admissions or REH patients residing in St John’s Hospital.
- In summary – there are 80 funded Acute Adult Admission beds and 10 IPCU beds. Additional beds in use include
 - 6 beds opened / funded through COVID-19 in Braids ward
 - 9 Unfunded beds opened in Braids ward
 - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)
- REH has ensured a tighter control on the use of contingency beds, which results in patients having to be admitted to St John’s Hospital or Out of Board area. However, there are still occasions where contingency beds are required to be used.
- There continues to be higher acuity within the wards.
- The number of discharges for Adult Acute has seen a decrease over the past few months. In June 2022 there was 73 discharges which is 26 discharges below the median.

Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment	Summer 2022 – Discontinued / Completed	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	Occupancy remains very high. Consideration to be taken to display the number of patients who are occupying beds out with REH. This has been discontinued as the occupancy figures from a REH point of view are accurate. However, daily and weekly reports have been amended to include St John's Hospital admissions.
Programme of change and improvement has been established to improve patient flow	Ongoing (approx. 12 months)	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve patient flow through Acute Mental Health and reduce delayed discharges. This will be updated as the group progresses.	There are 3 workstreams that have been identified. Membership of the workstreams will span REAS, the HSCPs, and patient/carer representation. This is currently being established. This group will report into, and be governed, by the Lothian Mental Health and LD Operational Group (chaired by Tracey McKigen). Project support has held up the progress of this but a Management Trainee has been identified which will support this from September 2022. The discharge without delay self-assessment has been completed and this workstream will now progress.
Minimising the use of contingency beds	Ongoing	Safer patient care as staff will not be expected to look after more patients without additional resource.	Reduced staff stress and workload	4 contingency beds have been vacated, with work ongoing to not fill these beds. There will be close monitoring to ensure all other options are considered before a contingency bed is opened.
Introduction of Risk Assessment Process – In relation to recruitment to new Mental Health Nursing Posts in non-secondary care services	Ongoing	To reduce staff turnover and provide assurance for quality and safety of care	To reduce staff turnover and provide assurance for quality and safety of care	CMT have introduced a Risk Assessment Process to try to prioritise retention of Registered Nurses within the Secondary Care Mental Health Services (Inpatients & CMHTs). This programme of work will support consistency in care across the inpatient and CMHTs by reducing staff turnover and providing more reassurance of quality and safety of care, and in turn will ensure efficiency of timely discharges.

WORKFORCE

Reporting Month:	May 2022	Oversight Mechanism:	The 'Workforce Report' is received by the Staff Governance Committee, who consider the workforce position at the most recent reportable month, providing high level information with further details available through the Tableau Workforce Dashboards. The report shows the current position and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern.	
Responsible Director(s):	Janis Butler – Director of HR/OD	Corporate Objective(s):	PARAMETER ONE – OUR WORKFORCE (no. 49, 55)	On track
Corporate Risk Grading:	3828 – Very High (20)	Corporate Risk(s):	Risk 3828 – Nursing Workforce Corporate Risk (Staff Governance Committee)	

Workforce - Environment & Context

NHS Staff Sickness Absence Rate %

Sickness Absence Rate



Show trend by
 Month
 Quarter



Establishment Gap % (WTE)

Establishment Gap

Shows the total Funded Establishment for each month compared to the total WTE of staff in post per month. The Establishment Gap is the percentage difference.



	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
WTE	21,402	22,330	22,387	22,511	22,521	22,650	22,740	22,773	22,765	22,839	22,886	22,939	22,796	22,777
FE	21,870	21,885	22,909	23,017	23,150	23,381	23,476	23,566	23,414	23,745	23,799	23,706	23,684	23,397
Establishment Gap %	2.14	-2.04	2.28	2.20	2.71	3.13	3.14	3.37	2.77	3.81	3.83	3.24	3.75	2.65

WORKFORCE – STAFF SICKNESS ABSENCE RATE %

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (May 2022)	Data Source
Not Met	4%	5.34%	NHS Lothian Tableau Absence Dashboard

Background, what the data is telling us, underlying issues and risks:

- The overall establishment gap figures has fallen from 3.75% in April 22 to 2.65% in May 22. This reflects a reduction of 287wte in the funded establishment, with a minimal change of 19wte in overall in-post. Whilst this level of overall establishment gap % for May 2022 is relatively low it is important to note that this overall figure can however be misleading as there will some areas associated with COVID-19 related posts that have not been fully incorporated into the recurring funded establishment.
- However, when looking at the key job family of registered nursing our establishment gap remains high – 7.8%. Key areas of pressure are St John’s Site – 24.1% of which 45% is filled by supplementary staffing, Edinburgh HSCP – 19.3% of which 27% is filled by supplementary staffing and REAS - 19% of which 35% is filled by supplementary staffing. This represents a deterioration on the same period in the previous year. Whilst efforts are on-going to recruit to gaps the underlying cause is that nationally there has been insufficient nurse training numbers and the next output of training nurses is September. International recruitment is currently underway with the first batch due to begin starting in the next two months which will provide a new source of recruitment, however it is very unlikely to provide the scale of additionality required to significantly reduce gaps in the short-term. Services are also looking to develop and expand the band 4 workforce to support the registered workforce.
- Following a decrease in April 22 sickness absence rates have increased in May to 5.34%; an increase of 0.5%, which represents an increase 0.46% on the same period in the preceding year. Rates are likely to remain above pre-pandemic levels on average, reflecting the level of physical and mental burn out that staff have experienced through working through a protracted pandemic. In line with national reporting these rates exclude COVID-19 related absence. COVID Special Leave provisions will end on 31 August 2022 and from 1 September 2022 any staff absence which is COVID related (excluding isolation) will be treated in line with all other sick absence and as such absence levels will likely increase.
- It is clear that anxiety/stress/depression/other psychiatric illness is by far the single largest volume of lost hours and the second largest in the terms of episodes. There remains a considerable focus on the health and wellbeing of our staff with a number of initiatives underway.
- We continue to implement our wellbeing strategy 'Work Well' which was launched in April 2021. Key actions from the strategy are the provision of a psychological support service (Here for You) for staff experiencing stress, anxiety and associated mental health issues. We have rolled put a system wide peer support service as part of the stepped care model of psychological support for staff. There are currently over 170 trained peer supporters in NHS Lothian, and we have commissioned training for a further 48 peer supporters during 2022/2023.
- As mentioned in the previous Board paper, on the 25 May we launched our wellbeing programme 'Energise You' with a keynote session by Sally Gunnell OBE. During 2022/2023 we will run 10 sessions on a variety of wellbeing subjects (i.e., sleep, nutrition, forming habits), this is supported by a Wellbeing Action plan Journal.

PUBLIC HEALTH

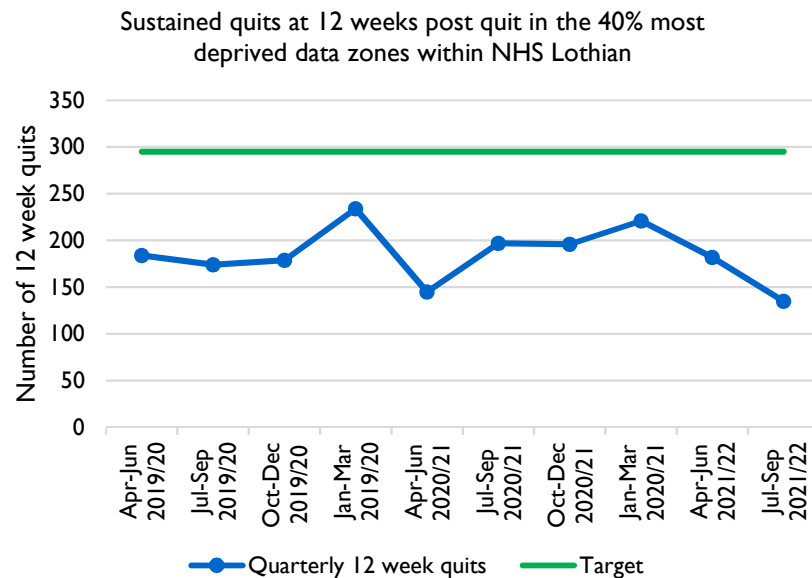
Reporting Month:	Up to May 2022 (dependent on data source)	Oversight Mechanism:	Public Health and Health Policy Core Senior Management Team	
Responsible Director(s):	Dona Milne, Director of Public Health and Health Policy	Corporate Objective(s):	LSDF Pillar One – Improving the Public's Health Corporate Activities – Reputation Management (Objectives 8, 9, 120)	On track
Corporate Risk Grading:	N/A	Corporate Risk(s):	N/A	

Due to reporting frequencies, there is no refreshed data available for the following metrics, therefore these have been excluded from this iteration:

- Abdominal Aortic Aneurysm (AAA) screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Maternal & Infant Nutrition: Decline in Breastfeeding at 6-8 Weeks

PUBLIC HEALTH - SUSTAIN AND EMBED SUCCESSFUL SMOKING QUILTS AT 12 WEEKS POST QUIT IN 40% OF SIMD AREAS MOST DEPRIVED DATA ZONES WITHIN LoTHIAN

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (July- September 21/22)	Data Source
Not Met	98 per month	135 in quarter	PHS National Smoking Cessation Database



Background, what the data is telling us, underlying issues and risks:

The Lothian target for sustained quits at 12 weeks in our 40% most deprived data zones is 295 people per quarter.

The quarterly 12 week quits seen between April-June 2019/20 and July/September 2021/22 range from a high of 234 people in January-March 2019/20 to a low of 135 people in July-September 2021/22 with a downwards trend during this period.

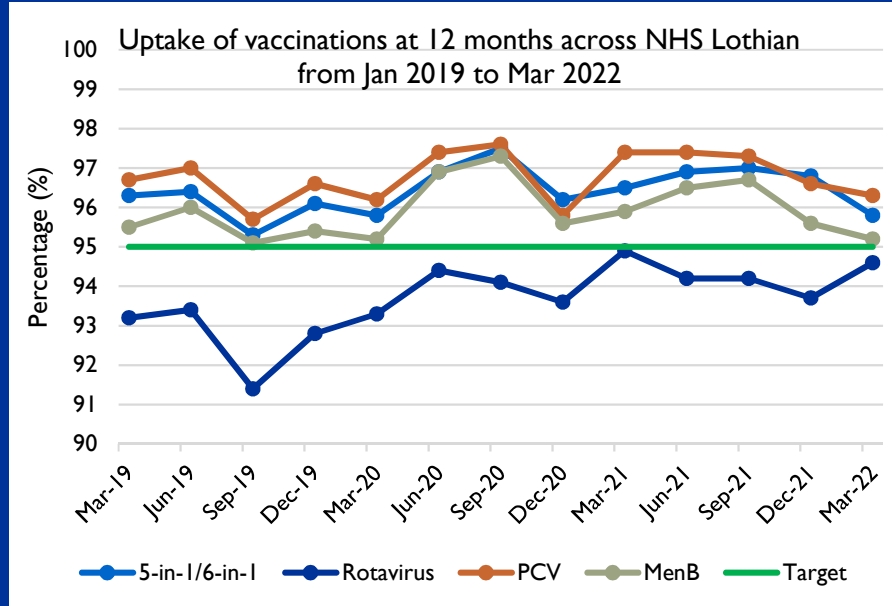
To ensure comparability and consistency with validated data being reported to Scottish Government, this report now presents nationally validated data from Public Health Scotland. These typically contain a 6–9 month lag however, due to national issues, the lag is presently 11 months.

PUBLIC HEALTH – IMMUNISATION (I)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (March 2022)		Data Source
5-in-1/6-in-1	Met	95%	5-in-1/6-in-1	95.8%	PHS – updated quarterly
Rotavirus	Not met		Rotavirus	94.6%	
PCV	Met		PCV	96.3%	
MenB	Met		MenB	95.2%	

12m: Dep/Hep B/Hib/Polio/tetanus/pertussis,
 12m: Rotavirus (2 doses),
 12m: PCV,
 12m: Men B (2 doses)

N.B. The axis of this graph begins at 90%



Background, what the data is telling us, underlying issues and risks:

The data above represent the percentage of the eligible population who have taken the offer of vaccination.

Between 2013 and 2021 the 5-in-1 vaccine was replaced with the 6-in-1. The 6-in-1 covers Diphtheria, Hepatitis B, Haemophilus influenza B, Polio, Tetanus and Pertussis. PCV is the pneumococcal conjugate vaccine. MenB is the meningococcal B vaccine.

Uptake of the 5-in-1/6-in-1, PCV and Men B vaccines has been consistently above the WHO recommendation of 95% during the reporting period.

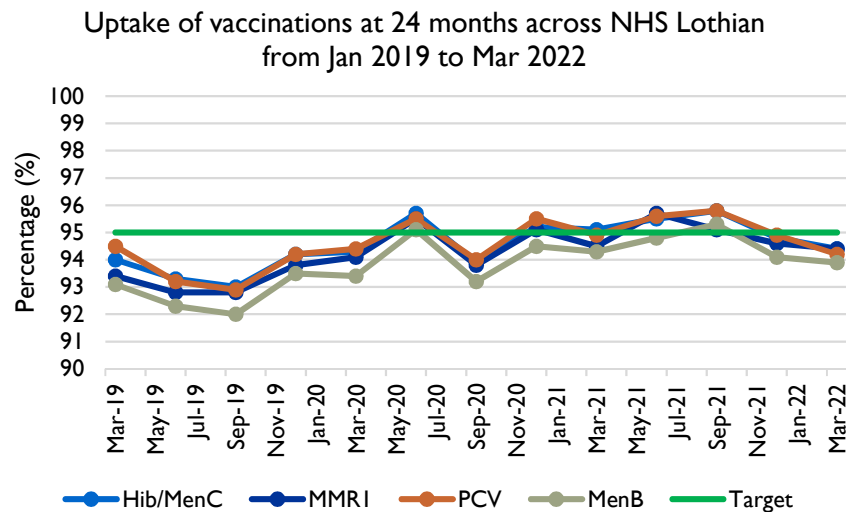
The Rotavirus vaccine programme began in 2014. The level of uptake has shown a broad upwards trend during the reporting period and presently sits at 94.6%, just below the WHO recommendation of 95%.

PUBLIC HEALTH – IMMUNISATION (2)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (March 2022)		Data Source
Hib/MenC	Not Met	95%	Hib/MenC	94.4%	PHS – updated quarterly
MMR1	Not Met		MMR1	94.4%	
PCV	Not Met		PCV	94.2%	
MenB	Not Met		MenB	93.9%	

24m: Hib/MenC
 24m: MMR1
 24m: PCV (2 dose)
 24m: Men B (3rd dose)

N.B. The axis of this graph begins at 90%



Background, what the data is telling us, underlying issues and risks:

The data above represent the percentage of the eligible population who have taken the offer of vaccination.

Hib/Men C is the Haemophilus influenza B/Meningococcal C vaccine. MMR is the measles, mumps and rubella vaccine. PCV is the pneumococcal conjugate vaccine. MenB is the meningococcal B vaccine.

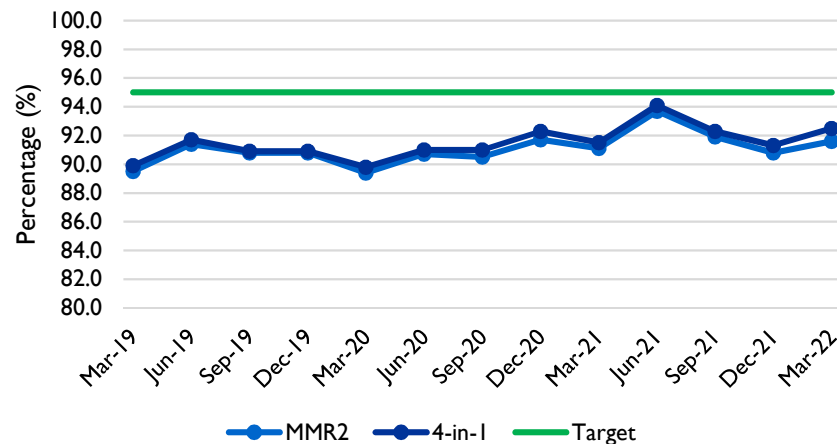
All vaccinations show the same broad pattern over the reporting period with some fluctuation over time. The latest data points in March 2022 identify that uptake has decreased slightly for all four vaccinations, and is between 0.6 and 1.1 percentage points below the WHO recommendation of 95%.

PUBLIC HEALTH – IMMUNISATION (3)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (March 2022)		Data Source
MMR2	Not Met	95%	MMR2	91.6%	PHS – updated quarterly
4-in-1	Not Met		4-in-1	92.5%	

5 yrs: MMR2, 5 yrs: dip/tetanus/pertussis/polio

Uptake of vaccinations at 5 years old across NHS Lothian from Jan 2019 to Mar 2022



N.B. The axis of this graph begins at 80%

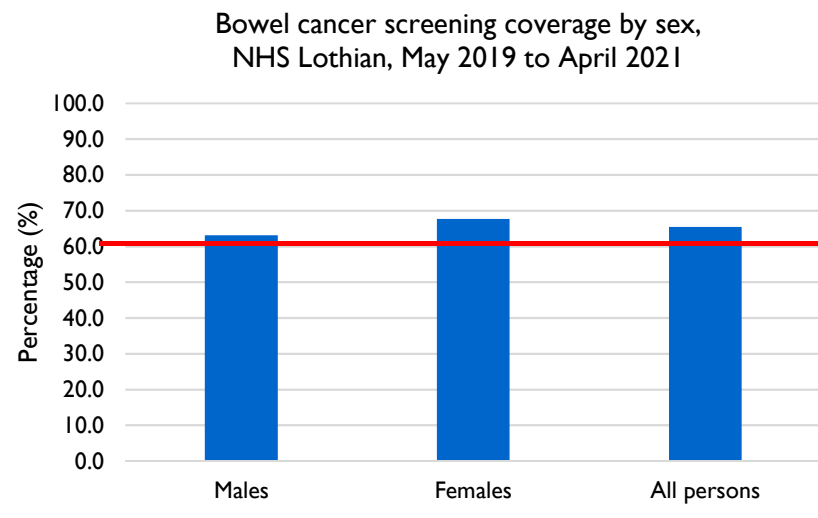
Background, what the data is telling us, underlying issues and risks:

The data above represent the percentage of the eligible population who have taken the offer of vaccination. MMR2 is the second dose of measles, mumps and rubella vaccine. 4-in-1 is the diphtheria, tetanus pertussis and polio vaccine.

The trend in both MMR2 and 4-in-1 is very closely aligned. Trend data are broadly stable during the reporting period with some fluctuation. Uptake rates for both MMR2 and the 4-in-1 have increased slightly since the previous quarter but remain below the WHO recommendation of 95% (MMR2 at 91.6% and 4-in-1 at 92.5%).

PUBLIC HEALTH – BOWEL CANCER SCREENING

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (May 2019)	Data Source
Not Met	60%	65.4%	PHS



Background, what the data is telling us, underlying issues and risks:

These data represent the percentage of people who are invited to bowel screening who have a final outright screening test result available. These data (published in February 2022) are the most recent available and represent people invited to be screened in the two-year period from the 1st of May 2019 to the 30th of April 2021

The coverage of bowel screening in males in Lothian was 63.1%, with higher coverage in females at 67.7%. For the combined eligible population, coverage has increased from 59.2% in the previous report to 65.4%, meaning that we are now meeting the national target of 60%.

Meeting Name: Board
Meeting date: 3 August 2022

Title: FINANCIAL POSITION TO JUNE 2022

Purpose and Key Issues of the Report:

This paper provides an update to the Board on the financial outturn position at period 3 of 2022/23 for NHS Lothian, including an assessment of covid costs incurred to date.

DISCUSSION		DECISION		AWARENESS	X
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This paper sets out the financial position at period 3 for 2022/23. The paper details the following key points :

Lothian is overspent by £7,814k for the first 3 months of 22/23;

Covid costs to date are £15.6m, budget has been released to net off the costs to date from IJB Covid Reserves £3.2m and £12.3m from anticipated Covid funding from the Scottish Government.

Work has begun reviewing the forecast for 22/23 based on the financial position at Quarter 1.

Recommendations:

The Board is asked to accept that NHS Lothian is only able to provide limited assurance on its ability to deliver a breakeven position in 2022/23.

Author: Andrew McCreadie
Date: 22 July 2022

Director: Craig Marriott
Date: 22 July 2022

Director of Finance

JUNE 2022 FINANCIAL POSITION

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 3 for NHS Lothian.
- 1.2 This paper also sets out the financial impact from Covid-19 to date and provides an update on the SG allocation for this 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, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2022/23, based on assumptions around additional funding.

3 Discussion of Key Issues

Financial Position as at June 2022

- 3.1 At Period 3, NHS Lothian reported a year to date overspend position to £7.8m 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 30th June 2022

	YTD £k
Pay	(9,792)
Non Pays	(2,086)
Income	4,064
Operational Position	(7,814)
Flexibility	0
Total	(7,814)

- 3.2 The overspend position as shown reflects the underlying core overspend after three months. The Financial Plan presented to the Board in April 2022 forecast a £28m core pressure; the current year to date overspend of £7.8m is above a linear core trajectory at this stage by £0.7m.
- 3.3 These pressures are principally driven by drugs spend beyond available budget and Medical and Dental pay costs, key contributors to the gap outlined in the Financial Plan.

- 3.4 The Financial Plan showed projected NHS Covid-19 costs of £79m for 2022/23. The SG communicated to NHS Lothian on 1st of June that £47.2m of funding would be made available for non-delegated, Board Covid costs. This excluded Testing, Test & Protect costs and PPE pandemic stock provided by NSS, which would be funded separately from an allocation still to be confirmed. Given the low risk to receiving this funding it has been anticipated in lieu of the allocation being received. Work is ongoing to refine Covid Exit plans for 22/23 to manage costs within the envelope notified.
- 3.5 In getting to this year-to-date core position, funding of £15.6m has been released to meet Covid costs incurred to date. Of this, £12.4m is from the anticipated £47.2m allocation noted above, with a further £3.2m of Covid IJB Reserves released to offset Covid expenditure incurred to date within Partnerships.
- 3.6 The Quarter 1 review is now underway following Period 3 results, and this will compare the updated forecast with the Financial Plan assumptions, with an update provided on the risks to delivering a balanced outturn position and actions required. This will include a detailed analysis of the key drivers of expenditure and variance and will be reported back through the Finance and Resources Committee.

Financial Impact of Covid-19 at Period 3

- 3.7 As noted above the latest review of Covid-19 related costs up to the end of June 2022 shows that the board has incurred an estimated £15.6m of additional Covid related costs, which have been funded year-to-date. The breakdown of these costs is shown in table 2.

Table 2: Summary Breakdown of Covid-19 Costs Incurred

Covid Costs	YTD £k	22/23 Covid Expenditure	YTD M3 £k
Covid-19 Vaccination	4,451	Board Covid Costs	12,377
Other Additional Staff Costs	3,582	Partnership NHS	3,178
Other	1,579	Total Covid Costs Incurred	15,555
Additional Bed Capacity/Change in Usage	1,434	SG Anticipated Allocation	12,377
Contact Tracing	1,028	IJB Earmarked Reserves	3,178
Additional FHS Prescribing	979	Total Covid Funding	15,555
Testing	963		
Scale up of Public Health Measures	515		
Loss of Income	422		
Additional Infection Prevention and Control Costs	356		
Payments to Third Parties	186		
Additional Equipment and Maintenance	59		
Total	15,556		

- 3.8 The largest element of Covid spend to date relates to the ongoing Covid Vaccine programme, with £4.4m incurred for this financial year so far. There are still significant costs relating to additional staffing to support services with Covid pathways, and staff absences. Managing and reviewing these with a view to reducing costs via an exit plan is part of the ongoing Covid Exit review work noted above.

Efficiency & Productivity

- 3.9 The 22/23 Financial Plan included savings of £17m. Subsequently an additional £4.1m of schemes has been identified giving a total of £21.1m of savings schemes. To date, £4.7m was estimated for delivery after three months with £4m achieved so far, leaving a shortfall of £0.7m. Table 3 shows the delivery of the savings by Business Unit. Covid-19 continues to

affect our ability to progress and deliver identified savings plans and schemes will require evaluation as part of the Q1 review.

Table 3: Efficiency Savings Achieved 2022/23

	Cash Releasing	Planned April - June	Achieved April - June	Shortfall April - June
	£'000	£'000	£'000	£'000
Acute Services Division	11,205	1,361	1,273	(88)
Corporate Services	647	346	346	0
East Lothian Partnership	515	129	109	(20)
Edinburgh Partnership	2,764	524	194	(330)
Midlothian Partnership	484	121	40	(80)
West Lothian Hsc Partnership	2,045	511	387	(124)
Facilities	2,197	1,442	1,458	16
Reas	1,250	238	188	(50)
Strategic Services				
Grand Total	21,108	4,672	3,996	(675)

4 Quarter 1 Review

4.1 The process of the Q1 review has begun following month 3 financial close. Forecasting a year end outturn based on month 3 information is particularly challenging again this year due to the ongoing uncertainty around the impact of the pandemic on a number of services. In addition, the effect of remobilisation on our cost base is difficult to assess as services remain under pressure from workforce challenges. The Quarter 1 review will provide an opportunity to consider business unit progress around efficiency savings delivery.

4.2 The timescales for the process are as follows:

- End of July – Update to SG on estimated 2022/23 Core and Covid Costs;
- August/ September – Finance meetings with Business Units to work through their forecast and discuss financial issues and risks;
- End of September – Finalisation of the Q1 review and reporting through the October F+R committee.

5 Update on 2022/23 Baseline Allocation to NHS Lothian

5.1 The Financial Plan, approved at the beginning of this financial year with a gap of £28m, included additional uplift on its baseline resource, equating to 2%. This value was based on information contained in communication from the SG on the 9th December, which also asked boards to make assumptions on the level of pay award in lieu of final confirmation of the 22/23 agreement.

5.2 Since that time, the SG have offered a 5% pay award for Agenda for Change staff but this is yet to be agreed. A 4.5% increase has been agreed with Medical and Dental staff. We anticipate any additional costs associated with increased pay agreements to be fully funded by the SG.

5.3 Overall, the challenge of delivering financial balance in the current year is adversely affected by a series of financial issues including:

- The challenge to balance the financial priorities with service delivery;
- No additional resource available to support non-pay cost growth. However, there is significant additional spend forecast from medicines (particularly Cancer) and higher charges from contractual commitments such as PFIs;

- The legacy of a reduced recurring delivery in the efficiency programme in 21/22 has an ongoing impact in 22/23.

5.4 As well as those challenges on the current financial year, many of those issues identified are recurring in nature and will impact beyond this financial year. Understanding the extent of the recurring impact is a priority over the coming months as we plan for 23/24 and beyond.

6 Risk Register

6.1 The corporate risk register includes the following risk:

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

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

7 Impact on Inequality, Including Health Inequalities

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

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

8.1 The implementation of the financial plan and the delivery of a breakeven outturn 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.

9 Resource Implications

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

Craig Marriott

Director of Finance

21st July 2022

craig.marriott@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th June 2022

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2022

Appendix 1 - Lothian Income & Expenditure Summary to 30th June 2022

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	305,704	76,560	80,086	(3,526)
Nursing	510,321	125,250	127,066	(1,816)
Administrative Services	146,024	33,866	35,481	(1,615)
Allied Health Professionals	91,435	23,123	23,435	(312)
Health Science Services	45,321	11,485	12,367	(882)
Management	8,208	2,021	1,891	130
Support Services	80,858	19,617	20,950	(1,333)
Medical & Dental Support	14,885	3,929	4,122	(193)
Other Therapeutic	48,174	13,080	13,028	51
Personal & Social Care	2,844	676	616	61
Other Pay	(12,364)	(12,457)	(12,235)	(222)
Emergency Services	0	0	7	(7)
Vacancy Factor	(516)	(129)	0	(129)
Pay	1,240,893	297,020	306,813	(9,792)
Drugs	113,927	19,980	27,940	(7,960)
Medical Supplies	86,493	22,324	23,873	(1,549)
Maintenance Costs	5,521	1,447	2,508	(1,061)
Property Costs	45,106	8,285	10,193	(1,909)
Equipment Costs	32,004	4,674	3,279	1,395
Transport Costs	8,247	1,598	2,223	(625)
Administration Costs	205,697	(42,661)	(54,267)	11,606
Ancillary Costs	11,968	2,813	3,379	(566)
Other	(8,440)	(14,967)	(14,857)	(110)
Service Agreement Patient Serv	25,723	3,606	3,355	251
Savings Target Non-pay	(364)	(93)	0	(93)
Resource Trf + L/a Payments	111,431	28,313	28,915	(602)
Non-pay	637,313	35,319	36,540	(1,221)
Gms2 Expenditure	125,971	35,536	36,013	(477)
Ncl Expenditure	(72)	(18)	212	(230)
Other Primary Care Expenditure	87	22	18	4
Pharmaceuticals	155,057	38,896	38,655	241
Primary Care	281,043	74,436	74,898	(462)
Fhs Non Discret Allocation	(1,338)	(330)	(316)	(14)
Bad Debts	0	0	390	(390)
Other	(1,338)	(330)	74	(403)
Income	(308,908)	(86,638)	(90,702)	4,064
CORE POSITION	1,849,004	319,808	327,622	(7,814)
Additional Reserves Flexibility	0	0	0	0
TOTAL	1,849,004	319,808	327,622	(7,814)

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2022

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)	Research + Teaching (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
Annual Budget	825,416	112,092	28,718	80,242	334,539	72,052	128,800	134,507	182,968	3,846	(10,697)	(148,931)	105,452	1,849,004
Medical & Dental	(2,859)	(88)	(215)	(70)	(154)	(29)	(115)	0	134	(26)	(103)	0	0	(3,526)
Nursing	(691)	196	(1,629)	(292)	1,651	(537)	87	(16)	(494)	1	(91)	0	0	(1,816)
Administrative Services	338	(51)	(759)	(41)	184	(34)	4	(29)	(810)	(233)	(183)	(0)	0	(1,615)
Allied Health Professionals	(459)	40	(16)	(45)	279	(228)	61	(4)	74	(11)	(1)	0	0	(312)
Health Science Services	(875)	(1)	(22)	0	137	(1)	4	(2)	(140)	0	19	0	0	(882)
Management	(80)	3	(4)	1	3	2	0	(6)	142	69	2	0	0	130
Support Services	70	1	(225)	(5)	(29)	(5)	(0)	(1,081)	(70)	(1)	11	0	0	(1,333)
Medical & Dental Support	(291)	(3)	151	(54)	(6)	(3)	0	0	13	0	0	0	0	(193)
Other Therapeutic	4	95	(50)	(16)	(5)	45	15	0	(38)	0	0	0	0	51
Personal & Social Care	(8)	(6)	4	3	9	0	0	0	60	0	0	0	0	61
Other Pay	24	7	13	0	8	20	2	25	(321)	0	0	0	0	(222)
Emergency Services	0	0	0	0	0	0	0	(7)	0	0	0	0	0	(7)
Vacancy Factor	(11)	0	(8)	0	(110)	0	0	0	0	0	0	0	0	(129)
Pay	(4,839)	192	(2,760)	(519)	1,966	(771)	57	(1,119)	(1,452)	(201)	(347)	(0)	0	(9,792)
Drugs	(7,294)	(263)	(14)	(74)	(185)	(51)	(74)	(8)	30	(27)	0	0	0	(7,960)
Medical Supplies	(668)	(26)	(11)	(105)	(454)	(18)	(64)	(106)	(96)	0	(0)	0	0	(1,549)
Maintenance Costs	(144)	(44)	(25)	(15)	(25)	(14)	(35)	(478)	(276)	(1)	(4)	0	0	(1,061)
Property Costs	(18)	(19)	(376)	(39)	24	48	102	(1,638)	7	0	0	0	0	(1,909)
Equipment Costs	(913)	(108)	34	(172)	(192)	(72)	(146)	345	(883)	3,502	(0)	0	0	1,395
Transport Costs	(292)	(2)	(82)	(30)	(15)	(22)	11	(216)	19	6	0	(1)	0	(625)
Administration Costs	(69)	(5)	146	661	398	1,171	508	(220)	324	8,587	98	7	0	11,606
Ancillary Costs	(98)	14	(111)	(6)	9	3	5	(327)	(53)	(0)	0	0	0	(566)
Other	31	4	(0)	0	0	0	0	(27)	(118)	0	0	0	0	(110)
Service Agreement Patient Serv	(144)	19	(3)	10	115	3	27	27	37	(14)	(35)	208	0	251
Savings Target Non-pay	(105)	0	(0)	0	0	0	0	0	13	(0)	0	0	0	(93)
Resource Trf + L/a Payments	(4)	(1)	0	13	(512)	(92)	(3)	0	(3)	0	0	0	0	(602)
Non-pay	(9,718)	(430)	(442)	243	(839)	955	331	(2,647)	(1,000)	12,054	59	214	0	(1,221)
Gms2 Expenditure	2	12	18	(121)	(69)	(176)	(146)	13	(10)	0	0	0	0	(477)
Ncl Expenditure	0	0	(230)	0	0	0	0	0	0	0	0	0	0	(230)
Other Primary Care Expenditure	4	0	0	0	0	0	0	0	0	0	0	0	0	4
Pharmaceuticals	0	0	679	(130)	(151)	84	(241)	0	(0)	0	0	0	0	241
Primary Care	6	12	467	(251)	(220)	(92)	(388)	13	(10)	0	0	0	0	(462)
Fhs Non Discret Allocation	0	0	0	0	(5)	0	(9)	0	0	0	0	0	0	(14)
Bad Debts	1	0	(0)	0	(0)	0	(1)	(0)	(0)	0	0	(389)	0	(390)
Other	1	0	(0)	0	(5)	0	(9)	(0)	(0)	0	0	(389)	0	(403)
Income	(123)	(8)	(8)	0	(41)	0	28	1,138	(140)	2	121	3,096	0	4,064
CORE POSITION	(14,673)	(234)	(2,744)	(527)	860	92	18	(2,615)	(2,602)	11,856	(167)	2,921	0	(7,814)
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	(14,673)	(234)	(2,744)	(527)	860	92	18	(2,615)	(2,602)	11,856	(167)	2,921	0	(7,814)

Meeting Name: Board
Meeting date: 03 August 2022

Title: NHS Lothian Corporate Risk Register

Purpose of the Report:

DISCUSSION		DECISION	✓	AWARENESS	
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The report sets out recommendations with respect to specific risks and new risk processes that require decisions by the Board.

Recommendations:

- 1.1 Review the updates provided by the executive leads concerning risk mitigation, set out in the Assurance Table in Appendix 1.
- 1.2 Accept the recommendation to remove the Facilities Fit Purpose risk from the CRR acknowledging that RIE facilities will remain on the CRR. (See rationale under section 3.3)
- 1.3 Note that a schedule of risk assurance reporting to the Planning, Performance and Development Committee is in development.
- 1.4 Note the Corporate Management Team (CMT) considered the very high/high risks at a divisional level at its July 22 meeting.

Author: Jo Bennett
Date: 20/07/22

Director: Tracey Gillies
Date: 20/07/22

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

The Board is recommended to:

- 2.1. Review the updates provided by the executive leads concerning risk mitigation, set out in the Assurance Table in Appendix 1.
- 2.2. Accept the recommendation to remove the Facilities Fit Purpose risk from the CRR acknowledging that RIE facilities will remain on the CRR. (See rationale under section 3.3)
- 2.3. Note that a schedule of risk assurance reporting to the Planning, Performance and Development Committee is in development.
- 2.4. Note the Corporate Management Team (CMT) considered the very high/high risks at a divisional level at its July 22 meeting.

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.
- 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 NHS Lothian risk management system including our assurance system.

3.2. Escalation of Risks - Divisional Very High/High Risks

3.2.1. Understanding the very high and high risks at divisional and corporate level is a key component of Lothian's risk management system and an area identified for improvement in the Risk Management Internal Audit 2021. The current very high and high risks at Acute, REAS and HSCP level were reviewed at the July 22 CMT for consideration.

3.2.2. There is an expectation that all very high and high divisional and corporate risks have plans in place to mitigate the risk which are monitored proactively. If the risk cannot be managed by a director, it will be escalated to CMT for discussion.

3.3. Proposed Change- Removal of Facilities Fit for Purpose

3.3.1. A paper was brought to the June 2022 CMT on the management of the Facilities Fit for Purpose risk. This paper proposed that this risk be removed from the CRR and to place on the corporate facilities risk register for the following reasons:

- Formal risk mitigation plan now in place and accepted by F&R committee and CMT
- F&R accepted moderate assurance at the 31 May 2022 meeting
- Ongoing monitoring of risk mitigation plans will be through facilities operational management structures
- The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.

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
20 July 2022
jo.bennett@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Risk Assurance Table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
5360	<p>Covid-19</p> <p>There is an ongoing significant risk to the health of the population, particularly those who are clinically vulnerable, if we are unable to protect the population through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, leading to increased morbidity and mortality.</p> <p>New public health risk added April 2022.</p> <p>Executive Lead: Dona Milne</p>	<p><u>Healthcare Governance & Risk Committee (HCG)</u></p> <ul style="list-style-type: none"> • May 2022 – Healthcare Governance – accepted moderate assurance. • July 2022 - Healthcare Governance – accepted moderate assurance.
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April/May 2022 Update</u></p> <ul style="list-style-type: none"> • April Board agreed to close previous risk and accept new risk with public health focus. See new risk description • The National IMT now meets fortnightly to review data and mitigations and this informs local and national actions • In Lothian, Gold has been paused as has the public health intelligence meeting. The health protection team will continue to monitor data weekly with Public Health Scotland. • Management plans have changed significantly as a result of changes to government policy • Test and Protect has been stood down. Discussions are ongoing with Scottish Government about what each health board and PHS should retain for monitoring of future variants and responding to outbreaks. These plans should be agreed before the end of May. • Grading remaining high (15) Whilst we have achieved a high rate of covid vaccination in the population, other public health protective measures have been reduced considerably. We do not know if or more likely when a new Covid variant will arrive and if the vaccine will provide the same degree of protection against this new variant. • Risk will be presented to HCG in May for assurance <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • National IMT now meets monthly, although PHS continue to provide weekly reports. NHS Lothian health protection team continues to monitor outbreaks in high risk settings

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • Test and protect has been stood down. The proposal to retain a team at local and national level to monitor variants of concern and responses is still to be finalised with SG. The plan has been agreed between Directors of Public Health and Public Health Scotland, confirmation of funding is overdue. This presents a risk to us if T&P staff are all redeployed and then we are required to re-establish a variation of that function locally. We are managing this closely. • HCG requested finance to be added to risk mitigation plan, as current funding from Scot Gov will end in September 2022. • HCG accepted moderate level of assurance on the risk mitigation plan • Vaccination rates remain high, but we are (at mid-June) beginning to see an increase in cases again and we are not sure what this will lead to. 	
	Risk Grading:	Board April 2022	June 2022 Board
		High 15	High 15
3600	<p>Finance</p> <p>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 because of a combination of the level of resource available both capital and revenue and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Craig Marriott</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • 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. • January 2022 – F&R accepted limited assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • Minor amendment to description to clarify capital and revenue resource based on non-executive feedback. • The Finance Oversight Board continues to meet and consider both strategic and operational financial issues and the impact on service provision. The magnitude of this risk has increased, due to SG COVID funding no longer being available at the level assumed, which was agreed by both parties. This could add to Lothians current deficit as outlined in the 22/23 financial plan. This is an issue for all Scottish Health Boards and is being discussed nationally. In response 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>to the current situation Finance are developing with HR a COVID Exit Plan and establishing a Thematic Efficiency Programme.</p> <p>June\July Update</p> <ul style="list-style-type: none"> • The extent of additional financial risks to the organisation has become increasingly material in nature since the last update. These risks are as follows: <ul style="list-style-type: none"> ➢ The legacy gap which is recognised in the financial plan of £28 m ➢ The financial implications of the recovery plan ➢ The COVID funding gap, which is now set at £33m for this year which will also have implications for 23/24 ➢ Non pay inflation ➢ Pay inflation • These existing and new financial risks, many of which are out with the Board control, magnify this corporate risk and as such the Finance Director is going to recommend to the CMT that the risk be increased from 20 very high to 25 very high, as both the likely hood of financial pressure and impact on service delivery has increased despite the current mitigation plans in place which include COVID exit plans (to be in place by the end of June 22), service financial plans and the current efficiency programmes. 	
	Risk Grading:	Board April 2022	Board June 2022
		Very High 20	Very High 20
5186	<p>4 Hours Emergency Access Target</p> <p>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 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.</p> <p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care_</p> <ul style="list-style-type: none"> • 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 • Scheduled for review as part of acute service report at November 2022 meeting. <p><u>Planning Performance & Development Committee</u> – Performance</p> <ul style="list-style-type: none"> • 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. • To be considered for assurance in September 2022. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	Executive Lead: Jim Crombie	<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • Plans continue to be developed – due to go back to Performance oversight group (POG) in May\June. • Too early to evidence sustainable impact, however early data is encouraging. Following the launch of the first phase of the re-design of urgent care programme a total of 306, 624 Lothian residents have contacted NHS24 111 for an urgent care assessment. Of this number, 8% were direct to ED referrals and 9% to LFC for further triage. • PPCD agreed to have governance oversight of this risk in relation performance and to seek assurance from management on plans to mitigate. Mitigation plans to be presented to September meeting for assurance. • ‘Amber’ pathway has been deleted from risk description as no longer relevant. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • The Scottish Government have launched a new Urgent Unscheduled Care Collaborative with 8 High Impact Changes identified. NHS Lothian has self-assessed against the 8 High Impact Changes and identified 3 improvement priorities: <ul style="list-style-type: none"> ○ Discharge without Delay – Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in WGH ○ Discharge without Delay - Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in RIE ○ Redesign of Urgent Care Phase 2 - Professional to Professional Pathways - reduce unplanned attendances by increasing opportunities for Flow Centre to schedule patients to alternatives • Trajectories are being developed for the priority improvements and these will be agreed at the Performance Support Oversight Board (PSOB) and reported through the USC Tactical Committee • Data in the measurement framework are reported to the Performance Support Oversight Board, Unscheduled Care Tactical Committee and the Unscheduled Care Programme Board • An RIE ED Executive Flow Improvement Group has been established to support delivery of safe and reliable processes within the ED. This group is chaired by the CEO and meets weekly • Mitigation plans to be presented to PPDC September meeting for assurance.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Board April 2022	Board June 2022
	Risk Grading:	High 16	High 16
3726	<p>Hospital Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian's capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care_</u></p> <ul style="list-style-type: none"> 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. Scheduled for review as part of acute service report at November 2022 meeting. HSCPs contribution to mitigation to be picked up as part of service report in September 2022. <p><u>Planning Performance & Development Committee – Performance</u></p> <ul style="list-style-type: none"> June 2021 – Board agreed to downgrade risk from Very High to High. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> The Board agreed a reframed risk description – hospital bed occupancy at its April meeting. All subgroups in place and progressing implementation of plans Milestones achieved: Phase 1 went live on 1st December, currently being evaluated Feasibility Assessment of phase 2 (improving professional to professional access to same day secondary and community care services) on target to complete April 2022 An evaluation of the impact of the SDEC model within WGH is underway, the findings from this will be incorporated into the framework for delivery of an SDEC service in SJH and RIE. The evaluation will conclude in June 2022. Updated Discharge and Transfer policy approved at March policy approval group. Too early to evidence sustainable impact, however early data is encouraging. Following the launch of the first phase of the re-design of urgent care programme a total of 306,624 Lothian residents have contacted NHS24 111 for an urgent care 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>assessment. Of this number, 8% were direct to ED referrals and 9% to LFC for further triage.</p> <ul style="list-style-type: none"> • PPDC agreed the risk as the principal assurance committee at the March meeting. • Assurance paper will be presented to the September meeting. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • The Scottish Government have launched a new Urgent Unscheduled Care Collaborative with 8 High Impact Changes identified. NHS Lothian has self-assessed against the 8 High Impact Changes and identified 3 improvement priorities: • Discharge without Delay – Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in WGH • Discharge without Delay - Edinburgh HSCP with targeted improvement support for Elderly Frail patients, with an initial focus Medicine of the Elderly speciality in RIE • Redesign of Urgent Care Phase 2 - Professional to Professional Pathways - reduce unplanned attendances by increasing opportunities for Flow Centre to schedule patients to alternatives • Trajectories are being developed for the priority improvements and these will be agreed at the Performance Support Oversight Board (PSOB) and reported through the USC Tactical Committee. • Data in the measurement framework are reported to the Performance Support Oversight Board, Unscheduled Care Tactical Committee and the Unscheduled Care Programme Board. • An RIE ED Executive Flow Improvement Group has been established to support delivery of safe and reliable processes within the ED. This group is chaired by the CEO and meets weekly • Mitigation plans to be presented to PPDC September meeting for assurance. 	
	Risk Grading:	Board April 2022	Board June 2022
		High 15	High 15
3829	<p>Sustainability of Model of General Practice</p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> • 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>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.</p> <p>Executive Lead: Tracey Gillies</p>	<ul style="list-style-type: none"> • May 2022 – HCG accepted moderate assurance. <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • Paper considered and accepted at CMT March 2022 following discussion with Chief officers. Key risk factors agreed as: <ul style="list-style-type: none"> ○ National workforce challenges across multiple professions contribute to recruitment and retention challenges in general practice and HSCPs ○ sufficient funding received by Scottish Government for the full ambition of the PCIPs ○ sufficient capital investment received by Scottish Government for general practice to ensure access for our growing population • Programme Board to be established to develop a Primary Care Programme Initial Agreement to address premises issues. • PCIP trackers continue to be ‘on track’. <p>Current general practice activity data shows return to pre-pandemic levels, although mode of consultation has shifted and will remain so. No practices have closed lists, although many are still operating ‘restricted’ lists One practice had handed back a contract in 21/22, which was successfully re-provided.</p> <ul style="list-style-type: none"> • Based on this reviewed assessment of the risk, CMT agreed reduction in grading from very high (20) to 12 (High) (impact major, likelihood possible) • To be presented to HCG for assurance at meeting 24 May. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • NHSL Primary Care Strategic Initial agreement on target to reach LCIG in September 2022, prior to presentation to Capital Investment Group meeting in December 2022. • PCIP trackers continue to be ‘on track’. • One practice has formally closed list • Moderate assurance was accepted by HCG on 24 May 2022. • Risk mitigation plan was accepted by HCG without requirement for further modifications. 	
	Risk Grading:	Board April 2022	Board June 2022

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Very High 12	High 12
5185	<p>Access to Treatment</p> <p>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.</p> <p>New risk created from previous risks 3211 & 4191. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> • 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. <p><u>Planning Performance & Development Committee – Performance</u></p> <ul style="list-style-type: none"> • 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. • September 2022 – paper is going to PPDC for assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April/May 2022 Update</u></p> <ul style="list-style-type: none"> • A Scheduled Care Recovery Programme Options Appraisal was undertaken in April 2022 with Senior Management and Clinical colleagues. Once outcomes from the session are approved by the Scottish Government, Recovery Board remits will be reviewed and updated as required. Adoption of outcomes from the Options Appraisal may also require this risk to be updated, but impact cannot yet be stated or quantified. • Acute SMT monitors progress of plans routinely. • Acute services SMT have a robust process in place to review acute services high and very high risks which contribute to the mitigation of risks on the CRR. • PPDC agreed the risk as the principal assurance committee at the March meeting. • Assurance paper will be presented to the September meeting. <p><u>June/July 2022 Update</u></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • A Scheduled Care Recovery Programme Options Appraisal was undertaken, and the outcome and recommendation has been submitted to the Scottish Government. • A paper was also submitted to the Board in June 2022, with approval given on the Option Appraisal outcome and development of site SLWG. Risks have been detailed and accepted as part of scheduled care recovery plans and there is recognition of a phased approach based on staffing. Trajectories modelling the impact on long waits (by site) are to be submitted. There is a return to Routine, Urgent and USOC categorisation from the temporary categories; P2 (USoC & Urgent); P3 (Soon) and P4 (Routine). These were introduced during the pandemic to have a consistent approach to clinical prioritisation. • OP activity has recovered to above pre-COVID levels. TTG activity is currently at 64% of pre COVID levels. There has been continued deterioration in TTG long wait patients. Focus remains on capacity for both cancer and urgent patients. • Mitigation plans to be presented to PPDC September meeting for assurance. 	
	Risk Grading:	Board April 2022	Board June 2022
		Very High 20	Very High 20
5388	<p>HSDU Capacity (New Risk)</p> <p>There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience.</p> <p>New risk accepted onto CRR by June Board.</p> <p>Executive Lead: Calum Campbell</p>	<p><u>Finance and Resources Committee</u></p> <ul style="list-style-type: none"> • Will be presented to F&R in October 2022 for assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>June/July 2022</u></p> <ul style="list-style-type: none"> • Risk mitigation plan in development and will be presented to F&R in October for assurance. 	
	Risk Grading:	<u>New Risk</u>	Board June 2022
		Very High 20	
5187	Access to Psychological Therapies	<u>Healthcare Governance Committee – person-centred, safe and effective care.</u>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>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.</p> <p><u>New risk approved by June 2021 Board.</u></p> <p>Executive Lead: Calum Campbell</p>	<ul style="list-style-type: none"> • New risk pertinent to HCG. Approved at June 2021 Board. • Scheduled for review HCG in January 2023. <p><u>Planning Performance & Development Committee – Performance</u></p> <ul style="list-style-type: none"> • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • Risk mitigation plan to report in September 2022 PPDC. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • Signs of improvement and new processes are being embedded by current teams. Staffing however remains as challenge, due to an establishment gap and there are plans in place to reduce this gap. • Referrals continued to be monitored with an increase in EL due to changes in the pathway, this is being reviewed. • Computerised CBT proposal, discussed with SG and being considered for the next tranche of SG funding. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • Formal escalation remains in place, NHS Lothian continues to demonstrate improvements in performance in comparison to other Boards in Scotland. • Recruitment of Psychologists remains a key challenge which are mirrored across Scotland. • Capacity model in place and an effective workload allocation and monitoring system established. • SG CBT funding allocation letter is awaited. 	
	Risk Grading:	Board April 2022 Very High 20	Board June 2022 Very High 20
5188	<p>Access to CAMHS</p> <p>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,</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> • CAMHS Medical Workforce paper went to March 22 HCG and moderate assurance accepted. Paper also planned to go to the Staff Governance committee. • New risk pertinent to HCG. Approved at June 2021 June. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Calum Campbell</p>	<ul style="list-style-type: none"> • 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. • An assurance paper was considered in February 2022 moderate assurance accepted with respect to clinical workforce plan and implementation as sustainable service provision. • Scheduled for review HCG in January 2023. <p><u>Planning Performance & Development Committee – Performance</u></p> <ul style="list-style-type: none"> • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • To report on risk mitigation plans in September 2022 <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • Performance continues to be ahead of trajectory. De-escalation discussed with SG, will be reviewed at the end of the summer and this will inform risk grading. • WTMS for the neurodevelopment pathway added to the key measures for this risk to demonstrate continued local monitoring. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • Performance continues to improve and remains on trajectory. The risk grading will be reviewed following SG review at the end of the summer. 	
	Risk Grading:	Board April 2022	Board June 2022
		Very High 20	Very High 20
3828	<p>Nursing Workforce</p> <p>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</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • July 2020 - 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>care impacting on length of stay and patient experience.</p> <p>Executive Lead: Nurse Director</p>	<ul style="list-style-type: none"> • 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. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • There are plans to mitigate this risk and the March Staff Governance accepted moderate assurance with respect to these plans. There are a range of actions being progressed including: <ul style="list-style-type: none"> ➢ Development frameworks for non-registered members of staff who wish to progress into nursing roles, in partnership with educational institutions including Modern Apprentice Scheme ➢ Increasing the number of student nurses, and the proportion of those who convert to qualified posts in Lothian ➢ Proactive recruitment of posts particularly in high-risk areas and review of skill mix opportunities across a range of professions at a ward level. • Reliable mechanisms for monitoring and escalating staff issues across the system supported by clear communication plans are in place, however it is acknowledged that increasing trend in staff retiring is a key aspect of this risk. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • There continues to be a robust plan in place to monitor, escalate and respond to nursing workforce issues across NHS Lothian. The plan will be further strengthened by the establishment of a Programme Board, chaired by the Executive Director of Nursing to oversee, co-ordinate and learn from the range of interventions to mitigate this risk such as access routes, skill mix opportunities, support for non-registered staff to progress their careers, to identify successful improvements for scale up and spread. 	
	Risk Grading:	Board April 2022 Very High 20	Board June 2022 Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5020	<p>Water Safety and Quality</p> <p>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.</p> <p>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.</p> <p>New risk –approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> October 2020 – limited assurance accepted. May 2021 - Limited assurance was agreed by the NHS Lothian H&S committee in. March 2022 - Staff governance committee accepted limited assurance 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April/May 2022 Update</u></p> <ul style="list-style-type: none"> All buildings are back in use now. All owned buildings have been audited and maintenance / compliance is being tracked on the CAFM (Agility) system. This will allow for greater levels of assurance that all completed when it should be. Domestic staff are running water for a minimum of 2 mins as part of cleaning method statement so preventing any little used outlets. Access denied issues are logged on the daily activity sheet which is signed off by the Nurse in Charge. Current review of SOP to capture actions if missed 3 consecutive days. Still chasing water safety plans/risk assessments for 3rd party sites. Also 3rd party sites do not have clear processes in place to address any L+ results. Director of Estates and Facilities agreed management actions to progress key measures. Grading remains High (12) (Major impact/likelihood possible) Issues remain with 3rd party compliance records. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> All buildings are back in use now. Requirement to re-consider residual risk. Actions still outstanding <ul style="list-style-type: none"> Review of SOP to capture actions if missed 3 consecutive days Still chasing water safety plans / risk assessments for 3rd party sites. Also 3rd party sites do not have clear processes in place to address any L+ results. Verbal update to Staff Governance 1 June 2022 	
Risk Grading:		Board April 2022 High 12	Board June 2022 High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	
3189	<p>Facilities Fit for Purpose</p> <p>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.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • June 2020 - Moderate assurance agreed • January 2021 – moderate assurance accepted further review July 2021 • May 2022 – moderate assurance accepted <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • 3-year backlog maintenance plan is going to Lothian Capital Investment Group (LCIG) in May for approval. • All assets are now logged on ‘Agility’ system, which enables PPM work to be scheduled and completion recorded. • Duty structure is up to date with Director of Estates & facilities as designated person. Reporting structure to Infection control and H&S committees to provide assurance is currently being enhanced. • Remains high (12), however currently recommending potential to reduce the grading on the basis of control measures now in place. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • Formal risk mitigation plan now in place and accepted by F&R committee and CMT. • Ongoing monitoring of risk mitigation plans will be through facilities operational management structures. • CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate • CMT agreed (7 June 2022 meeting) to recommend removal of this risk from CRR to the Board and to place on the corporate facilities risk register. 	
	Risk Grading:	Board April 2022 High 12	Board June 2022 Medium 9

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5189	<p>RIE Facilities</p> <p>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:</p> <ul style="list-style-type: none"> • 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 <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • New risk approved by Board June 2021 • Paper due to go to F&R August 2022 <p>Outcome of Executive Lead Discussions</p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • DRP 2 has now commenced. Hearing on 8th June with statements now complete. • Life Cycle plan proposals have been submitted by Consort; however this has not been accepted by NHS Lothian due to a lack of robust detail. Communication continues and formal feedback has been issued to Consort. • Risk assurance paper will be submitted to F&R for meeting on 31st May 2022. • Risks grading remains High (15) due to high-risk operational issues identified and ongoing issues surrounding life cycle works plan. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • The outcome of hearing is expected on 8 July. • F&R paper has been delayed to August 2022 meeting, pending DRP 2 outcome. • Executive Oversight Group meets fortnightly and the current focus remains on RIE. • Plans to progress work on electrical resilience are now in place with 2 groups established, chaired by the Director of Facilities: <ul style="list-style-type: none"> ○ SLWG to co-ordinate programme of inspection and potentially remediating distribution boards on site ○ Power restoration and resilience group. 	
Risk Grading:		Board April 2022	Board June 2022
		High 15	High 15
3455	<p>Violence & Aggression (Reported at H&S Committee)</p> <p>There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments;</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Nurse Director</p>	<ul style="list-style-type: none"> • May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety. • December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings. • March 2022 – verbal update provided to Staff Governance. • June 2022 - Staff Governance – accepted Moderate Assurance <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> • March Staff Governance Committee reduced level of assurance from moderate to limited, based on the internal audit findings. • The March 22 Staff Governance received a verbal update in March 22 on this risk. A SLWG has been established with a range of workstreams aligned to the Internal Audit recommendations. The group has prioritised action plan and the work is due to complete by August 22 to ensure sustainable solutions are in place. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • The Staff Governance Committee acknowledge, that the plans to put in place a robust infrastructure to improve the management of V&A was progressing well, albeit at an early stage, for the infrastructure including policies, training, data, lone working, roles and responsibilities and revisions to the risk assessment processes underpinned by a communication plan that focuses on keeping people safe. A number of actions such as succession planning for the V&A training team and the development of a framework to ensure the planning, maintaining, monitoring lone worker devices are being progressed with non-recurring resource however there are a number of actions that still need to be realised and these will be taken forward through the V&A SLWG / CMT. 	
	Risk Grading:	Board April 2022	Board June 2022
		High 15	High 15
3328	<p>Roadways/Traffic Management</p> <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • October 2020 – limited assurance accepted regarding safe traffic management at the acute sites. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>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.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> • 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 • March 2022 -accepted following levels of assurance accepted: <ul style="list-style-type: none"> ○ Moderate – Astley Ainslie hospital, East and Midlothian premises ○ Limited – Little France site, REH, WGH, St John’s <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April/May 2022 Update</u></p> <ul style="list-style-type: none"> • Car sharing has now been deployed at RIE and transport from park & ride to RIE extended to 31 Oct. • Interim arrangements in place at REH due to ongoing issues with vehicles causing an obstruction - awaiting formal council consideration of Traffic restriction order (likely to take around 9 months). • WGH continues to be challenged by the levels of construction works and the impact that has caused to roadways, pedestrian access and parking. • Plans are being implemented but too early to measure impact. All TMGs have met more than once in the last quarter to review current levels of mitigation and any adverse events that have occurred. • Sites have notably (post Covid) become busier further increasing the challenge of managing car parking expectations • Committee agreed that where actions identified required resourcing, these were to be progressed <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • There are ongoing challenges with high risk areas at both RIE and WGH sites which require further plans. • A programme of work should be pulled together over the summer; however, this will be dependent on capital investment to reduce the risk. • Verbal update was presented to 1 June Staff Governance committee • Risk mitigation plan will be presented to the July Staff Governance Committee. 	
	Risk Grading:	Board April 2022	Board June 2022
		High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
1076	<p>Healthcare Associated Infection</p> <p>There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment and environment where care is provided is inadequate or has inconsistent implementation and monitoring of HAI prevention and control measures and the threat of emerging and novel pathogens including Covid-19 leading to potential harm and poor experience for both staff and patients.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> 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 and January 22 – HCG accepted Moderate Assurance against plans in place to deliver the standards. August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report. March 2022 – HCG accepted moderate assurance with respect to plans to mitigate this risk. July 2022 – HCG accepted moderate assurance, acknowledging the specialist staffing challenges. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April\May 2022 Update</u></p> <ul style="list-style-type: none"> Work plan remains under development – delayed due to ongoing COVID workload demand, incident management activity and staffing gaps. To be amended to reflect changes to loss of Care Home IPC remit and associated funding. Aim to agree workplan with the new Executive Nurse Director & HAI Executive lead once in post in June 2022. IPC Audit remobilisation programme impacted by the same pressures noted above. Increased activity & input requested also now from IPCT in response to multiple capital planning projects (PAEP, RIDU, ECC, NTC) and Built Environment quality issues. Recruitment activity continues with varying success. Final end of year position to be confirmed (data validation) but LDP targets for CDI, SAB and ECB not met. Surgical site infection surveillance remains suspended by ARHAI. Annual Report will be submitted to July PLICC. Risk description and mitigation plan to be reviewed to ensure reflects residual risk Given current performance, grading remains the same – high (16). <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> Risk description in process of being re-drafted to ensure reflects residual risk and at what level it is being managed

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		<ul style="list-style-type: none"> • Specific risk mitigation plans to be developed thereafter and presented to HCG for assurance – timescales to be agreed. • Annual Report will be submitted to July PLICC. 	
	Risk Grading:	Board April 2022	Board June 2022
		High 16	High 16
5322	<p>Cyber Security</p> <p><u>New risk approved by Board February 2022</u></p> <p>There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Finance and Performance Review Committee</u></p> <ul style="list-style-type: none"> • Paper now planned to go to F&R May 2022 and a private Board May 2022. • Paper presented to F&R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>April/May 2022</u></p> <ul style="list-style-type: none"> • A number of systems and tools are in place which reduce the Cyber Attack risk at various levels across the organisation, as set out in the risk mitigation plan. • A detailed Information Governance/IT security report is presented to every meeting of the Digital oversight board, which includes data on digital security metrics. This provides evidence that measures are performing as designed and are monitored on an ongoing basis. • No change to grading - 12 (High) • To be presented to F&R 26 May meeting for assurance. Also, to be reported to private Board in May. <p><u>June/July 2022 Update</u></p> <ul style="list-style-type: none"> • Risk mitigation plans in place. • Plans on target with progress regularly reported and monitored through management and governance structures. • PPDC have requested update in 6 months on audit score against Network information systems (NIS) regulations (European legislation) 	
	Risk Grading:	Board April 2022	Board June 2022
		High 12	High 12

