

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 - 08 February 2023

For Approval John Connaghan

- 4.1 08-02-23 Public Board Minutes (draft to meeting).pdf (8 pages)

4.2. Healthcare Governance Committee Minutes - 24 January 2023

For Noting Fiona Ireland

- 4.2 Healthcare Governance Committee Minutes -24-01-2023.pdf (6 pages)

4.3. Finance and Resources Committee Minutes - 21 December 2022 & 07 February 2023

For Noting Angus McCann

- 4.3. (a) Finance and Resources Committee Minutes 21-12-22.pdf (7 pages)
- 4.3. (b) Finance and Resources Committee Minutes 07-02-23.pdf (7 pages)

4.4. Staff Governance Committee Minutes - 14 December 2022

For Noting Bill McQueen

- 4.4 Staff Governance Committee Minutes 14-12-2022.pdf (12 pages)

4.5. Audit and Risk Committee Minutes - 21 November 2022

For Noting Martin Connor

- 4.5 Audit and Risk Committee Minutes 21-11-2022.pdf (6 pages)

4.6. Midlothian Integration Joint Board Minutes - 15 December 2022

For Noting Val de Souza

- 4.6 Midlothian IJB Minutes 15-12-2022.pdf (9 pages)

4.7. West Lothian Integration Joint Board Minutes - 10 January 2023

For Noting Bill McQueen

- 4.7 West Lothian IJB Minutes 10-01-2023.pdf (9 pages)

4.8. East Lothian Integration Joint Board Minutes - 08 December 2022

For Noting Peter Murray

- 4.8 East Lothian IJB Minute 08-12-2022.pdf (8 pages)

4.9. Edinburgh Integration Joint Board Minutes - 13 December 2022

For Noting Angus McCann

- 4.9 Edinburgh IJB Minutes 13-12-2022.pdf (7 pages)

4.10. NHS Lothian Climate Emergency and Sustainability Report 2021-2022

For Noting Jim Crombie

- 4.10. NHS Lothian Board Annual Climate Emergency Report 2021-2022 Paper April 2023.pdf (5 pages)
- 4.10. (a) Appendix 1 - 2021-2022 NHS Lothian Public Climate Emergency and Sustainability Report 13.03.23 Final.pdf (18 pages)
- 4.10. (b) Appendix 2 - Annual Health Board Climate and Sustainability Report - SG Template Final March 2023.pdf (20 pages)

4.11. Appointments to Members of Committees and Integration Joint Boards

For Approval John Connaghan

- 4.11 Board Appointments Report (05.04.23 final).pdf (2 pages)

4.12. NHS Lothian Standings Orders Update

For Approval John Connaghan

- 4.12 Review of NHS Lothian Standing Orders (Board 05.04.23 final).pdf (15 pages)

4.13. NHS Lothian Quality Strategy

For Approval Tracey Gillies

- 4.13 NHS Lothian Quality Strategy (Board 05.04.23 final).pdf (4 pages)

4.14. National Whistleblowing Standards - Quarter 3 Performance Report

For Noting Janis Butler

- 4.14 National Whistleblowing Standards - Quarter 3 Performance Report (05.04.23 final).pdf (17 pages)

Items for Discussion

09:45 - 09:50
5 min

5. Board Chair's Report - April 2023

Verbal John Connaghan

09:50 - 10:10
20 min

6. Board Executive Team Report - April 2023

Discussion Calum Campbell

- 6. Board Executive Team Report (05.04.23 final).pdf (16 pages)

10:10 - 10:15
5 min

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

Verbal John Connaghan

10:15 - 10:25
10 min

8. NHS Scotland "Blueprint for Good Governance" Second Edition

Discussion John Connaghan

- 8. Blueprint for Good Governance 2nd Edition Board Paper (05.04.23 final).pdf (5 pages)

10:25 - 10:35
10 min

9. NHS Lothian Equality and Human Rights Strategy 2023-2028

Discussion Dona Milne

- 9. NHS Lothian Equality and Human Rights Strategy 2023 - 2028 (Board 05.04.23 final).pdf (41 pages)

10:35 - 10:45
10 min

10. Patient Experience Strategic Plan

Discussion Alison Macdonald

- 10. Board Paper - Patient Experience Strategic Plan.pdf (3 pages)
- 10. (a) Appendix 1 - Patient Experience Strategic Plan 2023-28 Final.pdf (14 pages)
- 10. (b) Appendix 2 - Patient Experience Strategic Plan on a Page 2023-28.pdf (1 pages)
- 10. (c) Appendix 3 - Draft - Patient Experience Strategic 5 year Implementation Plan 2023-28.pdf (6 pages)

10:45 - 11:00
15 min

11. NHS Lothian Paediatric Audiology - Final Report

Discussion Tracey Gillies

- 11. NHS Lothian Paediatric Audiology - Final Report Paper (05.04.23 final).pdf (4 pages)
- 11. (a) Appendix 1 - Audiology Recommendations Action plan (board April).pdf (9 pages)
- 11. (b) Appendix 2 - Methodology for Paediatric Audiology Patient Feedback v1 (004).pdf (7 pages)
- 11. (c) Figure 1_2A_2B HCG updated 270323 - FS.pdf (3 pages)

11:00 - 11:10
10 min

BREAK

11:10 - 11:40
30 min

12. NHS Lothian Board Performance Paper

Discussion Jim Crombie

- 12. NHS Lothian Board Performance Paper (05.04.23 final).pdf (60 pages)
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11:40 - 11:55
15 min

13. Financial Updates

13.1. February 2023 Financial Position

Discussion Craig Marriott

- 13.1 February 2023 Financial Position Paper (Board 05.05.23 final).pdf (3 pages)

13.2. NHS Lothian 5-Year Financial Outlook and Outline Plan 23/24

Discussion Craig Marriott

- 13.2 Financial Plan Paper (Board 05.04.23 final).pdf (12 pages)

11:55 - 12:05
10 min

14. Corporate Risk Register

Discussion Tracey Gillies

- 14. Corporate Risk Register Paper (Board 05.04.23 final).pdf (47 pages)

12:05 - 12:10
5 min

15. Any Other Business

Verbal John Connaghan

12:10 - 12:15
5 min

16. Reflections on the Meeting

Verbal John Connaghan

12:15 - 12:20
5 min

17. Future Meeting Dates

For Noting John Connaghan

- 21 June 2023
 - 23 August 2023
 - 04 October 2023
 - 06 December 2023
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LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 08 February 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Cllr S. Akhtar; Mr P. Allenby; Prof. S. Chandran; Mr M. Connor; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Knight; Ms T. A. Miller; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan and Ms V. de Souza.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of Human Resources and Organisational Development); Ms J. Campbell (Chief Officer, Acute Services); Ms M. Carr (Service Director DATCC, shadowing J. Campbell); Dr F. Ogilvie (Consultant in Public Health, shadowing D. Milne); Dr J. Long (Director of Primary Care); Ms T. McKigen (REAS Services Director); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Ms A. White (Chief Officer, West Lothian IJB); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Ms N. Akta (Non-Executive Board Member); Cllr H. Cartmill (Non-Executive Board Member); Miss F. Ireland (Non-Executive Board Member); Ms J. Proctor (Chief Officer, Edinburgh IJB) and Ms J. Mackay (Director of Communications and Public Engagement).

76. Declaration of Interests

76.1 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. No interests were declared.

77. Chair's Introductory Comments

77.1 The Chair welcomed members, attendees, and observers to the Board meeting.

ITEMS FOR APPROVAL OR NOTING

78. Items proposed for Approval or Noting without further discussion

- 78.1 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 any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 78.2 Minutes of Previous Board Meeting held on 07 December 2022 – Minutes were approved
- 78.3 Healthcare Governance Committee Minutes – 29 November 2022 – Minutes were noted.
- 78.4 Finance and Resources Committee Minutes – 26 October 2022 – Minutes were noted.
- 78.5 Staff Governance Committee Minutes – 12 October 2022 – Minutes were noted.
- 78.6 Midlothian Integration Joint Board Minutes – 13 October 2022 – Minutes were noted.
- 78.7 West Lothian Integration Joint Board Minutes – 08 November 2022 – Minutes were noted.
- 78.8 East Lothian Integration Joint Board Minutes – 27 October 2022 – Minutes were noted.
- 78.9 Edinburgh Integration Joint Board Minutes – 18 October 2022 – Minutes were noted.
- 78.10 Appointments to Members of Committees and Integration Joint Boards – The Board agreed the recommendations in the paper:
- Note the reappointment of Martin Connor as a Non-Executive Member of the Board for a further two-year period, from 1 September 2023 to 31 August 2025.
 - Note the reappointment of Angus McCann as a Non-Executive Member of the Board for a further one-year period, from 1 September 2023 to 31 August 2024.
 - Approve a minor adjustment to the end of Angus McCann’s term as Lead Voting Member of the Edinburgh IJB, from 30 June to 26 June 2023.
 - Appoint Katharina Kasper as the Lead Voting Member of the Edinburgh Integration Joint Board with effect from 27 June 2023.
 - Appoint Andrew Fleming as a Voting Member of the Midlothian Integration Joint Board with immediate effect.
 - Appoint George Gordon as Chair of the Organ Donation Sub-Group with immediate effect.
 - Approve the removal of George Gordon from the Pharmacy Practices Committee with effect from 1 April 2023.

ITEMS FOR DISCUSSION

79. Board Chair's Report – February 2023

- 79.1 The Chair welcomed the re-appointments of Mr McCann and Mr Connor as outlined in the appointments paper.
- 79.2 The Chair again wished to note the significant contribution of all NHS Lothian staff throughout this challenging time, this included not just clinical colleagues but all support staff and volunteers within the healthcare system, without whom the system could not operate. The Employee Director echoed these sentiments.
- 79.3 The Chair confirmed that the final interviews for two new Non-Executive positions had now taken place and the decision from the Cabinet Secretary on the appointments was expected in due course. The continued excellent level of candidates being attracted to apply for board membership was noted.

80. Board Executive Team Report – February 2023

- 80.1 The Board noted the Board Executive Team report for February 2023. In response to questions from Board members, the following points were discussed and noted:
- 80.2 RIE Emergency Department Performance - Noted that the Chief Executive had recently met with the Cabinet Secretary, the focus of the meeting had been the improved performance of the RIE Emergency Department.
- 80.3 Modern Apprenticeships – The Board were encouraged to see recruitment focus on this area and that many apprentices move on to other career pathways and into the nursing pipeline.
- 80.4 Strategic Review of Analytics across NHS Lothian - The importance of the need for a cultural shift from leaders and managers (decision makers) across the system in how intelligence/data is used in strategic and operational processes, was recognised by the Board. The Deputy Chief Executive confirmed that a key element for the external team focus had been on identifying how data was being created and used by NHS Lothian. There would be further discussion by the Executive Leadership Team on the findings and recommendations of the review report.
- 80.5 Allocated Number Nurses Provided by SGHD to Universities for Nursing and Midwifery – The Board noted the small national increase for 2022/23 of 7%. This would leave NHS Lothian with a shortfall in the nursing workforce, at a time when there is a requirement to significantly grow our workforce to meet the current and future needs of the population and at a time when there are growing challenges in securing adequate workforce supply through traditional channels. The Executive Nurse Director and the Director for HR&OD outlined positive work around modern apprenticeships and the successful band 2-4 framework that NHS Lothian was using to help mitigate against the shortfall.

- 80.6 Maternal and Infant Nutrition: UNICEF Accreditation - The Board welcomed the anticipated UNICEF Baby Friendly accreditation for Maternity Services, expected by summer 2023. The excellent work over the past six months, led by the pan-Lothian Maternal and Infant Nutrition Service to support the maintenance of UNICEF Baby Friendly accreditation within Maternity Services and supporting the Neonatal Unit to achieve UNICEF Baby Friendly accreditation for the first time was recognised by the Board.
- 80.7 Regional Planning - The Board noted that a series of regional planning meetings had taken place in November and December to rethink how regional planning is undertaken in the South-East of Scotland. Work to outline fixed points in relation to principles and assumptions was ongoing, with the Director of Strategic Planning continuing to carry the role of Director of Regional Planning.
- 80.8 Cost of Living Crisis – The Board recognised the significant amount of reactive work undertaken in partnership with colleagues in public health, finance, partnership. The Director of HR&OD explained that this included access to income maximisation via welfare officers, financial wellbeing roadshows, curation of extensive information hosted on our external internet site to maximise accessibility and a communication plan. The Employee Director added that UNISON had established food pantries across most sites supported by the NHS Lothian Charity. The Board noted that there was also a positive impact coming through from the pay award and that NHS Lothian will review all activity and benchmark this against recommendations in Public Health Scotland’s Population health impacts of the rising cost of living in Scotland A rapid health impact assessment.

81. Opportunity for committee chairs of IJB leads to highlight material items for awareness

Finance and Resources Committee (F&RC)

- 81.1 The Board noted that recent F&RC meetings had involved discussion around the growing impact on NHS Lothian of NRAC Parity not being achieved and also concerns around the financial outlook and overall financial and care gap. The F&RC had also been pleased to receive the HSDU Initial Agreement and looked forward to receiving reports on progress in due course.

82. Director of Public Health Annual Report 2022

- 82.1 The Director of Public Health and Health Policy presented the 2022 Director of Public Health Annual Report for the Board’s approval.
- 82.2 The Board noted that this was the first Annual Report since 2011 and that the Director of Public Health has a responsibility to ensure that the needs of the population are considered regularly as part of local and national policy developments. The annual report informs this work by describing who our population are, what affects their health and what the evidence tells us that we should do to improve health outcomes.
- 82.3 The Report highlighted a decline in overall population health over the last ten years. The Covid-19 pandemic and the cost-of-living crisis having amplified these negative health trends with particularly deleterious impacts for the most vulnerable members of the Lothian population.

- 82.4 There was discussion around cancer presentation in areas of deprivation; delivery of healthcare to reflect population needs; ongoing work between Public Health and Acute around Did-Not-Attend reasons; embedding of local services; addressing perceived stigma around some services; conditions treatment and prevention in older people; early years intervention; employability and education attainment; move to prevent, promote and predict approach to diagnosis and treatment and targeting of specific interventions to justify more funding.
- 82.5 The Board recognised that it had been a long time since the previous Annual Report, and it was important to have good communication and visibility of this Report. There was also the need for effective engagement and involvement of Health and Social Care Partnerships, Community Care Partnerships, and other key stakeholders. There was a role for Integration Joint Boards and Public Health advisers to have greater active involvement.
- 82.6 The Director of Public Health and Health Policy confirmed that the Report would be shared with all partners and would be taken to all Integration Joint Boards, Local Authority Chief Executives, Council Leaders and other voluntary sector partners. Most partners were aware of the data and understood the current challenges but there needed to be conversations on where best to put collective effort whilst also holding each other to account.
- 82.7 The Board accepted significant assurance that the requirement for the Report had been fulfilled and agreed the recommendations within the paper:
- Noted that life expectancy in Lothian, similarly to the rest of Scotland, has stalled since 2013.
 - Noted that health inequalities have widened in recent years driven mostly by declining life expectancy within our most deprived communities.
 - Supported continued engagement across NHS Lothian with mitigation focusing on alleviating the immediate impact of the cost-of-living crisis as well as ongoing focus on anti-poverty work.
 - Supported for early years and child poverty work is particularly important to protect the most vulnerable members of our population.

83. Capital Prioritisation Process

- 83.1 The Director of Strategic Planning presented the report on restarting the capital prioritisation process for the healthcare components of the Lothian Health and Care System. The timescale for starting this process would be by the end of the financial year with the process being re-run at the end of month 6. Scottish Government had requested a response with priorities list by December 2023. Progress reporting would be rehearsed through the Board's Strategy, Planning and Performance Committee initially before moving into the public domain.
- 83.2 The Director of Finance highlighted the synergy between this paper and the Director of Public Health's Annual Report. The Board recognised that there would be difficulties choices to be made ahead due to the reduction of capital availability.
- 83.3 There was discussion on the requirement for contingency planning around projects where capital may not be readily available, and the Director of Strategic Planning would be looking to unpack some of this discussion with Non-Executive Directors over the summer.

- 83.4 The Board accepted the recommendations within the paper:
- Noted the composition of the panel to oversee the prioritisation process.
 - Noted the process for prioritisation, and that this is restarting the prioritisation process used up to 2020.
 - Noted the refreshed criteria for this prioritisation and that this mirrors the Scottish Government's Capital Investment Manual (SCIM).
 - Noted the categorisation of projects process, and that this will be reviewed six-monthly in the first year and annually thereafter.
 - Noted the process for seeking Board agreement.

84. NHS Lothian Board Performance Paper

- 84.1 The Deputy Chief Executive introduced the Board Performance Report, inviting the Board to discuss and review the current performance position and key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.
- 84.2 The Board noted that the report followed the agreed details, indicators and trends and characterised the current system pressures being experienced. The Corporate Management Team systems pressures process remained ongoing with these being reviewed weekly by the Executive Team.
- 84.3 The Report also outlined workforce attendance and the focus on staff wellbeing and supporting staff. It also looked at vacancies and approaches to encourage different cohorts of the population to come in to work with NHS Lothian. It was important to note the different access points referenced in the performance pack and the additional services engagement with community pharmacies.
- 84.4 There was discussion on the continued challenge around flow, with hospital occupancy levels maintaining at well above 95%. There was a high level of delays within different areas of service that was driven by mental health and the efforts being taken to mitigate some of this was noted.
- 84.5 There was also discussion on the opening of additional beds across system (acute and community); interim care beds; impacts on routine scheduled care; continuation of clinical prioritisation; cancer performance challenges nationally (noting that NHS Lothian was still providing support to NHS Tayside around oncology, breast and urology); delayed discharge figures pre and post Covid-19 and mental health performance (psychological therapies and CAMHS).
- 84.6 The Board noted the continued engagement with Scottish Government and the access team, with a resilient and comprehensive model of communication in place between Scottish Government and the Chief Officer for Acute Services team.
- 84.7 The Continued improved around outpatient performance was also noted by the Board. The current outpatient performance showed that more patients were being seen currently than historically and this was a new highest level for new outpatients as part of the outpatient modernisation programme.

- 84.8 In relation to Mental Health, the REAS Services Director gave an update on the Mental Health LD Programme Board which had been focussed on CAMHS and psychological therapies recovery but were now looking to the future. The Board noted the significant improvement work around mental health and also that decisions around de-escalation of the services would take place at the start of the financial year. The appointment of a Professor of Child and Adolescent Mental Health Psychology was welcomed by the Board.
- 84.9 There was further discussion on the improved use of analytics and evolution of metrics data used over the past year in performance reporting. It was recognised there were still gaps and the ambition was to address these. The use of trajectories was also important to assist Board scrutiny. The use of metrics and ambition had been discussed at the recent Strategy, Planning and Performance Committee (SPPC) meeting with it being part of the 2023/24 LDP construction. Scottish Government guidance was expected in April or May 2023. The Board acknowledged that clear performance reporting to the Board and SPPC was an important piece of the Board's oversight and assurance processes and agreed that metrics would be part of the performance focus for the next meeting.
- 84.10 The Board accepted the recommendations within the Performance Report, noted the metrics reported, recognised that further analysis and mitigation work would continue through governance channels, and that any specific pieces of work would be reported separately from the core performance report.

85. December 2022 Financial Position and Year 5 Financial Outlook Update

- 85.1 The Director of Finance, provided an update to the Board on NHS Lothian's 22/23 financial position, year-end forecast, and the draft Financial Plan for 23/24.
- 85.2 The updated covered the greater clarity around the year end position; new medicines fund monies that had also been reported to the finance and resources committee; the year-end forecast and the aim to break even and the reduction of Covid-19 funding and associated Covid-19 workforce in the system.
- 85.3 The Director of Finance also highlighted the target delivery of efficiency savings at 3% for 2023/24 as part of the efficiency delivery scheme with in the 2023/23 Financial Outlook. There was also ongoing national work with Scottish Government to look at all opportunities for savings but there were no easy options. There was discussion on Covid-19 related additional workforce; medical, dental and nursing variance; drugs expenditure pressures and primary care prescribing.
- 85.4 The Board accepted the recommendations within the paper:
- Noted the current year-end forecast of a projected £14m overspend, with an expectation of additional funding recently confirmed by the SG to subsequently reduce this to circa £6m;
 - Noted that based on information available at this stage, NHS Lothian remains able to provide limited assurance on its ability to deliver a breakeven position in 2022/23, based on assumptions around additional funding.
 - Acknowledged that, NHS Lothian remains unable to provide assurance on its ability to deliver a balanced financial position over the next 5 years at this stage.

- Accepted that this position had been submitted to the Finance and Resources Committee for consideration.

86. Corporate Risk Register

- 86.1 The Medical Director introduced the report reviewing NHS Lothian’s Corporate Risk Register (CRR). The Board noted that discussions had started around the linking of risk levels to performance assurances levels received at the Strategy, Planning and Performance Committee with the intention to build a cycle of risk for further discussion from the start of the next financial year. The Board also noted the improvements with the corporate risk register over the past couple of years which had been welcomed by the Audit and Risk committee.
- 86.2 The Board accepted the recommendations within the paper:
- Reviewed the approved Corporate Management Team (CMT) January 23 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
 - Noted that the CMT are not making any CRR recommendations to the Board.
 - Noted that the rationale for any materially worsening risks, will be set out in the CRR paper, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
 - Noted that the revised Risk Management Policy and Procedure is being considered at the February Audit and Risk Committee prior to submission to the April Board for approval.

87. Any Other Business

- 87.1 No other items of competent business were identified.

88. Reflections on the Meeting

- 88.1 Board members were invited to contact the Chair or the relevant Executive Director if they had further questions on any of the areas presented to the Board.

89. 2023 Board Meeting Dates

- 89.1 The remaining Board meeting dates for 2023 were noted:
- 05 April 2023
 - 21 June 2023
 - 23 August 2023
 - 04 October 2023
 - 06 December 2023

Chair’s Signature

Date

Prof. John Connaghan CBE
Chair – Lothian NHS Board

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 24 January 2023 by video conference.

Present: Ms F. Ireland, Non Executive Board Member (chair); Mr A. Fleming, Non Executive Board Member; Mr P. Knight, Non Executive Board Member; Mr P. Murray, Non Executive Board Member.

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; 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. Corcoran, Chief Nurse for Clinical Education; Mr M. Dolan, Head of SMART Services (item 59.1); Mr S. Garden, Director of Pharmacy; Ms T. Gillies, Medical Director; Ms J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services (item 58.1); Mr P. McLoughlin, Strategic Programme Manager (item 59.1); Dr D. Milne, Director of Public Health and Health Policy; Ms B. Pillath, Committee Administrator (minutes); Ms L. Rumbles, Partnership Representative; Mr A. Short, Service Director, Women's and Children's Services; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Ms C. Swift, Head of Quality Improvement and Patient Safety; Ms H. Tait, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership (item 59.1); Ms A. White, Chief Officer West Lothian Health and Social Care Partnership; Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Cllr H. Cartmill, Non Executive Board Member; Mr J. Connaghan, Board Chair; Mr J. Encombe, Non Executive Board Member; Ms J. Morrison, Head of Patient Experience; Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership.

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.

55. Patient story

55.1 A patient story had not been prepared for this meeting. It was agreed that a timetable for who would provide these for the 2023/24 workplan would be drawn up. The patient story should be words from the patient's own point of view rather than clinical analysis of a patient's experience.

56. Minutes from Previous Meeting (29 November 2022)

56.1 The minutes from the meeting held on 29 November 2022 were approved as a correct record.

57. Matters Arising

57.1 Revised Healthcare Governance Committee Terms of Reference

- 57.1.1 The Terms of Reference would be reviewed to update references to the structures the Healthcare Governance Committee was part of and how the remit would fit in with other Governance Committees.

58. Assurance Focus

58.1 Mental Health Services Assurance Report

- 58.1.1 The chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. In response to a question about patient advocacy, Ms McKigen advised that the Patient Council provided collective advocacy for patients and would highlight themes and concerns. All patients were also given details regarding organisations that would provide advocacy.
 - 58.1.2 Ms McKigen advised that more than 50% of the complaints received for the service were in relation to waiting times, but that this would reduce as the position was improving. A number of complaints related to staff attitude and work was being done to improve this including work with senior charge nurses on addressing individual concerns using PDP conversations. Carer's champions had also been introduced to support carers which gave them a single point of contact in the ward.
 - 58.1.3 The high rate of completed PDP appraisals was noted. This had been improved from a 30% completion rate with a focussed piece of work that recognised that PDPs the importance of PDP conversations in a busy clinical area.
 - 58.1.4 In response to a question about the impact of high occupancy levels on the provision of safe care, Ms McKigen advised that risk mitigation was in place but that the Scotland wide recruitment difficulties meant that staff vacancies continued. Therapies staff helped to support nursing staff in some tasks for instance patient passes. It was noted that most of the services in REAS were outpatients and therefore not affected by occupancy levels. There had been no increase in adverse events reported regarding patient safety.
 - 58.1.5 Improvement work was taking place to ensure patient discharges were patient centred and feedback from the Patient Council had been integrated in the approach. Patients were now prepared for discharge earlier to ensure they were ready and understood the process.
 - 58.1.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- ### **58.2 Out of Area Placements Team Annual Report**
- 58.2.1 Ms McKinley presented the previously circulated paper. In response to a question about whether there was a similar process for physical health services commissioned

out of area, Ms Gillies advised that the process was different because physical health services did not require the long lengths of stay involved in mental health services.

- 58.2.2 Ms McKinley advised that there had been no recent concerns raised about out of area private providers and noted that patients were reviewed by NHS Lothian clinicians in person monthly.
- 58.2.3 There was discussion as to whether there was significant assurance on the process in place for out of area placement, however it was agreed that as NHS Lothian was not sighted on all the risks as care was provided away from its own facilities that significant assurance could not be taken. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

59. Person Centred Care

59.1 SMART Service Strategic Improvement Plan

- 59.1.1 The chair welcomed Mr Dolan to the meeting and he presented the previously circulated paper. Further discussion was needed as to whether the changes made to medical devices to make them bespoke for patients met the definition of manufacturing devices and therefore the standards for this must be met, as presented in the paper.
- 59.1.2 It was noted that there was a risk that the full capital investment requested for the strategic improvement plan may not be provided and decisions on priorities would have to be made. This would also be necessary for the future as even the full capital investment would not be enough long term as the population increased.
- 59.1.3 A further update would be brought to the Committee once the improvement plan had been brought to the East Region Programme Board and the Corporate Management Team. The report should focus on the remit of the Healthcare Governance Committee of outcomes for patients and safe, effective, person centred care rather than operational and financial considerations which were covered by other processes.

JP

60. Safe Care

60.1 Patient Safety Annual Report

- 60.1.1 Ms Bennett presented the previously circulated paper. She advised that the median falls rate in Scotland overall was 7.8 and that NHS Lothian's rate was 9.1. NHS Lothian's rate was not reducing but was also higher than the Scottish mean. A work programme was in place and a falls champion had been appointed. Trends were monitored on a ward by ward basis and other interventions had been implemented.
- 60.1.2 It was noted that NHS Lothian had a history of reporting all falls incidents on Datix which may mean the statistics are higher than other Boards, but also meant that all incidents were investigated and the impact improvement interventions could be measured.

- 60.1.3 Ms Bennett advised that priorities for primary care improvement projects were identified following discussions with cluster leads and the medical director for primary care. Although the decision on which areas to focus on was qualitative and based on the experience of clinicians, there must be baseline data and an evidence base for patient safety improvement.
- 60.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance overall, with limited assurance on pressure ulcer reduction.
- 60.2 Healthcare Associated Infection
- 60.2.1 Ms MacDonald presented the previously circulated paper. There was ongoing discussion about how the risk would be represented on the Corporate Risk Register.
- 60.2.2 Members accepted the recommendations laid out in the paper.
- 60.3 Public Protection Update
- 60.3.1 Ms MacDonald presented the previously circulated paper. It was noted that the data provided was dated July 2022, this was due to the collation and quality assurance process.
- 60.3.2 It was suggested that the development areas laid out in the Annual Report on page 20 could be more focussed on outcomes. Ms MacDonald would discuss this with the team.
- 60.3.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

61. Effective Care

- 61.1 Paediatric Audiology Review Final Report
- 61.1.1 Ms Gillies presented the previously circulated paper. Ms Gillies noted that the numbers of children affected given in the British Audiology Association follow up report were misleading – of the 92 cases mentioned in the report 6 cases were identified as having deafness not diagnosed. The other cases had problems with patient management. It was suggested that the British Audiology Association could be asked to amend the report so that the numbers were correct and it could then be published along with the contextualisation given in the circulated paper.
- 61.1.2 A business case was in progress for a quality control system to be used nationally; this was in response to the original BAA report highlighting that the quality control system in Scotland was less robust than in England. This was in relation to national systems rather than NHS Lothian's failings.
- 61.1.3 Ms Gillies advised that of those families seeking litigation there were a variety of claims due to different individual circumstances.

61.1.4 The full paper to go to the Board would be submitted to the next meeting, including the updated action plan, a stakeholder engagement plan for publication of the report and updated figures. **TG**

61.1.5 Members accepted the recommendations laid out in the paper.

61.2 Annual Quality Report

61.2.1 Ms Bennett presented the previously circulated paper. She advised that the implementation of the quality process was reliable but there was a need to strengthen quality planning and quality control including continually using data to monitor clinical outcomes for all services. There were also some data constraints which needed to be worked on.

61.2.2 Ms Bennett advised that work on quality improvement with GP quality clusters was in progress and was developing. They were now using quality control data to ensure improvement focus was in the right areas and forum discussions took place with outside experts joining discussions. Ms Gillies noted that the cluster leads had been established by the Scottish Government as part of the GP contracts and were resourced but not directed by the Health Board. Work was focussed on influencing the quality clusters to use data to consider improvements that would impact all the clusters, and sharing improvement examples to build interest.

61.2.3 It was noted that due to the independent contractor GP model there would continue to be limitations on oversight of data. Ms Bennett advised that GP practice self assessments showed the different positions in different areas.

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

62. Exception Reporting Only – reports provided

Members noted the following previously circulated papers:

- 62.1 Breast Cancer Screening Annual Report;
- 62.2 Tissue Viability Annual Report;
- 62.3 Edinburgh Transplant Service Annual Report;

63. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 63.1 Clinical Management Group, 8 November 2022;
- 63.2 Area Drug and Therapeutics Committee, 7 October 2022;
- 63.3 Organ Donation Sub Group, 17 November 2022;
- 63.4 Policy Approval Group, 6 September 2022.

64. Corporate Risk Register

64.1 Ms Bennett presented the previously circulated paper. She advised that risks on the corporate risk register were overseen by the Quality Improvement Team who met with risk owners of each risk every two months and risks were then updated at the Corporate Management Team and then at the Board. Any concerns were also discussed at the Strategic Planning and Performance Committee. Many of the risks were also monitored continuously by the relevant programme boards. Any concerns about risks not on the corporate risk register could be raised at the Corporate Management Team which would recommend to the Board that a new risk be added. Annual reports and more regular updates relevant to risks were also brought to this Committee which could request more oversight if there were any concerns.

64.2 Members accepted the recommendations laid out in the paper.

65. Reflection on the Meeting

65.1 There were no specific items to be highlighted at the Board or to another Board Committee.

66. Date of Next Meeting

66.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 14 March 2023** by video conference.

67. Further Meeting Dates

67.1 Further meetings in 2023 would take place at 13.00-16.00 on the following dates:
- 23 May 2023;
- 18 July 2023;
- 26 September 2023;
- 28 November 2023.

Agreed by Committee 14.03.2023

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 21 December 2022 by videoconference.

Present: Mr A. McCann, Non Executive Board Member (chair); Ms S. Akhtar, Non Executive Board Member; Mr P. Allenby, Non Executive Board Member; Mr A. Fleming, Non Executive Board Member; Mr G. Gordon, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member

In attendance: Mr R. Aitken, Associate Director of Operations, Facilities (items 33.4 and 33.6); Mr B. Barron, PPP Programme Director (items 33.5 and 33.7); Mr S. Brown, Assistant Director, NHS Assure (item 33.1); Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Ms D. Carmichael, Special Projects and Assurance Associate Director (observing); Mr I. Graham, Director of Capital Planning and Projects; Ms S. Gossner, Talent Management and Succession Programme (observing); Mr M. Higgins, Talent Management and Succession Programme (observing); Dr J. Hopton, Programme Director; Mr D. Low, Talent Management and Succession Programme (observing); Mr C. Marriott, Director of Finance; Mr A. McCreddie, Deputy Director of Finance; Mr G. McGrandles, Head of Fire Safety (item 33.6); Ms R. Miller, Strategic Programme Manager (item 33.3); Ms B. Pillath, Committee Administrator (minutes); Mr A. Ritchie, Talent Management and Succession Programme (observing); Ms C. Swift, Talent Management and Succession Programme (observing); Mr D. Thompson, Board Secretary.

Apologies: Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director.

Chair's Welcome

The Chair welcomed members to the meeting.

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.

32. Minutes and Actions from Previous Meeting (26 October 2022)

- 32.1 Members accepted the minutes from the meeting held on 26 October 2022 as a correct record.
- 32.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

33. Committee Business

33.1 NHS Assure – Stuart Brown, Assistant Director, Property and Capital Planning

- 33.1.1 The Chair welcomed Mr Brown to the meeting and he gave a presentation. Mr McCann suggested that guidance documents on the NHS Assure process with a checklist of what was required for Boards and Finance Committees would be useful.

Mr Brown advised that one hour training sessions with NHS Education Scotland were being arranged for executive and non executive Board members, project managers and project teams, and that individual sessions for Boards could also be arranged if requested. Guidance documents would also be considered in the next year.

- 33.1.2 Mr Brown advised that one of the priorities of NHS Assure was to raise awareness on best practice. For instance there was a digital estate programme investigating how a digital strategy could support buildings programmes. There was a focus on improving quality as well as reducing risk, and a quality improvement group was being formed.
- 33.1.3 In response to a question about timescales for the NHS Assure process and whether this would cause delays and therefore increase costs for Boards, Mr Brown advised that the full process would typically take approximately three months and that it should be possible to programme this in so that it was simultaneous to other activities and would not add any time into the programme overall and would have the potential to reduce costs by making improvements.
- 33.1.4 All projects which meet the criteria for being submitted to the Scottish Government Capital Investment Group should also go through the NHS Assure process at the outline business case stage with the design assessment having been completed at the initial agreement stage.
- 33.1.5 In response to a question about whether the NHS Assure process provided expert assurance on a project to the Board or to the Scottish Government that the design would meet current standards, Mr Brown advised that the responsibility for the technical specifications of the design as well as the decision making and governance process remained with the Board and that the Board would provide assurance to NHS Assure on these areas.
- 33.1.6 Members noted that in previous projects the NHS Assure process had caused a delay in the programme and hoped that this might be improved in the future. It was noted that the NHS Assure process must fit in with other assurance requirements so that there was no duplication and it was clear what needed to be completed when.
- 33.1.7 In response to a question about NHS Assure's role in sharing learning between Boards, Mr Brown advised that Boards could request any of the assurance reports completed from other Boards, but that he would discuss further with colleagues the suggestion of more proactive sharing.
- 33.1.8 The aim for a successful NHS Assure process was for reviews to be required less often and for resources to be used in different ways to improve processes and outcomes.
- 33.1.9 It was noted that the Infection Prevention and Control work being done by NHS Assure was resulting in recruitment of workforce from NHS Boards and there was no training pool for expertise in this area. It was suggested that working together would be a more sustainable option.
- 33.1.10 It was a recommendation in the KPMG audit of NHS Assure that a service level agreement should be put in place between Boards and NHS Assure so that processes were clear; Mr Brown advised that this should be in place in 2023.

33.2 Property and Asset Management Investment Programme

- 33.2.1 Mr Graham presented the previously circulated paper and highlighted workforce pressures with some of the project management teams.
- 33.2.2 Following the discussion with NHS Assure at item 33.1 about timescales for the process, Mr Graham advised that if NHS Assure found something that needed to be changed then the delay would be with the Board. He noted that NHS Assure were experiencing resource problems and were currently outsourcing some reviews to consultants which were often also employed by Boards which meant they had limited time.
- 33.2.3 In response to a question about the project prioritisation process which was being led by the Director of Strategic Planning, Mr Marriott advised that he would like the non executive Board members to be involved in the process and would discuss this further. Mr McCann requested further clarity on the criteria and process for prioritisation. **CM**
- 33.2.4 It was noted that £13 million had been budgeted for the backlog maintenance programme but that only £1 million had been spent. Mr Graham advised that the review process at the start of the year had delayed the programme which may mean higher costs the following year, but with the advantage that the exact work required had been identified which should leave to savings.
- 33.2.5 It was noted that there were currently no primary care projects under construction with three projects currently with the Scottish Government before they could progress. An initial agreement was also being prepared for primary care transformation which would include the priorities of all the Health and Social Care Partnerships for the next 5-10 years. The priority was new developments driven by population growth.
- 33.2.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

33.3 Additional Angiosuite – Initial Agreement

- 33.3.1 The chair welcomed Ms Miller to the meeting and she presented the previously circulated paper. It was noted that the projected number of patients for the new suite was 250 per year, which meant it would be in use for less than one patient per day. Ms Miller advised that the unit could also be used for other purposes and that that staffing would be by extension of staffing from other teams who would be available to attend to emergencies – this model was in place in other teams.
- 33.3.2 Research showed that earlier intervention had a significant long term impact in reducing disability and therefore the NHS and social care input in the future. Members asked that this cost benefit analysis be shown in the business case.
- 33.3.3 In response to whether the Scottish Government would fund the move to a 24/7 service and whether recruitment would be required, Ms Miller advised that the current service was 12 hours per day 6 days per week and that a 24/7 service could not be

provided on the current business model. More staff would be recruited but on an on-site on-call basis rather than exclusively for this service. There were national discussions on the possibility of a shared out of hours service provided at a single site which would lower costs but this was not yet agreed.

- 33.3.4 Ms Miller advised that the project team was working with IHSL on the design and that they had commissioned an architect to carry out feasibility study workshops with clinicians and engineering consultants; the design information was already available at this stage.
- 33.3.5 Ms Miller advised that the cost of the enabling works for the project including displacement of other areas in the department was included in the Scottish Government funding. This included day assessment and services provided in ward 130 and was all included in the capital cost given. The cost of any additional stroke physicians was being confirmed before inclusion in the submission to the Scottish Government Capital Investment Group.
- 33.3.6 Members accepted the recommendations laid out in the paper and approved the initial agreement for submission to the Scottish Government Capital Investment Group.

33.4 Hospital Sterilisation and Decontamination Unit (HSDU) Capacity Risk

- 33.4.1 Mr Aitken presented the previously circulated paper. He noted that there were a number of issues with the current unit and there was a risk of service failure with no robust back up plan in place. The position was similar in all Scottish Boards, particularly larger Boards where there was not enough capacity elsewhere in the case of failure.
- 33.4.2 Members were supportive of the work already done in purchasing a new washer disinfectant unit and working to put in place service level agreements with providers including other Boards and private providers to maximise the contingency capacity. Mr Aitken advised that the best system would be a retainer arrangement with a private provider which would take some activity but be available for additional capacity when required. There were two suppliers in Scotland, both based in Glasgow. A national group was investigating a retainer arrangement for Scotland which would also consider suppliers in the north of England.
- 33.4.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.

33.5 Hospital Sterilisation and Decontamination Unit (HSDU) Temporary Closure and Recovery – cost impact

- 33.5.1 The chair welcomed Mr Barron to the meeting and he presented the previously circulated paper. The cost recovery was being pursued via Consort's insurance due to lack of adequate maintenance over time.
- 33.5.2 Members accepted the recommendations laid out in the paper.

33.6 Royal Infirmary of Edinburgh Facilities Risk (5189) Fire Safety Risk

- 33.6.1 Mr Aitken presented the previously circulated paper. The Fire Service had advised that the fire alarm system at the Royal Infirmary of Edinburgh was not compliant with current standards. The team was going ahead with the replacement of the system as soon as possible and mitigation was in place. In addition to this, discussions with Consort were ongoing as to whether this should have been installed earlier according to their responsibilities under the contract. Mr Marriott advised that everything possible was being done to work with the contract and to mitigate the risks.
- 33.6.2 The Fire Service had also advised that the plan for adding decompartmentalisation was too long, but the installation would require decant of two wards which would be very difficult to achieve. A revised evacuation strategy may be required in the meantime.
- 33.6.3 Mr Campbell advised that this would also be discussed at the Planning, Performance and Development Committee and the evacuation strategy and time required to complete the works would be considered, with a further update on outcome of discussions to this Committee. JCr

33.7 Transfer of Car Parking at the Royal Infirmary

- 33.7.1 Mr Barron presented the previously circulated paper. It was agreed that the car parking transfer should be progressed as soon as possible once there had been Scottish Government sign off for funding. Mr Marriott advised that day to day operation on site continued cooperatively. He had been in contact with officers in the Scottish Government regarding funding.
- 33.7.2 Members accepted the recommendations laid out in the paper.

34. **Revenue**

34.1 Financial Position, month 7

- 34.1.1 Mr McCreadie presented the previously circulated paper. In response to a question, he advised that the figure for reserves included money that was available at the start of the year that was not included in the financial plan. This would be allocated throughout the year if required with any remaining moving into the next year. In addition, money allocated to specific projects but not used during the year moves into the next year. There were regular meetings to decide where funds would be allocated and what would move to the next year.
- 34.1.2 The efficiency programme would focus on high impact areas such as bank and agency staffing and drugs spend. Other areas where efficiencies had been restricted over the past few years would also be revisited in the next year including nursing and medical staffing, clinical supplies and estates. In terms of drugs spend the Primary Care Prescribing group had efficiency programmes in place and acute prescribing was managed by the Acute Prescribing group, but spend would increase as more expensive new drugs were approved for use by the Scottish Government.
- 34.1.3 Mr McCreadie advised that there was no specified date by which brokerage must be applied for if required, but monthly updates were provided to the Scottish

Government so that they were aware of the position. This Committee would be updated on the position at the next meeting. There was some flexibility before the year end.

34.1.4 The agenda for change pay was funded on the base line allocation – a 7% pay increase would not be affordable on the current arrangement but the Scottish Government had agreed to fully fund any increase. There was no agreement yet on the rate between the unions and the Scottish Government.

34.1.5 Members accepted the recommendations laid out in the paper and accepted limited assurance on the ability to achieve a breakeven position.

34.2 Financial Plan

34.2.1 Mr Marriott gave a presentation. In response to a question regarding the difficulties in achieving a balanced budget in the year ahead when a 6% saving was needed, Mr Marriott advised that it would be a challenge to reach 3% in efficiency savings and that further decisions would be required at a national level regarding service provision. Mr Marriott would meet with Richard McCallum at the Scottish Government and he would be aware of the position.

34.2.2 In response to a question on whether to continue to recruit to staff vacancies given the current position, Mr Marriott advised that the ability to recruit was limited due to shortage in qualified staff available but that the budget was based on the establishment position. Other staff savings would include temporary covid staff now moving into other vacancies, corporate staff and bank and agency costs. It would not be possible to stop recruiting to clinical positions as the services would be unsafe.

34.3 NRAC Update

34.3.1 Mr McCreddie presented the previously circulated paper. He advised that there had been a number of discussions with the Scottish Government about reaching NRAC parity with other Boards according to population, but that this was a difficult decision as it would mean reallocating funding from other Boards who were currently above NRAC parity, including Glasgow. NRAC took into account population and deprivation status when allocating funding but NHS Lothian historically had not received enough funding for its population growth according to the NRAC model.

34.3.2 Mr Campbell noted that there were 134 beds open currently that did not have funding for the next year, along with concerns about a lack of capacity to run current services and an estimate of £90 million needed to reach the 12 week waiting times target. The funding situation was unsustainable and a discussion was needed with the Scottish Government regarding infrastructure. It was agreed that Mr Campbell and Mr Connaghan would take this paper to the Scottish Government demonstrating what developments the Board had been unable to make in the past ten years due to NRAC disparity and the safety concerns. **CC**

34.3.3 Mr McQueen suggested that a less politically difficult option would be to focus on building a case for funding of specific projects which would improve infrastructure to deal with the disproportionate population growth in the area, with a focus on capital rather than revenue increases.

34.3.4 Members accepted the recommendations laid out in the paper.

35. Scottish Hospitals Inquiry

35.1 Scottish Hospitals Inquiry Update

35.1.1 Mr Marriott presented the previously circulated paper. A further update would be brought to the next meeting following the meeting with Counsel to agree NHS Lothian's statements for the next stage of hearings.

35.1.2 Members accepted the recommendations laid out in the paper and accepted significant assurance.

36. Sustainability

36.1 Update on Sustainability

36.1.1 Dr Hopton presented the previously circulated paper. Members congratulated those who had achieved the NHS Assure awards and acknowledged their important work.

36.1.2 Members accepted the recommendations laid out in the paper.

37. Reflections on the Meeting

37.1 The discussion on the NRAC paper would be highlighted in the Committee Chairs' reports section at the next Board meeting. **AMcC**

38. Date of Next Meeting

38.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Tuesday 7 February 2023.**

39. Further Meeting Dates in 2023

39.1 Further meetings would take place on the following dates:
- Monday 20 March 2023;
- Wednesday 7 June 2023;
- Wednesday 9 August 2023;
- Wednesday 18 October 2023;
- Wednesday 20 December 2023.

Signed by Chair 07 February 2023

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Tuesday 07 February 2023 via Microsoft Teams.

Present: Mr A. McCann, Non-Executive Board Member (Chair); Mr P. Allenby, Non-Executive Board Member; Mr A. Fleming, Non-Executive Board Member; Mr G. Gordon, Non-Executive Board Member and Mr B. McQueen, Non-Executive Board Member.

In attendance: Mr C. Campbell, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Mr C. Marriott, Director of Finance; Mr A. McCreddie, Deputy Director of Finance; Ms D. Carmichael, Special Projects and Assurance Associate Director (item 41.1); Mr C. Kerr, Programme Director, Capital Planning (item 41.1; 41.3); Ms M. Campbell, Director of Estates & Facilities; Dr J. Long, Director of Primary Care; Mr A. Milne, Project Director Hub Major Initiatives, Capital Planning; Mr D. Thompson, Board Secretary and Mr C. Graham, Secretariat Manager (minutes);

Apologies: Ms S. Akhtar, Non-Executive Board Member; Mr I. Graham, Director of Capital Planning and Projects and Ms A. MacDonald, Executive Nurse Director.

Chair's Welcome

The Chair welcomed members to the meeting.

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.

Committee Business

40. Minutes and Actions from Previous Meeting (21 December 2022)

- 40.1 Members accepted the minutes from the meeting held on 21 December 2022 as a correct record.
- 40.2 The updated cumulative action note had been previously circulated. The Committee noted that 5 previous actions had been completed and marked as closed. 2 actions were being worked on with March 2023 due dates.
- 40.3 Regarding the NHS Assure action marked as complete. The Capital Planning Programme Director would continue to follow up with NHS Assure around the provision of the Service Level Agreement. **CK**

Capital

41 Property and Asset Management Investment Programme

- 41.1 The Capital Planning Programme Director presented the previously circulated paper and highlighted the current assumed levels of overspend against funding and the capital prioritisation Executive level panel process that NHS Lothian proposed to use in response to the Scottish Government request to reprioritise capital investment. The priorities would be split into three categories (A) Next 5 years, (B) 5-10 years and (C) 10 years and beyond and there would be 6 monthly reviews of these priorities.
- 41.2 The Committee noted that the look forward for 2023/23 remained uncertain in terms of capital funding that would be received, it was assumed that there would be increased assistance with backlog maintenance and rolling programmes. The Director of Finance added that two capital areas, mainstream funding and formula, remain over committed and that there would be difficult decisions to take on use of capital going forward.
- 41.3 Lothian Capital Investment Group (LCIG) - The Committee noted that at the recent LCIG meeting it had been agreed to establish a subgroup to deal with lease governance (property, medical equipment and transport). There was discussion on the terms of reference of this subgroup and issues around shared accountability and responsibility when the proposal was to have such a small group making decisions. The Director of Finance provided assurance that there would be ongoing review of how the subgroup interacted over the next 6 months but took on the points raised about shared accountability. The due diligence of LCIG would be important towards the financial year end, when conversations have to become more pointed, and any decisions would have to come back to the Finance and Resources Committee.
- 41.4 Appropriateness of Political Party References - There was a question on the appropriateness of the reference to the "SNP Manifesto" within the Committee paper and the Chair asked the Board Secretary to reflect on this point. **DT**
- 41.5 National Treatment Centre (Lothian) - There was discussion on the NTC, project team resources and the anticipated timescale. The Deputy Chief Executive outlined capital project resource and interim allocation project resource. The Director of Capital Planning and Projects was currently reviewing the project team structure and discussions were underway regarding further support. There was engagement with services to establish resilient, formal and sustainable clinical input.
- 41.5.1 With regards to timescale for the NTC, this is subject to detailed scrutiny by the project board. External assurance requirements on capital projects and formal engagement continued to evolve and this increased bureaucracy was now having an impact. There were also supply chain issues and the NHS Assure process to consider. Further detail would be provided to the Committee in the March 2023 update paper.
- 41.6 Track and Trace - There was discussion on the approved expenditure around the existing track and trace system and the requirement to commit to expenditure of a new system. The Chair reminded members that a paper on track and trace had been received some months ago and there was need for improvement of the programme.

The Director of Finance added that LCIG had also discussed track and trace and that there would be a paper taking on comments from the Director of Estates & Facilities team going to the next LCIG meeting.

- 41.7 Prioritisation Process & Formula - The Director of Finance outlined the prioritisation process to the Committee. Prior to the Covid-19 Pandemic, The Director of Strategic Planning and colleagues had worked on prioritisation of capital projects and the formula around equipment and backlog maintenance. New capital projects not funded through formula would have previously been through Strategic Planning. The Director of Finance would circulate the process to members as a reminder. **CM**
- 41.7.1 There were also discussions on PFI and the RIE prioritisation in terms of revenue or capital and the involvement of charitable funding. The Director of Finance emphasised the need to be dynamic around charitable donations going forward.
- 41.8 Anti-Ligature Work (Orchard Clinic) - Noted that this previously identified significant risk was being worked through by REAS Senior Management Team and a paper on movement with the decant facility would be taken to the next LCIG meeting.
- 4.9 RIE Modular Unit - The Director of Finance explained the ongoing work to look at how best to reconfigure the modular unit to best fit NHS Lothian's needs with a target being next winter. This was in addition to the creation of decant space for required backlog maintenance. Conversations with Consort continued.
- 4.10 Cancer Centre – There was discussion of the green status of the Cancer Centre on the Tracker. It was noted that this had last been to LCIG 5 months ago with no progress since then. The Special Projects and Assurance Associate Director would review this status ahead of consideration at the next meeting. **DC**
- 41.11 Members accepted moderate assurance and agreed the recommendations laid out in the paper:
- Approved the 2022/23 – 2026/27 Property and Asset Management Investment Programme (PAMIP) Q3 Update
 - Supported the proposed prioritisation process lead by the Director of Strategic Planning and supported by the Directors of Finance and Capital Planning & Projects
 - Noted and took moderate assurance from the updated Project Tracker
 - Agreed that an update paper, including key issues be submitted to the next meeting of the Committee in relation to the National Treatment Centre (Lothian)
 - Approved the updated LCIG Terms of Reference

42 Hospital Sterilisation and Decontamination Unit (HSDU) Reprovision - Initial Agreement

- 42.1 The Deputy Chief Executive introduced the report briefing the Committee on the progress with the Hospital Sterilisation Decontamination Unit (HSDU) reprovion project and the reasons behind the reprovion which included the need for HSDU resilience following recent significant failures and disruption to critical system supplied through Consort (water, electricity, steam).
- 42.2 The Committee discussed HSDU arrangements within other Boards and the issues around provision of mutual aid. It was noted that there appeared to be a lack of resilience within NHS Scotland which had been demonstrated by the recent need to seek support from Liverpool to maintain critical HSDU services. The Deputy Chief Executive added that these issues had been raised with Scottish Government colleagues and there had been discussions on regional and national resilience, but these discussions were now being impacted by the situation around available capital.
- 42.3 There was also discussion on the move towards more mechanized processes to reduce the current labour-intensive processes around decontamination. The Committee noted that national bodies were reviewing opportunities around this. There would also be exploration around where HSDU facilities within Lothian would sit, for example there could be a unit near the NTC and one by the RIE, as well as the green and sustainability aspects and opportunities for oral health services and podiatry decontamination. The Deputy Chief Executive explained that options like this would be explored as the Full Business Case developed. The suggested date to move forward was noted as 2026 and the Deputy Chief Executive confirmed that acceleration of procurement was being explored as was a proposal for an interim modular facility given the lack of assurance around the resilience of the current facility.
- 42.4 The Committee agreed the recommendations in the paper:
- Acknowledged the progress, to date, with the Reprovision project, with particular note on the progress of the Initial Agreement.
 - Acknowledged the key governance milestone dates provided within this paper.
 - Acknowledged the continued fragility of the HSDU and significant risks associated with any failure which results in a loss of service provision.
 - Supported the model and principals behind this project including current progress.

43 Developer Contributions to Primary Care Facilities

- 43.1 The Director of Finance reminded the Committee of the discussion that had taken place at the recent Strategy, Planning and Performance Committee meeting and updated members on the process in place around Developer Contributions for Healthcare.
- 43.2 The Capital Planning Programme Director, outlined the developer public sector contributions process as part of the planning application process for new house building. These were usually for local councils, schools, roads and transport.

- 43.3 There was discussion on the substantial population growth expected for the Lothians in the next 10-15 years and ongoing work with local authorities to have an agreed process as part of the planning process, in terms of contributions to health through Section 75. There was already an agreed process with City of Edinburgh Council, whereby contributions would sit with the Council until drawn down by NHS Lothian.
- 43.4 The Committee noted that a national engagement group had been established to work on a consistent approach to this work across all health boards and the Director of Capital Planning and Projects and the Capital Planning Programme Director, were both members of this group. All other boards were experiencing the same issues as Lothian. The Committee also noted the approach taken by Scottish Water around development and capacity and this could be something for the national group to consider.
- 43.5 The Committee accepted moderate assurance that the Board is maximising opportunities to receive developer contributions against the primary care capital investment programme and accepted the recommendations in the paper:
- To review processes on engagement with planning applications to ensure potential capital cost of providing access to primary care is captured at the right time, with recommendations agreed through Lothian Capital Investment Group and the Corporate Management Team (CMT)
 - To update the Property and Asset Management Investment Programme (PAMIP) to identify confirmed section 75 developer contributions as a funding source against specific capital proposals
 - To formally report anticipated healthcare actions within the Property and Asset Management Strategy (PAMS)
 - To benchmark processes with other NHS Scotland Boards to ensure best practice is followed
 - To conclude the legal agreement with City of Edinburgh Council to allow draw down of funding as capital expenditure is incurred.
- 43.6 The Committee also agreed that there would be engagement with East Lothian, Midlothian and West Lothian HSCPs to establish an agreed process on early engagement with Local Authorities in light of changes to planning law to ensure that LDPs take account of health infrastructure and its funding and further updates would come back to the Finance and Resources Committee in August or October 2023. **CM**

Revenue

44. Financial Position and Financial Plan Update

- 44.1 The Deputy Director of Finance presented the update on the financial position at Period 9 for NHS Lothian, both year to date and the year-end forecast. The financial impact from Covid-19 was provided for the year to date and an update on the 5-year Financial Outlook for 23/24 to 27/28 and specifically the 23/24 Financial Plan.

- 44.2 There was discussion on the new medicines fund allocation received; the reduction of Covid-19 funding; Agenda for Change pay awards; additional cost pressures such as GP prescribing; assumptions being made such as the financial impact of the 23/24 pay award and the ongoing work with business units to look at plans to deliver the 3% efficiency savings targets.
- 44.3 There was a question raised about the high overspend against non-pay. The Deputy Director of Finance agreed to take this question away for review and would report back on the elements of detail.
- 44.4 The Chief Executive reported on the recent engagement sessions that had been held, looking at the financial gap and also mentioned a recent meeting with the cabinet secretary about the future of interim care beds and RIE A&E performance. The Chief Executive would be writing formally to Scottish Government colleagues to raise awareness of the position and had also requested that Midlothian HSCP delayed their staff engagement event for a week whilst the situation progressed.
- 44.5 Members accepted limited assurance on the ability to achieve a breakeven position and the recommendations in the paper were agreed:
- Noted the current year-end forecast of a projected £14m overspend, with an expectation of additional funding recently confirmed by the SG to subsequently reduce this to circa £6m.
 - Accepted that based on information available at this stage, NHS Lothian remains able to provide limited assurance on its ability to deliver a breakeven position in 2022/23, based on assumptions around additional funding.
 - Acknowledged that, based on information currently available, NHS Lothian remains unable to provide assurance on its ability to deliver a balanced financial position over the next 5 years at this stage.

Scottish Hospitals Inquiry

45. Scottish Hospitals Inquiry Update

- 45.1 The Director of Finance presented the paper updating the Committee on the progress of the Scottish Hospitals Inquiry. The Committee noted there were currently two workstreams underway and hearings set for April 2023 and later in the Autumn.
- 45.2 The first workstream covering the period up to Financial Close, will be covered in the April Hearings. The Autumn hearing is likely to focus on the second workstream which was the decision of the cabinet secretary not to open the RHCYP and DCN in July 2019; and the decision of the cabinet secretary to fully open the RHCYP and DCN by March 2021.
- 45.3 The Director of Finance added that Counsel were hopeful that after the hearings and into spring next year, this could wind up NHS Lothian's phase of the Inquiry, with Glasgow running in parallel. An interim report of lessons learned for Lothian may then be available.
- 45.4 The Committee noted the update from the SHI and agreed to accept significant assurance that NHS Lothian are providing an appropriate response to the Inquiry.

Reflections on the Meeting

46. The Chair would report the following to the Board on 08 February 2023:
- The Committee was pleased to receive the HSDU Initial Agreement.
 - The Committee's concern about the financial position and the finance versus care gap.

Date of Next Meeting

47. The next meeting of the Finance and Resources Committee would take place at **9.30** on **Monday 20 March 2023**.

Further Meeting Dates in 2023

48. Further meetings would take place on the following dates:
- Wednesday 7 June 2023;
 - Wednesday 9 August 2023;
 - Wednesday 18 October 2023;
 - Wednesday 20 December 2023.

Signed by Chair 20 March 2023

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 14 December 2022 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Ms K. Kasper**, Non-Executive Board Member; **Ms T. Miller**, Employee Director; **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Miss T. Gillies**, Medical Director; **Ms N. Akta**, Non-Executive Board Member; **Mr A. Fleming**, Non-Executive Board Member.

In Attendance:

Mr J. Crombie, Deputy Chief Executive; **Ms R. Kelly**, Deputy HR Director; **Ms A. Langsley**, Associate Director of OD & Learning; **Ms F. Ireland** (Deputy Director Nursing); **Ms L. Barclay**, Business Manager Human Resources; **Mr S. Haddow**, Head of Medical Workforce Planning, Human Resources (item 5.3); **Ms M. Campbell**, Director of Facilities; **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7); **Ms C. McDowell**, Speak Up Ambassador/Work Well Specialist Lead (Item 2); Mr S. Edgar, Director of Medical Education (Item 6.4); **Mr D. Low**, Clinical Nurse Manager, Mental Health; **Ms. L Buchanan**, Clinical Nurse Manager, Community Health Visitors and **Mr G. Ormerod**, Committee Administrator (minutes).

Apologies:

Mr C. Campbell, Chief Executive; **Ms H. Fitzgerald**, Partnership Representative; **Ms T. Mckigen**, Service Director, Psychiatry REH; **Mr D. Thompson**, Board Secretary; **Mrs Alison MacDonald**, Executive Nurse Director

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. The Chair also welcomed as observers some of the participants in the Talent Management and Succession Planning programme.

37.0 Declaration of Conflicts of Interest

37.1 No interests were declared.

38.0 Presentation – Feedback on Speak Up Week

38.1 The Speak Up Ambassador provided an update on the events that had taken place during Speak-Up week which was held in early October 2022. She advised that the Speak Up Service supports staff to be able to raise concerns through traditional methods was launched in 2019. Over the last three years there have been an average of 20 staff each quarter making contact with the service.

38.2 The Whistleblowing Standards came into being from 1 April 2021. A confidential network has been set up to promote speaking up and to provide strong links with the whistleblowing network with the aim to encourage speaking up and raising awareness and encourage business as usual approaches.

- 38.3 Overall there was a positive system response across Scotland with sharing processes and the opportunity to generate new ideas but we were conscious to deliver this in person and electronically to reach our staff through engagement partnership, education, operational lines and staff networks.
- 38.4 Since the event in October there has been an increase in contacts with the Speak Up Service and as a result of this we are now looking to recruit a third ambassador into this work to recognise the need for succession planning and different demographics and to be more representative of the organisation. The Speak Up Ambassador highlighted that from discussions with a number of staff across different Boards that NHS Lothian is leading the way for Speak Up.
- 38.5 The Chair asked if we had dates set for 2023 Speak Up week. The Speak Up Ambassador confirmed that it will likely be the same time as this year but it's led by the National Programme but they will try to influence the timing and hopefully get the date set soon to assist with early planning.

38.6 The Committee congratulated the team on a great first Speak Up week with such a short space of time to get things in place and this shows the importance of the confidential network with good recognition on the role that the team plays.

39.0 Minutes and Action Note of the Previous Meeting held on 2 October 2022

39.1 The minutes of the previous meeting were approved as an accurate record. All actions are up to date.

40.0 Matters Arising

40.1 Cost Of Living Crisis - update

40.1.1 The Associate Director of OD & Learning provided an update on the cost of living and advised that significant work is ongoing raising awareness of the topic through the manager networks. This has been extremely useful for staff who don't have access to digital content as we have been able to reach out to these people and to provide them with information and managers are able to 'sign post' their staff to content.

40.1.2 Financial wellbeing roadshows and webinars have been taking place with support from Home Energy Scotland. Some of the information that was presented at the roadshows wasn't suitable and it has been acknowledged that this will need to be tested for future shows. The Associate Director of OD & Learning advised that we have been working with Public Health and NHS Charities to increase scope of this work to investigate whether all options for benefits and other assistance have been pursued to assist colleagues in difficult financial situations.

40.1.3 The team are also progressing with food pantries from January to March with support from partnership and staff are volunteering to support other staff in need. The Employee Director confirmed this is a Unison initiative and we have negotiated rooms across seven main sites with the Health Foundation funding food banks for the next three months. We are looking to operate these outside

normal food bank hours due to staff working hours; food parcels will be depending on family size

40.1.4 A Non-Executive Board Member confirmed the Health Foundation are really keen to help in any way they can to support this work, but we need to be mindful of the barrier between the board and the charity.

41.0 Staff Experience

41.1 Advancing Equalities Action Plan 2022/23

41.1.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan that has been agreed with the staff networks and confirmed that progress has been made on some objectives with a number of actions taken forward.

41.1.2 There are six networks meeting at present, including the new women's network who will present an update at a future Staff Governance Committee. Some of the actions taken include the following:

- Progress has been made with revalidating Disability Confident Employer Level 2 but further work is required with external sponsorship to reach Level 3 status.
- A draft status of intent will go through the partnership meeting for approval that will be used in publicity material for recruitment, this will detail what NHS Lothian believes and how we act as an employer.
- Equality and Human Rights Presentation from Laura Hutchinson will be arranged for the next meeting of the Staff Governance Committee, Laura is due to present at Partnership meeting and February Board.

41.1.3 The Chair noted good progress with some areas of the actions and some areas are slightly behind, but work is progressing.

41.2 Whistleblowing Report

41.2.1 The Deputy HR Director provided a high level summary of the Whistleblowing report from March 2022 to date. She confirmed that an additional column has been added into the report to show action plans and business as usual that has been progressed by the services.

41.2.2 In the last quarter four stage 2 concerns have been raised but no stage 1 concerns. As advised at the last meeting of the Committee, a case has been raised with the INWO. We have provided them with all the necessary information but at this stage there no formal response from the INWO in relation to this case. There have been a further four anonymous concerns raised which makes seven raised to date; we are continuing to work with Speak Up advocates to build the culture so that people can feel confident to be identified when raising a concern so feedback can be provided to the person raising concerns.

41.2.3 An SBAR providing assurance around independence in the Whistleblowing Process was approved at the Executive Leadership Team in October after the INWO had observed themes and found that one of the themes which had come through in the first year was the importance of NHS organisations to have an

independence in the whistleblowing process. A further update will be provided at the next meeting in March.

41.2.4 The Chair asked if we are seeing an increase in anonymous concerns compared to other boards. She advised that as anonymous concerns aren't published it is not easy to know where we sit in relation to other Boards.

41.2.5 A Non-Executive Board Member asked about how the organisation assists people who are worried that they may be victimised as a result of raising a concern. The Director of HR and OD advised this is likely to come under Bullying and Harassment policy if an individual felt that they were being victimised as a result of raising a concern. If a member of staff is part of a trade union, they would support staff or peer support to speak up through one of the available networks for staff.

41.2.6 A Non-Executive Board Member asked if there is something that needs to be done about raising an issue under Whistleblowing and Speak Up less of a concern? The Director of HR and OD said that people raise anonymous concerns as they do not feel safe and don't want to be named. If you are the named whistle-blower, this won't be shared, but it's more around the messaging through formal and informal communications and building a culture for staff to raise concerns without triggering an investigation and formal process.

41.3 National Health and Social Care Staff Experience Survey Report

41.3.1 The Head of Medical Workforce Planning provided an update on the staff experience report for 2022. He confirmed that this year there has been an increase in action plan completion rates and sub-directorate reporting and this may be as a result of reintroducing the line manager training.

41.3.2 The action plan return rate has gone from 15% to 42% in 2022, with estate and facilities from 2%% to 63%. There have also been action plan improvements in Finance, AHPs, DATCC and HR compared to previous years.

41.3.3 The Head of Medical Workforce Planning confirmed that some Health and Social Care Partnership manager training is required but KPI response rates have increased slightly, but still 1% below the National average, 85% of reports have been published and 42% of team action plans have been completed.

41.3.4 A breakdown of the responses were shown for emails, text messages and paper copies; overall there was an increase in text messages but a poor return for paper copies that are predominately used by areas such as estate and facilities as work is less computer-based. As a result of the increase in text messages return, we will look to move away from paper copies, but the option still needs to remain for staff.

41.3.5 Teams with less than four members do not receive a report as this is to protect their identity and their results. Overall there are 2/3 of teams that have high level of engagement and this information is shown under strive and celebrate at 72%.

41.3.6 Overall comparison to previous years between 2021 and 2022 showed similar scorings and show that results haven't really changed from year to year. The overall thermometer question matched the 2021 result of 6.8.

- 41.3.7 Next steps will be to run iMatter awareness training and to target cohorts and groups in 2023 and to review the issuing of paper copies as we move more towards electronic copies.
- 41.3.8 The Chair highlighted that we should be positive about the results given the pressures on staffing during Covid and said it's great to have an increase in responses for action plans, especially within Facilities. The Head of Medical Workforce Planning said we are aware of the pressures that teams and departments are facing and business as usual, but we are working hard to get back on track.
- 41.3.9 A Non-Executive Board Member asked if we know anything about the areas who haven't responded or struggled to engage based on the 54% response rate. The Head of Medical Workforce Planning said we are able to look at the data and can see trends where teams haven't done this and we can target these areas for support in further year to get a better understanding of why they haven't engaged.
- 41.3.10 The Chair asked if we are able to get an idea of the issues raised within the action plans which might have broader organisational relevance. The Head of Medical Workforce Planning said that the action plans belong to the team but these are shared for improvements and we are hoping to invite further teams to attend this Committee to provide update on action plans next year and the types of actions they are taking to improve the experience for staff.
- 41.3.11 The Committee approved the report and the findings from the iMatter 2022 survey.
- 41.4 Staff Wellbeing Strategy update
- 41.4.1 The Associate Director of OD & Learning highlighted work that has been ongoing over the last few months, working in collaboration with Public Health to focus on lifestyle and the opportunity for staff to lose weight and to prevent diabetes. This was a great success with 200 places taken up by staff on the programme.
- 41.4.2 Between now and the end of the financial year we plan to commission a development programme for leaders titled: Leading Well for Staff Health and Wellbeing which has been created by the Kings Fund in collaboration with Future Learn. The programme is a MOOC (Massive Open Online Course) that runs for 3 hours a week over 3 weeks with participants able to work through content asynchronously in their own time. We hope to test this with over the coming year within the region of 400 managers.
- 41.4.3 Flask campaign will go live in January with 4000 flasks distributed locally to help support the cost-of-living crisis response, access to hot food 24/7 on shift and good hydration and nutrition.
- 41.4.4 The Associate Director of OD & Learning highlighted a key risk with the project and the ability to deliver, maintain roadshows and conversations with staff as a result of only 1WTE staff leading on the work. The proposal is to approach the NHS Lothian's charity with a proposal to fund a Band 7 to help support operational delivery.

- 41.4.5 The Committee were asked to take moderate level of assurance that NHS Lothian are committed to supporting staff wellbeing through the Work Well strategy.
- 41.5 Staff Engagement and Experience Framework progress update
- 41.5.1 The Associate Director of OD & Learning confirmed work on local delivery plans and 22 business units is progressing with work under the four enablers.
 - Work has meaning and purpose
 - Work is a healthy place to be
 - We are all able to show leadership
 - Staff feel listened to and heard
- 41.5.2 Midlothian have developed a wellbeing app that provides community staff with sign posting for toilets, period products and kettles or microwaves where they can access wellbeing spaces.
- 41.5.3 The WGH have provided strong communication through communication huddles, team of the month aware and have led on Behaviour, Banter and Consequences (BBC)
- 41.5.4 The Associate Director of OD & Learning highlighted success with the Corporate enablers hybrid event that took place on 26th October with 132 people attending the event and 400+ people able to watch the event through a stream. This success has already expanded the peer support service and benefited from model of practice for NES and National Coordination and the sharing of ideas.
- 41.5.5 The Chair asked if other sites and services would be aware of WGH plan and mechanism of sharing across the sites. The Associate Director of OD and Learning explained that this will be shared through the Staff Engagement and Experience Programme Board so we get consistency in approach.
- 41.5.6 A Non-Executive Board member asked if we have an evaluation plan for business units and an approach for evaluating this work. The Associate Director of OD & Learning advised we don't have a plan at present but would be interested in discussing this offline.
- 41.5.7 The Committee approved the moderate level of assurance with framework actions on track for corporate enablers and SEE plans.

42.0 Assurance and Scrutiny

42.1 Corporate Risk Register

42.1.1 *3455 –Management of Violence and Aggression*

- 42.1.1.1 The Deputy Director of Nursing confirmed that work is progressing with the six workstreams and a workshop to bring this work together will take place in January.
- 42.1.1.2 An independent review of training and conversations with external reviewers is taking place to support training strategy and digesting observations, with feedback to be reported through the Audit and Risk Committee.

42.2.1 **3828 – Nurse Workforce – Safe Staffing Levels**

- 42.2.1.1 The Deputy Nurse Director provided an update on safe staffing levels and highlighted the current position is pressured despite the most recent recruitment. She explained that usually November is the recovery month as new nurses come on board and this helps reduce the establishment gap. The establishment gap is 7.89% with 550 new qualified nurses and Band 4 students, but leavers over the last few months have been around 410 that we are managing on a day-by-day basis.
- 42.2.1.2 The Chair asked if we were doing better with retire and return but just not closing the gap due to the outflow.
- 42.2.1.3 A Non-Executive Board member asked if we have a projection for the establishment gap for the next 5 years. Additional training needs to be put in place for longer term analysis and where we will be. The Deputy Nurse Director confirmed the Head of Workforce Planning has been working on student nurse numbers and we can look at this through the programme board.
- 42.2.1.4 The Director of HR and OD confirmed the Scottish Government are aware of the problem but it's not easy to resolve as this is linked back to finances. We are doing a lot of local work to deploy and recruit including extending and expanding nursing Band 4 recruitment. However we will require approval from the Scottish Government to go over the commissioned numbers as these are set by the Government.
- 42.2.1.5 The Head of Workforce planning highlighted that following discussions with Napier University for next year in terms of student nurse intake numbers, there is an output gap of between 250-300 in comparison to what is required. Due to the increasing gap we may need to consider having two intakes per year but we are waiting for the Scottish Government's response to this proposal.

42.3.1 **5020 – Water Safety**

- 42.3.1.1 The Director of Facilities provided an update on water safety and highlighted challenges reported to the Committee on compliance documentation from third party premises but confirmed that water risk assessment and plans are in place.
- 42.3.1.2 She explained that we have sent letters to all responsible people at properties under a maintenance lease to ensure that NHS Lothian can meet their duty of care for our staff working in those buildings. The letters detail what we would expect to see and that this work has to be undertaken by the premises and is not the responsibility of NHS Lothian.
- 42.3.1.3 The next steps will involve reviewing returns over the next 28 days in line with the deadline set, and this information will go through the Executive Leadership Team (ELT). Any gaps will be picked up so this can be robust as possible. Once documents have been received there will be further discussion around remedial actions and who will pay for the works.
- 42.3.1.4 The Chair said that he was grateful for the full explanation provided to him in this discussion and in the email exchange between himself and the Head of Facilities.

It was a complex issue and it seemed that after a slow start progress was beginning to be made.

42.4.1 **3328 – Traffic Management**

42.4.1.1 The Director of Facilities provided an update on the approach and issues for traffic management and an updated paper highlights the update against the corporate risks and six red rated risks. She explained that we are now in a position where we need to spend money to remove the risks or the risk is accepted:

- Whitburn Health Centre – not been able to identify who owns the land to allow commercial vehicles to make deliveries required for the site.
- RIE – a number of traffic management changes required with costings to go through LCIG.
- REA – Inappropriate parking on site that's causing issues and potential risk identified by Fire and Rescue of not being able to access the building, installation of car park barrier to be installed.
- WGH – Ongoing work on site with capital projects, unlikely to see a reduction in traffic until works are completed.

42.4.1.2 The Chair asked if we are making progress on safe travel for staff and parking for staff who start early. The Director of Facilities said we are discussing this with Consort but there is a difference of opinion, we have raised the issues, and it's whether Consort can provide practical solutions to the site and getting works costed. In terms of the parking, we won't be able to satisfy everyone but we are monitoring car parks and we have opened up an additional plot in the last month to ease pressure; there will always be people who want to park on site but don't meet the criteria.

42.4.1.3 The Committee approved the recommendations and supported the work ongoing to reduce the risks.

42.5.0 **Health and Safety Assurance**

42.5.1 The Medical Director provided a Health and Safety update paper and confirmed the assurance levels received from each of the local Health and Safety Committees have been included as a separate appendix.

42.5.2 The paper details the specifics and is supported by the minutes from the various meetings.

42.5.3 The Chair asked if there were any concerns in respect of RIDDORs. The Medical Director confirmed there were a number of cases but advice is sought and RIDDOR is a reportable incident; some relate to slips, trips and falls but no concern.

42.5.4 A Non-Executive Board member asked if there is a reason why the RIE Local H&S Committee Assurance Levels are low. The Medical Director confirmed this reflects the pressure on the site and a lot of issues for RIE. We are trying to be clearer in the type of things that we see for low, moderate or significant but it's more about the complexity of the site and its size.

42.5.5 The Committee noted the assurance levels for key risks outline in the annual report and noted the updates for the other risks for Q2 period.

42.6.0 Remuneration Committee Report

42.6.1.1 The Director of HR and OD confirmed this is the first time the Remuneration Committee report has come to this meeting.

42.6.1.2 The work of the Remuneration Committee is confidential and relates to three areas: requirement to sign off executive objectives and that clear due process has been followed; approval of new directors' salaries and updates provided on employment tribunals including any history and financial settlement.

42.7.0 Medical Education Annual Report

42.7.1.1 The Director of Medical Education attended the meeting to provide an update on the Medical Education Annual Report. He explained that we have more than 1000 undergraduates doctors in training that rotate through the health boards that demonstrates how we support a learning environment through the General Medical Council (GMC) and NES.

42.7.1.2 NHS Lothian has 25 specialties and training locations compared to 22 in 2021 and in the top 2% in Scotland for quality. This is the third year this report has come to this meeting and even during Covid we continued to maintain high levels of learning. We have also hosted more medical students than before and continue to be viewed as a high-quality medical education and training location.

42.7.1.3 The Director of Medical Education confirmed from January that we are extending the undergraduate and external providers for active bystanders and will offer packages of training for doctors and undergraduates. The focus has also been on experience of undergraduates and medical graduates with the intake also risen with positive feedback from the International Medical Graduates.

42.7.1.4 Feedback from the acute setting has been challenging within Obs and Gynae but we are responding to this feedback and have action plans in place to progress with this work. There have also been challenges at CAHMS service at SJH and inpatient team but both teams were recognised for their work at the celebrating success this year.

42.7.1.5 The Director of Medical Education highlighted three areas of concern:

- Clinical workload and number of short and medium term cover, but working with NES to balance workload.
- Undergraduate student numbers are increasing across Scotland and have a major impact on quality experience but we are working with universities to mitigate.
- Overall satisfaction on iMatter for doctors in training is 10 points lower than overall organisation; this will be worked on for the coming year by using data available.

42.7.1.6 The Chair highlighted that we should celebrate that we are in the top 2% within Scotland for training but raised concern that there are physical limitations at the

RHCYP for trainee doctors to sit and eat and questioned how this could be possible with a new building.

- 42.7.1.7 The Chair asked about the role of the Deanery as an external validation. The Director of Medical Education said that the Deanery use intelligence from the GMC survey once a year and they will run their own data; the Deanery have a large infrastructure and Lothian needs more of this infrastructure for local quality control. We do the general housekeeping and we respond as quickly as possible to areas to try and fix issues and to have a balance across the sites.
- 42.7.1.8 The Committee noted the recommendations in the report and took moderate assurance that the local education provider (LEP) have processes in place to support high quality medical education and training.

43.0 Sustainable Workforce

43.1 Workforce Report

- 43.1.1 The Head of Workforce Planning highlighted that retirements in the year to date up to October 2022 have increased by 29% on average compared to the 2 years pre-covid and increased by 3.9% on the same period in 2021/22. As a result of this increase there is more focus to maintain staff and this is reflected through the retire and return policy.
- 43.1.2 Overall, 28% of staff have decided to remain with NHS Lothian but are working at the same level, with staff returning to the same area of work they had previously worked and on the same banding.
- 43.1.3 The Chair asked if there is anything else that we can do to boost mandatory training numbers as these are still low. The Director of Human Resources and Organisational Development said that we are trying all options but the system pressures are getting worse.
- 43.1.4 The Committee were asked to note the reports update and action being taken to address some issues.

43.2 Year Workforce Plan – Year 1 Actions update

- 43.2.1 The Director of Human Resources and Organisational Development confirmed the workforce plan had been finalised and published on the website at the end of October. We will now move to implement the 12 month action plan for professional and service areas.
- 43.2.2 The plans will be monitored through the Workforce and Organisational Development Programme Board and signed-off by the CMT. An update would come back to this Committee to note progress and any areas of risk or change in the next six months.

43.3 Talent Management update

43.3.1 The Associate Director of OD & Learning confirmed the first talent management cohort was launched with a four month programme in March 2022 in partnership with the University of Edinburgh Business School. There were 12 candidates put forward for the programme and four of these have already moved into promoted posts.

43.3.2 Cohort 2 started in September and will run to December with the focus switching away from General Manager posts to Senior Leadership posts. Cohort 3 is planned to be delivered into 2023 and we have made contact with the university to deliver cohort 4 as a result of 27 applications to join the programme.

43.3.3 The Committee were asked to approve a moderate level of assurance to promote and support talent identification, development, and progression into promoted posts.

43.3.4 The Chair acknowledged that this is a good addition to the organisation leadership and to further develop skills of staff. The Director of HR and OD confirmed we hope to build on this success but there will be a limit to this specific programme and we will need to move into other areas such as nursing and other services and roles with different content delivery and an intense programme.

43.4 Industrial Action update

43.4.1 The Director of HR and OD provided an update and confirmed two trade unions Unison (57%) and Unite (64%) have accepted the pay offer.

43.4.2 RCN results are expected next week when ballots close on 19th December. She confirmed that all industrial action was paused pending a consultative ballot and with no strike action.

44.0 For Information and Noting

44.1 Staff Governance Work Plan 2022-23

44.1.1 The Committee noted its work plan for the current financial year.

44.2 Staff Governance Assurance Statement 2022-23

44.2.1 The Committee accepted the updated Statement of Assurance for 2022/23.

44.3 Staff Governance Monitoring Framework Return 2021-22

44.3.1 The Committee accepted the monitoring framework return for 2021-22.

45.0 Reflections on the meeting

45.1 Matters to be highlighted at the next Board meeting

45.1.1 There were no further matters arising.

45.2 Matters to be highlighted to another Board Committee

45.2.1 There were no further matters arising.

46.0 Date of Next Meeting

46.1 Wednesday 1 March 2023 at 9.30am

Signed by Chair 01 March 2023

Audit and Risk Committee

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 21 November 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.

In Attendance:

Ms J. Balkan, Observer; Ms J. Bennett, Associate Director for Quality Improvement & Safety; Ms M. Campbell, Director of Estates; Mr P. Clark, Grant Thornton; Mr J. Crombie, Deputy Chief Executive; Mr J. Fraser, Grant Thornton; Ms S. Gossner, Observer; Mr M. Higgins, Observer; Mr D. Low, Observer; Mr C. Marriott, Director of Finance; Ms R. Marples, Observer; Mr A. McCreadie, Deputy Director of Finance; Ms O. Notman, Head of Financial Services; Mr J. Old, Financial Controller; Mr A. Ritchie, Observer; Ms C. Swift, Observer; Mr D. Thompson, Board Secretary and Miss L. Baird, Committee Administrator.

Apologies: Mr J. Connaghan, Chairman; Mr C. Campbell, Chief Executive; Councillor S. Jenkinson.

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 those staff attending the meeting as part of their training and the Members to the November meeting of the Audit and Risk Committee. He gave a brief overview of the purpose of the Audit Committee and how it discharges its duties on behalf of the Board.

37. Risk Management

- 37.1 NHS Lothian Corporate Risk Register (CRR) - The previously circulated report was received.
- 37.2 The Committee reviewed the approved Corporate Management Team (CMT) updates provided by the leads concerning risk management set out within the report.
- 37.3 Members noted that the CMT had not recommended any changes to the current CRR to the October 2022 Board.
- 37.4 The Committee noted that the CMT will be recommending to the December 2022 Board the inclusion of Bed Capacity at the Royal Edinburgh Hospital (REH) onto the CRR.
- 37.5 The Committee discussed risk 3600 relating to financial risk and whether it was too early to know the implications of the national budget announcements. Mr Marriott advised that the financial implications for NHS Lothian would not be realised until the Scottish Government had announced their own budget in mid-December 2022.

37.6 The Committee discussed the pending strike action, risks to services and the financial implications that may come with such action. Mr Marriott confirmed that NHS Lothian did not pay staff when they were out on strike and although there would be no direct financial impact from the strike there would be a reduction in activity, which would increase the numbers of patients on the waiting list and in turn the risk to the organisation.

37.7 It was noted that the inclusion of the risk relating to bed capacity at the REH would be in addition to the general risk on bed capacity held on the CRR.

37.8 Mr Crombie assured the Committee that the Hospital Sterilisation Decontamination Unit (HSDU) mitigation plans would be presented to the December Finance and Resources Committee.

37.9 The Committee accepted the report.

38. Minutes of the previous meeting held on 22 August 2022

38.1 The minutes of the meeting held on 22 August 2022 were accepted as an accurate record and approved.

38.2 The Committee agreed that there were no other matters arising from minutes that were not covered in the running action note.

39. Running Action Note

39.1 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.

39.2 The Committee accepted the running action note, attached papers and the information therein.

40. Internal Audit

40.1 Internal Audit Progress Report – November 2022 – the previously circulated report was received.

40.1.1 It was noted that, since the August meeting, six reports were finalised, two terms of reference had been issued and three further reviews were in progress.

40.1.2 The Committee noted that the Urgent Care Redesign audit would be deferred until the 2023/ 2024 Internal Audit Plan to allow the programme of work to be fully integrated.

40.1.3 It was noted that all of the IJB audits remained in the planning stages with the exception of the West Lothian audit for which the field work had commenced.

40.1.4 The Committee accepted the report.

- 40.2 Internal Audit Follow-up of Management Actions Report (November 2022) – The previously circulated report was received. It was noted that, in the period since the last report, 18 management actions had been closed and three new actions were added.
- 40.2.1 Of the remaining open management actions one was not yet due, and nine actions were in progress but only six of these had received updates during this period. Two actions were highlighted as being more than three months overdue.
- 40.2.2 Mr Crombie took an action to pick up the outstanding actions with Analytical services and provide feedback before the February meeting. **JC**
- 40.2.3 Mr Marriott assured Members that there were clear lines of escalation for management actions via the Corporate Management Team.
- 40.2.4 The Committee accepted the report.
- 40.3 Internal Audit Report Property – The previously circulated report was received.
- 40.3.1 The Audit had considered seven properties and resulted in one medium finding where property documentation had not been signed correctly.
- 40.3.2 The Committee were assured that there were no significant concerns around the controls for Property Transactions in Lothian. Mr Clark explained that the poor timing of signing of documentation for one property had affected the overall rating in this case but there was no significant risk to the organisation as a result of this finding.
- 40.3.3 Mr Marriott assured the Committee that NHS Lothian had always performed well in the audit of Property Transactions and this minor issue would be picked up with colleagues and learning disseminated to mitigate future issues.
- 40.3.4 The Committee accepted the report.
- 40.4 Internal Audit Report Core Financial Controls (Budgeting) – The previously circulated report was received.
- 40.4.1 The Committee accepted the report and the significant assurance provided therein.
- 40.5 Internal Audit Report Trak Care Theatres Management System Implementation – The previously circulated report was received.
- 40.5.1 The audit had focused on the changes to TrakCare and the project management controls as the project nears completion. The report provided significant assurance with two low rated findings relating to the timely completion of the log and the accuracy of lessons learnt captured within the log.
- 40.5.2 The Committee accepted the report as a good example of project management and the significant assurance therein.
- 40.6 Internal Audit Report Use of Bank and Agency Staff –The previously circulated audit was received.

- 40.6.1 The audit had focused on the controls around Bank and Agency staff and controls around the payment of these staff. The audit had identified four medium and four low rated findings and provided a moderate level of assurance to the Committee.
- 40.6.2 The Committee discussed concerns around the level of assurance provided in light of the control failures identified in the audit and whether as a committee the Audit and Risk Committee should seek assurance that mitigating action will be taken and robust controls put in place for the future. Mr Clark agreed to investigate how this could be picked up under the internal audit plan and future audits with a similar subject matter. **PC**
- 40.6.3 Ms Kasper requested that Mr Clark include costings in Internal Audit Reports to allow Service Managers to assess the position and identify opportunities for savings in these areas as part of improvement work. **PC**
- 40.6.4 The Committee accepted the report.
- 40.7 Internal Audit Report Communications (Freedom of Information) - The previously circulated audit was received.
- 40.7.1 The Committee discussed whether the addition of another member of staff would improve compliance to the 20 day target or whether the issues were rooted within the controls. Mr Marriott confirmed that historically FOI has been understaffed and the addition of another member of staff would allow the current FOI Officer to manage the workload more effectively and in turn improve performance.
- 40.7.2 It was acknowledged that to date there had been no negative impact or consequences for the failure to adhere to the 20 day target. It was understood that the process of collecting the information and turning around requests was very time consuming and placed a significant burden on services. Although the Scottish Information Commissioner had taken no action to date, this position was not likely to continue if improvement or action was not seen.
- 40.7.3 The Committee discussed the potential use of exemptions to reduce the burden of FOI requests on services and thresholds that could be applied. It was noted that an authority did not have to comply with an information request if the cost of doing so was likely to exceed £600 but this was not utilised often in Lothian.
- 40.7.4 It was noted that if the information was not held in Lothian requesters were given the opportunity to amend requests, but staff should only be providing information held by the organisation rather than creating new information for requests.
- 40.7.5 The Committee accepted the report.
- 40.8 Internal Audit Report Critical Infrastructure Systems (Ventilation) – The previously circulated report was received.
- 40.8.1 Committee members acknowledged and discussed the findings of the Internal Audit Report, which had highlighted issues around the completeness of professional expertise and appointments, planned maintenance requirements and the relevant governance framework. This had resulted in an overall finding of Limited Assurance in respect to the controls in place.

- 40.8.2 In addition to communicating its expectation that all recommendations within the Report should be addressed quickly and fully, the Committee sought additional assurance that, in future, there would be greater visibility and awareness of such issues at an earlier stage, through an enhanced framework of governance.
- 40.8.3 The Director of Estates & Facilities and the Deputy Chief Executive responded, confirming that all findings and recommendations had been fully accepted and that appropriate steps were already underway or planned to address them. Governance arrangements had been reviewed and the implementation of all required actions would be overseen by the Pan-Lothian Ventilation Safety Group, with support from other committees, including the Infection Control Committee and the Health & Safety Committee.
- 40.8.4 The Committee noted that the Report's findings had been based on a relatively new standard (SHTM-03-01), which did not exist or apply when the current Project Agreement with Consort for the Royal Infirmary of Edinburgh was put in place. Assurances were being sought from Consort that the current standard would apply to planned maintenance activities henceforth.

40.8.5 The Committee accepted the Report.

41. Counter Fraud Activity

- 41.1 Counter Fraud Activity – The previously circulated report on counter fraud activity was received.
- 41.2 The Committee noted the development of the three-year strategy that would encompass all of the home nations and the change to the status of the Learnpro module to mandatory for all staff who have budget responsibility.
- 41.3 The Committee noted that three intelligence alerts had been received from Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.
- 41.4 On fraud detection, the Committee noted the number of referrals and operations that were currently open, including brief updates on their progress, as well as the number of referrals and operations closed during the reporting period.
- 41.5 Mr Marriott reported that he discussed pursuing civil recovery in instances where there was insufficient proof to support a criminal case with the Central Legal Office (CLO) and they had been supportive of this approach. The CLO had reaffirmed that it was appropriate for NHS Lothian to utilise all tools available to them when seeking to recover public money.
- 41.6 It was agreed that there should be a communication piece about the pursuit of civil cases through the new simple procedure for up to £5,000 to raise awareness of counter fraud activity within the organisation.
- 41.7 The Committee discussed the cost of living crisis and its potential impact on the occurrence and scale of fraud within the organisation and whether further work was required to reinforce messages in light of this crisis. To date there were no instances of fraud related to the cost of living crisis identified, but the Counter Fraud

Team continues to improve the controls with Service Managers by learning from previous instances of fraud.

41.8 The Committee accepted the report as a briefing on the current status of counter fraud activity.

41.9 The Committee agreed that the report provided a moderate level of assurance that all cases of suspected fraud had been accounted for, and appropriate action had been taken.

42. Any Other Competent Business

42.1 Internal Audit Annual Plan 2022-23 - Referral from the Edinburgh Integration Joint Board Audit and Risk Committee - For information – The Committee noted the report from the Edinburgh Integration Joint Board Audit and Risk Committee and the information therein relating to their Internal Audit Plan for the period covering April 2022 to March 2023.

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

43. Reflections on the meeting

43. 1 The Committee reflected that there was nothing to report to the Board at this time.

44. Date of Next Meeting

44.1 The next meeting of the Audit and Risk Committee will be held on Monday 20 February 2023 at 9.30 a.m. via Microsoft Teams.

Signed by the Chair 20 February 2023

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 9 February 2023
Item No 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 15 December 2022	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Val de Souza (Chair)	Cllr Colin Cassidy (Vice Chair)	Nadin Akita
Jock Encombe	Angus McCann	Cllr Pauline Winchester
Cllr Stuart McKenzie (substitute for Cllr Kelly Parry)		

Present (non-voting members):

Morag Barrow (Chief Officer)	Joan Tranent (Chief Social Work Officer)	Fiona Stratton (Chief Nurse)
Johanne Simpson (Medical Practitioner)	Rebecca Green (Clinical Director)	Grace Chalmers (Staff side representative)
Wanda Fairgrieve (Staff side representative)	Hannah Cairns (Allied Health Professional)	Keith Chapman (User/Carer)
Miriam Leighton (Third Sector)	Chris King (NHS Lothian) (substitute for Chief Finance Officer, Claire Flanagan)	

In attendance:

Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Gill Main (Integration Manager)
Roxanne King (Executive Business Manager)	Alan Turpie (Standards Officer)	Elouise Johnstone (Programme Manager for Performance)
Sandra Bagnall (Macmillan Programme Manager (Improving the Cancer Journey))	Sandra McKenzie and Dawn Craig (The Thistle Foundation)	Mike Broadway (Clerk)

Apologies:

Cllr Derek Milligan	Cllr Kelly Parry	Claire Flanagan (Chief Finance Officer)
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Midlothian Integration Joint Board

Thursday 15 December 2022

1. Welcome and Introductions

The Chair, Val de Souza, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 13 October 2022 were submitted and approved as a correct record.

4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 1 September 2022 were submitted and noted.

4.3 The Minutes of Meeting of the MIJB Strategic Planning Group held on 14 September 2022 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update - Presented by Val de Souza Val de Souza reminding everyone about the upcoming online event open to all IJB members (voting and non-voting) being hosted by Health and Social Care Scotland and the Improvement Service, to consider the Scottish Government and COSLA's ambition to develop trauma-informed services, systems and workforces across Scotland and how this can support health and social care priorities, on	Noted the Chairs update	All To Note	

Midlothian Integration Joint Board

Thursday 15 December 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Tuesday 17 January 2023, 2.30-4.00 pm; details of which had been circulated to all Board Members.</p> <p>Val then went on to update Board Members on a recent in person event hosted by the IJB Chairs and Vice-Chairs Network which had included very helpful input from Audit Scotland and discussion around the proposed National Care Service. On the subject of which it would be helpful at some stage to get Members' thoughts/feedback on Integration and more specifically what had worked and would be worth keeping.</p>			
<p>5.2 Chief Officers Report</p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous months across health and social care as well as looking ahead at future developments.</p> <p>Having heard from Chief Officer, Morag Barrow in amplification of her report, the Board discussed the challenges posed by system pressures heading into the busy winter period; workforce related issues in particular staff recruitment and retention and the need for innovation in addressing what was an acknowledged issue across H&SC and the wider public sector; and progress in updating the Primary Care Improvement Plan and the Integration Scheme.</p> <p>The Board congratulated Kenny Barber, Community Mental Health Nurse in the Midlothian Substance Use Service and Lynsey Buchan, Team Manager in</p>	<p>Noted the issues and updates arising from the Chief Officers Report.</p>		

Midlothian Integration Joint Board

Thursday 15 December 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Health Visiting and pre-school Immunisations on their prestigious Queen's Nursing Awards. They also noted the impending departure of Jock Encombe who had announced his resignation from NHS Lothian Board as a Non-Executive Director, and subsequently as a Midlothian IJB Board Member, expressing thanks to him for all his hard work and wishing him every future success.</p>			
<p>5.5 Chief Social Work Officers Report - Paper presented by Joan Tranent, Chief Social Work Officer</p> <p>The purpose of this report was to present the annual report of the Chief Social Work Officer (CSWO). The report provided a high level summary of social work and social care activity, including key developments and information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and Council services. The report was not intended to be exhaustive but gave an indication of trends, priorities, challenges and opportunities over the past year, and in recognition of the arrival and impact of the COVID 19 pandemic, the report also included a summary of how services had responded and adapted during this period.</p> <p>Having heard from Chief Social Work Officer, Joan Tranent, who responded to Members' question and comments, the Board discussed the challenging nature and breadth of the work undertaken by Social Work staff, thanking Joan and her colleagues.</p>	<p>Noted the contents of, and the issues raised in, the report.</p>		

Midlothian Integration Joint Board

Thursday 15 December 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.3 Midlothian IJB Medium Term Financial Plan 2022/23 – 2026/27; and</p> <p>5.7 Finance Update – Quarter 2 2022/23 - Papers presented by Chris King on behalf of Claire Flannagan, Chief Finance Officer</p> <p>The purpose of this report was to present the Board with a 5-year financial plan (2022/23 to 2026/27). The plan had been prepared following acceptance of the formal budget offers for 2022/23 utilising the in-year financial information and the financial plans and assumption of Partner’s (Midlothian Council and NHS Lothian) for future years; a copy of the full financial plan summary was appended to the report.</p> <p>Also submitted was a report setting out the results of the Partner’s quarter two financial reviews, which considered how these impact on the projected financial position of the IJB for 2022/23.</p> <p>The Board, having heard from Chris King, who having taken Members through the reports, responded to Members’ question and comments, discussed the budgetary pressures being faced by both Partners, leading into some debate over their continuing ability to fund the IJB in the same manner to which it had become accustomed. Of more immediate concern was the fact that confirmation was still awaited from Midlothian Council on the inclusion of its share of the £140m national funding to support the Local Authority pay settlement being passed on to the IJB.</p>	<p>(a) Noted the medium-term financial plan (2022/23 to 2026/27);</p> <p>(b) Noted the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance;</p> <p>(c) Noted the quarter two financial reviews undertaken by partners; and</p> <p>(d) Agreed that the Chief Officer write in the first instance to the Council Leader and the Chief Executive seeking clarity regarding funding to support the Local Authority pay settlement being passed on. In the event that none was forthcoming to then take up matters as appropriate with Scottish Government.</p>	<p>Chief Officer</p>	

Midlothian Integration Joint Board

Thursday 15 December 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.4 Midlothian Integrated Joint Board Governance Documents - Paper presented by Alan Turpie, Standards Officer.</p> <p>The purpose of this report was to update Members on the key actions currently being undertaken to ensure statutory governance requirements were fulfilled. The pandemic and associated pressures resulted in some statutory requirements being granted an extension to completion. Integration Joint Boards must now review all governance arrangements and ensure updates were made where required.</p> <p>The report explained that having successfully reviewed both the Code of Conduct and the Integration Scheme, it was now intended to commence a review of Standing Orders and Scheme of Delegation; copies of which were appended to the report.</p> <p>The Board, having heard from Alan Turpie, Standards Officer, who having taken Members through the recommended changes and future actions, responded to Members' question and comments, acknowledged the importance of having up-to-date Standing Orders and Scheme of Delegation.</p>	<ul style="list-style-type: none"> (a) Noted the action taken to update the Code of Conduct and Integration Scheme; (b) Noted the action plan and timelines to review the Standing Orders and Scheme of Delegation; and (c) Agreed that any comments be fed back to the Standards Officer, Alan Turpie. 	All/Standards Officer	
<p>5.5 Improving the Cancer Journey & the Wellbeing Service - Presentation led by Sandra Bagnall, Macmillan Programme Manager (Improving the Cancer Journey).</p> <p>The purpose of this presentation was to provide an update on the progress made so far by the Improving</p>	<ul style="list-style-type: none"> (a) Noted the progress made to date by the Improving the Cancer Journey Service; (b) Noted how this work aligns with the existing Wellbeing Service; and 		

Midlothian Integration Joint Board

Thursday 15 December 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the Cancer Journey Service since going live in March 2021 and to outline the future plans to strengthen alignment with the existing Wellbeing Service in Midlothian.</p> <p>The presentation highlighted:</p> <ul style="list-style-type: none"> • Activity Data • Outcomes and Case Studies • How ICJ & Wellbeing were working collaboratively, evidencing where there was common ground and where there were differences <p>The Wellbeing Service was an integral backdrop to the Improving the Cancer Journey (ICJ) work. The Wellbeing/MIDWAY approach, which Midlothian ICJ workers apply in their work, and its existing position in primary care has enabled the ICJ project to embed in Midlothian and was influencing ICJ practice in other areas, both across the Lothians (as part of the Pan-Lothian ICJ Programme) and ICJ services across Scotland.</p> <p>Current funding arrangements:</p> <ul style="list-style-type: none"> • Thistle Foundation concludes 31 October 2023 • Improving the Cancer Journey (Macmillan) concludes November 2024. <p>Sandra Bagnall, Macmillan Programme Manager (Improving the Cancer Journey) provided the Board with a broad overview of the progress which had</p>	<p>(c) Noted the direction of travel in terms of ICJ & Wellbeing and how this should inform options for the exit strategy.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>been made, details of some of the impacts, and an outline of future plans. Sandra McKenzie and Dawn Craig, The Thistle Foundation, then highlighted some of these points by making reference to two case studies. Thereafter, they collectively responded to Members' questions and comments.</p> <p>The Board, in considering the presentation, welcomed the progress which had been made and commented favourably on the services being provided, expressing support for the future plans.</p>			
<p>5.8 IJB Improvement Goals - Report from Elouise Johnstone, Programme Manager for Performance;</p> <p>5.9 Alcohol and Drug Partnership (MELDAP) Annual Report 2021/22 - Report from Nick Clater, Head of Adult Services;</p> <p>5.10 Community Payback Order Annual Report 2021/22 - Report from Nick Clater, Head of Adult Services;</p> <p>5.11 East Lothian and Midlothian Public Protection Committee Annual Report 2021/22 - Report from Nick Clater, Head of Adult Services; and</p> <p>5.12 Multi-Agency Public Protection Arrangements (MAPPA) Report for Edinburgh, the Lothians, and Scottish Borders - Report from Nick Clater, Head of Adult Services Manager.</p>	<p>Noted the contents of the various reports.</p>	<p>All to Note.</p>	

Midlothian Integration Joint Board

Thursday 15 December 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
The above mentioned reports were all submitted for noting. Members were encouraged to review the reports and should they have any questions or queries on their content, to raise them directly with Integration Manager, Gill Main.			

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

Board Members joined Val de Souza in expressing their thanks to Jock Encombe for all his hard work as a Member of the Midlothian IJB Board and wishing him every future success.

8. Date of next meeting

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

- Thursday 12 January 2023 2.00pm Development Workshop.
- Thursday 9 February 2023 2.00pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 16:02.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 10 JANUARY 2023.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, Damian Doran-Timson, George Gordon, Katharina Kasper, Andrew McGuire and Anne McMillan

Non-Voting Members – David Huddlestone, Jo MacPherson, Alan McCloskey, Ann Pike, Patrick Welsh, Alison White and Linda Yule

Apologies – Karen Adamson, Lesley Cunningham, Elaine Duncan, Steven Dunn and Ann Pike

In attendance – Robin Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Karen Love (Senior Manager, Adult Services), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addictions Services), Katy Street (Communication and Engagement Lead) and Kerry Taylor (Project Officer)

1 ORDER OF BUSINESS

The chair ruled that agenda item 21 *Self-Assessment Survey – Results* would be considered as the first substantive item of business, immediately following agenda item 6.

2 DECLARATIONS OF INTEREST

Agenda Item 15 – *Older People Day Care Provision*

Councillor Tom Conn declared an interest as a member of the Linlithgow Day Care Centre Committee; he would therefore not participate in the item of business.

3 MINUTES

The IJB approved the minutes of its meeting held on 8 November 2022 as a correct record.

4 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board

Audit, Risk and Governance Committee held on 7 September 2022.

- b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 8 December 2022.
- c The IJB noted the minutes of the West Lothian Integration Joint Board Development Session held on 11 December 2022.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that on 22 November 2022 West Lothian Council had appointed Councillor Andrew McGuire as a voting member to the IJB. The IJB was asked to note the appointment.

The IJB was also asked to appoint a voting member out of West Lothian Council members as voting member and Chair, and then Vice-Chair in September, of the Audit, Risk and Governance Committee.

Decision

1. To note the appointment of Councillor Andrew McGuire as voting member of the IJB effective as of 22 November 2022.
2. To appoint Councillor Andrew McGuire to the Audit Risk and Governance Committee as voting member and Chair.

5 SELF-ASSESSMENT SURVEY – RESULTS

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

It was recommended that the IJB:

1. Note the results of the self-assessment survey; and
2. Discuss if any actions should arise from the results.

It was noted that members and senior officers would meet offline to discuss how to address areas of improvement; examples of good practice of communications and raising public awareness by other organisations would be taken into consideration.

Decision

To note the terms of the report.

6 CHIEF OFFICER REPORT

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

It was recommended that the IJB 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.

Further communications to encourage vaccination uptake before the programme closed were suggested during discussion.

Decision

To note the terms of the report.

7 CODE OF CONDUCT – ANNUAL REPORT 2021/22

The IJB considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2021/22 in relation to the Board's Code of Conduct.

It was recommended that the IJB note the summary of the work carried out in 2021/22 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland, and of other significant events in the ethical standards regime, including the successful adoption by the Board of its new members' Code of Conduct.

Decision

To note the terms of the report.

8 2022/23 FINANCE UPDATE

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update on the 2022/23 budget forecast position for the IJB delegated health and social care functions. This would be updated further following the outcome of the Quarter 3 monitoring exercise.

It was recommended that the IJB: 2 3.

1. Consider the forecast outturn for 2022/23 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2022/23 budget; and
3. Note the update on key financial risk areas.

Decision

To note the terms of the report.

9 AUTUMN STATEMENT AND SCOTTISH BUDGET ANNOUNCEMENTS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Chancellor of the Exchequer's UK Autumn Statement and on the Scottish Budget announced on 15 December 2022. The report also provided an update on the IJB's medium term financial plan for 2023/24 to 2027/28.

It was recommended that the IJB:

1. Note the latest economic position outlined in the Autumn Statement 2022;
2. Note the issue of the Scottish Draft Budget 2023, which included departmental spending plans for 2023/24;
3. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Budget;
4. Note the initial funding implications for Local Government and Health Boards resulting from the 2023/24 Scottish budget;
5. Agree that the IJB Chief Officer and Chief Finance Officer should work with NHS Lothian and West Lothian Council to further assess the impact of the Scottish Budget and the funding related to the 2023/24 financial contribution to the IJB from partner bodies; and
6. Note the adverse movements in the projected medium term budget position since the issue of the IJB public consultation, with the increased estimated gap of £14.4 million for the period 2023/24 to 2025/26.

Decision

To approve the terms of the report.

10 DEVELOPMENT OF IJB STRATEGIC PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the approach and progress made in taking forward the development the new IJB Strategic Plan, which would be in place by 1 April 2023.

It was recommended that the IJB:

1. Note the approach taken to the development of the new IJB Strategic Plan;
2. Consider the draft Strategic Plan included in Appendix 1 of the report and note that there were some sections of the plan that would be updated when detailed information became available such as the finance section of the plan; and
3. Agree that that a public consultation and engagement exercise could be undertaken on the draft plan prior to its submission to the IJB for final approval on 21 March 2023.

It was noted that a more detailed medium-term financial plan would be developed based on emerging information as the Strategic Plan progressed.

Decision

To approve the terms of the report.

11 IJB PUBLIC CONSULTATION – MODERNISING ADULT SOCIAL CARE

The IJB considered a report (copies of which had been circulated) by the Project Officer informing members of the high-level findings of the recent IJB public consultation, Modernising Adult Social Care.

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

Decision

To note the terms of the report.

12 HEALTH AND SOCIAL CARE SYSTEM CHALLENGES

The IJB considered a report (copies of which had been circulated) by the Head of Health and by the Senior Manager, Older People Services providing an update on the pressures being experienced across the health and social care system and providing an overview of winter planning initiatives within the West Lothian Health and Social Care Partnership.

It was recommended that the IJB note the challenging situation, ongoing risks and the actions being taken to support the health and social care system over winter.

It was noted that additional funding might be received from the UK Government as well as the Scottish Government for additional care beds. Details of the funding process were still to be confirmed.

Decision

To note the terms of the report.

13 PRIMARY CARE PREMISES CAPITAL INVESTMENT PRIORITIES

The IJB considered a report (copies of which had been circulated) by the General Manager Primary Care and Community Services outlining the main priorities for capital investment in primary care premises in West Lothian following strategic assessment of the primary care estate. The paper also sought approval from the IJB to submit the priorities to NHS Lothian for inclusion in a Lothian-wide capital investment submission to the Scottish Government.

It was recommended that the IJB:

1. Approve the priorities outlined in the paper for submission to the NHS Lothian Primary Care Initial Agreement Programme Board; and
2. Agree that the priorities would be reflected in NHS Lothian's submission to the Scottish Government for capital funding for primary care premises.

Members were supportive of the proposed priority list but requested more information on factors that informed the list, such as population growth and pressure on GP practices. As there was no formal deadline for submission, it was agreed that the proposed list could be submitted in its current form; meanwhile, officers undertook to provide the further details requested, to be reviewed by the next IJB meeting on 21 March. If the IJB wished to change its decision on the basis of the information received, an

updated priority list could be submitted immediately following the March meeting.

Decision

To agree the terms of the report with the caveat that members had requested more detailed information on factors affecting priorities; if on the basis of that information the board wished to make changes to its submission, this would be confirmed at the IJB meeting on 21 March and a new submission would be made immediately afterwards.

14 OLDER PEOPLE DAY CARE PROVISION

Having declared an interest, Councillor Tom Conn did not participate in this item of business.

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People Services seeking a direction from the IJB to West Lothian Council for procurement of Older People Day Care provision to achieve Best Value.

It is recommended that the IJB direct West Lothian Council to implement new contractual arrangements for the delivery of day care services for older people in West Lothian that were within the allocated budget and ensuring best value.

Decision

To approve the terms of the report and provide direction to West Lothian Council.

15 COMMUNITY CONNECTIONS IMPLEMENTATION UPDATE

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services providing an update on the progress made with regard to the implementation of the Community Connections Hubs.

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

Decision

To note the terms of the report.

16 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2021–2022

The IJB considered a report (copies of which had been circulated) by the Chief Social Work Officer providing the opportunity to note the contents of the Chief Social Work Officer's annual report. This report provided an overview of the statutory work undertaken during the period 2021–2022.

It is recommended that the IJB:

1. Note the contents of the Chief Social Work Officer's annual report for 2021–2022;
2. Note that the report had been presented to West Lothian Council on 22 November 2022; and
3. Note that the report had been submitted to the Scottish Government Chief Social Work Advisor.

Decision

To note the terms of the report.

17 WEST LOTHIAN HEALTH AND SOCIAL CARE PARTNERSHIP
WORKFORCE COMMUNICATION AND ENGAGEMENT STRATEGY

The IJB considered a report (copies of which had been circulated) by the Communication and Engagement Lead providing an update on the development of the West Lothian Health and Social Care Partnership's (HSCP) Workforce Communication and Engagement Strategy.

It was recommended that the IJB note the measures outlined in the Workforce Communication and Engagement Strategy that were aligned with the actions detailed in the HSCP Workforce Plan 2022–2025.

Decision

To note the terms of the report.

18 SCOTLAND'S DIGITAL HEALTH AND CARE STRATEGY – DELIVERY
PLAN 2022–23

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning & Performance informing members of the publication of the Scottish Government and COSLA's publication of Care

in Digital Age: Delivery Plan 2022–23.

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

Decision

To note the terms of the report.

19 MEDICATION ASSISTED TREATMENT AND A11 STANDARDS IMPLEMENTATION PLAN

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing an update on West Lothian ADP commitments, governance, performance and financial position.

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

Decision

To note the terms of the report.

20 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 8 DECEMBER 2022
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

Councillor S Akhtar
Councillor L Bruce
Ms E Gordon
Ms F Ireland
Councillor C McFarlane
Mr P Murray (Chair)
Ms V de Souza

Non-voting Members Present:

Ms M Allan	Mr D Binnie
Mr I Gorman	Ms M McNeill
Ms J Tait	Ms F Wilson
Dr J Hardman (s)	Mr C King (s)

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Mr G King	Mr M Kennedy
Ms L Kerr	

Clerk:

Ms F Currie

Apologies:

Councillor L Jardine
Ms L Cowan
Ms C Flanagan (s)
Dr J Turvill (s)

Declarations of Interest:

None

The Chair advised members that requests had been received from members of the public to attend online meetings of the IJB. This was not possible under the current arrangements but it was hoped that there might be a return to in person meetings in the spring of 2023. In the meantime, recordings of all online meetings would continue to be made available on the website.

1. MINUTES OF THE MEETING OF THE EAST LOTHIAN IJB ON 27 OCTOBER 2022 (FOR APPROVAL) AND MATTERS ARISING

The minutes of the meeting on 27th October 2022 were approved.

The following matters arising were discussed:

Item 4 (2022/23 Financial Update) – Councillor Akhtar asked for an update on the potential impact of sustainability payments ending in March 2023. Laura Kerr confirmed that providers were aware of the ending of payments and applications had tailed off in recent months. While providers be able to apply to the Social Care Fund for assistance with costs associated with staff absence, no additional funding had been announced. Ms Kerr was aware of two providers who were experiencing difficulties and her team were working with them to help manage the situation.

2. CHAIR'S REPORT

The Chair began his report by encouraging members to attend a forthcoming event called 'Trauma is Everyone's Business' taking place on 17th January.

He also reported on a recent meeting of the IJB Chairs & Vice Chair's Network at which Iain McFarlane had encouraged all IJBs to ensure that they had representation within their membership from those with lived-experience. The Chair said that while the IJB already had some lived experience from among its members, it would be an important point to bear in mind going forward. The meeting had also requested feedback from IJBs on their current financial challenges and these comments would be relayed to the Scottish Government. He noted that all IJBs were experiencing similar pressures in this area.

Judith Tait commented on the importance of having representation from those with 'lived experience' and how this fed into the design of trauma informed services. Maureen Allan concurred but noted that for many 'lived experience' could be seen as a derogatory term. John Hardman observed that, in relation to GP training, it was important to hear from those with current experience and not just past experience, as GPs needed to be aware of current needs and not just needs people perceive when recovered.

Val de Souza asked if it would be possible to share the feedback sent to Government regarding IJB financial challenges. The Chair agreed to look into this.

Marilyn McNeill raised the issue of the cost of living crisis which had affected many families in East Lothian. She outlined some of the resources and actions being promoted by the Area Partnerships and asked whether the IJB might have a role to play in assisting or promoting these. She suggested inviting the Area Partnership Chairs to a meeting to find out more.

The Chair agreed to discuss a potential meeting invitation with Councillor Akhtar, as IJB Vice Chair, and Fiona Wilson.

In the meantime, Ms Allan pointed to assistance provided to Foodshare and local food pantries and to the wider work of the Poverty Group. Councillor Akhtar added that all councillors received regular updates on the implementation of the Council's poverty action plan and she would be happy to circulate this information.

Ms McNeill said it was reassuring to hear of the wider actions taking place and that it would be worthwhile to have further information circulated and to invite someone to attend a further meeting to provide an update.

The Chair agreed to discuss appropriate actions with Councillor Akhtar and Ms Wilson and respond to Ms McNeill before the next IJB meeting. He thanked Ms McNeill for raising this issue and said it was right to link the cost of living crisis with potential impacts on people's wider health and wellbeing, and how this related to the work of the IJB.

3. 2022/23 Q2 FINANCIAL UPDATE

The Chief Finance Officer had submitted a report laying out the results of the Partner's (East Lothian Council and NHS Lothian) quarter two financial reviews and considering how these impacted on the projected financial position of the IJB for 2022/23

Chris King presented the report. He summarised the main points advising members that the year-end forecast for Q2 had improved to close to a break even position. He drew attention to areas of continuing pressure within Set Aside and social care budgets, additional risks around the NHS pay settlement and learning disability transport costs, as well as the Council's finance team remaining in business continuity measures. He also reminded members that the Scottish Government was looking to reclaim surplus COVID reserves and further advice was expected on recovery of these funds. In the meantime, the IJB continued to submit its regular financial returns and expected to record total costs of £5.2M.

The Chair asked for further details on the transport cost pressures and the risk from business continuity measures continuing within the Council's finance team.

Fiona Ireland advised that the Audit & Risk Committee had recently discussed the new risk to be added to the IJB's register around the impact of the business continuity measures, the need for further detail on this and consideration of potential mitigations. Referring to other matters highlighted within the report, specifically the overspend within the Set Aside budget, commenting that this arose partly because the IJB was allocated a percentage of the overspend rather than its costs being calculated on actual usage. This placed the IJB in a worse position than it otherwise might be and she encouraged members and officers to push for this calculation to move from a percentage to actual usage in future years. Regarding the reclaiming of COVID reserves she said it was important to understand the impact of this policy on budgets in the current year and going into 23/24.

The Chair concurred with Ms Ireland's point about the Set Aside budget and noted that work on this had begun pre-COVID but had stalled. However, it was now restarting and he would be happy to ask the NHS Lothian Board for an update on progress.

Mr King said that on the issue of COVID reserves, all IJBs shared the same concerns but that his colleagues had done a fair amount of exit planning to minimise any impacts. The main risk related to the additional wards at the community hospital and work was ongoing to address this.

Ms Wilson added that staff had worked hard to reduce the need for beds but that the home first, person-centred approach favoured within East Lothian had to be balanced with the need to support the wider system.

Mr King and Ms Wilson confirmed that discussions were ongoing with the Council's finance team around the issue of learning disability transport. The Council's Executive Director for Council Resources had assured them that although the team remained in business continuity measures, the IJB would continue to be a priority for service.

Responding to a further question from Councillor Akhtar regarding reclamation of COVID reserves, Mr King said that the Scottish Government had indicated that during the final quarter of the financial year IJBs would submit final projections for the year and the Government would calculate the amount left unused and for retrieval.

Ms de Souza reflected that there may be need for capacity in the system beyond COVID and that the IJB should be making the point about the impact of removing funding on the flow within the wider system around Lothian.

Iain Gorman confirmed that work was underway to consider the impact of reducing bed numbers and assessing this against the reserves position. In addition, work continued on the budget position for 2023/24 and this would be informed by the Scottish Government budget announcement on 15th December.

Decision

The IJB agreed to note the Quarter 2 financial review undertaken by Partners.

4. EAST LOTHIAN IJB MEDIUM TERM FINANCIAL PLAN 2022/23 TO 2026/27

The Chief Finance Officer submitted a report presenting the Board with a medium term rolling 5 year financial plan (2022/23 to 2026/27) for noting which had been prepared utilising the in-year financial information and the financial plans and assumptions of Partners for future years.

Mr King presented the report. He outlined the key aspects of the plan providing further detail on the figures and assumptions used to prepare the plan, highlighting areas of pressure and uncertainty, and proposed mitigation measures. He advised that this was the first iteration of the plan which would be refined and updated in early 2023. He concluded that while the IJB could have moderate assurance of a break even position for 2022/23, significant financial challenges remained thereafter.

The Chair recommended that inflation be included if it had not already been factored into the calculations and he also felt that the pay assumptions were too low. He queried whether delivery of the IJB's Strategic Plan in 2023/24 could be realised given the financial constraints.

Ms Wilson emphasised that recovery plans were in place and that staff were aware of the difficult decisions that would have to be made.

Ms de Souza agreed that the position was challenging but said it was good to have this plan in place. She raised the issue of transitions for services in light of the proposed National Care Service (NCS) and the potential for additional funding from Scottish Government to mitigate the impact of changes. She asked whether, if no new money was being proposed, it would be possible for the IJB to request this.

Mr Gorman agreed that work on transitions would be important, especially within children services. However, he thought the advent of additional funding unlikely.

Ms Tait agreed with Mr Gorman about the duties around child services to future-proof plans for children. She added that a refresh of the approach to autism was also required as this was not currently as robust as it needed to be. She advised that transition work was ongoing with NHS Lothian but that this was a very big piece of work. In response to a question from the Chair, she agreed that it would be useful to provide the IJB with a more detailed update on progress and intentions in this area.

Councillor Akhtar acknowledged that the position was very difficult and that the IJB needed to consider all opportunities to work efficiently and differently to mitigate financial pressures where possible. However, she pointed to the significant level of population growth within the Lothians and which was likely to continue. She urged the importance of factoring this into calculations within the plan and the implications for services. She also highlighted the need to raise this issue with national policy and decision makers.

The Chair agreed noting discussions which were already taking place at the Chairs & Vice Chairs Network and the need to keep the pressure on at national level to demand increases in funding.

Mr King responded to the Chair's earlier points outlining modelling undertaken around the pay uplift and confirming that inflation had been included in the calculations within the plan.

Ms Kerr stated that the IJB had clear objectives to which it remained committed and a lot of work was taking place on remodelling and refining of services.

Paul Currie informed members of the intention to more closely monitor progress on priorities and report back to the IJB.

Mr Gorman acknowledged that the IJB was about to enter a difficult place financially and there would be significant change to infrastructure, services and delivery. The IJB's ambition was to provide more services closer to home but this would be more challenging in future years, with some aspects of the strategy at risk from continuing financial pressures.

Decision

The IJB agreed to:

- i. Note the medium term rolling 5 year financial plan (2022/23 to 2026/27); and
- ii. Note the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance.

5. CIPFA - FINANCIAL MANAGEMENT CODE 2021/22

The Chief Finance Officer had submitted a report asking the IJB to agree to the adoption of the CIPFA – Financial Management Code guidance in so far as it applied to the operations of the IJB.

Mr King presented the report. He outlined the background and key principles of the Code and advised members that it was designed to support good practice in financial management. He confirmed that the Audit & Risk Committee had considered the Code and recommended its adoption by the IJB.

The Chair thanked Mr King for the report and said it made sense to follow good practice guidance provided by CIPFA.

Ms de Souza welcomed the report and endorsed the recommendation that the IJB adopt the Code. She said the IJB could benefit from the principles contained within it.

Recommendation i was approved by general agreement of members and recommendation ii was approved unanimously by roll call vote.

Decision

The IJB:

- i. Agreed to note the consideration and recommendation to the IJB of this Code from its Audit & Risk Committee; and
- ii. Agreed to the adoption of the Code.

6. ELHSCP BRANDING

A report was submitted by the Senior Communications Adviser presenting a new brand identity for East Lothian's Health and Social Care Partnership, along with new brand guidelines for the organisation.

Jennifer Jarvis presented the report. She outlined the background to the refresh of the HSCP branding reminding members that it was not just a logo or identity but must also communicate messages to an audience and be reflective of both partners' values. She provided further detail on how the new branding had been developed and the proposals for a phased roll out of the new logo over the next 6 to 12 months.

The Chair thanked Ms Jarvis for a very thorough piece of work.

Elizabeth Gordon welcomed the new branding and the gradual approach to its roll out. She said tying in the colour scheme with the old logo was a good idea and she noted that the new branding would be easily adaptable for different uses.

Recommendation i was approved by the general agreement of members and recommendation ii was approved unanimously by roll call vote.

Decision

The IJB:

- i) Reviewed the proposal for the new brand identity and guidelines; and
- ii) Approved and formally signed off the new brand identity and guidelines for implementation from January 2023.

7. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2021/22

A report was submitted by the Chief Social Work Officer presenting her annual report for 2021-22

Ms Tait presented her annual report. She outlined the background, purpose and format, including particular achievements and key challenges during 2021/22. The Chair welcomed the report and said it was important to acknowledge all of the work taking place on a daily basis to support vulnerable individuals.

Ms Tait, Ms Kerr and Mr Gorman responded to questions from members. They provided further detail on changes to commissioning structures as a result of the proposed NCS, gave examples of work undertaken to support different approaches to meet client needs and how working in partnership with organisations such as VCEL and using a risk-based approach was helping to provide greater consistency in service delivery across the county.

Ms de Souza said that this was an excellent report and she noted the range of issues covered and the services involved in underpinning the wider work of the HSCP. She also noted the workforce challenges and that, in some respects, social work was not always a very valued profession and that the public were not always aware of the complex and varying risks involved in this work, especially around protection issues. She added that she would be happy to hear what the IJB could do to better value and support the work of social work services.

Ms Tait acknowledged that staff recruitment and retention within children and family services was currently in crisis and part of that was down to the visibility of the role and how it was valued. She said it was important within the HSCP to discuss how to raise the profile of the social work role and how to demonstrate how social work adds value to partnership working. This annual report was a good way to showcase examples and achievements. She suggested that the IJB might consider what performance measures could bring greater visibility to the role.

Ms Tait responded to a question from Ms Gordon on permanent fostering and its impact in terms of the Promise. She explained that the Promise challenged social workers to ensure that, where safe and right to do so, the connection with the birth family was maintained. Also looking at whole-family wellbeing and providing support that would meet their needs. She added that this type of a partnership approach was not without its challenges.

Councillor Akhtar said it was really important to go through the report and to acknowledge the significant contribution of social work staff to the work of the HSCP. It was also important for the IJB to consider how it valued and articulated the role of social work and how best to get this message across to the public.

The Chair endorsed these comments and acknowledged that greater awareness of the work of social work services would be beneficial for the IJB. He suggested that Ms Tait might consider arranging a development session for IJB members.

Ms Tait welcomed the opportunity for a development session on both the general social work role and specific areas such as public protection or children's services.

Ms de Souza asked if it would be possible for the IJB to write to the Ms Tait to formally acknowledge the report and the work taking place. This letter could also be copied to social work staff.

The Chair agreed to discuss this further after the meeting. In the meantime, he thanked Ms Tait for an excellent annual report and acknowledged the contributions of all staff within the social work service.

Decision

The IJB considered the content of the 2021-22 Annual Report of the Chief Social Work Officer and its implications for the provision of social work services in East Lothian and their role in assuring the safety and welfare of vulnerable children and adults across the county.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 13 December 2022

Remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Robin Balfour, Councillor Euan Davidson, Christine Farquhar, Elizabeth Gordon, George Gordon, Ruth Hendery, Peter Knight, Jacqui Macrae, Allister McKillop, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson, Moira Pringle and Judith Proctor.

Officers: Angela Brydon, Lee Clark, Tony Duncan, Katie McWilliam, Kyle Oram and David White.

Apologies: Kirsten Hey

1. Deputations

a) Edinburgh Trade Union Council

A deputation was heard in relation to item 4.1 Minute of Meeting of 18 October 2022, item 6.2 Population Growth and Primary Care Premises Assessment Edinburgh 2022-203 and item 6.3 Bed Based Review – Public Consultation on the Future Provision of Older People’s Care.

The deputation made the following key points:

- the minute of the last meeting recorded correctly the key points made by the deputation but did not record any responses to those points
- concerns were noted about the role and remit of the Triage Team in relation to the implementation of care packages for substantial or critical categories of care patients
- noted there would be major challenges associated with provision of new health centres to support the anticipated substantial increase in population in Edinburgh by 2030
- it was not clear where trained staff and GPs would be sourced to staff the new health centres and concerns were expressed that there would be insufficient resource than that required by the public, private and third sector
- concerns that any future expansion of care homes across the city would be facilitated only by the private sector
 - information on total cost (not just capital) of provision of primary care services would be helpful to understand including the servicing of social care
 - the deputation felt that the current model of care needed to be changed for people presenting with complex needs living at home
 - future provision of social care required a reasonably paid and trained workforce and hoped that the consultation on the future provision of older people's care would go a long way to address the staffing crisis in the sector
 - it was essential that the EIJB ensured improved communication with trades unions, the public and all stakeholders about these important issues

Decision

- 1) To thank the deputation for their presentation.
- 2) To note that the response requested by the deputation at the previous meeting had been prepared and would be emailed.
- 3) To note there was a pre-consultation session scheduled for January 2023 which would include Trade Union representatives.

b) UNISON

A deputation was heard in relation to item 6.3 on the agenda – Bed Based Review – Public Consultation on the Future Provision of Older People's Care.

The deputation made the following key points:

- The deputation acknowledged and welcomed the recent engagement with the Chief Officer of the health and social care partnership
- It was important that meaningful frank and open consultation took place with all stakeholders to ensure that the best service is provided to needy and vulnerable people in the City, particularly those who resided in Clovenstone, Ferrylea, Ford's Road and the Jewel House care homes
- Any draft proposal or pre-consultation must be properly considered with all opinions heard and acted upon before approval
- The deputation believed that, if conducted in the correct manner, the consultation could be the way forward to significant improvements in future-proofing the provision of older people's care services
- The deputation requested the Board to agree that the format of any questions at pre-consultation should have meaningful input from UNISON and other stakeholders, including the workforce and front line workers, before anything is made public

Decision

To thank the deputation for their presentation.

2. Minutes

The minutes of the Edinburgh Integration Joint Board meeting of 18 October 2022 were submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Rolling Actions Log

The Rolling Actions Log updated to December 2022 was presented.

Decision

- 1) To agree to close Actions 1A and 1B – Membership Proposal for the Strategic Planning Group.
- 2) Action 2 – Committees Annual Assurance Report – referral from the Audit and Assurance committee – to keep this action open and update the comments in the rolling actions log to reflect the decision on this issue by the Audit and Assurance Committee at its meeting on 5 December 2022.
- 3) Action 3 – Systems Pressure Update – to keep this action open and to ask that the requested briefing note be provided to Members.

- 4) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

4. Edinburgh Joint Carer Strategy - Refresh

The draft refreshed Version 4 of the Edinburgh Joint Carer Strategy for 2023-2026 was presented for consideration and review. The developing Strategy took account of the draft EIJB Strategic Plan principles and the draft national Carer Strategic themes due to be published in Spring 2023 which also indicated a clear connection with the National Care Service.

The Edinburgh Carer Partnership Group had overseen the development of the refreshed Strategy in 2022 and the EIJB Strategic Planning Group had participated in a detailed discussion on 12 October 2022 where the draft had been well received.

It was proposed to move forward with wider engagement, consultation and feedback and to bring back the finalised refined version to the EIJB meeting in April 2023 for publication on the EIJB website.

Decision

- 1) To note the current status of the development of the refreshed Edinburgh Joint Carer Strategy 2023-26.
- 2) To approve the content, timeline and actions for further development.

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

5. Population Growth and Primary Care Premises Assessment Edinburgh 2022-2030

An analysis and quantification of the required provision of Primary Care Premises for the period 2022-2030 was submitted.

The report had been endorsed by the EIJB Strategic Planning Group on 12 October 2022 and subsequently by the Edinburgh Primary Care Leadership and Resources Group on 25 October 2022.

Decision

- 1) To approve the recommendations of the Population Growth and Primary Care Premises Assessment Edinburgh 2022-2030.
- 2) To support the analysis of GP premises requirements to respond to population growth for the period 2022 to 2030.
- 3) To support the conclusion that c70,000 more people would live in Edinburgh by 2030 and the full set of actions or equivalents in the report would be required to match General Medical Services (GMS) premises capacity to this population growth.

- 4) To support the conclusion that investment of c£90m over the next decade would be required to provide and renew accommodation for the existing and additional population.
- 5) To acknowledge the challenging funding context for public services in Scotland and consequent requirement to continue to work collaboratively with key partners to develop a deliverable set of actions.
- 6) To note that the report would be referred to the Edinburgh Partnership's Local Outcome Improvement Plan Delivery Group for awareness.

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

6. Bed Based Review – Public Consultation on the Future Provision of Older People's Care

An overview of the development and implementation of the public consultation on the future provision of older people's care was presented.

The Consultation Institute had already reviewed the statutory and legal requirements of the consultation proposal and had provided advice on the duty to consult in the capacity of an Integration Joint Board.

Due to the high interest in the consultation activity and to be reassured that due diligence had been completed in the pre consultation engagement activity, the Partnership proposed enlisting the services of the Consultation Institute during the pre-consultation planning stage at an indicative cost of £15,000+VAT.

Decision

- 1) To approve the draft proposal for the development and implementation of the public consultation on the future provision of older people's care and its associated documents.
- 2) To approve the cost for independent expertise and guidance from The Consultation Institute.
- 3) To agree that the final draft of the consultation questions would be circulated to Board members for feedback as early as possible prior to be submitted to the Board for final approval.

(References – Edinburgh Integration Joint Board 22 June 2021 (item 2); report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

7. Finance Update

An update on the financial performance of delegated services for the first six months of the year was presented.

Decision

- 1) To note the financial position for delegated services to 30 September 2022.

- 2) To note the moderate assurance of a break-even position for 2022/23 provided by the Chief Finance Officer.

Declarations of Interest

Christine Farquhar made a transparency statement as the carer of a person in receipt of direct payments from the City of Edinburgh Council and as the carer representative on the Edinburgh Integration Joint Board.

Bridie Ashrowan made a transparency statement as the Chief Executive of EVOC, an organisation in receipt of funding from the Health and Social Care Partnership.

Ruth Hendery made a transparency statement as a Trustee of VOCAL, an organisation in receipt of contracts from the Health and Social Care Partnership.

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

8. Edinburgh Integration Joint Board Risk Register

The latest iteration of the Edinburgh Integration Joint Board Risk Register and EIJB Risk Management Policy was submitted.

The EIJB Audit and Assurance Committee had discussed and reviewed the Risk Register in detail at its meeting on 5 December 2022. The Committee had expressed the view that the risk rating required to be reviewed and further work was needed to be undertaken to address those risks that were outwith the risk appetite or scored as very high risks with clear actions to bring them back within risk appetite. It had been agreed that a development session would be held with committee members in January/February 2023 to resolve the points highlighted.

Decision

- 1) To note that the risk cards had been discussed and reviewed by the Executive Management Team in November 2022 and by the Audit and Assurance Committee on 5 December 2022.
- 2) To note that the Audit and Assurance Committee considered that the risk rating required to be reviewed and further work needed to be undertaken to address those risks which were outwith risk appetite/scored as very high risks with clear actions to bring within risk appetite.
- 3) To note that there would be a development session with Audit and Assurance Committee members in January/February 2023 to resolve the points raised by Members.
- 4) To note that the EIJB Risk Management Policy had been endorsed by the Audit and Assurance Committee on 20 September 2022.
- 5) To request the Chief Officer to provide the Board with an overview of the services that the Edinburgh Integration Joint Board had issued directions to deliver, those which had not been delivered or only partially delivered and any mitigations planned to address these.

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

9. Appointments to the Edinburgh Integration Joint Board and Committees

Due to the resignation of the previous Chief Social Work Officer, it was proposed that the resulting non-voting vacancies on the Edinburgh Integration Joint Board and the Clinical and Care Governance Committee be filled by Rose Howley who had been appointed as the Interim Chief Social Work Officer.

Decision

- 1) To note the appointment of Rose Howley as the Interim Chief Social Work Officer which held a statutory, non-voting membership on the Edinburgh Integration Joint Board.
- 2) To appoint Rose Howley as a non-voting member to the Clinical and Care Governance Committee.

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

10. Committee Update Report

An update was provided on the work of the EIJB Committees which had met since the last Board meeting.

Decision

- 1) To note the work of the committees.
- 2) To note there needed to be improved information sharing between the Board's Committee and thereafter ultimately with the Board.

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

NHS Lothian

Board Meeting
5th April 2023

Deputy Chief Executive

NHS Lothian Climate Emergency and Sustainability Report 2021-2022

1 Purpose of the Report

- 1.1 The purpose of this report is to update the Board on:
 - NHS Lothian's first Climate Emergency and Sustainability Report for 2021-2022 (as per DL (2021-2022))
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

NHS Lothian Board

- 2.1 Note that the report covers the period April 2021 to March 2022.
- 2.2 Note that the core of the report was based on NHS Lothian Carbon Emissions report which was presented to Finance and Resources Committee in draft in August 2022 (here draft means pending formal confirmation of carbon factors later in the year).
- 2.3 Accept moderate assurance in relation to the delivery of pathway to net zero (Climate Change (Carbon Emissions) Report) which showed an overall reduction in (reported) carbon emissions of 4.0% (2,744 TCO₂).
- 2.4 Note that it is expected that the NHS Lothian Annual Climate Emergency and Sustainability report for last year 2022-2023 should be available in draft in August 2023.

3 Discussion of Key Issues

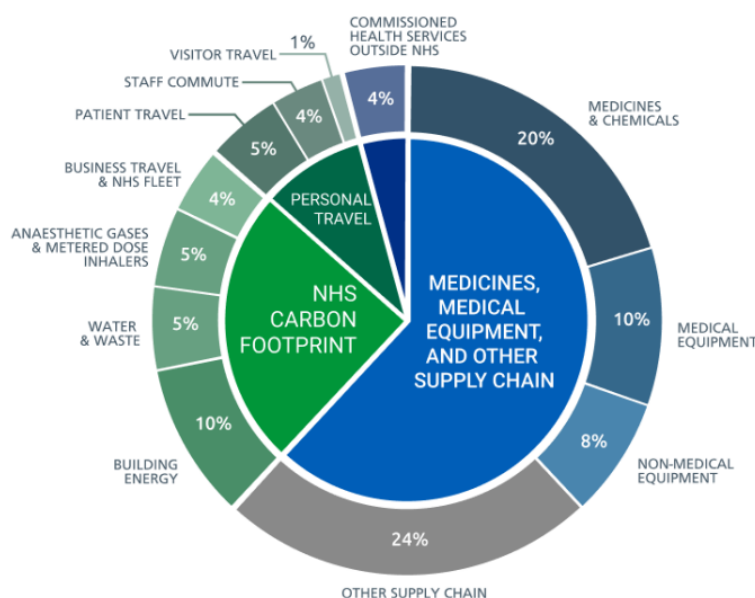
- 3.1 NHS Lothian has been required to submit an annual climate change report since 2007. The submission of the Mandatory Climate Change report is a requirement of the Climate Change Act Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. The report was submitted online as required in November 2022.
- 3.2 NHS Lothian Sustainability Team have been keen to report on the previous year's performance as soon as data is available, producing a draft report to be publicly available and supported by a webinar [Our Carbon Pathway \(nhslothian.scot\)](https://www.nhs.uk/our-carbon-pathway).
- 3.3 The Draft Climate Change (Carbon Emissions) 2021-2022 Report was reviewed by Finance Resources Committee in August 2022 as part of a broader update on progress. At this stage the report was designated draft pending confirmation of the official carbon factors prior to the Public Bodies Reporting Requirements submission deadline of the end of October.

3.4 Once the carbon factors were confirmed the report was updated and finalised. The differences between the Draft report submitted to Finance and Resources and the Final report are shown by inclusion of key draft figures in italics in the narrative below. It should be noted that a) the input data has not changed, only the application of the carbon factors and b) the main reason for the changes are related to changes in the electricity grid decarbonisation factor.

3.5 Key issues to note from the Climate Emergency and Sustainability Report (2021- 2022) are:

- The report focuses on emissions that we currently measure, predominantly within Scope 1 and Scope 2 and together these account for less than a quarter of the overall carbon foot-print (figure 1).

Figure 1 NHS Carbon Emissions Sources



- Year on year we are seeking to increase the scope of carbon emissions reported to extend across the whole of the NHS carbon footprint, this year including a report on emissions from inhalers which fall under Scope 3 of Greenhouse Gas Protocol (indirect emissions that occur in an organisations value chain).
- The report shows an overall reduction in carbon emissions of **4.0% (2,744 TCO₂)** *2.5% (1,749 TCO₂)*, and a reduction of **5.4% (3,300 TCO₂)** *3.8% (2,312 TCO₂)* from the built environment, an increase of **3.4% (88 TCO₂)** *3.7% (95 TCO₂)* in relation to transport, a **73.2% (377 TCO₂)** in emissions from waste and a **2% increase (92 TCO₂)** from anaesthetic gases.

3.6 The main factors underpinning performance 2021-2022 and actions underway for 2022-2023 are:

- Overall reductions in energy consumption as a consequence of a combination of contraction of the estate, grid decarbonisation and commencement of programme of investment in energy efficiency (NDEEF) in line with the energy strategy currently in development. Key actions underway for 2022-2023 – GPSEDs application for further energy efficiency investment, development of energy strategy, review of the HFS commissioned scoping of pathways to net zero.

- Excellent work in Anaesthetics on reducing waste from medical gases, though full impact of the work not yet evident in the data. Key actions to be progressed in 2022-2023: implementation of nitrous oxide mitigation and Green Theatres programme.
 - Fundamental problems with waste data make it difficult to develop and track a plan and to respond to the ever increasing expectations of staff in relation to reducing waste and recycling. Key actions to be progressed in 2022-2023: stronger engagement with National Waste Management Group.
 - Fleet decarbonisation is on track but more data analysis to inform the development of strategy in relation to grey fleet mileage is required in 2022-2023.
 - Excellent engagement from colleagues in pharmacy with Senior Sustainability data analyst in terms of developing monitoring of prescribing of inhalers forms a strong basis for quality and environmental improvements of prescribing practice.
 - Work is underway to undertake an analysis of Scope 3 emissions and spend across NHS Lothian.
- 3.7 NHS Lothian received a commendation at the NHS Assure Conference (3rd November 2022) Awards for its submission in the category of Sustainability Excellence Award: Sustainability Communications and Reporting, including the publication of our Climate Change Report on the internet and a webinar encouraging staff engagement and understanding of the report.
- 3.8 The report on the Climate Emergency and Sustainability Report (CE and SR) to Finance and Resources Committee also included updates on progress on NHS Lothian
- Update on delivery of the corporate objectives 72, 73 and 74 in relation to parameter 5 a clear commitment to environmental sustainability
 - Review of progress on the NHS Lothian Sustainable Development Framework and Action Plan (Corporate Objective 72) and included in the Climate Change Report.
 - Initial feedback on the self-assessment of performance in relation to National Sustainability Assessment Tool (NSAT) 2021
 - Update on the NHS Scotland Climate Emergency and Sustainability Policy and Strategy – including update on governance, reporting and next steps for NHS Lothian.
- 3.9 Under paragraph 65 of the Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38), each NHS Scotland body must publish a report on its public website each year summarising its progress against the aims of this policy using a template approved by the Scottish Government Health and Social Care directorates (SGHSC) for that purpose.
- 3.10 The report must be approved by the NHS Scotland body's Chief Executive and be provided to:
- The NHS Scotland body's staff
 - The NHS Scotland's body's board members; and
 - SGHSC
- 3.11 The template for completing the first Annual Climate Emergency and Sustainability report was circulated on 11th of November 2022 and the annual deadline for completing the first annual Board report and publishing online extended to 31st January 2023. NHS Lothian submitted the report in January following a paper to CMT and pending full NHS Board approval.

- 3.12 Final scores on the National Sustainability Tool (NSAT) were confirmed by NHS Assure at the end of February 2023 and the score was reported to Finance and Resources Committee on 20th of March and is now included in the Annual Climate Emergency and Sustainability Report.
- 3.14 In 2021/22, NHS Lothian scored 68% overall, an increase of 1% on 2020/2021. Our three highest scoring areas were Sustainable Care 89%, Welfare 97% and Awareness 87%. Governance and Policy, scored 78%, which is considered positive. Our three areas with the most room for improvement were: Adaptation (44%), Active Travel, (38%) and Waste 51%.
- 3.15 The key issue to note in relation to the NHSL Annual Climate Emergency and Sustainability report is that there is significant overlap with the annual report that NHS Lothian had been producing. Although the focus of the NHS L report had been carbon emissions, the scope of the report had been broadened to encompass delivery on the NHS Lothian Sustainable Development Framework and Action plan. Going forward, now there is clarity on the requirements of Annual Climate Emergency and Sustainability report, a single report will be produced.
- 3.16 A further development is that the Annual Delivery Plan 22/23 and Medium Term Plan Guidance will include Climate Emergency and Environment as one of 10 Drivers of Change. These priorities are incorporated in NHS Lothian Sustainable Development Framework and align well with current corporate objectives.
- 3.17 The inclusion of these delivery priorities in the Annual Delivery Planning processes will require additional planning reporting. In this context, and in recognition of the existing Climate Change reporting duties on NHS Boards, the further requirements of the NHS Scotland Climate Emergency policy and Strategy, SG Health Infrastructure Division have agreed to undertake a review of reporting requirements

4 Key Risks

- 4.1 The new NHS Scotland Climate Emergency and Sustainability Strategy sets out clearly the statutory compliance and legislative requirements on NHS Scotland, as well as setting out a positive vision for the future of health care and its potential contribution to a greener and fairer economy and society. There are significant compliance and reputational risks if the delivery of the strategy is not appropriately resourced.
- 4.2 There is an additional risk that reporting and governance requirements add further demand on the current sustainability capacity and resources and detract from delivery.

5 Risk Register

- 5.1 As the NHS Scotland Climate Emergency and Sustainability Policy is implemented, the development of our approach to Adaptation and Climate Risk Assessment and Environmental Management System will inform the risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The opportunities for population health co-benefits of climate action, addressing health inequalities and a Just Transition are fundamental to NHS Lothian Sustainable Development Framework, and the NHS Scotland Climate Emergency and Sustainability strategy.

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

- 7.1 There is currently no formal duty to engage or consult people who use our services, though there is significant opportunity for the NHS to engage communities through partnership working and engage service users in the opportunities and health benefits of effective and just climate action.

8 Resource Implications

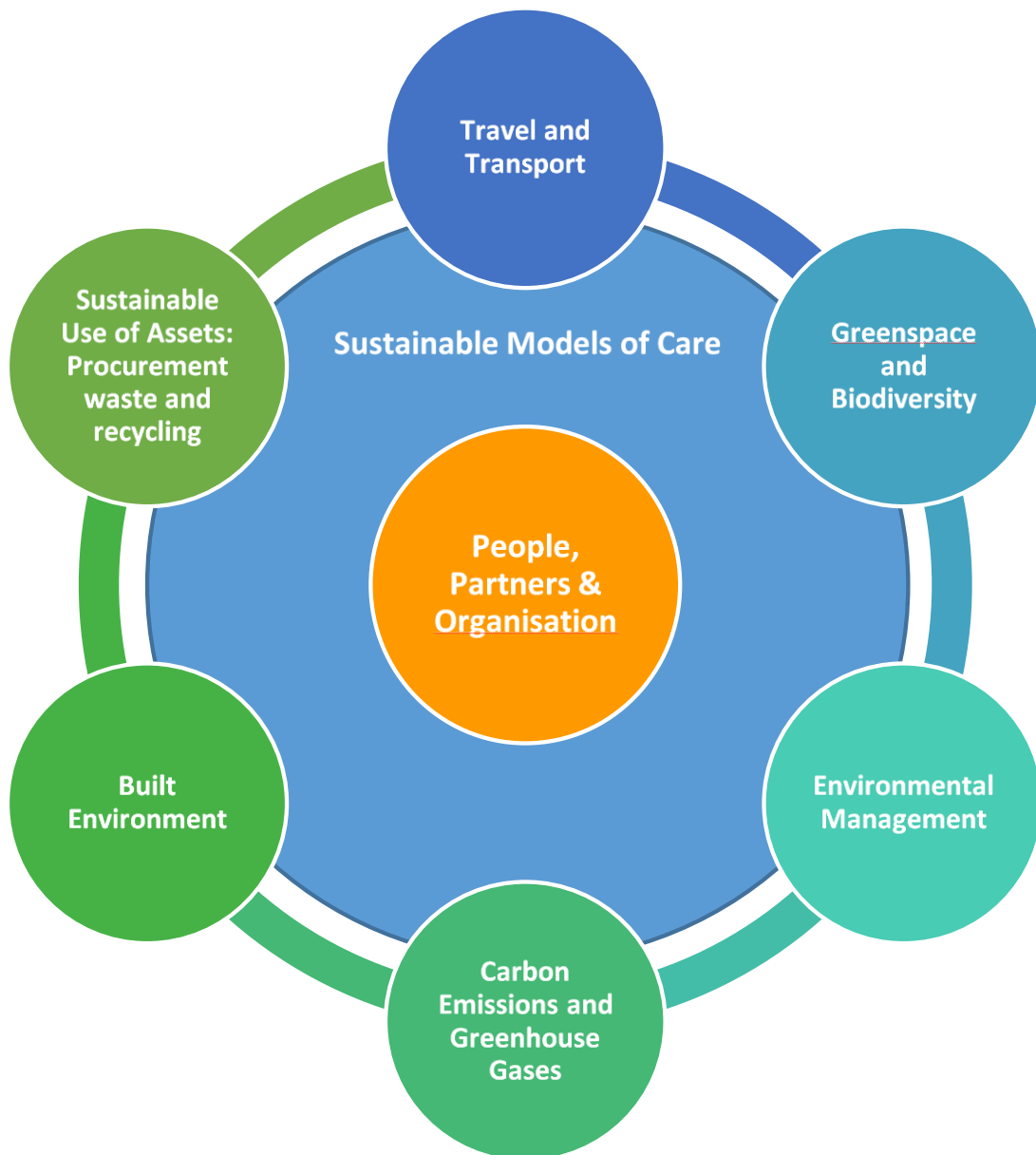
- 8.1 The resource implications are in relation to current capacity of the Climate Change and Sustainability Team to deliver the transformation required to embed Climate Change and Sustainability across the organisation as a whole in line with NHS Lothian Vision and the requirements of NHS Scotland Climate Change and Sustainability policy and strategy.
- 8.2 The capacity requirements and resources for delivery of the strategy are being reviewed nationally and within NHS Lothian in line with progress on the national review and NHS Lothian priorities.

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Iain Sneddon Transport Manager
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13 March 2023
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List of Appendices

Appendix 1: NHS Lothian Public Climate Emergency and Sustainability Report 2021-2022
Appendix 2: NHS Board Annual Climate Emergency and Sustainability Report 2021/22 SG
Template

2021-2022 Public Climate Emergency and Sustainability Report



Sustainability Overview

NHS Lothian launched our new **Sustainability Development Framework and Action Plan** in December 2020, to guide our journey to net zero by 2040 and our commitment to the UN Sustainability Goals.

Incorporating a new and broader approach, the Framework not only provides direction on reducing the climate impact of NHS activity but also looks at our role as advocates and partners for wider change

The NHS Lothian Framework gives us a strong vision and clear ambitions. This report includes an update of our progress.

The Royal Edinburgh Hospital was the first healthcare site in Scotland to receive a Green Flag Award for the quality of its greenspace

5 webinars were delivered by the Sustainability Group during the last year and attended by over **300 people**. These included events on Sustainable Development in Primary Care, Reflections on COP26, Green Theatres and Sustainable and Active Travel.

More to come...

NHS Lothian took its turn to host the **Edinburgh Climate Compact** Quarterly Meeting, which will support the radical reduction in Edinburgh's greenhouse gas emissions.

NHS Lothian emissions for 2021/22 are **66,352** Tonnes CO₂, a reduction of **4.0%** and **2,744** Tonnes CO₂ from 2020/2021.

Emissions from buildings have reduced **68.9%** against 1990 target, currently ahead of net-zero target by **8.6%**.

We worked with Travelknowhow Scotland to produce a draft NHS Lothian **Sustainable and Active Travel Strategy** and held a series of staff consultations on the draft.

NHS Lothian is the **first health board in Scotland** to use new technology during childbirth which delivers a benefit to the environment as well as helping mums in labour, by breaking down environmentally damaging gas, into harmless Nitrogen and Oxygen.

NHS Lothian worked with National Procurement to half the plastic packaging for NHS Uniforms across the whole of NHS Scotland. Well done **Irene Brown**, Sewing Room Supervisor for initiating this work.

137 Electric Fleet Vehicles on the road and **50 more due**, over a quarter of NHS Lothian's Fleet. Two e-cargo bikes arrived for the podiatry service to trial. Based on interest a wider trial is about to commence

£2.4M invested in energy efficiency and decarbonisation projects through the Non-Domestic Energy Efficiency Framework (NDEEF).

Purpose of this Report

Managing and reducing our emissions is essential to reduce our impact on the environment, effectively manage resources, contribute to actions on climate change and show leadership.

This 2021/22 Carbon Emissions Report gives detail on emissions associated with the operations of NHS Lothian. The Scottish Government has adopted an ambitious new target to reduce emissions by 75% by 2030 – the toughest statutory target of any country in the world, while NHS Scotland will target net-zero by 2040. While only buildings data is available over this period, a reduction of 68% against the 1990 baseline is positive.

Annual reporting has been required since 2007/08 when a Carbon Management Plan was developed to formalise our strategy and activities in reducing carbon emissions. This report gives an update on our emissions, a breakdown of emissions sources, insight on changes and an overview of the activities, challenges and planned activities.

Carbon Emissions Overview

Addressing carbon emissions and greenhouse gases is fundamental to addressing climate change and delivering services in a sustainable manner. Establishing targets and systems that provide continuous monitoring is paramount to shaping our actions and tracking our progress. NHS Lothian has calculated and reported emissions from traditional energy and fuel sources since 2008. We continue to improve the collection and utilisation of data to better understand the hotspots, opportunities, impacts and trends. We also recognise the need for understanding and engaging on the wider impact of our operations, through our partners and supply chain.

Our Aim: Contribute to national net-zero targets through reducing carbon emissions and other Green House Gases.

We continue to recognise the wider contribution that services have on the environment and need to broaden our scope of measurement. We first included emissions from Anaesthetic Gases in our 2018/19 report and continue to report these emissions.

The addition of a wider range of emissions sources in our reporting increases the challenge but is essential if we are to embed sustainability across the whole organisation and harness the enthusiasm and determination of the widest range of our staff.

Overall there has been a reduction in emissions from last year, by 1,749 Tonnes of CO₂, a reduction of 2.5% from last year. There have been increases in some emissions sources, but there is confidence that the strategy and activities across the organisation are supporting our corporate aims and targets to increase sustainability of the organisation.

Glossary

RIE – Royal Infirmary of Edinburgh

CO₂ – Carbon Dioxide

RHSC – Royal Hospital for Sick Children

RYCYP & DCN – Royal Hospital for Children and Young People

WGH – Western General Hospital

SJH – St John's Hospital

kWh – Kilowatt Hours (measurement of energy)

EV – Electric Vehicles

T – Tonnes

Kg – Kilograms

Contributors

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Shona Binning

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Andrew Grant

Katie Johnston

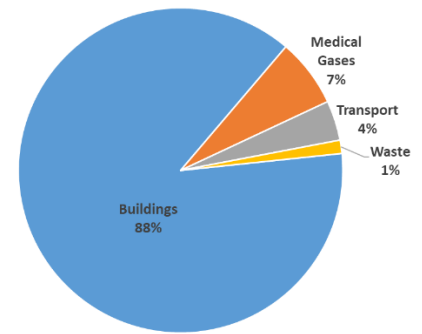
Douglas McCabe

Carbon Emissions

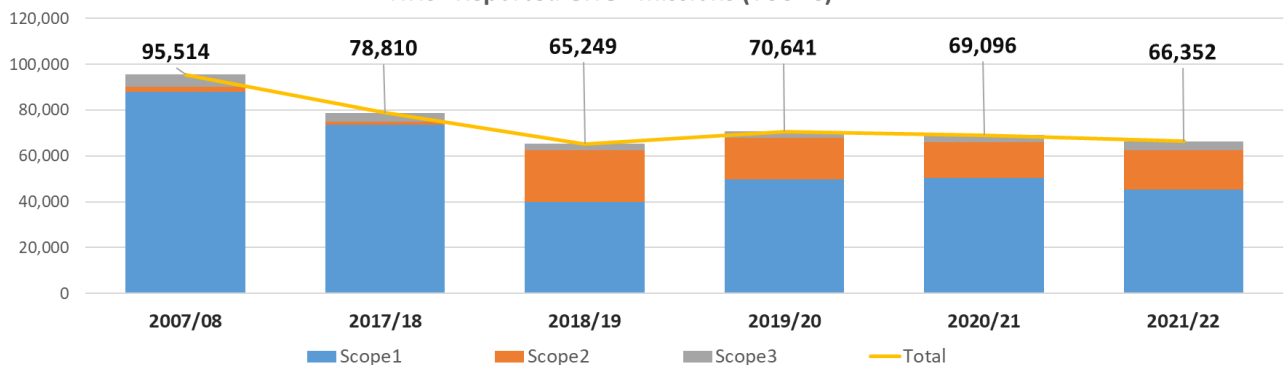
Key Stats

- Overall decrease of **2,744** Tonnes CO₂ from 2020/2021 report.
- Overall reduction of **128,782** Tonnes CO₂, 69%, from 1989/1990 national targets baseline (buildings only).
- **Buildings** - reduction of **3,300** Tonnes CO₂ (-5.4%)
- **Medical Gases** - increase of 92 Tonnes CO₂ (+2.0%)
- **Transport** – increase of 88 Tonnes CO₂ (+3.4%)
- **Waste** – increase of 377 Tonnes CO₂ (+73.2%)

2021/2022 Emissions (tCO₂e)



NHSL Reported GHG Emissions (TCO₂e)



Year	2007/08	2017/18	2018/19	2019/20	2020/21	2021/22
Scope 1	87,800	73,744	39,786	49,814	50,455	45,456
Scope 2	2,302	1,059	22,783	18,057	16,841	17,070
Scope 3	5,412	4,007	2,680	2,770	1,802	3,826
Total	95,514	78,810	65,249	70,641	69,097	66,352
Annual Performance						
Change %		-6.5%	-17.2%	8.3%	-2.2%	-4.0%
Reduction TCO ₂		-5,446	-13,561	5,392	-1,544	-2,744
Baseline Performance						
Reduction %		-17.5%	-31.7%	-26.0%	-27.7%	-30.5%
Reduction TCO ₂		-16,704	-30,265	-24,873	-26,417	-29,162

Commentary

- Buildings are the most significant emissions source, based on current emissions scope. The high proportion of emissions associated with the major acute sites (RIE, WGH and SJH) account for 66% of the total buildings emissions, the top 10 account for 90%.
- Anaesthetic gases contributed 6.9% of our CO₂ emissions. There has been an increase of 2% compared to previous year, but the longer term trend has shown significant reductions which has been a real success, with ongoing activities by a highly engaged group.
- Waste figures show an increase of 377 TCO₂. Progress has been made but concerns remain over data quality. While a small carbon contributor, an important area for action from a cost and sustainability perspective.
- Transport emissions have increased by 88 Tonnes CO₂. Approximate mileage increase of 0.5 million km.
- NHS Lothian is the first board in Scotland to deliver a biodiversity, climate change and nature-based health benefits assessment of the natural capital assets (habitats) of their estate. We have established a base line of carbon sequestration, air quality regulation and biodiversity.
- This report has been updated in line with the latest factors and aligns with the Public Climate Change Report (PCCR) submitted in November 2022.

Buildings

Key Stats

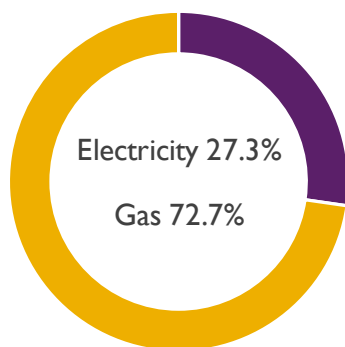
- Buildings - reduction of **3,300 TCO₂** (-5.4%)
- 88% of total reported emissions, 75% of associated scope cost
- Scope 1 - Gas consumption **decreased by over 26.3 million kWh's** (4,994 TCO₂, -11.3%) – 2,195 equivalent average homes
- Scope 2 - Electricity consumption has **increased by over 13.8 million kWh's** (1,722 TCO₂, 9.3%) – 4,757 equivalent average homes
- The **three largest sites** (RIE, WGH & SJH) accounts for **66%** of buildings emissions, the ten largest **90%**.
- Total energy is equivalent to **20,010** average homes electricity and **17,848** gas consumption
- £2.4M invested in energy efficiency measures last year

Energy Consumption			2020-2021		2021-2022		
	2019/20	2020/21	2021/22	Variation	% Change	Variation	% Change
Electricity	70,671,451	66,455,966	69,628,248	-4,215,485	-6.0%	13,794,592	20.8%
Gas	229,425,868	240,304,959	214,172,124	10,879,091	4.7%	-26,335,255	-11.0%
Water	1,494,105	1,091,963	877,878	-402,142	-26.9%	-245,372	-22.5%

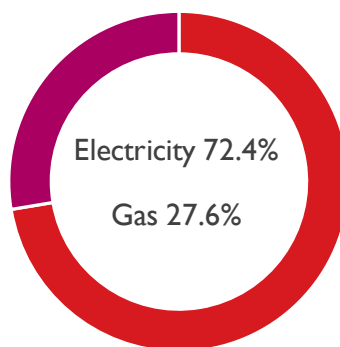
NHS Lothian: All sites

Utility Overview: Apr-20 - Mar-21

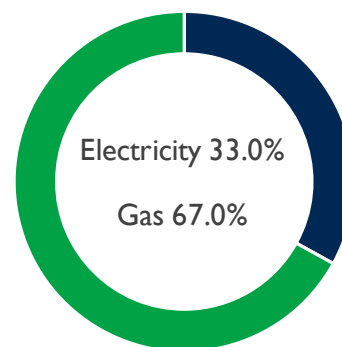
Usage Breakdown



Cost Breakdown



CO₂ Breakdown



Commentary

- The reduction in carbon emissions from buildings of 3,300 TCO₂, is due to a combination of a significant reduction in gas demand, reducing electricity grid carbon factor and impacts of investment in energy efficiency and renewable technology.
- The difference in figures for electricity and gas shown in the two tables is due to a difference in invoiced utilities and reportable emissions. In-line with international standards we deduct energy consumption associated with external organisations operating within our property boundaries. The vast majority is apportioned to the University of Edinburgh who have large footprints at the RIE and WGH. Other partners include City of Edinburgh Council and West Lothian Council, all of which report their emissions under the same regulations.
- There is likely an impact of Covid-19 on energy consumption but this cannot be fully determined, due to complexity in the operational patterns of demand. There is an expected reduction in some areas due to lower

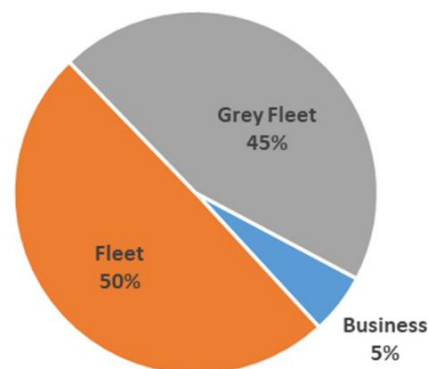
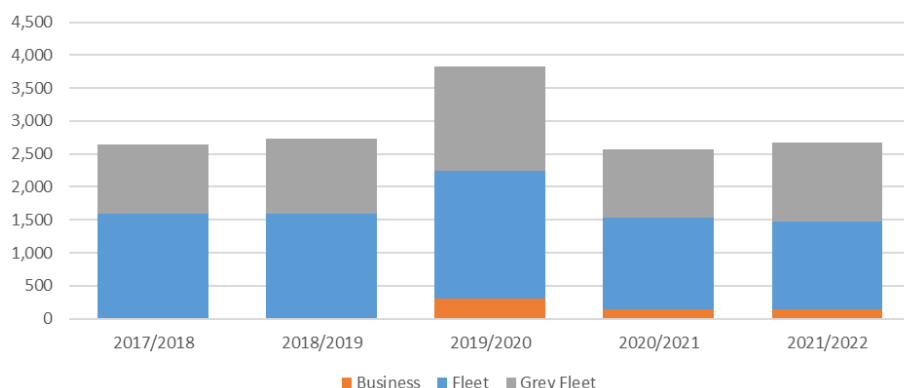
service use but this could be counteracted by changes in ventilation, increased IT server demands and hot water consumption for cleaning.

- Gas has significantly decreased over this period, in part due to the Combined Heat and Power system at the Western General Hospital not operating, estate rationalisation of the Royal Hospital for Sick Kids and warmer seasonal profile.
 - The reduction in gas consumption, in part due to the WGH CHP, has led to a corresponding increase in electricity but the reduction in gas is of a greater magnitude. In a similar manner the warmer season has likely increased cooling demands which operate on electrically supplied chiller plant.
 - During this reporting cycle, NHS Lothian, with support from Scottish Government, invested £2.4 million in a programme of works to reduce energy demand, carbon emissions and energy costs. The project covered five sites, with LED lighting being fitted at each building, energy efficient fan motor replacements, gas Combined Heat and Power (CHP) at Lauriston and Solar Photovoltaics at Leith Community Treatment Centre.
 - The table above shows the high proportion of emissions associated with the major acute sites. The RIE, WGH and SJH account for 66% of the total buildings emissions. The 10 shown above account for 90%.
-

Transport

Key Stats

- Transport - increase of 88 tCO₂e (+3.4%)
- 4% of total reported emissions, 13% of associated scope cost.



Transport	Consumption		Emissions (tCO ₂ e)		Variation	% Change
			2020/21	2021/22		
Diesel (Fleet)	397,451	litres	1,104	999	-105	-9.5%
Car - petrol (Grey fleet)	3,903,874	km	559	680	121	21.7%
Car - diesel (Grey fleet)	1,719,701	km	254	290	36	14.1%
Petrol (Fleet)	135,368	litres	288	297	9	3.1%
Average Car ¹ (Grey fleet)	1,167,644	km	210	200	-10	-4.6%
Car - hybrid (Grey fleet)	126,458	km	7	15	8	122.4%
Taxi - Business	3,660	km	1	1	0	7.7%
Train - Business	369,683	km	11	13	2	17.5%
Air - Business	11,792	km	2	3	0	19.7%
Bus - Business	99,660	km	9	12	3	27.6%
EV's - Business	33,237	kWh	5	3	-2	-40.0%
EV's - Fleet	112,166	kWh	10	31	21	210.0%
Taxi - Business	785,147	km	114	117 ³	3	2.2%
Total			2,573	2,660	88	+3.4

1 - Unknown Fuel
2 - Values calculated from cost information
3 - Assumed, to be reviewed

Commentary

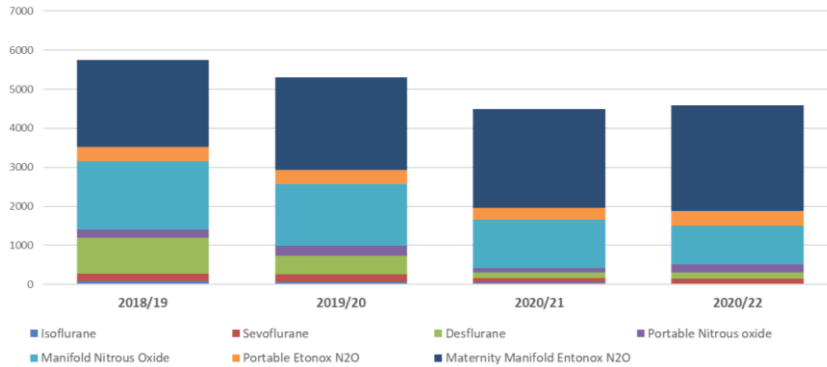
- Overall there has been an increase in transport emissions, across most groups. The exception is fleet diesel.
- There has been an increase in the mileage from Grey Fleet of approximately 0.5 million km's. **Potentially lower than would have been expected following the changes in Covid related working practices.**
- COVID 19 has brought rapid progress in the roll out of technology and organisational development to support remote working and consultations.
- Significant progress on transition of the fleet to Electric Vehicles. Over £525,000 has recently been approved for electric vehicles and 46 charging points. The additional electric vehicles bring the total number of electric vehicles in NHS Lothian to **137, with 50 on order**, which is just over a **quarter** of NHS Lothian's fleet.
- The table above shows a comparison of emissions against 2020/21 for comparison against the previous year. Transport data is collated through a variety of sources, including expenses returns and is therefore based on available indicators to convert costs to distance. Further investigation is being undertaken to check the data, and improve for future reports and trend analysis.

Anaesthetic Gases

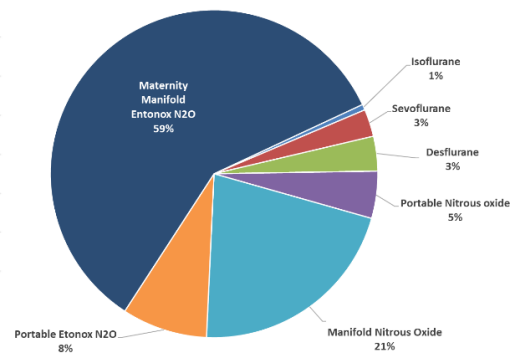
Key Stats

- Medical Gases - Increase of **92 TCO₂** (+2%)
- 6.9% of total reported emissions, 2% of associated scope cost

Anaesthetic Gases Emissions - CO₂e (Tonnes)



Anaesthetic Gases Emissions - CO₂e (Tonnes)



Gas	CO ₂ e			2020-2021	2021-2022
	2019/20	2020/21	2020/22	% Change	% Change
Isoflurane	72.5	45.8	25.9	-36.8%	-43.3%
Sevoflurane	179.3	125.5	123.5	-30.0%	-1.6%
Desflurane	492.6	133.1	157.1	-73.0%	18.0%
Portable N2O	243.1	107.3	213.3	-55.9%	98.7%
Manifold N2O	1582.4	1248.0	978.4	-21.1%	-21.6%
Portable Entonox	361.1	300.7	386.9	-16.7%	28.6%
Manifold Entonox	2372.1	2532.1	2699.1	6.7%	6.6%
TOTAL	5303	4493	4584	-15.3%	2.0%
N₂O	4559	4188	4278	-8.1%	2.1%

Commentary

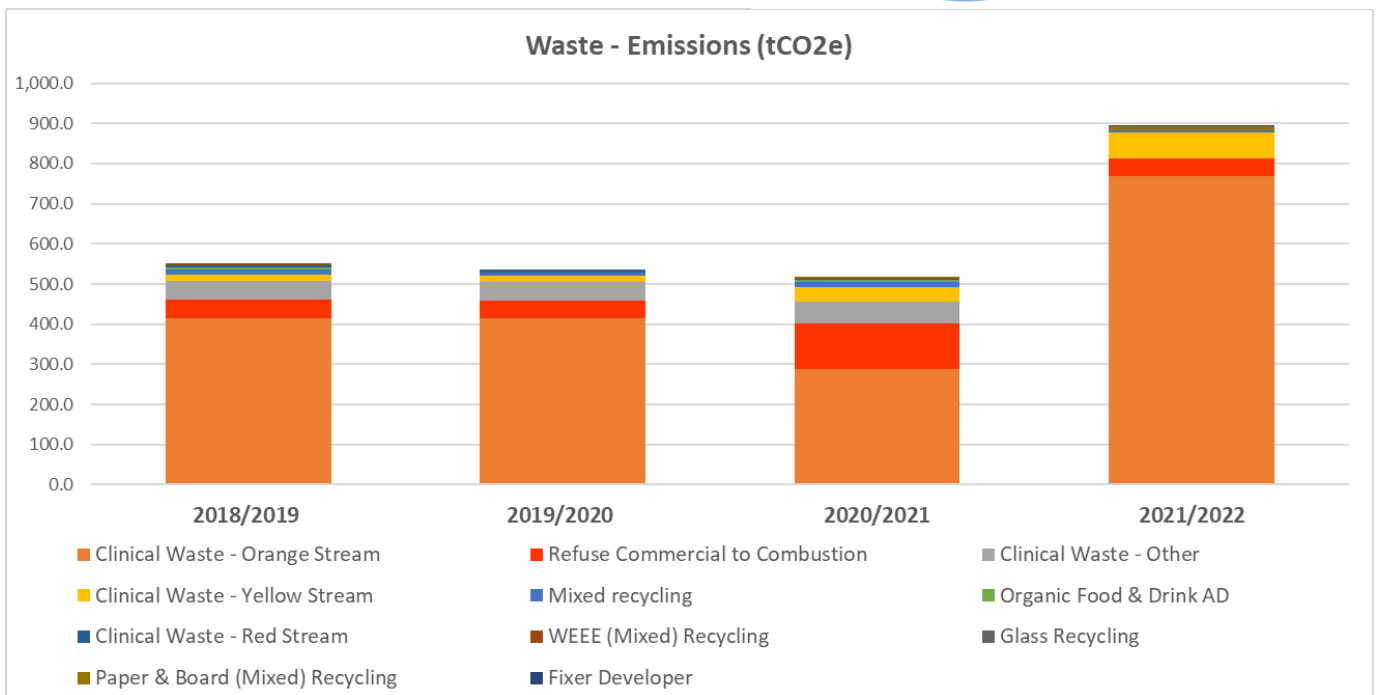
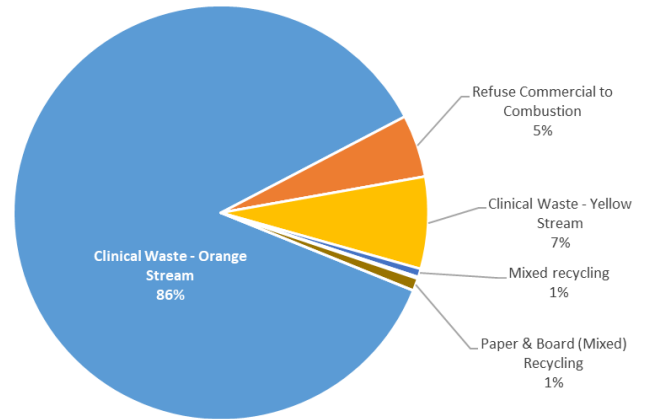
- Overall increase in emissions from Medical Gases.
- Desflurane use has risen, with NHS Lothian accounting for over 30% of national volatile emissions.
- Significant switch from manifold Nitrous Oxide to portable.
- Further investigation is required to understand the impact of clinical events on the consumption.
- Data is robust but has an inherent lag due to measurement of returns and not consumption.
- The key activities have been focused on minimising the use of Desflurane through use of lower emission alternatives with no clinical impact and closure of manifold systems with high leakage rates.
- Further improvements are considered possible and being investigated across multiple service lines, with the changes realised over the last 12 months there is a high level of confidence in further reductions.
- NHS Lothian is the first health board in Scotland to use new technology during childbirth which delivers a benefit to the environment as well as helping mums in labour, using the new machine which turns exhaled Nitrous Oxide, an environmentally damaging gas, into harmless Nitrogen and Oxygen.

<https://news.nhslothian.scot/2021/11/19/lothian-hospital-makes-delivering-babies-eco-friendly/>

Waste

Key Stats

- Waste - increase of **377 TCO₂** (+73.2%)
- Data for previous reporting cycles was incomplete, specifically Clinical Waste, therefore the high increase is an artefact of missing data.
- 1.3% of total reported emissions
- 10% of associated scope cost
- 86% of emissions attributable to Clinical waste

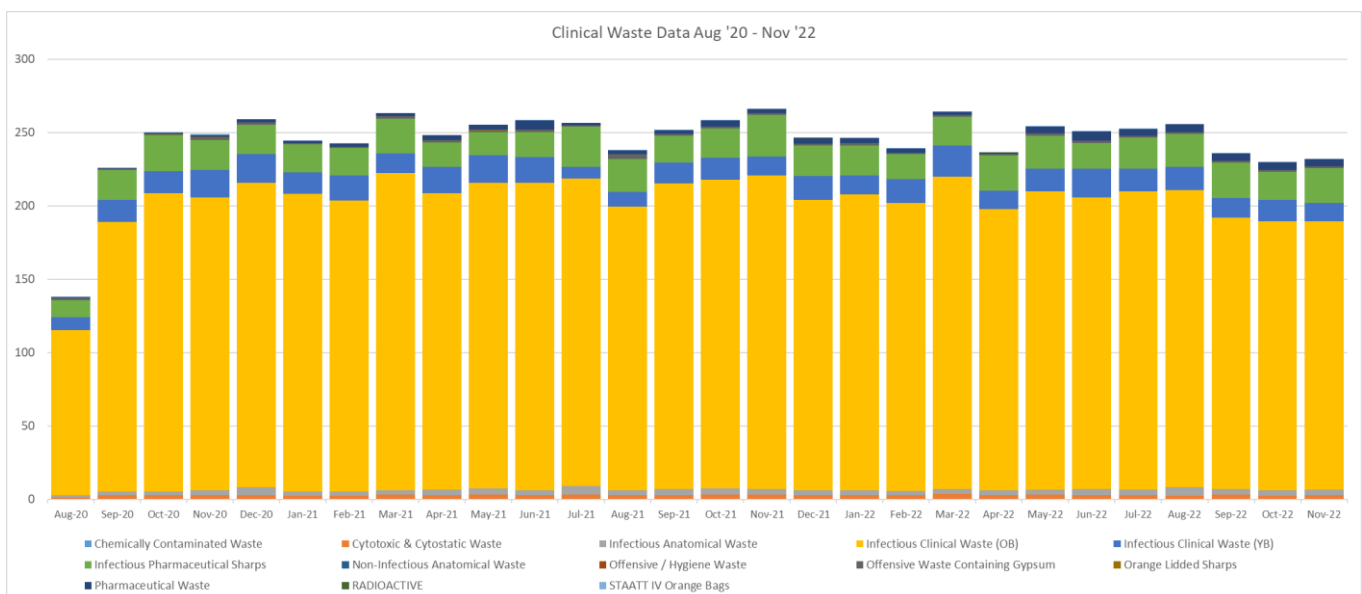


Waste	CO2	Waste Volume (Tonnes)	Carbon Variation	% Carbon	% Volume
Clinical Waste - Orange Stream	768.8	2,816.10	-480.4	86%	48%
General Waste to Combustion	43.4	2,036.50	69.2	5%	35%
Clinical Waste - Other	0	0	56.2	0%	0%
Clinical Waste - Yellow Stream	63.9	215.1	-28.2	7%	4%
Mixed recycling	5.7	269.3	5.9	0.6%	5%
Organic Food	1.2	115	5.5	0.1%	2%
Clinical Waste - Red Stream	0	0	2.3	0.0%	0%
WEEE (Mixed) Recycling	0	0	1.2	0.0%	0%
Glass Recycling	0.1	4.8	0	0.0%	0%
Paper & Board Recycling	8.6	401.7	-8.5	1%	7%
Fixer Developer	0	0.2	0	0.0%	0%
Totals	892	5,859	-377		

Commentary

- Waste represents 1.3% of total emissions
- Waste - increase of 377 TCO₂ (+73)
- Clinical Waste remains the highest emissions source, predominately due to intensive treatment method. Importance of waste streams and segregation;
 - 1 Tonne of clinical waste = 273 kg CO₂
 - 1 Tonne of general waste = 21 kg CO₂
- Waste data continues to be challenging and typically has low certainty. The historic lack of concise data did not allow trend analysis and granular understanding.
- While waste is a very small portion of total emissions, around 1.3%, waste is recognised as a high priority based on feedback from frontline staff during sustainability engagement events.
- Waste data, specifically clinical waste, has historically been of poor quality which has been identified in previous NHS Lothian Annual GHG and Carbon reports. Clinical waste data is recorded through a web-based system supplied by NHSS which collates data from all nationally procured waste contracts. Due to issues with the clinical waste contract, daily collection data has only been available from mid-August 2020.
- The extrapolated figures, represent an increase in the emissions reported in 2020/21 of 0.5% and is not considered consequential.
- There was no clinical waste data for 2019/20 due to the supplier issues, therefore the Carbon Emissions report from that year assumed figures from the previous year to ensure against significant under-reporting, which was stated in the NHS Lothian report.
- While the table above shows a significant increase in waste figures from the previous year, the table and graph below shows that monthly clinical waste volumes have remained consistent across the period of available data. Monthly figures for orange bag show a continuous trend over the periods, and when extrapolated the reported increase for this stream is predominately due to the data rather than specific increased waste volumes.
- Waste data quality continues to improve, but challenges remain and NHS Lothian is contributing to the national working group to identify issues, align national waste data reporting and future data requirements to improve robust waste management data.

Clinical Waste	Tonnes	Monthly Av.	Months
2020-21	1,734.93	247.85	7
2021-22	3,028.57	252.38	12
2022-23	1,947.52	243.44	8

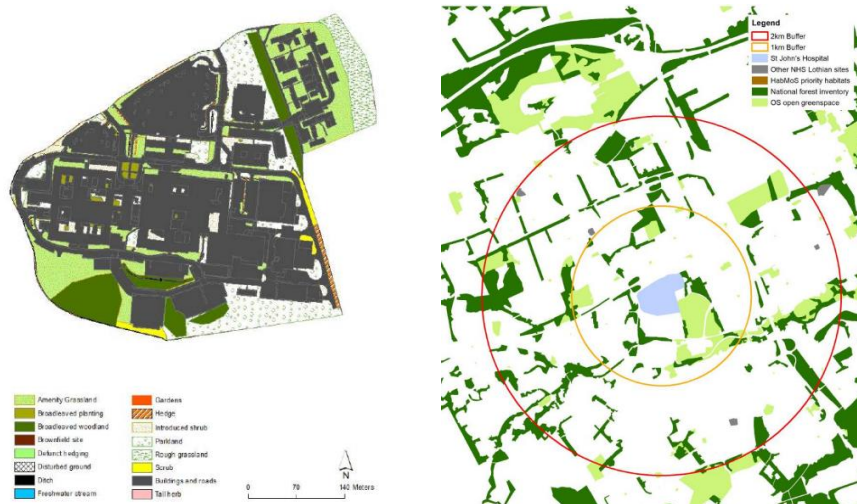


Greenspace and Biodiversity

Key Stats

- In 2020/21 we established a base line of carbon sequestration, air quality regulation and biodiversity.
- We are now enhancing the greenspace and biodiversity at multiple scales:
 - **Strategic** – integrating greenspace into corporate targets and Property Asset Management System
 - **Site/campus** – informing site masterplans and greenspace management plans deliver more, better quality greenspace
 - **Grounds & gardens** – test of change projects to improve habitat quality and plant more trees

Carbon capture	2020/21	
	Annual physical flow	Annual monetary flow £(2020)
Carbon sequestration by greenspace (tCO2e/year)	282	£19,501
Air quality regulation tPM2.5/year	0.98	£225,993
Biodiversity units	484	N/A



Commentary

- NHS Lothian was the first board in Scotland to deliver a biodiversity, climate change and nature-based health benefits assessment of the natural capital assets (habitats) of their estate. The images and table above are drawn from this work.
- **Greenspace quality** - The Royal Edinburgh Hospital was the first healthcare site in Scotland to receive a Green Flag Award for the quality of its greenspace. (Link <https://news.nhslothian.scot/2021/10/22/first-hospital-in-scotland-to-get-a-green-flag-award/>)
- **Biodiversity Enhancements** – In the NHS Lothian community gardens our third sector partners are enhancing biodiversity, creating homes for wildlife and place for people. Across the estate our Grounds and Gardens teams are developing management plans and adapting our greenspace management to make it more wildlife friendly and carbon neutral.
- **Good design** – Using the results of the Biodiversity Audit, the Western General Hospital is developing a new urban realm strategy to increase biodiversity as the site is transformed.
- **Engaging staff** – A “Grounds for Health” staff network has been established and is supporting staff to make changes to the estate that benefit both people and wildlife.
- **Greater use of the NHS estate** – We have a programme of patient focused green health activity at 3x key sites (REH, AAH, MLCH) that connects people to nature and highlights the challenges face by climate change and ecological

Snapshot of achievements

- The Midlothian green social prescribing is testing ways to integrate this into the health and social care system and to adopt a blue print to focus on tackling health inequalities.
- Partnership working - In partnership with the NHS Lothian Charity we have launched Climate Challenge Grants to support NHS staff take action to combat climate change
- COP26 took place in Glasgow 31st October to 12th November. NHS Lothian supported the conference with the presentation of a Grand Round on COP26 and NHS Lothian's approach to environmental sustainability and dedicated one of the NHS Lothian Sustainability Webinars to Reflections on COP26.
- We worked with Travelknowhow Scotland to produce a draft NHS Lothian Sustainable and Active Travel Strategy and held a series of staff consultations on the draft.
- Two e-cargo bikes arrived for the podiatry service to trial in June and we put out a call for interest in e-bikes across NHS Lothian. Based on this interest a wider trial is about to commence.
- In November, NHS Lothian Leadership Network held a session on Leadership for Sustainability: Everyone's chance to shine?
- NHS Lothian has invested over half a million pounds into its electric fleet as part of its ongoing efforts to be a leader in sustainable healthcare.
- Members of the sustainability team joined with members of the Global Citizenship Network to participate in a development programme based on U:lab development programme ;Leading social, environmental and personal transformation from an emerging future.
- NHS Lothian is the first health board in Scotland to use new technology during childbirth which delivers a benefit to the environment as well as helping mums in labour.
<https://news.nhslothian.scot/2021/11/19/lothian-hospital-makes-delivering-babies-eco-friendly/>
- Irene Brown, A Sewing Room Supervisor, recently helped NHS Scotland make a change in the way we do things which will help NHS Lothian's goals to become more sustainable and tackle climate. The first initiative that the team will deliver in 2022 is to reduce plastic packaging by 50% by offering twin packs instead of single packs, with further initiatives being discussed.
- Staff in the Podiatry department are the first to be part of a new trial in NHS Lothian designed to reduce carbon emissions, save money and support staff wellbeing. The department are the first in Lothian to introduce e-bikes as a way of travelling to see patients. **This project received a national award for Facilities Innovation excellence in NHSScotland**
- NHS Lothian has completed the first phase in a major project to modernise the Western General Hospital's energy infrastructure system and importantly help to reduce NHS Lothian's carbon footprint.
- NHS Lothian welcomes sustainability delegation from Spain -
<https://news.nhslothian.scot/2022/07/07/nhs-lothian-welcomes-sustainability-delegation-from-spain/>
- NHS Lothian has donated the equivalent of £39,828 of birthing beds and baby bassinets to Sylvia Lanka Foundation and MedAid International <https://news.nhslothian.scot/2021/06/17/nhs-lothian-donates-birthing-beds-to-international-charities/>
- **Greenspace quality** - The Royal Edinburgh Hospital was the first healthcare site in Scotland to receive a Green Flag Award for the quality of its greenspace. (Link <https://news.nhslothian.scot/2021/10/22/first-hospital-in-scotland-to-get-a-green-flag-award/>)

Sustainable Development Framework Update

Review of progress on NHS Lothian Sustainable Development Framework (SDF) and Action Plan (first full year to end of March 2022).

	Total actions in framework										
	Action Plan Report						Action Plan Report				
							2021-22				
	Total no. of Actions	Actions in cycle	Not started	Some progress	Good progress	Complete	Actions in cycle	Not started	Some progress	Good progress	Complete
People, Partners & Organisation	34	34	8	15	6	5	17	2	6	4	5
Governance and decision-making for sustainability	8	8	1	3	0	4	4	0	0	0	4
Performance Management/Resource Analysis	2	2	2	0	0	0	1	1	0	0	0
eHealth	4	4	2	0	1	1	2	0	0	1	1
Our People	6	6	1	4	1	0	1	0	0	1	0
Inequalities, Partners and Communities	5	5	0	2	3	0	3	0	2	1	0
Quality Improvement	4	4	1	2	1	0	4	1	2	1	0
Adaptation to Climate Change	5	5	1	4	0	0	2	0	2	0	0
Sustainable Models of Care	47	47	5	14	3	0	22	5	14	3	0
Primary Care	10	10	1	9	0	0	6	1	5	0	0
Theatres and Anaesthetics	13	13	2	9	2	0	5	1	3	1	0
Pharmaceuticals	17	17	7	8	2	0	6	1	4	1	0
Outpatient Departments	3	3	1	2	0	0	2	1	1	0	0
Critical Care	4	4	2	1	1	0	3	1	1	1	0
Focus Areas	57	57	13	25	14	4	21	2	10	5	4
Built Environment	12	12	2	5	3	1	2	0	0	1	1
Carbon Emissions and Greenhouse Gases	7	7	0	4	3	0	4	0	1	3	0
Greenspace and Biodiversity	8	8	0	3	3	2	2	0	0	0	2
Environmental Impact	5	5	2	1	1	1	1	0	0	0	1
Sustainable Use of Assets and Resources	16	16	8	8	0	0	10	2	8	0	0
Travel and Transport	9	9	1	4	4	0	2	0	1	1	0
		138	26	54	23	9	60	9	30	12	9
								15%	50%	20%	15%

The table above highlights the areas of activities and progress across the NHS Lothian Sustainable Development Framework.

National Sustainability Assessment Tool (NSAT)

NHS Scotland has developed a National Sustainability Assessment Tool (NSAT) which all Health Boards use on an annual basis to measure their progress across sixteen different areas of sustainability. First established and completed in 2018/19, NHSS Boards have completed annual updates.

The assessment includes 168 questions across 16 categories. Changes have been included each year, for example; revisions to questions and question category.

The image below shows the latest agreed score, following a review and agreement between NHSS Assure and NHS Lothian.

Table 2: Overview of 2021/22 NSAT assessment scores for each question set

NHS Lothian		Max score	Previous Year 2020/21 (Self-Assessed)			Current Year 2021/22 (Final, Audited)		
			Score awarded	% score awarded	Level	Score awarded	% score awarded	Level
Governance & policy		120	90	75%	Silver	93	78%	Silver
Our NHS	Transport	50	31	62%	Bronze	33	66%	Silver
	Greenspace	50	35	70%	Silver	42	84%	Gold
	Capital projects	90	62	69%	Silver	58	64%	Bronze
	Nature & Biodiversity	30	12	40%	Bronze	19	63%	Bronze
	Active travel	40	12	30%	N/A	15	38%	N/A
Our people	Sustainable care	70	54	77%	Silver	62	89%	Gold
	Ethics	15	13	87%	Gold	9	60%	Bronze
	Welfare	35	35	100%	Platinum	34	97%	Platinum
	Communities	60	38	63%	Bronze	39	65%	Silver
	Awareness	30	26	87%	Gold	26	87%	Gold
Our planet	Procurement	60	40	67%	Silver	37	62%	Bronze
	GHG	40	32	80%	Gold	29	73%	Silver
	Adaptation	55	26	47%	Bronze	24	44%	Bronze
	Waste	45	25	56%	Bronze	23	51%	Bronze
	Environmental management	50	32	64%	Bronze	32	64%	Bronze
Total		840	563	67%	Silver	575	68%	Silver

In 2021/22, NHS Lothian scored 68% overall, an increase from the previous assessment. Our three highest scoring areas were Sustainable Care (89%), Welfare (97%) and Awareness (87%). Governance and Policy, scored 78%, which is considered positive.

Our three areas with the most room for improvement were: Adaptation (44%), Active Travel, (38%) and Waste (51%).

A revised question set is due in 2023, which includes further changes to scoring criteria.

Areas of Development

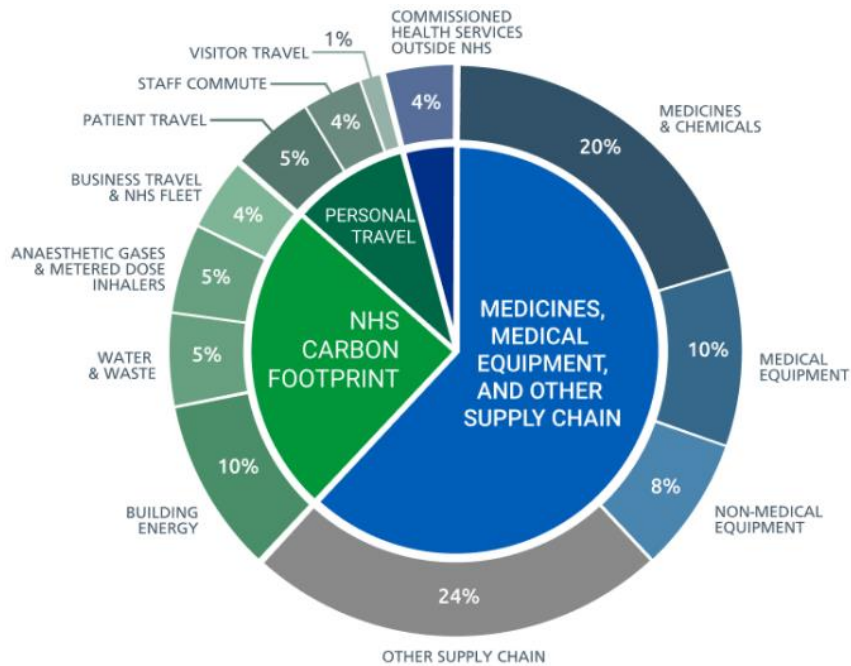
Scope 3 Emissions

Greenhouse gas emissions are categorised into three groups or 'Scopes' by the most widely-used international accounting tool, the Greenhouse Gas (GHG) Protocol. Scope 1 covers direct emissions from owned or controlled sources. Scope 2 covers indirect emissions from the generation of purchased electricity, steam, heating and cooling consumed by the reporting company. Scope 3 includes all other indirect emissions that occur in an organisations value chain.

These include;

- Purchased goods and services
- Business travel
- Employee commuting
- Waste disposal
- Use of sold products
- Transportation and distribution (up- and downstream)
- Investments
- Leased assets and franchises

The chart below, from NHS England and NHS Improvement - Delivering a Net Zero National Health Service 2020, shows the proportional impact of scope 3 emissions in blue to be in the order of 66% of total emissions sources. The data quality and quantification of these emissions are still being understood and developed, but this highlights the importance of tackling non-direct emissions.



There are a number of benefits associated with measuring Scope 3 emissions. For many organisations, the majority of emissions and cost reduction opportunities lie outside their own operations. By measuring Scope 3 emissions, organisations can:

- Assess where the emission hotspots are in their supply chain;
- Identify resource and energy risks in their supply chain;
- Identify which suppliers are leaders and which are laggards in terms of their sustainability performance;
- Identify energy efficiency and cost reduction opportunities in their supply chain;
- Engage suppliers and assist them to implement sustainability initiatives
- Improve the energy efficiency of their products
- Positively engage with employees to reduce emissions from business travel and employee commuting.

Circular Economy

NHS Lothian Sustainable Development Framework and has a focus area on Sustainable Use of Assets, Waste and Recycling and an action to Engage with National Procurement and Zero Waste Scotland to support changes which accelerate the move to a circular economy in health care.

This annual Climate Change Report seeks to make a start on reporting on the Circular Economy in health care by including data from Warp-it resource re-distribution network of which NHS Lothian is a member and on some indicative commodities.

Warp-it

Our Annual Reuse Report from the portal is as below.

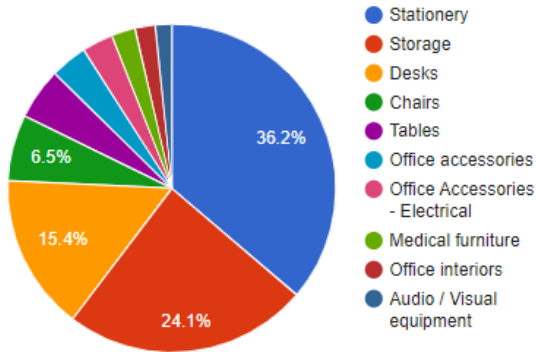
Membership 1,099 in total with 51 active members and 20 partners in current year.

Avoided procurement and waste charges	£2,845
Amount of waste diverted	483kg
Amount of carbon emissions avoided	1,435 kg CO2

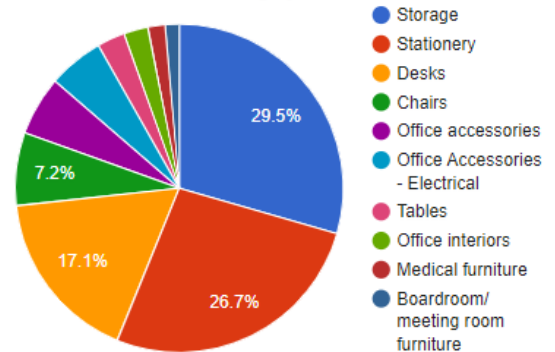
The graphs below show the split in items being listed or claimed through the portal.

Categories

Most Items Listed Per Category



Most Items Claimed Per Category



Total NHS Lothian Performance to date



This does not represent the full extent of NHS Lothian’s activities in relation to re-use – our eHealth and medical physics departments have arrangements in place to donate obsolete equipment to charities and the decommissioning of RHSC has sought to ensure that opportunities for recycling is maximised, however there is currently no organisational overview of practice or accounting for the wider contribution to re-use.

Inhalers

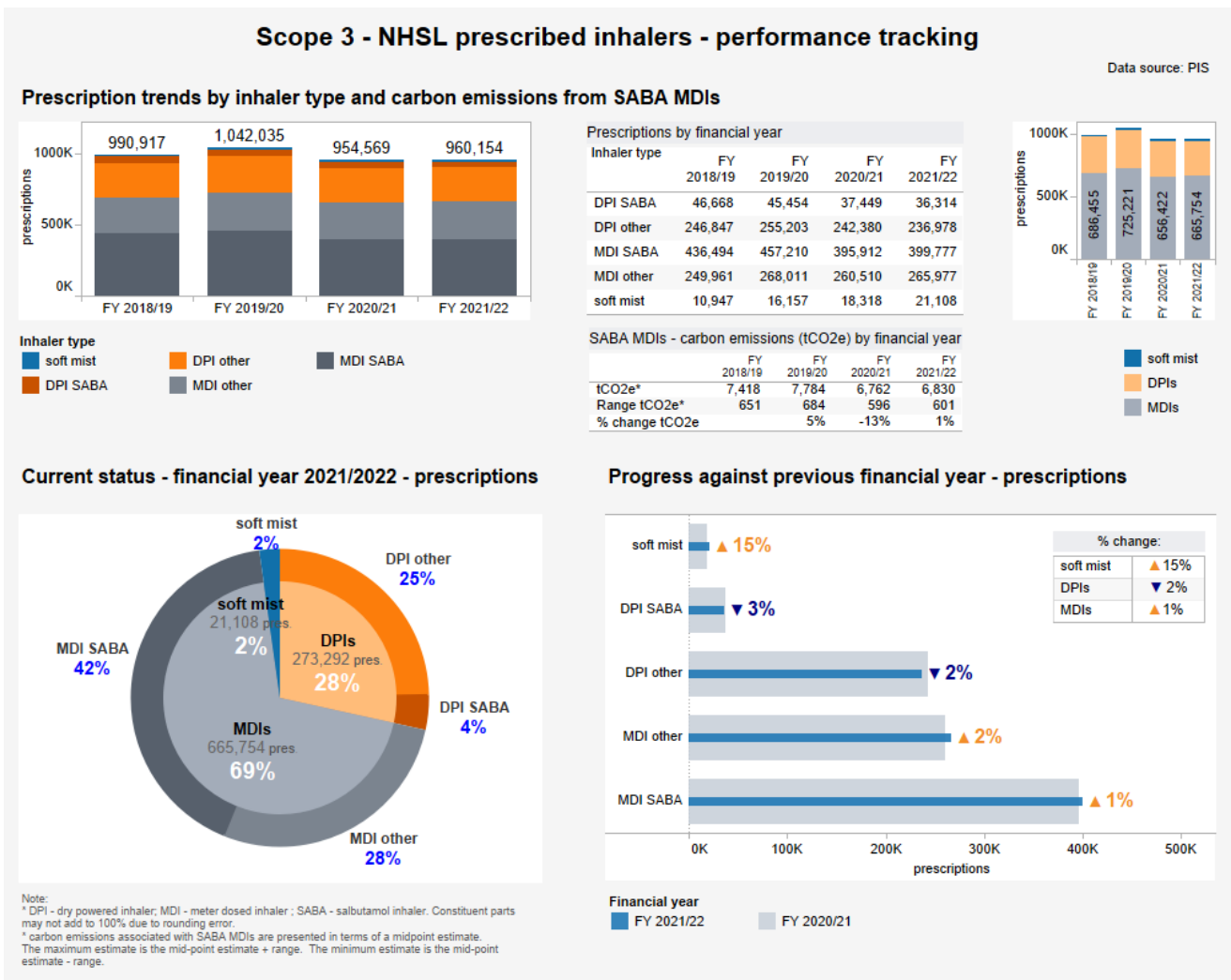
The Scope 3 emissions section of this report shows the significant impact the NHS has on emissions through the services delivered. An area of importance is the use of MDI inhalers, due to the environmental impact of these devices due to the resources used in manufacture of the devices and propellants used in these devices.

A key first step is to be able to baseline and monitor the carbon emissions from MDIs and thanks to Jan Cassels, senior data analyst, NHS Lothian has a comprehensive dashboard under development.

Katie Johnston and Douglas McCabe, Pharmacists in NHS Lothian, have been active advocates in encouraging quality improvement in prescribing practice and management of MDI inhalers to ensure that ‘every puff counts’.

Key messages are;

- Recognise it’s not simply about switching from MDIs to a DPI inhaler
- Education to prevent waste of inhalers and reduce unnecessary admissions.
- Promote behaviours that improve disease control reduce use of rescue medication – including smoking cessation.
- Ensuring inhalers are used until they are empty, including through lower prescription rates
- Push for movement on the recycling scheme
- Ensure discarded MDI inhalers are incinerated so that any residual hydrofluorocarbons are destroyed
- Remember a device or medication is not greener if a patient can’t use it effectively



The recent NHS Lothian webinar, Our Carbon Pathway, included a presentation “Reducing the Environmental Impact of Inhaler Prescribing in Lothian” by Katie Johnston and Douglas McCabe, Respiratory Pharmacists in NHS Lothian. A recording is available on the NHS Lothian website on the link below or searching for ‘NHS Lothian sustainability webinars’. <https://org.nhslothian.scot/Sustainability/WebinarsAndEvents/Pages/Our-Carbon-Pathway.aspx>

What next?

This report has outlined the significant progress made this year both in reducing our carbon emissions and in strengthening the organisation to make gains in sustainable development in the coming period. Our Sustainable Development Framework and Action Plan lays out the urgency, scope and focus of the action we need to take. Priorities in the coming year will include

- ▶ **Buildings** – Energy Efficiency Audits completed, with projects being developed.
- ▶ **Carbon** - Project commissioned to develop 2040 carbon pathway for NHS Lothian.
- ▶ **Transport** – Positive changes and learnings from 20/21, particularly use of video conferencing.
- ▶ **Transport** – Continuation of the Fleet Electric Vehicle strategy
- ▶ **Waste** – Small emissions, but really important. Need to increase recycling, but reducing the volume of waste is key!
- ▶ **Waste** – reducing Clinical waste through effective segregation is critical due to intensive waste process.
- ▶ **Medical Gases** – Lots going on....and more to come!
- ▶ **Data** - Building on the progress made with data collection and analysis to provide greater insight of where action is needed and the progress being made
- ▶ **Carbon Footprint** – Supply chain carbon assessment
- ▶ **Biodiversity and Greenspace** - Build on the Grounds for Health Network to connect more staff and partners and support them to enhance biodiversity and deliver green health activities
- ▶ **Biodiversity and Greenspace** - Develop Greenspace Management Plans for all major sites and support NHSL teams to deliver on the Biodiversity Duty
- ▶ **Biodiversity and Greenspace** - Expand provision of green health activity on NHS Lothian sites focused on provision to those facing the highest health inequalities (mental health, long term conditions etc.)

Please visit our Sustainability pages on the following links;

External website - <https://org.nhslothian.scot/Sustainability/Pages/default.aspx>

Intranet pages – <http://intranet.lothian.scot.nhs.uk/Directory/SDF/Pages/default.aspx>

Other useful resources;

NHS Scotland – Sustainability Action - <https://nhssustainabilityaction.co.uk/>

NHS Scotland climate emergency and sustainability strategy 2022 to 2026 - draft: consultation - <https://www.gov.scot/publications/nhs-scotland-draft-climate-emergency-sustainability-strategy/>

Warp-It – Resource re-use network - <https://www.warp-it.co.uk/>

NHS England – Greener NHS - <https://www.england.nhs.uk/greenernhs/>

Edinburgh Climate Compact - <https://www.edinburghclimate.org.uk/edinburgh-climate-compact>

Contact Us

If you have feedback, questions about this report or other ideas please contact sustainability@nhslothian.scot.nhs.uk email account

A Greener NHS Lothian Facebook group <https://www.facebook.com/groups/634498887306205/about/>

Introduction

This is NHS Lothian's first annual Climate Emergency and Sustainability Report which is part of the reporting requirements of NHS Scotland Climate Change and Sustainability Policy (2021) and in line with NHS Scotland Climate Emergency and Sustainability Strategy published in August 2022.

This report is based on progress on NHS Lothian's Sustainable Development Framework (SDF), NHS Lothian Carbon Emissions Report [NHS Lothian 2021-2022 Carbon Emissions Report 18.11.22 Final.pdf](#) and accompanying areas of activity in relation to Climate Change activities.

Our SDF, available on the NHS Lothian website, sets out our vision and commitments. We are proud of the contribution that the NHS makes to health, as a provider, developer and researcher of universal health services and treatments, as a major employer and contributor to national and local economies and as an institute responding to social and economic change and promoting public health.

In the face of climate change, the biggest threat to global health of the 21st century, we need to reassess and adapt to the challenge as an organisation and as individuals within the organisation.

This means understanding the impacts of climate change on health and illness, recognising that the NHS needs to be sustainable for future generations and understanding the interdependence and opportunity of sustainability goals such as those set out by the United Nations (UN).

The social, financial and environmental resources of the NHS are limited and need to be used and managed sustainably. Environmental sustainability, good financial management and better, more equal health need to be driven forward hand in hand. Sustainability means that we consider these elements together and prioritise action where positive change in one can benefit others. For example, a significant success last year has been switching to more sustainable anaesthetic gases which has reduced carbon emissions, but also reduced costs. That is why our approach to sustainable development is based on:



Our Vision

Our vision is to be a lead organisation in sustainable health care with all our staff empowered to put sustainable healthcare at the heart of their practice. We will work with our partners and the communities we serve to put in place work practices, procurement systems and preventative interventions to minimise our environmental impact, protect the natural environment and enhance social value so that we are a sustainable service promoting good health and enhancing quality of life.

Goals / strategic objectives

1. NHS Lothian will have zero carbon emissions by 2040
2. NHS Lothian will contribute to enhancing our natural environment
3. NHS Lothian will promote climate resilience and ensure that its services are adapted to climate change
4. NHS Lothian will ensure that sustainable development is embedded in all its activities including governance and decision making, clinical practice, partnership working and advocacy
5. NHS Lothian will put sustainability at the core of its strategies for promoting health and well-being among staff, patients and the wider community

About NHS Lothian

NHS Lothian is Scotland's second largest territorial Health Board and provides a comprehensive range of primary, community-based and acute/tertiary hospital services for the populations of Edinburgh, Midlothian, East Lothian and West Lothian with an annual revenue budget of £1.6bn.

As a healthcare system we provide around 250,000 A&E attendances, 5.4m GP contacts and 142,000 elective procedures. We deliver care and treatment for the population that we serve through 4 local health and social care partnerships and four main acute hospital sites: Royal Infirmary of Edinburgh, St John's Hospital, Western General Hospital and Royal Hospital for Sick Children.

- NHS Lothian serves a population of more than 850,000 people living in and around Edinburgh, Scotland's historic capital city. The population comprises both urban and rural communities across the City of Edinburgh with smaller communities living in towns and villages in West Lothian, East Lothian and Midlothian. In addition, Edinburgh is a major tourist area and also the home of the Scottish Parliament. The geographical area known as Lothian region covers 700 square miles.
- Whilst the health status of the Lothian population overall is better than that for the whole of Scotland there are areas of significant deprivation in communities on the perimeter of Edinburgh and in Midlothian and West Lothian.
- NHS Lothian has a budget of c£1.6 billion with circa 26,000 employees. Budget and Staffing directly accountable to the post:

Our built environment comprises 4 major acute sites and 14 other hospital sites as well as approximately 120 health centres, clinics and other premises with a total GIA of 694,857 m² including 4 major and 6 smaller PFI/PPD premises GIA 223,070 m².

Our external estate comprises 174 hectares, 81 hectares of greenspace with a biodiversity score of 484.

Leadership and governance of Climate Emergency and Sustainability in NHS Lothian

NHS Lothian Non Executive who has agreed to champion Climate Emergency and Sustainability work is Angus McCann, Non-executive member of the board, Chair of Finance and Resource Committee (FRC). The NHS Lothian Committee with responsibility for Climate Emergency and Sustainability Governance is the Finance and Resources Committee.

The Executive Lead is Jim Crombie, Deputy Chief Executive. Reporting on Climate Emergency and Sustainability is to CMT and to Finance and Resources Committee.

NHS Lothian demonstrated strong vision and commitment to tackling Climate Change and Sustainability when it endorsed the Sustainable Development Framework and Action Plan in December 2020 and included the delivery of this plan as a Corporate Objective for the year of this report, 2021-2022.

The Finance and Resource Committee have received update reports at every meeting and there has been regular reporting to the CMT.

Greenhouse gas emissions

NHS Lothian aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Lothian.

Source	Description	Amount of greenhouse gas (tonnes of CO2 equivalent)			Percentage change since 2019/20
		2019/20	2020/21	2021/22	2021/22
Building energy use	Greenhouse gases produced in providing electricity and energy heat for NHS buildings	60,463	61,396	58,124	-3.9%
Non-medical F-gas use	Greenhouse gases used for things like refrigeration and air conditioning	NYA	NYA	NYA	NYA
Medical gases	Greenhouse gases used in anaesthetics - nitrous oxide (N2O), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	5,303	4,493	4,584	-13.6%
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	12,663	11,476	11,639	-8.1%
NHS fleet use	Greenhouse gases produced by NHS vehicles	1,940	1,402	1,298	-33.1%
Waste	The greenhouse gases produced by the disposal and treatment of waste produced by the NHS	535	515	892	66.7%
Water	The greenhouse gas produced from the use of water and the treatment of waste water	514	120	93	-81.9%
Business travel	Greenhouse gases produced by staff travel for work purposes, not using NHS vehicles.	1,581	1,034	1,216	-23.1%
Sub-Total		82,999	80,435	77,846	-6.2%
Carbon sequestration	The amount of carbon dioxide captured per by woodland, trees, grassland and shrubs growing on NHS grounds.	282	282	282	0.0%
Greenhouse gas emissions minus carbon sequestration		82,717	80,153	77,564	-6.2%

National Sustainability Assessment

NHS Scotland has developed a National Sustainability Assessment Tool (NSAT) which all Health Boards use on an annual basis to measure their progress across sixteen different areas of sustainability. First established and completed in 2018/19, NHSS Boards have completed annual updates.

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Our NHS	Transport	50	31	62%	Bronze	33	66%	Silver
	Greenspace	50	35	70%	Silver	42	84%	Gold
	Capital projects	90	62	69%	Silver	58	64%	Bronze
	Nature & Biodiversity	30	12	40%	Bronze	19	63%	Bronze
	Active travel	40	12	30%	N/A	15	38%	N/A
Our people	Sustainable care	70	54	77%	Silver	62	89%	Gold
	Ethics	15	13	87%	Gold	9	60%	Bronze
	Welfare	35	35	100%	Platinum	34	97%	Platinum
	Communities	60	38	63%	Bronze	39	65%	Silver
	Awareness	30	26	87%	Gold	26	87%	Gold
Our planet	Procurement	60	40	67%	Silver	37	62%	Bronze
	GHG	40	32	80%	Gold	29	73%	Silver
	Adaptation	55	26	47%	Bronze	24	44%	Bronze
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Our three areas with the most room for improvement were: Adaptation (44%), Active Travel, (38%) and Waste 51%.

A revised question set is due in 2023, which includes further changes to scoring criteria.

Climate Change Adaptation

The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to new conditions we are facing.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: www.ukclimaterisk.org/independent-assessment-ccra3/briefings/

Adaptation to climate change is becoming increasingly important for the NHS as extreme weather conditions become more frequent and severe, posing a risk to public health and to the resilience of our services. Adapting to our changing climate and mitigating the negative effects as well as raising awareness among our staff, patients and partners will be a major priority. Producing an NHS Lothian Climate Change Risk Assessment and Mitigation Plan is a statutory requirement.

SDF Aim: To work with our partners to make sure that NHS Lothian is prepared to deal with the effects of climate change by ensuring that we have invested in appropriate adaptation and mitigation measures.

What did we do in 2021-2022 to Adapt to Climate Change?

NHS Lothian recognises that significant progress needs to be made in our progress on Adaptation and this is reflected in Adaptation being one of the lowest scoring areas in the NSAT assessment.

NHSL have completed a Climate Change Risk Assessment (CCRA) using the tools developed by NHS Assure. At this time further support and development is required including in relation to links to Facilities, Capital Planning and Public Health and Resilience team.

What are we doing in 2022-2023 to Adapt to Climate Change?

Further action is required to develop an Adaptation Plan based on outputs of the Risk Assessment. NHSL are requesting external support from NHS Assure to further develop the CCRA.

NHSL are active participants in the Infrastructure Investment Programme Board developed as part of the City of Edinburgh Council's 2030 Climate Strategy. This includes participation in Edinburgh Adaptation Partnership which will add value to the city wide approach to key themes including a sub-group on adaptation.

Building Energy

We aim to use zero carbon heat sources for all of the buildings owned by NHS Lothian by 2038.

NHS Lothian has in excess of 120 sites, including three acute campuses, community hospitals, health centres and other supporting infrastructure. The key sites include the Royal Infirmary of Edinburgh, the Western General Hospital, St John's Hospital and the Royal Edinburgh Hospital.

In 2021/22, NHS Lothian used 283,800,372 kWh of energy. This was a decrease of 4.1% since the year before. More detail is provided within our 2021-2022 Carbon Emissions Report, attached to this submission.

In 2021/22, 58,124 tonnes of CO₂ equivalent were produced by NHS Lothian use of energy for buildings. This was a decrease of 3.9% since the year before.

What did we do in 2021-2022 to reduce carbon emissions from buildings?

The reduction in carbon emissions from buildings of approximately 3,300 TCO₂, is due to a combination of a significant reduction in gas demand, reducing electricity grid carbon factor and impacts of investment in energy efficiency and renewable technology.

Gas has significantly decreased over this period, in part due to the Combined Heat and Power system at the Western General Hospital not operating, estate rationalisation of the Royal Hospital for Sick Kids and warmer seasonal profile.

The reduction in gas consumption, in part due to the WGH CHP, has led to a corresponding increase in electricity but the reduction in gas is of a greater magnitude. In a similar manner the warmer season has likely increased cooling demands which operate on electrically supplied chiller plant.

During this reporting cycle, NHS Lothian, with support from Scottish Government, invested £2.4 million in a programme of works to reduce energy demand, carbon emissions and energy costs. The project covered five sites, with LED lighting being fitted at each building, energy efficient fan motor replacements, gas

Combined Heat and Power (CHP) at Lauriston and Solar Photovoltaics at Leith Community Treatment Centre.

Over the next year 2022-2023, NHS Lothian is planning the following;

- Application to GPSEDS for capital funding support for further investment in energy efficiency and carbon reduction measures
- Energy Switch-off Campaign
- Development of the Energy Team
- Development of net-zero pathways through NHS Assure funded support

Sustainable Care

The way we provide care influences our environmental impact and greenhouse gas emissions. NHS Scotland has three national priority areas for making care more sustainable – anaesthesia, surgery and respiratory medicine.

Anaesthesia and surgery

Greenhouse gases are used as anaesthetics and pain killers. These gases are nitrous oxide (laughing gas), Entonox (which contains nitrous oxide) and the “volatile gases” - desflurane, sevoflurane and isoflurane.

NHS Lothian’s emissions from these gases are set out in the table below:

Anaesthetic gas use			
Source	2018/19 (baseline year) tCO₂e	2021/22 - tCO₂e	Percentage change since 2018/19
<u>Volatile gases</u>			
Desflurane	929.3	157.1	-83.1%
Isoflurane	87.2	25.9	-70.2%
Sevoflurane	182.3	123.5	-32.3%
Volatile gas total	1,198.8	306.5	-74.4%
<u>Nitrous oxide and Entonox</u>			
Piped Nitrous oxide	1,747.2	978.4	-44.0%
Portable Nitrous oxide	207.7	213.3	2.7%
Piped Entonox	2,229.7	2,699.1	21.1%
Portable Entonox	369.5	386.9	4.7%
Nitrous oxide and Entonox total	4,554.0	4,277.6	-6.1%
Anaesthetic gas total	5,752.8	4,584.2	-20.3%

What did we do in 2021-2022 to reduce emissions from anaesthetic gases?

While there has been a reduction in emissions from 2018/19 there was an overall increase in emissions from Medical Gases last year of 92TCO₂ which equates to 2.1%.

Desflurane use has risen, with NHS Lothian accounting for over 30% of national volatile emissions.

Significant switch from manifold Nitrous Oxide to portable.

Further investigation is required to understand the impact of clinical activity on the consumption.

The key activities have been focused on closure of manifold systems with high leakage rates, which are expected to herald results over the coming period. Data is robust but has an inherent lag due to measurement of returns and not consumption.

NHS Lothian is the first health board in Scotland to use new technology during childbirth which delivers a benefit to the environment as well as helping mums in labour, using the new machine which turns exhaled Nitrous Oxide, an environmentally damaging gas, into harmless Nitrogen and Oxygen.

<https://news.nhslothian.scot/2021/11/19/lothian-hospital-makes-delivering-babies-eco-friendly/>

What are we doing in 2022-2023 to reduce emissions from anaesthetic gases?

Further improvements are considered possible and being investigated across multiple service lines, with the changes realised over the last 12 months there is a high level of confidence in further reductions.

The primary areas of focus are the continued closure of manifolds and switch away from gases with high GWP.

NHSL continues to review adoption of new technologies to support increased capture of gases and lower flow techniques.

What are we doing in 2022-2023 to make surgery greener?

Green Theatre Programme

NHSL is developing a Green Theatres Programme, as part of the national initiative, which is expected to provide significant change in this highly carbon intensive service.

Respiratory medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers – Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions. There are also more environmentally friendly inhalers such as dry powder inhalers which can be used where clinically appropriate.

We estimate that emissions from inhalers in NHS Lothian were 11,476 tonnes of CO₂ equivalent.

What did we do in 2021-2022 to reduce emissions from inhalers?

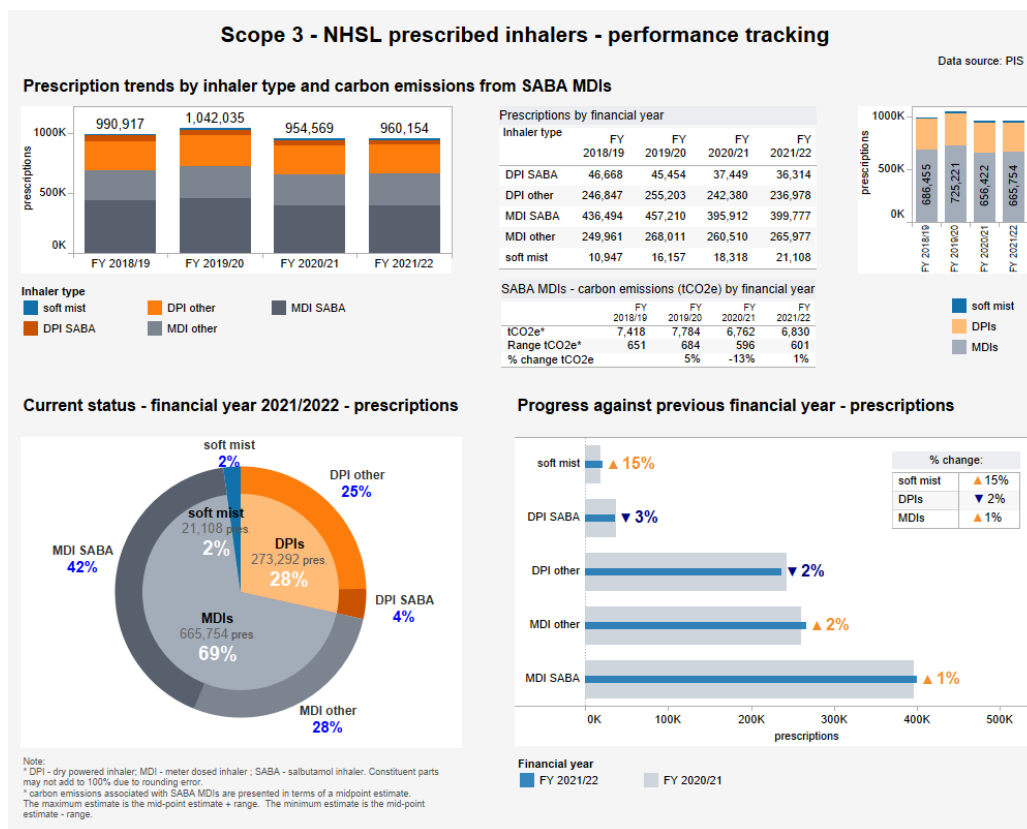
The Scope 3 emissions section of our Carbon Emissions report shows the significant impact the NHS has on emissions through the services delivered. An area of importance is the use of MDI inhalers, due to the environmental impact of these devices due to the resources used in manufacture of the devices and propellants used in these devices.

A key first step was to be able to baseline and monitor the carbon emissions from MDIs and thanks to Jan Cassels, senior data analyst, NHS Lothian has a comprehensive dashboard under development.

Katie Johnston and Douglas McCabe, Pharmacists in NHS Lothian, have been active advocates in encouraging quality improvement in prescribing practice and management of MDI inhalers to ensure that ‘every puff counts’.

Key messages are;

- Recognise it's not simply about switching from MDIs to a DPI inhaler
- Education to prevent waste of inhalers and reduce unnecessary admissions.
- Promote behaviours that improve disease control reduce use of rescue medication – including smoking cessation.
- Ensuring inhalers are used until they are empty, including through lower prescription rates
- Push for movement on the recycling scheme
- Ensure discarded MDI inhalers are incinerated so that any residual hydrofluorocarbons are destroyed
- Remember a device or medication is not greener if a patient can't use it effectively



The recent NHS Lothian webinar, Our Carbon Pathway, included a presentation “Reducing the Environmental Impact of Inhaler Prescribing in Lothian” by Katie Johnston and Douglas McCabe, Respiratory Pharmacists in NHS Lothian. A recording is available on the NHS Lothian website on the link below or searching for ‘NHS Lothian sustainability webinars’.

<https://org.nhslothian.scot/Sustainability/WebinarsAndEvents/Pages/Our-Carbon-Pathway.aspx>

What are we doing in 2022-2023 to improve patient care and reduce emissions from inhalers?

- We are working to set a target for reducing emissions from inhalers for 2023-2024.
- Progressing with destruction of waste inhalers
- Key part of Quality Improvement as part of the Green Primary Care Toolkit
- As part of NHS Scotland’s commitment to greener health care, the environmental impact of inhalers has been examined. The majority of carbon emissions from inhalers come from the propellants in pressurised metered-dose inhalers (pMDIs), which currently account for 66.6% of all inhaler device types prescribed in NHS Scotland. The East Region Formulary encourages prescribers to have a full discussion of inhaler choices with patients, taking into account environmental impact, inhaler technique and patient factors and when clinically appropriate to prescribe a dry powder inhaler (DPI) as first choice. Further information can be found through [PrescQIPP](#) and the [NICE Patient decision aid: Inhalers for asthma](#).

What else did we do in 2021-2022 to make care more sustainable:

Primary Care

We commenced work to build networks and support environmentally sustainable primary care.

Green Social Prescribing

The NHS Lothian Charity committed £20k to supporting this test of change and the participating groups decided between themselves how the money should be spent. Three groups received £5k each to run activities, improve infrastructure and equipment to allow them to take more referrals, the rest of the money was used to develop resources and materials to promote referrals and evaluate the project. Other groups did not want funding but took part to increase the referrals to existing services.

This test of change was designed to see how we can integrate green social prescribing into the health and social care system and was not about just funding more activity. The evaluation report, copy attached, highlights how our strategic approach was successful in this short term test. The findings from the Exec. Summary really hit home when they said that we have been able to show a big impact in a small amount of time and with limited resources. Beyond the benefits to the participants there has also been positive impacts on the prescribers and providers, allowing people to step out of the normal roles and find new ways of working together flexibly. One key thing was because of this project the Midlothian Wellbeing Service (community link workers) were able to develop a Mindfulness in Nature course that they now offer as part of their core service.

Next steps are for this approach to expand to more primary care clusters in Midlothian and to use the results to influence other green prescribing activity in Lothian

What else are we doing in 2022-2023 to make care more sustainable?

Our corporate objectives in relation to Sustainable Care in 2022-2023 are as follows.

Strengthen NHS Lothian’s strategy and delivery of sustainable models of care by developing clinical leadership, engagement and delivery structures in relation to clinical services, quality improvement and patient engagement.

- Reduction of 10% carbon emissions from medical gases
- Establish targets for reduction in carbon emissions from inhalers
- Green Theatres Programme has comprehensive costed action plan – costed in terms of finance and carbon
- Increase in green health care interventions
- Action plan in relation to sustainable use of medications
- Primary care climate change and sustainability action plan
- Standard generic tool for Climate Change and Sustainability review of care pathways and service provision developed and in use
- Climate Change and Sustainability champions network in place
- Opportunities for Research, Development and Innovation scoped.

Travel and Transport

Travel and transport of goods, services, staff, patients and visitors has a significant impact on local air quality, congestion and health. Delivering more remote working and consultations as part of a Sustainable Travel Plan and where travel is necessary, supporting staff, patients and visitors to use more active and sustainable travel methods will reduce the impact of these activities, leading to cost savings and health benefits.

SDF Aim: To encourage remote working and consultations where possible and support sustainable and active travel in order to reduce the carbon and air quality impacts of our organisation and supply chain.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

- Overall there has been an increase in transport emissions, across most groups. The exception is fleet diesel.
- There has been an increase in the mileage from Grey Fleet of approximately 0.5 million km's. Potentially lower than would have been expected following the changes in Covid related working practices.

What did we do in 2021-2022 to reduce the need to travel?

- We worked with Travelknowhow Scotland to produce a draft NHS Lothian Sustainable and Active Travel Strategy and held a series of staff consultations on the draft.
- COVID 19 has brought rapid progress in the roll out of technology and organisational development to support remote working and consultations.
- Significant progress on transition of the fleet to Electric Vehicles. Over £525,000 has recently been approved for electric vehicles and 46 charging points. The additional electric vehicles bring the total number of electric vehicles in NHS Lothian to 137, with 50 on order, which is just over a quarter of NHS Lothian's fleet.
- The table above shows a comparison of emissions against 2020/21 for comparison against the previous year. Transport data is collated through a variety of sources, including expenses returns and is therefore based on available indicators to convert costs to distance. Further investigation is being undertaken to check the data, and improve for future reports and trend analysis.

We are working to remove all petrol and diesel fuelled cars from our fleet by 2025. The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Lothian fleet at the end of March 2022.

	Electrically powered vehicles	Fossil fuel vehicles	Total vehicles	Percentage electrically powered vehicles
Cars	87	256	343	25.4%
Light Commercial Vehicles	50	109	159	31.4%
Heavy vehicles	0	29	29	0.0%

The following table sets out how many bicycles and eBikes were in NHS Lothian's fleet at the end of March 2022.

	Number
Bicycles	0
eBikes	2

What did we do in 2021-2022 to improve active travel?

- NHS Lothian won two awards as the NHS Assure Conference in November, including the Podiatry Team who won the Facilities Innovation Award for the e-cargo bikes pilot. For more

information about this project see the news item and video at New e-Bikes in NHS Lothian – News & Media

- NHS Lothian Webinar series included a session devoted to Sustainable and Active Travel

What did we do in 2021-2022 to improve public and community transport links to NHS sites and services?

Our Transport Manager is in regular dialogue with public transport teams and local bus operators. Through this dialogue we succeeded in agreeing a diversion of bus service to increase bus options to one of our sites.

What are we going to do in 2022-2023 to reduce the need to travel?

Continue with 2nd staff travel survey on 1 site and expand to another.

What are we going to do in 2022-2023 to improve active travel?

- Roll-out of eBike fleet across NHS Lothian
- Progress Active and Sustainable Travel Strategy

Greenspace and Biodiversity

In addition to health benefits for patients and staff, investment in greenspace around hospitals and healthcare centres helps tackle climate change and biodiversity loss.

What did we do in 2021-2022 to improve our greenspace and increase biodiversity?

NHS Lothian was the first board in Scotland to deliver a biodiversity, climate change and nature-based health benefits assessment of the natural capital assets (habitats) of their estate. NHS Lothian won the Excellence in Property and Asset Management Award for the Biodiversity and Greenspace Audit – the collaboration between NHS Lothian and NHS Lothian Charity along with the quality of the audit and report was highly commended.

Greenspace quality - The Royal Edinburgh Hospital was the first healthcare site in Scotland to receive a Green Flag Award for the quality of its greenspace. <https://news.nhslothian.scot/2021/10/22/first-hospital-in-scotland-to-get-a-green-flag-award/>

Biodiversity Enhancements – In the NHS Lothian community gardens our third sector partners are enhancing biodiversity, creating homes for wildlife and place for people. Across the estate our Grounds and Gardens teams are developing management plans and adapting our greenspace management to make it more wildlife friendly and carbon neutral.

Good design – Using the results of the Biodiversity Audit, the Western General Hospital is developing a new urban realm strategy to increase biodiversity as the site is transformed.

Engaging staff – A “Grounds for Health” staff network has been established and is supporting staff to make changes to the estate that benefit both people and wildlife.

Greater use of the NHS estate – We have a programme of patient focused green health activity at 3x key sites (REH, AAH, MLCH) that connects people to nature and highlights the challenges face by climate change and ecological

What are we doing in 2022-2023 to improve our greenspace and improve biodiversity?

Develop a Greenspace Management Plan for the Astley Ainslie Hospital.

Development of the Howden Green Health Project at St John’s Hospital, this will connect patients in adult mental health wards to community led activity in the greenspace surrounding the hospital. A steering group including NHS West Lothian Mental Health Services, local community representatives, West Lothian Council and West Lothian Leisure has been created to support the projects delivery.

Development of the Climate Change Action plan at East Lothian Community Hospital. We have made good connections with local environmental and arts groups and is developing relationships with organisations that can support the delivery of green health activity on site once the Oak Tree ward garden is complete.

Collaboration with Tonic Arts the Havens Project to commission a series of portraits and stories documenting NHS Lothian staff members and their connections to green spaces and arts programming across NHS Lothian hospital sites.

Sustainable Procurement, Circular Economy and Waste

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship and working with other UK health services to maximise our contribution to reducing supply chain emissions to net-zero by 2045.

The goods we use constitute the largest proportion of our carbon footprint and reducing unnecessary use of resources across NHS Lothian will have a major impact. This is evident on a daily basis to our staff, patients and visitors. The level of concern amongst staff and level of motivation for change is high.

Procurement and waste management are therefore priority areas for action. NHS Lothian generates large volumes of waste and is committed to managing waste in a way that promotes sustainable development. By applying the waste hierarchy, rethinking traditional waste models and working closely with our staff and supply chain, we can move towards a circular economy approach.

Good food is essential for patient and staff well-being and a key area for improvement in procurement and waste management. Increasing local, seasonal food and more sustainably sourced fish with less reliance on meat products will potentially pay health, environmental and financial dividends. Such a move needs to be backed by a sustainable catering strategy (which embodies and exceeds national nutritional guidelines), procurement that enables the sourcing of local and seasonal food and imaginative presentation to support healthy choices. Food waste is an important area and the NHS Scotland Food Waste Guidance and Food Waste Calculator, recently developed by Zero Waste Scotland, will inform progress in this key area.

SDF Aim: Reduce resource use and improve waste management through engaging staff and suppliers in movement towards a circular economy.

What did we do in 2021-2022 to improve the environmental impact of the goods and services we buy?

We undertook a review of the actions in our Sustainable Development Framework and our progress is summarised below.

Action	Priority	Status
Engage with National Procurement and Zero Waste Scotland to support changes which accelerate the move to a circular economy in health care	High	Some progress
Make the use of criteria and weightings for sustainability within the procurement process stronger and transparent	High	Some progress
Work with local partners to seek the best outcomes for supporting a sustainable community, including reducing food waste	Med	Not started
Ensure that information on procurement decisions and environmental impact of products across their lifecycle is available to staff	Med	Not started
Review procurement processes to ensure that frontline staff can be actively engaged to provide information on the use of products	Med	Not started
Implement multidisciplinary waste management groups on all major sites and across community settings	High	Some progress

Promote a culture of reuse and refurbishment of items promoting and reporting on our use of Warp-IT to implement a more circular economy	High	Some progress
Make it easier for patients, staff and visitors to make healthy and sustainable food choices e.g. concessions and vending solutions	Med	Some progress
Apply a higher weighting for social value in procurement processes	Med	Some progress
Work with supply chain to embed shared sustainability vision and goals	High	Not started
Ensure that NHS Lothian Catering Strategy is sustainable and embodies or exceeds national nutritional guidelines. Work with the supply chain to ensure that suppliers can deliver these requirements	Med	Not started
Ensure that NHS Lothian has the information it needs on waste to provide transparent information to services on waste generated and recycling	High	Some progress
Use NHSScotland Food Waste Guidance and Food Waste Calculator to reduce waste and ensure it is treated in the most sustainable way	Med	Not started
Strengthen contract management and reporting on performance of our waste management contracts to ensure that the full offer of services for innovation and environmental sustainability are delivered	High	Not started
Invest in sustainable waste streams and recycling facilities upgrades	High	Some progress
Move from purchase/disposal model to circular economy procurement and 'whole life' purchasing	High	Not started

Irene Brown, A Sewing Room Supervisor, helped NHS Scotland make a change in the way we do things which will help NHS Lothian's goals to become more sustainable and tackle climate. The first initiative that the team will deliver in 2022 is to reduce plastic packaging by 50% by offering twin packs instead of single packs, with further initiatives being discussed.

What are we doing in 2022-2023 to improve the environmental impact of the goods and services we buy?

Establish clear baseline 2022-2023 for domestic waste, food waste, recycling and clinical waste as a basis for setting targets in 2023-2024

- Requirements of the Circular Economy Bill will need to be addressed and analysis of this is underway.
- Undertake Scope 3 emissions assessment to identify Carbon Hotspots
- Progress activities identified in table above that are ongoing.

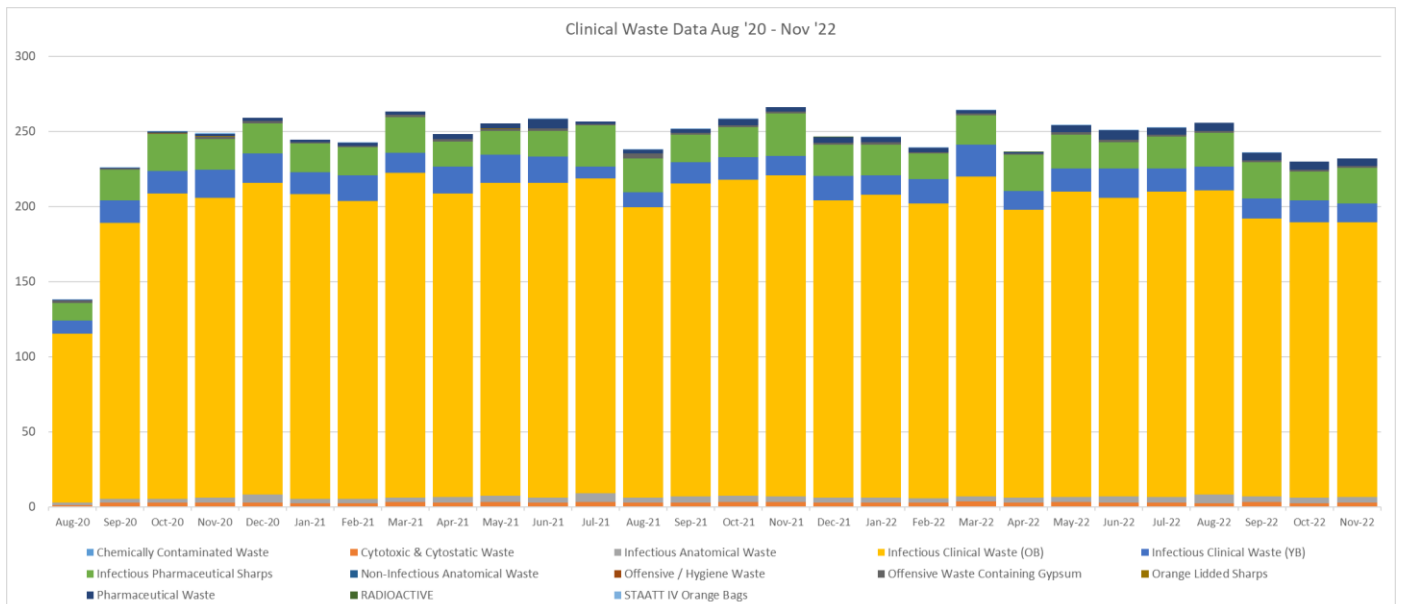
We want to reduce the amount of waste we produce and increase how much of it is recycled. The table below provides information on the type of waste we produce.

Type	2020/21 (tonnes)	2021/22 (tonnes)	Percentage change
Waste to landfill	0.0	0.0	0%
Waste to incineration	112.6	43.4	-61.5%
Recycled waste	13.0	14.4	10.9%
Food waste	6.7	1.2	-82.4%
Clinical waste	382.6	832.7	117.7%

Waste Data Commentary

- Waste data, specifically clinical waste, has historically been of poor quality which has been identified in previous NHS Lothian Annual GHG and Carbon reports. Clinical waste data is recorded through a web-based system supplied by NHSS which collates data from all nationally procured waste contracts. Due to issues with the clinical waste contract, daily collection data has only been available from mid-August 2020.
- The extrapolated figures, represent an increase in the emissions reported in 2020/21 of 0.5% and is not considered consequential.
- There was no clinical waste data for 2019/20 due to the supplier issues, therefore the Carbon Emissions report from that year assumed figures from the previous year to ensure against significant under-reporting, which was stated in the NHS Lothian report.
- While the table above shows a significant increase in waste figures from the previous year, the table and graph below shows that monthly clinical waste volumes have remained consistent across the period of available data. Monthly figures for orange bag show a continuous trend over the periods, and when extrapolated the reported increase for this stream is predominately due to the data rather than specific increased waste volumes.
- Waste data quality continues to improve, but challenges remain and NHS Lothian is contributing to the national working group to identify issues, align national waste data reporting and future data requirements to improve robust waste management data.

Clinical Waste	Tonnes	Monthly Av.	Months
2020-21	1,734.93	247.85	7
2021-22	3,028.57	252.38	12
2022-23	1,947.52	243.44	8



What did we do in 2021-2022 to reduce our waste?

- Overall position, still not able to provide the capacity or responsiveness to meet the enquiries and excellent suggestions of frontline staff
- Waste data remains problematic even though some progress is being made by the data analyst. Work with external consultancy support to assist with process maps and data validation.
- Waste Groups at the Western General Hospital and Little France now active.
- Demands for access to recycling continue to grow

What are we doing in 2022-2023 to reduce our waste?

- Progress activities identified in table above that are ongoing.
- Continue progress with waste data reporting and trend analysis
- Audit of access to recycling at RIE to be undertaken in December 2022.
- Capacity and resource review in relation to Waste Management

Environmental stewardship

Environmental stewardship means acting as a steward, or caretaker, of the environment and taking responsibility for the actions which affect our shared environmental quality. This includes any activities which may adversely impact on land, air and water, either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation, and improvement of our environmental performance.

Carbon emissions and greenhouse gases are a fundamental aspect of environmental sustainability, but there are other aspects of the health care environmental footprint that need to be managed and reduced. Key features include; water supply, waste-water, flooding, air quality, noise and specialist waste. These have a major and direct impact on health.

These include air pollutants such as nitrogen oxides and sulphur dioxide, other forms of pollution – particulate matter, radioactive waste and use of scarce but basic resources such as water. Concern about the pollution generated by health care is growing amongst staff and public, particularly in relation to the accumulation of pharmaceutical waste and plastics in water, sewage systems and the soil.

All public sector organisations including the NHS need to comply with environmental legislation but there are opportunities to go beyond compliance and assurance. We need to review and monitor a fuller environmental impact of our operations in line with a broader vision of One Planet Prosperity (SEPA).

Aim: We will develop our quality management systems to improve our environmental impact assessment and environmental performance.

What did we do in 2021-2022 to improve our environmental performance?

We worked with NHS Assure to pilot an approach to developing Environmental Management System (EMS) Tool procured for NHS Scotland and based on ISO 14001:2015.

We got approval to strengthen the Energy and Environment team and to introduce the new role of Environmental Management System Co-ordinator.

What are we doing in 2022-2023 to improve our environmental performance?

We progressed the appointment of an Environmental Management System Co-ordinator (September 2022).

We are reviewing legislation the current status of performance and compliance and identifying the environmental aspects and framework against which to measure improvement across the organisation as a whole.

Sustainable construction

Where there is a need for new healthcare facilities, we want both the buildings and grounds to be safe, nature-rich, sustainable, resilient and accessible. NHS Lothian is working on the following building projects

- Edinburgh Cancer Centre
- Eye Pavilion
- National Treatment Centre
- HSDU Provision
- Western General Hospital – Energy Infrastructure
- Various primary care projects

What did we do in 2021-2022 to make our construction projects more environmentally sustainable?

- Environmental sustainability knowledge share with the Lothian Capital Investment Group (LCIG) to laying foundations for building awareness for key areas; SDaC, Bio-diversity assessment,
- Sustainability team supporting all major capital projects
- Reviewing resource and capacity between capital projects and sustainability

What are doing in 2022-2023 to make our construction projects more environmentally sustainable?

NHSL is committed to embracing the adoption of the new Sustainable Design and Construction (SDaC) Guide which will provide greater clarity and assurance through the design process and beyond on the impacts and benefits from new construction and refurbishment projects.

We set strong corporate objectives in relation to the built environment.

Sustainable Communities

The climate emergency undermines the foundations of good health and deepens inequalities for our most deprived communities. The NHS touches every community in Scotland. We have a responsibility to use our abilities as a large employer, a major buyer, and one of the most recognised brands in the world – an ‘anchor’ organisation – to protect and support our communities’ health in every way that we can.

What did we do in 2021-2022 to support the development of sustainable communities?

NHS Lothian established an Anchor Institution Programme Board in July 2021 to ensure that we use our position as an Anchor organisation to address inequalities through clear ambition and coordinating our effort and use our strategic influence to shape the work within NHS Lothian and with our partners.

The Anchor Institution Programme Board sought to review opportunities in relation to:

- Employability within NHS Lothian that can be developed further
- Engagement with a digital future with an emphasis on inclusion learning from the experience of COVID
- Ensure developments link agendas relevant to 20-minute neighbourhoods, including primary care as foundation of the health service and communities
- Progress Living Wage Accreditation
- Ensure the potential of NHS as an anchor institution is recognised in our property and asset management strategy and links to the wider community context, including 20 minute neighbourhoods and affordable housing.
- Progress with support for Income Maximisation in Hospital Settings

What are we doing in 2022-2023 to support the development of sustainable communities?

Our corporate objectives for developing our role as an Anchor Institution and supporting fair and sustainable communities are as follows.

Ensure the development of NHS Lothian’s role as an **anchor institution** to support the Edinburgh Poverty commission aims and poverty prevention work across all community planning partnerships:

- Develop and integrate our response to Poverty prevention with the ambitions of an anchor institution and the requirements of the Fairer Scotland Duty
- Work to develop NHS Lothian’s anti-poverty plans established and led
- NHS Lothian anchor mission and workplan developed
- Living Wage accreditation achieved
- Current Income Maximisation services secured
- Anchor mission aligned with NHS Lothian Sustainability Framework
- Establish principles of an alternative approach for use of land and assets considering both financial gain and social value impacts and develop an alternative business case for the AAH site which considers both options
- Defined actions in relation to Just Transition Commission recommendations as part of Anchor Institutions Work
-

Conclusion 2021-2022

Addressing carbon emissions and greenhouse gases is fundamental to addressing climate change and delivering services in a sustainable manner. Establishing targets and systems that provide continuous monitoring is paramount to shaping our actions and tracking our progress. NHS Lothian has calculated and reported emissions from traditional energy and fuel sources since 2008. We continue to improve the collection and utilisation of data to better understand the hotspots, opportunities, impacts and trends. We also recognise the need for understanding and engaging on the wider impact of our operations, through our partners and supply chain.

Our Aim: Contribute to national net-zero targets through reducing carbon emissions and other Green House Gases.

We continue to recognise the wider contribution that services have on the environment and need to broaden our scope of measurement. We first included emissions from Anaesthetic Gases in our 2018/19 report and continue to report these emissions.

The addition of a wider range of emissions sources in our reporting increases the challenge but is essential if we are to embed sustainability across the whole organisation and harness the enthusiasm and determination of the widest range of our staff.

Overall there has been a reduction in emissions from last year, by 1,749 Tonnes of CO₂, a reduction of 2.5% from last year. There have been increases in some emissions sources, but there is confidence that the strategy and activities across the organisation are supporting our corporate aims and targets to increase sustainability of the organisation.

This report has outlined the significant progress made this year both in reducing our carbon emissions and in strengthening the organisation to make gains in sustainable development in the coming period. Our Sustainable Development Framework and Action Plan lays out the urgency, scope and focus of the action we need to take. Priorities in the coming year will include;

- ▶ **Buildings** – Energy Efficiency Audits completed, with projects being developed.
- ▶ **Carbon** - Project commissioned to develop 2040 carbon pathway for NHS Lothian.
- ▶ **Transport** – Positive changes and learnings from 20/21, particularly use of video conferencing.
- ▶ **Transport** – Continuation of the Fleet Electric Vehicle strategy
- ▶ **Waste** – Small emissions, but really important. Need to increase recycling, but reducing the volume of waste is key!
- ▶ **Waste** – reducing Clinical waste through effective segregation is critical due to intensive waste process.
- ▶ **Medical Gases** – Lots going on....and more to come!
- ▶ **Data** - Building on the progress made with data collection and analysis to provide greater insight of where action is needed and the progress being made
- ▶ **Carbon Footprint** – Supply chain carbon assessment
- ▶ **Biodiversity and Greenspace** - Build on the Grounds for Health Network to connect more staff and partners and support them to enhance biodiversity and deliver green health activities
- ▶ **Biodiversity and Greenspace** - Develop Greenspace Management Plans for all major sites and support NHS Lothian teams to deliver on the Biodiversity Duty
- ▶ **Biodiversity and Greenspace** - Expand provision of green health activity on NHS Lothian sites focused on provision to those facing the highest health inequalities (mental health, long term conditions etc.)

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

1 Purpose of the Report

- 1.1 [Lothian NHS Board's Standing Orders](#) reserve certain matters to the Board, including decisions on the appointment of members to its committees (6.2a). Under the Public Bodies (Joint working) (Scotland) Act 2014 and its supporting Orders and Regulations, the Board is also required to appoint certain voting and non-voting members to its four integration joint boards (IJBs).
- 1.2 This report has been prepared so that the Board may consider recommendations on any committee or IJB appointments arising. Recommendations on committee and *voting* IJB member appointments will be made by the Chair. Recommendations on any *non-voting* IJB member appointments will normally be based on the advice of one of the Board's "Executive Clinical Directors".¹
- 1.3 Any member wishing additional information should contact the Chair or the Board Secretary in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 *Appoint* Katharina Kasper as the Lead Voting Member of the Edinburgh Integration Joint Board, with immediate effect.
- 2.2 *Approve* the removal of Angus McCann as the Lead Voting Member of the Edinburgh IJB, with immediate effect.
- 2.3 *Appoint* John Innes as a Voting Member of the West Lothian Integration Joint Board, with immediate effect.
- 2.4 *Appoint* Andrew Cogan as a Voting Member of the East Lothian Integration Joint Board, with immediate effect.
- 2.5 *Approve* the removal of Val de Souza as a Voting Member of the East Lothian Integration Joint Board, with immediate effect.

¹ NHS Lothian's Executive Clinical Directors are defined within IJB Integration Schemes as: the Medical Director, the Nurse Director, and The Director of Public Health.

3 Discussion of Key Issues

Integration Joint Boards

- 3.1 Katharina Kasper's term as Lead Voting Member of the Edinburgh IJB (already approved by the Board in February 2023) is being brought forward to support an appropriate handover period, prior to the role of IJB Chair transferring from Edinburgh City Council to NHS Lothian on 27 June. Consequently, Angus McCann will demit office as the Lead Voting Member at the same time.
- 3.2 John Innes and Andrew Cogan will each take on an IJB Voting Member role, within West Lothian and East Lothian respectively.
- 3.3 In concert with the appointment of Andrew Cogan to the East Lothian IJB, Val de Souza will demit office as a Voting Member on the East Lothian IJB, whilst remaining as Lead Voting Member (and current Chair) of the Midlothian IJB. This supports a more equitable spread of non-executive director responsibilities.

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.

Darren Thompson
Board Secretary
23 March 2023

REVIEW OF THE NHS Lothian Standing Orders

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board an opportunity to review and approve revised Standing Orders.
- 1.2 Any member wishing additional information should contact the Board Secretary in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 Approve the revised Standing Orders and accept significant assurance that this annual review meets the requirements of good governance and takes account of both the NHS Scotland Blueprint for Good Governance Second Edition, and the Code of Conduct for Members of Lothian NHS Board.

3 Discussion of Key Issues

- 3.1 The NHS Scotland Blueprint for Good Governance, Second Edition ([DL \(2022\) 38](#)) published 22 December 2022, requires that *“with the exception of the Integration Scheme(s), the documents that make up the Operating Guidance should be reviewed annually by the Boards to coincide with the preparation of governance statement that forms part of the Annual Report”* (paragraph 4.181).
- 3.2 The Standing Orders, as part of the Operating Guidance, are therefore submitted for annual review and have been updated as appropriate to reference the NHS Scotland Blueprint for Good Governance, Second Edition ([DL \(2022\) 38](#)) (paragraphs 1.1 and 9.1, see table 1) and the updated [Lothian NHS Board Code of Conduct for Members \(18 May 2022\)](#), in relation to Gifts and Hospitality (paragraphs 1.10-1.12, see table 1).
- 3.3 Four references to “Head of Corporate Governance” have also been updated to “Board Secretary” (paragraphs 1.7, 1.14, 3.3 and 5.26).

Table 1

Para.	Old Text	New Text
1.1	<p>The NHS Scotland Blueprint for Good Governance (issued through DL 2019) 02) has informed these Standing Orders. The Blueprint describes the functions of the Board as:</p> <ul style="list-style-type: none"> • Setting the direction, clarifying priorities and defining expectations. • Holding the executive to account and seeking assurance that the organisation is being effectively managed. • Managing risks to the quality, delivery and sustainability of services. • Engaging with stakeholders. • Influencing the Board’s and the organisation’s culture. 	<p>The NHS Scotland Blueprint for Good Governance, Second Edition (issued through DL (2022) 38) has informed these Standing Orders. The Blueprint describes the five primary functions of good Board governance as:</p> <ul style="list-style-type: none"> • Setting the direction, including clarifying priorities and defining change and transformational expectations • Holding the Executive Leadership Team to account by seeking assurance that the organisation is being effectively managed and change is being successfully delivered • Managing risks to the quality, delivery and sustainability of services • Engaging with key stakeholders, as and when appropriate • Influencing the Board’s and the wider organisational culture.
1.7	The Board’s appointed Standards Officer ...	The Board Secretary is the Board’s appointed Standards Officer ...
1.10-1.12	<p>Members shall make a declaration of any gifts or hospitality received in their capacity as a Board member. Such declarations shall be made to the Board’s Standards Officer who shall make them available for public inspection at all reasonable times at the principal offices of the Board and on the Board’s website. The Register of Interests includes a section on gifts and hospitality. The Register may include the information on any such declarations or cross-refer to where the information is published.</p>	<p>In relation to gifts and hospitality, members must observe and act in accordance with paragraphs 3.13 – 3.21 of the Code of Conduct for Members of Lothian NHS Board. Therefore, members shall refuse any offer or promise of any gift or hospitality, unless it is:</p> <ul style="list-style-type: none"> • A minor item or token of modest intrinsic value offered on an infrequent basis; • A gift being offered to Lothian NHS Board, as a public body; • Hospitality which would reasonably be associated with the duties of a Board Member; or • Hospitality which has been approved in advance by Lothian NHS Board. <p>Where a gift is accepted by a member on behalf of the Board (e.g., because not doing so may cause embarrassment), the gift should be passed to the Board’s Standards Officer at the earliest opportunity, to be registered.</p> <p>Members shall notify the Board’s Standards Officer if they are offered (but refuse) any gift or hospitality of any significant value, so that such occurrences may be monitored.</p>
1.13	The Board Head of Corporate Governance shall provide	The Board Secretary shall provide
3.3	the Board’s Head of Corporate Governance should refer	the Board Secretary should refer
5.26	The Board’s Head of Corporate Governance	The Board Secretary
9.1	The NHS Scotland website (https://www.nhs.scot/) will identify the committees which the Board must establish.	The Blueprint for Good Governance in NHS Scotland (Second Edition November 2022) describes the framework of standing committees which the Board must include.

4 Key Risks

- 4.1 The Board has an incomplete or incorrect set of Standing Orders, which if followed, leads to poor governance or perhaps a failure to apply the law correctly.

5 Risk Register

- 5.1 There is no need to add a risk to the register, as this review is part of the routine maintenance of the Standing Orders.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This is an administrative issue which has no specific impact on an identifiable group of people.

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

- 7.1 This duty does not apply to the content of this report.

8 Resource Implications

- 8.1 The proposed revised Standing Orders will not introduce a significant change in current working practices. Any implementation issues will be delivered within current resources.

Darren Thompson

Board Secretary

27 March 2023

darren.thompson@nhslothian.scot.nhs.uk

Appendix 1: Revised Standing Orders (draft 5 April 2023)

STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF LOTHIAN NHS BOARD

1 General

- 1.1 These Standing Orders for regulation of the conduct and proceedings of Lothian NHS Board, the common name for Lothian Health Board, [the Board] and its Committees are made under the terms of The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 (2001 No. 302), as amended up to and including The Health Boards (Membership and Procedure) (Scotland) Amendment Regulations 2016 (2016 No. 3).

The NHS Scotland Blueprint for Good Governance, Second Edition (issued through [DL \(2022\) 38](#)) has informed these Standing Orders. The Blueprint describes the five primary functions of good Board governance as:

- **Setting the direction**, including clarifying priorities and defining change and transformational expectations
- **Holding the Executive Leadership Team to account** by seeking assurance that the organisation is being effectively managed and change is being successfully delivered
- **Managing risks** to the quality, delivery and sustainability of services
- **Engaging with key stakeholders**, as and when appropriate
- **Influencing** the Board's and the wider organisational culture.

Further information on the role of the Board, Board members, the Chair, Vice- Chair, and the Chief Executive is available on:

- <https://www.nhs.scot/>
- <https://learn.nes.nhs.scot/17367/board-development>

- 1.2 The Scottish Ministers shall appoint the members of the Board. The Scottish Ministers shall also attend to any issues relating to the resignation and removal, suspension and disqualification of members in line with the above regulations. Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances.
- 1.3 Any statutory provision, regulation or direction by Scottish Ministers, shall have precedence if they are in conflict with these Standing Orders.
- 1.4 Any one or more of these Standing Orders may be varied or revoked at a meeting of the Board by a majority of members present and voting, provided the notice for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment. The Board will annually review its Standing Orders.

- 1.5 Any member of the Board may on reasonable cause shown be suspended from the Board or disqualified for taking part in any business of the Board in specified circumstances. The Scottish Ministers may by determination suspend a member from taking part in the business (including meetings) of the Board. Paragraph 5.4 sets out when the person presiding at a Board meeting may suspend a Board member for the remainder of a specific Board meeting. The Standards Commission for Scotland can apply sanctions if a Board member is found to have breached the Board Members' Code of Conduct, and those include suspension and disqualification. The regulations (see paragraph 1.1) also set out grounds for why a person may be disqualified from being a member of the Board.

Board Members – Ethical Conduct

- 1.6 Members have a personal responsibility to comply with the [Code of Conduct for Members of Lothian NHS Board](#). The Commissioner for Public Standards can investigate complaints about members who are alleged to have breached their Code of Conduct. The Board will have appointed a Standards Officer. This individual is responsible for carrying out the duties of that role, however he or she may delegate the carrying out of associated tasks to other members of staff. The Board's appointed Standards Officer shall ensure that the Board's Register of Interests is maintained. When a member needs to update or amend his or her entry in the Register, he or she must notify the Board's appointed Standards Officer of the need to change the entry within one month after the date the matter required to be registered.
- 1.7 [The Board Secretary](#) is the Board's appointed Standards Officer and shall ensure the Register is available for public inspection at the principal offices of the Board at all reasonable times and will be included on the Board's website.
- 1.8 Members must always consider the relevance of any interests they may have to any business presented to the Board or one of its committees. Members must observe paragraphs 5.6 - 5.10 of these Standing Orders and have regard to Section 5 of the Code of Conduct (Declaration of Interests).
- 1.9 In case of doubt as to whether any interest or matter should be declared, in the interests of transparency, members are advised to make a declaration.
- 1.10 In relation to gifts and hospitality, members must observe and act in accordance with paragraphs 3.13-3.21 of the [Code of Conduct for Members of Lothian NHS Board](#). Therefore, members shall refuse any offer or promise of any gift or hospitality, unless it is:
- A minor item or token of modest intrinsic value offered on an infrequent basis;
 - A gift being offered to Lothian NHS Board, as a public body;
 - Hospitality which would reasonably be associated with the duties of a Board Member; or
 - Hospitality which has been approved in advance by Lothian NHS Board.

1.11 Where a gift is accepted by a member on behalf of the Board (e.g., because not doing so may cause embarrassment), the gift should be passed to the Board's Standards Officer at the earliest opportunity, to be registered.

1.12 Members shall notify the Board's Standards Officer if they are offered (but refuse) any gift or hospitality of any significant value, so that such occurrences may be monitored.

1.13 The Board Secretary shall provide a copy of these Standing Orders to all members of the Board on appointment. A copy shall also be held on the Board's website within the [Board Members' Handbook](#).

2 Chair

2.1 The Scottish Ministers shall appoint the Chair of the Board.

3 Vice-Chair

3.1 The Chair shall nominate a candidate or candidates for vice-chair to the Cabinet Secretary. The candidate(s) must be a non-executive member of the Board. A member who is an employee of a Board is disqualified from being Vice-Chair. The Cabinet Secretary will in turn determine who to appoint based on evidence of effective performance and evidence that the member has the skills, knowledge and experience needed for the position. Following the decision, the Board shall appoint the member as Vice-Chair. Any person so appointed shall, so long as he or she remains a member of the Board, continue in office for such a period as the Board may decide.

3.2 The Vice-Chair may at any time resign from that office by giving notice in writing to the Chair. The process to appoint a replacement Vice-Chair is the process described at paragraph 3.1.

3.3 Where the Chair has died, ceased to hold office, or is unable for a sustained period of time to perform his or her duties due to illness, absence from Scotland or for any other reason, then the Board Secretary should refer this to the Scottish Government. The Cabinet Secretary will confirm which member may assume the role of interim chair in the period until the appointment of a new chair, or the return of the appointed chair. Where the Chair is absent for a short period due to leave (for whatever reason), the Vice-Chair shall assume the role of the Chair in the conduct of the business of the Board. In either of these circumstances references to the Chair shall, so long as there is no Chair able to perform the duties, be taken to include references to either the interim chair or the Vice-Chair. If the Vice-Chair has been appointed as the Interim Chair, then the process described at paragraph 3.1 will apply to replace the Vice-Chair.

4 Calling and Notice of Board Meetings

4.1 The Chair may call a meeting of the Board at any time and shall call a meeting when required to do so by the Board. The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates.

NHS Lothian Standing-Orders (draft for approval 05.04.2023)

- 4.2 The Chair will determine the final agenda for all Board meetings. The agenda may include an item for any other business, however this can only be for business which the Board is being informed of for awareness, rather than being asked to make a decision. No business shall be transacted at any meeting of the Board other than that specified in the notice of the meeting except on grounds of urgency.
- 4.3 Any member may propose an item of business to be included in the agenda of a future Board meeting by submitting a request to the Chair. If the Chair elects to agree to the request, then the Chair may decide whether the item is to be considered at the Board meeting which immediately follows the receipt of the request, or a future Board meeting. The Chair will inform the member which meeting the item will be discussed. If any member has a specific legal duty or responsibility to discharge which requires that member to present a report to the Board, then that report will be included in the agenda.
- 4.4 In the event that the Chair decides not to include the item of business on the agenda of a Board meeting, then the Chair will inform the member in writing as to the reasons why.
- 4.5 A Board meeting may be called if one third of the whole number of members signs a requisition for that purpose. The requisition must specify the business proposed to be transacted. The Chair is required to call a meeting within 7 days of receiving the requisition. If the Chair does not do so, or simply refuses to call a meeting, those members who presented the requisition may call a meeting by signing an instruction to approve the notice calling the meeting provided that no business shall be transacted at the meeting other than that specified in the requisition.
- 4.6 Before each meeting of the Board, a notice of the meeting (in the form of an agenda), specifying the time, place and business proposed to be transacted at it and approved by the Chair, or by a member authorised by the Chair to approve on that person's behalf, shall be circulated to every member so as to be available to them at least three clear days before the meeting. The notice shall be distributed along with any papers for the meeting that are available at that point.
- 4.7 With regard to calculating clear days for the purpose of notice under 4.6 and 4.9, the period of notice excludes the day the notice is sent out and the day of the meeting itself. Additionally, only working days (Monday to Friday) are to be used when calculating clear days; weekend days and public holidays should be excluded.

Example: If a Board is meeting on a Wednesday, the notice and papers for the meeting should be distributed to members no later than the preceding Thursday. The three clear days would be Friday, Monday and Tuesday. If the Monday was a public holiday, then the notice and papers should be distributed no later than the preceding Wednesday.

- 4.8 Lack of service of the notice on any member shall not affect the validity of a meeting.
- 4.9 Board meetings shall be held in public. A public notice of the time and place of the meeting shall be provided at least three clear days before the meeting is held. The notice and the meeting papers shall also be placed on the Board's website. The meeting papers will include the minutes of committee meetings which the relevant committee has approved. The exception is that the meeting papers will not include the minutes of the Remuneration Committee. The Board may determine its own approach for committees to inform it of business which has been discussed in committee meetings for which the final minutes are not yet available. For items of business which the Board will consider in private session (see paragraph 5.22), only the Board members will normally receive the meeting papers for those items, unless the person presiding agrees that others may receive them.

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

- 5.1 The Chair shall preside at every meeting of the Board. The Vice-Chair shall preside if the Chair is absent. If both the Chair and Vice Chair are absent, the members present at the meeting shall choose a Board member who is not an employee of a Board to preside.
- 5.2 The duty of the person presiding at a meeting of the Board or one of its committees is to ensure that the Standing Orders or the committee's terms of reference are observed, to preserve order, to ensure fairness between members, and to determine all questions of order and competence. The ruling of the person presiding shall be final and shall not be open to question or discussion.
- 5.3 The person presiding may direct that the meeting can be conducted in any way that allows members to participate, regardless of where they are physically located, e.g. video-conferencing, teleconferencing. For the avoidance of doubt, those members using such facilities will be regarded as present at the meeting.
- 5.4 In the event that any member who disregards the authority of the person presiding, obstructs the meeting, or conducts himself/herself inappropriately the person presiding may suspend the member for the remainder of the meeting. If a person so suspended refuses to leave when required by the person presiding to do so, the person presiding will adjourn the meeting in line with paragraph 5.12. For paragraphs 5.5 to 5.21, reference to 'Chair' means the person who is presiding the meeting, as determined by paragraph 5.1.

Quorum

NHS Lothian Standing-Orders (draft for approval 05.04.2023)

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.
- 5.6 In determining whether or not a quorum is present the Chair must consider the effect of any declared interests.
- 5.7 If a member, or an associate of the member, has any pecuniary or other interest, direct or indirect, in any contract, proposed contract or other matter under consideration by the Board or a committee, the member should declare that interest at the start of the meeting. This applies whether or not that interest is already recorded in the Board Members' Register of Interests. Following such a declaration, the member shall be excluded from the Board or committee meeting when the item is under consideration and should not be counted as participating in that meeting for quorum or voting purposes.
- 5.8 Paragraph 5.7 will not apply where a member's, or an associate of theirs, interest in any company, body or person is so remote or insignificant that it cannot reasonably be regarded as likely to affect any influence in the consideration or discussion of any question with respect to that contract or matter. In March 2015, the Standards Commission granted a dispensation to NHS Board members who are also voting members of integration joint boards. The effect is that those members do not need to declare as an interest that they are a member of an integration joint board when taking part in discussions of general health & social care issues. However members still have to declare other interests as required by Section 5 of the Board Members' Code of Conduct.
- 5.9 If a question arises at a Board meeting as to the right of a member to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting be referred to the Chair. The Chair's ruling in relation to any member other than the Chair is to be final and conclusive. If a question arises with regard to the participation of the Chair in the meeting (or part of the meeting) for voting or quorum purposes, the question is to be decided by the members at that meeting. For this latter purpose, the Chair is not to be counted for quorum or voting purposes.
- 5.10 Paragraphs 5.6-5.9 shall equally apply to members of any Board committees, whether or not they are also members of the Board, e.g. stakeholder representatives.
- 5.11 When a quorum is not present, the only actions that can be taken are to either adjourn to another time or abandon the meeting altogether and call another one. The quorum should be monitored throughout the conduct of the meeting in the event that a member leaves during a meeting, with no intention of returning. The

Chair may set a time limit to permit the quorum to be achieved before electing to adjourn, abandon or bring a meeting that has started to a close.

Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

Business of the Meeting

The Agenda

- 5.13 If a member wishes to add an item of business which is not in the notice of the meeting, he or she must make a request to the Chair ideally in advance of the day of the meeting and certainly before the start of the meeting. The Chair will determine whether the matter is urgent and accordingly whether it may be discussed at the meeting.
- 5.14 For Board meetings only, the Chair may propose within the notice of the meeting “items for approval” and “items for discussion”. The items for approval are not discussed at the meeting, but rather the members agree that the content and recommendations of the papers for such items are accepted, and that the minutes of the meeting should reflect this. The Board must approve the proposal as to which items should be in the “items for approval” section of the agenda. Any member (for any reason) may request that any item or items be removed from the “items for approval” section. If such a request is received, the Chair shall either move the item to the “items for discussion” section or remove it from the agenda altogether.
- 5.15 The Chair may change the running order of items for discussion on the agenda at the meeting. Please also refer to paragraph 4.2.

Decision-Making

- 5.16 The Chair may invite the lead for any item to introduce the item before inviting contributions from members. Members should indicate to the Chair if they wish to contribute, and the Chair will invite all who do so to contribute in turn. Members are expected to question and challenge proposals constructively and carefully to reach and articulate a considered view on the suitability of proposals.
- 5.17 The Chair will consider the discussion, and whether or not a consensus has been reached. Where the Chair concludes that consensus has been reached, then

the Chair will normally end the discussion of an item by inviting agreement to the outcomes from the discussion and the resulting decisions of the Board.

- 5.18 As part of the process of stating the resulting decisions of the Board, the Chair may propose an adaptation of what may have been recommended to the Board in the accompanying report, to reflect the outcome of the discussion.
- 5.19 The Board may reach consensus on an item of business without taking a formal vote, and this will be normally what happens where consensus has been reached.
- 5.20 Where the Chair concludes that there is not a consensus on the Board's position on the item and/ or what it wishes to do, then the Chair will put the decision to a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.
- 5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

Board Meeting in Private Session

- 5.23 The Board may agree to meet in private in order to consider certain items of business. The Board may decide to meet in private on the following grounds:
 - The Board is still in the process of developing proposals or its position on certain matters and needs time for private deliberation.
 - The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
 - The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
 - The Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

- 5.24 The minutes of the meeting will reflect when the Board has resolved to meet in private.

Minutes

- 5.25 The names of members present at a meeting of the Board, or of a committee of the Board, shall be recorded in the minute of the meeting. The names of other persons in attendance shall also be recorded.
- 5.26 **The Board Secretary** (or their authorised nominee) shall prepare the minutes of meetings of the Board and its committees. The Board or the committee shall review the draft minutes at the following meeting. The person presiding at that meeting shall sign the approved minute.

6 Matters Reserved for the Board

Introduction

- 6.1 The Scottish Government retains the authority to approve certain items of business. There are other items of the business which can only be approved at an NHS Board meeting, due to either Scottish Government directions or a Board decision in the interests of good governance practice.
- 6.2 This section summarises the matters reserved to the Board:
- a) Standing Orders
 - b) The establishment and terms of reference of all its committees, and appointment of committee members
 - c) Organisational Values
 - d) The strategies for all the functions that it has planning responsibility for, subject to any provisions for major service change which require Ministerial approval.
 - e) The Annual Operational Plan for submission to the Scottish Government for its approval. (Note: The Board should consider the draft for submission in private session. Once the Scottish Government has approved the Annual Operational Plan, the Board should receive it at a public Board meeting.)
 - f) Corporate objectives or corporate plans which have been created to implement its agreed strategies.
 - g) Risk Management Policy.
 - h) Financial plan for the forthcoming year, and the opening revenue and capital budgets.
 - i) Standing Financial Instructions and a Scheme of Delegation.
 - j) Annual accounts and report. (Note: Note: This must be considered when the Board meets in private session. In order to respect Parliamentary Privilege, the Board cannot publish the annual accounts, or any information drawn from it before

- the accounts are laid before the Scottish Parliament. Similarly, the Board cannot publish the report of the external auditors of their annual accounts in this period.)
- k) Any business case item that is beyond the scope of its delegated financial authority before it is presented to the Scottish Government for approval. The Board shall comply with the [Scottish Capital Investment Manual](#).
 - l) The Board shall approve the content, format, and frequency of performance reporting to the Board.
 - m) The appointment of the Board's chief internal auditor. (Note: This applies either when the proposed chief internal auditor will be an employee of the Board, or when the chief internal auditor is engaged through a contract with an external provider. The audit & risk committee should advise the Board on the appointment, and the Board may delegate to the audit & risk committee oversight of the process which leads to a recommendation for appointment.)
 - n) Health & Safety Policy
 - o) The contribution to Community Planning Partnerships through the associated improvement plans.
 - p) Arrangements for the approval of all other policies.
 - q) The system for responding to any civil actions raised against the Board.
 - r) The system for responding to any occasion where the Board is being investigated and / or prosecuted for a criminal or regulatory offence.

Regarding points o) – r), the Board may delegate some decision making to one or more executive Board members.

- 6.3 The Board may be required by law or Scottish Government direction to approve certain items of business, e.g. the integration schemes for a local authority area.
- 6.4 The Board itself may resolve that other items of business be presented to it for approval.

7 Delegation of Authority by the Board

- 7.1 Except for the Matters Reserved for the Board, the Board may delegate authority to act on its behalf to committees, individual Board members, or other Board employees. In practice this is achieved primarily through the Board's approval of the Standing Financial Instructions and the Scheme of Delegation (which can be found on the Board's website [here](#)).
- 7.2 The Board may delegate responsibility for certain matters to the Chair for action. In such circumstances, the Chair should inform the Board of any decision or action subsequently taken on these matters.
- 7.3 The Board and its officers must comply with the [NHS Scotland Property Transactions Handbook](#), and this is cross-referenced in the Scheme of Delegation.

- 7.4 The Board may, from time to time, request reports on any matter or may decide to reserve any particular decision for itself. The Board may withdraw any previous act of delegation to allow this.

8 Execution of Documents

- 8.1 Where a document requires to be authenticated under legislation or rule of law relating to the authentication of documents under the Law of Scotland, or where a document is otherwise required to be authenticated on behalf of the Board, it shall be signed by an executive member of the Board or any person duly authorised to sign under the Scheme of Delegation in accordance with the Requirements of Writing (Scotland) Act 1995. Before authenticating any document the person authenticating the document shall satisfy themselves that all necessary approvals in terms of the Board's procedures have been satisfied. A document executed by the Board in accordance with this paragraph shall be self-proving for the purposes of the Requirements of Writing (Scotland) Act 1995.
- 8.2 Scottish Ministers shall direct which officers of the Board can sign on their behalf in relation to the acquisition, management and disposal of land.
- 8.3 Any authorisation to sign documents granted to an officer of the Board shall terminate upon that person ceasing (for whatever reason) from being an employee of the Board, without further intimation or action by the Board.

9 Committees

- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. [The Blueprint for Good Governance in NHS Scotland \(Second Edition November 2022\) describes the framework of standing committees which the Board must include.](#)
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board shall appoint committee members to fill any vacancy in the membership as and when required. If a committee is required by regulation to be constituted with a particular membership, then the regulation must be followed.
- 9.4 Provided there is no Scottish Government instruction to the contrary, any non-executive Board member may replace a committee member who is also a non-executive Board member, if such a replacement is necessary to achieve the quorum of the committee.

- 9.5 The Board's Standing Orders relating to the calling and notice of Board meetings, conduct of meetings, and conduct of Board members shall also be applied to committee meetings where the committee's membership consists of or include all the Board members. Where the committee's membership includes some of the Board's members, the committee's meetings shall not be held in public and the associated committee papers shall not be placed on the Board's website, unless the Board specifically elects otherwise. Generally, Board members who are not members of a committee may attend a committee meeting and have access to the meeting papers. However, if the committee elects to consider certain items as restricted business, then the meeting papers for those items will normally only be provided to members of that committee. The person presiding the committee meeting may agree to share the meeting papers for restricted business papers with others.
- 9.6 The Board shall approve a calendar of meeting dates for its committees. The committee chair may call a meeting any time and shall call a meeting when requested to do so by the Board.
- 9.7 The Board may authorise committees to co-opt members for a period up to one year, subject to the approval of both the Board and the Accountable Officer. A committee may decide this is necessary to enhance the knowledge, skills and experience within its membership to address a particular element of the committee's business. A co-opted member is one who is not a member of Lothian NHS Board and is not to be counted when determining the committee's quorum.

NHS Lothian Quality Strategy

1 Purpose of the Report

- 1.1 The purpose of this paper is to set out a proposal to extend the current Quality Strategy (2018/23) life span to May 27.

2 Recommendations

- 2.1 Accept the proposal to extend the current QS lifespan to May 27 acknowledging the impact of the pandemic and its aftereffects, on the pace of implementation.
- 2.2 Accept the proposal that a detailed implementation plan will come to the December 23 Board.

3 Discussion of Key Issues

- 3.1 [The Quality Strategy](#) (QS) sets out the common features of a high functioning quality focused Healthcare Organisation which has at its core, the systematic application of Quality Management (QM) with the goal to achieve consistent, high-quality care with minimal morbidity, mortality, discomfort, and positive experience whilst meeting or exceeding all six dimensions of quality (safe, effective, patient centred, timely, effective equitable care).
- 3.2 NHS Lothians QS aims to embed QM across the organisation, which requires organisational intent, patience, and positive system change. QM engages and empowers teams using tools and techniques to improve care pathways and management processes across the organisation. With human factors, talent management, succession planning and assurance as key components. To create a consistent single management system focused on quality planning, improvement, control, and assurance, all four components of a QMS are required and need to be in balance. A key component to implementing QM across all of NHS Lothian functions, are a set of leadership behaviours and skills. These include the use of data to inform decision making, the ability to empower teams to solve complex problems and ensuring systems are in place monitor the quality of care provided.
- 3.3 [The Quality Strategy Review](#) presented to the April 22 Board and Annual reporting to HGC has demonstrated the following progress towards implementation of the Strategy against the deliverables set out in the QS Annex:
- 3.3.1 Positive Progress
- Increased participation in improvement across NHS Lothian. With teams working together to understand, identify variation, test, and implement successful solutions. Underpinned by improvement training, QI coaching and enhanced improvement infrastructure.
 - Increased number of Quality Networks and clinical pathways work aligned to organisational priorities as mechanisms to implement the QS.

- Willingness by organisational leaders to re-engage in a consistent approach the managing quality and implementing change by the systematic application of Quality Management (QM).
- There are examples of the use of all four dimensions of QM with the Quality Improvement dimension being the most routinely applied.

3.3.2 Improvement Opportunities

- The systematic use of QM which is visible in management and / or clinical processes particularly around Quality Planning (QP) and Quality Control (QC), which inform assurance.
- The lack of Information/data focused on clinical process to inform QC and QP remains a significant constraint for the wider adoption of QM.
- Lack of organisational leaders visibly and explicitly engaging in the adoption of QM as a consistent approach to manage and improve services quality.

3.3.3 Despite the pandemic we can demonstrate, there has been increase in participation in improvement across the organisation. Teams have worked together to understand, identify, test, and implement solutions underpinned by improvement training and coaching. They have shared their learning and learnt from others, which has enabled the scale up and spread of successful improvement initiatives. These are key measures of success as set out in the Quality Strategy. This is a testament to our staff who have continued to improve services while under immense pressure.

3.3.4 There is no doubt however that momentum to implement the QS at pace, has been significantly hindered by the pandemic and its aftereffects. It is proposed that the QS vision and approach, for Lothian to be a high functioning quality focussed organisation, which has at its core the systematic application of QM, with the goal to achieve consistent high-quality care with minimal morbidity, mortality, discomfort, and positive experience, remains relevant, contemporary ([Quality Improvement | The BMJ](#)) and aligned to national approach ([HIS Strategy 2022-2027](#)).

3.3.5 It is proposed that the current QS be extended to May 2027 and that a full implementation plan based on the review findings and external learning be presented to the Board in December 23, see the step diagram in Appendix 1 for summarised proposed approach. This would include a focus on:

- Re-stating NHS Lothian's commitment to being a quality focused organisation and the reliable application of QM
- Build Non-Executives, Executive and senior management capacity to apply QM to ensure a shared understanding and common use of language including integrating into leadership offerings
- Strengthen the use of quality planning and control to demonstrate a disciplined, data driven approach to change, focused on unwarranted variation, experience and outcome
- Acknowledge the aspiration to be an intelligence lead organisation and explore how we can maximise our current system to inform quality planning, quality control and improvement including data loch
- Retain a focus on using patient and staff experience as central measures of successes, however, signal that experience co-design is a key to designing health and social care and we need to build the capability of our system and infrastructure to do this and as such we need to examine how we go about this.

4 Key Risks

- 4.1 The resilience of the system and staff to continue to plan, test, improve and maintain an oversight of quality due to impact of the pandemic and rapid remobilisation. The health information systems do not readily provide the information on care pathways and outcomes to inform the four dimensions of QM.

5 Risk Register

- 5.1 The systematic application of QM underpinned by timely health information would ameliorate several risks on the corporate risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 The QS underwent an integrated impact assessment. An impact assessment will be carried out on the proposed implementation plan to be presented to the Board on December 23

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

- 7.1 Patient and staff experience is integrated into the work of improvement networks and care pathways and used to develop, test, and implement new ways of working.

8 Resource Implications

- 8.1 The resources related to developing and infrastructure to enable the reliable application of QM will be explored as part of the implementation plan.

Jo Bennett

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21 March 2023

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Appendix 1: Step Diagram-Summarised proposed approach

2027 - Vision

NHSL is a high functioning quality focused Healthcare Organisation which has at its core, the systematic application of Quality Management (QM) with the goal to achieve consistent, high-quality care with minimal morbidity, mortality, discomfort, and positive experience whilst meeting or exceeding all dimensions of quality.

Opportunities for Improvement

Based on review findings and annual Reporting to Healthcare Governance:

- The systematic use of QM which is visible in management and / or clinical processes particularly around Quality Planning (QP) and Quality Control (QC), which inform assurance
- The lack of Information/data focused on clinical process to inform QC and QP remains a significant constraint for the wider adoption of QM
- Lack of organisational leaders visibly and explicitly engaging in the adoption of QM as a consistent approach to manage and improve services quality.

Positive progress

Based on review findings 2022 & Annual Reporting to Healthcare Governance Committee:

- Increased participation in improvement across NHS Lothian. With teams working together to understand, identify variation, test, and implement successful solutions. Underpinned by improvement training, QI coaching and enhanced improvement infrastructure
- Increased number of Quality Networks and clinical pathways work aligned to organisational priorities
- Willingness by organisational leaders to re-engage in a consistent approach the managing quality and implementing change by the systematic application of Quality Management (QM)
- There are examples of the use of all four dimensions of QM with the Quality Improvement dimension being the most routinely applied.



2027 Realising the benefits and evidencing improved outcomes

2023 / 2026 Implementation plan based on internal and external learning/evidence. To be presented to the Board in December 23. This would include:

- Re-stating NHS Lothian’s commitment to being a quality focused organisation and the reliable application of QM
- Build Non-Executives, Executive and senior management capacity to apply QM to ensure a shared understanding and common use of language including integrating into leadership offerings
- Strengthen the use of quality planning and control to demonstrate a disciplined, data driven approach to change, focused on unwarranted variation, experience and outcome
- Acknowledge the aspiration to be an intelligence lead organisation and explore how we can maximise our current system to inform quality planning, quality control and improvement including data lock
- Retain a focus on using patient and staff experience as central measures of successes, however, signal that experience co-design is a key to designing health and social care and we need to build the capability of our system and infrastructure to do this and as such we need to examine how we go about this.

2022 Quality Strategy Review

Review of QS Implementation against QS deliverables presented at April 2022 Board, which identified positive progress and opportunities for improvement.

2018 / 2022 Implementation Phase

Implementation phase set against deliverables Set out in the QS Annex.

2018 / 2023 Quality Strategy agreed by April Board 2018

To embed QM across the organisation, to engage and empower teams to use tools and techniques to improve care pathways and management processes across the organisation. With human factors, talent management, succession planning and leadership behaviours as key components. To create a consistent single management system focused on quality planning, improvement, control, and assurance, with all four components in balance

Meeting Name: Board
Meeting date: 5 April 2023

**Title: National Whistleblowing Standards – Quarter 3 2022/23
Whistleblowing Performance Report**

Purpose and Key Issues of the Report:

DISCUSSION		DECISION		AWARENESS	X
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The attached performance report covers the key performance metrics on which Boards are required to report to the Scottish Public Services Ombudsman

To note that the number of concerns received in Quarter 3 2022/23 (four) double the number (two) which were received in the same quarter in the previous year.

To note the increase in time to close concerns from an annual average in 2021/22 of 37 days for seven stage 2 concerns to, as at end of Quarter 3 2022/23 120 days for the same number of concerns.

To note that three Stage 2 concern have been closed this Quarter, with one of these having been received in quarter 4 of 2021/22.

To note that work continues to improve the communications around learning and service improvements as a result of whistleblowing concerns and investigations.

Recommendations:

Note:

The content of the Quarter 3 2022/23 Whistleblowing Performance report and that at time of writing no additional Whistleblowing concerns have been received.

Currently there are three active cases with the Independent National Whistleblowing Officer (INWO), which were initiated by the whistleblower and which we await the outcome of.

Author: Lynne Barclay
Date: 20 March 2023

Director: Janis Butler
Date: 20 March 2023

NATIONAL WHISTLEBLOWING STANDARDS – QUARTER 3 2022-23 PERFORMANCE REPORT

1 Purpose of the Report

- 1.1 The purpose of this report is to present to the Board for noting the Quarter 3 Whistleblowing Performance report covering the period 1 October 2022 to 31 December 2022.

2 Recommendations

The Board is invited to:

- 2.1 Note the content of the attached Quarter 3 Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 1 March 2023.
- 2.2 Note that the Quarterly and Annual report, in line with the requirements of the Standards, are published on the NHS Lothians Staff pages of the Internet.

3 Discussion of Key Issues

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Quarter 3 Whistleblowing Performance report as attached at Appendix 1. Noting that the performance report was discussed and endorsed by the Staff Governance Committee at its meeting on the 1 March 2023.
- 3.2 As previously advised processes are in place to include on a quarterly basis, figures from both our Primary Care and Local Contractors. However, under the Standards, these services only need to report quarterly if they have had any concerns. If no concerns have been received there is no need to report, however good practice would be to inform the Board that no concerns had been received.
- 3.3 During Quarter 3 2022/23, eight whistleblowing concerns were received, four Stage 2 and four anonymously. During the same period last year, there were two Stage 2 concerns received. No concerns were raised anonymously.
- 3.4 During Quarter 3 2022/23 three Stage 2 concern were closed, one of which was received in Quarter 4 of the previous reporting year. The number of days taken to complete the investigation and provide the outcome to the whistleblower was 120 days, this compared to an average of 37 days over the previous reporting year. There has been a significant increase in the average number of days taken to close concerns, this may in part be attributable to the complexity of the concerns received.
- 3.5 Last year's average was based on the closure of seven Stage 2 concerns. Up to the end of Quarter 3 this year, the same number of concerns have been closed. The four Stage 2 concerns received during this reporting quarter, remain under investigation. In line with the Standards the Whistleblower is advised of the need to extend the

timescales and is kept up to date, every 20 working days, with the progress of the investigation and when they are likely to receive the outcome.

- 3.6 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Quarter 3 Whistleblowing Performance report (Appendix 1).
- 3.7 In line with the Standards the Quarterly and Annual Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link [Whistleblowing Performance Reports](#)
- 3.8 Key learning to this point in the reporting year is the need for whistleblowing outcomes and improvement actions to be visible and transparent to those teams affected. There is also a need to 'demystify' the term whistleblowing, in relation to what can and cannot be shared. Under the Standards there is an obligation to maintain the confidentiality of both the whistleblower and anyone who participates in the investigation, however the actions and learning can be and should be, as appropriate, shared with management teams and ward/service staff, through normal communication channels. During Quarter 3, sessions with Chief Nurses and Associate Medical Directors have been planned. The first of these sessions will take place during April. This will provide the opportunity to share the learning to date and provide context around sharing of both the actions and learning from concerns. In general, however the concerns received to date remain complex, quite service specific and have been overlaid by cultural issues.
- 3.9 A learning session was also held with the Executive Leadership Team, with a key focus on ownership of actions coming out of investigations and the need for visible and transparent communications with teams affected by whistleblowing concerns.
- 3.10 For the concerns closed during Q3 action/improvement plans are in place and monitoring arrangements remain in place for all action plans, through the whistleblowing process, to support the transition from whistleblowing to business-as-usual action and oversight.
- 3.11 As previously agreed all quarterly reports now contain information relating to those cases referred into the formal Whistleblowing processes via our Speak Up Service.
- 3.12 Currently there are three active cases with the Independent National Whistleblowing Officer (INWO), which were initiated by the whistleblower and which we await the outcome of.

4 Key Risks

- 4.1 In respect of the implementation of the standards, there is a risk that if the new standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. In order to mitigate this risk, there is ongoing communications and training.

5 Risk Register

- 5.1 There is no requirement for anything to be added to the Risk Register at this stage.

6 Impact on Inequality, Including Health Inequalities

6.1 As this is an update paper on progress only there are no implications for health inequalities or general equality and diversity issues arising from this paper.

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

7.1 There is no requirement for engagement and consultation in relation to this paper.

8 Resource Implications

8.1 There are no specific resource implications associated with this paper.

Lynne Barclay

Whistleblowing Programme and Liaison Manager

20 March 2023

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Appendix 1: Q3 Whistleblowing Performance Report



Whistleblowing Performance Report

Quarter 3 October to December 2022

Lynne Barclay
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns – Quarter 3 (October – December) 2022-23

Context

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles plus a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be:

‘open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.’

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Lothian to deliver, and the INWO can act as a final, independent review stage, if required.

- Stage 1: Early resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action – 5 working days.
- Stage 2: Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response – 20 working days.

The Standards require all NHS Boards to report quarterly and annually on a set of key performance indicators (KPIs) and detailed information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns
- The experience of all those involved in the whistleblowing procedure
- Staff perceptions, awareness, and training

Areas covered by the report

Since the go-live of the Standards in April 2021, processes have been put in place in to gather whistleblowing information raised across all NHS services to which the Standards apply. Within NHS Lothian in all four Health and Social Care Partnerships (HSCPs) any concerns raised about the delivery of a health service by the HSCPs are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Lothian. The Director for Primary Care has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contractors who are not part of wider National Procurement contracts managed by NHS National Services Scotland.

Implementation and Raising Awareness

As reported in our Annual Report considerable work has taken place to raise awareness of the Standards and during this reporting year, we will revisit the local processes in place and revise/refresh in light of any learning.

In addition, our plans for 2022/23 include, but are not limited to the actions outlined below:

- We will continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- We will train more managers in the skills to undertake a good investigation.
- Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.
- Working with our Speak Up Service, we will continue to gather information on barriers to raising concerns and look at ways in which these can be addressed.
- We are currently working on a new induction programme, which contains a dedicated section on raising concerns and whistleblowing.

Quarter 3 Performance Information October 2022 – December 2022

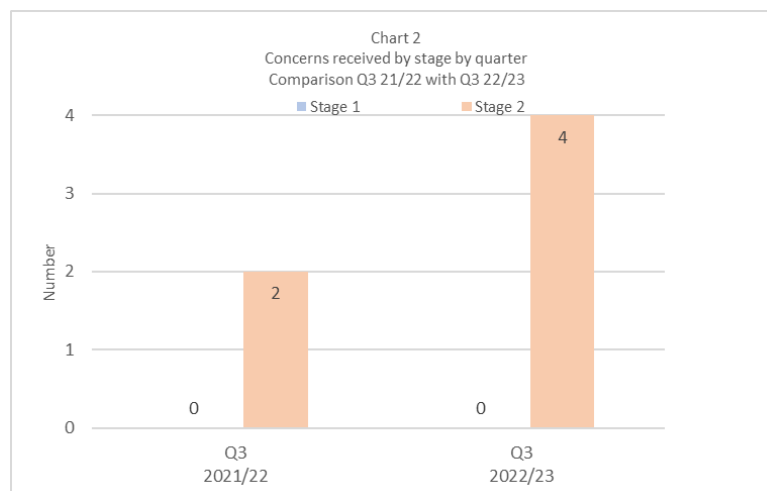
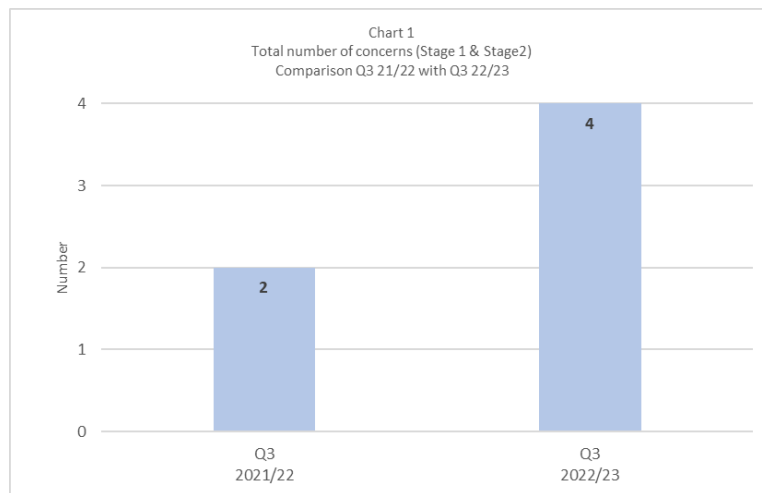
Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

1. Total number of concerns received
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

Four concerns received during 2021/22 remained open at the end of the previous reporting year (2021/22). The last of these was closed during this quarter.

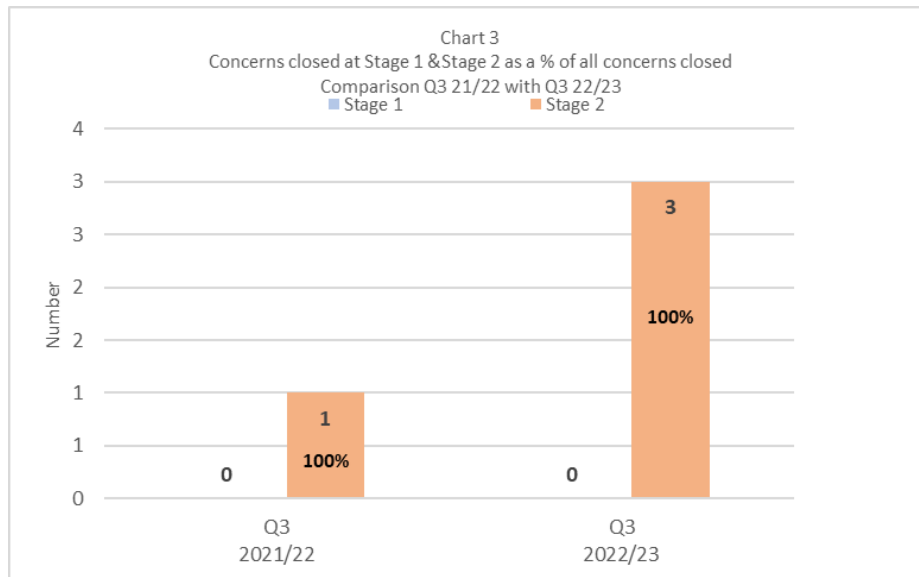
Indicator 1 - Total number of concerns, and concerns by Stage

During quarter 3 2022/23 four stage 2 concerns were raised this is double the number received in the same quarter last year. To date during this reporting year, 10 stage two whistleblowing concerns have been received. No stage 1 concerns have been received. Chart 1 shows the total number of concerns received in Q3 2022/23 compared with Q3 2021/22. No stage 1 concerns were received in this quarter in either year. Chart 2 gives a break down on the number of concerns received at each stage of the whistleblowing process over the same period.



Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed

During quarter 3, three Stage 2 concerns were closed. Of these one had been received in quarter 4 of the previous reporting year. No stage 1 concerns were received or closed during this quarter. Chart 3 shows the comparisons between quarter 3 this year with quarter 3 2021/22.



Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage

The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

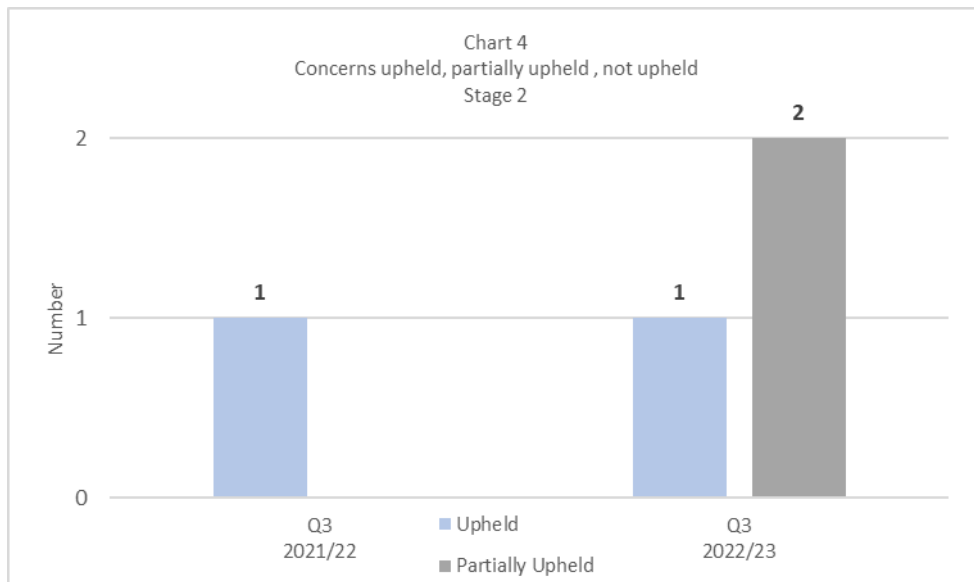
No stage 1 concerns were received or closed during this quarter; this is comparable with the same quarter last year.

The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

During the third quarter of this year, three stage 3 concerns were closed (100%) two of the three concerns were partially upheld the third was upheld. When compared to the same quarter last year, the one stage 2 concern which was closed was upheld.

There are currently seven (7) stage 2 concerns which are subject to ongoing investigation. All were received during this reporting year.

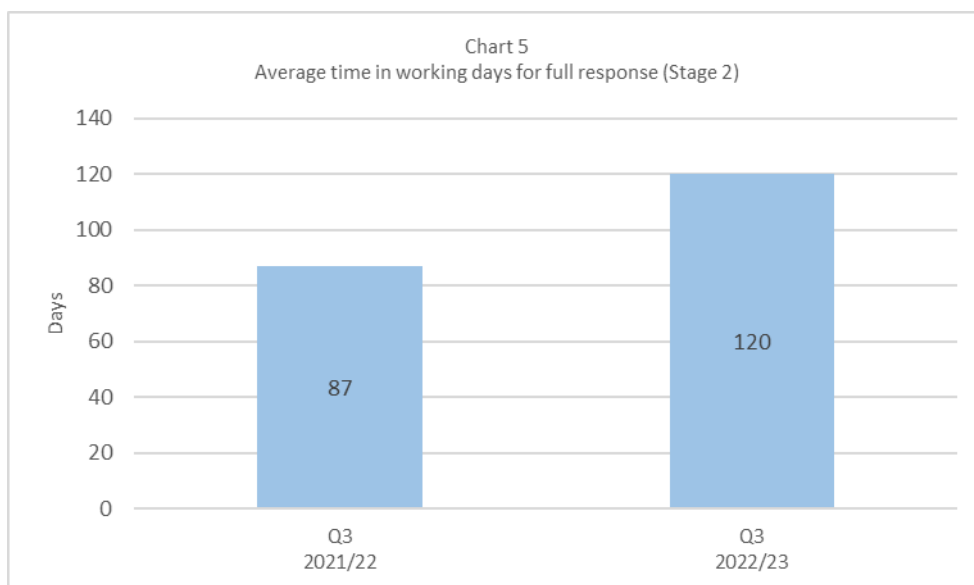
Chart 4 below details the outcome of the three stage 2 concerns which have been closed at the end of quarter 3, compared with the same quarter last year.



Indicator 4 - The average time in working days for a full response

During this quarter three (3) stage 2 concerns have been closed the average number of days taken to close the concerns is 120 days this compares to 87 days for the single concern closed in the same quarter during 2021/22. There has been a significant increase in the average number of days taken to close the concerns received, this may be attributable to the complexity of the concerns received.

Chart 5 below shows the average time to close concerns in quarter 3 this year compared with the same quarter in 2021/22. No stage 1 concerns were closed during this period in either year.



Indicator 5 - Number and percentage of concerns closed in full within set timescales

No concerns were closed in this quarter within the set timescales of 5 or 20 working days.

Concerns where an extension was authorised

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must be provided an update on the progress of any investigation every 20 working days. All stage 2 concerns (10) received during the first 3 quarters of this reporting year (100%) have had extensions authorised. Whistleblowers are advised of the need to extend the timescales and are kept up to date with the progress of the investigation into their concerns throughout the process.

Primary Care Contractors

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In total 107 returns were received for quarter 3 in comparison to 101 in quarter 2. Details are outlined in the table below:

	No	%* ¹	Stage 1	Time to respond* ²	Outcome	Stage 2	Time to respond* ²	Outcome
GP Practices	65	55	0	n/a	n/a	0	Investigation ongoing	
Dental Practices	26	15	0	n/a	n/a	0	n/a	n/a

Optometry Practices	13	10	0	n/a	n/a	0	n/a	n/a
Community Pharmacies	3	1	0	n/a	n/a	0	n/a	n/a

No stage 1 concerns were received or responded to in quarter 3. The stage 2 concern received in Q2 remains under investigation as the end of quarter 3.

*¹ based on the current primary care contractor cohort as detailed below

*² number of days

The figures above are based on the current primary care contractor cohort of:

- 118 GP practices including the challenging behaviour practice
- 173 general dental practices
- 119 optometry practices including domiciliary only
- 183 community pharmacies

Other Contracted Services – Not part of the wider National Procurement Framework

Under the terms of the Standards', contracted services are only required to submit annually, concern data to the board, even if to report that there were no concerns raised.

On a quarterly basis the requirement is only to report to the board if concerns were raised in that quarter, if no concerns have been raised there is no need to report, although it is good practice to let the Board know.

No information has been received in quarter 3 from any of the 36 local suppliers, who are not contracted through the National Procurement Framework.

Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Lothian has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information'.

We have received four anonymous concerns, during this quarter. In total since the implementation of the Standards in April 2021 ten anonymous concerns have been received.

Where appropriate and applicable the outcomes from the investigations into anonymous concerns are shared with the service area.

Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of whistleblowers. For each complaint that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. Learning has also been identified from concerns which from a whistleblowing perspective have not been upheld.

Action plans are agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards, this is principally the Executive Medical or Nurse Directors.

Action plans continue to be monitored via the Whistleblowing Programme and Liaison manager until such time as the Commissioner is satisfied that all actions have either been completed or have moved into a business-as-usual process with supporting monitoring/governance arrangements in place.

In relation to local and system-wide learning, processes are now in place to capture, and during quarter 1 2023/24 a joint session with Chief Nurses and Medical Directors has been planned. This will provide the opportunity to share the learning to date and provide context around sharing of both the actions and learning from concerns.

A summary of learning from the concerns closed during this quarter are detailed below:

System wide learning

- Learning and actions from whistleblowing recommendations should be visible to the staff in a department or team.
- Whistleblowing recommendations and action plans need to have a greater level of scrutiny and the evidence required to demonstrate the implementation of recommendations need to be agreed and documented.
- Processes for introducing any new services or changes to clinical services, must ensure that they consider patient safety as a priority and are implement in collaboration with key stakeholders.

Service specific learning

- The need to ensure all staff working within a service understand the service pressures and objectives.
- Raising the profile of Learning Disability Liaison team across nursing within the organisation.

Concerns received to date, continue to be complex and are overlaid by cultural, relationship and communication issues. All action plans now contain a specific action around communications, and the need to ensure that all staff in the ward/department to which the concern relates are advised of the outcome of the investigation and the actions being taken to address these. Improvement work is underway, for example it has been identified that the current once per year iMatter survey is not sufficient in itself to measure real time staff experience. It has been agreed as part of the Boards corporate priorities for 2022/23 we will explore the development of a tool/platform for capturing data on staff experience real time to augment the annual iMatter staff survey.

As part of the process review of the systems in place to support the Standards during quarter 3 we have continued to embed the changes and enhancement of roles in relation to whistleblowing investigation and scrutiny, as noted at quarter 2 these were:

- Reinforcing/enhancing the role of the Commissioner.
- Enhanced Scrutiny of whistleblowing outcomes, via the Patient Safety Experience Action Group (PSEAG).
- Improved processes around maintaining the confidentiality of the whistleblower.

Experience of individuals raising concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. For those raising concerns at stage 2 they are offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process. The Non-Executive Whistleblowing Champion has advised that in general terms feedback from those with whom they have met have advised that their experience was positive in terms of how the investigation was undertaken and being kept up to date with progress throughout the process. They also commented on the positive way in which their anonymity was maintained throughout.

Level of staff perception, awareness and training

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Lothian and how this can be done. Lunch and Learn sessions will continue twice yearly on an ongoing basis, to allow new managers access to this training resource and for existing managers to refresh their learning.

Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

A programme of activities was put in place this quarter to support Speak Up Week, although the Speak up Service is not solely there to support Whistleblowing the Speak Up Service does provide the confidential contact service to those who wish to whistle blow. A summary of the key activities is outlined below:

- Chief Registrars presented to all doctors in training and those interested in training a session on 'Promoting Raising Concerns.'
- The Speak Up Ambassadors and Advocates hosted a series of 'Meet the Confidential Contacts' events held over the week, on all acute sites.
- Nurse Director for Acute Service held a lunchtime drop-in session on both the St Johns and Royal Infirmary of Edinburgh sites.
- Emails and newsletters were issued promoting Speak up Week and outlining the role of the Speak up Service.
- The Speak Up Ambassadors attended a session of the Western General Hospital Partnership Forum to promote the importance of listening and following up.
- The Speak Up Ambassadors attended and presented to the Scottish Equalities and Minority Forum on the role of the confidential contact and the Scottish Speak Up network.
- A selection of electronic communications was also issued during the week, these included senior management team videos on the importance of Speaking up, tweets from the Non-Executive Whistleblowing Champion and Speak up Ambassadors. Facebook and tweets from Unions and the British Medical Association supporting Speak Up Week.

Whistleblowing and Speak Up

All four stage 2 concerns received during quarter 3 were raised through the Speak Up Service, the Board's identified confidential contacts.

Further work will be undertaken in 2022/23 with the Speak Up Ambassadors to more fully understand the barriers identified by staff about raising concerns through the line management structure, and that they will or may not be taken seriously and how this perception may be changed.

In relation to anonymous concerns, three were received via Speak up, with one Whistleblower subsequently coming forward and their concern is now being investigated as a named concern under the standard, the fourth concern was received directly or indirectly via the Director of HR & OD.

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 3 2021/22 and quarter 3 2022/23. The themes from the anonymous concerns are also included in the table below.

Theme* ¹	Q3 21/22	Q3 22/23
Patient Care and/or Patient Safety	3	7
Poor Practice	1	4
Unsafe working conditions	0	3
Breaking legal obligations	0	0
Abusing Authority	2	2

*¹ more than one theme may be applicable to a single Whistleblowing concern

*² themes were broadened for reporting post April 2021

Named Concerns raised by Division across all 3 quarters

Division	Number
HSCP's	*
Acute Hospitals	*
Corporate Services	*
REAS	5
Facilities	*

* to maintain anonymity where case numbers are lower than 5 actual case numbers have not been included.

5 April 2023

BOARD EXECUTIVE TEAM REPORT: APRIL 2023

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 A recent Major Incident was declared involving a toppled US Navy vessel at the Imperial Dock in Leith. Teams across acute, primary care and health and social care partnerships pulled together to produce an outstanding effort of which we are all be immensely proud. Several patients, some with serious injuries, were admitted and treated at NHS Lothian hospitals.
- 1.2 The Mental Welfare Commission for Scotland (MWC) paid an unannounced visit to Balcarres Ward, Royal Edinburgh in March. Overall, the MWC reported that it was pleased with the feedback that patients gave about their care although there was concern expressed about the high level of occupancy. The report from the visit has not yet been received. It will be considered at HCG upon receipt.
- 1.3 Healthcare Improvement Scotland (HIS) conducted an unannounced Safe Delivery of Care Inspection of Edinburgh Royal Infirmary from 21 to 23 February 2023. Inspectors returned on Tuesday 14 March to follow up on areas of concern identified during our initial onsite activity. The escalated findings have been addressed with actions to ensure effective monitoring and safe delivery of care to all patients and staff. The report from the visit has not yet been received. It will be considered at HCG upon receipt.
- 1.4 It is with great sadness that we bid farewell to our colleague, Jacquie Campbell - Chief Officer Acute Services, who will be retiring at the end of April after 13 years at NHS Lothian and 38 years at the NHS. We wish Jacquie all the best in her retirement.

2. Deputy Chief Executive

- 2.1 Little France Campus Traffic Management - Under the current traffic control system, health & safety risks relating to congestion have been eliminated since the re-introduction of permits for staff parking. Following the previous update in February regarding the Little France Staff Shuttle Bus extension, the Parking Permit criteria will undergo its annual review in the next period. From April-June 2023, the Traffic Management Administration Team will be undertaking the annual review of all individual permit holders. In preparation for this, the permit criteria and policy across

NHSL Acute Sites will be reviewed as part of the annual review process to ensure this is robust and fair for the needs of our staff groups. The current permit criteria existed pre-COVID-19 and was drafted via the Traffic Management Groups and agreed with Partnership. The same criteria are used across Lothian's Acute Campus;' however they have differing thresholds linked to the capacity available. Staff can access the staff car parks in Little France without permits after 11:30am each weekday or 24/7 on weekends and bank holidays. This aligns to the timetable for Public Transport between the Campus and Park & Ride which ends shortly before midnight.

- 2.2 System Inpatient Bed Capacity Planning - I am currently reviewing the scope, approach and requirements for a first phase whole system inpatient bed capacity planning tool for NHS Lothian. This would see the development of a bespoke, whole system scenario planning tool to assist NHS Lothian in understanding the needs of our services and suitability of our bed base to better plan for the health and social care needs of the population. I believe that a framework is required to assist NHS Lothian to undertake scenario planning to ensure robust and resilient actions can be taken to account for the multiple factors for change, not least the predicted change in population demographics. The first phase would focus on the four adult acute sites (RIE, REH, WGH, SJH). This project will involve significant engagement across clinical services and require technical analytical skills to develop an adjustable tool which can be added to in future phases (for example, all non-acute hospital beds across the HSCPs, non-NHS beds including care home places, maternity and children's services, theatres, endoscopy, interventional labs, outpatients and ambulatory care). Timelines are yet to be confirmed; however the intention would be to utilise the tool for our winter preparedness.
- 2.3 Capital Projects - Key projects which I am Executive Sponsor for remain subject to the Lothian Health and Care System capital prioritisation process. This is a robust process which reflects the Board's strategic direction and mirrors the Scottish Government's Capital Investment Manual (SCIM).

3. Executive Director of Nursing, Midwifery, & AHPs

- 3.1 Workforce - In addition to our increased site-based recruitment activity we continue to explore ways to widen access into healthcare roles up to and including support to progress to pre-registration training. We have programmes of work which engages staff to take up employment within NHS Lothian, these are collaboratively delivered by Clinical Education and Colleges, these include skills boost, college HNC and new developments with West Lothian College due to staff shortages at St Johns. In the past 4 weeks we have met with West Lothian College, St Johns, and the heads of education within West Lothian to discuss a plan to promote employment for our young people into St Johns in addition to the development of a new course for Band 3's. We continue to have interest from individuals and service areas in developing their band four assistant practitioner roles and we would anticipate filling fifty places in September.

We have had good engagement from two HEIs in developing a plan to go back to SG within relation to developing work-based learning approach to nurse training we will submit this for consideration in early April.

- 3.2 Nursing and Midwifery Vision - A three-year Nursing and Midwifery Vision is currently under development and will set out our plans and ambitions for the future, centred around compassionate leadership. The draft vision has been developed by a short life working group led by Gillian McAuley, Director of Nursing Acute and will go out for consultation over the next 3 weeks. This will be launched at a celebratory event on 12th May 2023, International Nurses' Day at the O2 Academy along with an exciting new branding for Nursing and Midwifery in NHS Lothian, which will be used in promotional and recruitment activities.
- 3.3 Florence Nightingale Foundation Academy - NHS Lothian has become a member of the Florence Nightingale Foundation (FNF) Academy, which is an international organisation dedicated to supporting and developing nurses and midwives to improve care and save lives across the world, maintaining Florence Nightingale's legacy. Membership of the Academy and access to its resources will be available to all nurses and midwives in our organisation, including the following:
- free unlimited access to exclusive FNF online leadership modules and other recommended resources, which will contribute to CPD hours.
 - regular opportunities to network and learn at exclusive FNF UK and Global webinars, virtual and in person events.
 - connecting with other senior nurse and midwife members globally through the FNF online engagement platform.
 - showcasing excellence in nursing and midwifery leadership by contributing to the FNF online library of global impact case studies.

4. Medical Director

- 4.1 The innovation team of NHS Lothian, working together with Chest, Heart and Stoke Scotland and POGO studios won one of the awards at the Digital Health and Care Awards 2023. The team won the award in the category of Technology Enabled Independent Living Award for the Long Covid Tailored Talks.
- 4.2 My thanks to Torness power station and to EDF who hosted a visit for occupational medicine trainees which I was pleased to join and consider their approach to health and safety on a complex site.
- 4.3 Across the region we have been considering the pressures on the provision of systemic anti-cancer treatment (SACT) and how to prioritise the aseptic capacity we have, the expertise in ensuring safe prescribing and the chair availability and how to make sure that we are addressing these

5. Director of Finance

- 5.1 NHS Lothian has made progress against the financial challenges faced in 2022/23 and is now forecasting to deliver a balanced outturn at the year end. This is largely because of additional late funding allocations and improved financial performance.
- 5.2 We have recently been notified of the additional resources to be made available to support the costs of the 22/23 year pay awards. These resources will now be allocated to budgets before the end of the financial year.

- 5.3 Work is progressing to finalise the Financial Outlook for 23/24. Based on latest assumptions and available information, the plan has a significant financial gap. We are working with colleagues in NHS Lothian, the SG and other boards to develop cost reduction initiatives to mitigate the forecast deficit for next year.
- 5.4 Our increased application of contract measures to incentivise improved performance by Consort at the Royal Infirmary Edinburgh has led to an offer from Consort to address a number of performance deficiencies. This offer is currently being considered.
- 5.5 Consort's Schedule of Planned Maintenance including a Lifecycle programme of works for 2023/24 continues to be refined prior to its implementation at the start of April 2023.

6. Director of Human Resources and Organisational

- 6.1 Agenda for Change Pay Deal - The joint trade unions have unanimously accepted the pay deal for 2023/24, removing any threat of strike action. The payments will be processed in the April pays. Work will now commence on scoping the detail of the non-pay elements of the deal, which will be led by Scottish Government.
- 6.2 Junior Doctor Pay Dispute - The BMA are in dispute with the Scottish Government regarding the approach to pay for junior doctors and have intimated that a ballot of junior doctors in Scotland on strike action will open on 29th March. The ballot will run for 5 weeks and close on 5th May. The normal resilience planning arrangements for industrial action will be triggered as appropriate.
- 6.3 Women's Network - The newly formed Staff Women's Network presented at the Staff Governance Committee in March, sharing their journey so far. The network is inclusive to all, supporting and encouraging members to come together to discuss experiences and provides a safe space for women to talk about issues that are important to them. The network is open to ALL to join, encouraging inclusion and diversity regardless of gender identity. The networks key goals for 2023 include promotion of the network, focus on career progression, work-life balance and health matters.
- 6.4 Reasonable Adjustments Guidance - In response to learning from recent Employment Tribunal cases we have launched guidance on reasonable adjustments in the workplace, supported by a communications campaign to embed the key messages across the organisation. The purpose of the guidance is to help managers to support staff throughout the employment journey from recruitment to retention of staff who become disabled or whose individual circumstances related to their disability change. This is about supporting our staff to thrive.

7. Director of Public Health and Health Policy

- 7.1. The Lothian Public Health Survey 2023 - The Lothian Public Health Survey 2023 is commencing fieldwork in the last week of March 2023. This is a major research study commissioned by NHS Lothian and the University of Edinburgh and is crucial to obtaining an accurate picture of the health and wellbeing of East Lothian, Midlothian, West Lothian and City of Edinburgh residents. A random sample of Lothian adult residents has been invited to take part in this survey. This sample has been designed to be representative of the population of Lothian in terms of age, sex, local authority of residence and deprivation. We want to ensure that everyone is represented so that improvements in health and wellbeing services across Lothian are based on the needs of our entire population. More information is available on our website at <https://services.nhslothian.scot/lothianpublichealthsurvey>
- 7.2. Update on Ukrainian Refugee Work - Since 2021 many Ukrainian refugees have sought resettlement in Scotland. To support the public health needs of the Ukrainian community, Health Care Public Health teams have led on engagement work across Lothian in recent months. Many Ukrainians are unsure of the health system in our country as this differs from what is available from their home country. The Screening & Early Detection team, Immunisation and Dental teams have delivered awareness sessions sharing health information at three successful visits to MS Victoria where approx. 1100 Ukrainians are residing and at community venues in Edinburgh and Midlothian. To continue and strengthen our reach, the Screening and Early Detection team have prepared resources such as easy read leaflets and links to reliable online resources along with establishing a volunteer champion role supported by the NHS Lothian Volunteer service. These volunteers are from the Ukrainian community and best placed to deliver key messages on: Screening and Early Detection national programmes; to support conversations around informed decisions for immunisation; how to access NHS services (e.g., registering with a GP or dentist); and signposting to information and NHS online sources. The volunteers are supported and have received training from the Screening and Early Detection and Immunisation teams, they will be utilised at subsequent information sessions, community engagement events and meetings. This innovative approach will be evaluated with all stakeholders.
- 7.3 End of Winter Respiratory Update - Across Scotland, the incidence rate of influenza remains at baseline activity level, with fifty-five laboratory-confirmed influenza cases reported during the week ending 26th February 2023, compared to fifty-nine cases in the previous week. Influenza vaccination uptake in adults across Lothian is 64.8% compared to 63.7% in Scotland (uptake on 13th March 2023). In Scotland, in the week ending 21st February 2023, around 1 in 45 people (2.22% of the population) were estimated to test positive for COVID-19. There were on average 819 patients in hospital with COVID-19, a 14.5% increase from the previous week. COVID-19 vaccination booster uptake across Lothian is 74.2% compared to 72.6.% in Scotland (uptake on 13th March 2023).

8. Chief Officer Acute Services

- 8.1 Acute Unscheduled Care services continue to remain under significant pressure with high occupancy, front door crowding and queues. Due to the significant pressures being experienced at the Royal Infirmary of Edinburgh a dedicated 26-week improvement project has been established. Please see the Performance paper for detail on this programme.
- 8.2 In terms of Acute Workforce, Nurse staffing levels remain extremely challenged across St John's Hospital (SJH). A focussed recruitment day for Registered Nurses took place on 16th March 2023 to attract new talent into the hospital team. It also provided an early opportunity for newly qualifying student nurses to confirm a permanent role, enabling them to join the organisation at band four level, whilst they await registration. There was fantastic engagement at the event, with a huge team effort to facilitate the day from across the hospital. Final outcomes were 11 Registered Nurses provided with offers (though not all full-time), to commence in 6 weeks' time, and 31 Newly Qualifying Nurses (NQNs) also provided with offers to commence in post September/October when they complete their training. A number of NQNs have taken up rotational posts, where they will gain a broad range of experience across services at SJH. We will re-run the event in a month's time to capture a further cohort of NQNs.
- 8.3 For Scheduled care Scottish Government funding for 2023/24 has now been confirmed, which is a NRAC share of £103m. In a change to previous years, where allocations have been made non recurrently, from 2023/24 this funding will be allocated on a recurring basis. This allows NHS Lothian to invest in sustainable recovery plans for services, with certainty over funding in future years. However the guidance is clear that no further funding is available and there are a number of priorities to be delivered, placing pressure on the available funding. Delivery options to provide secure capacity for Orthopaedic joint replacement activity and other priority areas is being considered by the Board according to relative cost, impact and deliverability of investments when making prioritisations.
- 8.4 Scottish Government issued their Planned Care Planning Guidance for 2023/24 in February 2023, and we submitted our return against this guidance on 17 March 2023 which included our activity projections, cancer and long wait trajectories and improvement and productive opportunity plans.
- 8.5 Lastly in terms of Acute leadership, Donald Noble was appointed Clinical Director for Medicine & Allied Services (MEDAS) at St John's Hospital and will take up post from 1st April 2023. Michelle Carr commences as the Chief Officer Acute Services post from 3rd April 2023, and we extend all our best wishes to her in her new post

9. Director of Strategic Planning

- 9.1 The team came up to full-strength for the first time in 7 years with the arrival of Andrea MacDonald as Strategic Programme Manager for Masterplanning on 27th February. This position lasted two weeks as Nickola Jones has now left us for a year, as of 10th March. In the meantime, I will be working more directly with the REAS team to provide planning support.
- 9.2 The team has continued its strong day-to-day working supporting operational teams within NHSL, with the type 1 Diabetes plan, Women's Health Plan, Thrombectomy, and Outpatients strategy all high on our priority list. SPPC received the Implementation Books for Scheduled Care and Mental Health, Illness, and Wellbeing on the 22nd of March and Clare Cartwright and Nickola Jones, prior to her departure, were the driving forces behind this. The Implementation Books for Children and Young People and Unscheduled Care continue to be developed and indeed implemented.
- 9.3 SPPC received updates on the planning cycle, the Annual Delivery Plan, and Corporate Objectives and this has constituted considerable work within the team, as has the first run of Capital Prioritisation.
- 9.4 Finally, I continue to hold the post of Interim Director of Regional Planning, now supported directly by Peter McLoughlin as Interim Head of Regional Planning. To accommodate this I am stepping down as Chair of NHS Scotland's Directors of Planning Group in June, after four years.

10. Director of Primary Care

- 10.1 My previous reports have outlined the continued challenges in the Southeast of Edinburgh for new patients wishing to register with a GP practice. Over recent months we have formally agreed for practices to close their list to new patients. This is a dynamic process and currently there are two practices with closed lists to new patients. These measures are not taken lightly but are essential to ensure these practices can maintain the safe delivery of care, while recruitment to key clinical posts are underway.
- 10.2 There are also continued challenges for people seeking to register with a dental practice. NHS Lothian do have a dedicated service for people who are not registered with a dentist run by the NHS Lothian Oral Health Service through the Chalmers Dental Centre in Edinburgh
<https://services.nhsllothian.scot/Dentists/Pages/EmergencyDentalCare.aspx>

This service can provide urgent care needs but does not extend to registration with a dentist. These challenges are Scotland-wide, and the Chief Dental Office is currently undertaking a review of the General Dental Services contract. Papers relating to this review are publicly available <https://www.scottishdental.org/cdo-advisory-group>

11. Director of Communications, Engagement and Public Affairs

- 11.1 Operation Ouch - We have successfully secured involvement in the next two series of the BBC children's comedy Operation Ouch! Filming at the RHCYP began on Monday 13 March, the first time the show has been based at a hospital in Scotland. The programme aims to de-mystify hospitals for younger viewers, is packed with incredible facts about the human body and is sold to TV networks around the world. This has been the result of well over a year's engagement with the programme-makers. Previous series are available here - BBC iPlayer - Operation Ouch! <https://www.bbc.co.uk/iplayer/episodes/b03cdr8s/operation-ouch>
- 11.2 RHCYP- / NHS 75th - Plans are in development for a formal opening of RHCYP / DCN and activities to mark the 75th anniversary of the NHS on July 5th.
- 11.3 Connections Magazine – Spring Edition - The Spring edition of Connections Magazine has recently been issued to all staff. This edition explores some of the things that have been introduced across Lothian in response to pressures and also included a range of articles focused on NHS Lothian's commitment to eliminating modern day racism, inequality, and discrimination. This included an in-depth look at recent research undertaken by The University of Edinburgh which uncovers the Health Board's historical links to slavery.
- 11.4 Finance Campaign and Cost of Living Campaign - Working with the Finance and HR teams on two separate but interlinked campaigns: raising awareness of NHS Lothian's financial challenge and developing an online hub with information on support and guidance available to staff struggling with the rise on the cost of living.
- 11.5 Celebrating Success Launch - In February, we formally opened the nomination window for Celebrating Success.

12. Services Director – REAS

- 12.1 ESMAC (Equally Safe Multi-agency Centre) - The new purpose-built facility for this service (The Sycamore centre) is now ready and will be handed over on 17th March 2023. This will allow patients the opportunity to undergo forensic examinations in much better surroundings than we have been able to before.

The introduction of self-referrals (in April 2022) has increased the number of forensic examinations throughout the South-East, which has had an impact on the percentage of forensic examinations being carried out within 3 hours, this is continually monitored.

A multi-agency expert group was established under the former CMO Taskforce, to develop robust proposals for a Test of Change (ToC) of nurses carrying out the forensic examiner role, with clearly defined parameters. A proposal was approved by Scottish Ministers and the Lord Advocate in October 2019, and the ToC commenced in January 2021 within another Board. NHS Lothian is now carrying out the ToC until end of March 2023. It is hoped that this will lead to approval for female nurse offence examiners via the crown office and procurator fiscal which will contribute to Lord Advocate decision making in relation to the workforce legislation and planning across Scotland.

- 12.2 LEAP (Lothian and Edinburgh Abstinence Programme) - Recent outcomes show those attending our abstinence-based rehabilitation programme was associated with positive changes in psychological and social well-being and harm reduction from substance use at 4-year follow-up, with stability of change from years 1 to 4.

There has been a significant improvement in most outcomes at 4 years compared with admission scores were found. Completing the programme was associated with greater rates of abstinence, reduced alcohol use and improvements in alcohol status score, work satisfaction score and psychiatric status score on the ASI-X, in comparison with non-completion.

A paper relating to our work has recently been published within the British Journal of Psychiatry

<https://www.cambridge.org/core/journals/bjpsych-open/article/substance-use-risk-behaviours-and-wellbeing-after-admission-to-a-quasiresidential-abstinencebased-rehabilitation-programme-4year-followup/54BB344C6F68CE5B2030FF7177779021>

- 12.3 Psychological Therapies - The waiting times for Psychological Therapies continue to decrease. The rate at which the treatment waits are reducing is higher than the national average. Across services that have been able to consistently reduce waiting times, there is some evidence that demand for Psychological Therapies is increasing. Computerised Psychological Interventions has an increasing portfolio. On average, 500-600 referrals to a range of computerised and digital interventions are made each month, primarily from primary care, with a waiting time of up to 7 days for access to psychological treatment. The computerised treatment packages offered meet the evidence base for Cognitive Behavioural Therapy.

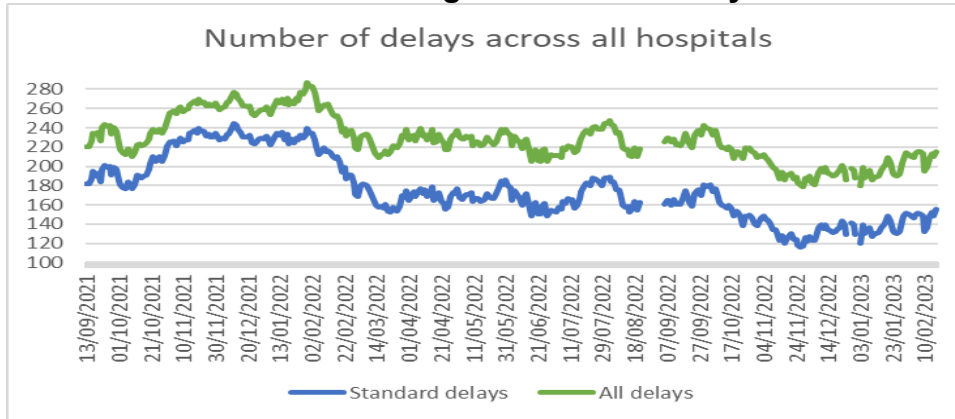
A delegation of twenty psychologists from the Norwegian Psychology Society will be visiting NHS Lothian Psychology Service on April 20th to discuss the Psychological Therapies Specification and the clinical organisation and management of services. The delegation has expressed an interest in meeting with staff from a range of services including neuropsychology, adult mental health and clinical health psychology.

- 12.4 Neurodevelopment Pathways under 18 - A Neurodevelopmental Pathways Implementation Board was established in August 2022 chaired by Heather Cameron. This Board will review the current pathways, develop a Pan Lothian approach to the delivery of care and ensure we have a multi-agency approach. It will also ensure that recommendations support equitable access to and equitable outcomes from Neurodevelopmental services for CYP across Lothian.

13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 System Pressures - There remain high levels of people delayed in hospital although there has been improvement over the year (table 1).

Table 1: Total number of Edinburgh social care delays

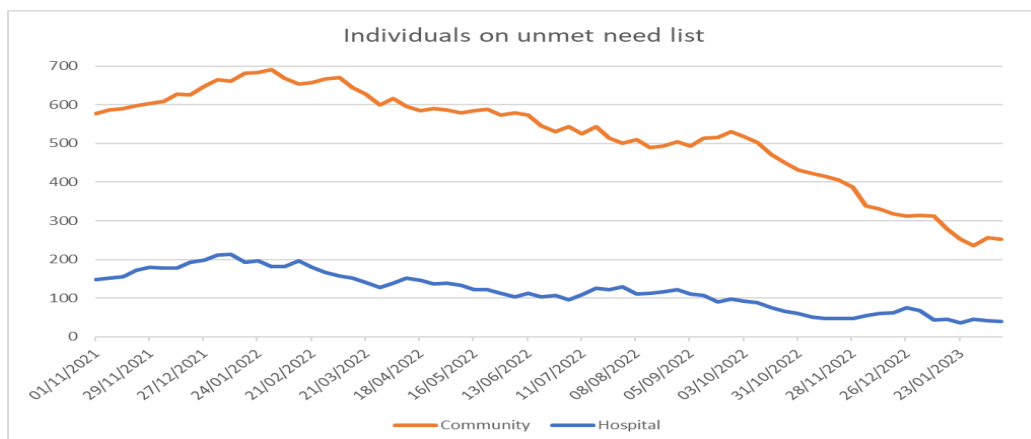


Source: NHS Lothian local data

The decrease in September and October is due to increased capacity in our external care at home providers. The recent increase in 2023 is due to seasonal fluctuations that annually occur over the festive period and as more people are ready for discharge following a period in hospital over winter. Similarly, January and February are routinely those winter months where the system is in most demand. Comparing the number of people delayed in hospital between mid-February 2022 and mid-February 2023, there is a 28% reduction on last year's figure.

13.2 The number of people waiting for a package of care has decreased substantially (Table 2 below).

Table 2: Number of people awaiting package of care in community and hospital



Source: City of Edinburgh Council local data. Note: Figures exclude blocking reablement and reprovisioning, in line with definitions set by Scottish Government.

As can be seen from Table 2, the larger proportion of those waiting for a package of care remains within the community compared to a hospital setting or interim care placement. The reasons for continued improvement remain predominantly due to external care at home providers having additional capacity and work being undertaken by the EHSCP's One Edinburgh Command Centre which is creating capacity within the Partnership's internal Homecare and Reablement teams.

- 13.3 The main challenge where we have not seen improved performance relates to the number of people who are waiting for a social care assessment. We recently undertook a data quality exercise and revised process/codes for our waitlist data, improving our understanding of those on the waiting list, the scale of the challenge and processes in place to manage risk.

Of the 1,589 on the waiting list for an assessment, approximately 50% are waiting for a reassessment, meaning they are already known to our social work teams or are already receiving a service. We have a number of initiatives in place to address the waitlist backlog but, as these are still in the process of being implemented, these are unlikely to have an impact on the number of people waiting before the end of March 2023.

Specific mitigating actions being taken by the EHSCP to manage these pressures and improve performance:

- a. A high priority workstream within our Home First programme is Discharge without Delay (DwD) which aims to reduce the number of bed days occupied due to delays across 6 Medicine of the Elderly (MoE) wards across the Royal Infirmary Edinburgh (RIE) and Western General Hospital (WGH), by 50% by the end of March 2023.
- b. Since October 2022, we have introduced a dedicated on-site Home First team comprising Social Workers and Home First Co-coordinators. As part of the new integrated Multidisciplinary Teams (MDTs), they work together to ensure that no one whose needs can be met in the community reside in an acute hospital after they are medically fit to leave.
- c. Since the implementation of DwD in October 2022, the average occupied bed days in a week across all sites have reduced significantly from high of 80.5 (October 2022) to just over 40 (first week in February 2023). Furthermore, the average delayed bed days across all sites have also reduced from 69 in October 2022 to 55 in January 2023. These measures will continue to be monitored and reviewed as we scale up to include the remaining 4 MoE wards, commencing March 2023.
- d. We continue to use interim beds as a means to support people that do not need to be in an acute ward but await a package of care or a care home of their choice. Between 2 November 2021 and 21 February 2023, 282 people were moved to interim beds, with 79% of those people having moved on from their interim care home placement. This equates to a total of 13,037 bed days saved since November 2021.

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

- 14.1 Joint Inspection of Adult Support and Protection (ASP) in East Lothian - A joint inspection of ASP by the Care Inspectorate, Health Improvement Scotland and His Majesty's Inspectorate of Constabularies is formally underway in East Lothian. A dataset of ASP activity has been provided to the inspection team, which they will use to select case files for closer scrutiny in the week commencing 24th April.

East Lothian teams are currently preparing a Position Statement and associated evidence for submission by March 29th, with further information to be provided as requested. Staff across services are being surveyed as part of the inspection. A published report on ASP arrangements in East Lothian will be available on June 20th.

- 14.2 Opening of the Expanded and Modernised Cockenzie Health Centre - The end of January saw the official opening of the £4.1m extended and modernised Cockenzie Health Centre, which serves the growing population in the Cockenzie, Port Seton, Longniddry and Prestonpans areas.

The development, which accommodates the Harbours Medical Practice, began in August 2021 and saw the premises almost double in size, with the addition of a 400m² extension. This properly accommodates the practice team and allows the provision of a wider range of services to the local communities, in an environment which is modern and fit for purpose.

The health Centre will offer access to East Lothian HSCP managed Primary Care services, including the nurse-led Community Treatment and Care Service (CTACS) and the Care When It Counts (CWIC) team which provides a same-day service provided by Nurse Practitioners, Advanced Nurse Practitioners and Physician Associates. Patients will also be able to access services provided by midwives, health visitors and community link workers.

- 14.3 Belhaven Hospital, Dunbar

Ward 3: GP Led Unit - In February, the expectation was that the HSCP would have progressed to the planning stages for welcoming patients back to Ward 3, following remedial works and associated disinfection of the water system. Unfortunately, compliance testing following the works has yielded unsatisfactory results. This necessitates a thorough inspection of the repair works, which may extend to the building's entire plumbing system, with further rounds of disinfection and compliance testing. The building must achieve three rounds of satisfactory test results before preparing to move patients back into ward 3.

Ward 2: Administrative Hub - With the specialist contractors still focusing their efforts on rectifying the plumbing issues in Ward 3, the works planned for Ward 2 are delayed. These delays are being communicated to our stakeholders and the wider community in Dunbar, as is the HSCP's intention to open the wards as soon as possible.

15. Director/Chief Officer, Midlothian Integration Joint Board

- 15.1 Palliative care - Midlothian HSCP will shortly publish a report on a project funded by the Scottish Government and Marie Curie which captures feedback from bereaved family members about palliative and end of life care. The intention was that the outcomes of the project would inform a Scotland-wide approach to collecting feedback and using it to improve care. The project focussed on palliative and end of life care in the community, delivered by District Nursing teams, and in Midlothian Community Hospital.

An approach based on Experience Based Co-design (EBCD) was used which involved inviting family members to participate, conversations with family members, speaking to staff and sharing findings at a workshop. At the workshop, staff and family members considered the feedback which had been analysed to identify key themes. A visual record of the workshop was created by a graphic illustrator.

The potential to take forward the ideas for improvement generated from the workshop will be explored. A dissemination plan has been developed to create opportunities to utilise the data generated to support service improvement more widely, and as an educational resource for staff who deliver palliative and end of life care.

- 15.2 Midlothian Green Health Prescribing Project - Green Health Prescribing is an evidence-based approach to supporting people to improve health and wellbeing through engaging in nature-based activities. The Midlothian Green Health Prescribing Project arose out of the NHS Lothian's 2019 Greenspace and Health Strategy and its aim for people in the Lothians have "Longer lives, better lived through our green space: Lothian's natural health service". Led by Public Health and the Health and Social Care Partnership, Midlothian was a fertile place to develop a pilot to develop an understanding of what this strategic aim could look like in practice. The evaluation report by Matter of Focus and related learning will be shared with all areas in Lothian. Key enabling factors for this work were in place in Midlothian, including personal outcomes-focused working practices and infrastructure. By tapping into the existing work of local community organisations and resources, small amounts of funding have had a large impact. The project was able to demonstrate a significant difference to outcomes for people who accessed a green prescription. This included people feeling more confident, having improved sleep, and feeling less isolated. Through their engagement with activity providers people have gained outdoor skills and new experiences as well as accessing community networks. Patients have gained a new way of thinking about their health as well as access to resources including referrals which go 'beyond medicine.'

Key to the success was an existing grounding in Good Conversations and the House of Care model that establishes that people receiving health and care services are equal partners in identifying health outcomes and workable solutions. Of Equal importance has been the appetite among all stakeholders to take this work forward, despite the challenges of fatigue in the primary care system and third sector.

- 15.3 AHP/HSCP Governance and Assurance Framework - March sees the end of a year extended period of testing and iterative development of the AHP Governance and Assurance Framework with data entry via a PowerApp and output via a Tableau dashboard. This testing phase has enabled the framework, App and dashboard to be co-designed and adapted to meet the needs of the AHP's across Lothian (including

Council Occupational Therapists). After the final changes have been implemented the framework will go live for all AHP's across Lothian from 1st April 2023 enabling the AHP Director (NHS Lothian) and Directors in the HSCPs to obtain professional governance assurance for the AHP's in their areas. Additionally, this framework will form the basis of the development of a Hosted Service Report that is being led by Midlothian HSCP in codesign with the Dietetics Service.

As a component of the overarching Quality Management System for Midlothian HSCP, the framework has been adapted to provide a system for operational governance for all services within Midlothian HSCP. Colleagues in NHS Lothian eHealth Innovation Team are currently building the PowerApp, and corresponding dashboard and we anticipate having it to test during Q1. In anticipation of the framework, the operational teams are in the process of developing their Group Service Specifications, Service Plans and Team Plans which will enable them to identify baseline performance and quality measures that can be reporting against through the Midlothian HSCP Governance and Assurance Framework.

- 15.4 Midlothian IJB agreed Directions for 2023/24 - At its Board meeting on 16th March 2023. These will be issued to NHS Lothian and Midlothian Council on 31st March. A decision on a budget offer from Midlothian Council (which presents a £1.3m budget cut, and failure to pass over full Scottish Government IJB allocation) has been noted and deferred for decision at Board meeting on 13th April.

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

- 16.1 Vaccination Update- Following the completion of the Winter Flu/COVID programme, in January 2023, focus switched to the non-seasonal programme, most notably Pneumococcal and Shingles vaccination, with over 5,000 vaccinations delivered since the start of the programme.

On 27th March 2023, the Spring Booster programme will commence for housebound and care home residents, with clinic appointments being offered from 10th April 2023. This programme will provide COVID-19 vaccinations for people aged 75 years or older and those with weakened immune systems of all ages, from 5 years and above, and also pregnant women. Clinics will take place primarily within GP practices and partnership buildings.

The Pneumococcal and Shingles programme will pause during the delivery of the Spring Booster programme which has a completion date of 30th June 2023. At that time routine offers for legacy 1st and 2nd COVID-19 vaccination doses will also cease.

- 16.2 Community Single Point of Contact - The Home First programme team has rolled out and embedded the community Single Point of Contact (SPoC) across remaining GP practices – SPoC is now open to all GP practices in West Lothian. The Scottish Ambulance Service (SAS) will also have access to SPoC from week commencing 20/03/23 with District Nursing following thereafter. Significant engagement with stakeholders continues to be a key focus in increasing the number of referrals to SPoC.

Following the conclusion of the initial pilot phase for the SPoC an evaluation report has been prepared. The evaluation summarises the progress and expenditure to the end of January 2023 relating to the introduction of the SPoC 2-year test of change. A further evaluation will be conducted at the end of Year 1. Some of the key conclusions are that:

- SPoC has a high success rate (91%) in preventing hospital admissions but seems to be under-utilised by most GP practices and by LUCS
- referrals made to SPoC are highly likely to be successful in preventing a presentation to hospital and, in 93% of cases, a plan is put in place to manage someone safely at home within 2-4 hours.
- 40% of patients referred require access to multiple services to prevent admission

16.3 Mental Health - Representatives of West Lothian HSCP Mental Health services and the Integrated Discharge Hub met with those from the Mental Health Division at the Scottish Government regarding people delayed in hospital whilst awaiting measures under the Adults with Incapacity Act. We described the pathways for the different measures as developed in West Lothian. The Government appeared positive about the role of the Integrated Discharge Hub and, in particular, of the Mental Health Officer embedded in the Hub. The MHO Service Manager, spoke of the actions taken to minimise in capacious patients stay in hospital whilst making sure that any discharge is lawfully carried out. The representatives spoke positively of the processes and attention to detail while making a couple of ideas about how that they might be improved.

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
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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

NHS Lothian

Board Meeting
05 April 2023

Board Chairman

NHS Scotland “Blueprint for Good Governance” Second Edition

1 Purpose of the Report

- 1.1 The purpose of this report is to inform the Board of the publication of the NHS Scotland Blueprint for Good Governance and to provide information on anticipated next steps.
- 1.2 Any member wishing additional information should contact the Board Chairman or the Board Secretary in advance of the meeting.

2 Recommendations

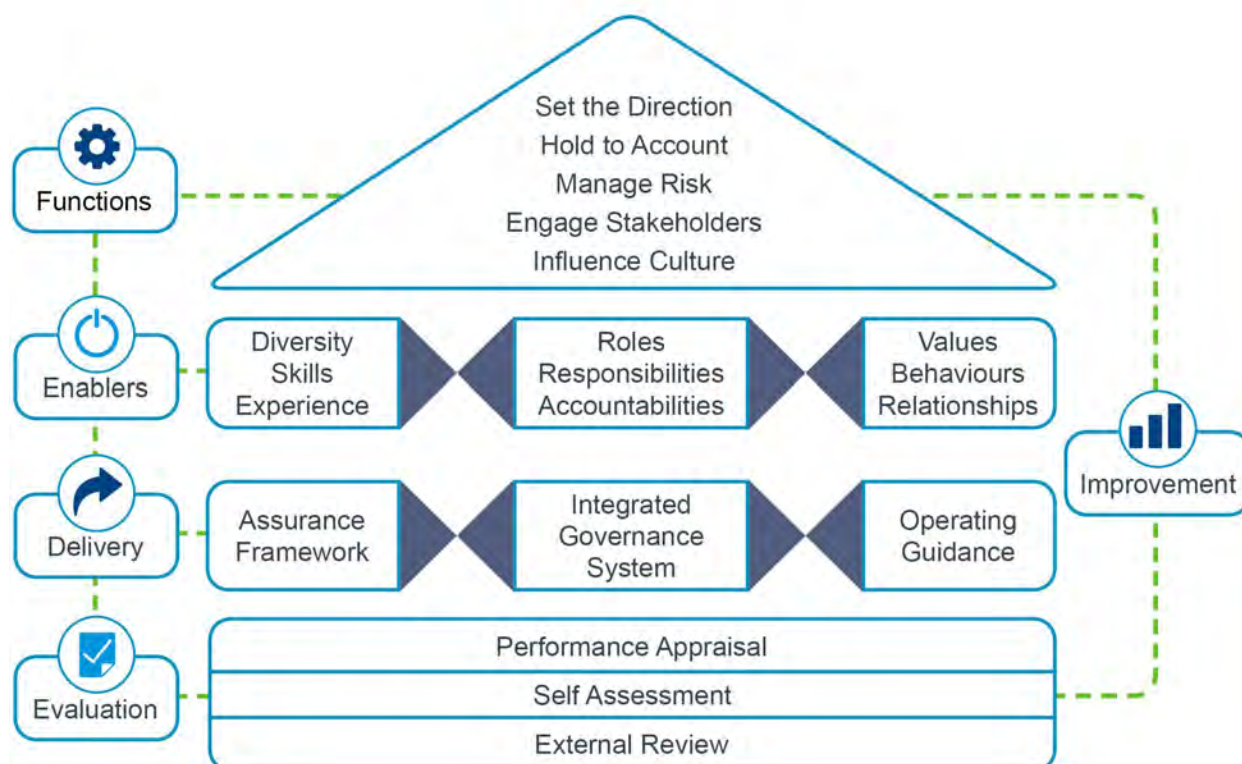
- 2.1 The Board is invited to note:
 - 2.1.1 the publication of the [NHS Scotland Blueprint for Good Governance: second edition](#);
 - 2.1.2 that further detail is awaited from the NHS Scotland Strategic Governance Group on specific implementation plans; and
 - 2.1.3 that a dedicated Board Development Session will be arranged once further detail is forthcoming on implementation and a self-evaluation exercise

3 Discussion of Key Issues

Background

- 3.1 The original Blueprint for Good Governance was published via a Director’s Letter (DL (2019) 02) in February 2019. A second edition of the Blueprint was issued to all NHS Boards in December 2022 (DL (2022) 38). This latest edition contains updated guidance on what constitutes good corporate governance practice for Scottish NHS Boards and provides greater detail and emphasis on specific delivery mechanisms that support governance.
- 3.2 The NHS Scotland Blueprint defines governance as the system by which organisations are directed and controlled, describing therein a tiered model that outlines the Functions of a governance system, the Enablers and the Delivery Mechanisms required to effectively deliver those functions, and the means by which the Board can evaluate its performance in achieving the principles of good governance. Five key elements are included for Boards to demonstrate, namely: (i) Setting the Direction; (ii) Holding to Account; (iii) Managing Risk; (iv) Engaging Stakeholders; and (v) Influencing Culture.

3.3 This model is illustrated as follows:



Assessment

- 3.4 Since it was first issued in 2019, the practical implementation of the Blueprint has been guided at a national level by the NHS Scotland Chairs’ sub-group, the Corporate Governance Steering Group. With the release of the second edition, a new national Strategic Governance Group has been established between the Scottish Government and the NHS Scotland Chairs. This is supported by a Board Development Reference Group.
- 3.5 Within NHS Lothian, a number of steps were taken in response to the publication of the 2019 Blueprint and the issue of subsequent DLs. These included the adoption of model Board Standing Orders and a common approach to structuring the induction process for new non-executive board members. The results of an initial self-assessment survey and development session undertaken by the NHS Lothian Board in March 2019 found that existing arrangements were effective in delivering the governance functions described in the Blueprint. Nonetheless, a draft action plan was created to review a small number of areas, to seek further improvements.
- 3.6 There are a number of new sections in the revised Blueprint, including detail on Assurance Frameworks (consistent with the NHS Lothian approach to [Corporate Governance and Assurance](#)); the Strategic Planning & Commissioning System; Risk Management System; and Audit Arrangements. These give useful detail with which the Board can benchmark its current arrangements. The Blueprint sets an expectation that each Board’s governance arrangements will be subject to a systematic evaluation annually via a self-assessment exercise and once every three years by someone external to the Board.

- 3.7 The regular evaluation of governance arrangements in pursuit of continuous improvement is one of the key principles of good governance. As such, the publication of a revised and expanded Blueprint document presents an opportunity to consider and review corporate governance practices and systems and provide renewed assurance to the Board.
- 3.8 One of the first key steps is likely to involve the Board undertaking the aforementioned self-assessment and reflection exercise to establish a baseline. It is anticipated that the format and nature of this exercise will be determined and rolled out at a national level, informed by a pilot survey exercise currently being conducted within NHS Highland. A timescale for this approach being finalised, communicated and implemented is not currently known.
- 3.9 An NHS Scotland “governance event” is scheduled to take place in Edinburgh on Wednesday 26 April, the aim of which is to communicate and discuss proposals for the implementation of the second edition of the Blueprint. The invitation for this has been communicated to all NHS Lothian Board members and we expect to be well represented. Furthermore, two NES online training modules related to the Blueprint are currently in development, with the first expected to be available on the NES Board Development website by early summer.
- 3.10 It is likely that the Board would benefit from undertaking a future Development Session dedicated to reviewing the requirements of the revised Blueprint. However, it is recommended that the scheduling of such a session should await further information on how implementation of the revised Blueprint is to be managed at a national level, as well as the specifics of a mandatory self-assessment exercise for NHS Boards. The results of any such survey are likely to represent important input to a Development Session.
- 3.11 In the intervening period, some further desk-based work will be undertaken to review and identify any obvious areas of development required, particularly by considering new elements of the Blueprint, such as the delivery mechanisms detailed in supplementary guidance.

4 Key Risks

- 4.1 Reviewing and aligning practice (where appropriate) to the revised Blueprint will provide further assurance that NHS Lothian has robust corporate governance practices in place that support the delivery of Corporate Objectives.

5 Risk Register

- 5.1 The Blueprint has no direct bearing upon any specific risk on the Corporate Risk Register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 There are no specific Equality and Diversity issues arising from undertaking this work. The revised Blueprint contains further guidance on how Boards should interact with key stakeholders, including local communities, so this will be an important aspect of the forthcoming self-assessment.

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

7.1 The revised Blueprint is a product of nationally led discussions by NHS Board Chairs. Its implementation is also expected to be defined nationally.

8 Resource Implications

8.1 There are no direct financial implications. The implementation of any work arising will be carried out through existing staff resource.

Darren Thompson

Board Secretary

20 March 2023

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List of Appendices

Appendix 1: DL (2022) 38 NHS SCOTLAND HEALTH BOARDS AND SPECIAL HEALTH BOARDS - BLUEPRINT FOR GOOD GOVERNANCE SECOND EDITION
(attached)

Appendix 2: [NHS SCOTLAND BLUEPRINT FOR GOOD GOVERNANCE SECOND EDITION](#)
(URL link)

APPENDIX 1

Directorate For Health Finance and Governance

Richard McCallum, Director

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Dear Colleague

NHS SCOTLAND HEALTH BOARDS AND SPECIAL HEALTH BOARDS - BLUEPRINT FOR GOOD GOVERNANCE SECOND EDITION

1. I am writing to provide you with the second edition of the Blueprint for Good Governance. This is a revised version of the Blueprint that shares the latest thinking on healthcare governance.

Background

2. The first edition of the Blueprint for Good Governance was published in January 2019 and since then NHS Boards have been adapting this model to meet the needs of their organisation and respond to the challenges faced by the NHS, including the impact of the Coronavirus pandemic.

3. This second edition takes on lessons learnt and latest thinking on governance to define what is meant by good governance, including active and collaborative governance. It also has a greater emphasis on the delivery mechanisms that support governance and the continuous improvement approach needed to ensure governance is responsive to the challenges facing the NHS.

4. Further work is underway to ensure accurate evaluation of governance and an advisory group will be set up to ensure self assessment and external assessment methods are in line with good governance practice. This will enable Boards to enhance their governance structures and practice.

Action

5. All Boards should familiarise themselves with the second edition Blueprint.

Yours sincerely



Richard McCallum

Director of Health Finance and Governance

DL (2022) 38

22 December 2022

Addresses

For action

NHS Board Chairs

For information

NHS Board Chief Executives

NHS Board Secretaries

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NHS Lothian Equality and Human Rights Strategy 2023 - 2028

1 Purpose of the Report

- 1.1 The purpose of this report is to share with the Board the final version of the Equality and Human Rights Strategy 2023-28 and Evidence and Impact Assessment Report, and recommend the Board agrees to the implementation of the Strategy and publication.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendation

- 2.1 The Board is asked to agree to the implementation of the Strategy and publication on NHS Lothian website.

3 Discussion of Key Issues

- 3.1 One of our corporate objectives for 2022-23 was to develop an ambitious plan for equality and human rights. Work on this objective began in August and has resulted in the proposal for a five-year Equality and Human Rights Strategy and Priorities.
- 3.2 The Strategic Planning and Performance Committee (SPPC) has considered the draft strategy and sought some assurance about the equality evidence used to inform the priorities. In response, a summary of the relevant evidence has been included in the final version of the Strategy, as well as a separate Evidence and Impact Assessment Report. Both final documents were shared with SPPC, and no further assurances were requested.
- 3.2 This Strategy is central to the delivery of our organisational strategy – the Lothian Strategic Development Framework - and the outcomes we aim to achieve. We are experiencing significant staffing and financial challenges, and at the same time the most disadvantaged people in our communities are facing greater inequality and risks to their health and wellbeing. Despite these challenges, there are opportunities to do things differently so the work we do has a positive impact on peoples' lives. We must act because we are required to, but more importantly, because it is the right thing to do.
- 3.3 This Strategy sets out our vision, priorities, and the framework for how we will make change happen. It is the responsibility of everyone in the organisation to work towards achieving the vision and priorities. The detail of how we will deliver each priority, including success measures is set out in our NHS Lothian Equality and Human Rights Work Plan 2023 - 2025.

- 3.5 If the NHS Lothian Board agree, the Strategy will be published by the end of April 2023, along with our statutory Mainstreaming Equality and Equality Outcomes Progress Report 2021-2023. We will revise and publish an updated set of equality outcomes to align with our new Strategy by June.

4 Key Risks

- 4.1 This is an ambitious Strategy. There has been an overwhelmingly positive response and genuine interest from staff and third sector equality organisations to our proposals. However, to deliver and make change happen requires commitment, collaboration and effort from everyone in the organisation.
- 4.2 We need to build a robust equality and human rights education and public engagement infrastructure if we are going to be able to deliver the Strategy and make a difference to people's lives. This infrastructure will allow all staff to have the knowledge, understanding and skills required, and to empower and support people from under-represented protected characteristic groups to share their lived experience to help us design and deliver person-centred services for everyone.

5 Risk Register

- 5.1 If we do not have a clear strategy for Equality and Human Rights, there is a risk that we do not fulfil our legal obligations and that staff and people who use our services experience discrimination, and we unjustifiably interfere with their human rights. This has a direct impact on our ability to provide good health services and employment opportunities for everyone. Without this strategy there is no organisationally wide guidance and direction for staff about the action they need, and are expected to take, to deliver equality and human rights.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment was carried out between January and March 2023 and considered the potential impact on relevant equality groups, people experiencing socio-economic disadvantage, care experienced people and refugee and asylum seekers.
- 6.2 The main findings of the equality impact assessment were:
- There was no potential unlawful discrimination identified in relation to any of the relevant protected characteristics. In the development of priority 4 (to be gender inclusive) particular consideration was given to ensuring we do not unlawfully discriminate against people who hold the philosophical belief that sex is immutable and not to be conflated with gender identity.
 - All of the priorities provide NHS Lothian with the potential to have a positive impact on advancing equality of opportunity for all the relevant protected characteristic groups.
 - Priorities 1 (making equality and human rights central to our work) and 6 (equality and human rights education) were found to provide NHS Lothian with the potential to have a positive impact on fostering good relations between all relevant protected characteristic groups. Priority 4 was found to have a potentially positive impact on fostering good relations between people who share the protected characteristics of gender reassignment and those who do not. Priority 2 was found to have a potentially positive impact on good relations between different racial/ ethnic and religious groups.

- 6.3 The Strategy was found to have a potentially positive impact on meeting the needs of care experienced people, refugees and asylum seekers.
- 6.4 Delivery of actions to achieve Priority 1 will have a positive impact on NHS Lothian's work to embed the Fairer Scotland Duty into its day-to-day work. Priorities 2 and 3 has the potential to have a positive impact on improving health and employment outcomes for people who describe themselves as Black, African or Caribbean and disabled adults and children. We know these groups are much more likely to live in the most deprived areas and experience a higher prevalence of poverty. Priority 4 ensures that NHS Lothian implements the relevant actions from the Women's Health Plan, which includes reducing and removing the health inequalities facing women living in the most deprived areas.

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

- 7.1 Between August 2023 and March 2024, the Equality and Human Rights Team spoke to patient representative groups and organisations representing equality groups to get their views, experiences and feedback about the equality and human rights issues that NHS Lothian should focus on. The evidence from this engagement is included in the Evidence and Impact Assessment Report.

8 Resource Implications

- 8.1 The resource implications are the costs of building the necessary equality and human rights education and public engagement infrastructure, which we estimate to be approximately £100K over 5 years.

Laura Hutchison
Head of Equality and Human Rights
23 March 2023
Laura.Hutchison5@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Equality and Human Rights Strategy 2023-2028
Appendix 2: Evidence and Impact Assessment Report March 2023

Healthy and better lives for everyone

NHS Lothian equality and human rights strategy 2023-2028

Contents

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1. Why we need an Equality and Human Rights Strategy

Our Equality and Human Rights Strategy 2023-28 is a key part of our commitment to improve population health, how we work with people in our communities, our patients, and our staff to build and maintain trust, and to deliver national performance measures. We know from our most recent [Director of Public Health Annual Report](#) that our population is growing and is more diverse. However, it is important to remember we have more in common with each other than not. As explained in the [Universal Declaration of Human Rights](#), all human beings are born free and equal in dignity and rights without distinction of any kind.

Human rights are for us all, regardless of age, race, sex, nationality, ethnicity, language, religion, or any other status. Human rights may be most important for the most vulnerable, the poorest and the most underprivileged people in our communities. Not everyone in our communities and workplaces has a fair chance in life. The lives of too many people are restricted and cut short because they are not able to live healthy and active lives, they experience disadvantage and discrimination, and their human rights are not respected and given effect. We are each entitled to respect for our human rights, and we should also respect the human rights of others.

There are different types of [human rights](#), some are absolute, and others are qualified, which means they can be restricted in some circumstances and within limits. We will only restrict or interfere with a qualified right when this is lawful and legitimate. For example, when we are certain we need to do this to protect public health or other people's human rights. Any restriction or interference will also be proportionate, which means the action will be appropriate and no more than necessary to address the issue concerned.

[Equality](#) is about making sure that everyone has an equal opportunity to make the most of their lives and talents and believing that no one should have poorer life chances because of where, what or who they were born or because of other characteristics. There are some differences between us, our backgrounds, cultures, beliefs and needs and we need to understand and respect each other to live together with dignity.

Equality and human rights principles, standards and laws help us to do this and are central to everything NHS Lothian is trying to achieve. This Strategy allows us to be clear about how we meet our equality and human right obligations, what our current equality and human rights priorities are, and the direction we are all taking over the next five years to make a positive difference to people's lives.

2. Our aim

The aim of this Strategy is to inspire and support NHS Lothian to put equality and human rights at the centre of everything we do, so that everyone who works for NHS Lothian is contributing to a health and care system where:

- **Everyone** in Lothian lives longer, healthier lives, with better outcomes from the care and treatment NHS Lothian provides.
- Health and social care services are connected seamlessly, wrapping around **every person** in their home.
- Performance across our system is improved, with better experiences for **everyone** who lives in Lothian and **everyone** who works for and with us.

3. Our approach

This Strategy has been developed recognising that equality and human rights are central to our organisational strategy - the [Lothian Strategic Development Framework](#) (LSDF) - and the outcomes we aim to achieve using our 5-year plans for scheduled care and children's services, unscheduled care, primary care and mental health.

We have also developed this strategy to align with [the Scottish Government's National Outcomes](#), which describe the kind of Scotland the Government wants to create. This strategy contributes to achieving National Outcomes:

- We are healthy and active,
- We respect, protect, and fulfil human rights and live free from discrimination,
- We tackle poverty by sharing opportunities, wealth and power more equally and
- We grow up loved, safe and respected so that we realise our full potential.

To build on the progress we have already made, we have reviewed and mapped out current equality and human rights work including NHS Lothian corporate objectives and equality outcomes, our approach to impact assessments, equality staff networks and the workforce Advancing Equality Action Plan.

As intended in our [Public Engagement Framework](#), we have taken a collaborative approach and engaged and involved a wide range of people who work for NHS Lothian, who use our services and who represent equality groups¹ and communities. We have also considered research findings, data and reports relevant to health and employment needs and inequalities.

We will continue to engage with staff and the public to involve them in decisions about the actions we take and to understand the difference we are making to people's lives. Wherever possible we will apply shared decision-making approaches and partnership working to deliver these priorities.

4. Evidence, engagement, and impact assessment

This strategy and the priorities have been developed using a range of equality evidence, including listening to the lived experiences and views of people working for NHS Lothian, using our services and equality organisations.

To identify the equality and human rights priorities, we have used information from existing research and publications, such as the Scottish Government Equalities Evidence Finder and reports about health inequalities and human rights in Scotland and Great Britain. We considered the Scottish Government's ambitions for equality and human rights. We also took into account the reports and recommendations of inquiries and investigations into equality and human rights issues in the health sector, and inspections of NHS Lothian services. An evidence paper has been published with this strategy and includes the main sources of evidence, the groups of people who engaged with the development of this strategy and the results of our equality and socio-economic inequalities impact assessment.

We will have an action plan for each year of the strategy, and we will report on the progress we are making against identified success measures. We will also involve staff, patient, and equality groups to understand what we are doing well, and what more we have to do.

¹ This strategy uses the term 'equality groups' to mean people who share a relevant protected characteristic and where reference is made to 'equality groups and communities' this includes anyone who represent the interests of those people.

5. Supporting legal framework

The equality and human rights legal framework set out in the [Children and Young People Scotland Act 2014](#), [Equality Act 2010](#), [Human Rights Act 1998](#) and the [core international human rights treaties](#) provide the tools to help us:

- Respect, protect and fulfil human rights
- Eliminate discrimination, advance equality of opportunity and foster good relations
- Reduce socio-economic inequalities
- Achieve better outcomes for people who experience discrimination and disadvantage.

Universal Declaration on Human Rights and European Convention on Human Rights

Human rights come from their foundation document – the Universal Declaration on Human Rights. The European Convention on Human Rights (ECHR) was developed at the same time, has direct effect in the UK through the Human Rights Act 1998 and includes a lot of the rights in the Universal Declaration on Human Rights.

Human Rights Act 1998

The Human Rights Act 1998 incorporated the European Convention on Human Rights (ECHR) into UK domestic law. The Human Rights Act 1998, together with the Scotland Act 1998, protects ECHR rights in Scots law. It places a legal duty on public bodies to comply with ECHR rights.

United Nations Core Human Rights Treaties

There are nine core human rights treaties developed by the United Nations (UN). The UK has ratified seven, including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD).

This means the Scottish Government must act to progress the rights in these seven treaties and not act in a way that would lead to a deterioration in human rights protections. The Scottish Government is incorporating the treaties into Scots law. The treaties provide us with guidance on the human rights standards we should be aiming to achieve.

The right to the highest attainable standard of physical and mental health

Article 12 of the International Covenant on Economic, Social and Cultural Rights requires us to recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. This provides the most comprehensive article on the right to health in international human rights law.

The UN Committee on Economic, Social and Cultural Rights interprets the right to health as ‘an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants of health. A further important aspect is the participation of the population in all health-related decision-making at the community, national and international levels.’

Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act 2014 sets out the importance of the UNCRC in influencing the design and delivery of policies and services in Scotland. We must publish a report every 3 years explaining the steps we have taken to give better effect to the rights and requirements in UNCRC.

Equality Act 2010

The Equality Act 2010 provides people with protection from discrimination, harassment and victimisation and sets out measures to advance equality of opportunity for all.

It is unlawful to discriminate, harass or victimise someone in relation to a protected characteristic in work, when carrying out public functions, providing a service and in other areas.

If we meet the statutory conditions, we can take positive action to address disadvantage, meet the needs, or increase the participation of equality groups.

We have a statutory duty to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations when we are carrying out our public functions. This means we must consider equality in almost everything we do (the General Equality Duty).

We have a statutory duty to have due regard to how we can reduce socio-economic inequalities when we are making strategic decisions (Fairer Scotland Duty).

Scotland Specific Equality Duties

The purpose of the Specific Equality Duties is to help us to meet our General Equality Duty.

We must:

- Publish a report on progress to mainstream equality into our work
- Publish a set of equality outcomes and report on progress
- Assess the equality impact of new or revised policies and practices and publish the results if a policy is implemented
- Gather and use employee equality information
- Publish information about gender pay gaps and a statement on equal pay
- Consider including equality specifications in procurement and contracts
- Publish this information in a way that is accessible to the public and, as far as practicable, by using existing public performance reporting.

6. Our priorities and actions

We have identified six strategic priorities that we will focus on over the next five years to help us achieve our vision. The law and our policies and procedures apply to everyone equally, and everyone has more than one protected characteristic. This is recognised in our priorities and how we will deliver them for everyone.

Four priorities focus on improving outcomes for specific equality groups and communities who experience disadvantage and discrimination. Within these groups there are people who share other protected characteristics and may have different needs and experiences.

Two priorities focus on improving how we strengthen internal processes, support and resources to understand and act on the experiences and needs of all the people working for us and using our services.

Action to meet the needs of care experienced people, refugees and asylum seekers will also be included in the delivery of our priorities.

The detail about how we will implement the actions is provided in our Action Plans. This includes information about who has responsibility for implementation, timescales, and performance and impact indicators.

Priority 1: Equality and human rights are a central part of our planning, decision-making, delivery, and reporting processes

Why

The [Public Sector Equality Duty](#) (PSED) was created following the public inquiry into the murder of Black teenager Stephen Lawrence in 1993 and the subsequent recommendations published in 1999 by Sir William Macpherson. The PSED aims to shift responsibility away from individuals to challenge discrimination and inequality onto public bodies. It provides the tools to help public bodies be proactive and contribute to reducing and removing the systemic inequalities related to race, sex, disability, and the other protected characteristics in the Equality Act 2010.

Research by the [Equality and Human Rights Commission](#) (EHRC) and our own experience tells us that, despite our commitment to achieving better equality and human rights outcomes for people, discrimination and inequalities persist and we tend to:

- Rely on tacit knowledge of equality issues rather than collecting and using robust evidence including people's different lived experience.
- Focus on 'low-hanging fruit' – the easiest issues to address – rather than targeting the most persistent inequalities.
- Have pockets of good practice but this does not translate into system wide change.
- See impact assessments as a tick box exercise, and we don't routinely understand their value as a planning and decision-making tool. This means senior managers don't always have equality and human rights information available at the right time to properly consider unintended consequences or opportunities.

To help reduce and remove persistent inequalities, both the EHRC and [Scottish Human Rights Commission](#) (SHRC) recommend public bodies take an equality and human rights-based approach when carrying out their public functions. This ensures that equality and human rights are respected, protected and fulfilled in internal planning and decision-making processes and in the outcomes for people in our communities.

How

We will improve how we use evidence

- We will collect, analyse, share and use equality and human rights evidence, including information about people with care experience, refugees and asylum seekers.
- We will integrate equality into our corporate reporting arrangements.
- We will have [SMART equality outcomes](#) that contribute to achieving our equality and human rights priorities. These will also include actions to address relevant findings and recommendations from the LGBT Health Needs Assessment.

We will improve our use of Impact Assessments

- We will update our approach to carrying out and using impact assessments so that they are a tool that help us develop good strategies, policies and programmes for everyone.
- We will comply with our legal equality and human rights duties, including the Fairer Scotland Duty, and we will do so following best practice guidance.

We will uphold children's rights

- We will recognise, respect, and promote children's rights across all healthcare services to help implement and uphold the rights in the [United Nations Convention on the Rights of the Child](#) (UNCRC).
- We will include work to meet the needs of care experienced children and young people in the delivery of our equality and human rights priorities.

Priority 2: We are an anti-racist organisation, and our work helps to eliminate racism, remove racialised inequalities and reduce prejudice

Why

The COVID-19 pandemic brought to the fore the inequalities that exist in our communities and showed how the negative impact of things that affect everyone can be more severely experienced by some groups of people compared to others.

The [EHRC](#) has reported for many years on the persistent and structural disadvantages facing certain groups in our society, including Black and Minority Ethnic (BME)² people. The [health and socio-economic inequalities](#) faced by BME communities have been repeatedly raised as priority areas for action. [Racism](#) is considered a fundamental cause of bad adverse health outcomes for BME people and avoidable racial differences in health. Black women are 3.7 times, and Asian women 1.8 times, [more likely to die during pregnancy and maternity](#) than White women. [Separate Inquiries](#) have found that racism and religious discrimination against Muslim women is at the root of many inequalities in maternity outcomes and experiences and this is an urgent equality and human rights issue in the UK. A [Mental Welfare Commission review](#) examining racial inequality across mental health services in Scotland found differences in the way the Mental Health Act is applied when BME people are detained for mental health care and treatment compared to White Scottish People, particularly between Black women and White Scottish women.

An [EHRC Inquiry](#) into racial inequality in health and social care gathered substantial evidence of the poor treatment of BME people in the workplace. Many BME workers felt that others were treating them in a negative or unfavourable way because of their race or nationality. The lived experience of NHS Lothian BME staff tells us that some BME staff feel they are often not integrated into teams, induction processes can be poorly run, and they can be made to feel unwelcome and different. There were also examples of some BME staff saying they had been treated unfavourably compared to their White colleagues. Some have experienced racism by colleagues or patients and have felt unsupported by managers. In [NHS Lothian](#), 5.2 per cent of staff are from BME groups. 3.3 per cent of promotions were obtained by BME staff.

² Black and Ethnic Minority (BME) is the term used in this strategy and throughout NHS Lothian to describe Black and ethnically diverse people. It is the term preferred and adopted by NHS Lothian staff agreed through the BME staff network.

The [Scottish Government](#) is designing new, multi-year anti-racist work that will start in 2023 and has established an Ethnicity and Anti-Racism Interim Governance Group to develop National Anti-Racist Infrastructure. In response to the recommendations from the Expert Reference Group on COVID-19 and Ethnicity, [the Programme for Government](#) prioritised action to promote equality and human rights for BME people and communities and deliver the recommendations to reduce and remove racial health inequalities.

How

We will improve our use of evidence

- We will continue our journey to acknowledge and learn from the legacies of [NHS Lothian's](#) historical connections with Atlantic slavery.
- We will act on our workforce equality data and take positive action to improve the representation of BME people in senior positions.
- We will strengthen informal and formal reporting processes, continue to collect data about informal and formal complaints and routinely ask for feedback about our processes.

We will listen to people with lived experience and act

- Working with equality organisations, we will establish formal structures to hear the voices of people from our ethnically diverse communities and use their lived experience to deliver inclusive services.
- We will better understand the prevalence of racism, race discrimination and harassment and act on this understanding. We will not tolerate racism in any form.
- We will take action to address racialised health inequalities and meet the needs of our ethnically diverse communities.

We will support our staff

- We will provide our staff with leadership, tools, confidence, information and support to understand racism and actively challenge racism, racial prejudice, harassment and bullying
- We will make sure people have the information they need to be respectful and appreciative of different cultures and backgrounds, and they can have positive and confident relationships with the people they work with and who use our services.
- We will ensure all parts of our organisation are inclusive and positive places for people from our ethnically diverse communities to be part of so that no one feels unsafe, unwelcome or inferior.

Priority 3: We anticipate and meet the needs of disabled people so they can access services, employment opportunities and have better outcomes

Why

Disabled people are a key group affected by [health inequalities](#) and experience health inequalities in two ways – by living in poverty and through discrimination that exists in access to health services.

One form of discrimination against disabled people happens when a service provider, or an employer, fails to comply with the duty to make [reasonable adjustments for disabled people](#).

The duty to make reasonable adjustments requires NHS Lothian to take positive steps to ensure that disabled people can access the services we provide, and can access and progress in employment. It is a cornerstone of the Equality Act 2010 and goes beyond simply avoiding discrimination. In relation to our services, we are required to anticipate the needs of disabled patients for reasonable adjustments. This is not a minimalist policy of simply ensuring that some access is available. The requirement is, so far as is reasonably practicable, to make sure the access enjoyed by disabled people is as near as possible to that enjoyed by the rest of the public.

The [UN Committee for the Rights of Persons with Disabilities](#) has raised concerns about the UK's legal standards to make services accessible to disabled people, and austerity measures that obstruct improvements in accessibility for disabled people.

Many disabled people find it difficult to access mainstream transport and often need to rely on more expensive transport, such as taxis. This can make it difficult and more expensive to get to healthcare appointments. Disabled people are one of the groups in our communities who are at risk of [exclusion from access to digital services](#). Flexible systems such as phone or online appointments are often not available to disabled people either because they are not accessible options, or hospitals and surgeries don't use them. [People with learning disabilities](#) face barriers accessing health services, which are compounded by communication difficulties and a lack of support provided by organisations and wider society.

Evidence from NHS Lothian staff, patients and equality organisations tell us we don't always know what people's additional needs are in advance, we don't record them and have this information available to staff so they can plan to make sure people's needs are met or so we can send information out in the right language or accessible format. We have been told we should make more patient information available in Easy Read, Large Print, British Sign Language (BSL) and plain English and to proactively encourage disabled people and older people and their carers to visit health care settings or offices to orientate themselves before their appointments.

[Disabled people are less likely to be in employment](#) and more likely to be unemployed. [Only 1.9 per cent](#) of NHS Lothian workforce declared themselves as disabled, compared to an estimated [32 per cent of Scottish adults](#).

How

We will improve our use of evidence

- We will ensure we accurately record and use information about patients' additional needs on the updated TrakCare³ system to ensure disabled people can access services and to improve their health outcomes and experiences.
- We will improve our understanding of the representation of disabled people across the organisation and, if necessary, take action to improve representation

We will listen to people with lived experience and act

- Working with disabled people's organisations, we will establish formal structures to hear the voices of disabled people and use their lived experience to help implement and uphold the rights in the [UN Convention of the Rights of Persons with Disabilities](#) (UNCRPD).
- We will publish and take action to implement our workforce reasonable adjustment policy.

We will improve our services

³ TrakCare system is the healthcare information system used in secondary care by NHS Lothian (and others).

- We will provide accessible information
- We will update and implement our BSL Action Plan

Priority 4: We are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities

Why

Being [gender inclusive](#) means behaving in a way that does not discriminate against a particular sex, social gender or gender identity, and does not perpetuate gender stereotypes.

The [NHS Lothian Director of Public Health Annual Report 2023](#) and the [Scottish Government Women's Health Plan](#) tell us about some of the health inequalities facing women. For example, in the most affluent areas of Scotland, women experience 25.1 more years of good health compared to the most deprived areas. In West Lothian female life expectancy and healthy life expectancy is lower than the Scotland average. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. The Scottish Government has identified that there is a clear need for wider systemic change to ensure that all our health and social care services meet the needs of all women.

The findings from the [NHS Greater Glasgow & Clyde and NHS Lothian LGBT Health Needs Assessment](#) show non-binary and trans people have very poor health and wellbeing. Only 9 per cent of non-binary and 12 per cent of trans masculine people rated their general mental and emotional wellbeing positively. Trans and non-binary people were particularly likely to speak about suicidal thoughts, although these tended to subside after transition. There were issues about GPs misdiagnosing people through assumptions about their sexuality or gender identity, inadequate knowledge about some identities and some concerns around confidentiality. There was huge frustration and dissatisfaction with the waiting times for the Gender Identity Clinic (GIC). People described the impact of excessive waiting times as including anxiety, depression and anguish and continued dysphoria.

[A study](#) in England exploring the experiences and preferences for communication about sexual orientation, gender identity and gender history in healthcare found that poor communication and assumptions made by clinicians about patients' gender and sexual orientation undermines clinical relationships. This leads to disengagement and loss of trust. Some routinely used terminology and practices can feel excluding to LGBT people and negative experiences can be linked to incorrect assumptions about partners, gender identities and the use of incorrect pronouns. This can also cause unnecessary anxiety and distress.

How

We will listen to people with lived experience and act

- We will establish formal structures to hear the voices of men, women, trans and non-binary people and use their lived experiences to create gender inclusive services.
- We will take action to address the findings from the LGBT health needs assessment for trans and non-binary people.

We will improve our services

- We will take action to reduce women's health inequalities as set out in the National Women's Health Plan.

- We will continue to take action to reduce the negative impact on the health and wellbeing of trans people caused by GIC waiting times.

We will support our staff

- We will support staff to use gender inclusive language through new guidelines and tools.
- We will ensure our workplaces are inclusive and welcoming for men, women, trans and non-binary people.

Priority 5: We support people with dementia and people who use our mental health services to know about and claim their rights, and to make decisions about their care and treatment

Why

[One in three people in Scotland](#) experience mental health problems, and more than half of those face stigma and discrimination. [Dementia is an important public health challenge in Scotland](#), and it is estimated that approximately 9 per cent of the population over the age of 65 years old have a diagnosis of dementia.

Dementia and mental health care and treatment engages a range of human rights including the right to life, liberty, freedom from inhuman and degrading treatment and respect for private and family life. People with mental ill health are also often disadvantaged in accessing other rights like the right to an adequate standard of living, to participate in communities and to employment and work opportunities.

The [Scottish Mental Health Review](#) published its final report in September 2022. The [Scottish Human Rights Commission](#) (SHRC) has commended the report and proposals and said that if implemented this would move Scotland much closer to complying with international human rights standards and also have the potential to deliver an improved experience for people experiencing mental ill health. The report recommends people should be supported to exercise their capacity, even in situations of crisis, by reframing the law and the support provided so that interventions in someone's life are based on understanding and focusing on someone's own wishes. The report also recommends wider programmes of action, such as initiatives to reduce the use of coercion⁴ and improve the experiences of the people who are subject to it, and to develop a comprehensive system of supported decision-making.

Following inspection visits, the [Mental Welfare Commission](#) has made recommendations to [NHS Lothian](#) to deliver rights-based care to young people who are detained under mental health legislation, including ensuring they can meaningfully participate in care and activity planning.

How

We will listen to people with lived experience and act

⁴ Coercion and coercive medical practices are the terms used by the Scottish Mental Health Law Review (SMHLR) in its final report. They understand that this description is not appreciated by everyone who works in those services, and some prefer other terms such as restrictive or involuntary practices. However, it is their view that the word and the concept do exactly describe part of practice within mental health services, and are recognised by people with lived experience and by the United Nations and that coercion should be recognised as such, so we can address it.

- We will use [Experienced Based Co-Design](#) to hear the voices of people who use and work in our mental health services, including people with dementia, and use their lived experience to implement and monitor actions to deliver the recommendations from the Scottish Mental Health Review and Mental Welfare Commission reports.

We will improve the services we provide

- We will improve supported decision-making and the use of advance statements and care plans.
- We will improve discharge planning and admissions processes.
- We will reduce the use of coercive (involuntary) medical practices and develop alternative or non-coercive (voluntary) practices.

Priority 6 – we reap the benefits of equality and human rights education and training

Why

We recognise that to deliver this Strategy we need to invest resources in equality and human rights education and training for everyone working in NHS Lothian. Staff have told us that they are sometimes worried about doing the wrong thing and offending people. They want to call out discrimination and harassment respectfully and effectively. We need to give staff the confidence to react in the moment. Staff have told us they want to know more about equality and human rights law and principles and how they can embed them into their day-to-day work to improve the quality of their practice.

There is a significant amount of equality and human rights educational resources that we can build into our existing education and development programmes.

How

We will support our staff

- We will invest additional staff resource to allow us to take an innovative and effective approach to delivering equality and human rights education and training across the organisation.
- Our new equality and human rights education framework will recognise that people learn and change behaviour in different ways.
- We will aim to achieve educational outcomes that tackle prejudice and promote understanding of other people’s circumstances and attributes.
- We will co-design and deliver local equality and human rights education and training with people with lived experience.
- Working with NHS Scotland, NES and others we will contribute to a Once for Scotland approach to equality and human rights education and training.

7. How we will make this happen

We are experiencing significant staffing and financial challenges which may make delivering the priorities set out in this Strategy difficult. However, if we don’t act now, the disadvantages many people face risk becoming further entrenched for generations to come. We need to build and maintain patient and staff trust. The work we do can, and does, make a difference to people’s lives.

This Strategy is a long-term commitment to advancing equality and promoting human rights and making this happen will require collaboration and effort from everyone in the organisation.

The Equality and Human Rights Team provides leadership, advice and support on equality and human rights across all our work. We will:

- Provide advice to ensure NHS Lothian complies fully with its statutory equality and human rights obligations.
- Provide accessible equality evidence, information, and resources.
- Empower people to help themselves by improving access to information, opportunities, and services.
- Build and maintain trusting partnerships with staff and communities and the organisations representing them.
- Support Directors to ensure that their strategic plans align with this Strategy and include actions that will contribute to the delivery of the priorities.
- Lead and coordinate outcome focused programmes of work across the whole organisation to achieve greater equality and protect human rights.

Bibliography

Birthrights (2022) [Systemic Racism, not Broken Bodies: Inquiry into racial injustice in maternity care](#)

Braybrook D, Bristowe K, Timmins L et al [Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experiences, preferences and recommendations](#) GMJ Qual Saf 2023; 32:109-120

Cooper S, Hughes-McCormack L, Greenlaw N et al (2017) [Management and prevalence of long-term conditions in primary health care for adults with intellectual disabilities compared with the general population: A population-based cohort study](#)

Equality and Human Rights Commission [Understanding equality](#)

Equality and Human Rights Commission (2011) Equality Act 2010 Codes of Practice [Services, Public Functions and Associations Statutory Code of Practice](#)

Equality and Human Rights Commission (2011) Equality Act 2010 Code of Practice [Employment Statutory Code of Practice](#)

Equality and Human Rights Commission (2017) [Public authorities' performance in meeting the Scottish Specific Equality Duties 2017: Measuring up? Report 7](#)

Equality and Human Rights Commission (2018) [How well is the UK performing on disability rights?](#)

Equality and Human Rights Commission (2018) [Is Scotland Fairer](#)

Equality and Human Rights Commission (2020) [How coronavirus has affected equality and human rights](#)

Equality and Human Rights Commission (2022) [Experiences from health and social care: the treatment of lower-paid ethnic minority workers](#)

Glasgow Centre for Population Health (2021) [Seminar Series 17: Lecture 2 - How racism shapes our health by Professor David Williams](#)

Leven T (2022) [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: Full research findings report prepared for NHS Greater Glasgow & Clyde, NHS Lothian and Public Health Scotland](#)

Mental Welfare Commission (2021) [Racial Inequality and mental health services in Scotland: A call for action](#)

Mental Welfare Commission (2021) [Report on announced visit to the Melville Young People's Mental Health Unit April 2021](#)

Mental Welfare Commission (2022) [Report on announced visit to the Melville Young People's Mental Health Unit August 2022](#)

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK) (2022) [Saving Lives, Improving Mothers' Care Report](#)

Muslim Women's Network UK (July 2022) [Invisible Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

NHS Lothian [Atlantic slavery and the Royal Infirmary of Edinburgh](#)

NHS Lothian [Lothian Strategic Development Framework 2022-2027](#)

NHS Lothian [Public Engagement: A New Framework](#)

NHS Lothian (2022) [Equality and Diversity Monitoring Report 2021-22](#)

NHS Lothian (2023) [Director of Public Health Annual Report 2022](#)

Scottish Human Rights Commission [Human Rights in Scotland](#)

Scottish Human Rights Commission (2022) [Human Rights and the Mental Health Law Review](#)

Scottish Government [National Outcomes](#)

Scottish Government (2019) [Scotland's Wellbeing: national outcomes for disabled people](#)

Scottish Government (2020) [Letter from the Minister for Older People and Equalities Christina McKelvie MSP to Expert Reference Group on COVID-19 and Ethnicity](#)

Scottish Government (2021) [Women's Health Plan](#)

Scottish Government (2022) [Terms of Reference for the Anti-Racism Interim Governance Group to Develop National Anti-Racist Infrastructure](#)

Scottish Mental Health Law Review (2022) [Final report](#)

Scottish Parliament (2015) [Health and Sport Committee Report on health inequalities](#)

See Me Scotland [Understanding Mental Health Stigma and Discrimination](#)

The Point of Care Foundation EBCD: [Experienced-based co-design toolkit](#)

United Nations [Gender Inclusive Language](#)

United Nations [Universal Declaration of Human Rights](#)

Walsh, D., Buchanan, D., Douglas, A. et al. [Increasingly Diverse: the Changing Ethnic Profiles of Scotland and Glasgow and the Implications for Population Health](#). Appl. Spatial Analysis 12, 983–1009 (2019).

Healthy and better lives for everyone

NHS Lothian Equality and
Human Rights Strategy 2023-2028

Evidence and impact assessment report

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1. Introduction

The NHS Lothian Equality and Human Rights Strategy was developed between August 2022 and January 2023 using:

- Equality and human rights evidence from existing research and the views of staff, patients and equality organisations,
- The Scottish Government National Performance Framework and equality and human rights policies, and
- The equality and human rights legal framework to ensure the strategy follows the requirements and policy intentions of equality and human rights law.

This paper sets out the findings from a review of existing research and summarises the views of the staff, patients and equality groups who engaged with the development of the strategy. It also sets out relevant Scottish Government equality and human rights national outcomes and policies. Finally, it includes the results of the assessment of:

- The potential equality impact of the Strategy on relevant protected characteristic groups, and
- How the Strategy can help NHS Lothian meet the needs of people who are care experienced, refugees and asylum seekers and reduce the inequalities of outcome which result from socio-economic disadvantage.

2. Research evidence

2.1 Population

The most recent NHS Lothian Director of Public Health (DPH) Annual Report⁵ provides a summary of the current statistical evidence about Lothian's population and health. Lothian has a total population of 916,310, representing an increase of around 17.6 per cent since mid-2001. Women make up 51.3 per cent of the Lothian population and men 48.7 per cent. This is comparable with Scotland.

Lothian has a similar proportion of under 16-year-olds as the rest of Scotland (16.6 per cent). The population aged 16-64 is slightly larger than seen in Scotland, largely due to the working-age population in and around Edinburgh. The proportion of the population over 64 years old is slightly smaller than seen nationally.

Around 11 per cent of Lothian's population (just over 100,000 people) live in areas categorised as among the 20 per cent most deprived areas in Scotland. The greatest number of these areas are located within Edinburgh (affecting approximately 62,000 individuals). Proportionately, West Lothian has the highest share of its population (14.3 per cent) living in the most deprived communities.

Scotland's population has become increasingly ethnically diverse. The 2021 Census results will provide greater clarity about the ethnicity of the Lothian population. Those describing themselves as Indian, Chinese and mixed/multiple ethnic group are more likely to live in the least deprived areas of Scotland. High proportions of those of 'other' (non-White) and 'other Asian' ethnic groups live in both the least and most deprived areas. The deprivation profile of the Pakistani group is more similar to that of the White population, but with higher

⁵ NHS Lothian (2023) [Director of Public Health Annual Report](#)

numbers also living in the 'middle' areas. People describing themselves as African, Caribbean or Black are much more likely to be living in the most deprived areas.⁶

In 2017, the Scottish Health Survey estimated that 32 per cent of adults and 10 per cent of children were disabled. There is a higher prevalence of poverty, food insecurity and material deprivation among disabled adults and children.⁷

It is estimated that approximately 9 per cent of Scotland's population over the age of 65 years have a diagnosis of dementia. A smaller percentage (less than 0.2 per cent) of people under 65 are also affected. As the population ages, the number of people with dementia is steadily increasing because the risk of development increases with age.⁸

From the Scottish Government Equality Evidence Finder⁹ we know:

- Between 2008 and 2017 the proportion of women who were disabled increased from 28 to 34 per cent and the proportion of men who were disabled increased from 23 to 29 per cent.
- In 2018, the largest ethnic group was White Scottish (76.7 per cent) and Black and Minority Ethnic (BME) adults represented 4.6 per cent of the population.
- In 2019, around 95 per cent of adults in Scotland identified as straight or heterosexual and around 3 per cent identified as lesbian, gay, bisexual or other.
- In 2019 there were 26,007 marriages in Scotland. This includes 912 same sex marriages involving 347 male couples and 565 female couples.
- In 2018, around half of adults belong to no religion, people of Christian faith (Church of Scotland, Roman Catholic and Other Christian) represented 46 per cent of the adult population; 1.6 per cent belong to the Muslim faith and 1.9 per cent were categorised as belonging to Other Faiths.

2.2 Health outcomes

Average life expectancy in Scotland has stalled since 2013, a phenomenon driven mostly by declining life expectancy among the most deprived communities in the country. Although life expectancy in Lothian is typically slightly above the Scottish average, aggregate figures mask wide inequalities in life expectancy, particularly for men. For instance, in the City of Edinburgh, men living in the most deprived areas live an average of 12 fewer years than those living in the least deprived areas (2016-2020 averages of 71.3 vs 83.1 years respectively). It is notable that in West Lothian female life expectancy and healthy life expectancy is lower than Scotland average.¹⁰

Evidence in the Women's Health Plan¹¹ tells us an estimated 1.5 million (1 in ten) women in the UK of reproductive age are affected by endometriosis, and it takes an average of 8.5 years to diagnose. Almost 1 in 10 deaths in women in Scotland each year are caused by ischaemic heart disease. In the most affluent areas of Scotland, women experience 25.1 more years of good health compared to the most deprived areas. It is estimated there are currently 300,000 people in Scotland living with osteoporosis, a condition which is more common in women than men. Women aged under 25 are the group most at risk of being diagnosed with an STI. Death from stroke is more common for women than men. Heart

⁶ Walsh, D., Buchanan, D., Douglas, A. *et al.* [Increasingly Diverse: the Changing Ethnic Profiles of Scotland and Glasgow and the Implications for Population Health](#). *Appl. Spatial Analysis* 12, 983–1009 (2019)

⁷ Scottish Government (2019) [Scotland's Wellbeing: national outcomes for disabled people](#)

⁸ Public Health Scotland (2016) [Dementia and Equality Briefing Paper](#)

⁹ Scottish Government [Equality Evidence Finder](#)

¹⁰ NHS Lothian (2023) [Director of Public Health Annual Report](#)

¹¹ Scottish Government (2021) [Women's Health Plan](#)

disease is the leading cause of maternal death in the UK. Around 400,000 women in Scotland are of menopausal age. The average age at which a woman will reach menopause is 51. On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population. 61 per cent of unpaid carers are women.

One in three people in Scotland experience mental health problems, and more than half of those face stigma and discrimination.¹² Inequality related to disability, age, sex, gender, sexual orientation, ethnicity and background can all affect mental wellbeing and incidence of mental illness. Some groups are more likely than others in our society to experience mental ill health and poorer mental wellbeing.¹³

The deep-rooted health and socio-economic inequalities faced by BME communities have been repeatedly raised by a range of organisations and researchers as priority areas for action.¹⁴ In addition to the important role played by living conditions, the impact of racism as well as ethnicity needs to be considered as an additional cause of stress and disadvantage only experienced by people who are racialised. Racism is a stressor in its own right, because of persistent, unavoidable disempowerment. Childhood exposure to racism (like other Adverse Childhood Experiences ACE's) has lifelong effects. Expanded ACEs include experience of racial discrimination and are associated with poor outcomes in adulthood.¹⁵

The most recent Saving Lives, Improving Mothers' Care Core Report¹⁶ found that Black women were 3.7 times, and Asian women were 1.8 times more likely to die than White women. More women from deprived areas are dying and this continues to increase. 1 in 9 women who died had severe and multiple disadvantage.

An Inquiry by the Scottish Parliament Health and Sport Committee¹⁷ found that disabled people were a key group affected by health inequalities. They experience health inequalities in two ways, by living in poverty and through discrimination that exists in access to health services.

Many refugees and asylum seekers arrive in Scotland with physical and mental health problems associated with the reason they have had to seek asylum. This includes gender-based violence, sexual violence, torture, experience of war and other degrading treatment. The experience of seeking asylum, incidents of racism or prejudice and the challenge of understanding and exercising rights can exacerbate existing health problems or create new ones.¹⁸

The NHS Greater Glasgow & Clyde and NHS Lothian LGBT Health Needs Assessment found that non-binary and trans people have very poor health and wellbeing indicators (for example - social health, physical health, mental health). For general mental health, depression and anxiety, LGBT people are at a much higher risk of mental health problems than heterosexual/

¹² SeeMeScotland [Understanding Mental Health Stigma and Discrimination](#)

¹³ Scottish Government (2017) [Mental Health Strategy 2017 to 2027](#)

¹⁴ Walsh, D., Buchanan, D., Douglas, A. et al. [Increasingly Diverse: the Changing Ethnic Profiles of Scotland and Glasgow and the Implications for Population Health](#). Appl. Spatial Analysis 12, 983–1009 (2019).

¹⁵ Qureshi, K., Meer, N. and Hill, H. (2020) 'Different but Similar? BAME Groups and the Impacts of Covid-19 in Scotland', in: Meer, N., Akhtar, S. and Davidson, N. (2020) [Taking Stock: Race Equality in Scotland](#). London: Runnymede.

¹⁶ Knight M, Bunch K, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. [Saving Lives, Improving Mothers' Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20](#). Oxford: National Perinatal Epidemiology Unit, University of Oxford 2022 <https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/maternal-report-2022/MBRRACE-UK Maternal MAIN Report 2022 v10.pdf>

¹⁷ Scottish Parliament (2015) [Health and Sport Committee Report on health inequalities](#)

¹⁸ Scottish Government (2018) [New Scots: refugee integration strategy 2018 to 2022](#)

cisgender people. This was highest for trans-masculine (75 per cent) and non-binary people (72 per cent). Only 9 per cent of non-binary and 12 per cent of trans masculine people rated their general mental and emotional wellbeing positively. Self-harm and eating disorders were most prevalent among trans masculine and non-binary people. Trans and non-binary people were particularly likely to speak about suicidal thoughts, although these tended to subside after transition. LGBT asylum seekers were most likely to have attempted suicide.¹⁹

2.3 Access to health services

Many disabled people find it difficult to access mainstream transport so often need to rely on more expensive transport, such as taxis, making it difficult and / or more expensive to get to healthcare appointments. Flexible systems such as phone or online appointments are often not available to disabled people either because they are not accessible options for them, or hospitals and surgeries don't use them.²⁰

Older and disabled people, and those living in a deprived area or living in social housing were at risk of exclusion from access to digital services.²¹

The UN Committee for the Rights of Persons with Disabilities²² raised concerns about the UK's legal standards to make the physical environment, housing, transport, information and other services accessible to disabled people, and that austerity measures obstruct improvements in accessibility for disabled people.

An EHRC analysis²³ of the Scottish Inpatient Survey data in 2010 shows that patients with deafness or a severe hearing impairment were less likely to report a positive experience of their time in accident and emergency, being told what was happening in a way they could understand. Visually impaired and blind patients had similar experiences to non-disabled people but they were less likely to know how and when to take their medicines, and were less confident of being able to look after themselves once they got home.

In 2014, the EHRC supported a profoundly deaf patient to raise a claim of discrimination under the Equality Act 2010 against NHS Tayside after she spent seven days in hospital without any British Sign Language (BSL) interpretation services made available to her. This greatly limited her ability to understand what treatment she was receiving, to participate in her care or to ask questions. This case resulted in a formal agreement between the EHRC and NHS Tayside and had a knock-on positive impact on improving the provision of BSL interpreters across NHS Scotland.

People with learning disabilities face barriers accessing health services, compounded by communication difficulties and a lack of support provided by organisations and wider society. Research by the Scottish Learning Disabilities Observatory (SLDO) found that adults with intellectual disabilities receive poorer health care, despite health care needs being more prevalent.²⁴ Another piece of SLDO research²⁵ indicates that adults with learning disabilities

¹⁹ Leven T (2022) [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: Full research findings report prepared for NHS Greater Glasgow & Clyde, NHS Lothian and Public Health Scotland](#)

²⁰ Scottish Parliament (2015) [Health and Sport Committee Report on health inequalities](#)

²¹ EHRC (2018) [Is Scotland Fairer?](#)

²² EHRC (2018) [How well is the UK performing on disability rights?](#)

²³ EHRC (2014) [Being Disabled in Britain, A journey less equal](#)

²⁴ Cooper S, Hughes-McCormack L, Greenlaw N et al (2017) [Management and prevalence of long-term conditions in primary health care for adults with intellectual disabilities compared with the general population: A population-based cohort study](#)

²⁵ Dunn K, Hughes-McCormack L and Cooper, S (2017) [Hospital admissions for physical health conditions for people with intellectual disabilities: Systematic review](#)

are admitted to hospital for preventable conditions more often than the general population and that they often have a longer length of stay than other people.

Mental health care and treatment engages a range of human rights including the right to life, liberty, freedom from inhuman and degrading treatment and respect for private and family life. People with mental ill health are also often disadvantaged in accessing other rights like the right to an adequate standard of living, to participate in communities and to employment and work opportunities.

The Scottish Mental Health Review²⁶ published its final report in September 2022. The Scottish Human Rights Commission (SHRC)²⁷ has commended the report and proposals and said that if implemented would move Scotland much closer to complying with international human rights standards and have the potential to deliver a much improved experience for people experiencing mental ill health. The report recommends people should be supported to exercise their capacity, even in situations of crisis, by reframing the law and the support provided so that interventions in someone's life are based on understanding and focusing on someone's own wishes. The report also recommends wider programmes of action, such as initiatives to reduce the use of coercion and improve the experiences of the people who are subject to it, and to develop a comprehensive system of supported decision-making.

Following inspection visits, the Mental Welfare Commission²⁸ has made recommendations to NHS Lothian to deliver rights-based care to young people who are detained under mental health legislation, including meaningful participation in care and activity planning.

Limited co-ordination of antenatal and postnatal appointments and a lack of flexibility to schedule appointments to fit around work commitments, childcare patterns or travel restrictions place additional financial pressure on low-income families and can push women into having to prioritise the appointments they felt were more important.²⁹

An Inquiry³⁰ by the UK All-Party Parliamentary Group on Muslim Women and the Muslim Women's Network investigating the maternity experiences of Muslim women in England, particularly from Black, Asian and other minority ethnic backgrounds, found:

- Black women were more likely to receive poorer standards of care followed by South Asian women.
- Muslim women were denied choice when accessing services and interventions and had to unnecessarily suffer because they were denied pain relief despite repeated requests.
- There were reports of health professionals in antenatal care dismissing concerns (including pain), not offering treatment to relieve symptoms, inconsistency in the way foetal growth was being measured and vital signs being missed.
- The biggest criticism of maternity care was healthcare professionals not listening to Muslim women and having their concerns dismissed by midwives and doctors. They were described as rude, blunt, patronising, abrupt, dismissive, having negative body language, lacking experience and 'gaslighting'.
- More than half of the Muslim women participating in the inquiry felt they were not treated with respect and dignity in the way they were spoken to or through other acts of care

²⁶ SMHLR (2022) [Final report](#)

²⁷ SHRC (2022) [Human Rights and the Mental Health Law Review](#)

²⁸ MWC (2021 & 2022) [Report on an announced visit to The Melville Young People's Mental Health Unit April 2021](#) and [Report on announced visits to The Melville Young People's Mental Health Unit August 2022](#)

²⁹ Suphi M, Bishop R and Miller A (2000) [Exploring the Cost of the Pregnancy Pathway, NHS Greater Glasgow & Clyde and NHS Ayrshire & Arran.](#)

³⁰ MWNUK (July 2022) [Invisible Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

giving. During health conversations women encountered phrases that made them feel uncared for, disrespected, dismissed, not believed, judged and unwelcome.

- A clear cultural competence gap across maternity services.
- Despite the likelihood of certain ethnic groups having particular health issues, additional screening is not being offered and their care not always managed according to their risk. About 1 in 4 women were also not sufficiently screened for domestic abuse.
- Muslim women were more likely to have had an emergency caesarean (21 per cent) compared to the national average 16 per cent. This means they were at increased risk of adverse outcomes associated with this procedure.
- 18 per cent of survey participants had postpartum haemorrhage, which is very high compared to the national average of 7 per cent, indicating they are 2.4 times more likely to experience excessive blood loss. This is one of the leading causes of maternal death in the UK.
- 7 per cent said they were diagnosed with an infection or sepsis within the first few days or weeks of giving birth. Women recounted not being believed by midwives and sent home then having to return to the hospital. Missing signs of sepsis is a concern because it is among one of the leading causes of maternal mortality.
- 55 per cent said they were concerned about their healthcare during the recovery period and 44 per cent said they were not satisfied with the care provided to their babies.

The Birthrights Inquiry³¹ found that maternity services often lacked respect for cultural needs around Halal food and drinks, including milk for babies, and wanting to follow traditional post-partum customs. There were also reports of requests for no male staff and to have female interpreters being denied, and failures to provide interpreters or adequate translation services having an impact on women's ability to provide informed consent.

A majority of responses to the written call for evidence described a lack of basic dignity, respect and rudeness. One midwife commented on how there can be an entrenched view of Black and Brown bodies being deemed as 'other' which often leads to people being dehumanised and pathologized.

A Mental Welfare Commission review³² examining racial inequality across mental health services in Scotland report found differences in the way the Mental Health Act is applied when BME people are detained for mental health care and treatment compared to white Scottish people, particularly between Black women and White Scottish women.

A study in England, which is the largest published qualitative study exploring the experiences and preferences for communication about sexual orientation, gender identity and gender history in healthcare, found that poor communication and assumptions made by clinicians about patients' gender and sexual orientation undermines clinical relationships, leading to disengagement and loss of trust. Some routinely used terminology and practices can feel excluding to LGBT people and negative experiences can be linked to incorrect assumptions about partners and gender identities, use of incorrect pronouns. This can cause unnecessary anxiety and distress.³³

³¹ Birthrights (2022) [Systemic Racism, not Broken Bodies: Inquiry into racial injustice in maternity care](#)

³² MWC (2021) [Racial Inequality and mental health services in Scotland: A call for action](#)

³³ Braybrook D, Bristowe K, Timmins L et al GMJ (2023) [Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experiences, preferences and recommendations](#) Qual Saf 2023; 32:109-120

The NHS Greater Glasgow & Clyde and NHS Lothian LGBT health needs assessment³⁴ found there were issues about GPs misdiagnosing people through assumptions about their sexuality or gender identity, inadequate knowledge about some identities and some concerns around confidentiality. Qualitative research in 2019 highlighted huge frustration and dissatisfaction with the waiting times for the Gender Identity Clinics (GIC) in both Glasgow and Edinburgh. By the time of the 2021 survey, waiting times had increased to approximately three years, and trans and non-binary people were frustrated with the lack of communication. People described the impact on them as including anxiety, depression and anguish caused by the prolonged wait and continued dysphoria. Some mentioned suicidal thoughts and self-harm.

2.4 Employment

The EHRC *Is Scotland Fairer?*³⁵ report tells us:

- Disabled people are less likely to be in employment and more likely to be unemployed.
- Women are less likely than men to be in employment and more likely to be in part-time work.
- Young people are most likely to be unemployed and many are in insecure jobs.
- Women continue to experience sexual harassment and discrimination related to pregnancy and maternity in the workplace.
- Women continue to earn less than men on average, and the gender pay gap has changed very little in recent years.
- Disabled people continue to earn less than non-disabled people, and the disability pay gap is wider.
- Women, young people aged 18–24, disabled people, Black people and those in the Other White ethnic group are more likely to be in low-paid work.
- Women continue to be under-represented in senior positions, even where women account for the majority of the workforce, such as in education and health.
- Women, people from BME groups and disabled people remain under represented in Modern Apprenticeships. Reflecting the labour market, Modern Apprenticeships continue to show strong gender segregation within sectors.

The NHS Lothian 2021-22 Workforce Equality Report³⁶ tells us:

- Over three quarters of NHS Lothian staff are female (78 per cent) and around one quarter are male (22 per cent).
- Senior Management is the only job family that has more men than women. Support Services has an almost 50/50 split.
- Only 1.9 per cent of NHS Lothian workforce declared themselves as disabled.
- 5.2 per cent of staff are from BME groups.
- The highest percentage of BME staff are in Medical and Dental at 11 per cent. The majority are Asian, specifically Chinese (15.4 per cent), Indian (28.8 per cent), Pakistani (10.8 per cent) and Other Asian (11.1 per cent) or Mixed Ethnicity (15.0 per cent) and 8.8 per cent are Black British/African/Caribbean.
- A large number of BME staff are in Nursing/Midwifery Band 5+, concentrated at Band 5, with 1 at Band 8A and none above that.

³⁴ Leven T (2022) [Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people: Full research findings report prepared for NHS Greater Glasgow & Clyde, NHS Lothian and Public Health Scotland](#)

³⁵ EHRC (2018) [Is Scotland Fairer?](#)

³⁶ NHS Lothian (2022) [Equality and Diversity Monitoring Report](#)

- Black and Caribbean staff make up less than 0.11 per cent of staff while being 0.16 per cent of the population of Lothian in 2011.
- 0.2 per cent of staff are Polish while the Lothian Polish population was almost 2.1 per cent in 2011.
- 3.3 per cent of promotions were obtained by BME staff compared to 81.2 per cent White and 15.5 per cent whose data was incomplete.
- The area with the highest percentage of BME applicants was in Medical and Dental. This is also the only area where BME applicants outnumbered White and ‘Incomplete’ applicants. This gap closes in shortlisting and is almost fully reversed in hiring. 21.3 per cent of BME applicants were shortlisted and 11.1 per cent of those were successful, making a 2.4 per cent success rate for BME applicants. This is compared to 62.6 per cent of White applicants shortlisted, 19.3 per cent of which were successful, making a 12.1 per cent success rate for White applicants.
- There are no BME senior managers. There are 41 White senior managers and 21 senior managers with ‘Incomplete’ data.
- 4.8 per cent of leavers were BME staff and 63 per cent were White.
- 3.2 per cent of staff identified as Lesbian, Gay or Bi-sexual. There are no data on trans and non-binary staff.
- 0.7 per cent of staff identify as Lesbian/ gay women, 1.2 per cent identify as gay men, 1.1 per cent identify as bisexual/other women and 0.2 per cent identify as bisexual/other men. In a female dominated staff group, the number of lesbians/gay women appears to be disproportionately low, and the total percentage of bi/other people is lower than would be expected. However, a significant number of staff have not provided information about sexual orientation – 34 per cent.
- 1.5 per cent of leavers identified as Bisexual/other, which is disproportionately high, and a larger number than people who identify with other LGB groups.

2.5 Discrimination and harassment

2.5.1 Workers’ experiences of discriminatory treatment

An EHRC Inquiry³⁷ into racial inequality in health and social care gathered substantial evidence of poor treatment of BME workers in Britain. Many ethnic minority workers felt that others were treating them in a negative or unfavourable way because of their race or nationality. Examples included being treated with contempt, being belittled by managers and colleagues and having concerns unreasonably dismissed. Migrant workers often felt they were belittled for not understanding certain cultural references, words or phrases. Such treatment ranged from subtle behaviours, often experienced on a daily basis, to more open expressions of prejudice.

The Inquiry heard reports that colleagues and employers in both sectors are sometimes reluctant to tackle racist abuse from patients or service users. This was also highlighted in the Inquiry’s review of existing research which identified that obvious or direct racism towards ethnic minority workers from service users was often not taken seriously by managers and supervisors.

A 2019 UNISON and Nursing Times survey of NHS line managers³⁸ (of all ethnicities) in the UK found that 52 per cent of line manager respondents did not feel they had received

³⁷ EHRC (2022) [Experiences from health and social care: the treatment of lower-paid ethnic minority workers](#)

³⁸ Nursing Times (2019) [Exclusive: High level of racial discrimination face by nurses revealed](#)

‘adequate training to deal with issues of racism against staff in the workplace.’ The biggest barriers were a lack of support from senior managers, difficulty knowing how to challenge poor behaviour from patients and a fear of getting it wrong. The EHRC Inquiry’s literature review³⁹ also identified unsupportive line managers of lower paid ethnic minority workers in health and social care as one of the reasons for fewer positive social networks in the workplace.

The Inquiry also found that ethnic minority workers are less likely to raise concerns, which worsens their mental health. Reports were made to the Inquiry of ethnic minority staff facing excessive criticism and reproach for mistakes, which they felt was unfair. Some felt that White staff were treated more favourably. Some ethnic minority respondents to the Inquiry also said they had not been allowed annual leave or time off for religious holidays, unlike White colleagues, or had struggled to find someone to cover their shift. Some staff felt that their employers lacked a sense of fairness, understanding and even-handedness when handling such requests.

The Inquiry’s research with NHS workers in Scotland suggested the existence of a two-tier workforce, in which outsourced staff struggled to gain new qualifications and progress in their careers. While this can affect staff from all backgrounds, those from ethnic minorities are over-represented in outsourced roles. The evidence collected in the Inquiry suggests that ethnic minority staff often felt they had little support for career progression from management. They felt that managers had occasionally blocked their development deliberately. This had led to over-qualified ethnic minority staff getting stuck in junior positions for long periods. This is particularly true for migrant workers because overseas qualifications are not always recognised.

2.5.2 Patient experiences of discriminatory treatment

The Inquiry by Birthrights⁴⁰, reviewing in-depth testimony from over 300 people, found that racism is at the root of many inequities in maternity outcomes and experiences and that this is an urgent equality and human rights issue in the UK. 31 per cent of Black, Asian and Mixed Ethnicity respondents said that they were treated poorly by their midwife or doctor and felt this was because of their race or ethnicity. Reports included: A White health visitor and hospital doctor not recognising jaundice in a Black baby and only did blood tests to give ‘mum some reassurance.’ Midwifery staff repeatedly minimising Black and Brown women’s concerns and not taking them seriously, being ignored and disbelieving the pain they were experiencing. Asian women being referred to as ‘princesses’ or ‘precious’ and Black women as ‘angry’ or ‘aggressive.’

Racist attitudes and behaviours by caregivers manifesting as stereotypes, ‘microaggressions’ and assumptions about risk based on race are having a serious detrimental impact on people’s maternity experiences. Healthcare professionals described their colleagues saying that Black women and babies have ‘thick, tough skin’ and that a ward ‘smells of curry’ when South Asian families were being cared for, and that Chinese people are ‘dirty’. They also observed Black and Brown women and birthing people experiencing differential treatment compared to their White counterparts – such as White women being allowed visitors out of hours, receiving more responsive care, being granted time for multiple questions and given more patience listening to concerns.

³⁹ EHRC (2022) [Experiences from health and social care: the treatment of lower-paid ethnic minority workers](#)

⁴⁰ Birthrights (2022) [Systemic Racism, not Broken Bodies: Inquiry into racial injustice in maternity care](#)

The Inquiry by the Muslim Women’s Network UK⁴¹ found evidence of discrimination which involved women being blamed, humiliated and insulted as well as being coerced and bullied into decisions. Many women said they felt this was because they were a woman of colour, sometimes the prejudice was overt, sometimes it was put down to their ‘Muslim appearance’. The Somali women in the focus group provided the most unfavourable assessments of healthcare professions and felt certain they had been subjected to racist attitudes.

Maternity Experiences of Muslim Women from Racialised Minority Communities

Table 5 - Comments from interviews 

“I felt my labour was deliberately speeded up at every step (breaking my waters, giving me an episiotomy) rather than letting it take its natural course.”	“The way she spoke to me was nothing less than bullying, she was very condescending, belittling, and she said ‘I see five of you lot per day.’”	“Maternity nurse did not help me to put my legs on the bed I was very sore. She left me with my underwear down and blood covered sanitary towel.”
“We felt invisible.”	“She was so awful and rude.”	“I felt unheard, and unseen.”
“I asked to stop the examination because of pain and was ignored and told to ‘man up’.”	“I remember making ‘dua’ (prayers) and saying to my husband, they are going to kill me.”	“A humiliating experience - standards have dropped so low they do not care for the mum.”
“I took my headscarf off and I made sure that I was more vocal - it was a very conscious shift.”	“I do remember them continuing to say ‘we know best’, which made me feel like a child.”	“I do feel they deliberately threw the milk away so they could formula feed.”
“They made mistakes but kept blaming me, implying I was the one doing something wrong.”	“Consultant did not listen and / or brushed it off, gaslighting all the way.”	“Women from ‘your communities’ should know how to (breast feed).”
“I was also in a lot of pain, they were always late with painkillers.”	“I was shell shocked, discharged myself from hospital after 24hours.”	“I was in excruciating pain yet a nurse berated me for asking for help.”
“I was crying and begging for a long time.”	“I was treated like a nuisance and had to beg for help.”	“I was getting scoffed at mocked and ignored.”
“I was ignored and shouted at by the staff.”	“The midwife kept shouting at me whilst I was in active labour.”	“I remember being spoken to like I was stupid.”
“I found the sonographer blunt, rude and miserable.”	“I sat there holding back tears already feeling like I had failed.”	“I was told I was fibbing when I said breastfeeding hurt.”
“The midwife kept rolling her eyes.”	“I felt ‘pressured’ and ‘bullied’ to have a caesarean.”	“Friends kept telling me ‘they’ll mash you up’.”
“Shouting and blaming for not pushing baby out instead of being encouraging and motivating.”	“I had a door shut on my face and spoken to in a harsh tone – was apologised to eventually.”	“I was made to feel like I was being demanding and unreasonable. I remember feeling like they resented me even being there.”

Some LGBT people experience homophobic, biphobic and transphobic language and behaviour in health and social care settings. When seriously ill LGBT people can feel unable to share important aspects of their identity and the impact can be devastating.⁴² Research

⁴¹ MWNUK (July 2022) [Invisible Maternity Experiences of Muslim Women from Racialised Minority Communities](#)

from Stonewall Scotland⁴³ found that 24 per cent of LGBT people have witnessed discrimination or negative remarks against LGBT people by healthcare staff and 37 per cent of trans people avoid seeking healthcare for fear of discrimination from staff. Of the LGBT people who had sought support for their health needs, 13 per cent said they had experienced some form of unequal treatment from healthcare staff because of their sexual orientation or gender identity. 12 per cent said they had avoided treatment for fear of discrimination.

3. Engagement evidence

Between August 2022 and January 2023, groups of staff, patients and equality organisations were approached and asked about their experiences of how NHS Lothian delivers on equality and human rights. The questions focused on what people thought the current equality and human rights challenges or issues are for the organisation and what they thought NHS Lothian was doing or had done well. The information below reflects the views of the people who participated in the engagement process. A list of the groups who participated in the engagement is included as an appendix.

3.1 Challenges

3.1.2 Meeting people's needs, removing disadvantage and increasing understanding

- The older population is growing and likely to have more health needs that we need to respond to.
- We have an aging workforce, we need to be flexible and keep people in work.
- Supporting dementia patients, knowing and acting on their wishes to provide person-centred care and treatment.
- People who don't speak English as their first language can find it difficult to access an interpreter and get support to access health services in the same way as others.
- Not enough patient information is produced in Easy Read, Large Print, BSL or plain English.
- We don't always know in advance what patients' additional needs are, we don't always record them and have that information available to clinical and booking staff so they can plan to make sure people's needs are met in advance or send information out in the right language or accessible format.
- In letters to patients, we always put at the end - 'if English isn't your first language or you need this letter in a different format, you can get alternative formats and versions in a different language.' This should be at the start of the letter, otherwise there's a risk that people won't look to the end, won't be able to understand the correspondence and will disregard it. Why don't we put this at the front / start of all correspondence?
- We should proactively encourage disabled people and older people and carers to visit health care settings or offices to orientate themselves, before their appointment / meeting.
- Making reasonable adjustments for disabled staff. When reasonable adjustments are made for disabled staff, sometimes they are told the agreed reasonable adjustments can't transfer with them to new roles.

⁴² Braybrook D, Bristowe K, Timmins L et al GMJ (2023) [Communication about sexual orientation and gender between clinicians, LGBT+ people facing serious illness and their significant others: a qualitative interview study of experiences, preferences and recommendations](#) Qual Saf 2023; 32:109-120

⁴³ Stonewall Scotland (2019) [LGBT Health Report](#)

- Staff are not identifying themselves as disabled, there may be a lack of confidence to identify this, but we don't know who is disabled and what reasonable adjustments we need to make.
- Low awareness of neurodiversity and how to support staff and patients who are neurodivergent.
- Engagement between the Gender Identity Clinic (GIC) and LGBT young people has reduced and there is a need to get back to the standard it was pre-covid. LGBT young people are frustrated and feel cut off. They don't know where to find the right information, it isn't easy to find or make sense of and the resources that are available aren't up to date.
- Extensive waiting times for trans and non-binary young people to access the GIC. Counselling service for trans people is over-subscribed and has waiting lists.
- We should recruit more trans people.
- Unnecessary categorising of binary genders and use of titles in correspondence. These are exclusionary practices and risk misgendering people.
- Making sure the non-NHS providers of gender reassignment treatment services, such as electrolysis, are safe spaces for trans and non-binary people.
- Families with trans parents exist, it's incumbent on the NHS to do its best to understand, include and meet their needs.
- Patients in mental health settings don't always know what they should expect and what should happen. There is a need for human rights education for patients and staff in mental health settings. More action and investment in supported decision-making and participation in care and discharge planning. People must be encouraged to voice their opinions and not be judged, and we must understand and overcome the barriers to patient involvement and getting patient's views.
- Psychological safety of patients and work to remove fear of physical restraint, coercion and seclusion.
- There are so many things wrong with the environment in mental health settings and so much we could improve to make it a better place for people with mental ill health.
- Implementation of the relevant recommendations from the COVID-19 and ethnicity: expert reference group to focus on tackling racialised health inequalities.
- Race equality organisations are looking for reassurance that public bodies recognise that racism exists and will take action to end it. Leaders and senior managers can learn more effectively by meeting with people from their diverse communities, rather than doing equality and diversity modules. Visit community places where people meet and discuss with the community what their experiences and needs are. Talk around a specific issue or proposal. Going to meet people in their spaces will build trust and greater understanding on both sides.
- There needs to be more diversity at senior levels, particularly BME and disabled people.
- Fewer BME staff are promoted than White staff, some people are not given feedback or support. Some BME staff are not integrated into teams, induction processes can be poorly run, and can be made to feel unwelcome and different. Some BME staff said they have been treated unfavourably compared to their White colleagues.
- Differential attainment rates for BME doctors in training, cultural issues, different treatment in terms of feedback and support and International Medical Graduate (IMG) doctors don't want to stick out any more than they already do.
- Some members of staff have unacceptable behaviours, attitude, and culture towards race and that affects outcomes for staff and patients.

3.1.2 Dealing with discrimination and harassment

- People don't know what happens with information about complaints of discrimination and harassment, and whether the organisation monitors and acts on this information. Some staff don't have trust or confidence in the informal and formal reporting systems to stop and resolve discrimination and harassment.
- Leaders and managers should take a zero-tolerance approach to racism from patients to staff.
- Some managers don't know how to handle discriminatory behaviours that exist in their teams. How do we challenge passive discriminatory behaviours by patients and staff? We need to take action to stop the less obvious forms of racism and discrimination. We need to know how to call it out respectfully and effectively. We need to give people confidence to react in the moment, 'I know this is a problem, I can do something, I am going to act' and make sure they have a range of options available to them to help them act appropriately.
- Some staff are worried about doing the wrong thing and offending people.
- Staff involved in education and training of others in medical and administrative roles are looking for ideas about how to provide education and training in the most inclusive way, recognising that we are predominately white, middle class, middle-aged people. Ideas about how to promote inclusion more and how to make sure we are actively being anti-racist.
- There is a place for email add-ons that promote inclusion and respect. Everyone should include some information about how to pronounce their name and what their pronouns are. These small things can help break down barriers.

3.1.3 Getting the process right

- We need to take a wide range of people's different lived experience into account when we make decisions.
- We need to embed processes that ensure we support equality in our day-to-day activities.
- We have pockets of good / excellent practice and how do we make this system wide to achieve system wide change.
- We should improve our understanding of when and how to meet the Fairer Scotland Duty.
- Building respectful relationships with people with lived experience of discrimination and disadvantage and the organisations that represent them. Don't keep coming back and asking for the same information, and not making any changes or progress on these issues. Make sure engagement and participation in service design is meaningful and if people are unemployed and contributing, make sure they get some financial payment.
- We should treat care experience as if it is a protected characteristic and include it in our impact assessments and equality monitoring information.
- Some patient and equality groups are starting to distrust the system, caused by excess consultation, and not seeing any positive change as a result.
- We don't collect robust equality data about people working, using, and complaining about our services. For example, we have made ethnicity a mandatory field on Trak Care, but this hasn't achieved robust completion rates.
- Impact assessments have become a tick box exercise, a burden and chore. They often don't include views of people with lived experience or include relevant equality groups. The results are often not asked for or considered as part of decision making.
- Senior managers don't always have equality and human rights information available at the right time to properly consider unintended consequences or opportunities.

- How we communicate with patients and staff in an accessible way. We need to always remember the average reading age in Scotland is 9 years old. All communication should be accessible and inclusive – how do we do we make sure we all do this?
- We have under-resourced equality and human rights education and awareness raising. On its own, mandatory online training doesn't work to change behaviour.

3.2 What NHS Lothian is doing well

- In response to challenges facing staff during the Covid-19 pandemic, we have successfully established and supported staff networks to be independent groups of peers who support each other and help the organisation advance equality.
- The development and delivery of the annual Advancing Equalities Action Plan.
- Staff and the public have commended us for starting the process of acknowledging the Royal Infirmary of Edinburgh's historical links with Atlantic slavery and trying to learn from this to become an anti-racist organisation.
- Coffee roulette with senior managers and BME staff.
- Participating and supporting work to understand cultural differences between medical graduates. Improving IMG induction and support.
- Building on the success of the Leading Better Care Leading Across Differences Positive Action Programme that sought to address the gap in leadership within Nurses and Midwives from BME communities.
- The Access to Work pilot in West Lothian.
- Staff support services.
- Speak Up Ambassadors.
- Committing to being an Anchor's Institution. Living Wage Accreditation. Using public procurement to help advance equality.
- The Healthy Respect team are a 'shining light' – in particular, the Wellbeing Hub Young People and Top Tips for Supporting Transgender Patients.
- The GIC work to secure additional staff resources and try new ways of working. Both these things are starting to bring down waiting times.
- Cervical screening letters and leaflets are examples of good gender inclusive practice.
- Building equality into screening programmes to understand who is not accessing screening, why and changing the way we do things to increase uptake.
- Building equality and human rights into the winter vaccination programme and making changes to help increase the confidence and uptake in particular groups (disabled people and BME groups).
- Public Health Intelligence Team analysing population data including equality data, where available, and supporting services to use this in planning and delivery.
- East Lothian Primary Care Improvement Plan was developed using data from the Public Health Team to understand the health inequalities facing particular groups, allowing us to focus resources in certain areas. Some challenges in working through this approach but we can see health outcomes improving after 2-3 years.
- Starting to look at and use data to understand why patients don't attend appointments, who they are and why they don't attend.
- Royal Hospital for Children and Young People working on achieving the LGBT Youth Charter.
- Tonic Arts participatory programmes for patients and staff.
- Developing a Staying Well Plan for Community Mental Health.

4. National Outcomes

The National Performance Framework⁴⁴ gives Scotland's public services, including NHS Lothian, a common set of outcomes to work towards. It provides a breakdown of equality data and shows where people with protected characteristics are progressing and how they compare to other groups of people. The data aims to help design policies and services that meet the needs of everyone in Scotland. The national outcomes that are relevant to the NHS Lothian equality and human rights strategy (this Strategy) are:

Health – we are healthy and active. We regard the health of all of our people as being of utmost importance. Consequently, we live long, healthy and active lives regardless of where we come from. We use evidence intelligently to continuously improve and challenge existing healthcare models. Our approach is integrated, preventative and person-centred. We are focused on resolving needs in order to achieve positive health, care and wellbeing outcomes.

Human rights – we respect, protect and fulfil human rights and live free from discrimination. We recognise the fundamental equality of all humans and strive to reflect this in our day-to-day functioning. We demonstrate our commitment to these principles through the way we behave with and treat each other. We provide care for people with love, understanding and dignity.

Poverty – we tackle poverty by sharing opportunities, wealth and power more equally. We are addressing the links between poverty and income, housing, ethnicity, gender, health, disability and age. Our achievements, potential and life choices are not decided at birth or by class or background.

5. National Health and Wellbeing Outcomes

There are nine national health and wellbeing outcomes⁴⁵ which apply to Health Boards, Local Authorities, and Integration Authorities. This Strategy should contribute to achieving these outcomes.

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including disabled people or people with long term conditions or are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People who use health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

⁴⁴ Scottish Government [National Performance Framework How it Works](#)

⁴⁵ Scottish Government (2015) [National health and wellbeing outcomes framework](#)

9. Resources are used effectively and efficiently in the provision of health and social care services.

6. National policies

The **2022-23 Programme for Government**⁴⁶ explains that the Scottish Government will continue to take action to mainstream equality and human rights and take forward specific action to address discrimination, including racism, to tackle violence against women and girls and end conversion practices.

The national equality and human rights policies that are relevant to this Strategy are:

Care experience – The Promise Plan 2021-24 includes a commitment that every child that is ‘in care’ in Scotland will have access to intensive support that ensures their educational and health needs are fully met. Organisations that have responsibilities towards care experienced children will be able to demonstrate that their rights under UNCRC are being consistently upheld and they are embedding destigmatising language and practices across the way they work.⁴⁷

Children’s rights– the Scottish Government is implementing the UNCRC and incorporating it into Scots law to make it unlawful for public bodies to act incompatibly with UNCRC requirements.⁴⁸

Disabled people – the Scottish Government’s ambition to at least halve the disability employment gap in Scotland and to have greater and more meaningful involvement by disabled people in designing policies and services.⁴⁹

Gender equality – the Women’s Health Plan actions aim to improve women’s health inequalities by raising awareness around women’s health, improving access to health care and reducing inequalities in health outcomes for girls and women, both for sex specific conditions and in women’s general health.⁵⁰

Gypsy/ Travellers – Improving the lives of Gypsy / Travellers through improved access to public services.⁵¹

LGBTI – centrally funding Gender Identity Service improvements until late 2024 and a programme of work to improve the rights and wellbeing of non-binary people, informed by the Non-Binary Working Group.⁵²

Poverty – Through Fairer Scotland, working with communities and learning from those with real experience of inequalities and poverty to shape our policies and actively considering how to reduce inequalities of outcome caused by socio-economic disadvantage when making strategic decisions.⁵³

Race equality – the Scottish Government aims to design new, multi-year anti-racist work that will start in 2023. As part of this it is delivering an Immediate Priorities Plan to deliver the

⁴⁶ Scottish Government (2022) [A stronger and more resilient Scotland: the Programme for Government 2022 to 2023](#)

⁴⁷ Scottish Government (2021) [The Promise Scotland Plan 2021-24](#)

⁴⁸ Scottish Government [Children’s rights](#)

⁴⁹ Scottish Government (2016) [Fairer Scotland for disabled people: delivery plan](#)

⁵⁰ Scottish Government (2021) [Women’s Health Plan](#)

⁵¹ Scottish Government (2019) [Improving the lives of Gypsy / Travellers: 2019-21](#)

⁵² Scottish Government [LGBTI and gender recognition](#)

⁵³ Scottish Government [Poverty and Social Justice](#)

recommendations of the Expert Reference Group on COVID-19 and Ethnicity and has established an Ethnicity and Anti-Racism Interim Governance Group to develop National Anti-Racist Infrastructure.⁵⁴

Refugees and asylum seekers – the New Scots Strategy aims to ensure refugees and asylum seekers are supported and integrated from day one.⁵⁵

Violence against women and girls (VAWG)⁵⁶ – the Equally Safe Strategy aims to prevent and eradicate violence against women and girls. This includes how public bodies respond to the initial disclosure of rape or sexual assault.

7. Assessment of impact

7.1 Aim

The aim of this Strategy is to put equality and human rights at the centre of everything NHS Lothian does, so that everyone who works for NHS Lothian is contributing to the vision set out in the Lothian Strategic Development Framework (LSDF).⁵⁷ The vision is for a health and care system where:

- Everyone in Lothian lives longer, healthier lives, with better outcomes from the care and treatment NHS Lothian provides.
- Health and social care services are connected seamlessly, wrapping around every person in their home.
- Performance across our system is improved, with better experiences for everyone who lives in Lothian and everyone who work for and with us

7.2 Alignment with National Outcomes

This Strategy contributes to achieving the National Outcomes:

- We are healthy and active,
- We respect, protect, and fulfil human rights and live free from discrimination,
- We tackle poverty by sharing opportunities, wealth, and power more equally, and
- We grow up loved, safe and respected so that we realise our full potential.

7.3 Relevant protected characteristic groups

Protected characteristic is a term used in the Equality Act 2010 to describe the characteristics that people have, and people are protected from unlawful discrimination on grounds of any of these characteristics. Under the Act there are nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The protected characteristics that are relevant to this strategy are:

- Age
- Disability
- Gender reassignment

⁵⁴ Scottish Government (2022) [Terms of Reference for the Anti-Racism Interim Governance Group to Develop National Anti-Racist Infrastructure](#)

⁵⁵ Scottish Government (2018) [New Scots refugee integration strategy 2018-22](#)

⁵⁶ Scottish Government (2018) [Equally Safe: Scotland's Strategy to eradicate violence against women](#)

⁵⁷ NHS Lothian (2022) [Lothian Strategic Development Framework 2022-27](#)

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

We have also considered the potential impact of the strategy on the needs of:

- Care experienced people
- Refugees
- Asylum seekers

7.4 Potential equality impact

The Scotland Public Sector Equality Duty (PSED) specific duty on public bodies to assess the equality impact of proposed new or revised policies or practices requires an assessment of how this Strategy, and how the priorities, will help to eliminate discrimination, advance equality of opportunity and foster good relations for each relevant protected group.

The priorities are:

1. Equality and human rights are a central part of our planning, decision-making, delivery, and reporting processes.
2. We are an anti-racist organisation, and our work helps to eliminate racism, remove racialised inequalities and reduce prejudice.
3. We anticipate and meet the needs of disabled people so they can access services, employment opportunities and have better outcomes.
4. We are gender inclusive, we do not discriminate on grounds of sex or gender identity and our work helps to tackle persistent gender inequalities.
5. We support people with dementia and people who use our mental health services to know about and claim their rights, and to make decisions about their care and treatment.
6. We reap the benefits of equality and human rights education and training.

Having due regard to the need to eliminate unlawful discrimination, harassment, victimisation, and other prohibited conduct means examining the Strategy to ensure it is not discriminatory or otherwise unlawful under the Act.⁵⁸

Having due regard to advancing equality of opportunity is also part of the PSED and is the second equality ‘need.’ We must have due regard to the need to advance equality of opportunity. This means we must have due regard to the need to:

- Remove or minimise disadvantages suffered by people who share a relevant protected characteristic
- Take steps to meet the needs of different people who share a relevant protected characteristic
- Encourage people who share a relevant protected characteristic to participate in public life or in any other activity in which participation is disproportionately low.

⁵⁸ EHRC (2016) | Updated May 2021 [Equality Act 2010 Technical Guidance on the Public Sector Equality Duty: Scotland](#)

Fostering good relations is the third equality ‘need’ in the PSED and means both:

- Encouraging the development or growth of ideas and attitudes which result in good or improved relations between people who share a protected characteristic and those who don’t, and
- Encouraging the maintenance or improvement of already good relations between people in different protected characteristic groups.

A summary of the results of the equality impact assessment is presented in the table below.

	Eliminate unlawful discrimination	Advance equality of opportunity	Foster good relations
Age	No identified discrimination on grounds of age.	Identified as having a positive impact because of work to deliver priorities 1, 5 (for older people with dementia) and 6.	Identified as having a positive impact because of work to deliver priorities 1 and 6.
Disability	No identified discrimination on grounds of disability.	Positive because of work to deliver priorities 1, 3, 5 and 6.	Positive because of work to deliver priorities 1 and 6.
Gender reassignment	No identified discrimination on grounds of gender reassignment.	Positive because of work to deliver priorities 1, 4 and 6.	Positive because of work to deliver priorities 1, 4 and 6.
Pregnancy and maternity	No identified discrimination on grounds of pregnancy and maternity.	Positive because of work to deliver priorities 1, 4 and 6.	Positive because of work to deliver priorities 1 and 6.
Race	No identified discrimination on grounds of race.	Positive because of work to deliver priorities 1, 2 and 6.	Positive because of work to deliver priorities 1, 2 and 6.
Religion or belief	In the development of priority 4 consideration was given to ensuring we don’t unlawfully discriminate against people who hold the philosophical belief that sex is immutable and not to be conflated with gender identity. This belief is protected under the Equality Act 2010. ⁵⁹	Positive because of work to deliver priorities 1 and 6. Priority 2 will have a positive impact on some religious groups, for example BME people who are Muslim.	Positive because of work to deliver priorities 1, 2 and 6.

⁵⁹ [Maya Forstater v CGD Europe and Others UKEAT/0105/20/JOJ](#)

	<p>Priority 4 seeks to balance potentially competing rights, eliminate discrimination and tackle the persistent inequalities faced by women, trans and non-binary people in a proportionate way.</p> <p>No identified discrimination on grounds of religion or belief.</p>		
Sex	No identified discrimination on grounds of sex.	Positive because of work to deliver priorities 1, 4 and 6.	Positive because of work to deliver priorities 1 and 6.
Sexual orientation	No identified discrimination on grounds of sexual orientation.	Positive because of work to deliver priorities 1 and 6.	Positive because of work to deliver priorities 1 and 6.

This Strategy has been identified as having a potentially positive impact on meeting the needs of care experienced people, refugees and asylum seekers in the following ways. We have not identified any negative impact.

Priority 1 includes a commitment to collect and use evidence about people who are care experienced, refugees and asylum seekers when we plan, make decisions about, deliver and monitor our work. We will ensure there is alignment between this strategy and our corporate parenting plan.

Priority 4 will have a positive impact on meeting the needs of refugees and asylum seekers who may experience racism and racialised health inequalities. Priority 6 will include education and training about the needs and experiences of people who are care experienced, refugees and asylum seekers.

7.5 Reducing socio-economic inequalities

We know discrimination, poverty and access to health services impact on people’s health outcomes. We have collected and used a wide range of evidence to develop this Strategy and assess how it can help to reduce inequalities of outcome which result from socio-economic disadvantage.

This Strategy prioritises work to tackle the persistent inequalities and poorer outcomes faced by people who share relevant protected characteristics. This includes outcomes that involve lower healthy life expectancy and poorer health, being in lower paid work and not in work, having less chance of being treated with dignity and respect and being more likely to experience discrimination.

Delivery of actions to achieve Priority 1 will have a positive impact on NHS Lothian’s work to embed the Fairer Scotland Duty into its day-to-day work.

We know from the evidence in this paper that people describing themselves as Black, African or Caribbean are much more likely to live in the most deprived areas and there is a higher prevalence of poverty, food insecurity and material deprivation among disabled adults and children. Priorities 2 and 3 will have a positive impact on improving health and employment outcomes for these groups.

Priority 4 ensures that NHS Lothian implements the relevant actions in the Women’s Health Plan, which includes reducing and removing the health inequalities facing women living in the most deprived areas.

7.6 Monitoring actual impact

We will report annually on the progress we are making against identified success measures. The success measures will require us to collect new and additional evidence to understand the actual impact of the Strategy, and to make sure our delivery is having the desired effect, and if not, how to change it and try something else. We will do this by involving staff, patient, and equality groups.

Appendix

Groups of staff, patients and equality organisations who engaged with the development of the strategy are set out in the table below. A wide range of equality organisations were asked to participate but either declined to do so because of pressure of work or did not respond.

NHS Lothian	Patient and equality organisations
Human Resources & Organisational Development	About Dementia (Age and Disability)
Staff Equality Networks	Deaf Action (Disability)
Public Health and Health Policy	Edinburgh and Lothian Race Equality Council (Race and Religion & Belief)
Public Health Intelligence	Inclusion Scotland (Disability)
Trade unions	LGBT Health and Wellbeing (LGBT)
Medical and Clinical Directors	LGBT Youth (Age and LGBT)
Nursing Directors	Lothian Maternity Voices Partnership (Women)
Acute Services Directors	Poverty Alliance (socio-economic inequalities)
Communications	Royal Edinburgh and Associated Services (REAS) Patients’ Council (Disability)
Public Involvement and Engagement	Scottish Refugee Council (Refugees and Asylum Seekers)
Mental Health Services	Scottish Trans Alliance (Gender Reassignment)
Volunteering	Who Cares Scotland (Care experience, Age)
Patient Experience Team	
Strategic Planning and Performance	
Business Managers Forum	
Speak Up	
Interpreting Services	
Lothian Analytical Services	
EHealth	
Medical Education	
Estates and Facilities	
Midlothian HSCP	
East Lothian HSCP	

PATIENT EXPERIENCE STRATEGIC PLAN

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that NHS Lothian Board approve the Patient Experience Strategic Plan 2023 - 2028 and agree the prioritised implementation plan to support the actions required by teams and services (Acute Services, REAS, HSCPs x 4 and Corporate Services) and the Patient Experience Team to ensure its successful implementation.
- 1.2 The full Strategic Plan is accompanied by a 'Strategic Plan on a Page' document, and these are attached Appendices 1 and 2.
- 1.3 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

The Board is asked to:

- 2.1 Approve the attached Patient Experience Strategic Plan 2023 - 2028 developed by the Short-Life Working Group (SLWG) overseeing the Patient Experience Development and Improvement Programme. The Corporate Management Team asked that this was circulate and approved by the Healthcare Governance committee at their March committee before submitted to the April NHS Lothian Board meeting.
- 2.2 Note that the implementation of the Strategic Plan throughout the organisation (Acute Services, REAS, HSCPs x 4 and Corporate Services) and is supported by a Strategic 5-year Implementation Plan (appendix 3).

3 Discussion of Key Issues

- 3.1 NHS Lothian is committed to delivering high quality care and services. 'Patient experience' is what the process of receiving care feels like for the patient, their carer's and their families. It is a key element of quality, alongside providing clinical excellence and safer care.
- 3.2 To support this ambition, we have developed a **Patient Experience Strategic Plan 2023-2028**. This work was overseen by the SLWG, chaired by the Deputy Director of Nursing which reports into the Patient Outcomes Programme Board and this Committee. The SLWG includes the Head of Patient Experience, Patient Experience Team Manager, representatives of Business Units/HSCPs, Associate Director of Quality Improvement and other senior staff. The work is being supported by an external Quality Advisor who was a previous Director of Quality at NHS Lanarkshire.
- 3.3 The Patient Experience Strategic Plan was developed alongside staff and patient partners to make sure it truly reflects the ambition of those it directly affects, the

priorities that are important to them and an approach to change that is endorsed and supported. The consultation covered:

- Two surveys to 1) members of staff and 2) members of the public
- Discussion with national experts in Person Centred Care
- A staff focus group – which primarily discussed examples and future plans within Business Units and services related to the strategy aims.

3.4 The strategic plan describes how staff understand their responsibility in ensuring each patient not only receives excellent clinical care, but that it is delivered in a manner that treats them as an individual, recognises their needs and cares for them with empathy and compassion.

3.5 Patient Experience Strategic Plan - Aims

The definition of Patient Experience used in the document is based on the UK Department of Health’s definition and this is then broken down to be clear about the aims that, as an organisation, we are going to focus on delivering.

We will ensure:

- ✓ People receive treatment in a comfortable, caring and safe environment
- ✓ Treatment is delivered in a calm and reassuring way
- ✓ People have information to make choices, to feel confident and in control
- ✓ People are spoken with and listened to as an equal
- ✓ People are treated with honesty, respect and dignity

3.6 How will we do this?

It is important that the systems we have in place to allow the organisation to learn about patients’ experience and then use this information to improve the way we provide care.

	LISTEN	HEAR	RESPOND
We will	Listen to what is important to patients, carers and their families	Encourage patients, carers and their families to tell us when things go right or wrong	Use the lived experience of patients, carers and their families to shape and improve the way we provide care.
By	<ul style="list-style-type: none"> • A focus on ‘What Matters to You’ 	<ul style="list-style-type: none"> • Care Opinion • Complaints • Local Feedback mechanism • Adverse Events 	<ul style="list-style-type: none"> • Quality Improvement methods • Care Experience Improvement Model • Monitoring systems

3.7 Strategic 5-year Implementation Plan

Everyone in the organisation has a role to play in delivering the Patient Experience Strategic Plan.

The Patient Experience Team (PET) has developed a prioritised 5-year implementation plan to support its delivery and this is included as Appendix 3. This is a challenging plan that sets our priority areas for each of these 5 years and are aligned to the aims of the strategies. However, to ensure the strategic plan is delivered, and to truly put people at the heart of everything we do, teams and services will be required to develop

and monitor local implementation plans as part of their ongoing service delivery. They are responsible for ensuring suitable local arrangements relating to patient experience are in place and are integrated with existing structures such as clinical directorates. Any structures and processes put in place must ensure that the underpinning activities described above are an integral and integrated part of the mainstream business of the organisation.

4 Key Risks

- 4.1 At the time of writing this Board paper, there are potentially two risks associated with the implementation of this strategy. The current operational / service pressures that the system is under is likely to have an impact on the ability of teams and services to implement local plans.
- 4.2 There is also a challenge to develop a range of local patient experience metrics as there is a lack of nationally or internationally agreed patient experience metrics in the literature.

5 Risk Register

- 5.1 Patient Experience and complaints is now on the Corporate Nursing risk register and will be overseen by the Nurse Director, Corporate Nursing.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An Integrated Impact Assessment will be undertaken.

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

- 7.1 A consultation regarding the Patient Experience Strategic Plan was undertaken as part of its development.

8 Resource Implications

- 8.1 Temporary additional resources have already been allocated to support the Patient Experience Team. There are no resource implications associated with this paper at this time.

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14 March 2023

List of Appendices

Appendix 1: Patient Experience Strategic Plan 2023 - 2028

Appendix 2: Patient Experience Strategic Plan on a Page

Appendix 3: Patient Experience Strategic 5-year Implementation Plan - Draft



**PATIENT EXPERIENCE STRATEGIC PLAN
2023 - 2028**



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



INTRODUCTION

NHS Lothian is dedicated to putting patients, their families and carers and our workforce at the centre of all we do.

Working as a whole system, the journey through the health and social care system will be one that engages with individual beliefs and values and aligns actions with individual wishes and needs while considering together how best to offer care.

To support this Person-Centred commitment we worked in partnership with both our staff and with patients and the public to develop this Patient Experience Strategic Plan.

The Strategic Plan describes how staff and care givers understand their responsibility in ensuring each patient not only receives excellent clinical care, but that it is delivered in a manner that treats them as an individual, recognises their needs and cares for them with empathy and compassion. We recognise that people receive care and treatment in a variety of settings including in their own homes.

It provides a clear plan that will continuously improve patient experience: one that will highlight priorities and provide a framework to measure impact and progress across NHS Lothian.

STRATEGIC CONTEXT

NHS Lothian has chosen to tackle the long-term challenges of rising demand, rising costs and limited resources in healthcare by making quality the focus of how we run our services.

The **Lothian Strategic Development Framework** lays out what we want to happen across Lothian's Health and Care system over the next 5 years, up to and including the financial year 2027-28. The vision for the system is that:

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide.
- We connect health and social care services seamlessly, wrapping around the citizen in their home.
- We improve performance across our system, with better experiences for citizens and those who work for and with us.

The **Quality Strategy 2018-23** describes NHS Lothian's strategic aim for Quality as:

- Put in place robust systems to deliver the best models of integrated care across primary, secondary and social care.
- Ensure that care is evidenced-based, incorporates best practice, fosters innovation and achieves safe, seamless and sustainable care pathways for patients.
- Design our healthcare systems to reliably and efficiently deliver the right care at the right time in the most appropriate setting by the right person.
- Involve patients and carers as equal partners, enabling individuals to manage their own health and wellbeing and that of their families.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



Person-centred care and the person's experience of that care or treatment are therefore central to the quality approach in Lothian.

The Patient Experience Strategic Plan complements NHS Lothian's **Work Well Strategy** which focuses on staff experience and wellbeing and the **Public Engagement Framework** which seeks to ensure the continued development of our health and care system in Lothian is informed by engagement with those who use our services.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



WHAT DO WE MEAN BY 'PATIENT EXPERIENCE'?

Patient experience refers to how the process of receiving care or treatment feels for the patient, their family and carers. Each experience is unique to the individual.

We have defined a positive **Patient Experience** as:

“ensuring people are receiving care or treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way, having information to make choices, to feel confident and in control, are spoken with and listened to as an equal and being treated with honesty, respect and dignity”.

This definition sits at the heart of NHS Lothian’s **Values** and ways of working that are designed to benefit everyone working in the organisation and, most importantly, to benefit our patients, respecting their wishes.

- Care and Compassion
- Dignity and Respect
- Openness, Honesty and Responsibility
- Quality
- Teamwork.

WHAT ARE OUR PATIENT EXPERIENCE AIMS?

We are committed to ensuring our services are user-focused and to providing effective clinical care and treatment which results in a positive experience for patients and for people who use our services.

We will ensure:

<p>People receive treatment in a comfortable, caring and safe environment</p>	<ul style="list-style-type: none"> • The clinical environment is modified in ways that ensure it is more personalised whilst still complying with relevant guidance • Care planning takes into account the reality of the patient's environment especially in community and home settings
<p>Treatment is delivered in a calm and reassuring way</p>	<ul style="list-style-type: none"> • Leaders and staff role model calm and reassuring behaviours, in line with the NHS Lothian’s organisational values and behaviours • Carers and advocates are encouraged to be present during care and treatment if required - e.g. Welcome Visiting, John's Campaign • Distraction techniques (environmental, sensory etc,) are utilised wherever possible
<p>People have information to make choices, to feel confident and in control</p>	<ul style="list-style-type: none"> • Person centred care plans are in place that enable patients, their families and carers to be an active participant in all elements of care • 'Handover' activities (either verbal or written) between clinicians include patients • Actions are taken to promote Shared Decision Making as part of Realistic Medicine approach
<p>People are spoken with and listened to as an equal</p>	<ul style="list-style-type: none"> • Discovery conversations are used to identify "What Matters" to the individual at an early stage in a patient's pathway/journey • Staff are supported when involved in difficult conversations and can access appropriate communication skills training
<p>People are treated with honesty, respect and dignity</p>	<ul style="list-style-type: none"> • Staff are polite and courteous in their communications and actions and demonstrate respect for dignity, choice privacy and confidentiality • Feedback is encouraged and where things have gone wrong an apology and full explanation will be provided






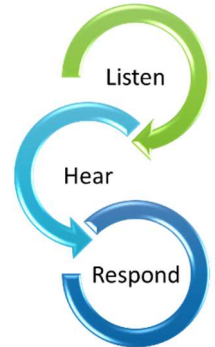
PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



HOW WILL WE DO THIS?

We will:

-  Listen to what is important to patients, their families and carers
-  Encourage patients, thier families and carers to tell us when things go right or wrong
-  Use the lived experience of patients, their families and carers to shape and improve the way we provide care.



‘What Matters to You?’

Asking “what matters to you?” is about listening and hopefully understanding what matters to a patient within the larger context of their life. When staff are aware of and prioritise what is important to patients it can greatly improve their outcomes.

Asking “what matters to you?” helps to establish a relationship between people giving and receiving care.

The ‘What matters to you?’ question can be asked in many different ways, for example:

- What are the things that are important to you at this moment?
- What are some of the things you would you like to achieve as a result of this support?
- When you have a good day, what are the things that make it good?



We will:

Focus on ‘What Matters to You’ from a patient, their family and carers’ perspective and implement change as a result.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028

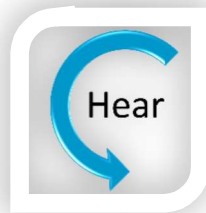
Including Everybody

We recognise that there are many people receiving care and/or treatment who may find it difficult to engage, and provide feedback, for several reasons.

When possible, support and assistance should be offered enabling the patient, their family or carer to participate in providing feedback from their experience.

We will:

Reach out to specialist services, Public Health, Health Promotion, local authority partners, Third Sector organisations and interpretation and translation services to support people to participate in providing feedback from their experience.



We are committed to encouraging feedback and to supporting patients, carers and their families to tell us when things go right or wrong.

Care Opinion

Care Opinion is a national social enterprise which enables the public to tell their stories of their experience of health and social care. It has been running for 14 years and is an open and anonymous online feedback system, with the aim of public service improvement. It has continued to grow nationally and internationally year on year.



The benefits of Care Opinion are:

- people can share honest feedback easily and without fear
- stories are directed to wherever they can help make a difference, and
- everyone can see how and where services are listening and changing in response

We will:

Increase the use of Care Opinion throughout the organisation and use the information provided to make the necessary changes to services.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028

Local Feedback mechanisms

We want to make it easy and straightforward for patients, their families and carers to share their experiences with us. In addition we want to make sure we use the experiences shared to help improve our services and inform others.

We will:

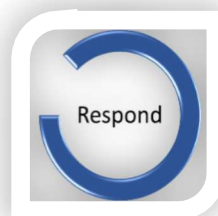
- Develop and embed local systems for easily capturing and measuring patient, family and carer experiences across our organisation
- Make sure our staff have the tools, skills and confidence to capture patient, family and carer experiences
- Make sure staff use patient experience information alongside other quality data to inform service development

Complaints

The NHS Complaints Handling Procedure (CHP), implemented in April 2017, saw the introduction of a 3-stage process to support a more consistently person-centred approach to complaint handling. The change placed greater emphasis on early resolution of complaints, valuing the feedback we receive, accurately recording it and learning from the experience to drive improvements in care.

We will:

Continue to support our staff to resolve complaints as close as possible to the point of service delivery and to respond thoroughly, impartially and fairly by providing evidence-based decisions based on the facts of the case.



Care Experience Improvement Model

The Care Experience Improvement Model (CEIM) is a simple framework that supports health and social care teams to make improvements that are directly related to feedback in a person-centred way.

The CEIM guides health and social care teams to take a conversational approach to gathering qualitative care experience feedback from people for whom they provide care and support. Teams can then reliably develop, embed and maintain a process and culture to systematically identify and make meaningful improvements.

We will:

Test the Care Experience Improvement Model with a view to rolling it out more widely throughout the organisation.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028

Dealing with Adverse Events

We acknowledge that things can and do go wrong in the provision of health and care. Adverse event management is one part of NHS Lothian's integrated approach to risk management and continuous improvement through learning and changing practice.

We will:

Ensure that:

- Adverse events and near-misses are reported and reviewed in a timely and effective way, in partnership with patients, their families, carers, and staff.
- Learning from review is identified, shared and used to inform improvements to services.

CREATING THE CONDITIONS

We will ensure that a connected supporting infrastructure is in place that enables the organisation to deliver on its ambition of providing a positive experience for patients. The components of this infrastructure include:

Leadership and Behaviours

- To bring the culture to life the patient experience ambitions must be demonstrated in the day-to-day behaviours of all staff. **We will** ensure that leaders at all levels in the organisation are empowered to work in a way that is aligned to the organisation's values and behaviours.

Evidence

- **We will** ensure that our work to deliver a positive patient experience is based on best available evidence and standards.

Information

- **We will** develop and implement an agreed set of patient experience indicators and associated measurement plan to demonstrate the impact of any changes and any resulting improvement.

Knowledge and skills

- **We will** ensure that staff and care givers are provided with the appropriate knowledge, skills and confidence to deliver a positive patient experience every day and at the same time continuously improve that experience.

HOW WILL WE DELIVER THE PATIENT EXPERIENCE STRATEGIC PLAN?

We recognise that in order to deliver a positive experience for people in our care, the whole organisation requires to work together as a single system in pursuit of this aim. No single part of the system 'owns patient experience' and fundamental to this Plan is collaborative working across all departments and teams including those in our acute, community and mental health services, the 4 Health and Social Care Partnerships and corporate services.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



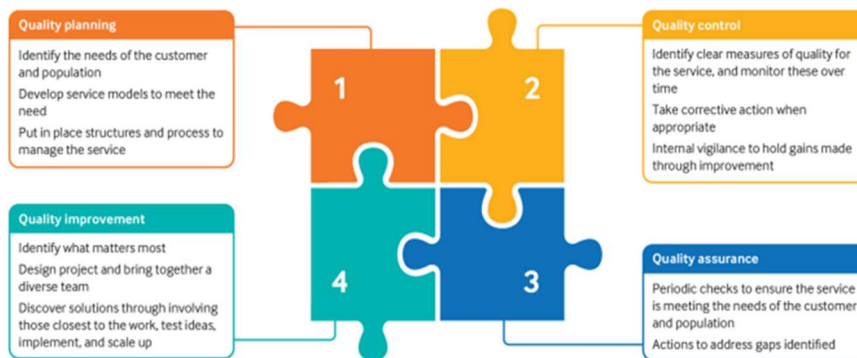
A number of corporate departments have a role to play in supporting Service Areas to deliver against our patient experience commitments. These include:

- Patient Experience Team
- Quality Improvement Support Team
- Lothian’s Accreditation and Care Assurance Standards (LACAS) Team
- Clinical Education Team
- Interpretation and Translation Service

Quality Management System

The Quality Strategy sets out the common features of a high functioning quality focused organisation which has at its core, the systematic application of Quality Management. The goal of this Quality Management System is to achieve consistent, high-quality care with minimal morbidity, mortality, discomfort, and positive experience whilst meeting or exceeding all six dimensions of quality (safe, effective, patient centred, timely, effective equitable care).

The key elements of a Quality Management System are shown below.



We will:

Apply the principles of Quality Management to ensure effective implementation of the Patient Experience Plan.

Excellence in Care

Excellence in Care (EiC) is a national approach which aims to ensure people have confidence they will receive a consistent standard of person-centred, high-quality care no matter where they receive treatment in NHS Scotland. It focuses on 4 essential requirements:

- Person Centeredness
- Compassion
- Fundamentals of Care
- Communication, both verbal and written, with patients, their families and between staff.

EiC contributes to a national quality management approach which ensures that all NHS boards have consistent, robust processes and systems for measuring, assuring, and reporting on the quality of care and practice.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



We will:

Fully engaged with EiC, at the heart of which is the recognition that caring for vulnerable people is most effective if patients, families and staff work together as a team.

Delivery Plans

This Strategic Plan is a key component of our corporate and business plans for the coming years. There are annual Corporate Objectives in place supported by Service Operational Plans, with our staff objectives and personal development plans also feeding into achieving the aims we have set out.

Service Plans

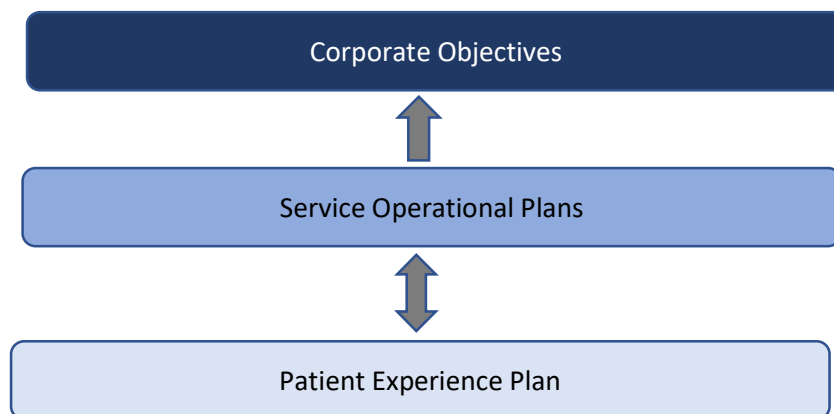
Each Service, via their annual Operational Plans, will outline how each area is prioritising and delivering on the patient experience aims.

Progress on implementation of these plans will be monitored through the appropriate management structures throughout the Services and also reported through appropriate governance arrangements to the NHS Board.

Patient Experience Plan

The Patient Experience Team’s role is to provide strategic direction, leadership and specialist expertise in patient experience and all forms of patient feedback to improve Person-centred Care and to ensure system wide learning and improvement. The Team is part of the Corporate Nursing Directorate reporting through the Deputy Nurse Director to the Executive Director of Nursing, Midwifery and Allied Health Professionals.

The Patient Experience Team has developed specific plans to support the delivery of the commitment to providing the best patient experience possible. This plan covers the management of complaints and other feedback processes, patient experience monitoring and reporting systems, sharing and learning and staff support including education and training.





PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028

HOW WILL WE MEASURE PATIENT EXPERIENCE?

We will use a range of approaches to measure patient experience. These will include, but are not limited to, the following measures.

We will:

Care Opinion:

- measure the number of stories published each month and seek to increase these annually
- measure the number of active subscribers (those who receive alerts and can respond) and seek to increase these annually
- measure the “criticality” of stories using the Care Opinion criticality definitions
- report using the Care Opinion reporting function e.g. Visualisations

Complaints:

- report monthly complaints data for each Service area
- provide quarterly complaints reports for each Service Area against the 9 Key Performance Indicators as set out in the Complaints Handling Procedure (CHP)

GOVERNANCE AND ACCOUNTABILITY

NHS Lothian has a Healthcare Governance Framework in place to provide assurance to all stakeholders that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard.

With regards to Patient Experience, the Healthcare Governance Committee provides assurance that complaints and patient feedback are handled in accordance with national standards/guidance, and lessons learned from their investigation and resolution, including reports from the Scottish Public Services Ombudsman and Mental Welfare Commission.

The Committee requires assurance from management and reaches conclusions on the level of assurance through:

- Monitoring and reviewing outcomes and processes across NHS Lothian, and taking action to ensure that the appropriate structures, processes and controls are in place and operating effectively
- Enabling co-ordination and whole system learning activities across NHS Lothian, especially the sharing of good practice
- Delegating authority to groups or sub-committees to undertake the detailed consideration and resolution of specific matters on behalf of the Committee



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



Roles and responsibilities

There is an absolute recognition that patient experience is everyone’s responsibility, and that every single member of staff in NHS Lothian has a role to play.

NHS Mel (2000)29 circular refers to addressing clinical governance at four levels and these equally apply to patient experience. These levels are shown below:

Role	Responsibility	Activities
Overseeing role	Healthcare Governance Committee and associated reporting structures	<ul style="list-style-type: none"> • Checking that the appropriate structures are in place to undertake the activities that underpin patient experience. • Assuring the NHS Board that the arrangements are working by providing the full board with regular reports on the operation of the system. • Bringing to the attention of the full board specific reports on any problems that emerge.
Delivering role	Management structures throughout the organisation	Ensuring suitable local arrangements relating to patient experience are in place and are integrated with existing structures. Any structures and processes put in place must ensure that the underpinning activities described above are an integral and integrated part of the mainstream business of the organisation.
Supporting role	Corporate Teams and Departments employed in activities underpinning patient experience	Supporting the implementation of the Patient Experience Strategic Plan.
Practicing role	All staff	Ensuring each patient not only receives excellent clinical care, but that it is delivered in a manner that treats them as an individual, recognises their needs and cares for them with empathy and compassion.

We will:

Ensure that roles and responsibilities relating to Patient Experience are clear through the organisation and that actions arising from implementation of the Patient Experience Strategic Plan are monitored, and responsibility allocated, to ensure completion.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



Reporting

It is essential that we communicate how we have implemented the Patient Experience Strategic Plan and, as a result, have developed or improved services; from large scale proposals to small team-based projects. Not only will this inform our patients and public of the importance of their roles, it will allow us to make improvements that matter most, resulting in a truly improved patient experience.

We will:

- Publicise the results of feedback we have received, both to staff and to the community
- Publicise what we have changed because of the feedback
- Raise awareness of current patient experience improvement projects and their outcomes

This information will be made available throughout the organisation in a variety of formats.

In addition we will produce an annual Complaints and Feedback report following guidance set out by the Scottish Government and ensure it is published on the NHS Lothian's internet pages.



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



REFERENCES

The Lothian Strategic Development Framework

[Lothian Strategic Development Framework for website 08042022.pdf \(nhslothian.scot\)](#)

NHS Lothian Quality Strategy

[QualityStrategy5YearPlan.pdf \(nhslothian.scot\)](#)

NHS Lothian Work Well Strategy

[Work Well Staff Wellbeing Strategy \(nhslothian.scot\)](#)

NHS Lothian Public Engagement Framework

[NHS Lothian Public Engagement - A New Framework.pdf](#)

What Matters to You?

[What matters to you?](#)

Care Opinion

[Care Opinion](#)

NHS Lothian Complaints Management Policy

[Tell us about your experience \(Compliments, concerns and complaints\) \(nhslothian.scot\)](#)

Care Experience Improvement Model

[Care Experience Improvement Model \(CEIM\) | Healthcare Improvement Scotland - Care Experience Improvement Model \(ihub.scot\)](#)

John's Campaign

[John's Campaign \(johnscampaign.org.uk\)](#)

Realistic Medicine

[Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

Excellence in Care

[Excellence in Care \(healthcareimprovementscotland.org\)](#)



PATIENT EXPERIENCE STRATEGIC PLAN 2023 - 2028



Our Patient Experience Aims

We will ensure:

People receive treatment in a comfortable, caring and safe environment

Treatment is delivered in a calm and reassuring way

People have information to make choices, to feel confident and in control

People are spoken with and listened to as an equal

People are treated with honesty, respect and dignity

We are committed to providing effective clinical care and treatment by ensuring our services are user-focused, resulting in a positive experience for everyone who engages with our services.

How will we do this:

By listening and understanding what is important to people

By encouraging people to let us know when things go right or wrong

By using lived experiences, we can identify and make meaningful improvements



Creating the conditions:

Leadership and Behaviours

- **We will** ensure that leaders at all levels in the organisation are empowered to work in a way that is aligned to the organisation's values and behaviours

Evidence

- **We will** ensure that our work to deliver a positive patient experience is based on best available evidence and standards

Information

- **We will** develop and implement an agreed set of patient experience indicators and associated measurement plan to demonstrate the impact of any changes and any resulting improvement

Knowledge and Skills

- **We will** ensure that staff and care givers are provided with the appropriate knowledge, skills and confidence to deliver a positive patient experience every day and at the same time continuously improve that experience



NHS Lothian

Patient Experience Implementation Plan 2023-28



Our Patient Experience Aims

We are committed to providing effective clinical care and treatment by ensuring our services are user-focused, resulting in a positive experience for everyone who engages with our services.

Strategic Objective and Ambition	Critical Success Factors	Patient Experience Plan: Annual Objectives			Measures of success
		2023/24	2024/25	2025/28	
Listen to, and understand what is important to patients, their families and carers	CSF1: Focus on 'What Matters to You (WMTY)' from a patient, their family and carers' perspective and implement change as a result				
	The 'What Matters to You' approach is embedded throughout the organisation.	Support the embedding of the WMTY approach as an everyday activity throughout the organisation. ALL	Continue to support the embedding of the WMTY approach throughout the organisation. ALL	Evaluate the impact of the WMTY approach and make any necessary changes. PET	Evidence of the WMTY approach in changes/ improvements made.
		Share good practice relating to WMTY throughout the organisation. PATIENT EXPERIENCE TEAM (PET)	Continue to share good practice relating to WMTY throughout the organisation. PET	Continue to share good practice relating to WMTY throughout the organisation. PET	Evaluations demonstrate evidence of impact.
		Take part in the annual WMTY day. ALL	Take part in the annual WMTY day. ALL	Take part in the annual WMTY day. ALL	
CSF2: Reach out to specialist services, Public Health, Health Promotion, local authority partners, Third Sector organisations and interpretation and translation services to support people to participate in providing feedback from their experience					
	Everyone, regardless of their circumstances, is able to provide feedback on their experience.	Engage with the relevant groups / services / other organisations to ensure feedback mechanisms are accessible to everyone. PET	Continue to engage with the relevant groups / services / other organisations to ensure feedback mechanisms are accessible to everyone. PET	Evaluate the accessibility of the various feedback mechanisms and make any necessary changes. PET	Feedback received and changes / improvements made. Evaluations demonstrate evidence of impact.



NHS Lothian

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Strategic Objective and Ambition	Critical Success Factors	Patient Experience Plan: Annual Objectives			Measures of success
		2023/24	2024/25	2025/28	
Encourage patients, their families and carers to tell us when things go right or wrong	CSF1: Increase the use of Care Opinion throughout the organisation and use the information provided to make the necessary changes to services				
	Appropriate mechanisms are in place to receive feedback from the people using our services and that it is used for reflection and learning.	Promote the use of Care Opinion by patients, carers, families and members of the public. ALL Support all services to use Care Opinion as a mechanism for patient feedback, initially focusing on those areas currently not using Care Opinion. PET Ensure feedback on Care Opinion is shared throughout the organisation. PET	Continue to promote the use of Care Opinion by patients, carers, families and members of the public. ALL Continue to support all services to use Care Opinion as a mechanism for patient feedback. PET Ensure feedback on Care Opinion is shared throughout the organisation. PET	Evaluate changes and improvements made as a result of the use of Care Opinion. PET	Increase the number of stories published on Care Opinion Increase the number of active subscribers on Care Opinion Evaluations demonstrate evidence of impact.
	CSF2: Continue to support staff to resolve complaints as close as possible to the point of service delivery and respond thoroughly, impartially and fairly by providing evidence-based decisions based on the facts of the case				
	Appropriate mechanisms are in place to manage complaints from people using our services and that it is used for reflection and learning.	Continue to embed the Complaints Handling Procedure by implementing the Complaints Management Improvement Programme. ALL	Continue to implement actions identified in the Complaints Management Improvement Programme. ALL	Evaluate the changes and improvements made as a result of the changes in the management of complaints. ALL	Improved performance year-on-year in Complaints KPIs. Evaluations demonstrate evidence of impact.



NHS Lothian

Patient Experience Implementation Plan 2023-28



CSF3: Develop and embed local systems for easily capturing and measuring patient and carer experiences across our organisation					
	<p>Appropriate mechanisms are in place to receive feedback from the people using our services and that it is used for reflection and learning.</p>	<p>Develop an innovative system for capturing feedback at a local level and begin implementation throughout the organisation. PET</p> <p>Support services to use the information captured by local feedback mechanism to drive service improvements. PET</p> <p>Work with Volunteers to support the collection of patient, carer and family feedback. PET</p>	<p>Continue implementation of local feedback mechanism throughout the organisation. ALL</p> <p>Continue to support services to use the information captured by local feedback mechanisms to drive service improvements. PET</p> <p>Continue to work with Volunteers to support the collection of patient, carer and family feedback. PET</p>	<p>Evaluate the local feedback mechanism and make any necessary changes. PET</p> <p>Evaluate the use of information captured by local feedback mechanisms to drive service improvements. PET</p> <p>Evaluate the impact of Volunteers on the implementation of local feedback mechanisms. PET</p>	<p>Feedback received and changes / improvements made.</p> <p>Increased number of Volunteers involved in collection of feedback.</p> <p>Evaluations demonstrate evidence of impact.</p>



NHS Lothian

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Strategic Objective and Ambition	Critical Success Factors	Patient Experience Plan: Annual Objectives			Measures of success
		2023/24	2024/25	2025/28	
Use the lived experience of patients, their families and carers to shape and improve the way we provide care	CSF1: Continue to test the Care Experience Improvement Model with a view to rolling it out more widely through the organisation				
	Improvements are made that are directly related to feedback in a person-centred way.	Support the organisational approach to the Care Experience Improvement Model. PET	Support the organisational approach to the Care Experience Improvement Model. PET	Support the organisational approach to the Care Experience Improvement Model. PET	Evidence of changes/improvements that are directly related to feedback in a person-centred way.
	CSF2: Ensure that Adverse Events and near-misses are reported and reviewed in a timely and effective way in partnership with patients, carers, families and staff, and that learning from review is identified, shared and used to inform improvements to services				
	Systems and processes are in place to manage adverse events and develop improvement plans based on the findings	Continue to implement the Adverse Event Management Policy and Procedures. ALL	Continue to implement the Adverse Event Management Policy and Procedures. ALL	Continue to implement the Adverse Event Management Policy and Procedures. ALL	Create a culture of learning from Adverse Events supported by transparent reporting and staff engagement. Evaluations demonstrate evidence of impact.



NHS Lothian

Patient Experience Implementation Plan 2023-28



Strategic Objective and Ambition	Critical Success Factors	Patient Experience Plan: Annual Objectives			Measures of success
		2023/24	2024/25	2025/28	
<p>Ensure that a connected supporting infrastructure is in place that enables the organisation to deliver on its ambition of providing a positive experience for patients</p>	CSF1: Ensure that leaders at all levels in the organisation are empowered to work in a way that is aligned to the organisation's values and behaviours				
	Feedback mechanisms are aligned with organisational values.	Ensure feedback systems and process align with the organisational values and are responded to in a compassionate and non-defensive manner. ALL	Continue to ensure feedback systems and process align with the organisational values. ALL	Evaluate feedback mechanisms to ensure they align with the organisational values. PET	<p>Create a culture of responding to complaints in a compassionate and non-defensive manner.</p> <p>Evaluations demonstrate evidence of impact.</p>
	CSF2: Ensure our work to deliver a positive patient experience is based on best available evidence and standards				
	The Patient Experience Plan is evidence based.	Ensure best available evidence and standards relating to patient experience are available throughout the organisation. PET	Continue to ensure best available evidence and standards relating to patient experience are available throughout the organisation. PET	Continue to ensure best available evidence and standards relating to patient experience are available throughout the organisation. PET	<p>Evidence of the use of agreed patient experience methods and tools in any service change.</p> <p>Evaluations demonstrate evidence of impact.</p>
	CSF3: Develop and implement an agreed set of patient experience indicators and associated measurement plan to demonstrate the impact of any changes and any resulting improvement				
Implementation of the Patient Experience Plan can be effectively monitored and reported.	Develop and begin to implement a Patient Experience Measurement Plan. PET	Continue to implement the Patient Experience Measurement Plan. ALL	Evaluate the effectiveness of the Patient Experience Measurement Plan. PET	Evidence of the use of agreed patient experience measures in any service change.	



NHS Lothian

Patient Experience Implementation Plan 2023-28



CSF4: Ensure that staff and care givers are provided with the appropriate knowledge skills and confidence to deliver a positive patient experience every day and at the same time continuously improve that experience				
A comprehensive education and training programme is available that is easily accessible and provides staff with the necessary patient experience knowledge, skills and confidence.	Develop and begin to implement a Patient Experience Education and Training Programme. PET	Continue to implement the Patient Experience Education and Training Programme. ALL	Evaluate the effectiveness of the Patient Experience Education and Training Programme. PET	Number of requests for patient experience education sessions. Number and % of staff who have completed a patient experience education programme. Evidence that taking part in training has an impact on organisational performance.
CSF5: Provide information that publicises the results of feedback we have received, both to staff and to the community, what we have changed because of the feedback, and raises awareness of current patient experience improvement projects and their outcomes				
We communicate how we have implemented the Patient Experience Plan and have developed or improved services as a result.	Monitor performance of the measures contained within the Measurement Plan. ALL Share learning from feedback throughout the organisation by a variety of means. PET	Continue to monitor performance of the measures contained within the Measurement Plan. ALL Continue to share learning from feedback throughout the organisation by a variety of means. PET	Continue to monitor performance of the measures contained within the Measurement Plan. ALL Continue to share learning from feedback throughout the organisation by a variety of means. PET	Evidence of successful delivery of the Patient Experience Aims.

NHS Lothian Paediatric Audiology Final Report

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the board accepts this report as a summary of the work undertaken to address the issues raised in Paediatric Audiology and as a summary of the findings.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 It is proposed the board receive limited assurance on the development of the quality control system proposed, given that this is predicated on software and reporting development from an external supplier. The anticipated timescale for the implementation is June 2023.
- 2.2 The board notes the progress against the action plan and its implementation and takes moderate assurance that the quality of care delivered in paediatric audiology has improved and testing is now carried out in line with UK standards.

3 Discussion of Key Issues

- 3.1 A number of written updates have been provided to the Healthcare Governance Committee (in January 2022, September 2022, January 2023 and March 2023) as part of their oversight of the work undertaken to address the recommendations identified in Paediatric Audiology. The salient points are summarised here, recognising that the full papers can be accessed through the archive on Admin Control.
- 3.2 In May 2021 the Ombudsman upheld a complaint by a family about the testing and care of their child in NHS Lothian's Paediatric Audiology department and made a number of recommendations. In order to meet those recommendations, NHS Lothian engaged an external professional body, the British Academy of Audiology (BAA) to undertake an audit and to review protocols, policies and ways of working in the department. This resulted in the publication of three reports which can be accessed here: [NHS Lothian publishes Review into Paediatric Audiology Services \(scot.nhs.uk\)](https://www.scot.nhs.uk/nhs.uk/news/2022/05/nhs-lothian-publishes-review-into-paediatric-audiology-services)
- 3.3 Within the audit, BAA determined the threshold of serious concern on a points basis and identified 155 cases that met this, these cases were double reviewed. The audit was of the audiology records by independent audiologists currently practising in the UK and was carried out remotely by review of the Auditbase record of testing without any family or clinical contact. The shortcomings in these cases fell into two groups:

those with outstanding clinical concern: 92 cases, and those where the management was judged to be currently correct but there had been a failure or delay in reaching this: 63 cases. These are set out in Figure 1.

- 3.4 The failings within the department have been discussed at length with the Healthcare Governance Committee and are the subject of the action plan, the implementation of which has been monitored by Scottish Government. The action plan is provided as Appendix 1. These can be summarised as:
 - 3.4.1 ABR testing: the physiological assessment by calibrated equipment of the youngest babies who have failed newborn screening tests. This was undertaken using outdated protocols and the normal process of peer review was without sufficient scrutiny or objectivity. The result was that there were occasions when there was a failure to diagnose babies born with profound hearing loss and a tendency to bring them back for further review.
 - 3.4.2 VRA testing: on occasions there was an overinterpretation of a response in babies and toddlers of a response to sound stimulus, resulting in a perception that the child could hear when they could not. This finding was identified as a result of direct observation by two external audiologists during the governance visit by BAA.
 - 3.4.3 Failure to pay attention to parental concerns and an absence of synthesis of changing or inexplicable results by professionals within the department.
 - 3.4.4 Too great a reliance on internal views, education and standards, further compromised by the use of self-assessment in standards reviewed nationally.
- 3.5 Figure 1 sets out the findings and outcomes from the original audit commissioned by NHS Lothian from BAA. There have been 6 additional cases of deafness diagnosed from the 92 cases where clinical review was recommended.
- 3.6 NHS Lothian has been transparent in speaking to and writing to affected families and offering to meet and explain and apologise. Thirteen meetings have been held. A phone line has been kept open within the Patient Experience team with 24 calls received to date.
- 3.7 As a result of the failings identified in the first piece of work, NHS Lothian asked BAA to undertake two further pieces of work, the first in order to identify any cases where there was opportunity to intervene following ABR testing and the second to complete the case finding of delayed identification as much as possible:
 - 3.7.1 The first part was to review all ABR tests carried out since 2017 not included in the original audit: the purpose of this was to identify any young children in whom the testing has been of poor quality or incorrectly interpreted. This resulted in BAA identifying 147 children for further review. Following clinical review of the whole record, 24 did not require further action. The remaining 123 families have been contacted and 85 have attended an appointment, of whom 23 children have had changes made to their care management. 25 families have progressed through the full DNA policy process. Three families have responded to the appointment invitation letter and confirmed that they have no concerns about their child's hearing and have declined an appointment. 10 families are still being actively followed up in line with NHS Lothian DNA policy. These details are set out in Figure 2A.

- 3.7.2 The second part of this piece of work was a review of the testing records of all children identified as having a Permanent Childhood Hearing Impairment to identify any with significant delay or incorrect testing. The report refers to the PCHI register but this does not exist in a single form in Scotland currently. This identified 54 children whose current management was considered suboptimal by the BAA reviewers and details of their management plan is set out in Figure 2B.
- 3.8 The findings from these extension pieces of work are set out in summary in Figure 2A and 2B. It should be noted that the time taken by BAA to complete this work was short, the two-reviewer method used in the first audit was not used as robustly to check findings and the report produced was very short (two pages of text in total). The report is now available on the website following consideration at the Healthcare Governance Committee.
- 3.9 There has been considerable support from the Quality team to the department to improve processes and describe a quality assurance approach. Regular family feedback is being sought and incorporated into the ways of working. The detail of this is provided in Appendix 2.
- 3.10 The actions outlined in the action plan have seen education, accredited training, new equipment, external peer review and new protocols in the department as well as a more open and questioning attitude, with internal case-based discussion every week. This change in attitude is now manifest in the earlier diagnosis of children, rather than the previous pattern of calling them back for review on multiple occasions with diagnosis being delayed or deferred.
- 3.11 There has been significant engagement with other professional groups including health visitors, speech and language therapists and colleagues in education.

4 Key Risks

- 4.1 There is a risk that waiting times are increased as a result of the additional reviews required, and this results in additional risk that new cases in children not previously seen or requiring rereferral will wait longer than they should. This risk has been mitigated in part by further staffing to support the additional work and waiting times in paediatric audiology have been included in the SPDC performance report.

5 Risk Register

- 5.1 The risk related to Paediatric Audiology is currently managed within the Children's Services risk register

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment is not required at this time.

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

7.1 This section must be completed where appropriate: For all papers proposing strategies/ policies or service change, evidence must be presented on how legal duties of involvement have been met and how the outputs from informing, engaging and consulting have been used.

8 Resource Implications

8.1 The resource implications are managed within Children's Services.

Tracey Gillies

Executive Medical Director

27 March 2023

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List of Appendices

Appendix 1: Action plan

Appendix 2: Collecting regular family feedback

Figure 1, 2A and 2B: details of case numbers

Audiology Recommendations 27 March 2023

Summary Report – SR
Governance Report – GR
Audit Plan – AP

Urgent – to address immediately					
Action No	Reference to recommendation		Last Update	Complete	Comments
1	SR1, GR1	Update mitigation strategy in light of onsite observational findings (Completed 8th October 2021)	08/10/2021	08/10/2021	Revised protocol in use in the department from October 2021. Complete
2	SR2	Debrief this report to the Audiology staff in a supportive manner and offer ongoing support to the team	13/12/2021	13/12/2021	Initial briefing on 12/11, copy of report sent to staff 16/11, sessions delivered with OD and individual meetings provided. Complete
3	SR3	Share this report with the Scottish Public Services Ombudsman by 19th November 2021	03/12/2021	03/12/2021	Response sent on 12/11/21, meeting held with SPSO on 03/12, follow up letter sent. Complete
4	SR4, GR2, AP1	Commence onsite visual reinforcement audiometry training, covering test technique with case studies incorporated for illustration	11/11/2021	11/11/2021	Training provided onsite on 11/11 by external audit team with ongoing observation and peer review now in place. Complete
5	SR5, GR3, AP2	Commence training for 2 members of staff to perform ABR to BSA recommended procedures including for complex cases such as Auditory Neuropathy Spectrum Disorder (ANSD), Unilateral hearing loss and special cases	17/01/2022	17/01/2021	Training commenced with initial session held on 16/12/21 and further training provided by NHSGG&C on 14/01/2022. Recruited further Band 7 to give resilience to the service. Additional members of staff have now attended ABR training. Retesting of children called back into the service is being used for reinforcement of training. Complete
6	SR6, AP3	Commence training of the 2 members of staff performing ABR testing in sharing the news with parents and appropriate ongoing management options for infants diagnosed at ABR	17/01/2022	17/01/2021	Training commenced with initial session held on 16/12/21 and further training provided by NHSGG&C on 14/01/2022. Recruited further Band 7 to give resilience to the service. Additional members of staff have now attended ABR training. Retesting of children called back into the service is being used for reinforcement of training. Complete
7	SR7, GR4	Ensure there are adequate toys available during behavioural testing meeting current Health and Safety guidance	28/01/2022	28/01/2022	Toys are available in the department and further toys have now been delivered. Complete
8	SR8, GR5,	Ensure there is adequate funding for equipment and spares for the Newborn Hearing Screening Programme	22/01/2022	22/01/2022	All existing equipment is functioning and spare equipment is also available. Complete
9	SR9, AP4	Establish audiological scientific knowledge and leadership skills in the leadership roles within the department, seconding to post if necessary. This will enable the staff undergoing VRA and ABR training to be supported and to embed this new practice across the department, ensuring that the incorrect practice does not continue	17/01/2022	17/01/2022	Interim arrangements are well established since 22/11/21 with appointment of Senior Audiologist. This appointment has supported the delivery of ABR and VRA testing within the department. Complete
High – to be addressed within 12 weeks					

Action No	Reference to recommendation		Last Update	Complete	Comments
10	SR10, AP5	Consider under duty of candour the need to communicate the findings of this report to the children and families identified within it	20/03/2022	20/03/2022	<p>Under duty of candour communication to affected families has gone out.</p> <p>Following the publication of the review findings in December 2021, NHS Lothian has had extensive interactions with a range of professionals who work with children and young people to highlight the key findings in the report and this has included Speech and Language Therapists, Health Visitors, General Practice, Ear Nose and Throat clinicians, Community Paediatricians and teaching staff, with further communication to the Director of Education. This has involved individual meetings with professionals as well as the development of a staff briefing document, which was widely circulated across key networks. As part of this process, those working with children who had any concerns about a child's hearing were encouraged to contact the Audiology department directly or to refer the child through the normal referral route (e.g. Health Visitor, Speech and Language, the GP, etc.). Information has been widely disseminated through professional staff groups working directly with children and their families, with clear mechanisms for children to be referred to the Audiology department where there are concerns about their hearing. A telephone helpline was established on 9 December 2021 and this continues to be in operation to make it easy for families to make direct contact with NHS Lothian about any audiology concerns. We also worked closely with the National Deaf Children Society who have a proven track record in supporting families.</p> <p>Families that have not responded to the initial letter have been sent a second letter in line with the DNA policy.</p>
11	SR11, AP6	Consider the need to share this report with other health boards who refer children for Paediatric Audiology testing at NHS Lothian or where NHS Lothian paediatric audiology staff have conducted testing at their premises	17/01/2022	17/01/2022	Report shared with Medical Director on 08/12/21 and discussed in detail with the Service Management team at NHS Borders. Complete
12	SR12, AP7	Consider the need to share this report more widely, for greater professional learning both within Scotland and across the United Kingdom	17/01/2022	17/12/2021	Report shared with NHS territorial health board Medical Directors on 08/12/21. NHS Lothian Medical Director discussed with Healthcare Sciences Lead at SG. Complete
13	SR13, GR6, AP8	Share the findings of this review within the multidisciplinary team at the Health Board to ensure clinicians are aware that there could be children within their caseloads who may have been tested inaccurately and therefore have a misdiagnosed hearing loss, and the need to review the full clinical picture, so that repeat testing can be arranged as needed	13/12/2021	13/12/2021	Meeting with ENT and CCH on 18/11/21. Follow up email with reports sent on 26/11/21. Report shared with SLT. Report circulated via GP sub chair on 08/12/21. Following the publication of the review findings in December 2021, NHS Lothian has had extensive interactions with a range of professionals who work with children and young people to highlight the key findings in the report and this has included Speech and Language Therapists, Health Visitors, General Practice, Ear Nose and Throat clinicians and Community Paediatricians. Complete

14	SR14, GR7	Review all protocols / guidelines, consolidating them where appropriate, and update using full referencing and version numbers to facilitate document control. New protocols written if they don't currently exist or adopt and amend guidelines from other departments to reduce workload	20/03/2023	20/03/2023	<p>Full review of documents and pathways has taken place led by the Quality Improvement Team, mapping current and future processes and identifying scope for improvement. Initial feedback session to staff took place on 07/02/2022 with ongoing staff involvement in the mapping process.</p> <p>Prioritisation of processes for improvement has taken place with the following being identified as priorities:</p> <ul style="list-style-type: none"> • Screening babies in critical care • DNA process • Admin processes <p>While current newborn screening processes are effective, a review of the processes across SCRH and SJH has been undertaken to ensure that there is consistency and an aligned approach</p> <ul style="list-style-type: none"> • Newborn screening process – Complete. Protocol and evidence in folder 14. Ongoing cross-site staff meetings to build relationships continues. <p>Programme of protocol review has been completed. Meeting to finalise programme was held on 26 January 2023. Protocol update list saved in protocol folder/ evidence folder. Complete</p>
15	SR15	Train all clinical staff in all new protocols to ensure they are understood and the importance of following them is highlighted	20/03/2023	In progress	Linked to Action 14 – significant progress has been made and all staff are actively engaged in the Quality Improvement work and it is actively discussed at staff meetings. QI led patient survey evaluation training session taking place 18 April 2023. Training on new protocols is ongoing as they are released. Evaluation of new protocols continues and updated accordingly.
16	SR16, GR8, AP9	<p>Implement theoretical and practical training for all staff covering:</p> <ul style="list-style-type: none"> • The importance of following protocols and guidelines • Review of the evidence base to include: • Accuracy of parental reports of hearing ability • Test techniques to include scientific rationale and understanding of child development • Effects of mild and high frequency ski slope losses • The impact of delayed diagnosis of permanent childhood hearing impairment • Test techniques • Test selection • Result integration and critical review • Management of inconclusive and complex patients • The importance of early cochlear implant referral 	16/03/2023	16/03/2023	<p>Initial discussion with staff on training needs of staff discussed at Team Meeting on 25/11/21. A schedule for PDP's has been put in place, use of peer competency charts will also form part of the PDP process for each individual member of staff.</p> <p>QMU accredited training package at Masters level complete. All registered and non-registered clinical staff have attended appropriate sessions and this now forms part of the training available for new staff.</p> <p>A training matrix developed summarising training needs of the team, detailing all training undertaken. Updated with dates/cycle for fresh of training e.g. yearly etc. and is a record of business as usual training requirements as part of the PDP process. Complete</p> <p>Education delivered to staff within the service has met the required actions:</p> <ul style="list-style-type: none"> • The importance of following protocols and guidelines –QMU Session One overview, guidelines introduction to critical approach to paediatric audiology/ Critical thinking and evidence based practice covered in this session.

					<p>Departmental implementation of work to review and update internal processes, review of all protocols and pathway, and internal procedures.</p> <p>Review of the evidence base to include:</p> <ul style="list-style-type: none"> • Accuracy of parental reports of hearing ability- QMU Session 4. Next patient questionnaire • Test techniques to include scientific rational and understanding of child development- Neuroplasticity covered in Session One, Child development in sessions 2 &3 • Effects of mild and high frequency ski slope losses Session 4 functional assessment and the impact on hearing loss on spoken language development, speech perception testing and 'LING' sounds • The impact of delayed diagnosis of permanent childhood hearing impairment- Session 4 impact of hearing loss on spoken language development • Test techniques- QMU Session 2 VRA, Session 3 on play techniques. Session 6 objective assessment VRA, BAA Conference, • Test selection- QMU Session one, Session 2 selecting appropriate stimuli, VRA, Session 3 on play techniques. Session 4 functional assessment. Session 6 objective assessment. VRA training house November 2021, BAA Conference attended by 2 members of staff September 2022 • Result integration and critical review- QMU Session One the assessment battery • Management of inconclusive and complex patients – QMU Session 5 and additional training for 3 members of the team attended November 2022, Nottingham. • The importance of early cochlear implant referral- QMU Session 8 covered cochlear implants
17	GR9	Arrange clinical mentorship and support for Audiologists to consolidate good practice	20/03/2023	20/03/2023	<p>Senior Audiologist now in post offering this support and mentorship - access to additional internal peer review process now in place. There is good evidence the service is fostering an environment where people feel comfortable to seek advice. The revised leadership structure also supports mentorship of the team.</p> <p>Approach has been to other Health Boards regarding setting up a peer review network, the outcome of which is the suggestion that peer review should be national exercise as it is in England. This has been highlighted to Scot Govt for discussion with the national group.</p> <p>In the interim, from February 2023, complex and non discharge cases are being reviewed by an expert external reviewer Jason Smalley. A system of internal peer review has also been implemented for all cases with the recruitment of new senior audiologists with experience of ABR and ABR peer</p>

					review. Monthly internal meetings to discuss feedback from reviews and complex cases implemented from April 2023. External peer review is being provided by a suitable qualified senior audiologist. Complete
18	GR10	Consider enrolling key staff on BAA Higher training scheme module in Paediatric assessment (6mths +) to enable staff to obtain recognised qualification which includes externally assessed clinical competency and critical appraisal skills.	20/01/2022	20/01/2022	Discussions have taken place with staff, information has been provided and will be discussed as part of the PDP process and reflected within the training matrix. Complete
19	SR17, AP10	Implement training for staff undertaking regular hearing aid work on the selection and fitting of hearing aids to children under the age of 3-years-old, including the use of Real Ear to Coupler Difference (RECD) measurements	25/05/2022	25/05/2022	The two main suppliers for hearing aids have attended onsite to deliver training – Phonak on 21/01/2022 and Starkey on 05/05/2022. Other suppliers will be brought in to provide training based on need. Included in the training matrix with a schedule for refresher training. Also covered by BAA training and as part of QMU accredited training. Complete
20	SR18, GR12, AP11	Ensure all staff are familiar with the correct child protection reporting procedures, and recognise when concerns should be highlighted, including some children who fail to attend	16/06/2022	16/06/2022	All staff have completed the LearnPro module on Child Protection. Training and information session with Child Protection Lead delivered 16/06/2022 Training delivered on DNA's, both clinical and admin staff. Localised DNA process in place for Audiology refresh of the wider DNA policy across all paediatric services in progress. Complete
21	SR19, GR12, AP12	Review management of the Newborn Hearing Screening Team to ensure the team are supported as needed	21/04/2022	21/04/2022	Review of Newborn screening team management support completed 20/01/22. Interim arrangements in place prior to new Newborn Screening Manager taking up post in February 2023. Complete
22	SR20, AP13	Improve administration systems to ensure that information from appointments is recorded contemporaneously in the Journal, using appropriate keywords; in the paediatric module where appropriate and is not confined solely to patient documents. Use of standard templates (Hotkeys) should be encouraged	20/03/2023	20/03/2023	Reviewed the use of Auditbase - key actions: <ul style="list-style-type: none"> • Updating records contemporaneously • Use of keywords/hotkeys where appropriate • Audit of records to be carried out <p>A monthly audit of (5 random records) patient records is taking place each month to measure contemporaneously Journal update.</p> <ul style="list-style-type: none"> • First audit completed July 2022. • Second audit (August 2022) complete • Third audit (September 2022) complete. • October audit: Complete no action required. • November audit -Review of new start record compliance. One record completed 2 days after the appointment. • December audit: 2 records with notes that information had been added after the appointment • January audit: 2 records with one day delay in adding information – Individual meeting with staff member to discuss record keeping • February audit: Complete no action required. <p>The audit programme will continue as part of business as usual and will report to the clinical governance group to ensure ongoing compliance.</p>

					<p>As an alternative to using hotkeys, reports have been altered to allow copy and paste of clinical information into the patient journal.</p> <p>Monthly patient record audit commenced to measure compliance of new process. Complete</p> <p>The upgrade of Auditbase has been delayed. A short-life working build is now in test phase in adult services. The upgrade is confirmed for June 9th 2023, taking place over the weekend to minimise disruption to service. The upgrade is being led by Adult Audiology Service Manager.</p>
23	SR21, AP14	Improve scanning of documents to ensure legibility	26/01/2022	26/01/2022	Historic scanned documents were illegible, improved scanning equipment is now being used. Complete
24	SR22, AP15	Begin to review the Newborn Hearing Screening records of all children for the last 3 years to ensure that those which have referred the screen have been offered an audiology diagnostic appointment. Where any child is identified which have not been assessed by ABR at birth, recall these for testing.	17/12/2021	17/12/2022	Review completed 14 December, no children identified. Complete
25	SR23, GR11, AP16	Establish or join an existing external ABR peer review network for ongoing support and advise for the professionals	05/05/2022	05/05/2022	<p>Linked to Action 17 – Complete</p> <p>A system of internal ABR peer review has been set up for routine discharge cases following the recruitment of new senior audiologists with ABR and specifically ABR peer review experience. Monthly internal meetings to discuss complex cases and feedback from reviews established. Complete</p>
26	SR24, AP17	Commission a review of the ABR recordings of all children seen by the service for ABR testing during the last 5 years, recall for behavioural testing those where significant concern is raised	23/03/2023	In progress	<p>This work has been completed by BAA. The agreed escalation process, from BAA to Service Director and management team, in place to highlight any cases of concern on a fortnightly basis and significant concern within 24 hours. Follow up appointments have being arranged. The BAA look back was extended a further 2 years which will mean all under 5's (all birth back to 2017) have been reviewed.</p> <p>It has been noted the guidelines in Scotland differ from those in England which may have impacted in the audit findings. External reviewer asked to review the average age of diagnosis as not comparable to England. 400 records to review. This work is still in progress.</p>
27	SR25, AP18	Begin to recall children of clinical concern identified at the audit stage for retesting and new management	26/01/2022	26/01/2022	<p>Those identified in the audit as most urgent and requiring recall have been sent appointments.</p> <p>ENT reviewed those noted as not following Glue ear pathway– no further action required. Complete</p>
28	SR26, AP19	Begin to review children known to the service who have risk factors for hearing loss and recall these children in line with national guidance	26/01/2022	26/01/2022	<p>Currently in process of being reviewed by Senior Audiologist and children are being recalled. Downs Syndrome and Cleft palate waiting list has been set up and children are being sent review appointments.</p> <p>Complete</p>

29	SR27, AP20	Ensure that Stage A checks are being completed daily on equipment that is in use on that day and that these are documented, recorded and audited	13/12/2021	13/12/2021	Updated process implemented in conjunction with the service and Medical Physics – daily checks undertaken on equipment when being used by the Service. Complete
Medium – to be addressed within 6 months					
Action No	Reference to recommendation		Last Update	Complete	Comments
30	SR28, GR15, AP21	<p>Review the structure of the department to ensure:</p> <ul style="list-style-type: none"> Adequate senior staffing with the appropriate scientific approach and critical appraisal skills in each of the three areas: screening, diagnostic assessment and (re)habilitation, to enable appropriate service development and leadership Adequate senior staffing to enable more management functions to be delegated to ensure robust leadership and management in the absence of the head of department. Staff grading is reflective of the specialist roles and training 	20/03/2023	20/03/2023	<p>Revised structure for the department mapped and good engagement with Quality Improvement Team to ensure that the new structure supports the changes and reflects the key governance and professional issues identified through the audit.</p> <p>Recruitment activity Band 7 Newborn screening manager in post 1 Feb 2023. Band 6 (1.0 w.t.e) commenced 11 July 22. Internal promotion, 0.70 w.t.e B6 Band 6 (1.0 w.t.e) commenced 12 September 2022 Band 5 (1.0 w.t.e) commenced 20 October 2022 Band 5 (1.0 w.t.e) commenced 12 December 2022 (fixed term 2 years to support recovery) Band 5 (1.0 w.t.e) commenced 16 January 2023 (increased by 0.5 w.t.e to support recovery) Head of Service Post – Start date 1 April 2023 / first day in department 11 April 2023</p> <p>The service is currently fully established, with additional posts in place to support the recovery programme.</p> <p>Senior Project Officer contract extended to September 2023</p> <p>Additional SLT support has been funded by the service to the SLT Department</p> <p>Complete</p>
31	SR29, GR14, AP22	Develop a comprehensive quality assurance programme for the clinical aspects of the service, to include peer review, and reporting / oversight mechanism to Director. Suitable peer reviewer to be identified, which may be external	20/03/2022	In progress	<p>Linked to action 14 – see above for current position.</p> <p>Led by the Quality Improvement Team and will be an output from the wider quality work with engagement from new Head of Service (commencing in post 11 April 2023)</p> <p>Structure and systems for reporting assurance will be developed using the Person-Centred Assurance Tools (PCAT). Paediatric tool under development.</p> <p>Head of Service will engage with QI Lead to develop assurance programme.</p> <p>Internal peer review for ABR in place.</p> <p>All boards are awaiting the recommendations for external peer review from the national review.</p>

32	SR30, GR16, AP23	Implement further training for staff in clinical audit so they are able to support the quality assurance programme, and recognise the importance and benefits of accurate self assessment	20/03/2023	In progress	Will follow from Action 31 – outcomes set out in the approach being led by the Quality Team. QI team confirming date for Clinical Audit education session. In the interim, Head of Paediatric Physiology Service delivered clinical audit session 31/10/22. Items covered: <ul style="list-style-type: none"> • Process for patient satisfaction monitoring- In place • Quality control using audit and peer review • Aspects that could implement within our own department now include bringing case studies to staff meetings (in place), patient satisfaction surveys (in place) and peer review of clinical work/competencies annually/ ABR peer review group with other health boards • How audiology could transfer clinical audit into the department, some of the suggestions would require robust national links which is not currently established within paediatric audiology departments for audit style review.
33	SR31, AP24	Implement further training for senior staff on critical appraisal and reflection, root cause analysis, action planning and investigation such that in the future issues should be identified and acted upon earlier	14/06/2022	14/06/2022	Significant Adverse Event training delivered on 04/05/2022. All clinical staff have also completed the LearnPro module and now monitored through PDP and training matrix. Complete
34	SR32, GR17, AP25	Review complaint management processes to consider: <ul style="list-style-type: none"> • Regular recording of all complaints received by the Paediatric Audiology Department, to include informal complaints • Monitoring of complaints at departmental level to look for patterns and themes, and agreeing appropriate action plans 	20/08/2022	20/08/2022	Reinforced NHS Lothian complaint process and policy. Training provided by Head of Patient Experience on the formal complaints procedure and duty of candour given over 2 sessions on 20 July and 20 August. Complaints have been included as a standing agenda item on the team meetings and will report through the normal processes such as PSEAG and CMT. Complete
35	SR33, GR18, AP26	Review use of aids for trials and as loan aids in line with infection control guidance	05/05/2022	05/05/2022	Review completed. Wider range of hearing aids now available in different colours to avoid swapping of aids. Practice has been changed to ensure no sharing of hearing aids between children. Cleaning SOP, agreed with IPCT, in place. Complete
36	SR34, GR19, AP27	Consider sending staff to observe other large paediatric audiology departments, with priority given to those with clear scientific leadership	03/11/2022	03/11/2022	Discussed as part of PDP process – 3 staff visited Nottingham on 03/11/22 to observe a complex care clinical session and the wider department. Continues to be discussed as part of staff support and future department planning. Complete
37	SR35, AP28	Perform a full review into the hyperacusis and tinnitus service in order to ascertain and ensure: <ul style="list-style-type: none"> • the best management approach • families are receiving the information provided • that all referrals to the service are appropriate 	02/02/2023	02/02/2023	Review of sound sensitivity/ tinnitus management, information and referrals completed. All children on the pathway have been sent a sound sensitivity questionnaire. 'Misophonia in young people' / Tinnitus in young people information has been approved by NHSL Patient leaflet Group and has been published on the RHCYP website: Departments & Services - Royal Hospital for Children and Young People (nhslothian.scot) RefHelp update complete https://apps.nhslothian.scot/refhelp/guidelines/paediatricaudiology/

					Referral criteria for health care professional developed. Education session for CCH consultants delivered to improve quality of referrals. Complete
38	SR36, AP29	Review and update the PCHI record so that it is an accurate reflection of all children with hearing aids for a permanent childhood hearing impairment known to the department	14/12/2022	14/12/2022	A new waiting list has been created to allow amalgamation of all children with hearing aids to follow the same pathway with timescales and staffing identified and documented as required. Protocol for recording of and being able to identify children in Auditbase. PCHI review completed December 2022. Complete Highlighted to Scot Govt for taking back for discussion with the national group.

Methodology for Paediatric Audiology Patient/Parent Feedback

Background

Following the NHS Lothian Paediatric Audiology Governance Review 2021, the Paediatric Audiology service has amended the feedback sought from questionnaires to address the findings of that review. For example, "Audiology staff were caring and listened to my concerns about my child"; "My child's specific problems and needs were addressed"; "The Audiologist explained everything to me in a way that I could understand", etc. In response to the review findings NHS Lothian has been testing and implementing a reliable accessible process for collecting analysing and responding to patient/family feedback.

Methodology

The following methodology sets out the processes to implement, monitor, and improve patient/family experience. Staff who deliver the service have been involved in the development and implementation. There are three mechanisms for submitting feedback:

- A paper format which will be used on the first week of every quarter by the service (see appendix 1)
- Electronic version which will be published using a poster with a QR code (see appendix 2) and be available on an ongoing basis, using the same questions as set out in the questionnaire
- In addition, Care opinion will be available

Process

- There will be a questionnaire which will be available in both paper and electronic format. Both versions will appear the same and the electronic format will be suitable for completion on either a mobile phone or PC.
- The paper copy will have a QR code and a web address on it 'that will also allow the form to be accessed electronically.
- The questionnaire has been shared with the research and development facilitator for the JISC system and he has confirmed that if there is no identifiable personal information included in the questionnaire then it can be provided in electronic format. The following phrase has been added to the bottom of each comment box.
"Please do not use your child's name or any personal details in this answer, so that your feedback remains anonymous"
- The end of JISC questionnaire provides the address Audiology.RHCYP@nhslothian.scot.nhs.uk to provide further feedback; the paper form asks for a name and telephone number for the service to call back
- The paediatric audiology feedback will run in the first week of each quarter commencing with the Week beginning April 3rd.
- There will be sealed boxes in the paediatric audiology department to put completed paper questionnaires in.
- During the first week of each quarter all patients attending an appointment with paediatric audiology will be given a copy of the questionnaire on arrival.
- There will also be posters with the QR code on display in paediatric audiology and on an ongoing basis
- A closing date for responses is two weeks has been set by the department.

Collation of Feedback and response

- The paediatric audiology team to compile the responses, theme the comments and prepare the information to show the results of the feedback with support initially from the Quality Directorate.
- Any suggestions for improvements will be recorded in an improvement plan for the department
- Feedback, including changes made, for patients/families will be developed with the service and communications teams and for example, charts will be displayed in the waiting area.
- Any refinements to the process will be made prior to the next feedback cycle due to start in the the first week of July 2023. (See appendix 3 for implementation plan)

Paediatric Audiology Service Patient-Parent Experience Questionnaire

Clinic:

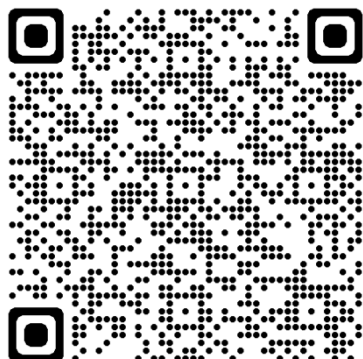
Please tell us about your appointment today - what has gone well, what could be better and any other feedback to help us improve our service.

Fill out a short questionnaire and we will publish any changes or improvements that we make to our Audiology service.

There are spaces where you are free to write additional comments about your experience.

This feedback survey is anonymous - you do not need to give your name. There is the option to talk to us in more detail about your experience, if you would like to. You can add your name and telephone number in the space at the end of the questionnaire and we will get in touch.

Scan this QR code to find an online version of this short feedback survey.



Thank you for your help.

1	The department was easy to get in touch with.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
2	I was satisfied with the length of time it took to get an appointment(s) for my child.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
3	It was convenient for me to get to the appointment(s).				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
4	I was satisfied with the length of time I waited on the day of the appointment(s).				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
5	Reception staff were friendly and helpful.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
6	The waiting area was comfortable and clean and appropriate reading matter/toys were provided.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
7	The treatment room was comfortable, clean and tidy.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					

8	Audiology staff were friendly and helpful.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
9	Audiology staff were caring and listened to my concerns about my child.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
10	My child's specific problems and needs were addressed.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
11	I had opportunities to ask questions throughout my child's appointment(s).				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
12	Any questions I had were answered clearly.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
13	The Audiologist explained everything to me in a way that I could understand.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					
14	Overall, I was pleased with the service my child received.				
Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	N/A (not applicable)
Please give a reason for your answer:					

15	Was there anything particularly GOOD about your experience of the audiology service?
16	How could your experience be improved?
17	Any other comments:

<i>If you wish to be contacted about the issues raised please provide your details below:</i>	
NAME	TELEPHONE NUMBER

THANK YOU

Please return your completed questionnaire to the box provided or to staff.

Tell us what you think!



Please tell us about your appointment today – what has gone well, what could be better and any other feedback to help us improve our service.



Fill out a short questionnaire and we will publish any changes or improvements that we make to our Audiology service.

Scan this QR code to find an online version of our short feedback survey.



Appendix 3: Gantt of steps required in detail, time taken and by whom (dates for April 2023 quarter)

Gantt Plan for Patient & Parent Experience in Paediatric Audiology (KEY: QD= Quality Directorate; Zoe; Stacey; whole team)

ID	Task Name	Start	Duration	Jan 2023				Feb 2023				Mar 2023				Apr 2023				May 2023				Jun 2023					
				1/1	8/1	15/1	22/1	29/1	5/2	12/2	19/2	26/2	5/3	12/3	19/3	26/3	2/4	9/4	16/4	23/4	30/4	7/5	14/5	21/5	28/5	4/6	11/6	18/6	
1	PREPARATORY WORK	02/01/2023	35d	[Yellow bar]																									
2	Prepare Questionnaire based on review findings - TEAM	02/01/2023	35d	[Purple bar]																									
3	Questionnaire onto JISC - QD	22/02/2023	1d															[Green bar]											
4	Confirm possible content for JISC with Research and Development Facilitator - QD	21/02/2023	2d															[Green bar]											
5	Test JISC (phone & PC) and reporting format to excel and PDF - QD	22/02/2023	2d															[Green bar]											
6	Closing date for JISC set at 16/04/23	07/03/2023	1d															[Purple bar]											
7	Prepare posters with QR Code for JISC questionnaire - Zoe	09/03/2023	12d															[Blue bar]											
8	Prepare posters with QR code for Care Opinion - Zoe	09/03/2023	12d															[Blue bar]											
9	Print posters with QR Code for JISC questionnaire - Stacey	27/03/2023	5d															[Orange bar]											
10	Print posters with QR code for Care Opinion (?how many) - Stacey ?done	27/03/2023	5d															[Orange bar]											
11	Print paper Questionnaires with the QR Code to JISC included (?how many) & prepare a box for completed ones - Stacey	27/03/2023	5d															[Orange bar]											
12	ON THE DAY / WEEK	03/04/2023	4d															[Yellow bar]											
13	Place the Box for completed paper questionnaires at reception - Stacey	03/04/2023	1d															[Orange bar]											
14	Ensure pens available at each clinic - Stacey	03/04/2023	1d															[Orange bar]											
15	Posters up – Care Opinion QR code and JISC questionnaire QR code - Stacey	03/04/2023	1d															[Orange bar]											
16	Receptionist will hand out questionnaire/QR code to each family seen in clinic that week	03/04/2023	4d															[Purple bar]											
17	AFTER PATIENT/PARENT FEEDBACK WEEK (depends on JISC closing date)	10/04/2023	45d															[Yellow bar]											
18	Paper sheets collected by QD	10/04/2023	3d															[Green bar]											
19	Paper sheet content manually uploaded to Excel - QD	10/04/2023	10d															[Green bar]											
20	JISC results downloaded one week later (CLOSING DATE ON THE FORM) - QD	17/04/2023	5d															[Green bar]											
21	Charts developed for questions 1-4 and narrative analysed for themes with service	24/04/2023	8d															[Purple bar]											
22	Draft report with the service + amendments	08/05/2023	9d															[Purple bar]											
23	Patient & Family Feedback	18/05/2023	14d															[Grey bar]											

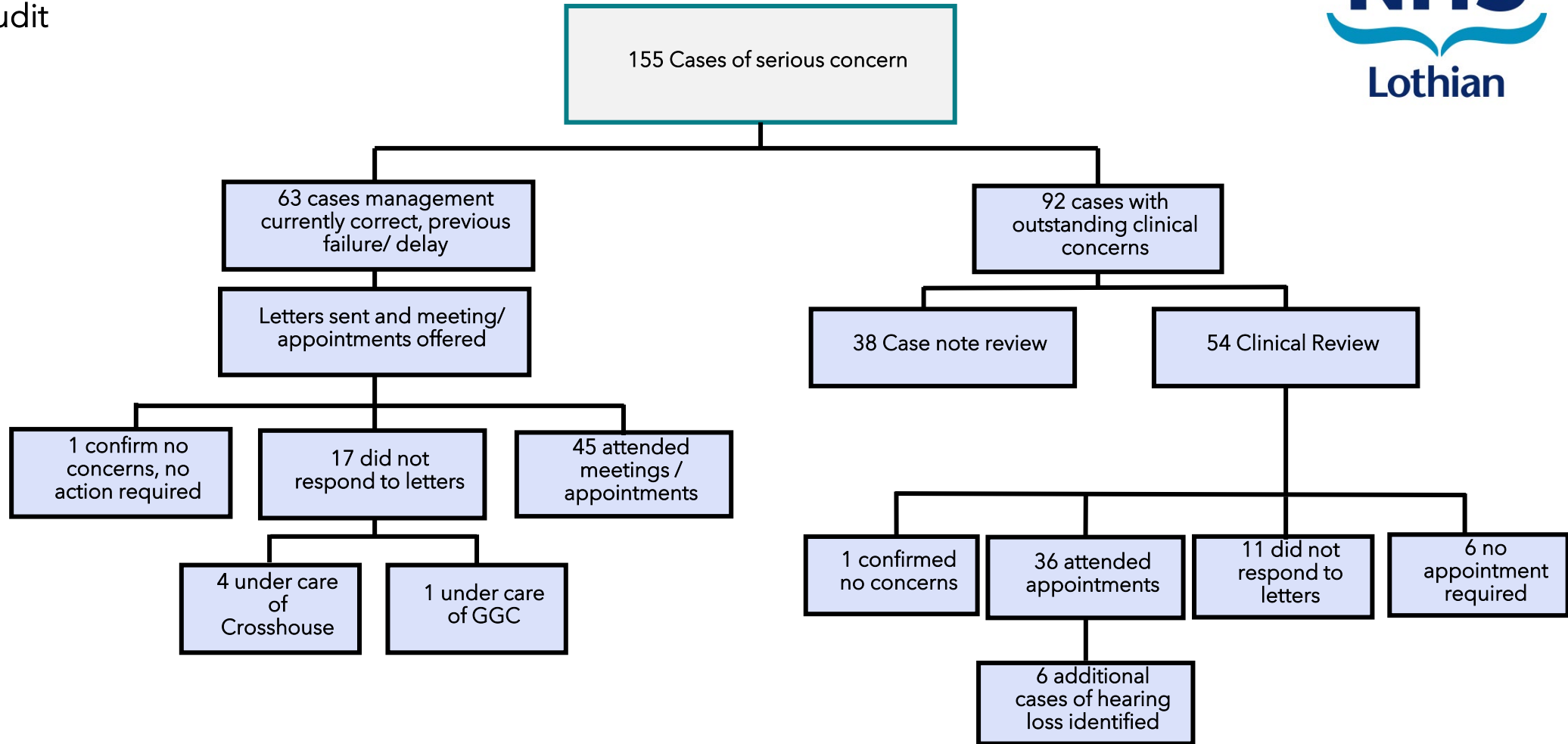
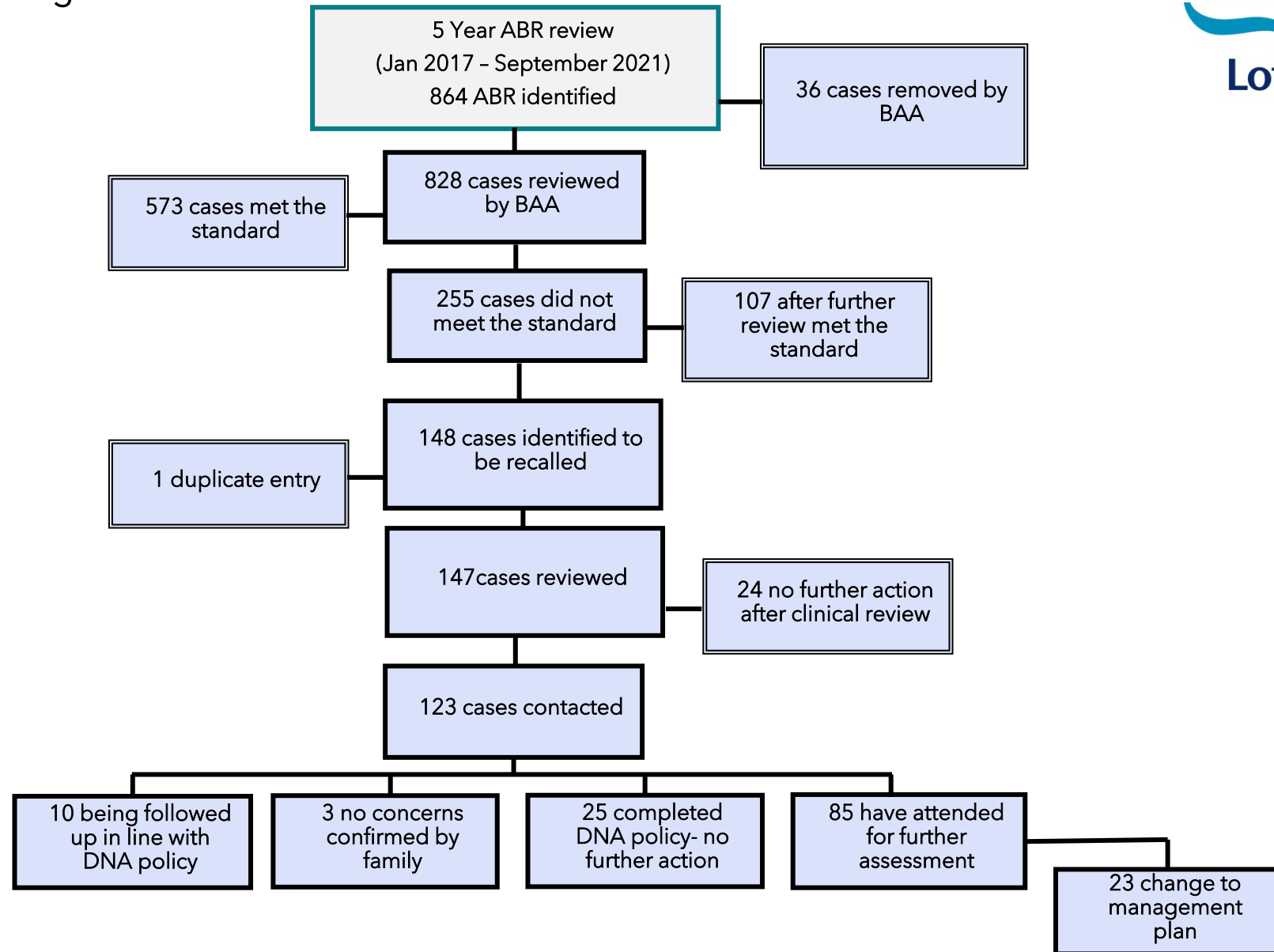
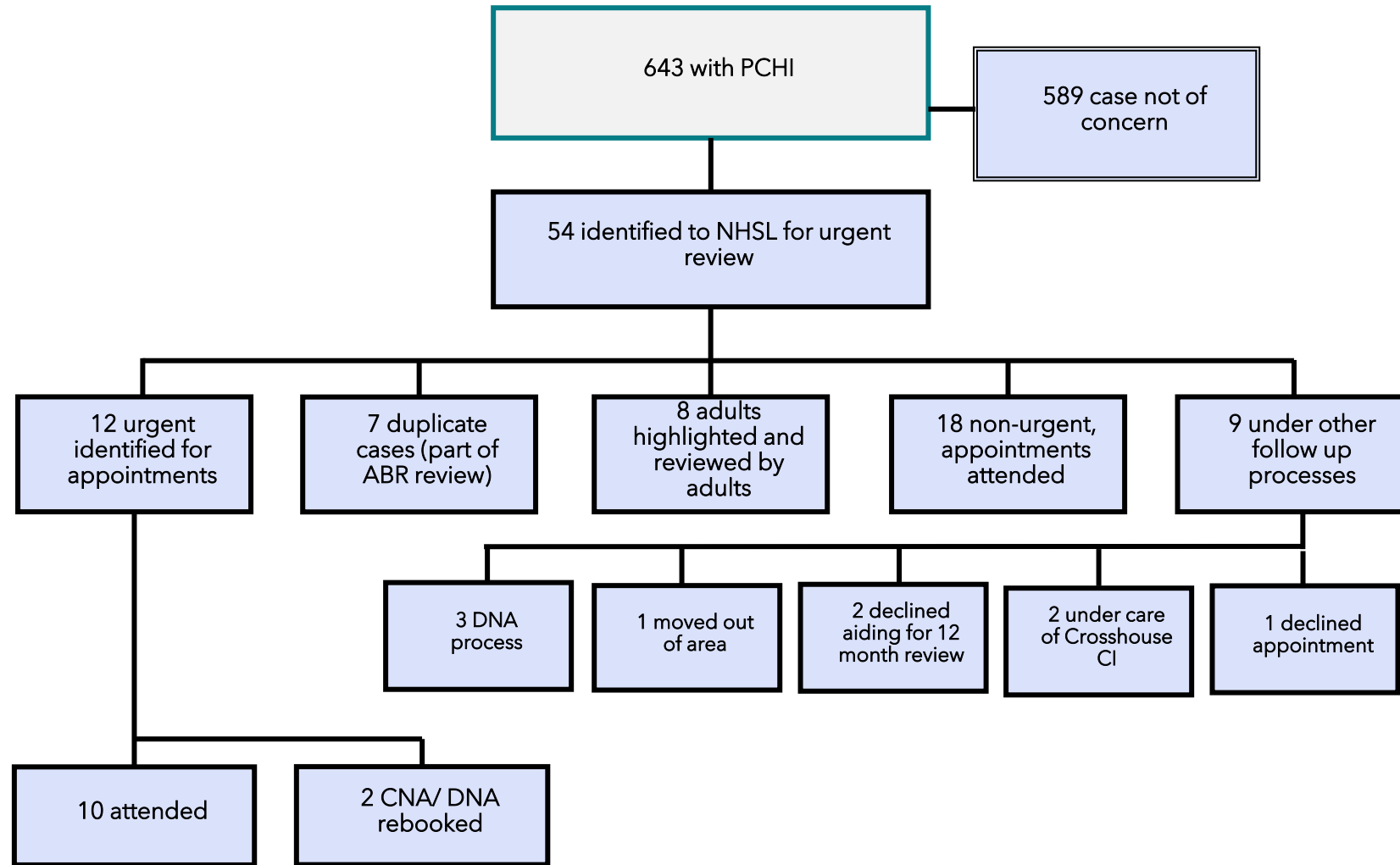


Figure 2A: ABR 5 Year Review Progress



Data source: Auditbase

Figure 2B: PCHI Review



Data source: Auditbase

Title: <p style="text-align: center;">NHS Lothian Board Performance Paper</p>					
Purpose of the Report:					
DISCUSSION	X	DECISION		AWARENESS	X
<p>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.</p> <p>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.</p> <p>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.</p>					
Recommendations:					
<p>This report is being provided to;</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ➤ Emergency Access (4hr) Standard ➤ 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 31 Day standard ➤ Cancer 62 Day standard ➤ Diagnostics – Radiology (MRI, CT, Non-Obstetric Ultrasound, Barium) ➤ Diagnostics – GI Diagnostics (Colonoscopy) ➤ 90% of young people are to commence treatment for specialist CAMHS within 18 weeks of referral ➤ 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: 12 Months (Rotavirus) ➤ Immunisation: 24 Months (MMR1, PCV, MenB) ➤ Immunisation: 5 Years (MMR2, 4-in-1) 					
Author: Wendy Reid Date: 21/03/23			Director: Jim Crombie Date: 23/03/2023		

NHS Lothian

Board Meeting
05 April 2023

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 Strategy, Planning and Performance Committee (SPPC) 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 **To acknowledge** 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.
- 2.2.1 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 NHS Lothian continues to face severe pressure and the System Pressures response group – consisting of the Executive and Corporate Leadership Teams - continues to meet to identify vulnerabilities, provide clear leadership and accurate, up-to-date and far-reaching communication.
- 3.2 Following a recent Safe Delivery of Care inspection at Edinburgh Royal Infirmary Emergency Department - *undertaken by Healthcare Improvement Scotland (HIS)* – we received a letter formally noting their concern of some serious issues identified. At the time of drafting this paper, NHS Lothian had not yet received the final report from HIS, however rapid progress has been made to develop a set of improvement actions, a process which is in accordance with the HIS published inspection methodology.
- 3.3 **Workforce:** Staffing availability remains a significant challenge across acute, community and social care settings due to a combination of factors including sickness, annual leave, and vacancies. Ongoing issues with staff vacancies and absence have affected our available capacity to work through the scheduled care backlog. Our

sickness absence rate in February was 6.06%, which represents an increase of 1.08% on the same period in the preceding year. Within our registered nursing staff group, the largest group of the clinical workforce, sickness absence has declined slightly from 6.47% in January 2023 to 6.06% in February, however this still represents a 1.1% increase on February 2022 performance.

- 3.4 **Primary Care:** In General Practice in-hours activity remains stable with an estimated 415,000 patient consultations across the 118 General Practices in Lothian in February 2023, the equivalent of around 20,700 consultations a day. While there was a significant shift in the mode of consultation due to the onset of the pandemic, face-to-face consultations have increased and telephone consultations have decreased over the past two years, although this now appears to be stabilising. 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.
- 3.5 **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. Pressure and a 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 improving in its ability to move people on to their next care setting, however there was 215 patients across Lothian's acute hospitals medically fit for discharge remaining in a hospital bed in February. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard which was 60.0% in January 2023. Across Scotland the 4-hour figure has remained below 70% since April and reached its lowest point of 56.8% at the beginning of January 2023. A rapid 26-week improvement project is underway at the RIE to reduce the number of patients waiting for admission.
- 3.5.1 Similarly, a significant proportion of Mental Health Acute Beds continue to host patients delayed in their discharge. These difficulties remain due to a lack of appropriate placements and staffing availability in the community. The overall site occupancy was 109.6% for January 2023. 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.
- 3.5.2 **Scheduled Care:** Despite the challenges faced in unscheduled care, most of our outpatient services continue to exceed planned activity levels, giving more people access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits which accrued during the pandemic; in line with the Scottish Government targets to eliminate long waits referenced in the previous Board paper. The most recent Outpatient milestone target is to have no patients waiting over 78 weeks by the end of December 2022. The target was not met in December 2022 with a number of patients continuing to wait at the point of writing. The next Outpatient milestone target is for most specialties to have no patients waiting over one year by the end of March 2023.

3.5.3 The 12-week Waiting Time performance (%) is falling, due to available routine capacity being directed to reducing the number of long waiting patients, rather than to those waiting less than 12 weeks. Outpatient activity again increased in February 2023, to 117% of that in February 2019.

3.6 We did not meet the Scottish Government Inpatient/Daycase target of most specialties having no patients waiting over two years at the end of September 2022 and at the start of March there was 1,022 patients who breached this deadline. The majority of long waiting patients are within Orthopaedics, then General Surgery and Urology. Most specialties have no patients waiting over eighteen months and numbers are decreasing in General Surgery and Urology. The number is projected to further increase significantly in Orthopaedics, based on anticipated activity levels.

3.7 NHS Lothian 62-day cancer performance remained below the trajectory of 81.3% and the 95% national standard with performance at 66.9% in January 2023. Scotland's performance was 66.2%. Cancer 31-day performance remains below the 95% standard and has recently fallen below the 89.3% trajectory agreed with 85.5% performance in January 2023. We are working to recover this position through the improvement actions and remobilisation plans as noted in this report. Waiting times for OPD appointments, Endoscopy and Radiology continue to be over two weeks but are under improvement review.

3.8 **Mental Health:**

3.8.1 For CAMHS (Child and Adolescent Mental Health Services), the Improvement Plan continues to be implemented, although the pace of improvement continues to be impacted by the challenges around recruitment and staff retention. The Data is showing a slight dip in the % of CYP starting treatment within 18 weeks in the months of November and December 2022; this is expected as the service is seeing the longest waiting patients as part of the recovery plan.

3.9 For Psychological Therapies, the waiting times continue to decrease. The rate at which the treatment waits are reducing is higher than the national average. Across services that have been able to consistently reduce waiting times, there is some evidence that demand for Psychological Therapies is increasing. However, the total new patient appointment offers made across Adult AMH teams in November was higher than the predicted trajectory number by 88. There has been a slight increase in January of 149 new patients on psychological treatment waiting list due to new clinical services for Prisons, MNPI, Covid Hospitalisation (MACH) service being added to TRAK for Psychological Therapies reporting.

3.10 **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 Reid

Head of Performance and Business Unit, Deputy Chief Executive

20/03/23

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Lauren Wands

Performance & Business Manager, Deputy Chief Executive

17/03/23

lauren.wands@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Performance Metrics Summary



NHS LOTHIAN BOARD PERFORMANCE

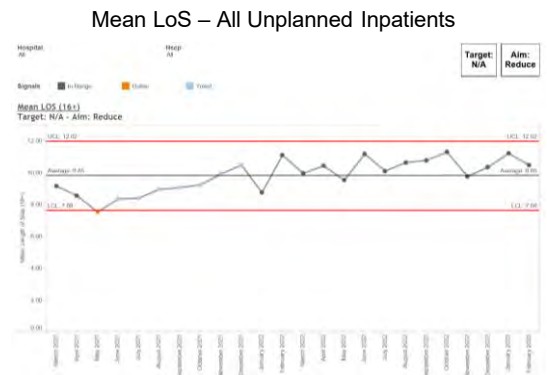
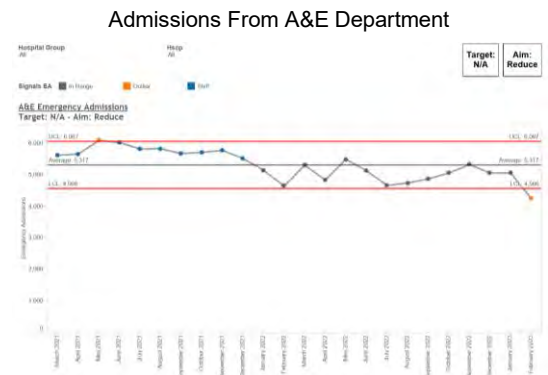
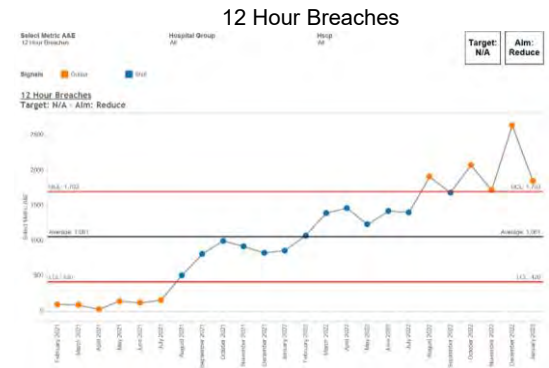
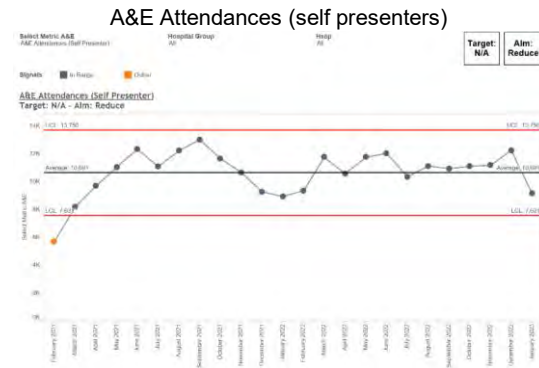
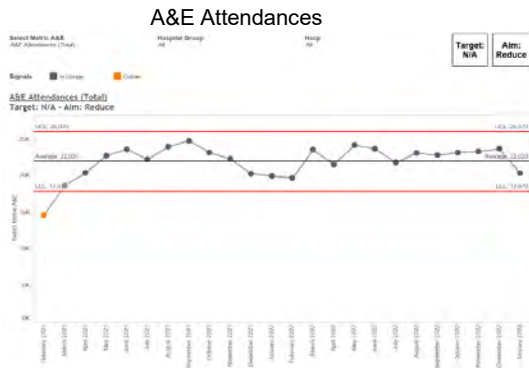
April 2023

APPENDIX I

UNSCHEDULED CARE & FLOW

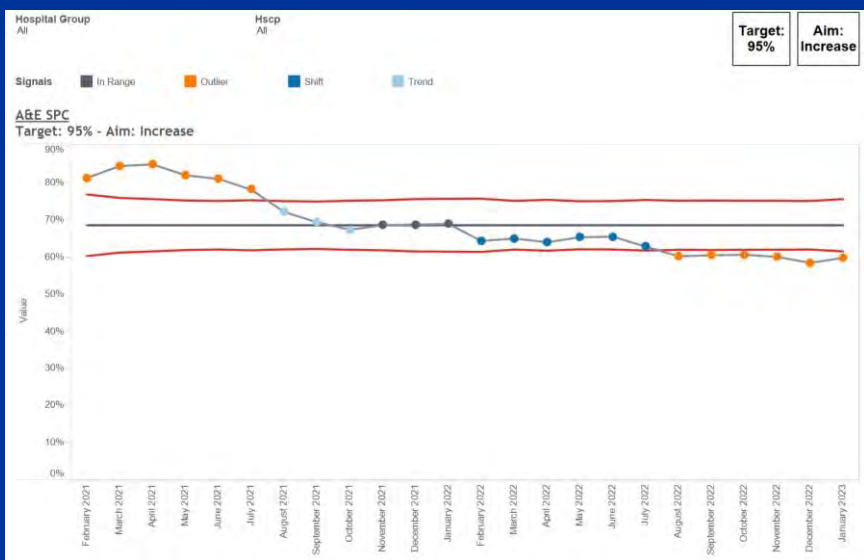
Reporting Month:	January 2023	Oversight Mechanism:	Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.
Responsible Director(s):	Fiona Wilson – Chief Officer Jacquie Campbell – Chief Officer 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- Extreme (25) 3726- Extreme (25)	Corporate Risk(s):	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) Risk 3726 – Hospital Bed Occupancy (via HGC & SPC)

Unscheduled Care & Flow - Environment & Context



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

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (January 2023)	Data Source
Not Met	95% Standard	60.0%	Management Information



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 60% in January 2023.
- Data is showing special cause variation, with the five most recent data points for 4-hour performance remaining below the Lower Control Limit, now 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 improvement actions and plans we are working to recover this position.
- NHS Lothian's overall Emergency Department (ED) attendances have remained within control limits, with some common cause variation, as on the previous slide.
- NHS Lothian has seen a decrease in the number of ED 4, 8 and 12 hour breaches in Jan 23 when compared to the previous 5 months. The most recent data point are each positioned within the upper control limit which is a shift in the data.

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

Action	Due By	Planned Benefit	Status																											
Royal Infirmary of Edinburgh Improve performance to meet the 4 Hour Emergency Access Standard by 25% in the RIE ED by August 2023.	August 2023	To undertake a dedicated rapid 26 week improvement project to reduce the number of patients waiting 4, 8 and 12 hours for admission in the Emergency Department at the Royal Infirmary of Edinburgh by August 2023.	This will be delivered by directing resource and support through the following workstreams :																											
			<table border="1"> <thead> <tr> <th>Workstream</th> <th>Intervention/ Timescale</th> <th>Projected Impact on EAS</th> </tr> </thead> <tbody> <tr> <td>1. Front Door accommodation reconfiguration</td> <td>Undertake Reconfigurations Sprints 1 – 5 - Realise Improvements from Sprint 6 onwards</td> <td>8.1%</td> </tr> <tr> <td>2. Flow Centre and SDEC</td> <td>Increasing the conversion of referrals via NHS Lothian Flow Centre from emergency settings to scheduled urgent settings by 5% by 2nd June and by 10% by 25th August 2023</td> <td>4.4%</td> </tr> <tr> <td>3. <i>Minor Injuries and Illness Flow 1</i></td> <td><i>Current focus of workstream 3 complete with less than .5% productive opportunity.</i></td> <td>-</td> </tr> <tr> <td>4. Admitted Performance and Interface</td> <td>Undertake Interventions within Sprints 1-3 Realise Improvements Sprint 6 onwards <i>Reduce LoS for Gen Med Boarders</i></td> <td>6%</td> </tr> <tr> <td>5. Escalation and Operational Management of Site Flow (Bed Management)</td> <td>Sprint 2 – 50% of discharges will be delivered through the Discharge Lounge Sprint 3 – 60% of discharges will be delivered through the Discharge Lounge Sprint 4 – 70% of discharges will be delivered through the Discharge Lounge Sprint 5 – 80% of discharges will be delivered through the Discharge Lounge</td> <td>4%</td> </tr> <tr> <td>6. Feedback from HIS Insp.</td> <td>To support the safe delivery of fundamentals of care within ED of RIE</td> <td>-</td> </tr> <tr> <td>7. Signposting/Redirection</td> <td>Refocus workstream to non-admitted pathway – Implement Signposting/Redirection</td> <td>2%</td> </tr> <tr> <td colspan="2">Overall Projected Impact on EAS Performance by August 2023</td> <td>24.4%</td> </tr> </tbody> </table>	Workstream	Intervention/ Timescale	Projected Impact on EAS	1. Front Door accommodation reconfiguration	Undertake Reconfigurations Sprints 1 – 5 - Realise Improvements from Sprint 6 onwards	8.1%	2. Flow Centre and SDEC	Increasing the conversion of referrals via NHS Lothian Flow Centre from emergency settings to scheduled urgent settings by 5% by 2 nd June and by 10% by 25 th August 2023	4.4%	3. <i>Minor Injuries and Illness Flow 1</i>	<i>Current focus of workstream 3 complete with less than .5% productive opportunity.</i>	-	4. Admitted Performance and Interface	Undertake Interventions within Sprints 1-3 Realise Improvements Sprint 6 onwards <i>Reduce LoS for Gen Med Boarders</i>	6%	5. Escalation and Operational Management of Site Flow (Bed Management)	Sprint 2 – 50% of discharges will be delivered through the Discharge Lounge Sprint 3 – 60% of discharges will be delivered through the Discharge Lounge Sprint 4 – 70% of discharges will be delivered through the Discharge Lounge Sprint 5 – 80% of discharges will be delivered through the Discharge Lounge	4%	6. Feedback from HIS Insp.	To support the safe delivery of fundamentals of care within ED of RIE	-	7. Signposting/Redirection	Refocus workstream to non-admitted pathway – Implement Signposting/Redirection	2%	Overall Projected Impact on EAS Performance by August 2023		24.4%
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Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Redesign of Urgent Care (RUC) Phase 1</p> <p>Maximise reduction and scheduling of self-presenter attendance. Continue robust local communication plans to optimise stakeholder understanding of accessing urgent care.</p>	Ongoing	Patients receive timely access to the right care in the right place, avoiding delays anywhere in the system. Ensure clear consistent information to patients and key stakeholders regarding urgent care access.	Implementation of RUC phase 1 continues to be closely monitored as business as usual.	Local communications and stakeholder engagement are continuing in line with national communications plan of urgent care access and pathways.
<p>Schedule all minor injury attendances across NHS Lothian.</p>	March 24	Improve patient safety by all scheduling Minor Injury Attendances and avoiding waits in busy A&E departments.		<p>The scheduling of all adult minor injury presentations across NHS Lothian was implemented in June 2022. All adult minor injury presentations continue to be scheduled by calling NHS 24. Plans to schedule self-presenters are currently being implemented including:</p> <ul style="list-style-type: none"> • Reviewing current referral criteria & processes within each minor injury department • Review and agree Pan Lothian criteria and triage / scheduling process • Review, update and agree Standard Operating Procedure • Iterative implementation of scheduling all minor injury patients with stakeholder engagement to support
<p>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.</p>	March 24	Ensure clear consistent approach to ensure patients are seen by the most optimal service, first time		<p>An NHS Lothian ED signposting policy has been developed and approved by the Policy Approval Group. The ED signposting policy has been piloted and embedded within SJH ED and is also being gradually introduced at the RIE ED via the Manchester Triage system. The RIE Ed team commenced a pilot on 6th March 23 to embed the process further. A successful pilot has been undertaken at SJH ED to streamline and improve the process to re-direct appropriate patients to LUCS following triage and is awaiting approval to transition to business as usual. Plans are also progressing to undertake a similar pilot at RIE ED.</p>

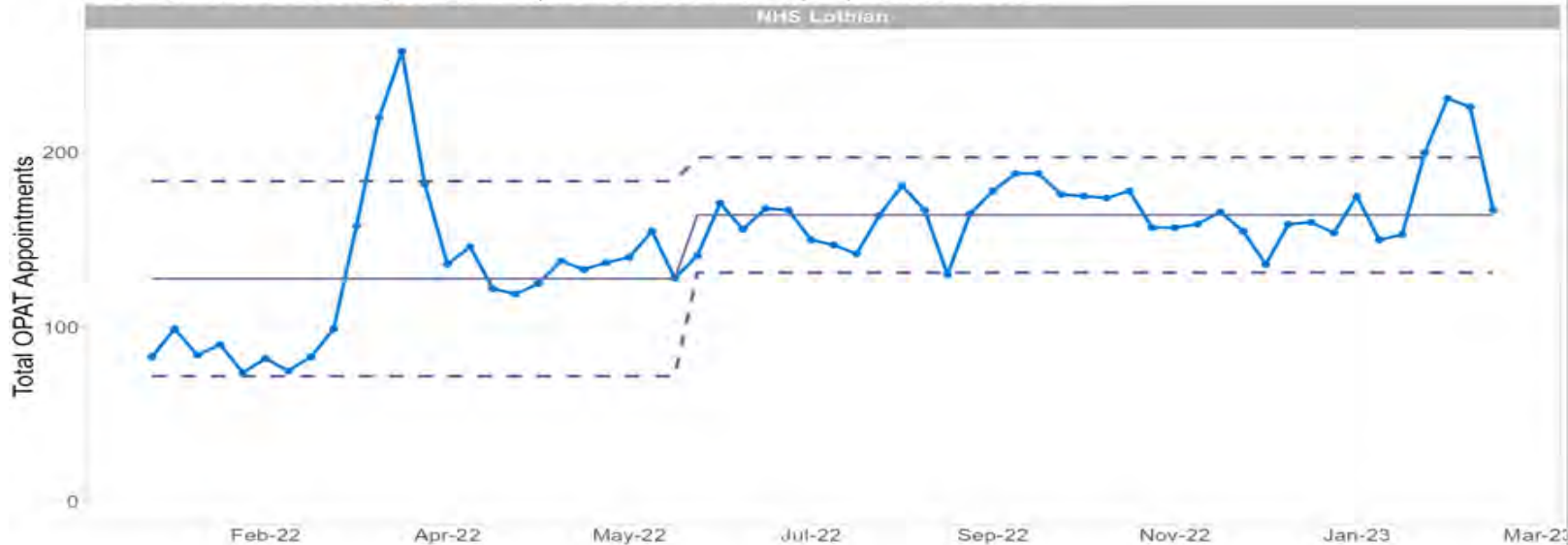
Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Redesign of Urgent Care Phase 2 Professional to Professional Pathways</p> <p>Reduce unplanned attendances by increasing opportunities for the Flow Centre to schedule care.</p>	March 24	Reduce avoidable ED attendances by 10% by increasing opportunities for the Flow Centre to schedule care.	Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission.	<p>A plan to transition the Lothian Flow Centre to a Flow Navigation Centre is in development and a review of the clinical model along with recruitment to reduce unplanned attendances by increasing opportunities for the senior clinical decision maker to schedule, signpost or provide self care have commenced.</p> <p>The programme team has mapped all existing alternative and direct to specialty pathways to confirm what is in place. An urgent care referral pathway audit has been completed, and identified which urgent care pathways are working well and which could be improved and / or developed. A survey has also been completed to obtain feedback from key NHS urgent care pathway stakeholders and a proforma is being developed for specialty teams to complete. A Clinical Review Board has been developed to plan and prioritise improvement of urgent care pathways. The Clinical Review Board has met to discuss the process and plans are in development for how this will be progressed.</p>
<p>Develop Pan Lothian Same Day Emergency (SDEC) Care model (now to be known as Rapid Assessment and Care Unit (RACU))</p>	March 24	To minimise and remove delays in patient pathway, allowing services to care for patients within the same or next day of arrival as an alternative to hospital admissions.		<p>It was recently agreed that there will not be a Rapid Assessment Care Unit (RACU) (formerly SDEC) service operating out of RIE. A RACU Short Life Working Group has been established to:</p> <ul style="list-style-type: none"> • Identify specific existing pathways that could be extended city-wide on a test of change basis to evaluate impact • Review existing criteria for RACU (pathway refinement) • Review RACU GP zoning to optimise pathway utilisation • Standardisation of pathways and assessment • Undertake DCAQ work at RIE, WGH and SJH • Review WGH RACU demand and capacity to identify opportunity to optimise referral flow. • Develop and implement a RACU model in WGH and SJH.

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

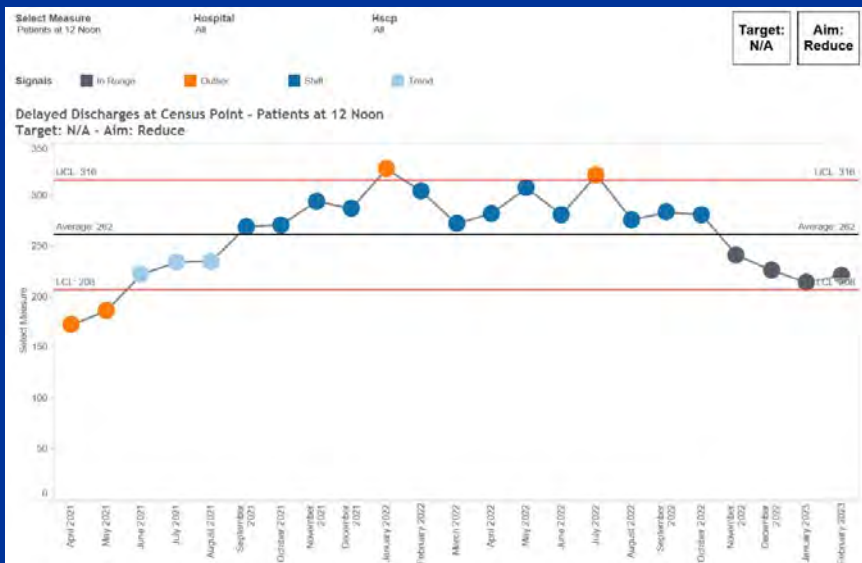
Action	Due By	Planned Benefit	Actual Benefit	Status
Optimising enabling services for Respiratory Care.	March 24	Reduce ED attendances for ACSC (COPD) by enhancing interface care services by 10%.	Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission.	Work to enhance NHS Lothian Respiratory services to reduce attendances, admissions, and overall length of stay continues, including: <ul style="list-style-type: none"> • Complete LUCS to CRT referral pathway pilot and transfer to BAU if successful • Pilot Lothian Flow Centre to Respiratory Hot Clinic direct booking and transfer to BAU if successful • Trak virtual ward build and dashboard build ongoing
Optimising enabling services for Outpatient Parenteral Antibiotic Therapy (OPAT)		Reduce ED attendances for ACSC (Cellulitis) by enhancing interface care services by 10%.		Work to enhance NHS Lothian OPAT services to reduce attendances, admissions, and overall length of stay continues with data showing overall increase in patient appointments. (See SPC Chart Below)

Weekly Number of OPAT Appointments
 03-Jan-22 to 27-Feb-23 | XmR chart | Includes Returns Appts | Excludes DNAs



UNSCHEDULED CARE & FLOW – DELAYED DISCHARGES

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (January 2023)	Data Source
Met	228 (RMP4*)	215	Management Information



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

- Data is showing normal cause variation and is within range.
- 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, attributable to Package of Care (POC) capacity. There also continues to be a challenge with ability to recruit within the care sector, due to the competitiveness of the local Health and Social Care recruitment market.

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

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

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Discharge without Delay</p> <p>NHS Lothian and Edinburgh HSCP working together to provide targeted improvement support for Elderly Frail patients, with an initial focus on Medicine of the Elderly specialties RIE & WGH.</p>	April 2023	To embrace integrated working relationships between NHS Lothian Health Board teams and Health and Social Care Partnerships. Defining a collaborative approach to enable and ensure consistent, timely and effective discharge and transfer processes for the residents of Lothian that should involve patients, relatives, carers and health and social care teams.	Support the co-ordinated, safe and timely discharge or transfer of care of all NHS Lothian in-patients to their home, homely environment or other healthcare setting with the adoption of Lothian's Home First principles.	<p>Key focus for both the RIE & WGH is the continuing collaborate work with EHSCP to reliably implement and monitor standardised processes to support early discharge planning, reduce length of stay and reduce occupancy levels across Acute sites.</p> <p>Work continues within both RIE and WGH sites with embedding Home First Coordinators and Social Workers working with teams across a defined number of Medicine of the Elderly wards. Continuation of collaborative working between Health and Social Care Teams with the emphasis on implementing reliable processes directly linked to defined Plan, Do, Study, Act (PDSA) Quality Improvement Cycles.</p> <p>There is a focus on a Multi-Agency Discharge Event (MADE) with initially colleagues from the RIE, HSCPs and representatives from the third and voluntary sectors. The aim will be to undertake a detailed analysis of a defined number of patients to collectively discuss and understand each element of their pathway. This MADE will look to highlight, challenge and unblock any potential delays and to support safe and timely discharge.</p>
<p>Hospital @ Home</p> <p>To expand and enhance H@H capacity by 100% and evaluate the benefits.</p>	March 2024	<p>Provides alternative care to Acute hospital admission.</p> <p>Supports people to stay at home, thus reducing potential harm of an extended hospital admission.</p>	Supports hospital sites by preventing admission, improves flow and reduces occupancy.	<ul style="list-style-type: none"> • Following two phases of successful bids to Health Improvement Scotland for non recurring funding expansion plans within each HSCP H@H are ongoing with successful recruitment, provision of improved access to IT, pool cars and point of care testing . • Enhanced H@H Oversight Group with strengthened leadership and governance to perform the central co-ordination of the service to optimise equity and reduce variation between each HSCP team • Establish right sizing clinical model required to provide effective, efficient and sustainable service delivery model which meets future demand.

PRIMARY CARE

Reporting month:	February 2023	Responsible Director(s): Jenny Long – Director of Primary Care
Oversight mechanism:	Primary Care Joint Management Group	
Primary Care (initial Measures for 22/23)	Estimated General Practice (in hours) activity	Data Source: DataLoch
	General Practice Out of Hours (LUCS) activity	Data Source: Adastra

Chart 1: Estimated number of direct general practice encounters

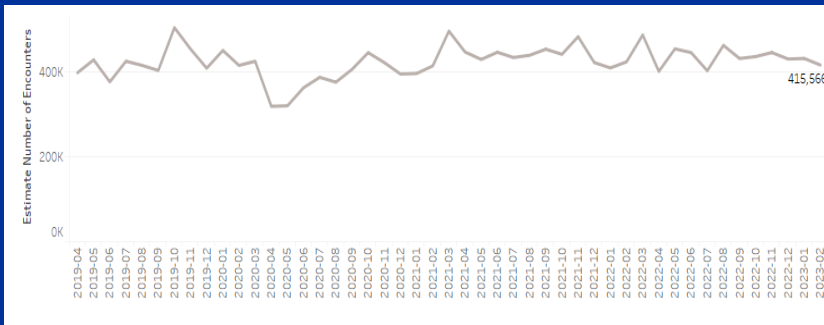
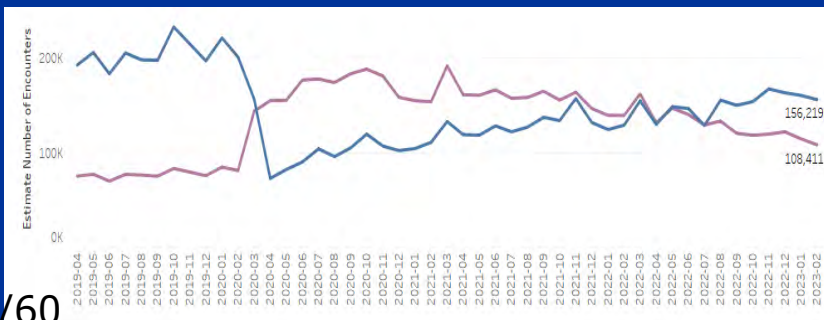


Chart 2: Estimated number of GP surgery (blue) and telephone (purple) consultations



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 32 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 February 2023 there was an estimated 415,000 patient consultations across the 118 General Practices in Lothian, the equivalent of around 20,700 consultations a day.
- Chart 2 demonstrates the significant shift in the mode of consultation due to the pandemic, and shows that face-to-face consultations in the GP surgery (blue line) have increased, and telephone consultations (purple line) have decreased over the past two years. This appears to be stabilising and we will continue to monitor.
- The changes implemented due to the pandemic have resulted in more ways to access care more quickly or in a more convenient way through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.
- Following the outage of the GP Out-of-Hours clinical management system (Adastra) from 4 August until 12 October 2022 the data feed from PHS has still not been reinstated and there is no up-to-date chart for this reporting period – this is being further investigated by PHS. The service have access to local management data to support operational delivery.

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 32 GP practices. Please note this sample represents only approx. 29% of the Lothian GP practice registered patients. Figures should be interpreted with caution and only used as a general indication of level of activity.

SCHEDULED CARE & DIAGNOSTICS

Reporting Month:	February 2023	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 – Extreme; • ID 3726 - Hospital Bed Occupancy – Extreme; • ID 3828 - Nursing Workforce – Very High; 		<ul style="list-style-type: none"> • ID 5185 - Access to Treatment- Extreme; • ID 5186 - 4 Hours Emergency Access Target – Extreme; • ID 5189 - RIE Facilities – High.

40 & 43 – Behind Schedule;
42 & 45 On Track

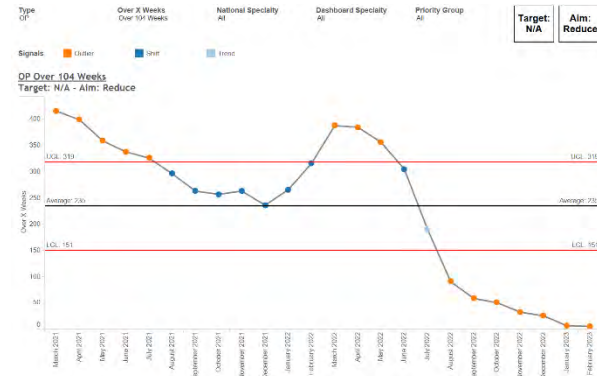
Scheduled Care & Diagnostics – Outpatients Environment & Context



OP > 52 weeks



OP > 78 weeks



OP > 104 weeks

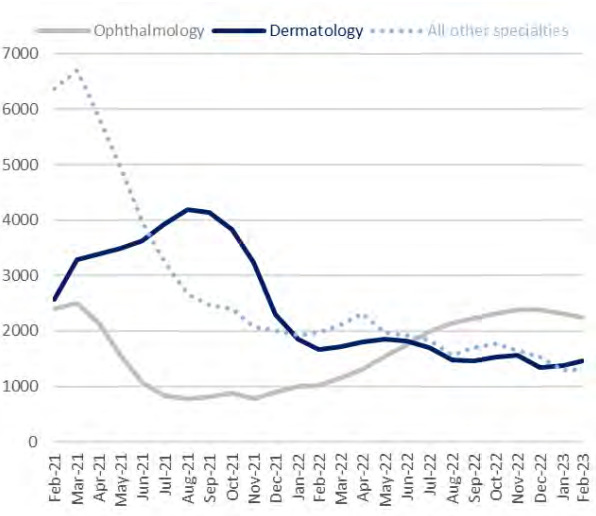


SCHEDULED CARE & DIAGNOSTICS

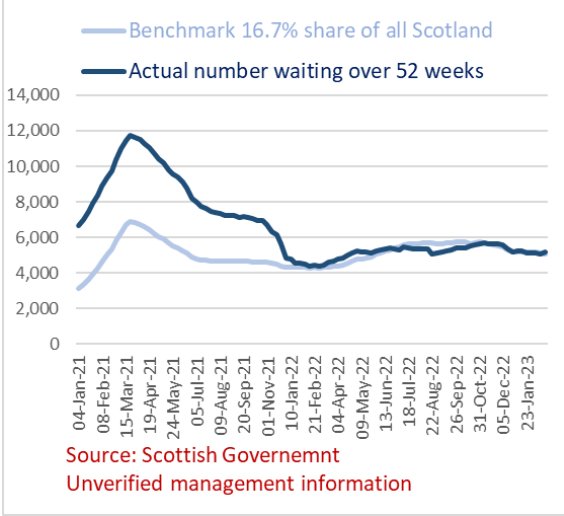
Scheduled Care & Diagnostics – Outpatients Environment & Context (cont'd)



USOC OP > 4 weeks



OP Highest Volume Specialties > 52 weeks

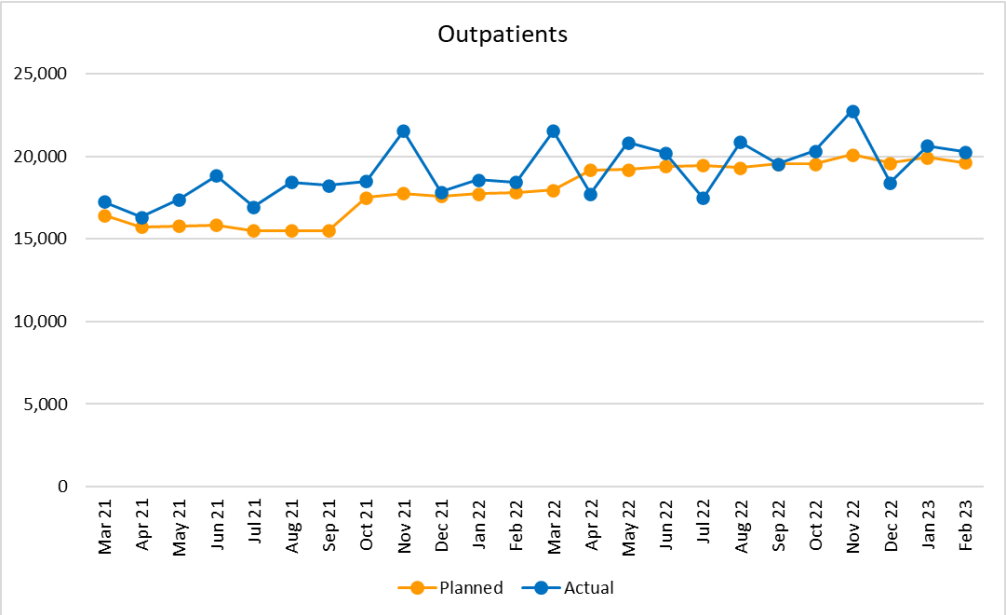


NHS Lothian's population share is ~16.7%

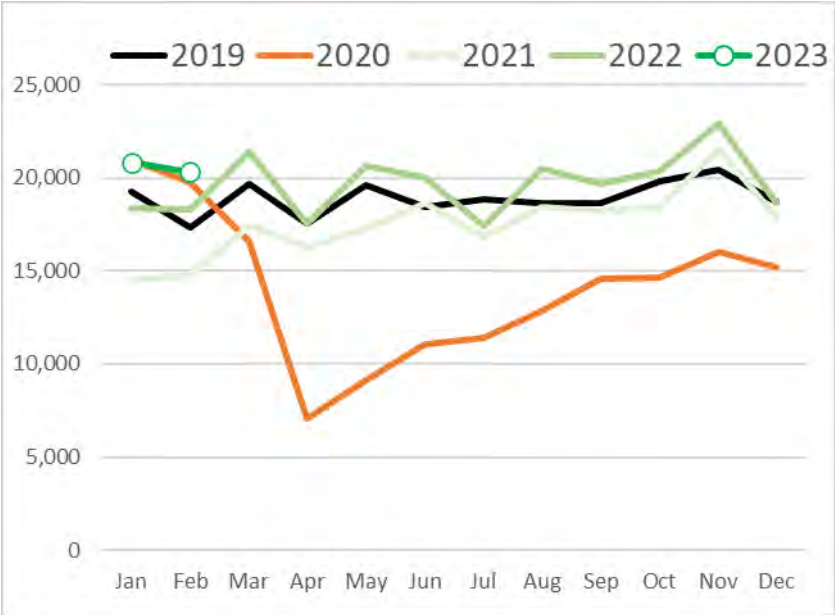
Lothian has around 16.7% of the total number of OP patients waiting over 52 weeks across all of NHS Scotland

SCHEDULED CARE & DIAGNOSTICS

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



OP Planned vs Actual Activity

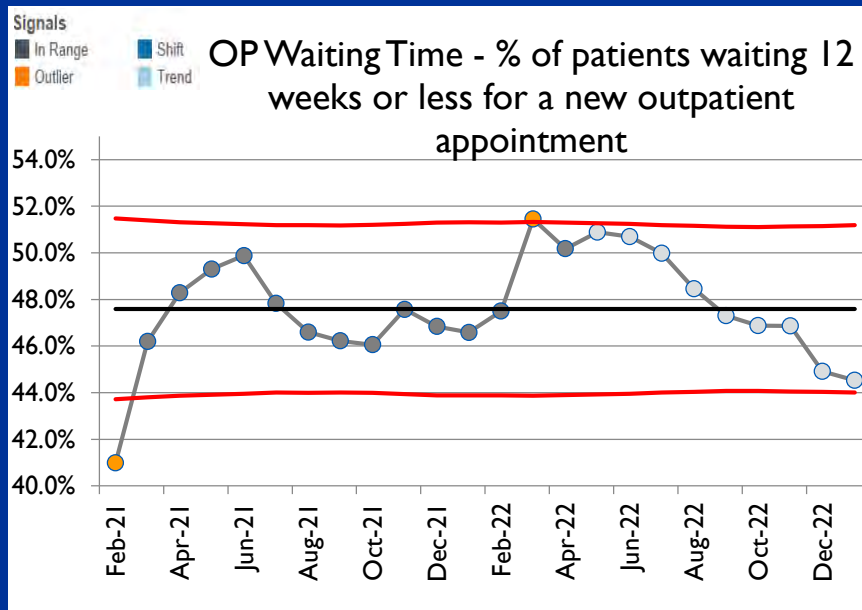


OP activity trend and vs 2019 level

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	109%	114%	84%	40%	47%	60%	61%	69%	78%	74%	78%	81%
2021	76%	85%	89%	93%	88%	101%	89%	99%	98%	93%	106%	96%
2022	95%	105%	109%	100%	105%	108%	92%	110%	105%	103%	112%	99%
2023	108%	117%										

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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (January 2023)	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	44.5%	Management Information



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

- 12-week Waiting Time performance (%) is falling, due to available routine capacity being directed to reducing the number of long waiting patients, rather than to those waiting less than 12 weeks.
- Recent data suggests that our OP activity has further increased in February 2023, to 117% of that in February 2019.
- Waiting times for USoC patients have continued to improve.
- The next Outpatient milestone target is for most specialties to have no patients waiting over one year by the end of March 2023.
- Most OP specialties are meeting this target, and the number overall continues to improve. However, Dermatology and Ophthalmology are not likely to meet the target, given Routine activity levels.

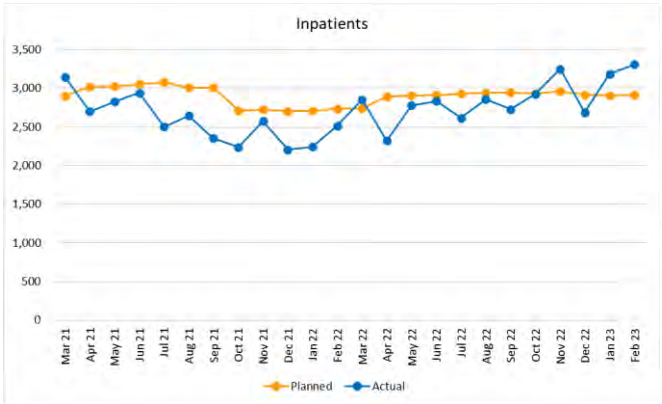
Note: Data only available to October 2022 due to data lag and annual leave over the festive period.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Procurement of External Provision.	Continuing throughout 2023/24	Increase capacity to improve backlog.	Capacity allocation at Golden Jubilee National Hospital (GJNH), for OP long waiting patients:-	Additional external capacity allocation for GJNH funded by Scottish Government has been confirmed for 2023/24 up to September.
<p>OP Redesign Programme.</p> <p>Continues across key domains:- Ref Help up to date for all specialties as is Active Clinical Referral Triage (ACRT), Patient Initiated Follow-Up (PIFU), Patient Focussed Booking (PFB), and ensuring use of NearMe and mixed clinic templates.</p>	Ongoing	<p>ACRT streams patients to appropriate advice, virtual or face-to-face appointments.</p> <p>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>	Completed specialties have functionality for virtual appointments, PFB, text reminders and PIFU embedded.	39 Acute and AHP specialties have progressed to point of 'Go Live'. An evaluation of these specialties is being undertaken, with first specialties identified. Format of evaluation report agreed by Acute Outpatient Board in December 2022. 5 new specialties have now entered programme.

SCHEDULED CARE & DIAGNOSTICS

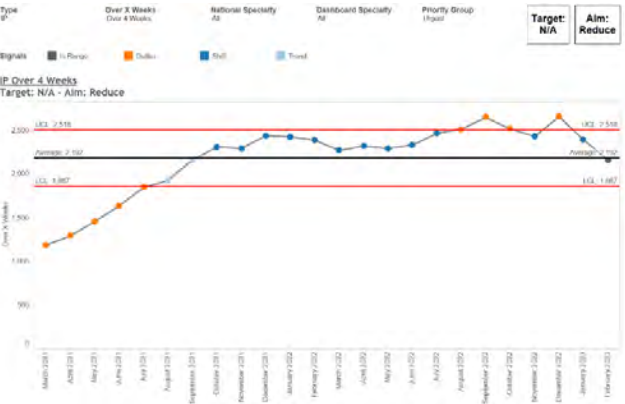
Scheduled Care & Diagnostics – Inpatients/ Daycases (TTG) Environment & Context



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



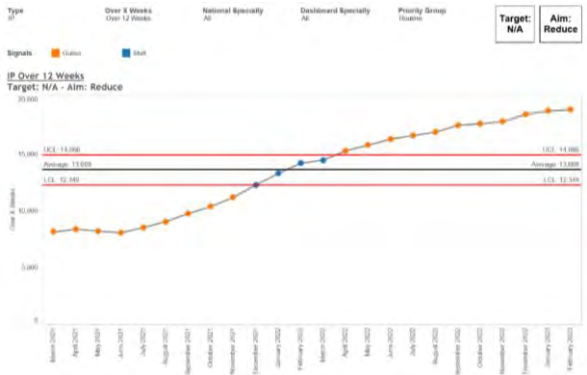
TTG USOC > 4 weeks



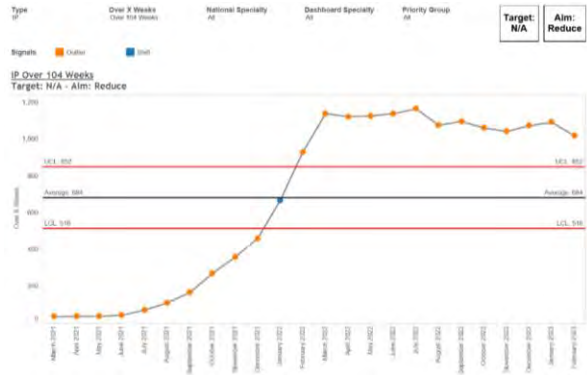
TTG Urgent > 4 weeks

SCHEDULED CARE & DIAGNOSTICS

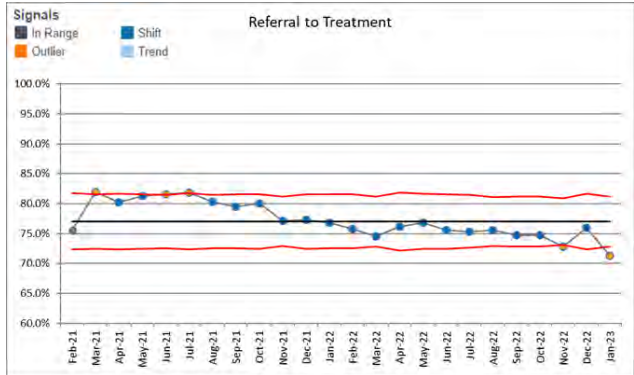
Scheduled Care & Diagnostics – Inpatients/ Daycases Environment & Context (cont'd)



TTG 'Routine' > 12 weeks



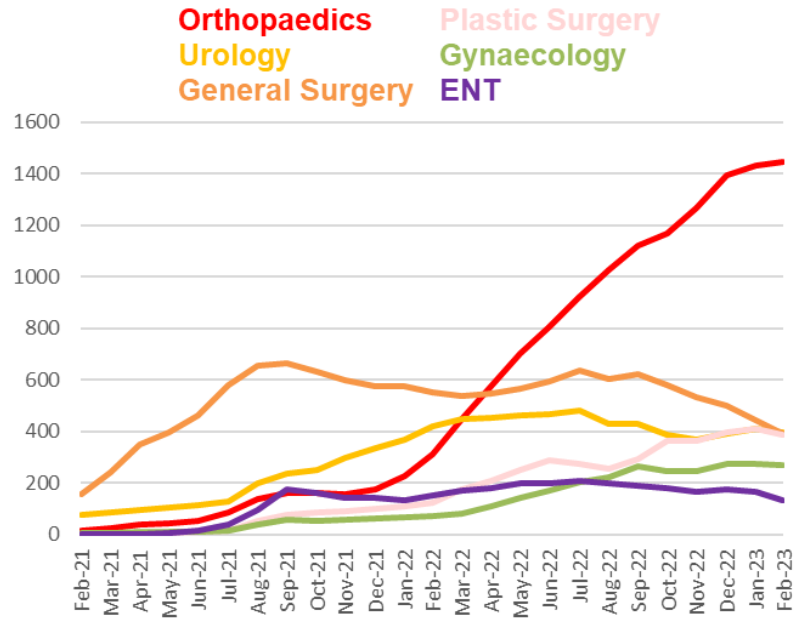
TTG (all) > 104 weeks



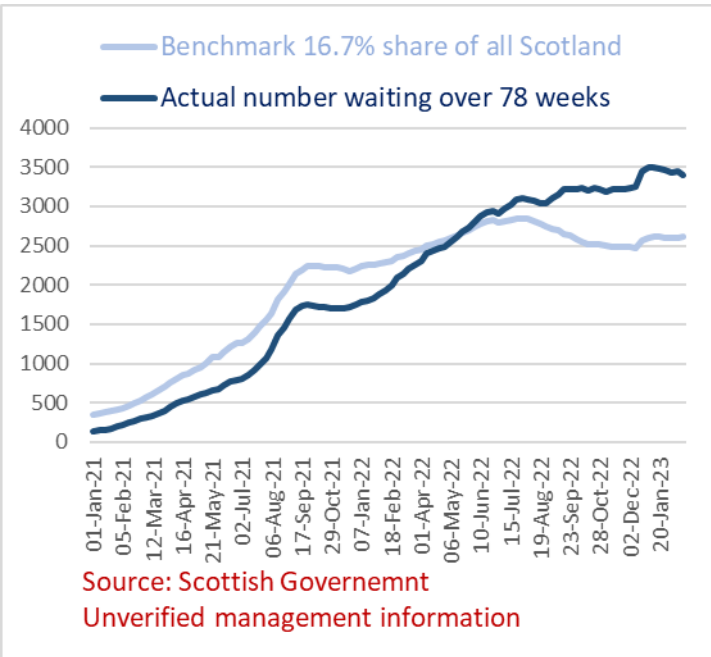
18 Weeks Referral to Treatment (RTT)

SCHEDULED CARE & DIAGNOSTICS

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



TTG Highest Volume Specialties > 78 weeks



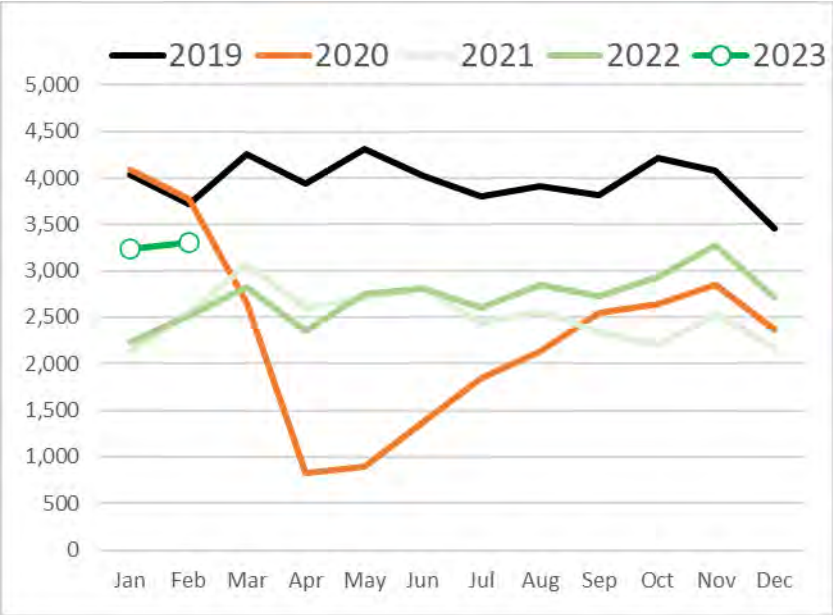
Source: Scottish Government
Unverified management information

NHS Lothian's population share is ~16.7%

Lothian has higher than 16.7% of the total number of TTG patients waiting over 78 weeks across all of NHS Scotland

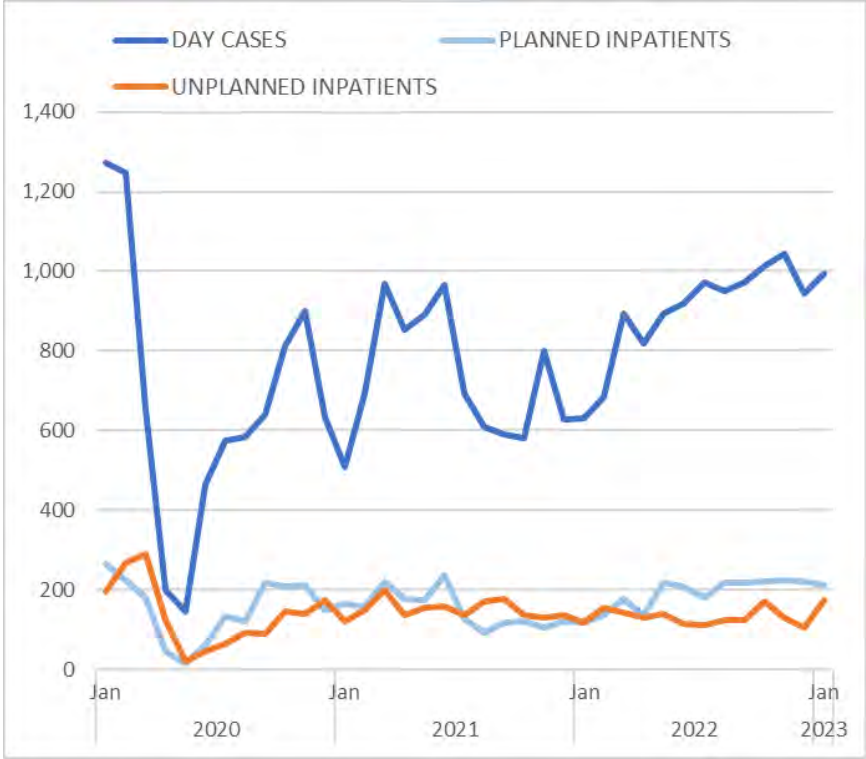
SCHEDULED CARE & DIAGNOSTICS

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



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	101%	101%	62%	21%	21%	34%	48%	54%	67%	63%	70%	69%
2021	53%	68%	72%	66%	63%	70%	64%	65%	61%	52%	62%	63%
2022	55%	68%	66%	60%	64%	70%	68%	73%	72%	69%	80%	79%
2023	80%	89%										

TTG activity trend and vs 2019 level



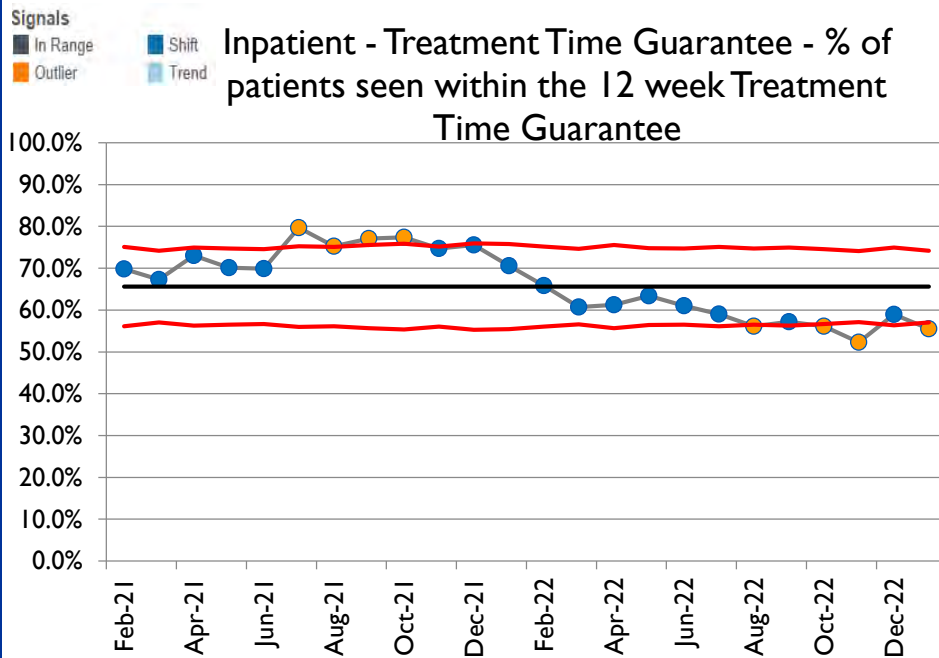
Increased elective day case Admissions through SJH Day Surgery unit

SCHEDULED CARE & DIAGNOSTICS – INPATIENT TREATMENT TIME GUARANTEE

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (January 2023)	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)).	55.5%	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. Nevertheless, recent data shows that in February 2023 activity further increased, to 89% of that in February 2019.
- We continue to focus our limited capacity on our most clinically urgent patients and then the longest waiting patients.
- The waiting times for USoC and Urgent patients have continued to improve overall.
- The majority of long waiting patients are within Orthopaedics, then General Surgery and Urology. Most specialties have no patients waiting over eighteen months and numbers are decreasing in General Surgery and Urology. The number is projected to further increase significantly in Orthopaedics, based on activity levels.
- Day surgery admissions at SJH have increased since October, with the ringfencing of elective beds to protect day capacity for Orthopaedic, General Surgery, Gynaecology and Urology day cases.

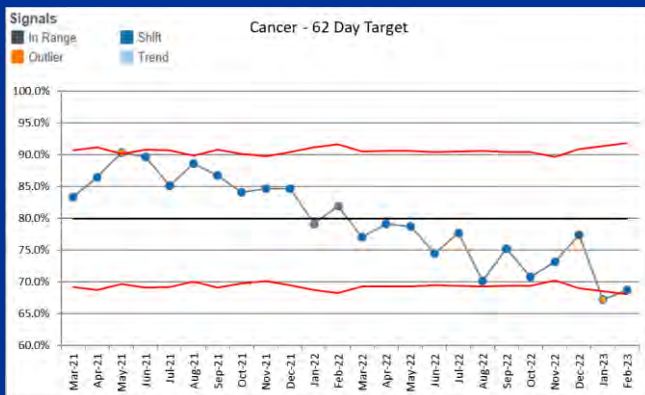
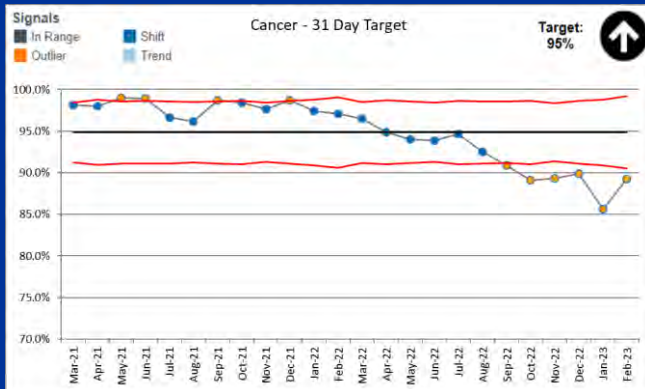


Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Implementing Scottish Government funded pilot of theatre scheduling tool. Tool implemented in Ophthalmology, Maxillofacial, ENT, and Plastic Surgery	Ongoing	Increase Day-case and Inpatient activity.	Improved ability to monitor, and manage underused capacity prospectively. 4% increase in in-session utilisation across the four specialties over Jan-Feb 23.	Urology service due to go live April 2023. Data cleansing of procedure codes for Plastic Surgery to improve booking accuracy. System updated to improve functionality. Formal data collection period Jan-March 2023.
Increasing cataract list throughput.	December and Ongoing	Increase activity	Increased number of cases per list (throughput), shift from 3.63 to 5.07 (all cases).	Note limited numbers of cataract only lists therefore reporting total throughput. For cataract only lists ~50% of operators are achieving 8 cases per list.
Ring fence Day of Surgery Admissions (DOSAs) at St John's Hospital (SJH) to increase capacity for long wait patients for General Surgery and Orthopaedics in the first instance, without compromising cancer and urgent patients.	December	Increase Day-case activity. Reduce Long waits	Three sessions per week ringfenced for General surgery with decrease in number of long waiting patients. Average DOSA admissions per month for Q1 1194, for Q3 1358 shift 164 patients.	Weekly prioritisation meetings allocating capacity to service with highest number of long waiting patients. Orthopaedic service review complete with expanded case mix to be delivered at StJ commencing May 2023.
Procurement of External Provision.	Continuing throughout 2023/24	Increase capacity to improve backlog.	Capacity allocation at GJNH for TTG long waiting patients:-	Additional external capacity allocation for GJNH funded by Scottish Government has been confirmed for 2023/24 up to September. Existing contracts with Spire, Nuffield, Insource Medicare and Medinet are progressing well. A clinical visit to Optical express was undertaken on 28th November and contract now in place.

SCHEDULED CARE & DIAGNOSTICS – CANCER 31 & 62 DAY STANDARD

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (January 2023)	Data Source
Not Met (62d)	95% Standard (agreed trajectory for end of June 2023 = 81.3%) (62d)	66.9%	Management Information
Not Met (31d)	95% Standard (agreed trajectory for end of June 2023 89.3%) (31d)	85.5%	



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

- 31-Day performance has been below the 95% target since April 2022. 62-Day performance continues to be below the 95% target and recently has dropped to below/ near the lower control limit. We are working to recover this position through improvement actions and remobilisation plans,
- NHS Lothian 62-day cancer performance remained below the trajectory of 81.3% in January 23, with performance at 66.9%. Scotland's performance was 66.2%.
- 31-Day cancer performance dropped below the trajectory of 89.3%; NHS Lothian's performance was 89.2% and for Scotland was 91.9%.
- 62-Day pathways continue to be impacted by increased USoC demand, staffing pressures across Outpatients, diagnostic, theatre and bed pressures.
- In several areas waiting times for Outpatient Department (OPD) appointments, Endoscopy and Radiology continue to be over 2 weeks but are under improvement review.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>1. All tumour groups (TGs) to review and update timed cancer pathways; Breast, Colorectal, Head and Neck, Lung, Gynae (Cervical & Ovarian), Melanoma, Urology, Upper Gastrointestinal (GI) and Breast.</p> <p>Embedding of timed cancer pathways into standard practice. Timed cancer pathways to be used as basis for Cancer Waiting Times (CWT) SOP and Escalation Guidelines.</p> <p>Trackers to receive training on pathways tracking and escalation in dedicated workshops</p>	<p>Completed March 2023</p> <p>June 2023</p> <p>April 2023</p>	<p>Earlier identification of patients at risk of breach allows for more timely escalation to clinical and diagnostic teams. This increases the likelihood of patients being seen within target and treated sooner.</p>	<p>As right.</p>	<p>All services have signed off their annual review of timed cancer pathways.</p> <p>Review of CWT SOP has started as of March 2023.</p> <p>Workshops to be booked for April 2023.</p>
<p>2. Urology: Pathway improvement and development work</p> <p>2a. Prostate</p>	<p>May 2023</p>	<p>Prioritise actions to reduce timings across various stages of the cancer pathway</p>	<p>As right. Also, positive patient feedback on one-stop clinic.</p> <p>Additional Flexible Cystoscopy and surgical capacity – activity delivered has consistently been above predicted core capacity for the past 12 months through various routes including additional independent sector capacity, Wait List Initiatives (WLIs) and improved Waiting List validation processes.</p>	<p>Significant Quality Improvement (QI) continues, reviewing the prostate cancer pathway, initially focused on the pre-diagnosis stage.</p> <p>A test of change was agreed to remove a step from the pathway identified by clinicians as unnecessary, for 4 weeks. The trial was a success and is planned for full pathway sign-off in April, with a plan to introduce it in May.</p>
<p>2b. Theatres - Establish working group to review theatre staffing</p>	<p>June 2023</p>	<p>Improved theatre staffing to increase theatre capacity across Urology and Colorectal patient cohorts (both USoC and non-cancer patients)</p>	<p>To be identified following initial scoping work.</p>	<p>Initial establishment of working group under way.</p>
<p>2c. Diagnostics - Establish working group to review diagnostics capacity related to timed cancer pathways</p>	<p>June 2023</p>	<p>Reduced timeframes for patients at key stages of pathways</p>	<p>To be identified following initial scoping work.</p>	<p>Initial establishment of working group under way.</p>

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

Action	Due By	Planned Benefit	Actual Benefit	Status
3. Endoscopy: Implementation of iron deficiency anaemia pathway	TBC; awaiting update from service	Decrease number of combi procedures needed	For review post implementation;	<p>Patient Focussed Booking (PFB) was paused over the Christmas and new year period to allow all capacity to be utilised for USoC and high risk patients.</p> <p>Waiting List Initiatives (WLIs) continue to be used for USoC and bowel screening patients. New USoC iron deficiency anaemia pathway been trialled, results being reviewed currently. Over the trial period decrease in the number of USoC combi procedures undertaken (Oesophago-Gastro-Duodenoscopy + colon combined), as demand actively reduced.</p> <p>'Stop tracking' is embedded within endoscopy for suitable patients.</p>
4. Lung Centre for Sustainable Delivery (CfSD) – Optimal Lung Cancer Diagnostic Pathway implementation	Ongoing throughout 2023	Faster diagnostic pathway to reduce anxiety for patients as they wait for a diagnosis, and commence treatment. Reduces the risk of cancers growing or spreading and increases the likelihood of patients remaining fit for effective treatment.	Not yet implemented	<p>NHS Lothian response is in preparation for regional discussion in time to meet Scottish Government deadline for submissions – linked to Scheduled Care Recovery Board (SCRb). Regional elements will be considered with Royal College of General Practitioners (RCGP) and Regional Cancer Advisory Group (RCAG) oversight.</p> <p>Group chaired by South-East Scotland Cancer Network (SCAN) Clinical Lead for Lung, for delivery of pathway, initiated following several stakeholder meetings. Awaiting outcome of bid.</p>
5. Effective Cancer Management Framework: Implementation of action plan to meet framework requirements	March 2024 for full plan June 2023 for first key actions (see action 1)	Reduction in waiting times at all stages of pathways. Reduction in inappropriate referrals from Primary Care. Greater engagement in cancer performance across all teams involved in cancer pathways.	Ongoing benefits to be captured alongside staged implementation of plan	Weekly visits from Scottish Government National Cancer Performance Lead to support implementation of framework. Revised action plan for review and sign-off at Cancer Recovery Board in March.

SCHEDULED CARE & DIAGNOSTICS – RADIOLOGY ACTIVITY

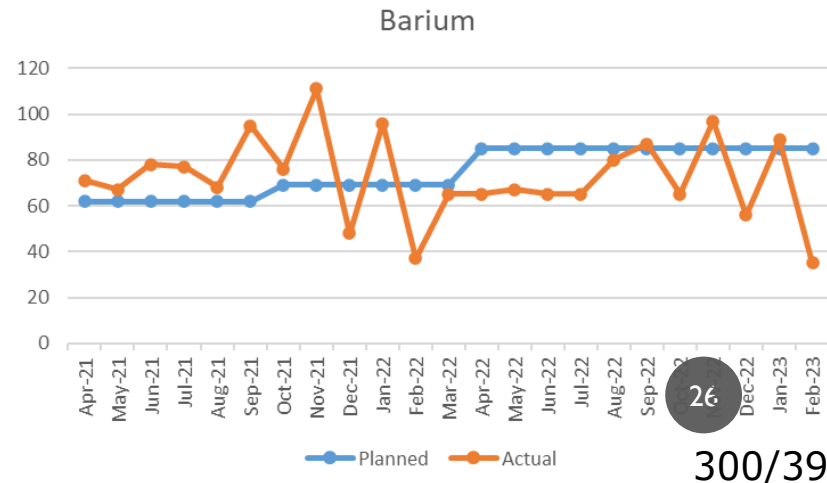
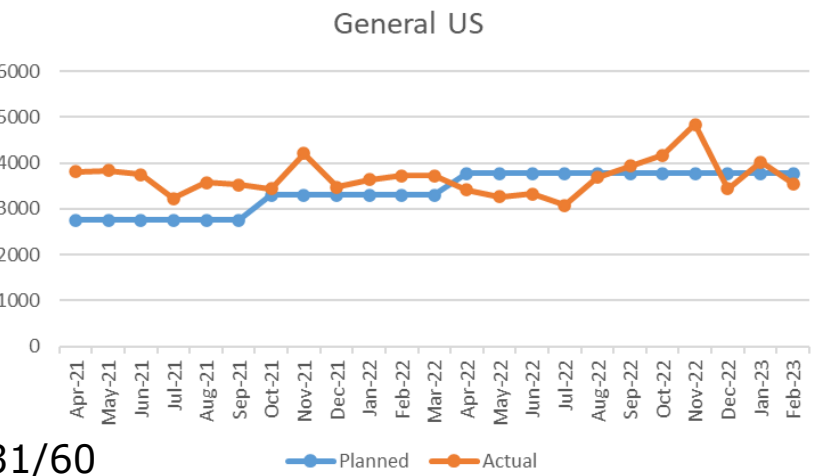
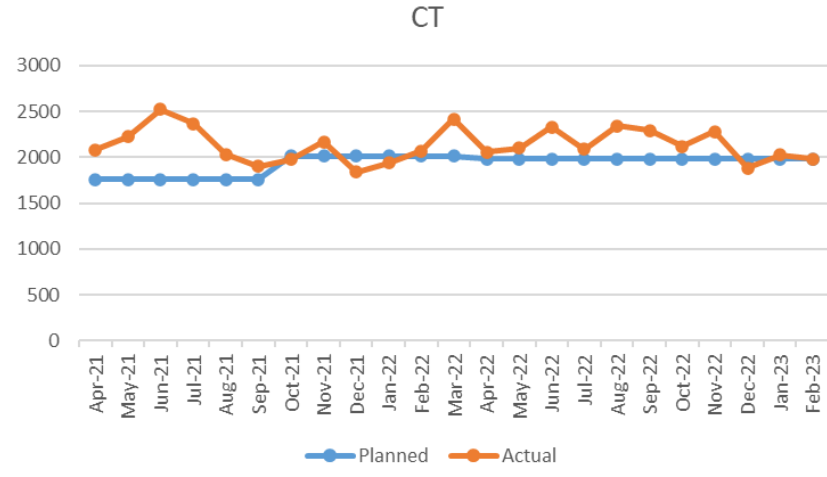
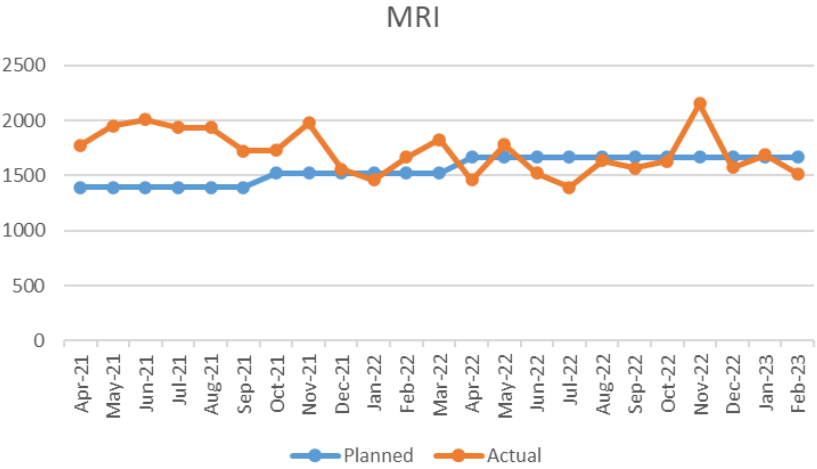
Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (February 2023)	Data Source
Not Met	Diagnostics: MRI Activity Variance (Planned Versus Actual)	-150	Management Information
Not Met	Diagnostics: CT Activity Variance (Planned Versus Actual)	-1	
Not Met	Diagnostics: Non-Obstetric Ultrasound Activity Variance (Planned Versus Actual)	-229	
Not Met	Diagnostics: Barium Studies Activity Variance (Planned Versus Actual)	-49	

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

- **Magnetic Resonance Imaging (MRI)** – Recent monthly activity to the end of March was below local standard due to reduced staff capacity for extended days and weekend working, as a consequence of annual leave, however activity levels will return from April. In addition there was increased demand from ENT and Urology.
- **Computed Tomography (CT)** – performance was close to projected activity, with the benefit of the CT Pod at SJH and continued use of external support.
- **Non-obstetric Ultrasound** – performance was below projected activity due to staffing issues (maternity, sickness, annual leave) and reduced availability of staff for Waiting List Initiative (WLI) sessions. Performance is expected to be in line with the plan from April/ May onwards.
- **Barium Studies** – Activity below plan within the period partly as a consequence of fluoroscopy equipment replacement at WGH. Normal service will resume from April.

SCHEDULED CARE & DIAGNOSTICS

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



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

Action	Due By	Planned Benefit	Actual Benefit	Status
Continue to provide mobile MRI capacity for 2023/24 for an average of 17 days per month (funded by Scottish Government).	March 2024	Approximately 400 additional MRI appointments per month.	Dependent on scan type but will be monitored.	An average of 282 scans per month have been performed from Apr 2022 – February 2023. 225 scans were performed in February 2023.
Continue to provide additional CT scanning within CT Pod on SJH site through 2023/24 (funded by Scottish Government).	March 2024	Total of 70-80 scans per week.	Dependent on scan type but will be monitored.	An average of 323 scans per month have been performed from July 2022 – Feb 2023. 294 scans were performed in February 2023.
CT capacity to be provided by Golden Jubilee National Hospital	March 2024	Capacity for 200 scans per year will be provided	Monthly scanning capacity of approximately 20 CTs.	136 scans carried out between end of June 2022 and February 2023 (Average of 12 scans per month for 9-month period). 30 scans were performed in February 2023.
Provide evening and weekend Waiting List Initiative Ultrasound scanning sessions	Ongoing	Approximately 500 scans per month	Variable as this is dependent on staffing availability to work additional hours.	The total General US waiting list has decreased by approximately 16% since July 2022 through routine activity and WLIs. An average of 634 scans per month have been performed via WLI sessions from July 2022 – February 2023. 477 scans were performed via WLI in February 2023.

SCHEDULED CARE & DIAGNOSTICS – GI DIAGNOSTICS INCL. CYSTOSCOPY ACTIVITY

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (February 2023)	Data Source
Met	Upper Endoscopy	77	Management Information
Met	Lower Endoscopy	20	
Not Met	Colonoscopy	-43	
Met	Cystoscopy	33	

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

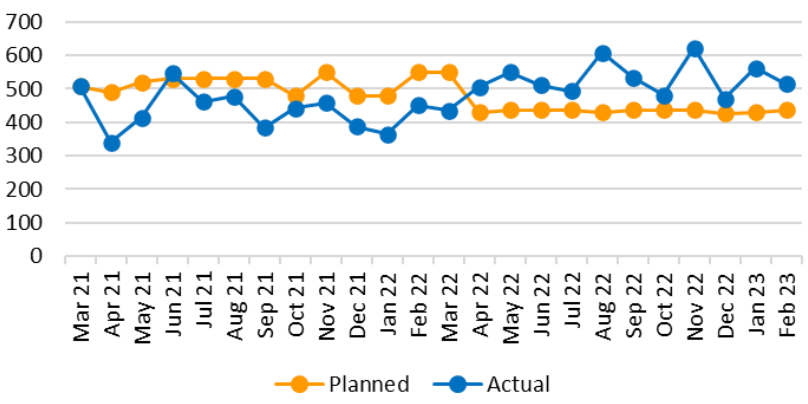
- Appointment slot prioritisation remains in place for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients, irrespective of diagnostic test.
- Ring-fencing of slots to ensure new, genetically high-risk patients are receiving their diagnostic investigations in a timely manner, is established.
- Additionally, housekeeping of waiting lists is ongoing and local policies for patient cancellations and 'Did Not Attends' (DNAs) updated, implemented and embedded.
- Telephone reminder calls are being undertaken to assist with reducing DNA rate but ongoing vacancies within the endoscopy booking office increase the potential of missed opportunities for filling cancellations at short notice.

- **Endoscopy:** Activity overall has increased since February 2022, despite continued workforce pressures (including recruitment of nursing staff and endoscopists). USoC demand remains high, which means 'new' upper and lower urgent and routine endoscopy waits remain extended. Additional capacity is being delivered at Golden Jubilee Hospital for Oesophago-Gastro-Duodenoscopy (OGD) patient; the allocation from April to September 23 has been confirmed at 180 patients over the six month period. Waiting list initiatives continue to support maintenance of both new and surveillance endoscopy performance.
- **Bowel Screening:** An increased number of referrals have resulted in an increased timeline for pre-assessment and subsequent bowel screening colonoscopy, pushing beyond the 31-day standard.
- **Colonoscopy:** Demand for colonoscopy continues to reduce, following formal implementation of the Qfit pathway in April 2022. This has allowed patient-focussed booking to be switched on for urgent colon patients, reducing long waits for this cohort. Additional Insourced activity commenced in February 2023, targeting longest waiting patients from all new diagnostic queues. Data from a recent trial of a new iron deficiency anaemia pathway is being updated. There is potential that this pathway will reduce the number of colonoscopies required by this patient cohort, as need will be determined by Qfit result.
- **Cystoscopy:** Utilisation of cytosponge for Barrett's surveillance patients continues to reduce waiting times for these patients. However, a series of cytosponge mechanical failures impacted the national cytosponge service and an investigation was undertaken between National Services Scotland (NSS) and Medtronic. The service has been re-established and patients suitable for this procedure are triaged accordingly, allowing them to be booked within their target dates if they meet 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. There is an emerging risk for both theatre staffing challenges and early departures of Urology Medical Trainees. Flexible Cystoscopy lists are being maintained at baseline volumes but this is expected to deteriorate as available theatre capacity is determined by clinical priority. Waiting list initiatives are also in use to continue to maintain performance.

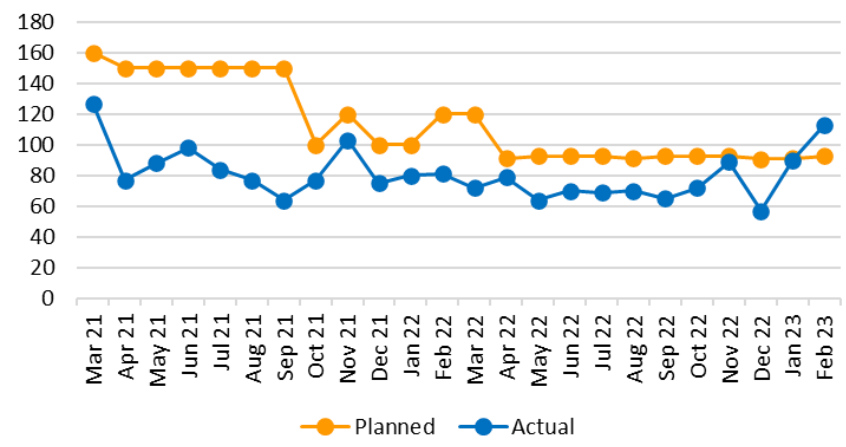
SCHEDULED CARE & DIAGNOSTICS

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

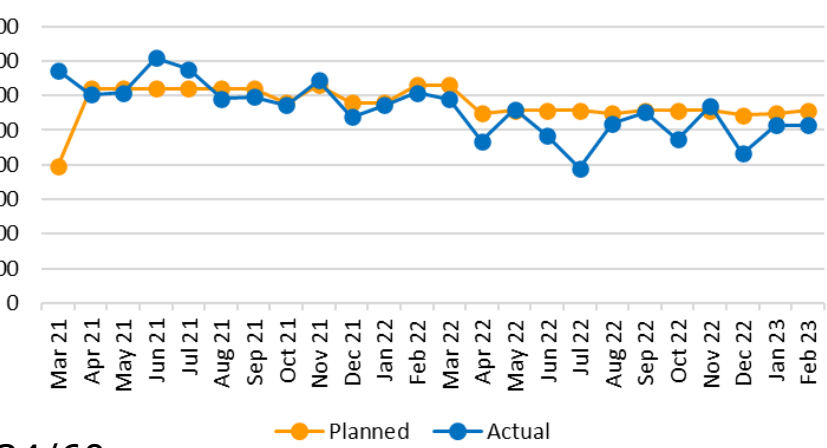
Upper Endoscopy



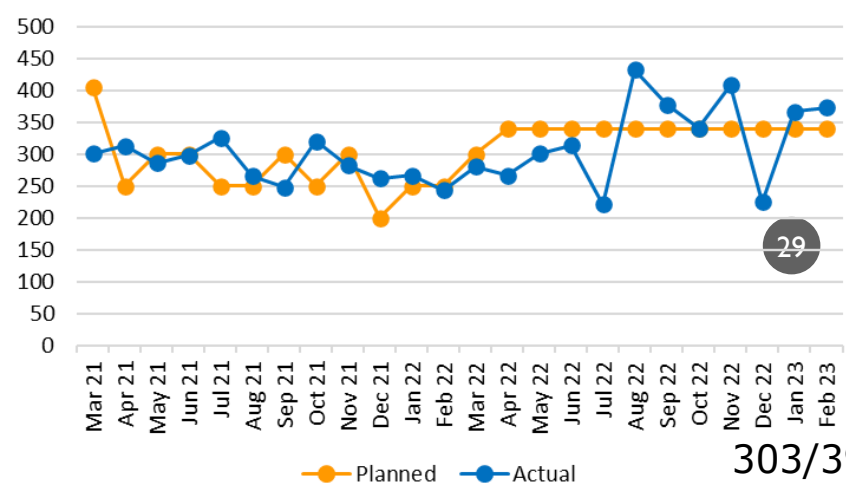
Lower Endoscopy



Colonoscopy



Cystoscopy



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

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, reducing waiting times.	WGH and RIE ongoing, posts advertised. Workforce paper and actions for Performance Oversight Board (PSOB). SBAR submitted to assist with recruitment issues. Endoscopy posts visible on Band 5 adverts, with limited uptake. An Endoscopy 'highlight' advert has also been drafted.
Increase capacity at 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.	Increased endoscopy capacity by 10 sessions per week (approx. 48-50 patients, scope-type dependent).	Have increased capacity to 15 per week. Increased number of patients being scoped, thereby reducing waiting times.	Ongoing recruitment to open remaining sessions – 2 posts at advert. ELCH converting 2 x Band 5 nursing posts to Band 3 posts to assist with recruitment process. Difficulties in recruiting Band 5 registered nursing. Band 3 posts in place with induction training ongoing at ELCH. 2 x Band 5 posts remain unfilled. Insourcing procurement exercise has taken place to facilitate utilisation of this room for 2 sessions per week (increased to 2 full days). This commenced in February and will run till the end of June.
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. Currently no staff engaged for Band 5 posts despite active recruitment. Insourcing procurement exercise has taken place to facilitate utilisation of this room for 2 sessions per week (1 full day). This commenced in February and will run till the end of June
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. Trainee Nurse Endoscopist posts with academic component (through NHS Education for Scotland (NES)) filled from end September. Interviews organised for further Band 8A advanced Nurse Endoscopist.
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 and now routine long waits are being incorporated into this process. Clear guidelines in place, patients are being expedited and booked if high Qfit result, 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
Review feasibility of insourcing external provider for weekend activity within main site	Commenced February 23.	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. WLI activity starting on Saturdays at ELCH. Further Demand, Capacity, Activity & Queue (DCAQ) work to be undertaken following Performance Oversight Board request. Funding sought and agreed for insourcing activity Jan–March 2023 - commenced February 2023 and funding extended to June 23 Procurement exercise ongoing for activity at ELCH, WGH and RIE - commenced February 2023
Additional capacity via weekend WLIs	Ongoing	Additional 22 Flexible Cystoscopies per week.	Additional activity - 22 per week, approximately 3 weeks per month (when theatre staffing allows).	Ongoing.
Training of nurse cystoscopists	Ongoing	Additional Flexible Cystoscopy lists specifically for surveillance or therapeutic flexible cystoscopies initially.	Additional Flexible Cystoscopy lists but no immediate impact as extensive training is required.	Medical cystoscopist course start date delayed until January 2023 but now begun and two nurses now undertaking.
Test of change underway to deliver Flexible Cystoscopies in an outpatient setting.	End 2022	Release of trained theatre staff to support general anaesthetic theatre lists. Improved patient experience.	See right.	Test of change concluded successfully with recommendation to proceed with move 9 lists from the theatre setting to outpatients department. Small investment in outpatient nursing staff required to facilitate the transfer of activity and a business case will be submitted to Acute SMT for approval.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional capacity via weekend WLIs	Ongoing	Additional 22 Flexible Cystoscopies per week.	Additional activity - 22 per week, approximately 3 weeks per month (when theatre staffing allows).	Ongoing.
Training of nurse cystoscopists	Ongoing	Additional Flexible Cystoscopy lists specifically for surveillance or therapeutic flexible cystoscopies initially.	Additional Flexible Cystoscopy lists but no immediate impact as extensive training is required.	Course start date delayed until January 2023
One-stop visible Haematuria clinic	Implemented	Improves patient pathway by reducing need for second patient attendance.	Improves patient pathway by reducing need for second patient attendance. Data suggests reduced time from referral to diagnosis from a median of 50 to 13.8 days - a significant improvement for patients in terms of timely access to diagnosis and subsequent treatment.	Implemented. Actions in place to fully utilise available Radiology capacity within pathway.
Additional Flexible Cystoscopy clinic implemented in out patient setting	Ongoing	Additional session of 8 Flexible Cystoscopies	Increased activity of 6 Flexible Cystoscopies per week (consultant availability due to On-call and leave has reduced the average additional activity planned)	Implemented.
Test of change underway to deliver Flexible Cystoscopies in an outpatient setting.	End 2022	Release of trained theatre staff to support general anaesthetic theatre lists. Improved patient experience.	Results pending – due by end Feb 23.	Ongoing.

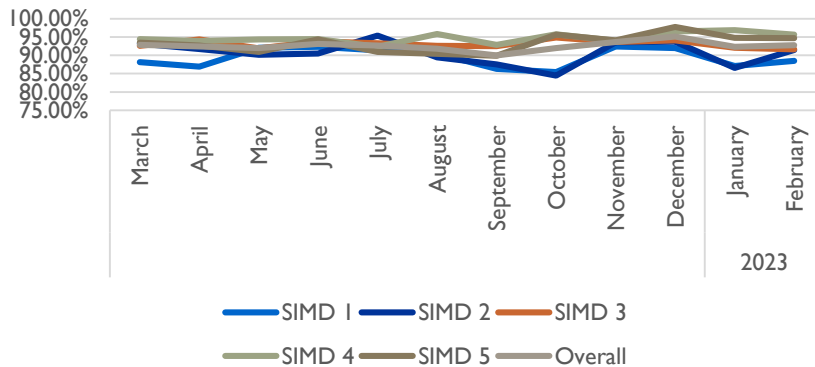
PREGNANCY SERVICES

Reporting Month:	February 2023	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 (February 2023)	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): 88.51% SIMD 2: 91.46% SIMD 3: 91.60% SIMD 4: 95.65% SIMD 5: 94.70% Overall: 92.82%	Management Information

Booking by 12 weeks - SIMD Category



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

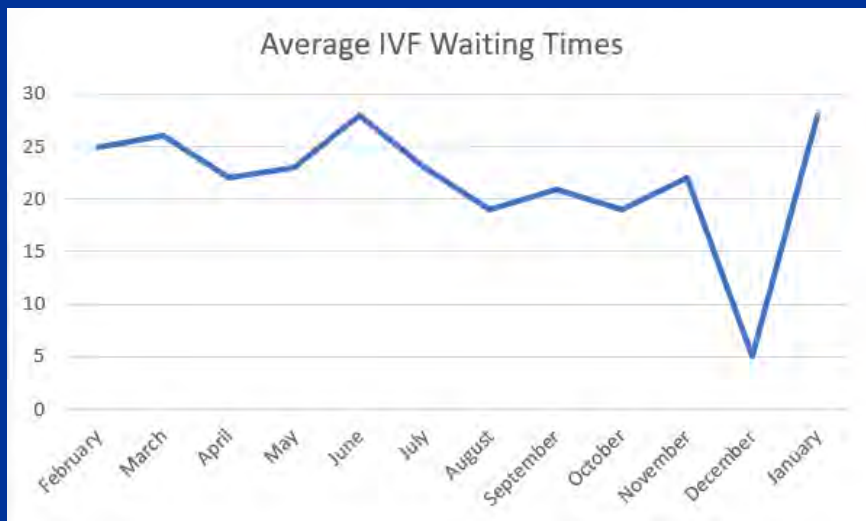
- 80% standard achieved for all SIMD categories in each of the 12 months for the year to February 2023.
- Overall performance is 1.1% improved for February 2023 versus February 2022.
- Those in SIMD categories 1 (most deprived) and 2 continue to be less likely to book by 12 weeks gestation than others.
- Late booking may lead to issues with accessing early interventions and screening such as smoking cessation, for foetal 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.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Review of care pathways for those experiencing complex social factors to ensure comprehensive support in place.	March 2023	Improved understanding of epidemiology and support currently available. Development of improved support for pregnant people and improved inter-agency working.	Published report sets out key recommendations and areas for improvement. To be realised.	Review undertaken by public health department and report now published. Plans being progressed to initiate midwifery continuity of carer within an area with high prevalence of complex social factors.
Targeted rollout of midwifery continuity to deprived communities.	March 2023	Continuity evidenced to have positive impact upon outcomes for mother and baby, particularly for those who are experiencing deprivation.	To be realised.	Programme for delivery of targeted expansion of continuity of carer developed. This will incorporate a phased deployment of continuity and target deprived communities in the first instance.

PREGNANCY SERVICES – IN-VITRO FERTILISATION (IVF) ACCESS

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (January 2023)	Data Source
Met	90% of eligible patients to commence IVF treatment within 12 months of referral.	98.0%	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.
- Edinburgh Fertility Clinic (EFC) received additional funding from Scottish Government for an additional 70 cycles in FY 22/23 to support maintenance of waiting time of six months.
- To continue to maintain a waiting list under six months in 2023/24, EFC will need funding for another 80 cycles but there is uncertainty as to the likelihood of this level of funding being available. The service management team are reviewing capacity for FY 2023/24 to develop plans to mitigate against the impact of funding shortfalls.
- December performance is an obvious outlier versus prior periods due to planned reduction in activity to reflect challenges of delivering time-sensitive clinical treatment over the holiday period. Activity instead was taken up by fertility preservation patients beginning treatment in month.

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

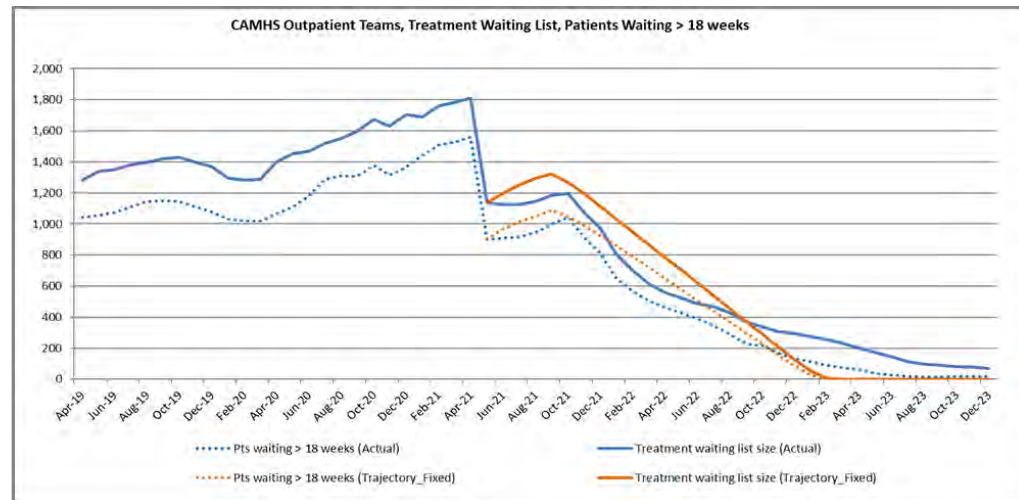
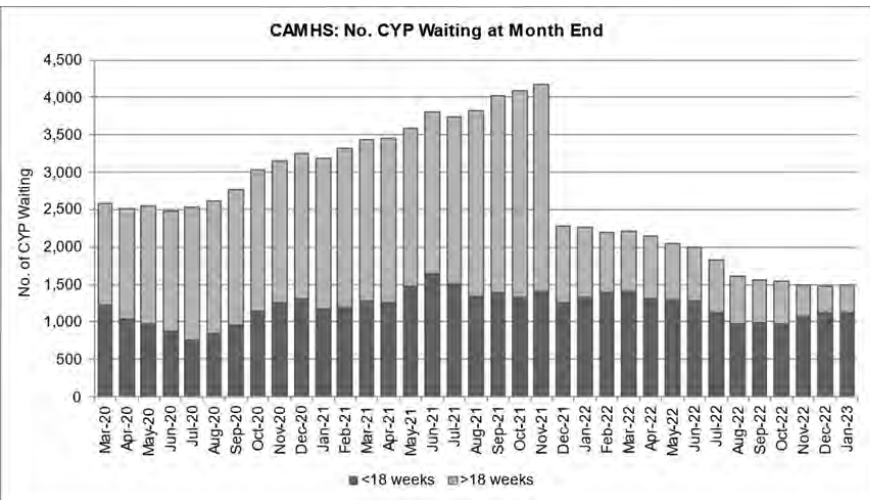
Action	Due By	Planned Benefit	Actual Benefit	Status
Review of IVF pathway underway to ensure efficient capacity management.	August 2022	Streamlined pathways and more effective use of resource.	<p>Reduction in counselling service waiting times.</p> <p>Reduced volume of non-value adding tests.</p> <p>Further benefits to be realised.</p>	<p>Work continues to deliver against all recommendations arising from review.</p> <p>Mixed antiglobulin reaction tests ceased, workforce planning review underway.</p> <p>Counselling resource enhanced.</p> <p>Implementation of online consent using Fertility Consent system ready to be implemented.</p> <p>Training of additional nurses to support increased scanning capability complete.</p>

MENTAL HEALTH SERVICES

Summary for CAMHS, Psychological Therapies and Adult Acute Bed Occupancy:			
Reporting Month(s):	January 2023	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):	<p>LSDF Pillar Two – valuing our work with Children and Young People as the ultimate investment in prevention (objective no. 15)</p> <p>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)</p>
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

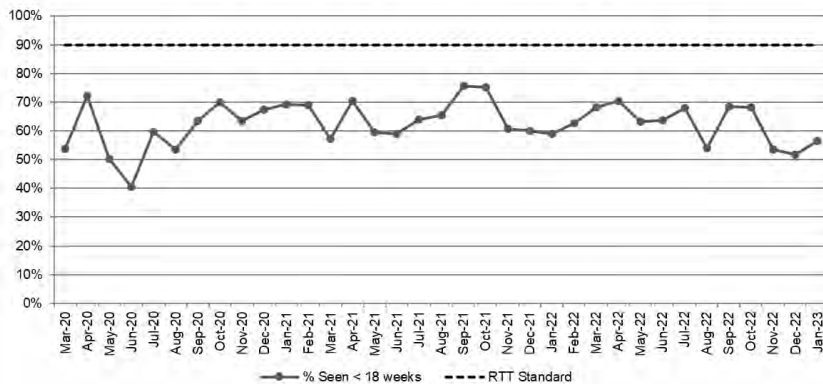
CAMHS - Environment & Context



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 (January 2023)	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.	56.6%	Validated internal management information

CAMHS: Percentage of CYP starting treatment within 18 weeks



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

- The data is showing a slight dip in the % of CYP starting treatment within 18 weeks in the months of November and December 2022; this is expected as the service is seeing the longest waiting patients as part of the recovery plan.
- The total number of CYP waiting continues to decrease each month. The number of patients waiting >18 weeks across all CAMHS teams fell from 568 in September 2022 to 362 in January 2023. Of that number the number of >52 weeks continues to fall from 123 in September 2022 to 83 in January 2023. The reduction in waiting list can be contributed to several factors. This includes a continued focus on CAPA implementation in the outpatient tier 3 teams, increased new treatment appointments booked in line with job plans; and the utilisation of Healios.
- The CAMHS Tier 3 trajectory model has demonstrated continued progress in CAMHS waiting list position over 2022. January 2023 indicated a trajectory of 28 patients waiting >18 weeks. The performance in January is slightly behind trajectory with 114 patients waiting >18 weeks. Two main factors have influenced this;
 - the service has not been able to recruit to the staffing model required in the trajectory
 - there has been a clinical need to prioritise referrals for treatment, mainly patients with an eating disorder.
- Case holding staffing levels by January 2023 were expected to be 122.28wte in the mental health trajectory model. The case holding staffing count in January 2023 was 105.9wte – this represents a deficit of 16.38wte against planned recruitment for waiting list recovery (trajectory model).
- Both East & Mid Lothian moved to full booking (CAPA implementation) for current core mental health and no longer use Healios. As the numbers in each of the teams are reducing, we are able to plan for full implementation. Plans for South, West and North are progressing.

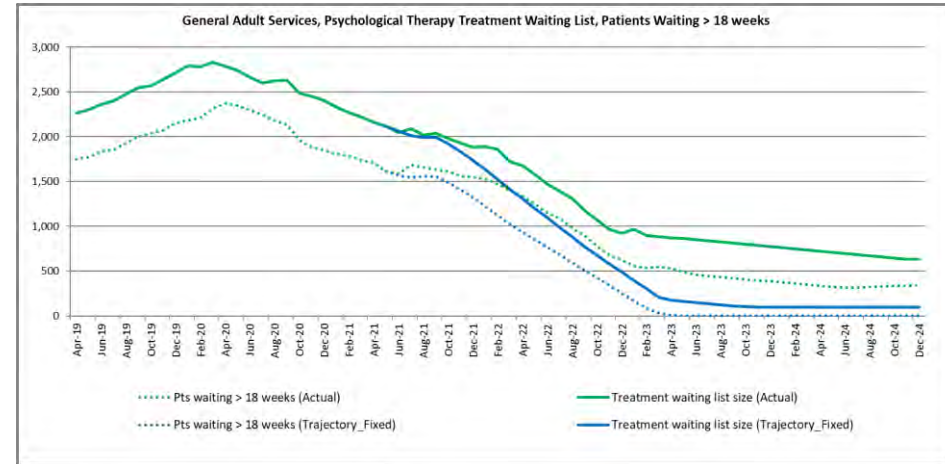
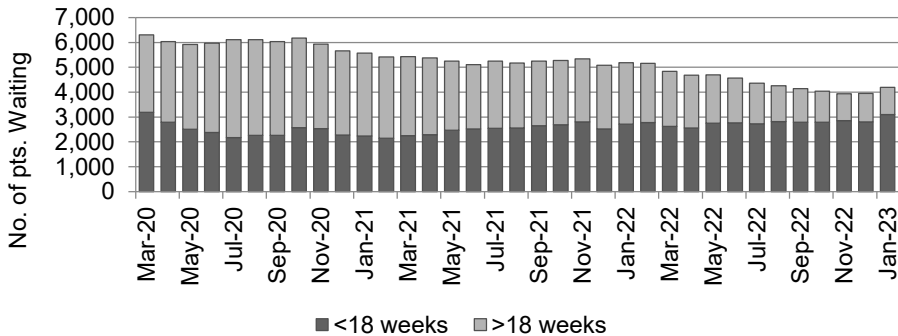
Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Current/Ongoing Actions				
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	<p>ON HOLD</p> <p>No further contract has been agreed with Healios for ND assessments because of a reduction of SG funding in December 2022.</p> <p>Work is ongoing to develop a new multi-agency Neurodevelopmental pathway within NHS Lothian.</p> <p>Current capacity for ND assessments does not meet demand, waiting list will continue to increase.</p>
Completed Actions				
Additional support and recognising the challenges faced in North Edinburgh	Complete	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.	<p>North Edinburgh has seen significant improvement in CAMHS waiting times over the previous quarter as a result of clear operational management. There still remains permanent vacancies within their leadership team, with a temporary cover in place.</p> <p>The team are still having enhanced support from CAMHS SMT during this time.</p>
Implementation of individual job plans and team capacity models on CAPA.	Completed	Utilisation of current capacity to deliver service within all Lothian Outpatient Teams.	Reduction in the number of overall waits for treatment.	<p>All 5 outpatient teams have team capacity plans in place, this predicts the new patient capacity for Core CAMHS MH and also ND. The service has finalised plans for Q4 Jan-March.</p> <p>East Lothian started full booking from the start of October, this means patients will be booked straight into treatment (Core MH) following initial assessment.</p> <p>Planning in place for Implementation of full booking with Mid for January; South during the Jan-March quarter and both West and North during the April –June 2023 quarter.</p>

MENTAL HEALTH SERVICES - PSYCHOLOGICAL THERAPIES

Psychological Therapies - Environment & Context

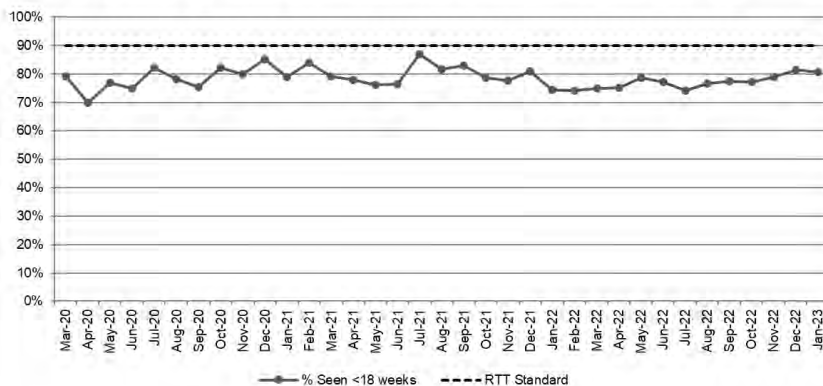
Psychological Therapies: Patients Waiting at Month End



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 (January 2023)	Data Source
Not Met	Data is showing a decrease in the number of patients waiting >18 weeks, however this is slightly behind trajectory.	80.6%	Validated internal management information

Psychological Therapies: Percentage of patients starting treatment within 18 weeks



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

The total number of patient waiting >18 weeks has continued to decrease from 1,346 in September 2022 to 1,089 in January 2023.

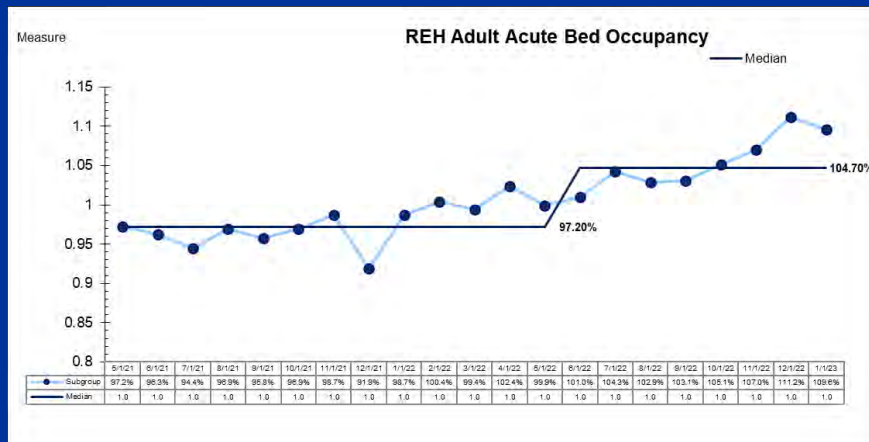
- At the end of January 2023 there were 162 people waiting over 52 weeks for psychological treatment; this compares to 1,500 people waiting over 52 weeks in February 2021.
- The waiting times for Psychological Therapies continue to decrease. The rate at which the treatment waits are reducing is higher than the national average. Across services that have been able to consistently reduce waiting times, there is some evidence that demand for Psychological Therapies is increasing. For instance, in West Lothian Psychological Therapies Service, there has been a 30% increase in the number of patients referred over the last 6 months. This will in part be due to GPs being aware of reduced waits and in part in relation to higher acuity in the context of the current climate.
- Computerised Psychological Interventions has an increasing portfolio. On average, 500-600 referrals to a range of computerised and digital interventions are made each month, primarily from primary care, with a waiting time of up to 7 days for access to psychological treatment. The computerised treatment packages offered meet the evidence base for Cognitive Behavioural Therapy.
- There are many variables making exact projections difficult in terms of meeting the LDP Standard (90% of patients being offered psychological treatment within 18 weeks of referral), the revised pathway indicates that this will be achieved within 9-12 months.
- The current assumptions underlying the trajectory (future staffing levels, duration of treatment supported by SG, realisation of theoretical capacity) have been considered and reviewed by the Oversight Board.
- SG have been involved in the revisions and are supportive of our approach. The job planning and system of performance management across Lothian psychology services has been recommended to other Boards to adopt similar approaches.
- Slight increase in January of 149 new patients on psychological treatment waiting list due to new clinical services for Prisons, MNPI, Covid Hospitalisation (MACH) service being added to TRAK for PT reporting.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of recruitment of additional staffing	Implemented and ongoing	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	Recruitment to the supervisory positions and experienced qualified staff to provide treatment to the most complex group of patients has been successful most recently in AMH General Teams. Recruitment of locum staff to all AMH PT Teams has improved productivity further. LDP Standard will not be reached in March 2023; SG have been advised.
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 to good effect. Caseload sizes are commensurate with job planned expectations, supported through case management and clinical supervision for high standard of clinical governance.
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 500-700 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. Ongoing promotion across all HSCP Primary Care teams.
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.	Implemented and 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.
Implementation of Patient Focused Booking for new treatment appointments and improved reporting	Implemented and 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	Changes to Trak are being undertaken to support this; majority of improvements in place now. Manualised version of PFB in place has led to increased access. Interstate Systems required for change in automated systems.

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

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (January 2023)	Data Source
Not met	85-90%	109.6%	Validated internal management information



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

- The percentage occupancy for REAS Adult Acute (graph opposite) remains high. This has been a decrease from 111.2% recorded in December 2022 to 109.6% in January 2023.
- The median bed occupancy has increased from 97.2% to 104.7%.
- The data does not include any admissions of 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 pre-Covid
 - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)
- There is continued bed pressures across all adult mental health wards in the REH (including Adult Acute, Rehab, Older People Mental Health, and Intellectual Disabilities). The total occupancy figures for each service is representative in the table below and will be presented in graph trend format in subsequent reports (similar to graph opposite).

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Current/Ongoing Actions				
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. Workstream 1 (Discharge without Delay) aims to increase our level of patient centred discharges to 25 per week, with Workstreams 2 & 3 having the potential to feed into and support in realising this immediate goal.	<p>There are 3 workstreams that have been identified. This group will report into, and be governed, by the Lothian Mental Health and LD Operational Group (chaired by Tracey McKigen). Project Management will be supported by a Management Trainee (Callum Cowan) until end December 2022 who is supporting the introduction of all 3 workstreams. The main focus will be Discharge without Delay (DwD), Unscheduled Care (UC), and Ways of Working. Replacement project management support still to be identified for Jan 2023 onwards.</p> <p>A Programme Board has been set up, which meet regularly to review the progress of the 3 workstream.</p>
Workstream 1 – Discharge without Delay (DwD)	Ongoing	To ensure that patients are discharged from Acute Sites on their Planned Date of Discharge (PDD, the date by which they are expected to be <i>clinically</i> ready for discharge) by identifying and removing any barriers across the health and social care system.	To improve patient flow through Acute Mental Health by taking a person-centred approach to the discharge and increase discharges to 25 per week by the end of March 2023.	<p>Workstream 1 – A project plan is being worked through in order to monitor the workstream's progress against the 3 main objectives of: 1. Set up and communication, 2. Improving discharge processes, tools and documentation, and 3. Improving optimal flow.</p> <p>DwD has now been rolled out across 5 acute wards, with a presentation outlining the principles of DwD and the changes that the MDT will see as a result of it's implementation delivered to staff after RRDs and to the medical team at GAP. This momentum will be maintained by highlighting the progress made against our objectives, along with any successes and challenges, to our clinical teams through the use of hospital-wide communications.</p> <p>An updated SOP around Rapid Run Downs reflecting the action-driven approach required of these meetings for the programme's success has been circulated reflecting the use of Planned Date of Discharge, with inpatient consultants and senior charge nurses collaborating with Danielle Shearer-Howie to tailor this for IPCU and Braids respectively.</p> <p>Initial uptake and level of engagement from staff appears high, with PDD and actions to remove impediments to discharge being discussed during RRDs and Patient Flow Meetings.</p> <p>A data dashboard is currently being created to measure the impact that these actions are having on level of discharges, and a patient experience survey has been formulated with the aid of the patient council in order to gather qualitative data as to how the implementation of the principles of DwD supports our patients' recovery.</p> <p>Dashboard is still being created and this will be around Length of Stay; Delayed Discharge numbers; and bed occupancy. This will be reported to the programme board to keep them updated on the progress of the workstream. Services are ensuring transparency around delayed discharges and the inclusion criteria has been updated to ensure that patients awaiting Rehabilitation beds are included in the Delayed Discharge numbers.</p>

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Workstream 2 (Unscheduled Care)	Ongoing	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve patient flow through Acute Mental Health, ensure patients are treated in the most appropriate care setting, and reduce delayed discharges by robustly reviewing the unscheduled care admissions and discharge policies and procedures.	<p>Workstream 2 – Unscheduled Care (Karen Ozden – Lead). This workstream is still in the early/planning stage, with project goals being finalised and a project plan being drawn up.</p> <p>Mike Reid (GM - East Lothian HSCP), Danielle Shearer-Howie and Jamie Martin (Patient Coordinator) will carry out a day of care audit on the IHTT and CMHT teams to gauge their current workload to ascertain whether there is any scope for them to aid in stimulating patient flow.</p> <p>Furthermore, a review of the current admissions process for IHTT will be carried out to ensure that the service model is in keeping with increased demands for inpatient admissions.</p> <p>Additionally, there is an away day being planned for unscheduled care services within Mental Health to consider what the barriers to delivering on this workstream so that action/improvements plans can be developed.</p>
Workstream 3 (Ways of Working)	Ongoing	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve the level of patient flow in Acute Mental Health, improve the quality of patient care across all wards, and reduce delayed discharges by reviewing the current ways of working across Adult Acute Services.	<p>Workstream 3 – Ways of Working (Dr Sharon Smith – Lead). This workstream is likewise still in the early/planning stage, and is composed of 3 distinct parts:</p> <p>Firstly, assessing whether the current model of consultant care (i.e. inpatient, community, or mixed) provides the best possible health outcomes for patients. One consultant per ward was trialled which proved to hinder patient experience and flow. This has been reverted and further options are being explored. Currently, due to challenges in consultant recruitment there has been an opportunity to see what an inpatient/outpatient model would provide and this showing signs of improvement in flow. However, further evidence is required to ensure patient outcomes are improved.</p> <p>Secondly, the current sectorised approach to admissions will be reviewed to ensure that our patients are receiving the highest possible standards of care regardless of whether they are admitted to their social care locality's ward or not.</p> <p>For both of these elements of workstream 3, we will make use of data on Tableau to test whether any changes to the consultant model can be implemented across REAS effectively, and ensure that current/up-to-date medical literature supports the implementation of any changes.</p> <p>Finally, we will seek to determine whether moving to a Seven-Day Working pattern for members of the OT team would offer support better patient outcomes as well as value for money for NHS Lothian. Once again this will involve the use of data and collaboration with the Sustainability and Value team to perform a cost/benefit analysis of any such changes. This continues to progress.</p>
Minimising the use of additional temporary beds set up as contingency when wards at full capacity.	Ongoing	Safer patient care as staff will not be expected to look after more patients without additional resource.	Reduced staff stress and workload	Use of temporary additional beds in quiet rooms as Contingency continue to be used regularly. It is the intent to focus on reducing and then eliminating their use, however, demand has continued to require the use of contingency beds. The use of interview rooms is exceptional as the increased capacity is also managed through the use of boarding beds when available in other areas of REH.

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

Acute & Community Partnership Interface Meetings	Ongoing	Promote collaborative working between Acute & Community Services.	To improve working relationships and collaborative working to promote patient flow and ensure our patients are receiving high standards of care throughout their journey through the health and social care system. Increased levels of collaboration will aid in achieving the goals of the DwD programme, as this is key in identifying and removing barriers to discharge when a patient is clinically fit,	<p>Interface meetings are currently being revisited by Anna Duff (Locality manager for N. Edinburgh) and Terez Burrows as part of the DwD workstream.</p> <p>A meeting is to be set is to arranged with the CNM East Lothian to ascertain whether any learning from their success in reducing the amount of bed use from an average of 27 per week to 9 can be brought to bear in REAS.</p> <p>Feedback from members of the interface meetings regarding improving the effectiveness of the meetings are being collated to ascertain where improvements are needed to increase effectiveness.</p> <p>Service Manager for REH has been attending interface meetings and the initial feedback is that these meetings are productive around complex discharges, however, communication of the meetings progress is not always shared widely which can lead to duplication of tasks. Therefore, moving forward an action log will be created to ensure consistency.</p>
Completed Actions				
Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment	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. Daily reports have been set up on Business Objects and sent to relevant members of staff to highlight the number of patients admitted and discharged. This now includes patients residing in St John's Hospital who should have been admitted to REH. Also broken down by HSCP.
Afternoon Huddle Redesign	Completed	To ensure there are timely bed huddles which allow sufficient time for actions to be taken to promote patient flow.	Staff will be able to leave the afternoon huddle and have sufficient time to follow through on actions which should promote patient flow.	Adult Services are in the final stages of redesigning the afternoon bed huddle. This involves moving the meeting from 3pm to 1pm so that we can be more efficient in the use of time of actions identified.

WORKFORCE

Reporting Month:	February 2023	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 Activities- Improving Staff Experience (no. 108)
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 %

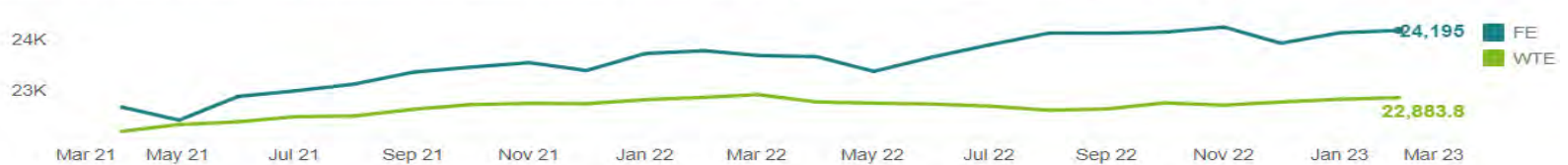
Sickness Absence Rate



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.



Month	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	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Establishment Gap %	2.07%	0.38%	2.16%	2.18%	2.69%	3.09%	3.11%	3.36%	2.76%	3.79%	3.81%	3.21%	3.73%	2.64%	3.87%	5.00%	6.22%	6.11%	5.70%	6.27%	4.78%	5.37%	5.42%

WORKFORCE – STAFF SICKNESS ABSENCE RATE %

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (February 2023)	Data Source
Not Met	4%	6.06%	NHS Lothian Tableau Absence Dashboard

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

- The funded establishment represents the agreed and funded requirement for a given department/ward to provide sufficient staffing to fully provide a service. This is compared against the in-post staffing on the payroll in a given month to provide the percentage establishment gap i.e. the difference between what we want as an organisation and what we can get.
- Since September 2022, sickness absence has been above 6%, reaching a peak of 6.72% in December 2022, before reducing to 6.06% in February 2023. In the most recent national comparative figures for December 2022 NHS Lothian remained significantly below the national average of 7.35%.
- Within Registered Nursing, the largest element of the clinical workforce, sickness absence has declined slightly from 6.47% in January 2023 to 6.06% in February, however this still represents a 1.1% increase on February 2022.
- Supplementary staffing utilisation has continued to increase to 587.8wte in February 2023, the highest point in the financial year to date, helping close establishment and absence gaps.
- As a consequence of the continuing high levels of absence and annual leave, the Registered Nursing workforce continues to see overall absences well in excess of the 21.5% predictable absence allowance built into staffing establishments sitting at 28.75% in February 2023 and 27.06% in the year to date.

PUBLIC HEALTH

Reporting Month:	Up to September 2022	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)
Corporate Risk Grading:	N/A	Corporate Risk(s):	N/A

On track/Delayed

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 (April – June 2022)	Data Source
Not Met	295 per month	117 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 2022-2023 remains significantly below the LDP target.
- Smoking cessation numbers for 2022/23 are below target and will remain so until the current improvement actions are completely implemented and embedded across the service. The decline in performance has been evident since 2015 (in part) due to service priorities and deployment of staff in the pre-pandemic period not being aligned to national best practice. Furthermore, specialist support for community pharmacy has not been in place as best practice. Although all components of the service underperform, there has been further decline in community pharmacy quit numbers in 2021/22 and now into 2022-23.

PUBLIC HEALTH – IMMUNISATION (I)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (Sept 2022)		Data Source
5-in-1/6-in-1	Met	95%	5-in-1/6-in-1	96.8%	PHS – updated quarterly
Rotavirus	Not met		Rotavirus	93.3%	
PCV	Met		PCV	97.3%	
MenB	Met		MenB	96.0%	

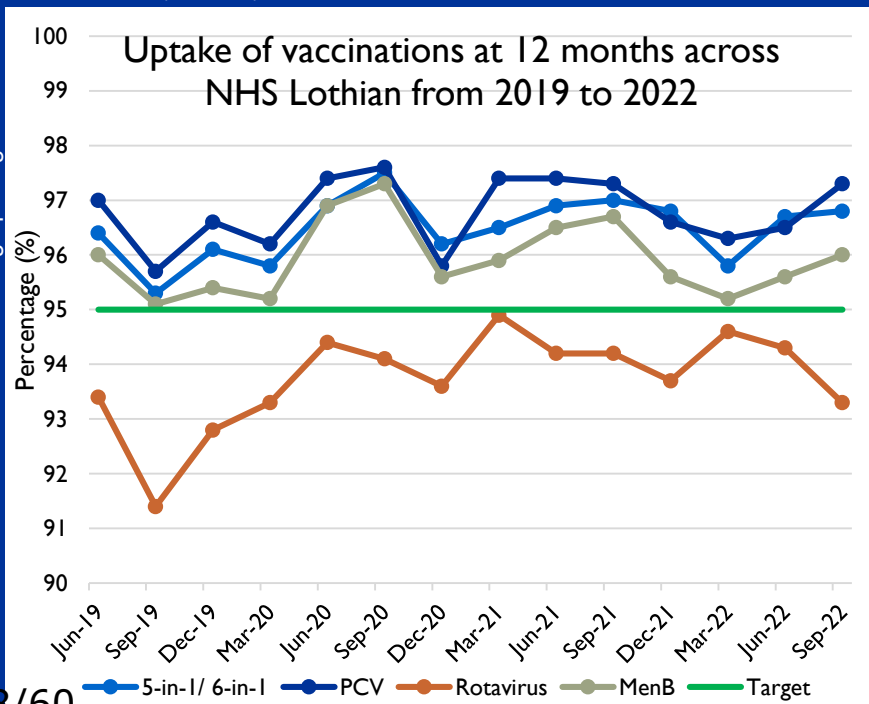
12m: Dep/Hep B/Hib/Polio/tetanus/pertussis,
 12m: Rotavirus (2 doses),
 12m: PCV,
 12m: Men B (2 doses)

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 at 12 months of age.

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.

Rotavirus uptake currently sits at 93.3%, just below the WHO recommendation of 95%.



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

PUBLIC HEALTH – IMMUNISATION (2)

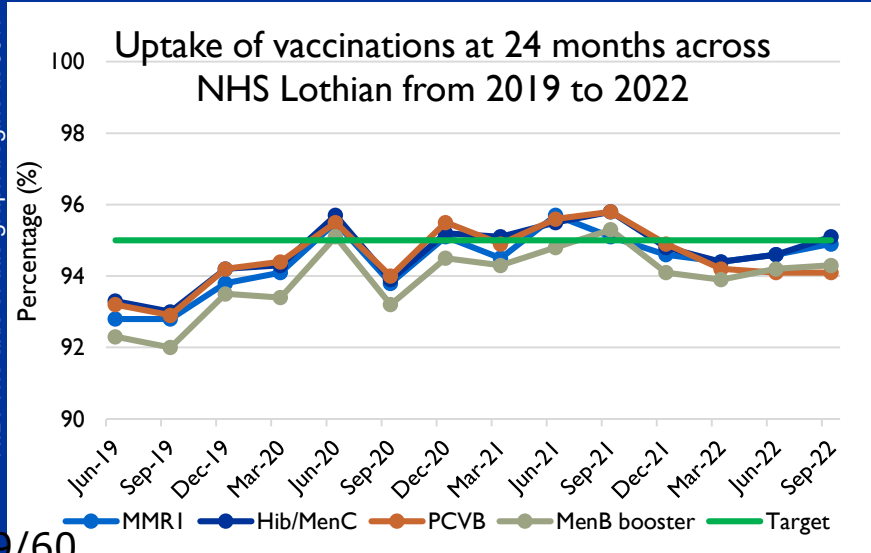
Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (Sept 2022)		Data Source
Hib/MenC	Met	95%	Hib/MenC	95.1%	PHS – updated quarterly
MMR1	Not Met		MMR1	94.9%	
PCV	Not Met		PCV	94.1%	
MenB	Not Met		MenB	94.3%	

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

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 at 24 months of age.

All vaccinations show the same broad pattern over the reporting period with some fluctuation over time. The latest data points in September 2022 identify a slight recovery in uptake of three of the four vaccinations, with the Hib/MenC uptake returning to meeting the WHO recommendation of 95% and uptake of the other vaccines between 0.1 and 0.9 percentage points below the recommended level.

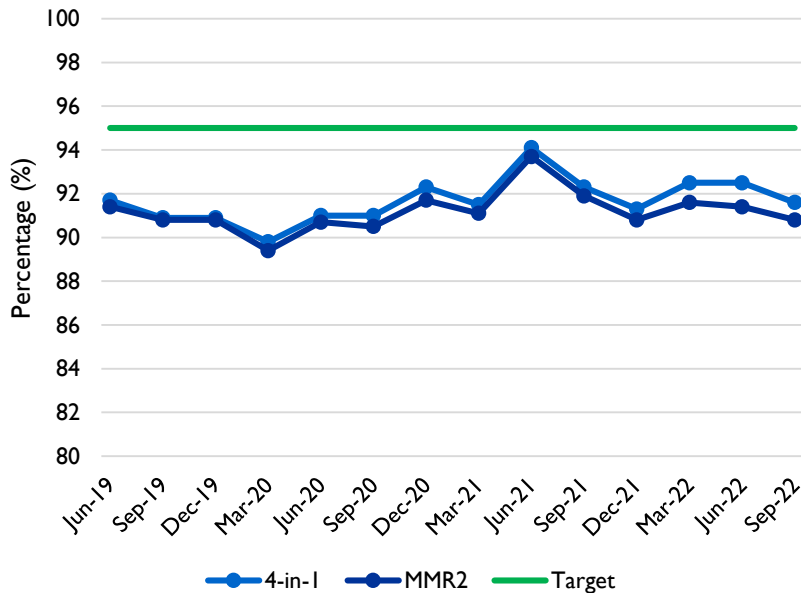


PUBLIC HEALTH – IMMUNISATION (3)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (Sept 2022)		Data Source
MMR2	Not Met	95%	MMR2	90.8%	PHS – updated quarterly
4-in-1	Not Met		4-in-1	91.6%	

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

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



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 at five years of age.

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 vaccines decreased slightly since the previous quarter and remain below the WHO recommendation of 95% (MMR2 at 90.8% and 4-in-1 at 91.6%).

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

FEBRUARY 2023 FINANCIAL POSITION

1. Purpose of the Report

- 1.1. This paper provides an update to the Board on the financial position at Period 11 for NHS Lothian's year to date and the year-end forecast.
- 1.2. 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 asked to:
 - **Accept** this report as a source of **significant assurance** that NHS Lothian will achieve a breakeven outturn this financial year.

3. Discussion of Key Issues

Financial Position at February 2023 and Year-end Forecast

- 3.1. The F&R Committee received a paper on the period 11 financial position and year-end forecast for 2022/23 at its March meeting. The F&R paper highlighted a year-to-date core overspend of £6m shown in Appendix 1.
- 3.2. Based on the information provided at period 11, the F&R Committee agreed that it had **significant assurance** that the Board can achieve a breakeven outturn in 2022/23
- 3.3. The F&R Committee was informed that the achievement of a balanced outturn for 2022/23 is largely achieved due to one off benefits and did not resolve the issue of recurrent financial sustainability in future years

4. Risk Register

- 4.1. The corporate risk register includes the following risk:

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

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

5. Impact on Inequality, Including Health Inequalities

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

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

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

7. Resource Implications

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

Craig Marriott

Director of Finance

23rd March 2023

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Appendix 1 - NHS Lothian Income & Expenditure Summary to 28th February 2023

Appendix 1 - Lothian Income & Expenditure Summary to 28th February 2023

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	330,461	301,908	314,124	(12,216)
Nursing	563,296	514,314	514,137	177
Administrative Services	165,241	141,118	141,992	(874)
Allied Health Professionals	105,713	96,309	93,064	3,245
Health Science Services	49,907	45,690	47,253	(1,563)
Management	8,320	7,375	6,932	443
Support Services	88,669	80,293	84,353	(4,060)
Medical & Dental Support	17,443	16,038	16,313	(275)
Other Therapeutic	59,251	54,032	50,726	3,306
Personal & Social Care	3,088	2,621	2,380	241
Other Pay	(12,282)	(12,400)	(12,189)	(210)
Emergency Services	0	0	26	(26)
Vacancy Factor	(496)	(454)	0	(454)
Pay	1,378,610	1,246,844	1,259,111	(12,267)
Drugs	129,684	118,967	141,335	(22,367)
Medical Supplies	102,811	92,857	98,204	(5,347)
Maintenance Costs	6,353	5,472	11,131	(5,659)
Property Costs	44,614	39,792	42,612	(2,820)
Equipment Costs	34,938	30,697	35,030	(4,333)
Transport Costs	9,097	8,298	10,189	(1,892)
Administration Costs	186,595	33,887	1,982	31,905
Ancillary Costs	11,989	10,979	14,369	(3,390)
Other	(8,107)	(28,523)	(29,455)	932
Service Agreement Patient Serv	41,831	39,907	38,585	1,321
Savings Target Non-pay	(364)	(341)	0	(341)
Resource Trf + L/a Payments	118,768	115,458	116,045	(587)
Non-pay	678,209	467,449	480,026	(12,577)
Other Payments/reimbursements	(5)	(5)	(5)	0
Gms2 Expenditure	156,565	139,377	140,675	(1,298)
Ncl Expenditure	813	745	815	(70)
Other Primary Care Expenditure	87	80	69	11
Pharmaceuticals	160,344	145,282	149,459	(4,177)
Primary Care	317,804	285,479	291,014	(5,535)
Other	(1,338)	(1,209)	(682)	(527)
Income	(367,284)	(326,345)	(341,681)	15,336
Extraordinary Items	0	0	(3)	3
CORE POSITION	2,006,002	1,672,219	1,687,786	(15,567)
Additional Reserves Flexibility	9,623	9,623	0	9,623
TOTAL	2,015,625	1,681,842	1,687,786	(5,944)

Meeting Name: Board
Meeting date: 5 April 2023

Title: NHS Lothian Financial Outlook and Outline Plan 23/24

Purpose and Key Issues of the Report:

This paper sets out the 2023/24 Financial Plan for NHS Lothian as considered by F&R Committee.

DISCUSSION		DECISION	X	AWARENESS	
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The report sets out information on the baseline budgets for next year, with further assessment on cost pressures and the deployment of available resources to offset these where feasible. The Finance and Resources Committee, in its consideration of the Financial Plan for 23/24 and longer term financial strategy approved the plan at its March meeting.

Key issues within this paper are as follows:

- The overall gap in the Plan is £52m after efficiencies of £41m;
- Work will continue to close the gap, including the identification of efficiency plans at 3% of budget which would generate a further £13m of savings;
- The SG have outlined the current uplift arrangements for the new financial year in their communication of December 15th, and these are reflected in the plan. These are subject to alteration following final agreement of the 23/24 pay award;
- Moving into 23/24 no distinction has been made between Core services and Covid spend on the basis that we return to business as usual with Covid costs largely absorbed within normal service delivery.

Recommendations:

- **Approve** the Financial Plan as a basis for opening budgets only and submit to Scottish Government as required.
- **Acknowledge** that, based on the latest information available at this time, the F&R Committee accepted that the financial challenges means that we cannot offer assurance that NHS Lothian is able to deliver a balanced financial position for 23/24 at this stage.
- **Endorse** the allocation of resources agreed by the Finance & Resources Committee for the purposes of budget setting.

Author: Andrew McCreadie
Date: 23rd March 2023

Director: Craig Marriott
Date: 23rd March 2023

NHS Lothian 5-Year Financial Outlook and Outline Plan 23/24

1 Purpose of the Report

- 1.1 The Director of Finance, with the management team, has been developing the NHS Lothian Financial Plan for 2023/24 for approval by the Board. This is consistent with the Board's Standing Orders which state the requirement: "The Board shall approve its Financial Plan for the forthcoming financial year, and the opening revenue and capital budgets."
- 1.2 The Finance and Resources (F&R) Committee, in its consideration of the Financial Plan for 2023/24 and longer term financial strategy has endorsed the following plan, in order for initial budgets to be set.
- 1.3 The Board also has a requirement to set budgets for the delegated functions of the IJBs for next year. The outline plan presented at this stage will form the basis of a formal allocation of budgets to the IJBs.
- 1.4 Any member wishing additional information on the detail of this paper should contact the Executive Lead prior to the meeting.

2 Recommendations

- 2.1 The Board is asked to:
 - **Approve** the Financial Plan as a basis for opening budgets and submit to Scottish Government as required.
 - **Acknowledge** that, based on the latest information available at this time, the F&R Committee accepted that the financial challenges means that we cannot offer assurance that NHS Lothian is able to deliver a balanced financial position for 2023/24 at this stage.
 - **Endorse** the allocation of resources agreed by the Finance & Resources Committee for the purposes of budget setting.

3 Discussion of Key Issues

Financial Outlook 2023/24 to 2027/28

- 3.1 The F&R Committee received routine updates on the Financial Plan in recent months. Each update was provided based on the latest information available at that time. The final iteration in March is now presented to the Board for endorsement.
- 3.2 This Plan sets out current information on the baseline budgets for next year, with further assessment on cost pressures and the deployment of available resources to offset these where feasible.

- 3.3 Informing this, the Scottish Government communicated to Boards on the 15th of December on the indicative budget allocation for 23/24. This set out a 2% uplift on baseline budget, noting that this allocation would be reviewed following final agreement on the pay settlement from 23/24 onwards. An update relating to next year's pay award remains outstanding at this point and we expect an update early in the new financial year.
- 3.4 Table 1 below provides an updated summary of the 5-year financial outlook from next year. Further detail is provided in Appendix 1, with the Outlook split by Business Unit in Appendix 2. The overall position for next year has been updated to show a £52m gap relating to the overall financial position.

Table 1 – Projected 5 Year Financial Outlook Summary

	23/24	24/25	25/26	26/27	27/28
	Variance	Variance	Variance	Variance	Variance
	£k	£k	£k	£k	£k
Baseline Carry Forward Pressures	(104,474)	(90,819)	(105,133)	(118,430)	(132,004)
Additional Expenditure, Growth, Uplift & Commitments	(96,838)	(51,355)	(50,663)	(51,753)	(54,037)
Total Projected Costs	(201,312)	(142,173)	(155,796)	(170,183)	(186,041)
Additional Resources	107,891	35,148	35,816	36,498	37,193
Financial Outlook Gap before FRP's	(93,421)	(107,025)	(119,980)	(133,685)	(148,848)
Financial Recovery Actions	41,413	2,388	1,750	1,750	1,750
Total Financial Outlook Gap	(52,009)	(104,638)	(118,230)	(131,935)	(147,098)

Overall Position 23/24

- 3.5 The issues identified within the core position for next year of £52m are broadly made up of the following:
- A baseline gap of £104m - This represents the recurring underlying gap within NHS Lothian as we start the new financial year;
 - Additional in year cost growth of £97m for new issues;
 - Assumed additional resources of £108m, of which circa £75m is recurring;
 - Efficiency savings identified to date of £41m.
- 3.6 The £108m of additional resource is based on the latest available information and makes some assumptions around the delivery of flexible resource into next year. Resources assumed at this stage are shown in Table 2 below:

Table 2 – Summary of Additional Resources

	23/24	24/25	25/26	26/27	27/28
	£k	£k	£k	£k	£k
Base Uplift - 2%	33,900	33,415	34,083	34,765	35,460
NRAC	15,700				
VPAS	14,862				
Health & Social Care Levy	8,890				
OHB Income	1,733	1,733	1,733	1,733	1,733
Total Recurring	75,085	35,148	35,816	36,498	37,193
Reserves	3,375	0	0	0	0
Flexibility	20,000				
Asset Disposal	2,000				
VPAS	7,431				
Total Non- Recurring	32,806	0	0	0	0
Additional Resources	107,891	35,148	35,816	36,498	37,193

- 3.7 In addition to the base uplift allocation, additional elements of uplift are as follows:

- NRAC – NHS Lothian has received notification of a £15.7m allocation next year (largely recurrent) in order to maintain the board at 0.8% short of NRAC parity. For Lothian, 0.8% of a funding gap represents circa £14m of a shortfall next year and we continue to be behind NRAC parity along with a number of other health boards;
- VPAS (Voluntary Pricing Access Scheme) – Also known as the New Medicines Fund, £14.9m has been included recurrently based on an NRAC share of £100m following advice from the SG, with a further £7.4m included non-recurrently for 23/24, awaiting confirmation on its availability in future years;
- National Insurance – The National Insurance increase (Health and Social Care Levy) was introduced in 22/23 to support additional costs of NI. These costs ceased during 22/23 however the resource was released back to health boards on a recurrent basis to support broader cost pressures;
- Asset Disposal – This relates to the profit on disposal of NHS Estate including Edenhall Hospital and Marchhall Nursing Home;
- Flexibility - Each year NHS Lothian is able to create an element of non-recurrent flexibility from one year to the next based on revisions to previous assumptions around in-year spend. This will be subject to confirmation following the conclusion of the year end and remains a risk.

3.8 The £104m baseline recurrent gap moving into this year includes almost £37.3m of cost pressures which were funded in 22/23 using non-recurrent resources, and therefore remain a cost pressure in 23/24. These costs are assumed a priority for funding in the new financial year.

3.9 The pay award for next year is the single largest additional cost pressure in 23/24 totalling circa £22m based on previous estimates. This is calculated on a flat 2% across pay lines to be consistent with the current anticipated uplift, pending the final outcome of the pay award for 23/24. The Plan assumes the SG will fund any differential arising from any future agreement and based on discussion with SG colleagues is a low risk assumption.

3.10 Table 3 below sets out the proposed utilisation of the additional resource next year.

Table 3 – Utilisation of Additional Resources

	£k	£k	£k
Total available resources			107,891
Recurring pressures funded non recurrently			37,328
			70,563
<i>Pressures Funded -</i>			
Pay Uplift		22,157	
<i>Baseline Pressures -</i>			
SMC Drugs	5,000		
Telecomms Investment	500		
Public Enquiry (3yr of 3yrs)	200		
SMART Centre Uplift	132	5,832	
<i>New Pressures -</i>			
AfC B2 to B3 Regrading CSW/HSW	3,000		
NSD Riskshare	1,555		
Revenue Consequence of Capital Investment	1,497		
O365 Growth in Licenses	700		
Facilities Staffing Review	558		
PACS Re-provisioning	550		
SMART Centre Investment	300		
Blood Science MSC Contract	266		
SJH Clinical Pharmacy Service	222		
National Intellectual disabilities adolescent Inpatient U	150	8,798	
			36,787
			33,776
Resource remaining for distribution at Q1			27,781
Resource for IJB's			5,995

- 3.11 At this stage, as highlighted above, there is still circa £34m of resources which are yet to be allocated against any specific cost pressure, although this is supporting the overall position. £6m of this is to be transferred to IJBs to prioritise against delegated functions, with £28m of non-recurring resource available for NHS Lothian to allocate to specific priorities within the Plan.
- 3.12 The funding of those new pressures identified is largely based on cost pressures which are either unavoidable or expected increases in costs already in the system. In recognition of the non-recurrent nature of the £28m resource and the ongoing challenge to manage significant cost growth in Energy costs (estimated to increase by circa £10m next year) It is recommended that £10m of available resource is allocated on a non recurring basis to support Energy costs in 23/24 and that the balance of £18m resource is reviewed again following the quarter 1 review in July, once a clearer picture of cost pressures emerge. Note these resources are supporting the overall Plan at the moment, and attributing against specific pressures has no impact on the overall gap.

Efficiency Savings

- 3.13 The Efficiency programme for next year has made some progress since the previous iteration of the Plan. The total value of schemes identified at this point equates to almost £41m, against a 3% target of £54m. The challenge for 23/24 remains to deliver 3% in full, and service focus will be critical to ensure this level of delivery.
- 3.14 Against the £41m of savings identified, further work will be required by specific Business Units to increase their levels of delivery. We would also note that service leads will be challenged to apply sufficient focus to the delivery of these recovery actions whilst delivering competing priorities.
- 3.15 Within the £41m savings programme, circa £31m is expected to be recurrent. The ongoing reliance on non-recurring savings to offset recurring pressures in support of breakeven provides further challenge to delivering sustainable services into the future.
- 3.16 Further, the financial risk (ie the risk of delivering the level of saving) of the £41m of savings identified so far is rated as follows:
- £13m as low risk;
 - £20m as medium risk;
 - £8m as high risk
- 3.17 Work will continue to develop efficiency programmes across Lothian, with specific focus provided through the financial quarterly review process, as well as the ongoing development of local recovery plans and financial control initiatives and through the thematic programme work.

Access

- 3.18 The financial assessment contained within this paper does not include any additional cost implications arising from closing the gap on waiting times – both the backlog in procedures and any recurring capacity deficit. In February 2023 the Scottish Government issued Planned Care Planning Guidance, which seeks to place a strong emphasis on recovery, redesign and sustainability. To support longer term decision making, and embedding new ways of working, the Guidance notes that an NRAC share of £103m funding will be recurring from 23/24 – circa £15.5m for NHS Lothian. This is a change from previous years, where non recurring funding in the region of £20m per year (including additional slippage) has been

allocated and largely invested in non recurring external capacity, with the exception of c. £5m which has been invested recurrently in prior years against internal capacity, at risk.

- 3.19 Recurring funding presents an opportunity to consider proposals to invest in sustainable internal capacity, but also a risk as the Guidance is clear that there will be no additional funding in future years - of the £15.5m recurring funding, c. £5m has already been committed recurrently and the scale of the Planned Care backlog means the cost of actions to improve trajectories will exceed available funding. 23/24 will necessarily be a transition year, with the Scheduled Care Recovery Board structure focussed on implementing the LSDF in developing 3 – 5 year recovery plans. In the interim, continuation of some non recurring investment will be necessary and these will be prioritised through the existing approval processes.
- 3.20 While services continue to work hard to deliver planned care, waiting time increases have continued to impact over the past year as a result of constraints on capacity. The options appraisal processes undertaken through the Scheduled Care Recovery Board have been clear that actions to improve performance in one area (including financial) will likely have an impact in others given the constraints in capacity and workforce, so understanding this prioritisation is essential and requires an assessment across the whole system.

Covid Costs and Funding

- 3.21 Over the last two years the Financial Plan has been split into costs for Core services and costs for Covid. Moving into 2023/24 we have not drawn a distinction on the basis that we return to “business as usual”, with Covid largely absorbed as part of normal service delivery.
- 3.22 We will continue to monitor issues around Covid, specifically around those initiatives we have been asked to continue in order that full funding is received. We expect additional resource to be restricted next year and limited to support to the vaccination programme, testing and PPE costs.

Integration Joint Board Financial Plans

- 3.23 The NHS Lothian Financial Outlook is presented by IJB based on the current mapping table, with the output of this work shown in further detail within Appendix 3, showing the split of the anticipated cost pressures and the allocation of the expected uplift funding across IJBs.
- 3.24 This shows that all IJBs are currently predicting to fall short of financial balance within the health component of their delegated functions. NHS Lothian will continue to work closely with its four IJB partners to deliver the shared ambition of a breakeven outturn across the health portfolio next year.
- 3.25 NHS Lothian can expect Directions from each of the IJBs in relation to the deployment of resources for 23/24. This process may produce further risks and issues that are not yet identified. Further, the Plan assumes that all resources allocated to IJBs will be directed back by each IJB to support health cost pressures.

Closing the Gap

- 3.26 We will continue to work towards closing the estimated £52m gap through the following actions:
- Annual Leave Provision – this provision has increased by circa £16m since the start of Covid in early 2020. A return to the levels of carry forward annual leave pre-Covid would allow this resource to be released and to support the 23/24 financial position;

- Efficiency – Whilst progress has been made on the efficiency programme, we remain £13m short of the 3% achievement. We will continue to work with colleagues to ensure local delivery of 3% is achieved as far as possible;
- Corporate flexibility – At this stage the £20m of flexibility is an estimate and is dependent on year-end arrangements – confirmation of this final figure is not known until after year end. We remain hopeful however that further flexibility will be available into next year;
- NRAC – As noted, we remain short of NRAC parity and this has been a long-standing issue for the Board. We will however continue to lobby SG colleagues for parity funding, and for consideration of this gap in discussions around other allocations still to be received.

Next Steps

3.27 Finance colleagues are continuing to meet with Business Unit leads over the coming weeks to discuss plans to deliver a balanced position at a local level as part of the quarterly meetings scheduled for March. In parallel, several other actions require to be progressed, including:

- Updates to the Plan following final confirmation of uplift settlements and pay awards;
- Ongoing dialogue with Integration Joint Boards, providing them with an estimate of the level of financial challenge within each IJB and NHS Lothian based on the financial outlook;
- Assessment of the continued requirement for previously agreed investment;
- Recovery actions/efficiency schemes to be continually developed and implementation plans produced in order to close the gap within Business Units;
- A review of assumptions embedded within the growth estimates, reflecting any subsequent agreements to reduce and control spend in any specific areas.

4 Risks and Assumptions

4.1 Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.

4.2 A number of risks are set out in Appendix 4, with key risks noted below:

- The Plan has made assumptions around our ability to dispose of assets timeously, and to generate proceeds from this to support the Plan. These asset sales are dependent on a number of external factors, and we recognise that there are some risks to the timely disposal which may impact on the disposal value;
- The inflationary impact of global supply and demand factors on the cost base for next year, particularly across medicines and clinical supplies;
- The ability of NHS Lothian to deliver the level of flexibility identified within the Plan to support identified cost pressures;
- Continued management of the financial exposure arising from the escalation of operational performance on elective, mental health and unscheduled care capacity pressures including delayed discharges;
- Availability of SGHSCD funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis.

5 Risk Register

5.1 The corporate risk register includes the following risk:

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

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

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 As this particular paper relates to a financial outlook and not an agreed financial plan and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

8 Resource Implications

8.1 The resource implications are as defined in the body of this report.

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Director of Finance

23rd March 2023

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Appendix 1 – 5 Year Financial Outlook

Appendix 2 – 23/24 Financial Outlook by Business Unit

Appendix 3 – 23/24 Financial Outlook by Integrated Joint Boards

Appendix 4 – Financial Outlook Risk Register

Appendix 1 – 5 Year Financial Outlook

	23/24	24/25	25/26	26/27	27/28
	Variance	Variance	Variance	Variance	Variance
	£k	£k	£k	£k	£k
Baseline Pressures	(104,474)	(90,819)	(105,133)	(118,430)	(132,004)
Projected Expenditure Uplifts & Commitments	(48,719)	(33,077)	(33,104)	(32,593)	(33,850)
Growth and Other Commitments	(40,608)	(17,006)	(17,497)	(19,098)	(20,187)
Policy Decisions	(4,100)	(1,000)			
Strategic Investments	(3,245)	(271)	(62)	(62)	
Essential Service Development	(166)				
Projected Expenditure Uplifts & Commitments	(96,838)	(51,355)	(50,663)	(51,753)	(54,037)
Projected Costs	(201,312)	(142,173)	(155,796)	(170,183)	(186,041)
Recurring Resources					
Base Uplift	33,900	33,415	34,083	34,765	35,460
NRAC	15,700				
VPAS	14,862				
Health & Social Care Levy	8,890				
OHB Income	1,733	1,733	1,733	1,733	1,733
Non Recurring Resources					
Reserves	3,375				
Flexibility	20,000				
Asset Disposal	2,000				
VPAS	7,431				
Additional Resources	107,891	35,148	35,816	36,498	37,193
Financial Outlook Gap before FRP's	(93,421)	(107,025)	(119,980)	(133,685)	(148,848)
Financial Recovery Plans	41,413	2,388	1,750	1,750	1,750
Total Financial Outlook Gap	(52,009)	(104,638)	(118,230)	(131,935)	(147,098)

Appendix 2 – 23/24 Financial Outlook by Business Unit

	NHS Lothian	Acute Services Division	Reas	Directorate Of Primary Care	East Lothian Partnership	Edinburgh Partnership	Mid Lothian Partnership	West Lothian Partnership	Facilities And Consort	Corporate Services	Strategic Services	Inc + Assoc Hlthcare Purchases	Research + Teaching	Reserves
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Baseline Pressures	(104,474)	(62,250)	(932)	896	(1,590)	(2,306)	(1,075)	(523)	(16,430)	(13,769)	(5,027)	7,314	(694)	(8,089)
Projected Expenditure Uplifts & Commitments	(48,719)	(24,985)	(2,614)	(1,360)	(735)	(4,065)	(589)	(1,410)	(6,299)	(3,557)	98	(956)	(1,165)	(1,081)
Growth and Other Commitments	(40,608)	(17,313)	(177)	(239)	(1,266)	(5,252)	(1,133)	(3,623)	(10,150)	(799)	(98)			(558)
Policy Decisions	(4,100)	(200)		(500)	(52)	(235)	(47)	(66)						(3,000)
Strategic Investments	(3,245)	(524)				907								(3,628)
Essential Service Development	(166)	(166)												
Projected Expenditure Uplifts & Commitments	(96,838)	(43,189)	(2,790)	(2,099)	(2,053)	(8,645)	(1,769)	(5,099)	(16,449)	(4,356)	(0)	(956)	(1,165)	(8,267)
Projected Costs	(201,312)	(105,439)	(3,723)	(1,202)	(3,643)	(10,950)	(2,844)	(5,623)	(32,879)	(18,125)	(5,027)	6,358	(1,859)	(16,356)
Recurring Resources														
Base Uplift	33,900	12,598	1,819	517	584	1,734	465	858	2,117	2,156	26		0	11,026
NRAC	15,700	1,109				600			4,322	2,500	2,500			4,669
VPAS	14,862	14,862												
Health & Social Care Levy	8,890	923				432				222				7,313
OHB Income	1,733	10							621	500				602
Non Recurring Resources														
Reserves	3,375									200				3,175
Flexibility	20,000													20,000
Asset Disposal	2,000													2,000
VPAS	7,431	5,000												2,431
Additional Resources	107,891	34,502	1,819	517	584	2,766	465	858	7,060	5,577	2,526	0	0	51,216
Financial Outlook Gap before FRP's	(93,421)	(70,937)	(1,904)	(686)	(3,059)	(8,184)	(2,380)	(4,764)	(25,819)	(12,548)	(2,501)	6,358	(1,859)	34,860
Financial Recovery Plans	41,413	20,387	1,995	739	1,977	2,544	1,708	3,767	3,947	3,961		387		
Total Financial Outlook Gap	(52,009)	(50,549)	91	53	(1,082)	(5,640)	(672)	(997)	(21,872)	(8,587)	(2,501)	6,745	(1,859)	34,860
<i>Percentage of Total Baseline Pressures</i>	<i>49.8%</i>	<i>48.4%</i>	<i>(0.1%)</i>	<i>(0.1%)</i>	<i>1.0%</i>	<i>5.4%</i>	<i>0.6%</i>	<i>1.0%</i>	<i>20.9%</i>	<i>8.2%</i>				

Appendix 3 – 23/24 Financial Outlook by Integrated Joint Boards

	NHS Lothian	East Lothian IJB	Edinburgh IJB	Mid Lothian IJB	West Lothian IJB	Non Delegated
	£k	£k	£k	£k	£k	£k
Baseline Pressures	(104,474)	(2,875)	(10,973)	(2,343)	(5,396)	(82,887)
Projected Expenditure Uplifts & Commitments	(48,719)	(2,032)	(8,998)	(1,574)	(3,289)	(32,826)
Growth and Other Commitments	(40,608)	(1,714)	(7,083)	(1,508)	(4,346)	(25,956)
Policy Decisions	(4,100)	(112)	(520)	(97)	(171)	(3,200)
Strategic Investments	(3,245)	179	849	179	0	(4,452)
Essential Service Development	(166)					(166)
Projected Expenditure Uplifts & Commitments	(96,838)	(3,679)	(15,752)	(3,000)	(7,806)	(66,601)
<i>Percentage of Recurring Budget</i>	<i>(5.2%)</i>	<i>(3.3%)</i>	<i>(3.4%)</i>	<i>(3.2%)</i>	<i>(4.5%)</i>	<i>(6.4%)</i>
Projected Costs	(201,312)	(6,554)	(26,726)	(5,343)	(13,202)	(149,487)
Recurring Resources						
Base Uplift	33,900	1,884	7,578	1,539	2,853	20,046
NRAC	15,700					15,700
VPAS	14,862	60	285	50	105	14,362
Health & Social Care Levy	8,890	626	2,737	613	1,052	3,862
OHB Income	1,733					1,733
Non Recurring Resources						
Reserves	3,375					3,375
Flexibility	20,000					20,000
Asset Disposal	2,000					2,000
VPAS	7,431	91	436	76	243	6,585
Additional Resources	107,891	2,661	11,036	2,278	4,253	87,663
Financial Outlook Gap before FRP's	(93,421)	(3,894)	(15,689)	(3,065)	(8,949)	(61,824)
Financial Recovery Plans	41,413	2,581	5,381	2,076	5,203	26,171
Total Financial Outlook Gap	(52,009)	(1,312)	(10,308)	(988)	(3,746)	(35,653)
<i>Percentage of Recurring Budget</i>	<i>(2.8%)</i>	<i>(1.2%)</i>	<i>(2.2%)</i>	<i>(1.1%)</i>	<i>(2.2%)</i>	<i>(3.4%)</i>

Appendix 4 – Financial Outlook Risk Register

Key Assumptions / Risks	Risk rating	Impact
SGHD Allocations	High Risk	There is a high degree of uncertainty relating to SG allocations both core and covid related leaving services uncertain around ongoing funding for delivery plans and recruitment and also uncertainty over the availability to cover the additional costs of Covid.
Covid Activity	High Risk	There is a high degree of uncertainty relating to the future activity levels of Covid. Therefore, the additional costs as identified are based on a set of assumptions around activity levels which may change.
Pay Award	High Risk	There is a risk that the pay settlement finally agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made are that pay awards will be fully funded.
Energy	High Risk	An assessment of an increase in the costs of energy has been made. However, energy costs have been volatile and there is a risk that costs may increase beyond that anticipated.
Access/Urgent Care	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance, without additional funding.
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges - the estimate for 23/24 does not consider any further deterioration in this area.
Winter Costs	High Risk	The costs of winter in 23/24 are expected to be within normal tolerance levels. There is a risk that the financial impact of winter exceeds that currently planned.
Unfunded Beds	High Risk	There is a requirement to reduce the number of unfunded beds open across the system in 23/24 due to the non-recurring nature of funding in 22/23. The risk is that the operational pressures within the system will be adversely impacted, or a financial risk that these beds cannot close.
Efficiency Savings	High Risk	There is a very real risk that Directorate Management will not have the opportunity to provide sufficient focus to the Efficiency programme next year due to in year challenges around Covid.
Capital Funding	High Risk	The level of available Capital Funding in 23/24 and beyond poses operational risk for supporting infrastructure both planned and unplanned.
Integration	Medium Risk	The assumption is that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource
IJB Performance	Medium Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.
GP Prescribing	Medium Risk	The Financial Plan has been reviewed in line with current unit cost and activity, but these elements remain highly volatile.
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimated in the Financial Plan. The impact of any additional growth or additional spend on high cost drugs remains an issue.
Availability of trained staff	Medium Risk	The availability of trained staff, particularly in light of guidance and regulations relating to the pandemic, has resulted in supply issues which has seen an increased use in agency staff and the associated costs.
Backdated pay claims	Low Risk	NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.

Meeting Name: Board
Meeting date: 05 April 2023

Title: Corporate Risk Register

Purpose of the Report:

DISCUSSION		DECISION		AWARENESS	
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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.

Recommendations:

The Board is recommended to:

- 2.1. Review the February 23 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- 2.2. Note that any materially worsening risks, will be set out in the CRR paper, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 2.3. Note the February Corporate Management Team increased the grading for 4-hour Emergency Access risk, the Hospital Bed Occupancy risk and Access to Treatment from Very High 20 to Very High/Extreme 25 due to worsening performance and impact on patient experience and outcome of care. Risk mitigations plans are to be presented to the May SPPC.
- 2.4. Accept Audit and Risk Committee recommendation to approve the updated risk management policy and procedure including the risk appetite statement. The Boards standing orders state that the approval of the Board Risk Management Policy is a matter reserved to the Board.

Author: Jo Bennett
Date: 05 April 2023

Director: Tracey Gillies
Date: 05 April 2023

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.
- 1.2. 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 February 23 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- 2.2. Note that any materially worsening risks, will be set out in the CRR paper, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 2.3. Note the February Corporate Management Team increased the grading for 4-hour Emergency Access risk, the Hospital Bed Occupancy risk and Access to Treatment from Very High 20 to Very High/Extreme 25 due to worsening performance and impact on patient experience and outcome of care. Risk mitigations plans are to be presented to the May SPPC.
- 2.4. Accept Audit and Risk Committee recommendation to approve the updated risk management policy and procedure including the risk appetite statement. The Boards standing orders state that the approval of the Board Risk Management Policy is a matter reserved to the Board.

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 2022 and November 2022 CMT. The next review of the very high and high risks will be presented to the CMT in July 2023 and will also include risks on the corporate single system risks registers such as Public Health, Nursing and Pharmacy.

3.2.2. There is a requirement 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. Risk Policy and Procedure

3.3.1. The NHS Lothian risk management policy and procedure has been updated following consultation. There are no material changes to the fundamental principles of the policy or procedure. (See appendix 2a and 2b) Processes for implementation of the policy at corporate level are reflected in the updated procedure, which have been strengthened following testing, with full engagement of the corporate management team, the Board and Governance committee.

The Blueprint for Good Governance in NHS Scotland second edition (December 2022) describes several "systems" that Boards should have in place. These include the Risk Management System and the requirements of this are described in some detail. The current policy and procedure comply with these requirements except for a formal risk appetite statement.

The June 2018 Audit and Risk Committee approved the removal of the NHS Lothian risk appetite statement (see below) from the current policy as it was not informing decision-making at the Board due to the contextual factors such as complexity and Scottish Government requirements.

"NHS Lothian operates within a low overall risk appetite range. The Board's lowest risk appetite relates to patient and staff safety, experience, and delivery of effective care. The Board tolerates a marginally higher risk appetite towards delivery of corporate objectives including clinical strategies, finance, and health improvement."
(15/18 Policy)

Over the last two year we have been strengthening our risk management process with guidance from the Audit and Risk Committee particularly at a Board level. This has resulted in an emerging active risk appetite process utilising the agreed levels of assurance. This has informed, risk appetite statement set out below, for use in the updated policy, which was approved by the February 23 Audit and Risk Committee.

3.3.2. Risk Appetite Statement

Th NHS Lothian operates within a low overall risk appetite range. The Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (No appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).

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.
- 4.2. The Director of HR and Employee Director are in discussion concerning how to enable staff to pursue their legal right to take industrial action, whilst also working to maintain patient safety. It is recognised that in the event of industrial action, service disruption is inevitable.

Once we are clear on any specific industrial action, business continuity arrangements for the affected areas will be reviewed.

5. Risk Register

- 5.1. Will positively impact on the CRR and associated risk system.

6. Impact on Inequality, Including Health Inequalities

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

This policy has been out for consultation as per NHS Lothian procedure

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

21 March 2023

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List of Appendices

Appendix 1: Risk Assurance Table

Appendix 2a: Risk Management Policy 2023

Appendix 2b: Risk Management Operational Procedure 2023

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>January 2023 update</u></p> <ul style="list-style-type: none"> • National IMT continues to meet monthly and PHS provides weekly surveillance reports. NIMT has met weekly over festive period due to increased incidence of flu and covid • NHS Lothian Health Protection Team continues to monitor outbreaks in high-risk settings, in particular care homes. • Autumn/winter Flu/COVID vaccination programme delivered to protect vulnerable populations • VAM team are in place to end March 2023. SG have yet to confirm if funding will be extended beyond this period • There is a risk of a new variant and mutation. Over the autumn/winter period there is the combined risk of COVID and flu, which could significantly impact on demand for health services. <p><u>February 2023 update</u></p> <p>No change to January 2023 update.</p>	
Risk Grading:		CMT January 2023	CMT February 2023
		High 15	High 15
3600	Finance	<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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<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>	<ul style="list-style-type: none"> 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. Paper submitted to the August F&R Committee setting out the risk and risk mitigations plans- Limited assurance accepted. The Board is also aware of the finance risk increase in grading and rationale. Risk mitigation plan to be submitted to the March 23 F&R Committee <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> The financial consequences of winter and non- pay inflation are now impacting on current spend, however we are currently not asking for brokerage. This is also impacting on planning for next year and as a result we do not have a balanced financial plan. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> The financial consequences of winter and non- pay inflation continue to impact on current spend, however we are currently not asking for brokerage. This is also impacting on planning for next year and as a result we do not have a balanced financial plan. 	
	Risk Grading:	CMT January 2023 Very High / Extreme 25	CMT February 2023 Very High / Extreme 25
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><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 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>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> June 2021 – Board agreed downgrade of risk from Very High to High December 2021 – Board agreed upgrading from High to Very High 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • September 2022 - Limited assurance accepted. • To go to May 17 SPPC as the March SPPC cancelled due to a critical incident. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • CMT System pressures meeting launched in Oct/Nov and shorter-term action plans being considered as well as continued work with HSCPs • There will be a risk to successful implementation of those plans if we deviate from our plans and do not allow sufficient resource to support implementation. This is particularly heightened due to exceptional system pressures deviating resource from improvement activity • A number of actions have been taken under the escalation framework to release as much staff-time as possible to patient facing areas and duties including: <ul style="list-style-type: none"> ➤ Standing down of all non-urgent strategic, business-as-usual meetings which is regularly reviewed ➤ Reviewing of training, education and study leave in areas of high pressure ➤ Reviewing of capacity to deploy clinical staff working in non-patient facing roles to support areas of pressure if required ➤ Appealing for volunteers to support services especially at busy ED departments/ front door areas to help keep patients comfortable while they wait. • Awaiting confirmation of short-term winter funding from SG for HSCPs to acquire additional bed capacity in care sector to alleviate delayed discharges. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Paper on 28 Feb CMT agenda – CRR paper will be updated ahead of Board to reflect outcome of discussion 	
	Risk Grading:	CMT January 2023 Very High 20	CMT February 2023 Very High / Extreme 25
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,</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe, and effective care.</p> <ul style="list-style-type: none"> • September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>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>	<ul style="list-style-type: none"> • 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. • September 2022 – HCG accepted moderate assurance on LUCs and all HSCP annual reports, except for EHSCP which was limited. <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> • June 2021 – Board agreed to downgrade risk from Very High to High • April 2022 – Board agreed re-framed risk (previously timely discharge) with grading very high (20) • September 2022 - Limited assurance accepted. • To go to May 17 SPPC as the March SPPC cancelled due to a critical incident. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • CMT System pressures meeting launched in Oct/Nov and shorter-term action plans being considered as well as continued work with HSCPs • There will be a risk to successful implementation of those plans if we deviate from our plans and do not allow sufficient resource to support implementation. This is particularly heightened due to exceptional system pressures deviating resource from improvement activity • A number of actions have been taken under the escalation framework to release as much staff-time as possible to patient facing areas and duties including: <ul style="list-style-type: none"> ➤ Standing down of all non-urgent strategic, business-as-usual meetings which is regularly reviewed ➤ Reviewing of training, education and study leave in areas of high pressure ➤ Reviewing of capacity to deploy clinical staff working in non-patient facing roles to support areas of pressure if required ➤ Appealing for volunteers to support services especially at busy ED departments/ front door areas to help keep patients comfortable while they wait. • Awaiting confirmation of short-term winter funding from SG for HSCPs to acquire additional bed capacity in care sector to alleviate delayed discharges. <p><u>February 2023 update</u></p>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Paper on 28 Feb CMT agenda – CRR paper will be updated ahead of Board to reflect outcome of discussion 	
	Risk Grading:	CMT January 2023 Very High 20	CMT February 2023 Very High / Extreme 25
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 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>	<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. May 2022 – HCG accepted moderate assurance September 2022 – HCG accepted moderate assurance on LUCs and all HSCP annual reports, with the exception of EHSCP which was limited <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> PCIPs remain in place, although full funding not provided by SG and directions from SG to support delivery of CTACs, pharmacotherapy and urgent care services still awaited. Strategic IA for GMS infrastructure will be presented to LCIG February 2023 (slight slippage). PCIP trackers continue to be 'on track'. Six practices have closed their lists to new patients, two of which will re-open their lists from 1 February 2023. GP OOH service (LUCS) successfully managed festive PHs which had high demand (20% increase from 2021/22 - 3560 patients over four-day Christmas weekend and 3652 patients over four-day New Year weekend). <p><u>February 2023 update</u></p> <ul style="list-style-type: none"> No change to January 2023 update 	
	Risk Grading:	CMT January 2023 High 12	CMT February 2023 High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
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>Strategic Planning and Performance 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 delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. • November 2022 – levels of assurance agreed by service as noted below • To go to May 17 SPPC as the March SPPC cancelled due to a critical incident. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Nov SPPC accepted assurance levels split by service: <ul style="list-style-type: none"> ➤ Inpatient/ day case (TTG) patients – Limited as a result of current and anticipated activity levels, workforce and unscheduled care pressures, high volume of Delayed Discharges and high site occupancy and the backlog of patients waiting ➤ Outpatients – Moderate as activity recovered to higher than pre-Covid levels, and gradual reduction in long waits, but backlog of patients waiting ➤ Diagnostic Endoscopy and Cystoscopy performance – Limited based on issues around workforce and the backlog of patients waiting ➤ Diagnostic Radiology performance – Limited based on issues around workforce and the backlog of patients waiting, and increased demand ➤ Cancer 31-day performance – Moderate as we focus our limited capacity on cancer treatment ➤ Cancer 62-day performance – Limited due to impact of high referral numbers, reduced bed and theatre capacity, diagnostic pressures and staffing challenges across

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		services; and decreased activity, including specifically Robotic, in Urology, in addition to the 'standardisation' of Robotic Prostatectomy. <u>February 2023 Update</u> <ul style="list-style-type: none"> • Paper on 28 Feb CMT agenda – CRR paper will be updated ahead of Board to reflect outcome of discussion 	
	Risk Grading:	CMT January 2023	CMT February 2023
		Very High 20	Very High / Extreme 25
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: Jim Crombie</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. • Submitted but not considered due to re-prioritisation of agenda • Limited assurance accepted at December 2022 meeting <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Limited assurance accepted at December 2022 F&R • Operational mitigation plans remain the same in response to local machine or infrastructure failures • Risk remains on contingency via other Boards or external providers in terms of extremely limited service they can provide in the event of a catastrophic failure in the unit • Further steam failure experienced in December 2022, although service was able to mitigate and reduce impact • Commissioning of the new infrastructure replacements due to be complete in the coming weeks. Mitigation plan will be updated to reflect this and anticipated that increased assurance around this aspect can be given • IA development for new facility remains on track and will be presented to LCIG in January 2023 • Mid to longer term mitigations for this risk rely on external capital investment for new facility. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • The reprovion project has now moved to OBC stage and is subject to the Capital Prioritisation process. 	
	Risk Grading:	CMT January 2023	CMT February 2023
5187	Access to Psychological Therapies	Very High 20	Very High 20
		<u>Healthcare Governance Committee</u> – person-centred, safe and effective care.	

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. • Annual report submitted to January 2023 meeting, which included mitigation plans for Psychological Therapies – moderate assurance accepted for the annual report. <p><u>Strategic Planning and Performance 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. • Assurance and risk mitigation plan submitted to the November 2022 PPDC. • Risk mitigation plan submitted to December SPPC – no level of assurance offered. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Waits continue to improve. There is an unexpected significant reduction in the Mental Health allocation for 22/23 from SG. The impact of this reduction is being assessed and it is predicted that waits will continue to reduce but at a slower rate. The risk grading will be reviewed if de-escalation is confirmed by SG and provided that performance continues to improve. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • The January ELT agreed immediate actions to reduce the shortfall in SG funding and accepted the remaining financial risk. • Performance continues to improve month on month and as such the grading of the risk has been reduced from Very High 20 to High 16. 	
	Risk Grading:	CMT January 2023 Very High 20	CMT February 2023 High 16
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, impacting on patients/family experience and outcomes of care.</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. • 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Calum Campbell</p>	<ul style="list-style-type: none"> • 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. • Annual report submitted to January 2023 meeting, which included mitigation plans for CAMHS – moderate assurance accepted for the annual report. <p><u>Strategic Planning and Performance 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 • Assurance and risk mitigation plans submitted to the November 2022 PPDC. • Risk mitigation plan submitted to December SPPC – no level of assurance offered. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Waits continue to improve. There is an unexpected significant reduction in the Mental Health allocation for 22/23 from SG. The impact of this reduction is being assessed and it is predicted that waits will continue to reduce but at a slower rate. The risk grading will be reviewed should de- escalation be confirmed by SG and provided that performance continues to improve. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • The January ELT agreed immediate actions to reduce the shortfall in SG funding and accepted the remaining financial risk. • Performance continues to improve month on month and as such the grading of the risk has been reduced from Very High 20 to High 16. 	
	Risk Grading:	CMT January 2023 Very High 20	CMT February 2023 High 16
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</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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>compromise of safe patient care impacting on length of stay and patient experience.</p> <p>Executive Lead: Alison MacDonald</p>	<ul style="list-style-type: none"> • October 2020 – verbal update provided no new level of assurance agreed. • December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation. • May 2021 – Staff Governance accepted grading reduced from Very High to High. • Paper went to Private Board August 2021 and agreed to increase grading from High to Very High. Follow up paper to go to September 2021 Board. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. • The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. • Verbal update given to December Committee and paper will be submitted to the February 23 meeting. • Paper submitted to the February Staff Governance Committee. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Nursing and Midwifery Group has met and established working groups. Safe care roll out is complete. Safe care in maternity services is being explored in more detail, as a national piece of work. Monitoring mechanisms set out in the October update above continue. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Mechanisms set out in the January update above continue. 	
	Risk Grading:	CMT January 2023 Very High 20	CMT February 2023 Very High 20
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</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 • March 2022 - Staff governance committee accepted limited assurance • July 2022 - Limited assurance accepted 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk –approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<ul style="list-style-type: none"> • Staff Governance Committee July 2022 accepted limited assurance and requested list of premises • Verbal update provided to October 2022 Staff Governance Committee • December 2022 - limited assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Letters sent and 65% of General practices have responded as at 12 Jan. In-depth review of responses to be carried out and remainder to be chased. Challenges remain in relation to cost liability. • Robust testing regime remains in place for owned and PFI sites. <p><u>February 2023 Update</u> No change to January 2023 update</p>	
	Risk Grading:	CMT January 2023	CMT February 2023
		High 12	High 12
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. • October 2022 - Limited assurance accepted. • F&R December meeting received and supported a paper on Scottish fire and rescue services (SFRS) audit action plan. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Further updates to F&R on the two key issues of compartmentalisation and the debate around the requirement for an L1 system to be provided when available, within next 6 months; Re: Fire & Rescue Paper • Local Distribution Board (electrical) testing Programme is nearing completion with a small number of section boards to be tested. Bespoke parts delayed in delivery • Window Safety Programme is now complete apart from fly screens to be fitted for 8 windows 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • Current actions have had no impact on the overall grading of this risk, but it is anticipated that upon agreement of the life cycle programme, there will be a significant reduction in risk as work progresses. Consort still to provide detailed maintenance plan for agreement by NHS Lothian – no timescale given • Capacity of the PFI and their facilities management resource is also a limiting factor in the progress and pace • ESG continue to receive updates and inform the prioritisation of key critical systems • A Black Start test (part of the SHTM requirements) is due to take place in Q1 2023/24 and will provide further assurance regarding our mitigations and resilience if successful. <p>February 2023 Update</p> <ul style="list-style-type: none"> • Black Start test date still tbc as all identified risks relating to this have not yet been mitigated • Limited capital funding may create sustained risk issues • An audit into medical gases has identified some workplace risk and this is subject to further review and investigation • The capacity of the EQUANs team remains a concern • ESG continue to receive updates and inform the prioritisation of key critical systems. 	
	Risk Grading:	CMT January 2023	CMT February 2023
		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; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Alison MacDonald</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. • 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 • Staff Governance Committee in October 22 accepted that across the breadth of this risk there was over all limited assurance, however when you consider the component parts set out in the risk mitigation plan, they acknowledged the following: <ul style="list-style-type: none"> ○ Policy development - Medium assurance 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> ○ Purple pack - Medium assurance ○ Training – Limited assurance ○ Lone working- Moderate assurance ○ Roles and Responsibilities - Limited assurance ○ Data/assurance - Moderate assurance. <ul style="list-style-type: none"> ● Verbal update given to December Committee and paper will be submitted to the February 23 meeting. ● Paper submitted to the February Staff Governance Committee. <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> ● Workshop is planned for the 30th of January to align all the workstreams and identify co-dependences and areas of duplication ● External review of V&A training has been undertaken to inform improvement programme. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> ● Workshop took place on the 30th January and confirmed the two outstanding internal audit recommendations will be completed by the 31st of March 23. 	
	Risk Grading:	CMT January 2023	CMT February 2023
		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 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>	<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. ● 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 ● July 2022 - limited assurance accepted ● December 2022 - limited assurance accepted 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> • Financial constraints and prioritisation across E&F mean the mid to longer term solutions may not currently be feasible. A paper will go to LCIG before end of financial year. • Additional staff recruited/additional training <ul style="list-style-type: none"> ○ Lead for Car Parking and Security who will provide a vital role with risk assessment, training, monitoring and development of procedures and protocols ○ Compliance (Risk & Safety) Manager who will also have a key role in all aspects of traffic management ○ 20 staff attended an HSE approved workplace traffic management course in September 2022 • Attendance at the Pan Lothian Car Parking Group has been widened out to ensure all sites are represented, all risks captured, and key high risks discussed. • Current permit application and appeals process is now under review and a revised version will be launched in Quarter 1 of 2023. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Alternative approach to managing and reducing significant risks are being explored • REB Turning Circle (Obstruction Risk) <ul style="list-style-type: none"> ○ Application for extension of Traffic regulation order (TRO) submitted ○ a barrier is being costed to ensure the turning circle is preserved 24/7 (circa £50k) • Whitburn Health Centre <ul style="list-style-type: none"> ○ SLWG convened to explore tighter controls (by the HC staff) and more frequent deliveries in smaller vehicles as plan to purchase a piece of land from West Lothian Council and install ANPR and a barrier system to mitigate the risks of larger vehicles (up to 7.5 t) reversing back out the site may not now be possible • Little France <ul style="list-style-type: none"> ○ a traffic management subject matter expert (from a transport company) has reviewed the 3 significant site risks and the associated risk assessments; and provided possible solutions for 2 of the 3 areas which would reduce the risk but would cost circa £80/£90k ○ The third risk area (ED) is much more problematic and there is a proposal (from the site TMG and the Pan Lothian Car Parking Group) that a separate SLWG is set up to review the ED environs as may affect service delivery. 	
	Risk Grading:	CMT January 2023	CMT February 2023
		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: Alison MacDonald</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. The risk mitigation plan is to report to HCG in the new year (23), with routine HAI reporting continuing to take place as per schedule. Risk mitigation paper to go to HCG in March 23. Next paper to HCG planned for April 23 as part of routine reporting. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> Paper submitted to ELT concerning mechanisms to prioritise requests for infection control guidance/advice into capital projects, due to number of requests, and current team capacity. ELT accepted recommendations. Pan Lothian infection Control Committee reviewing all HAI risks across the system, to ensure a consistent approach to the identification and management of HAI risks. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> HAI risks across the system were discussed at the Pan Lothian Infection Control and Prevention Committee. These are initially being reviewed through the Nurse Directors. The review will then inform the corporate risk and the Pan Lothian Committees priorities and workplan. 	
	Risk Grading:	CMT January 2023 High 16	CMT February 2023 High 16

Datix ID	Risk Title & Description	Committee Assurance Review Date	
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 for Board discussion 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>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> Risk mitigation plans in place and on target with progress including KPIs, regularly reported and monitored through Digital Portfolio Group (previously named Digital Oversight Board) and governance structures NIS (Network & information systems) audit completed July 2022 –result 84% compliance rating (2021 81%, 2020 74%) ICO (Information commissioner’s office) audit for 17th – 21st Nov 2022 completed –result assurance rating high (79%) NCSC (National cyber security centre) “Exercise in a Box” Cyber incident simulation complete and lessons learned Internal Audit on IT security commenced (Grant Thornton) draft report expected Jan 2023 Advanced Healthcare Cyber-attack impacting AdastrA systems across NHS Scotland – reported to NIS and ICO regulator, response awaited. Impact managed and mitigated at NHS Lothian Level. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> Risk mitigation plans in place and on target with progress regularly reported and monitored through management and governance structures Internal Audit on IT security commenced (Grant Thornton) – draft report now expected Feb 2023 	
	Risk Grading:	CMT January 2023 High 12	CMT February 2023 High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5510	<p>Royal Edinburgh Bed Occupancy</p> <p><u>New risk approved by Board December 2022</u></p> <p>There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> A local operational group is in place with membership from REAS and the HSCPs. Performance and plans are reviewed every 2 weeks at REAS SMT. Assurance paper going to January 2023 Healthcare Governance Committee. Annual report submitted to January 2023 meeting, which included mitigation plans for REH bed capacity – moderate assurance accepted for the annual report. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>January 2023 Update</u></p> <ul style="list-style-type: none"> Risk accepted onto the corporate risk register in December 2022, plans to mitigate the risk continue to progress from improving community capacity to maximising discharge planning. <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> Interviews for the GM position for REAS have taken place. This post will further develop and lead on the plans to mitigate this risk. 	
	Risk Grading:	CMT January 2023	CMT February 2023
		Very High 25	Very High 25

Removed Risks and Rational 22/23 - Corporate Risk

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	23/07/19	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	04/04/19	Waste Management	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.

Risk ID	Opened	Risk Title	Recommendation	Rationale
3527	26/07/13	Medical Workforce	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	04/04/19	Brexit/EU exit	Board approved closing the risk as per 1 December 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	13/02/2013	Learning from Complaints	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.
5034	29/06/2020	Care Homes	Board approved closing the risk 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HCG setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	16/02/2012	Facilities Fit for Purpose	Board approved closing the risk 3 August 2022 Board Corporate Register Paper	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.

Risk Management Policy



Title:			
Risk Management Policy			
Date effective from:		Review date:	
Approved by:	NHS Lothian Board		
Approval Date:			
Author/s:	Quality & Safety Assurance Lead		
Policy Owner:	Associate Director for Quality Improvement & Safety		
Executive Lead:	NHS Lothian Medical Director		
Target Audience:	Managers / All NHSL Staff		
Supersedes:	Risk Management Policy v1.0 (October 2018)		
Keywords (min. 5):	Risk, Risk Management, Residual Risk, Governance, Register		

Version Control

Date	Author	Version/Page	Reason for change
June 2012	Quality and Safety Assurance Lead	1.0	
May 2018	Quality & Safety Assurance Lead	1.1	Under review
June 2018	Quality & Safety Assurance Lead	2.0	Review Approved
December 2022	Quality & Safety Assurance Lead	0.6	Under review

RISK MANAGEMENT POLICY EXECUTIVE SUMMARY

1.1 Key Messages

There will always be a degree of risk in whatever an organisation is trying to achieve. For NHS Lothian, that is the provision of safe and effective healthcare care services in secondary, community and primary care settings. The range of associated activities include caring for people using our services, employing staff and managing finance and premises, all of which, by their very nature carry inherent risk.

Risk creates uncertainty, and if we do not actively manage risk, this may impact on our ability to achieve our goals and objectives.

To increase our chances of success in achieving our purpose, we should:

- Be very clear what we are trying to achieve, and purposely set out the objectives
- Identify the risks to those objectives. Risks should always be related to objectives, as this allows us to properly assess them and consider how important they are in terms of their threat to success
- Put in place measures and take appropriate action to manage the risks.

This Risk Management Policy has been produced to embed a consistent approach to risk management across NHS Lothian as an integral part of everything we do.

1.2 Implementation

The Board shall have a record of its risks and the Corporate Management Team is responsible for directing this policy through operational management structures. All senior management teams must ensure that:

- There is a process in place to systematically consider the relevance and management of existing and new risks in their area of responsibility
- All departments within their area effectively implement this policy
- All employees are clear of their roles and responsibilities in implementing this policy.

2 Why do we have this policy?

- 2.1 Lothian NHS Board (the “Board”) exists to carry out NHS functions and services as directed by the Scottish Government. The Board will develop strategies and set objectives to deliver its purposes and intended outcomes.

The purpose of this document is to provide a consistent and systematic process for the identification, quantification, recording and reporting of risks which could threaten achievement of NHS Lothian’s objectives.

- 2.2 Whatever you may be trying to achieve there will always be some risk. Risk creates uncertainty and, if we do not actively manage risk, could lead to us not achieving our goals and objectives, including safe and effective care.

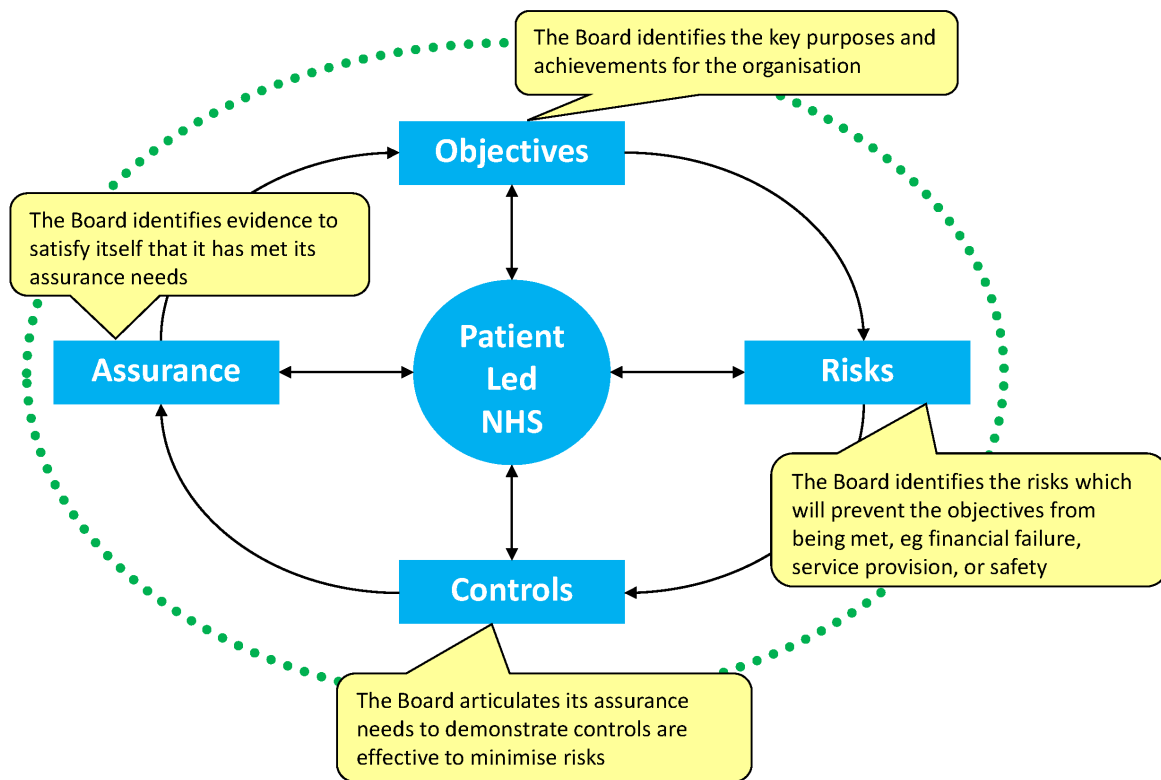
To increase our chances of achieving our goal and objectives, we should:

- Be very clear what we are trying to achieve, and purposely set out the objectives.
- Identify the risks to those objectives. Risks should always be related to objectives, as this allows us to properly assess them and consider how important they are in terms of their threat to success.
- Put in place measures and take appropriate action to manage the risks.

This Risk Management Policy has been produced to embed a consistent approach to risk management across the NHS Lothian.

- 2.3 Figure 1 below illustrates the general concept. This is taken from the [guidance on Corporate Governance and Assurance](#). Levels of assurance have been adapted to be specific to the management of risks and can be found here. *(add link)*

Figure 1



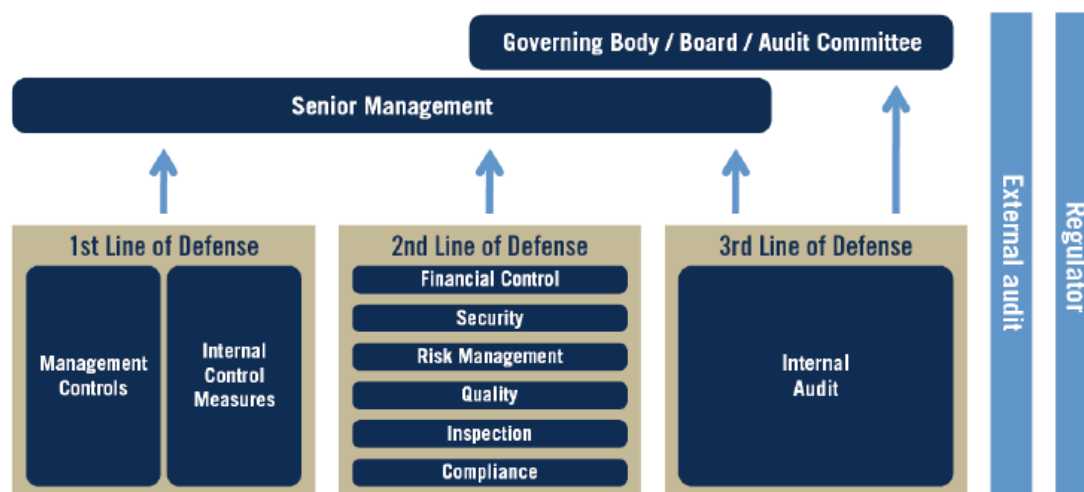
Source: adapted by NHS Lothian from Health Care Standards Unit, as referred to in the [Oxford University Hospitals Foundation NHS Trust Assurance Strategy](#) (September 2015)

3 Policy Statement

- 3.1 The Board will have a systematic approach to the management of risk in all of its functions and services. As part of this approach, the Board expects employees to give greater priority to managing and reducing risks associated with the safety of people, the experience of people who receive care, and the delivery of effective care.
- 3.2 Our assurance system has been designed to replicate the 'Three lines of defence' model as illustrated in Figure 2 below.

Figure 2

The Three Lines of Defense Model



Graphic taken from The IIA Position Paper The Three Lines of Defense in Effective Risk Management and Control published in 2013, adapted from ECIIA/FERMA Guidance on the 8th EU Company Law Directive, article 41

3.3 The Audit & Risk Committee shall seek assurance that:

- There is a comprehensive risk management system in place to identify, assess, manage and monitor risk at all levels of the organisation
- There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management.

In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

- Review regular reports summarising any significant changes to the Board's corporate risk register, and what plans are in place to manage them.
- Review the updated position for each risk, including assurance agreed by the relevant committee
- Assess whether the Corporate Risk Register is an appropriate reflection of the key risks to the Board and advise the Board accordingly
- The Committee may also elect to occasionally receive information on significant risks held on other risk registers held in the organisation.
- Consider the impact of changes to the risk register on the assurance needs of the Board and the Accountable Officer, and communicate any issues when required
- Receive an annual report on risk management, confirming whether there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk
- Use this information to inform internal audit priorities.

- 3.4 Whilst the Audit and Risk Committee shall seek assurance on the overall system of risk management and have an oversight of all risks on the corporate risk register, each risk will be assigned to a relevant committee of the Board for assurance, in line with the committees' terms of reference.
- 3.5 The Healthcare Governance Committee shall provide particular oversight and assurance to clinical risks and all matters relating to the Board's legal duty to monitor and improve the quality of health care which it provides (Reference: S12H of National Health Service (Scotland) Act 1978).
- 3.6 The Staff Governance Committee shall provide particular oversight and assurance of risks relating to the Board's legal duty in relation to the governance of staff. (Reference: S12I of National Health Service (Scotland) Act 1978).
- 3.7 All of the [committees](#) shall use the standard levels of assurance for risk management (*link to risk assurance levels*) (significant, moderate, limited, none) in the course of discharging its remit.

4 DEFINITIONS

- 4.1 **Risk** is uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. It is the combination of the likelihood and impact of the risk materialising.
- 4.2 **Risk should always be related to some objective or purpose. A statement of risk should always contain:**
1. The cause of the impact on the objective, AND
 2. The impact on the objective (i.e. the consequence of the risk)
- 4.3 **Risk Management** is a process which helps the whole organisation to identify areas that require attention and remedial action. It can be defined as the processes involved in managing those risks, including:
- identifying risks
 - assessing and judging risks
 - assigning ownership for the management of the risk
 - taking actions to mitigate or anticipate risks
 - monitoring and reviewing progress
- 4.4 The **risk register** is a record of the risks identified, the assessment of them, existing controls in place to mitigate the risk and any additional plans to improve controls. Risk registers are held at all levels of the organisation.
- 4.5 An **internal control** is a measure put in place with the aim to mitigate risk. Internal controls will constrain risks but are unlikely to eliminate them entirely and every control will come at some type of cost.
- 4.6 When designing systems of control, the investment in controls should be in proportion to the risk, e.g., when trying to avoid the most extreme of undesirable outcomes, such as the loss of human life, the associated systems of control have to be forensically designed and

effectively implemented. One should expect to undertake a higher degree of effort to reach a “significant” level of assurance for these areas. An active process utilising the agreed levels of assurance (*add link*) for **risk appetite** and **tolerance** is in place.

4.7 **Risk Appetite Statement**

NHS Lothian operates within a low overall risk appetite. The Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (No appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).

4.8 **Inherent risk** can be defined as the exposure arising from a specific risk before any action is taken to manage it i.e. there are no controls in place.

4.9 **Residual risk** - the exposure arising from a specific risk after action has been taken to manage it and making the assumption that the action is effective i.e., controls are in place and are operated as intended

4.10 **Risk escalation** is the process of communicating a risk across up, down or across the organisation to ensure that is managed effectively

4.11 **Risk tolerance** – the boundaries of risks judged to be justifiable and which the Board is prepared to accept or be exposed to at any point in time. This will typically be expressed in quantifiable measures that will be monitored.

5 **IMPLEMENTATION AND ROLES AND RESPONSIBILITIES**

5.1 **Chief Executive**

5.1.1 The Chief Executive is the Accountable Officer for NHS Lothian, and as such is legally responsible for ensuring that risks are identified, that their significance is assessed and that systems appropriate to the risks are in place in all relevant areas to manage them.

5.1.2 For the purpose of the role of Accountable Officer, the Chief Executive shall require assurance from the executive directors that risks are being managed. The Chief Executive shall also take independent assurance from the Audit and Risk Committee as to the robustness of the risk management arrangements throughout the Board.

5.2 **Medical Director**

5.2.1 The Medical Director is the lead executive director for the Board’s risk management arrangements and has delegated responsibility for leading on their development and implementation.

5.3 **Associate Director for Quality Improvement & Safety**

5.3.1 The Associate Director for Quality Improvement & Safety (as NHS Lothian designated chief risk officer) promotes arrangements for risk management, including maintenance of materials to support the process, and support for operational management teams including training. This includes preparation of an annual report on risk management and periodic reporting to the Board and others as required, in accordance with the agreed corporate risk register process. *(link will be added)*

5.4 Managers of Functions and Services

Managers must ensure that within their area of responsibility:

- risk is effectively identified and managed, including, but not limited to, ensuring that this policy and other arrangements put in place are followed
- they ensure all local efforts taken to mitigate the risk have been exhausted prior to escalation.

5.5 All Staff

All staff are responsible for:

- continually considering the potential risks
- identifying risks
- taking quick and appropriate action to escalate any risk they have identified

6 Associated Procedures & Guidelines

7 Implementation of this policy is predominantly achieved by recording the risk management information in the risk register module on DATIX. Following NHS Lothian policies, procedures, guidance and systems on all matters is in itself a 'key' to controlling risk. All NHS Lothian policies, procedures, guidance and systems are designed to achieve the aims and objectives of the subject matter. This Risk Management Policy and its associated procedures should assist in managing the risks that arise from these activities. Details of the processes are set out in the *Risk management procedure and supporting guidance documents (links to be added when finalised)*

7.1 The principles of this policy and its associated procedure are based upon recognised good practice in risk management, as set out in the following publications:

[Blueprint for Good Governance in NHS Scotland](#) second edition, published in December 2022

The Orange Book Management of Risk - Principles and Concepts published by HM Treasury 2020. [The Orange Book \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk)

Institute of Risk Management – Risk management standard 2002 [IRM's risk management standard \(theirm.org\)](https://www.theirm.org)

[Annex 1: memorandum to accountable officers for parts of the Scottish Administration - Scottish Public Finance Manual - gov.scot \(www.gov.scot\)](#)

[Scottish Government's Audit & Assurance Handbook \(April 18\)](#)

8 REVIEW OF THIS POLICY

- 8.1 The Responsible Officer will continually keep this policy under review with a formal review every 3 years.

Risk Management Operational Procedure



Title:			
Risk Management Operational Procedure			
Date effective from:		Review date:	
Approved by:	NHS Lothian Board		
Approval Date:			
Author/s:	Quality & Safety Assurance Lead		
Policy Owner:	Associate Director for Quality Improvement & Safety		
Executive Lead:	NHS Lothian Medical Director		
Target Audience:	Managers / All NHSL Staff		
Supersedes:	Risk Management Operational Procedure v2.0 (June 2018)		
Keywords (min. 5):	Risk, Risk Management, Residual Risk, Governance, Register		

Version Control

Date	Author	Version/Page	Reason for change
June 2012	Associate Director of Quality & Safety	1.0	

May 2018	Quality & Safety Assurance Lead	1.1	Under review
June 2018	Quality & Safety Assurance Lead	2.0	Review Approved
December 2022	Quality & Safety Assurance Lead	0.6	Under review

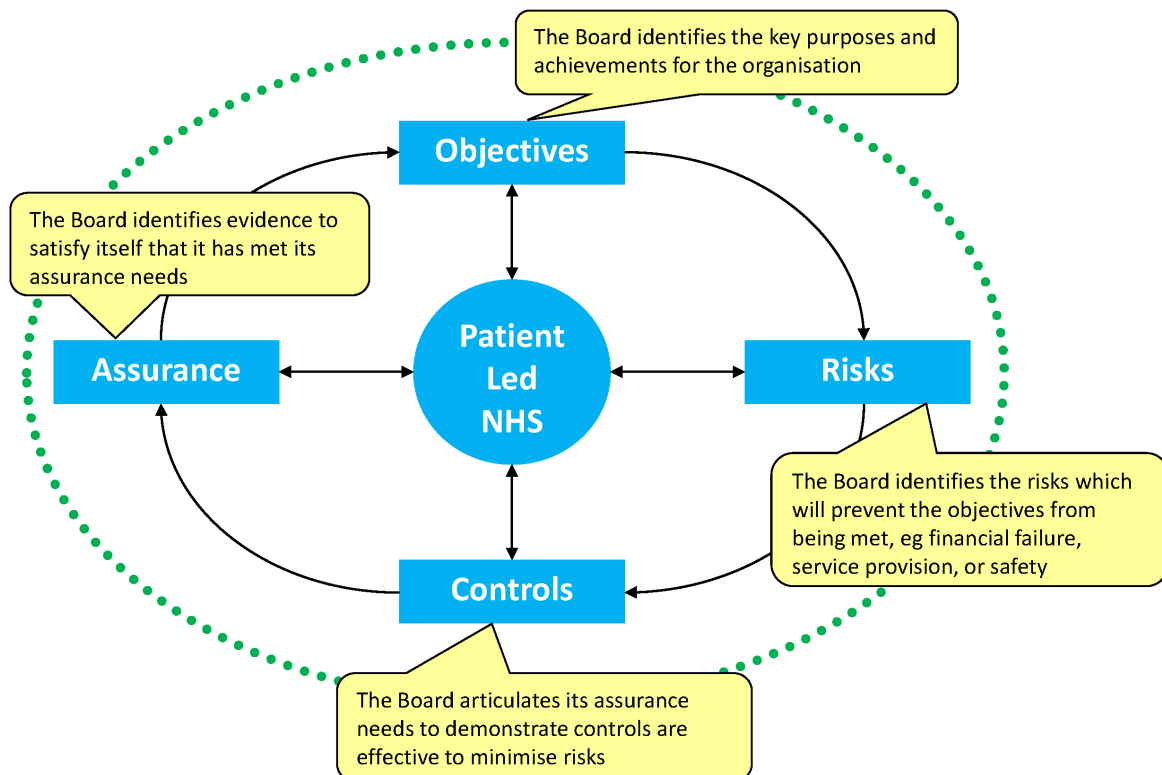
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1. Executive Summary

- 1.1 This procedure has been prepared to support the implementation of the NHS Lothian Risk Management Policy (link to be added when revised policy agreed and published) , and ensure consistency of approach in risk management.
- 1.2 **Risk** is uncertainty of outcome, whether positive opportunity or negative threat, of actions and events. It is the combination of the likelihood and impact of the risk materialising.
- 1.3 Risk should always be related to some objective or purpose. A statement of risk should always contain:
 3. The cause of the impact on the objective, AND
 4. The impact to the objective (i.e., the consequence of the risk)
- 1.4 **Residual risk** is the exposure arising from a specific risk after action has been taken to manage it.
- 1.5 A **risk register** is simply an explicit record of identified residual risk, which should be used by management to take appropriate action to mitigate that risk.
- 1.6 The diagram below gives a high-level view of the system of corporate governance, and the part that risk management plays in it.

Figure 1 – Overall System of Corporate Governance



Source: adapted by NHS Lothian from Health Care Standards Unit, as referred to in the [Oxford University Hospitals Foundation NHS Trust Assurance Strategy](#) (September 2015)

- 1.7 If the systems of assurance within the organisation are designed properly, they can add value by reducing bureaucracy, and allowing the Board and senior management to confidently focus on the key matters which do require attention.
- 1.8 The design of the systems of assurance should reflect the strategic aim of making NHS Lothian a more data driven organisation.
- 1.9 You can find further information on corporate governance and assurance, and other information on the wider system of governance in the [Board Members' Handbook](#) on the Board's website.
- 1.10 When a risk has been identified, action must be taken to respond to it. The four options are:
 - 1. **Treat:** Eliminate the risk completely or reduce it to the point where the risk is at an acceptable level.
 - 2. **Tolerate:** Where the risk is unavoidable, formally conclude that the risk is of a type that any further action would be disproportionate to the level of risk exposure, and that the risk is therefore at an acceptable level.
 - 3. **Transfer the Risk** e.g., insurance cover.
 - 4. **Terminate the Activity** from which the risk derives.
- 1.11 An **internal control** is a measure put in place with the aim to mitigate risk. Internal controls will constrain risks but are unlikely to eliminate them entirely and every control will come at some type of cost. Management is expected to design and implement systems of internal control, and this procedure includes further detail on this subject.

2. Who is responsible for managing risk?

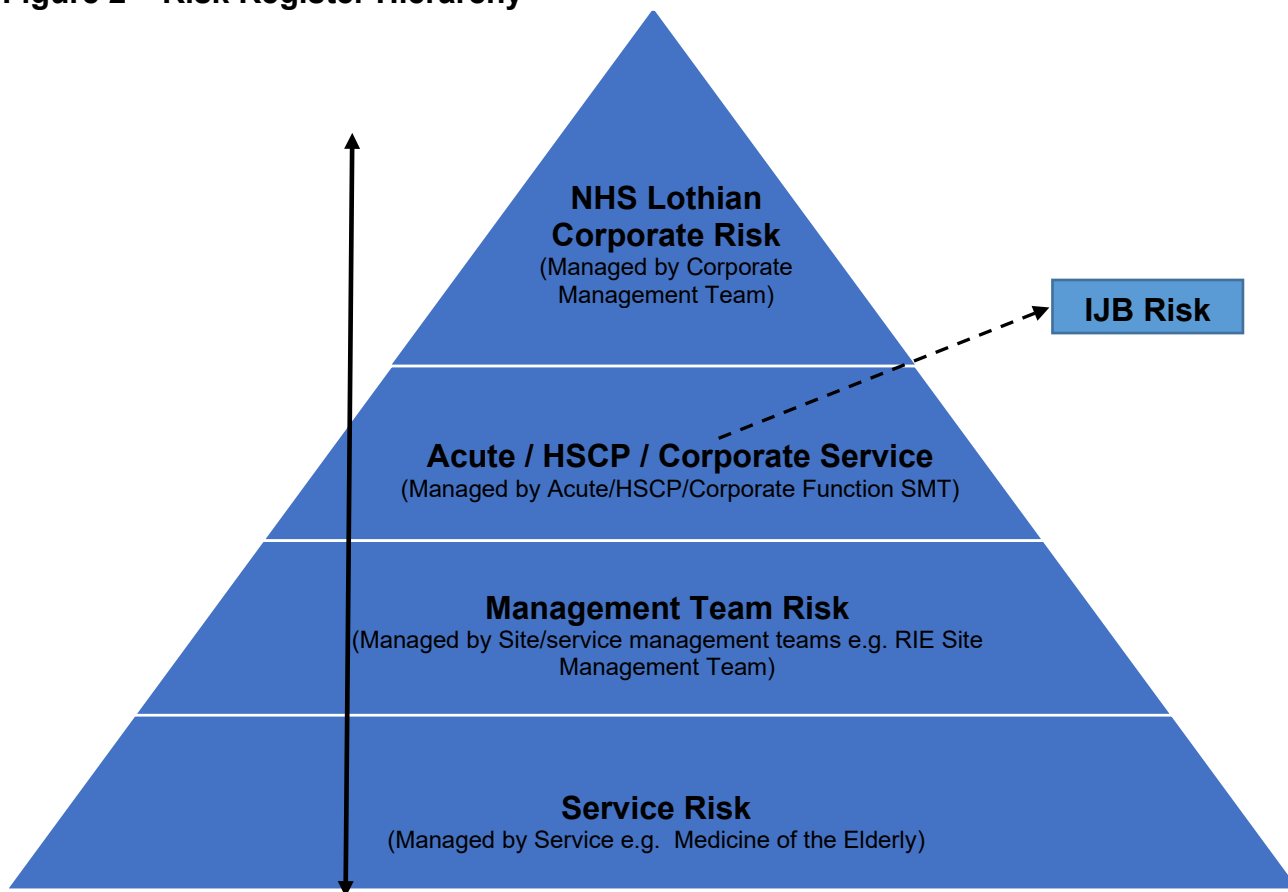
- 2.1 The simple answer is everyone. Every person through their daily duties contributes to the management of risks which are relevant to their activities.
- 2.2 The Board and its committees are not involved in operational management and delivery, but exercise oversight of the system of risk management in the organisation and receive reasonable assurance that the system supports the implementation of the Risk Management Policy. The Board and its committees require assurance from management (and other sources) to carry out their role in corporate governance.
- 2.3 Managers are responsible for managing risk and developing and implementing the detailed systems of internal control in their areas of responsibility. This effort should be aimed at delivering the Board's strategic objectives and improvement aims. If risks can be and are efficiently and effectively managed at a local level, it is less likely that more significant risks will develop throughout the organisation. Consequently, management need to assure themselves that those systems of internal control and risk management are operating as intended. If they successfully do so, they can efficiently provide assurance to a committee and the Board as and when required.

- 2.4 Risks should be managed at the lowest level possible in the organisation and aligned to operational management structures. The identification of and response to risk, and the development, maintenance and use of a local risk register should be a multi-disciplinary team effort. However, one person will be accountable at each level of the organisation for the co-ordination of the associated risk register.
- 2.5 The NHS Lothian Quality Department supports the whole organisation to develop and implement the system of risk management.
- 2.6 Two key roles within the process of risk management are the **risk owner** and the **risk handler**.
- 2.7 A risk owner is the named director or manager with overall responsibility for a particular risk, albeit the action points related to the management of the risk may be passed to other appropriate individual (risk handler).
- 2.8 The risk owner has overall responsibility for ensuring that:
- risks are managed and analysed in accordance with the Risk Management Policy and Procedure
 - risks and their supporting mitigation plans are evaluated and reviewed in a regular and timely manner and that progress against mitigation plans is maintained to support the management of risks
 - they are assured that adequate and effective systems of internal control are in place
 - provide a report on the management of a risk, should a management team or a Board committee require
- 2.9 The risk handler typically undertakes the detailed work on the particular risk, and reports to the risk owner on that work.

3. The Risk Register Hierarchy

- 3.1 Risk registers exist at all levels of the organisation in line with operational management structures (see Figure 2 below).

Figure 2 – Risk Register Hierarchy

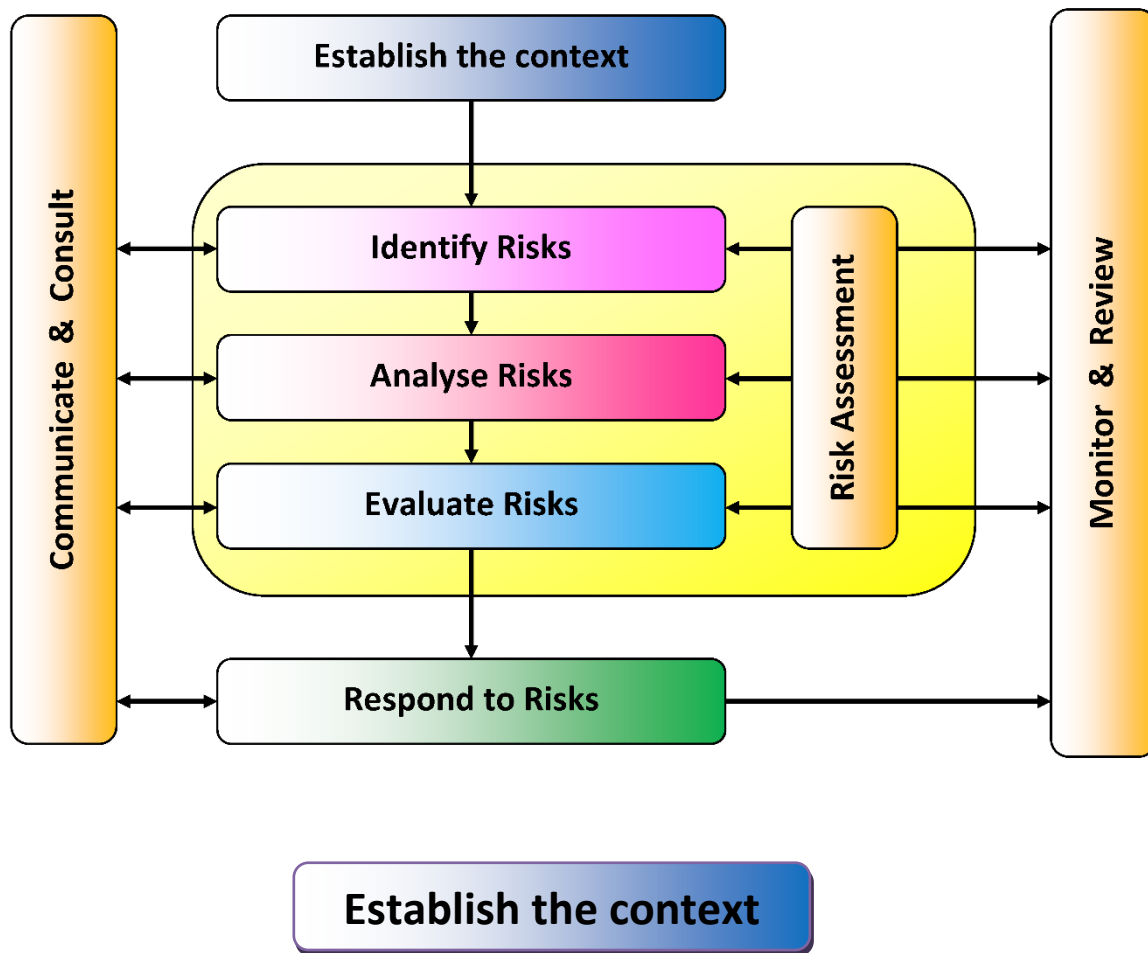


- 3.2 Risks should be recorded on the Risk Management Information System (Datix), where all the information required can be entered (*see Guidance on Recording and Reviewing Risks on Datix – link to be added*).
- 3.3 We should ensure that the risks are in the right level to be managed appropriately and effectively. Escalation can be up or down. Please refer to *NHS Lothian’s Risk Escalation Flowchart* (*link to be added*).
- 3.4 The Corporate Risk Register contains strategic risks which compromise the delivery of NHS Lothian objectives as well as operational risks which cannot be managed at a lower level and/or have an impact across the system.
- 3.5 Divisional risk registers must have a local process in place for management. Risks at this level may also reflect or contribute to management of risks on the Corporate Risk Register. (*Link to acute and WL HSCP to be added as examples*)
- 3.6 Ward/Department Risk Assessments [General Risk Assessment Form](#) may be held in Ward/Departmental Health, Safety and Risk Folders rather than on Datix. For further advice please refer to the [NHS Lothian Health & Safety intranet pages](#).
- 3.7 Risks associated with specific projects will be held on individual project risk registers and managed as part of the overall management of the project.
- 3.8 Risks associated with business cases and proposals must be explicitly identified and assessed and included in any papers presented to management groups or Board committees seeking agreement.

4. Risk Register Process

4.1 The steps to identify and respond to risks are summarised at Figure 3 below:

Figure 3



4.2 Risks may be generated through a range of mechanisms, though will ultimately relate either directly or indirectly to the achievement of NHS Lothian objectives, objectives specifically defined for your service, or area of responsibility. Risks may relate to a specific objective or may be generic, for example, related to patient safety, quality, and experience which will affect delivery of several objectives.



4.3 It is essential that all risks are clearly defined. If you define your risks properly, you will have a better understanding of what they are and are more likely to identify appropriate actions that will successfully attend to those risks. It is also helpful to consider whether a concern is really a risk, as opposed to an issue or problem as outlined in Table 1 below.

Table 1

Issue	Problem	Risk
A matter of concern or contention	A matter that is difficult to manage and can create a dilemma	A known escalating matter or an emerging unexpected event
Management on a day-to-day basis and can be resolved	Senior management decisions are required to support day-to-day management with action planning to manage safely and effectively	Requires a quantification of the risk, level of risk recording of mitigating controls and actions to be taken for improvement and subsequent monitoring of the effectiveness of the controls and actions

4.4 Risk identification should be a team effort. It is good practice to purposely identify risks which will impact on several objectives or assurance needs. Its potential impact may vary in relation to different objectives. (It is possible that a single treatment may adequately address the risk in relation to more than one objective).

4.5 How to express a risk

A risk should have two elements:

- 1) **What can happen** which will have an impact on achieving an objective or assurance need (the cause) refer to Figure 1
- 2) The **impact on the objective or assurance need** (the consequence).

What you should **not** do when expressing risk is:

- a) State risks which are simply the converse of the objectives.
- b) State impacts which may arise as risks themselves.

Illustration

Objective: to travel by train from A to B for a meeting at a certain time	
Failure to get to from A to B in time for the meeting.	X This is simply the converse of the objective.
Being late and missing the meeting.	X This is a statement of the impact of the risk, not the risk itself.
There is no buffet on the train, so I get hungry	X This does not affect the achievement of the objective.
Missing the train causes me to be late and miss the meeting.	✓ This is a risk which can be controlled by getting to the station in plenty of time.
Severe weather prevents the train from running and me from getting to the meeting.	✓ This is a risk which cannot be controlled; however, you can make a contingency plan. You could alternatively “terminate the activity”

	and not make the journey and instead use tele- or video-conferencing.
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A helpful discipline in articulating a risk is to think of three elements:

‘There is a risk that ...’

What event could happen that creates uncertainty as to the achievement of the stated objective or assurance need?

‘Because ...’

Why and/or how could the event occur? The risk will often occur because something changes e.g., a new target, a new piece of legislation, a gap in assurance identified by a committee or performance below expectation highlighted through the performance management system

‘Leading to ...’

What would the consequence be if the event occurred?

Specific Examples of Risks for the NHS

There is a risk that the Board has to reduce or cease certain services in order to live within resources **because** our overall costs in providing services are increasing at a faster rate than growth in our income, **which can lead to** poorer health outcomes.

There is a risk that smokers who do wish to quit are unaware of the support that is available to them, **because of** ineffective communication of services **leading to** low uptake and successful quits.

There is a risk that prospective mothers are not aware of the benefits of breastfeeding, **because** of inadequate funding of resources for promotion, **leading to** the rate of breastfeeding being lower than it could be, and missed opportunity for positive health outcomes.

There is a risk that surgical services are unable to staff the on-call rota **because** there is a shortage of surgeons **leading to** poor patient experience and increased waiting times with potential deterioration in conditions, as well as unsustainable extra workload for the surgeons.

There is a risk that the Board does not treat patients in a timely manner **due to** a combination of demand significantly exceeding capacity for specific specialties and suboptimal use of available capacity, **leading** to compromised patient safety.

- 4.6 Once you have created a list of risks, review them, and look for some which may state similar risks, or may need reworded.
- 4.7 Finally, decide, what is the main objective or assurance need that will be compromised should the risk materialise? This function provides the organisation with the opportunity to group risks against specific objectives and assess what risks are likely to impede their delivery.



4.8 Identify the System of Internal Control

For each identified risk you should be aiming to have assurance that those internal controls are in place and operating effectively so that the associated objective(s)/ assurance needs are being achieved. In identifying the current controls, it can be helpful to consider the four types:

<p>1. DIRECTIVE</p> <p>These are designed to ensure a particular outcome is achieved. Directive controls are typically expressed in a policy or procedure, describing broadly and setting out what is required to happen. They are not in themselves effective in managing risk and providing assurance unless there is a corresponding suite of preventative and detective controls in place.</p> <p>Examples:</p> <ul style="list-style-type: none">• Require staff to wear protective equipment when doing certain tasks.• Require staff to have completed a qualification or have cleared a check before being employed• Require staff to have completed a particular training before being allowed to carry out a particular activity without supervision.
<p>2. PREVENTATIVE</p> <p>Preventative controls are designed to prevent undesirable outcomes. They are measures which design out risk and, if they operate correctly, should ensure that the right thing does happen. This is the strongest type of internal control.</p> <p>Examples:</p> <ul style="list-style-type: none">• Upon appointment the employee is automatically issued with the required protective equipment. There is a supervisory check to ensure the equipment is available for use before an activity, and the activity will not start unless this is the case.• An employee is required to provide documentary evidence of qualifications before a job offer can be made.• A PVG check must be undertaken before a job offer can be made.• A person (who is independent from the person who approved an order) has to confirm that the goods or services have definitely been received before any payment is made to the supplier.
<p>3. DETECTIVE</p> <p>Detective controls will alert management to when an undesirable outcome has happened. As they only operate after the event, they are not as useful at managing risk as preventative controls.</p>

Examples:

- A system of spot observation checks can confirm whether or not employees are indeed using their protective equipment in practice.
- All employees are required to and know how to report all adverse events.
- A monthly check against the NMC database will identify whether current employees have up-to-date registration.
- A stock check will identify whether we have all the stock that we think we should through our stock records.

Managers are advised to explore opportunities to use the reporting capability within existing systems as these can automatically provide information that will allow you to monitor the operation of key controls, e.g. Tableau, finance reports, TRAK, DATIX.

4. CORRECTIVE

These are measures that can be put in place to correct undesirable outcomes after they have happened. They provide a way to allow for some recovery of any loss or damage.

Examples:

- The design of terms within a contract to allow for the recovery of any overpayments.
- The use of insurance policies that will provide compensation should certain insured events happen.
- The development of business continuity plans and disaster recovery plans, to help the organisation respond to an event that it could not control.

4.9 Evaluating the controls

The next stage is to evaluate the controls so that you can identify any unmanaged risk. To do this, you must consider the adequacy of the controls that are already in place either to reduce the likelihood of the risk materialising or to reduce the impact if it does materialise. Consideration should be given to both the design of the control and implementation. For each risk, select from the list below how best to describe the adequacy of controls.

Satisfactory	All controls are working and can be demonstrated through measurement Examples Sustained improvement in performance Consistent reduction in adverse events/complaints Compliance audits with relevant procedures demonstrate positive results.
Some weaknesses	Improvement can be demonstrated however not at optimal level. Examples

	<p>Early indication of improved performance but still variable month on month</p> <p>Reduction in adverse event/complaints around one aspect of the risk</p> <p>Compliance audits with relevant procedures demonstrate positive results for some staff groups but not others.</p>
Weak	<p>The controls in place have not made much difference and the level of risk cannot be reduced</p> <p>Examples</p> <p>No or occasional improvement in performance</p> <p>No reduction in adverse events/complaints</p> <p>Compliance audits with relevant procedures demonstrate poor results for all staff groups.</p>
Unknown	<p>The current controls are not known and further work is required to identify the current situation</p>

4.10 O

Risk Assessment →

Evaluate Risks

The grading tool used in NHS Lothian measures risks according to the following formula:

Likelihood x Impact = Risk

This is done by considering the likelihood of the risk and the most likely consequence (bearing in mind the controls that are in place). Each description of likelihood and consequence has an assigned line on the risk matrix. The risk grade is given taking account of the controls and other preventative measures that are in place and provides you with the **residual** or current risk grade. Please refer to [NHS Lothian Risk Matrices](#).

The resulting value will inform prioritisation and place the risk into one of 4 categories:

Risk Grade		Risk Level
Very High	Red	20-25
High	Amber	10-16
Medium	Yellow	4-9
Low	Green	1-3

4.11 When evaluating the risks, it is important to also think about and record the target risk grading that you wish to set for the risk – this is the level of risk that the organisation will deem acceptable.

NB If a risk has been identified with an extreme impact but a rare likelihood of happening, this could be a business continuity risk and should be escalated to the attention of the Resilience Team rather than being recorded on the risk register.

Respond to Risks

4.12 Now that the risk has been identified and analysed, any gaps or opportunities for improvement in the adequacy of controls should be addressed through a risk mitigation plan.

4.13 Action must be taken to either:

	PROCESS	TREATMENT
Tolerate	The current risk is either acceptable or tolerable i.e. the risk is currently managed to an acceptable level	Periodically reassess to ensure the risk and controls have not changed. (See section 4.17)
Treat	The level of current risk is not tolerable, it is too high. Additional action should be taken to reduce the likelihood and/or impact of the risk occurring	Consider which additional controls are required to better manage the risk and develop a risk mitigation plan. The cost and effectiveness of additional controls should be balanced against the potential consequences of the risk crystallising
Transfer	Management of the risk should be either be fully transferred e.g. to an insurer	Identify how the risk can be transferred. Consider the consequences of transferring the risk to a third party and what new risks may arise
Terminate	Consider whether this risk can be eliminated by ceasing to carry out the activity	If the underlying activity giving rise to the risk cannot be terminated, then apply the action to Treat

4.14 All actions in risk mitigation plans should be **SMART**, i.e.:

- **Specific** – target a specific aspect for improvement/action
- **Measurable** – quantify or at least suggest an indicator of progress
- **Assigned** – specify who will make it happen
- **Realistic** – ensure that it can realistically be achieved, given available resources
- **Time Bound** – specify when the result(s) can be achieved.

4.15 Risk Actions should be reviewed regularly, and updates provided. They should detail progress against agreed actions to date. If there is a failure to make progress on an action, consider if there are any new actions required.

4.16 When an action is completed, it will become a control and the controls should be updated to reflect this.

Monitor & Review

4.17 A review of the risk register should be carried out by the relevant manager (see Section 2 for Roles and Responsibilities) at least every 3 months at the appropriate level, although

individual risks, depending on their grade, may be reviewed more frequently. New risks and escalation of risks should be considered at this point.

The main elements when reviewing a risk are:

- Cause of risk
- Controls in place and have any actions resulted in new controls
- Adequacy of controls
- Risk grade and level
- Action plan to address any gaps in adequacy of control
- Escalation

Refer to *Level of Risk and Review* ([link to be added](#)) for further information regarding review of risk.

4.18 It is important that a clear measurement framework is in place for each risk to assess the effectiveness of the risk mitigation plan on the adequacy of controls as set out in 4.7 above.

4.19 It may be necessary to escalate the risk to a higher level of management if:

- all local actions required to reduce the risk have been exhausted at your level of management, e.g., you do not have the necessary resources or authority
- controls are maximum and agreement is required regarding acceptance of the residual risk.

Note that by escalating a risk:

- its description may change i.e., the same risk may be described and assessed differently, according to differing objectives and perspectives at different management levels.

Please refer to the *NHS Lothian's Risk Escalation Flowchart* ([link to be added](#))

4.20 A risk may have been managed to a reasonable/tolerable level but because the cause is still present, the risk should not be closed. It should be reviewed regularly to consider:

- Whether there are any new innovations or reasonable newly available actions to further mitigate the risk
- If the controls are effective, due consideration being given to other data such as incidents, complaints, concerns, claims
- If the existing risk assessment requires a review.

In such instances, one action, for example to carry out a review of the 3 bullet points given above, in 3 months is sufficient.

Closing risks

4.21 A risk can be closed in the following circumstances:

- The situation or set of circumstances that gave rise to the risk being recorded is totally removed. An example could be a piece of outdated equipment that presented a level of risk has been replaced or a particular procedure is no longer carried out

- The controls and preventative measures enable the risk to be graded medium or low and there is sufficient assurance regarding the effectiveness of the controls.

4.22 It **may not** be appropriate to close a risk in the following circumstance:

- The organisation has deemed that the controls and preventative measures will be tolerated, but the risk grade remains high or very high. These risks should be reviewed as on a regular basis to monitor effectiveness of controls.

Communicate & Consult

4.23 The Board and/or relevant senior management teams must be periodically informed of the key risks of the organisation and factor this into its decision making. This will ensure that the adequacy and effectiveness of the controls and assurances identified in the risk register are routinely considered. This must include measures to address gaps in controls and assurances through monitoring of risk mitigation plans, identifying any further measures NHS Lothian should take to manage its key risks.

4.24 All the senior management teams must have an explicit process in place for managing and reviewing risks within their own area (see example Acute services, WL HSCP – *links to be added*).

4.25 A standard paper format should be used when reporting risks to committees and management groups. (*Link to be added to Risk assurance reporting paper for committees*)

5. Training & Support

5.1 The NHS Lothian Quality Department provides training and support on developing and maintaining a risk register, including recording on DATIX which includes running workshops for management teams if requested.

5.2 For DATIX training and support contact: Datix Helpdesk – datixhelp@nhslothian.scot.nhs.uk
Tel: 0131 537 8561, (Ext 88561)

5.3 The [Health & Safety Department](#) provide risk assessment training on task based or environmental based risks.

6. Governance and Reporting Arrangements

6.1 Each senior management team requires to have explicit processes in place for regular reporting and review of risk registers (see example Acute services process – *link to be added*)

6.2 The Corporate Management Team review the corporate risk register and make recommendations to the Board for consideration at every Board meeting. ***Link to CRR process***

6.3 All corporate risks will be presented to the relevant Board committee for assurance at least annually. ***Link to CRR process***

- 6.4 The Corporate Management Team considers divisional high / very high risks every 6 months to assess the requirement of any risks to be escalated to the Corporate Risk Register. ***Link to CRR process***
- 6.5 The Corporate Risk Register is considered at every Board meeting, Audit and Risk & Healthcare Governance Committees. ***Link to CRR process***

7. Review of Procedure

- 7.1 The procedure will be continuously reviewed by the Quality Directorate with a formal review carried out every 3 years.