

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 - 09:39
2 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 corporategovernanceteam@nhslothian.scot.nhs.uk of any changes.

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

09:39 - 09:44
5 min

4. Items proposed for Approval or Noting without further discussion

Decision John Connaghan

4.1. Minutes of Previous Board Meeting held on 09 February 2022

For Approval John Connaghan

 09-02-22 Public Board Minutes (draft to meeting).pdf (15 pages)

4.2. Healthcare Governance Committee Minutes - 25 January 2022

For Noting Patricia Donald

 Healthcare Governance Committee Minutes - 25 January 2022.pdf (7 pages)

4.3. Audit and Risk Committee Minutes - 22 November 2021

For Noting Martin Connor

 Audit and Risk Committee Minutes - 22 November 2021.pdf (7 pages)

4.4. Staff Governance Committee Minutes - 15 December 2021

For Noting William McQueen

📄 Staff Governance Committee Minutes 15 December 2021.pdf (7 pages)

4.5. West Lothian Integration Joint Board Minutes - 13 January 2022

For Noting Bill McQueen

📄 West Lothian IJB Minute - 13 January 2022.pdf (8 pages)

4.6. Midlothian Integration Joint Board Minutes - 09 December 2021

For Noting Carolyn Hirst

📄 Midlothian IJB Minutes - 09 December 2021.pdf (12 pages)

4.7. Edinburgh Integration Joint Board Minutes - 07 December 2021 & 08 February 2022

For Noting Angus McCann

📄 Edinburgh IJB Minutes - 07 December 2021.pdf (4 pages)

📄 Edinburgh IJB Minutes - 08 February 2022.pdf (4 pages)

4.8. East Lothian Integration Joint Board Minutes - 24 February 2022

For Noting Peter Murray

📄 East Lothian IJB Minutes - 24 February 2022.pdf (7 pages)

4.9. Appointment of Members to Committees

For Approval John Connaghan

📄 6 April 2022 - Board appointments report (final 170322).pdf (5 pages)

4.10. National Whistleblowing Standards - Quarter 3 Performance Report

For Noting Janis Butler

📄 NHSL Whistleblowing 1-pager April 2022.pdf (1 pages)

📄 Q3 April - December 21_22 Whistleblowing Performance Report Final.pdf (10 pages)

📄 220406 NHSL Whistleblowing Performance Cover Report Final.pdf (2 pages)

Items for Discussion

09:44 - 09:54 5. Board Chair's Report - March 2022

10 min

Verbal John Connaghan

09:54 - 10:09 6. Board Executive Team Report - March 2022

15 min

Discussion Calum Campbell

📄 BET report 1-pager (06-04-22).pdf (1 pages)

📄 BET Report 6 April 2022 final.pdf (22 pages)

10:09 - 10:14 7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

5 min

Verbal John Connaghan

10:14 - 10:34 **8. Lothian Strategic Development Framework Update**

20 min

Verbal *Colin Briggs*

- 📄 Board 0422 LSDF.pdf (4 pages)
- 📄 12. LSDF Engagement Process.pdf (5 pages)

10:34 - 10:44 **9. NHS Lothian Corporate Objectives 2022/23**

10 min

For Approval *Colin Briggs*

- 📄 Corporate Objectives cover paper Board 0422.pdf (2 pages)
- 📄 Corporate objectives 22-23 FINAL for Board.doc 2.pdf (63 pages)

10:44 - 10:54 **Break**

10 min

John Connaghan

10:54 - 11:24 **10. NHS Lothian Board Performance Paper**

30 min

Discussion *Jim Crombie*

- 📄 Board Paper Performance_April 2022 final.pdf (70 pages)

11:24 - 11:44 **11. NHS Lothian Finance**

20 min

11.1. February 2022 - YTD Financial Position

Discussion *Susan Goldsmith*

- 📄 NHS Lothian 2122 finance report M11 - Board 6 April 2022.pdf (3 pages)

11.2. NHS Lothian 5 Year Financial Outlook and Outline Plan 22/23

Discussion *Susan Goldsmith*

- 📄 NHS Lothian Financial Outlook 1-pager Cover - 6 April 2022.pdf (1 pages)
- 📄 2022 Financial Plan Paper for Board April 22.pdf (13 pages)

11:44 - 11:54 **12. Initial 2022-23 Forward Plan Covid and Flu Vaccination**

10 min

Discussion *Pete Lock*

- 📄 Board FVCV Vaccination Forward Plan 2022-23 FINAL.pdf (12 pages)

11:54 - 12:04 **13. NHS Lothian Quality Strategy Interim Review**

10 min

Discussion *Tracey Gillies*

- 📄 Quality Strategy Interim Review Cover Paper 6 April 2022.pdf (2 pages)
- 📄 NHS Lothian Quality Strategy Interim Review Board Paper 06 April 2022 Final.pdf (5 pages)
- 📄 Appendix 1 - NHS Lothian Quality Strategy Interim Review.pdf (96 pages)

12:04 - 12:19 **14. Corporate Risk Register**

15 min

Discussion *Tracey Gillies*

 Board Corporate Risk Register Paper 6 April 2022.pdf (1 pages)

 Board Risk Register Paper 06 April 2022 - Final.pdf (27 pages)

12:19 - 12:24 **15. Any Other Business**

5 min

Verbal *John Connaghan*

12:24 - 12:29 **16. Reflections on the Meeting**

5 min

Verbal *John Connaghan*

12:29 - 12:30 **17. Future 2022 Board Meeting Dates**

1 min

For Noting *John Connaghan*

2022

22 June 2022 (annual accounts)

03 August 2022

05 October 2022

07 December 2022

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 09 February 2022 using Microsoft Teams.

Present:

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

Executive Board Members: Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms D. Milne (Director of Public Health and Health Policy); Mrs S. Goldsmith (Director of Finance) and Mr P. Wynne (Interim Executive Director, Nursing, Midwifery & AHPs).

In Attendance: Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of HR & OD); Mr J. Crombie (Deputy Chief Executive); Mrs J. Campbell (Chief Officer, Acute Services); Mr P. Lock (Director of Improvement); Dr J. Long (Director of Primary Care); Mrs J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (REAS Services Director); Ms A. Macdonald (Chief Officer, East Lothian HSCP); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms A. White (Chief Officer, West Lothian HSCP); Ms H. Mallin (Communications Manager, NHS Lothian); Mr J. Cameron (Consultant Ophthalmologist, NHS Lothian); Mr A. Payne (Head of Corporate Governance, NHS Lothian) and Mr C. Graham (Secretariat Manager).

Apologies for absence: Miss F. Ireland and Cllr S. Akhtar.

91. Declaration of Financial and Non-Financial Interest

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

92. Chair's Introductory Comments

92.1 The Chair welcomed Ms Miller to her first Board meeting, having joined the Board on 1st January 2022 as the new Employee Director. This was also Mr Wynne's first Board meeting as the Interim Director of Nursing, Midwifery & AHPs. The Chair welcomed Cllr Milligan back to the Board after a period of absence.

92.2 The Vice Chair commented on a productive meeting held with the Director of Public Health and Health Policy which had covered a range of issues relating to public population health and how the Board would receive appropriate assurances on the ongoing work moving forward.

Items for Approval

93. The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as “the consent agenda”. The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. The Board noted that no such requests had been made.
- 93.1 Minutes of Previous Board Meeting held on 01 December 2021 – Minutes were approved.
- 93.2 Healthcare Governance Committee Minutes – 16 November 2021 – Minutes were noted.
- 93.3 Finance & Resources Committee Minutes – 13 October and 17 November 2021 – Minutes were noted.
- 93.4 Staff Governance Committee Minutes – 20 October 2021 – Minutes were noted.
- 93.5 West Lothian Integration Joint Board Minutes – 09 November 2021 – Minutes were noted.
- 93.6 Midlothian Integration Joint Board Minutes – 14 October 2021 – Minutes were noted.
- 93.7 Edinburgh Integration Joint Board Minutes – 26 October 2021 – Minutes were noted.
- 93.8 East Lothian Integration Joint Board Minutes – 28 October 2021 – Minutes were noted.
- 93.9 Appointment of Members to Committees – The Board agreed to:
- Appoint Martin Connor as a non-executive member of the Pharmacy Practices Committee from 9 February 2022 to 31 August 2023.
 - Re-appoint Peter Murray as a member of the Audit & Risk Committee from 6 February 2022 to 31 January 2024.
 - Re-nominate Bill McQueen as a voting member and the lead NHS voting member of the West Lothian IJB from 1 February 2022 to 31 January 2024.
 - Re-nominate Peter Murray as a voting member and the lead NHS voting member of the East Lothian IJB from 3 April 2022 to 31 January 2024.
 - Re-nominate Carolyn Hirst as a voting member and the lead NHS voting member of the Midlothian IJB from 7 January 2022 to 26 June 2023.
 - Re-nominate Patricia Donald as a voting member of the Midlothian IJB from 1 April 2022 to 31 July 2022.
 - Appoint Tracy Anne Miller as a member of the Staff Governance Committee and a member of the Remuneration Committee from 9 February 2022.
- 93.10 Flu and Covid Vaccine Programme Update – The update was noted.

- 93.11 Review of Governance of NHS Endowment Funds – The Board accepted the report as briefing on the proposed future arrangements for the governance of endowment funds.

Items for Discussion

94. Board Chair's Report – January 2022

- 94.1 The Chair reported on a recent meeting with the Cabinet Secretary, council chief executives and voluntary service leads to discuss the current social care position and possible options for resolutions. The Vice Chair and Mr McCann had also attended the session.
- 94.2 Mr McCann stated that the meeting had been encouraging and had provided a realistic and honest assessment of the challenges faced by social care with an acknowledgement of the issues and a willingness to consider options to address these.
- 94.3 The Vice Chair added that the Cabinet Secretary had been openminded to radical solutions and it would be interesting to see what radical options could be presented back to the Cabinet Secretary at a future session.
- 94.4 The Chief Executive confirmed that it had been a good conversation but there had not been any solutions presented. It was clear there would be an impact on unscheduled and scheduled care and taking the Cabinet Secretary at his word, what would be the radical solution to meet this challenge. The Chair would keep members updated on any progress with ideas outside of the Board meeting.
- 94.5 Non-Executive Board Member Recruitment Process – The Chair reported that the process was ending but was unable to confirm the new members until paperwork was finalised. The Chair did confirm that the objective to improve diversity and the range of skills on the Board had been achieved.
- 94.6 Paediatric Audiology – There would be an update on the Board's position later on the agenda.
- 94.7 Draft National Workforce Strategy – The Chair reported that this had been received this morning asking for comments by 11th February with the intention to have a published strategy in March 2022. Mr McQueen expressed concern at the short response time for the draft strategy. Ms Butler confirmed that there had been some engagement through the National Human Resources Directors Group but not as much as would have been liked. The Chair would leave further circulation of the draft to Ms Butler but suggested that the timescale may need to be extended and involvement of the Staff Governance Committee chair may be helpful.

95. Board Executive Team Report – January 2022

95.1 The Board noted the Board Executive Team report. There was discussion on the following topics:

Car Parking - Mr Crombie outlined the challenges relating to parking and traffic on the RIE Campus. This included several near misses and accidents, one involving a blue light ambulance. Due to the level of risk to patients and staff and the increased patient and staff numbers as part of remobilisation following the pandemic it had been agreed to implement a parking permit tool to allow the management of flow of traffic onto the campus. There remained no parking charge but there was an application process and criteria, the new permit system launched on 17th January 2022.

As part of the new system there had been engagement with staff with several concerns being highlighted and responded to. Staff had also provided feedback on ideas such as the use of Shawfair park and ride and car sharing. With Shawfair it had been agreed there was an opportunity for staff to use this and Midlothian council had advised that there was capacity for this. A Staff Shuttle was established with Lothian Buses to provide service at peak times up to 8pm. Car sharing was not able to progress due to Covid guidance and the mechanisms and process needed to be in place to support this. An additional 250 parking spaces at the Bioquarter were also identified for staff to access.

Since 17th January 2022 a lot of communications had been received, both internal and external. This had not been an easy decision to make, and alternatives had been considered. The implications for staff of this decision had been realised and as a result the Staff Shuttle service had now been extended for staff finishing at 8:30pm. The last Shuttle now leaving RIE at 9:15pm. Staff finishing after 8pm had voiced safety concerns about the Shawfair park and ride and these concerns had been flagged to Midlothian council and Police Scotland, an agreement was now in place where staff finishing beyond 8pm can now access the RIE car park, this makes parking tighter in the early afternoon until after visiting but the site was coping.

Cllr Gordon welcomed staff having access to the car parks if working into the evening but asked if there had been discussions with Midlothian Council and Lothian Buses regarding lighting and anti-social behaviour at the Shawfair park and ride. Mr Crombie stated that correspondence had been sent to Police Scotland outlining concerns and that as part of the risk assessment process, the Police would increase car presence in the area at specific times when this extra resource was available.

Mr Crombie reiterated that this had been a hugely complex situation and that this was week four of the change. There had also been a couple of meetings to brief MPs/MSPs and a cross party MSP meeting to detail progress being made.

Prof. Chandran welcomed Mr Crombie's update on what was a difficult situation. Prof. S. Chandran stated that he had been impressed with the work

that had been done to come to a thoughtful and considered response.

Ms Hirst asked if any similar issues on other campuses in relation to safety and parking were also being addressed and if appropriate reporting was in place to take lessons learned forward into the future.

Mr Crombie confirmed that there was a Pan Lothian Traffic Management group in place looking at the safety of all campuses and their control processes. Mr Crombie also reminded the Board about the St John's Hospital shuttle service that was now improved and busy. At the Western General Hospital there was a lot of focus on parking control given the ongoing construction on the site.

In relation to lessons learned Mr Crombie clarified that these were being identified and that partnership colleagues had been central to processes in challenging the management team, engaging with staff and supporting staff including briefing the Staff Governance Committee.

Mr Connor asked about parking arrangements for new ventures such as the new Eye Pavilion and Elective Centre. Mr Crombie confirmed that lessons learned were being built on and enabling works for the Eye Pavilion and Elective Centre would be proposing that parking be created before the building, within the constraints of planning and Scottish Government carbon reduction intentions and net zero requirements.

Mr McCann made the point about encouraging electric car behaviours and what this may mean for permit criteria. Ms Miller confirmed that there was already permit sharing in place with 1800 permits issued for 1200 spaces and there may be opportunity to extend this in future to maximise the sharing of permits.

Staff Wellbeing - Mrs Butler outlined developments with staff wellbeing during the pandemic and moving forward. Pre pandemic staff wellbeing offered a core occupational health service. During the pandemic and moving forward there were now well-informed wellbeing leads in place as well as a stepped care model with peer support for mental wellbeing. There was also a lot of self-help available online with both local and national resources available along with the 'Here for You' helpline which had input from psychology. The Board noted the success factor of these initiatives in helping staff return to work.

Mrs Butler also highlighted improved wellbeing spaces for staff, improved hot food vending for all sites and the rest and refuel boxes initiative for staff through the Edinburgh and Lothians Health Foundation. The Staff Wellbeing Strategy had also been launched based on the 4 pillars wellbeing (Physical, Mental, Financial and Social). Mr Encombe asked about the training of managers and leaders in ensuring staff wellbeing and management of behaviours to avoid significant impact. Mrs Butler confirmed that there was a significant amount of work ongoing with webinars and online sessions being provided.

National Treatment Centre - Dr Williams welcomed the introduction of a project team but raised concerns about the timeline with the final business case expected late 2024 with operational status in late 2026. What would be the steps to priorities this build given the need to reduce waiting lists and how could the build be expedited.

Mr Crombie pointed out that one of the issues was Scottish Government funding and that some elements of NHS Lothian's NRAC gap would be addressed through funding of this new centre. Mrs Goldsmith added that there was an agreed programme that was being worked to. There was workforce funding for the National Treatment Centre and Mrs Butler and colleagues were developing the workforce plan with the clinical service. This would be a fast-track approach to ensure workforce would be in place by the time the Centre opens. There was ongoing dialogue with Scottish Government on the reconciling of the NRAC position and further detail would be taken through Finance and Resources Committee and Staff Governance Committee.

Mr Crombie assured colleagues that everyone was very focused on delivering this project with project resources now been appointed for the National Treatment Centre, Eye Pavilion and Cancer Centre.

Recruitment Additionality Activity Update - Mr McCann asked about the Band 2-4 recruitment. Mrs Butler confirmed that this was straight forward recruitment and numbers would go over 150 with a positive outcome.

Vaccination programme - Mr McCann asked about the possibility of requiring a permanent facility and workforce for a vaccinations service. Mr Lock confirmed that a vaccination plan was being developed for 2022/23 with more attention to a sustainable programme and more permanent workforce. This would also cover sites and centres needed to deliver vaccination from. This year would be considered as a transition year, and it was not yet clear what the JCVI view around 4th booster doses and winter programmes would be.

Interim Care Home Beds and Consent – Cllr Milligan asked about the problems receiving consent from patients. The Chief Executive explained that in terms of consent people cannot be moved without appropriate due process. In relation to patients to care homes where the health or social care worker encourages a move the Scottish Government does not go as far as to say that the move can be dictated, and a balance must be found as the move cannot be enforced.

Stress Distress Programme - The Board congratulated Frances Aitken, Dementia Nurse Specialist at St John's Hospital who had recently received a Highly Commended Award from the Mental Health Nursing Forum for Scotland. This was a first for a mental health nurse working within an Acute hospital and celebrated the success of the work Frances has championed on the Stress Distress Programme. The Chief Executive would circulate a briefing on the detail of the Stress Distress Programme for Members information.

Paediatric Audiology - Miss Gillies reported on MSPs & MPs feedback as well as a recent progress meeting with the Cabinet Secretary. An update had been provided to Healthcare Governance Committee, the Scottish Government and the Ombudsman as part of the monitoring process. Progress from the action plan had been demonstrated with urgent actions now completed.

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

96.1 The Board noted the updates from the Chairs of the following Committees:

- **Healthcare Governance Committee** - At the recent meeting there had been full discussion on issues related to recalling of high risk and family breast screening patients. The increasing challenge to maintain the desired quality of care for those in inpatient areas due to the level of occupancy being experienced had also been noted.
- **City of Edinburgh Integration Joint Board** – Mr McCann reported on a recent meeting between the Integration Joint Board and the Cabinet Secretary at which there had been discussion on several areas to address along with the need for radical actions to increase workforce.
- **Finance and Resources Committee** - Work continued on the medium-term framework with increased confidence in projections. A risk had been added to the Risk Register on the Scottish Government policy for Boards to use new drugs with no increase in funding.
- **Staff Governance Committee** - Mr McQueen highlighted the Internal Audit review of violence and aggression towards staff and follow up work. It was noted that the level of assurance accepted by Staff Governance Committee on this area had been downgraded to Limited. A project manager had since been appointed as well as a short life working group to look at the outcomes from the report. There would be continued reporting through both Audit and Risk Committee and Staff Governance Committee.

97. NHS Lothian Annual Review 2021 Feedback

97.1 The Chair reported on the Annual Review session with the Cabinet Secretary and highlighted the radical restructure NHS Lothian undertook in response to the early stages of the pandemic. The Cabinet Secretary's deep appreciation to all health and social care staff for their performance above and beyond during the pandemic was also recognised.

97.2 The Board accepted the report as a source of significant assurance that the Scottish Government had carried out an annual review, and that the letter would be published on the Board's website after the Board meeting.

98. NHS Lothian Board Performance Paper

- 98.1 Mr Crombie introduced the report on the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans. The report presented key performance measures in new ways and for some, compared the performance by groups of services against the Scottish average. Each section was also accompanied with a concise explanation for the performance and an action plan. The Board noted that this was a far more informative report than what had previously been received.
- 98.2 Mr Crombie highlighted areas from the report including existing system pressures within acute, primary, community care and mental health as well as compromised social care provision and a reduction in inpatient admissions linked to Covid-19. The Board noted that the NHS Lothian Gold resilience command remained in play, meeting weekly to review the current system situation with escalation opportunities in place for more regular meetings if required.
- 98.3 The Board recognised that the report showed the impact of Covid-19 admissions on acute and that workforce issues were being well discussed by the Board and its Committees. The report highlighted constraints to flow in the system and backlogs within the inpatient environment which contributed to front door congestion.
- 98.4 It was important to note that while unscheduled care focus was detailed in the report there were also implications on scheduled care. There would be more detailed discussion and demonstration of indicators at Planning, Performance and Development Committee.
- 98.5 There was discussion on key indicators; improvement in the over 52 weeks position; Treatment Time Guarantee impact; effect of inequalities; impact of 2 metre distancing and Pan Lothian Delayed Discharges. The Chair referred to the Board Executive Team report and the one stop urology service which had potential to reduce waiting times and had interest from MPs and MSPs. This was a good improvement example within Lothian and would also be good to discuss in terms of recovery plan at a future Planning, Performance and Development Committee.
- 98.6 Ms Hirst commented that this report was now delivering the breadth and depth of information being received across the health and social care system in an improved layout. Ms Hirst asked about cancer journey work and if there was a plan to report on waits to access palliative care. Mr Crombie added that the control chart demonstrated increasing waits and demand in ultrasound. Miss Gillies added that there was understandable prioritisation for scans in unscheduled care patients as these support flow but had the impact of booked appointments waiting longer. There was also significant growth in urgent suspicion of cancer referrals and pelvic ultrasounds.
- 98.7 Mr Crombie picked up the issue of 2 metre distancing and the impact of this on remobilisation and through put. The Board noted that Ms Campbell was

establishing a test of change around this.

- 98.8 Ms Campbell reported that guidance was clear when patients are recovering, and work was undertaken to risk assess this. Some areas configurations would not mean any more gained recovery beds if the distancing requirement was removed.
- 98.9 Dr Donald asked about unscheduled care and the NHS Lothian Signposting policy that was being developed and circulated for consultation. Where had the embedding of the policy got to and how was the flow centre helping in that process in terms of interface work to help with signposting. Ms Macdonald confirmed that there was significant work in and out of the flow centre over the last few months as well as pathway work within unscheduled care.
- 98.10 Ms Campbell added that the Signposting and Redirection policy was being finalised ahead of implementation. There was a test of change at St John's Hospital which was showing positive results but was based on low volumes. This builds on the Minor Injuries signposting work away from the Emergency Department as part of managing flow and crowding.
- 98.11 Mr McQueen raised concerns around dermatology performance and the outlier position Lothian took against the Scottish average for other boards.
- 98.12 Mr Crombie confirmed that the dermatology graph was very powerful and that a series of interventions had been implemented and these had been discussed and escalated through the Corporate Management Team. Mr Lock was leading the dermatology improvement programme and results of interventions were being seen. The process was now returning to dermatology and to the acute leadership team.
- 98.13 The Board approved the improved report format and information contained in the paper and accepted the recommendations in the report:
- acknowledge the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
 - recognise the performance challenges detailed, including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures.
 - consider the clinical reprioritisation exercise which continued on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
 - note the ongoing work following the active governance sessions which will further enhance coordinated and aligned performance reporting across the system.
 - If further deeper dives are requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

99. Lothian Strategic Development Framework Update

- 99.1 Mr Briggs gave an update to the Board on progress in developing the Lothian Strategic Development Framework (LSDF). Mr Briggs reported that following the December board meeting a Strategic Development Framework session for Non-Executive colleagues had been held on 26th January. Mr Briggs thanked colleagues for the discussion held and input received. The intent would now be for the updated Framework to go Planning, Performance and Development Committee in April before coming back to the Board in June.
- 99.2 There was discussion on the need to sharpen our population health outcomes that were being sought the deliver in the next iteration of the Framework. The Board noted that the supporting documents for the Framework were reaching final stage with scheduled and unscheduled care making final changes ahead of these being frozen for the next stage of the Framework.
- 99.3 Mr Briggs added that the development of the Corporate Objectives also linked to the Framework, and these would be brought to March Planning, Performance and Development Committee to allow Members to see the linkage between high level day to day delivery of the Corporate Objectives, Performance reporting, Integration Joint Boards and the Framework.
- 99.4 Mr Briggs reassured Board Members that the NHS Lothian teams were working closely with Health and Social Care Partnership teams and the Chief Officers, this would be better demonstrated as the Corporate Objectives progressed. As the Integration Joint Boards brought their strategic plans to a conclusion the close links and strategic dovetailing would be seen.
- 99.5 Prof. Chandran requested that the references in the summary document to potential higher education research centre be strengthened and the supporting section be fleshed out to capture and read across to Miss Gillies' work as innovation lead.
- 99.6 Mr Briggs added that work on the design of the summary document also continued and that graphic designers had now been engaged to present and graphically represent the changes being described in the Framework and make the summary as succinct and readable as possible. Again, it was hoped to bring the whole package to Planning, Performance and Development Committee in March for discussion.
- 99.7 The Board noted that feedback on from the Consultation Institute had been positive and a good baseline for engagement had been set with RSA and IJB groups. Ms Mackay added that the work done so far on engagement had been encouraging and needs to be the start of a continued process of ongoing dialogue. There had to be caution in resisting temptation to explore solutions with people, there was a need to frame things in terms of setting out context of what the issues were. It was important to remain in listening mode. Formal consultation on specific elements of the plan would then take place later in the summer.

- 99.8 The Chair welcomed the clarification on the outcomes following the review of the first draft at the December board meeting which had been broad in terms of engagement. Being able to articulate more detail on the outcomes was useful for those engaging in the process. Proper engagement was important given failed processes in the past where consultation had happened where a decision may have already been made. Ms Hirst added that both language and presentation were also important and more attention to language being used in existing and new documents should be given.
- 99.9 Mr Briggs stated that the points as outlined along with staff and clinical support was a great example of why progressing to engagement was needed so that staff would be onboard and feeding in and also to make sure that when it was time to have a grown-up conversation with the public using the right language and testing it. That was why engagement in the right way and not consultation was important
- 99.10 Mr Encombe suggested that it would be helpful to produce an updated project plan with milestones and timelines. Mr McCann referenced the checkpoint with City of Edinburgh HSCP which would be helpful if aligned with IJB plans and the Lothian Strategic Development Framework. Mr Briggs confirmed that an update on the project plan would come to Planning, Performance and Development Committee and the plan with broad strategic vision and understanding around what to consult on would come to the Board in June and be genuinely broad and ambitious.
- 99.11 Mr McCann also asked about extending the scope of digital aspects as referenced in the December board minutes and how this was progressing. The Board noted that Artificial Intelligence and Analytics were a major source of current discussion between Mr Briggs and Prof. Chandran from a University of Edinburgh point of view. Miss Gillies and Mr Egan, Director of Digital were working on strengthening corporate objectives in relation to eHealth.
- 99.12 Mrs Goldsmith made the point that in terms of capital and enables there would need to be engagement with Scottish Government and that there was good work being progressed in Scottish Government on the National Infrastructure Plan.
- 99.13 The Chair added that it was important that the model of care supported reference to capital and primary care. The Vice Chair agreed with this point and paid tribute to Mr Briggs for his willingness to continue to listen to input despite any frustrations he must feel. It would also be helpful to see the Corporate Objective weightings against the Framework and how those matched up.
- 99.14 The Chair thanked Mr Briggs for his update and the Board noted the adaptive and reflective nature of the strategy. The timetable and next steps for the Framework were noted. Further updates would be through Planning, Performance and Development Committee and the Board in June 2022.

100. NHS Lothian Finance

- 100.1 November 2021 - YTD Financial Position - Mrs Goldsmith updated the Board on the financial position at Period 8 for NHS Lothian, and the year-end forecast outturn. The paper also set out the financial impact from Covid-19 up to November 2021.
- 100.1.1 Mrs Goldsmith reported that there had been good progress towards the breakeven position with a £4M overspend being reported to the last Finance and Resources committee meeting. The Scottish Government were ensuring that funding was in place across the system to ensure all boards achieved a break-even position.
- 100.1.2 Mrs Goldsmith stated that the main priority was to understand Covid related costs and operational performance and the main issue at year end would be around the receiving of additional funding through many allocations from Scottish Government and the Treasury. Work with Integration Joint Boards colleagues continued in relation to carry over of reserves and direction of these. This was work in progress and would take 2-3 months to finalise.
- 100.1.3 The Board accepted the report as a source of significant assurance that a breakeven position would be achieved in this financial year.
- 100.2 NHS Lothian Financial Outlook and Outline Plan 22/23 - Mr Goldsmith updated the Board on the consideration by the Finance and Resources committee of the draft Financial Outlook, and specifically the Financial Plan for 2022/23. The paper set out a summary of the financial position based on the current forecast outturn, anticipated growth and assumptions around additional resources. The paper also highlighted the financial issues for next year relating to Covid-19. The key outstanding elements for the Financial Plan included the final pay award for 2022/23 and subsequent changes to the Scottish Government uplift settlement. The Board noted that Finance and Resources committee will review a draft when it meets on 21 March 2022, and the Board will be invited to approve the final version at its April 2022 meeting.
- 100.2.1 There was discussion on some of the main issues to consider including funding of pay uplift variation; non-pay and the extent needed to look at the non-pay gap considering increasing inflation; policy and demand (acute drugs, diagnostics and supplies); investment in infrastructure, backlog maintenance; index commitments for PPP portfolio of £6M in the next year with no funding source and delivery of efficiency savings.
- 100.2.2 Mrs Goldsmith confirmed it was unlikely that a balanced financial plan would be presented to the April Board meeting. The key thing would be to get down to a reasonable gap that can be covered. The roadmap to this breakeven position would come back to Board and depended on the progress over the next couple of months.

- 100.2.3 The Board noted that further updates would be taken through Finance and Resources Committee and Planning, Performance and Development committee. The Board agreed to the recommendations in the paper, to:
- Accept that the Finance and Resources committee had considered the details of the draft 2022/23 Financial Plan and acknowledged that, at this stage, NHS Lothian is not able to provide assurance on its ability to deliver a balanced financial position next year.
 - Accept that the Finance and Resources committee will receive a final iteration of the Plan for endorsement in March, for agreement by the Board at its meeting on the 6th of April.

101. Corporate Risk Register

- 101.1 Miss Gillies introduced the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose. The paper set out the agreements as per the December 2021 board meeting and outlines the more dynamic process around risk. The Corporate Management Team regularly reviews risks and agrees gradings and the report identifies some changes to risk gradings such as the increased grading around timely discharge.
- 101.2 Miss Gillies clarified that risks relating to performance were managed through the 2. Planning, Performance and Development Committee with Healthcare Governance Committee having line of sight on quality-of-care aspects (safety, person centred and effective care).
- 101.3 The paper also discussed the cyber security risk which was with the Board for acceptance and this risk would then be overseen by Finance and Resources Committee. Individual templates were presented for Board Members to review and were separated to give more clarity.
- 101.4 The care homes risk grading had been reduced and accepted by the Corporate Management Team. This risk would now move off the corporate risk register to the corporate nursing risk register with continued oversight from the care home oversight group.
- 101.5 There was discussion on the Community Premises Water Safety and Quality risk and the ownership around this given that many GPs would not have a skillset around this, and many premises were not fit for purpose or standalone builds.
- 101.6 Miss Gillies explained that the risk had been added due statutory requirements in relation to Legionella. Because of the change in use of premises and complexity of arrangements of premises in the primary care and partnership setting this had been escalated to the corporate risk register. There was no expectation on GPs to manage this. Local health and safety committees would have oversight of those premises and requirements for water safety work. Some buildings were owned and maintained by NHS Lothian hard and soft facilities management arrangements, but some were buildings rented by individual contractors where the totality of the premises sits with the Health and Social Care Partnerships. This led to their being a lot

of complex arrangements in place to be considered.

- 101.7 The estates and facilities team had a significant role in ensuring water safety but there were sometimes issues in accessing premises to make sure water was run daily. The use of premises determined the turnover of the water tank, and this was an important part of the risk. This risk had risen on the corporate risk register due to underuse of premises in the past two years and estates and facilities were working hard to address this risk.
- 101.8 In relation to the Delayed Discharges Risk, the Vice Chair suggested that it would be useful to line up the discharge risks relating to the Board and the Health and Social Care Partnerships. Mr Crombie confirmed that the Internal Audit on delayed discharges commissioned by Audit and Risk Committee had concluded and would report soon. Mr Crombie would check that the linked risks had been referenced.
- 101.9 The Board noted that the Covid risk remained standalone. This was because when last discussed how to change this another Covid wave (Omicron) had come through. This risk would remain and would be modified once the next phase of the pandemic was clear.
- 101.10 Dr Donald asked about the CAMHS risk (staff recruitment and patient safety within CAMHS). The Chair confirmed that the CAMHS issues would be dealt with through the Planning, Performance and Development Committee so that learning could be taken from staff working there as well as looking at risk and governance elements.
- 101.11 The Board accepted the recommendations in the report:
- Note the December 2021 Board agreed the following CMT recommendations:
 - A standard level of assurance for risk mitigation plans
 - A standardised committee paper to be used when submitting Board Committee
 - papers related to specific risks on the Corporate Risk Register (CRR)
 - Increase the grading of the Timely Discharge of Inpatients risk to Very High
 - Remove the EU/Brexit risk which will be kept under review.
 - Review the updates provided by the executive leads on risk mitigation, set out in the Assurance table in Appendix 1.
 - Approve the CMT description and grading of the Cyber Security risk following the agreement of the December 21 Board to include this risk onto the CRR.
 - Agree to remove the Care Home risk from the CRR and onto the Corporate Nursing Risk Register.
 - Note that management plans to mitigate risks associated with performance will be considered by the Planning, Performance and Development Committee, with Healthcare Governance continuing to consider the impact of these risks to the delivery of person-centred, safe effective care.

102. Any Other Business

102.1 None.

103. Reflections on the Meeting

103.1 The Chair welcomed the improvements in the performance report and engagement with the Non-Executive Directors. There was also support for the way the Executive Directors were now updating the Board.

104. Next Board Meeting future dates

104.1 The next Board meeting would be held on Wednesday 06 April 2022 at 9.30am.

Chair's Signature

Date

John Connaghan
Chair – Lothian NHS Board

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 25 January 2022 by video conference.

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

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms J. Campbell, Chief Officer Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr M. Dolan, Head of SMART Services, Consultant Clinical Scientist (item 58.1); Ms T. Gillies, Medical Director; Ms G. McAuley, Nurse Director Acute Services; Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Professor A. Timoney, Director of Pharmacy; Mr P. Wynne, Interim Executive Nurse Director; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Dr J. Long, Director of Primary Care.

Chair's Welcome and Introductions

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

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

51. Minutes from Previous Meeting (16 November 2021)

- 51.1 The minutes from the meeting held on 16 November 2021 were approved as a correct record.
- 51.2 The updated cumulative action note had been previously circulated.

52. Patient Story

- 52.1 Ms Mackie read out feedback submitted on Care Opinion from a patient who had been admitted to hospital with covid and had spent 110 days in intensive care at the Western General Hospital as well as time in wards 42 and 52. The feedback was positive and thanked staff at all levels including cleaners, nurses and doctors for their care and commitment during the whole period, commenting that intensive care staff had found time to visit the patient on ward 42 once she had been moved. The patient was also being treated for pulmonary fibrosis as a result of the intensive care stay.
- 52.2 Members noted how this highlighted the commitment of all staff to caring for patients.

52.3 Ms Gillies advised that well developed support was available for patients with physical and psychological needs as a result of a long stay in intensive care including a respiratory care home team to support patients with pulmonary fibrosis.

52.4 In addition, work was starting with Chest, Heart and Stroke Scotland on support for patients with long covid. This was based on a mobile application used to monitor symptoms and access appropriate support. This was currently a trial with 5 patients per week with capacity limited by resources at Chest, Heart and Stroke. In future this could be available more widely and the model could also be used for other conditions. An update and demonstration would be brought to the next meeting. **TG**

52.5 Professor Timoney advised that the SIGN had also developed prescribing guidelines for long covid and was now gathering evidence to expand this to cover children's prescribing.

53. Matters Arising

53.1 Patient non attendance at appointments

53.1.2 Ms Campbell advised that work on understanding demographics and drivers for non attendance was complex and was in progress. The programme board was also working on some actions to improve communication with patients and being more flexible in ensuring appointments suited patients. A full quality improvement process was being considered for this work. An update would be brought to the Committee at the next meeting including timescales and deliverable actions. **JCa**

53.2 Electronic communication for patients with sight difficulties

53.2.1 Ms Campbell advised that all patients had the option to opt in for electronic communications if they struggled to read letters due to sight difficulties. This had been in place for some time but the take up was low.

53.2.2 It was not currently possible to print letters from TRAK in a larger font but this had been raised and was on the list for TRAK upgrades.

53.3 Healthcare Governance Committee Workshop

53.3.1 The notes from the workshop held on 20 January 2022 would be circulated along with the recommendations agreed. This would be discussed further at the next meeting. **FI**

53.4 Paediatric Audiology

53.4.1 Ms Gillies presented the previously circulated paper. Following further press coverage on the report in the previous week there had been 15 calls to the helpline, 4 of which were from patients directly affected who had received a letter, and the others were from those with concerns having heard about the report. Each enquiry was being followed up individually.

53.4.2 An extra column in the actions table in the paper showed the read across of actions taken from the recommendations in the three reports. Ms Campbell was meeting with the team regularly to work through the actions. All urgent actions were now completed

and work was in progress on those to be done within 12 weeks. The Quality Improvement Team was also working on governance aspects including education and learning from complaints and incidents.

- 53.4.3 A national review group for Audiology was being set up and it was noted that NHS Lothian could helpfully contribute to this to benefit audiology services and patients across Scotland.
- 53.4.4 The importance of staff learning and education in dealing with patient complaints or disagreements in ensuring that legitimate concerns were listened to and acted upon was noted. This was part of staff working in a stable environment with recognised boundaries which would make them confident in investigating concerns.
- 53.4.4 Members commended the framework laid out and noted that the patient voice was central. They accepted the recommendations laid out in the paper. Progress on the action plan would be reviewed at each Healthcare Governance Committee meeting until the actions were complete.

TG

54. Emerging Issues

54.1 Delayed discharge and patient flow

- 54.1.1 Ms Gillies advised that the challenges around patient flow and delayed discharge continued to be a real concern, and noted the risk to patient experience and planning due to placement at a distance from home.

54.2 Breast Screening

- 54.2.1 There had been media coverage of an administration error that had meant some women had not been offered routine breast screening appointments. Dr Milne advised that all women identified as being affected in Lothian had been offered appointments on the following two Saturdays or were able to arrange one during the week to suit them. A helpline had been set up and 12 calls had been made, one of which needed clinician input.
- 54.2.2 In addition to the women identified in Lothian, there were a further 60 women who had moved out of Scotland to the rest of the UK, and 67 women who had moved elsewhere in Scotland. Work was in progress to identify their needs.
- 54.2.3 Work had started on setting out principles which would determine whether women had suffered harm from the delay. The Scottish Government had also asked all Boards to review their processes.

55. Mental Health Delegated Services

- 55.1 The Chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. This paper had been considered by the patient and public representatives' group. Ms McKigen advised that the delayed discharges in the service were having a huge impact and solutions were being sought in all possible areas to improve patient flow – housing, care at home and care homes. Ms Proctor reported that 35% of care homes in Edinburgh were currently closed due to covid outbreaks or

staffing issues, limiting the number of patients that could be discharged there. Care home places where mental health support was available were also limited and work was ongoing to improve this. There were also staffing shortages with packages of care currently. There were good relations with the housing department at the City of Edinburgh Council and opportunities for supported accommodation where there were new housing developments in Edinburgh were being considered.

- 55.2 It was noted that the mental health services in West Lothian were managed by West Lothian Health and Social Care Partnership and not by REAS; information on this service was provided to the Committee as part of the West Lothian Health and Social Care Partnership Annual Report.
- 55.3 Ms McKigen agreed to add more information to the impact on equalities section in the next report, noting that there was national work ongoing with the Mental Welfare Commission.
- 55.4 Ms McKigen advised that there was regular contact with the patient council on running of REAS services, and that this was one an active group, for instance one of the first sites in Scotland to run human rights training sessions for staff, patients and members of the public.
- 55.5 In response to a question from a Committee member about how the Committee could be assured that any of problems in the service were identified and considered in sufficient depth, Ms Gillies advised that this was part of constructive dialogue with the senior management team and that individual reports could be seen in the context of other reports and processes, for instance adverse events reviews. The executive team brought up any emerging issues as they arose. The Scottish Patient Safety Programme Annual Report also reported on the mental health programme which included comparators with other boards and national groups.
- 55.6 Ms McKigen advised that the reporting of adverse events was encourage and that weekly meetings were held to decide the level of review required, including review outwith the team, and this was done with the involvement of the quality team.
- 55.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

56. Person Centred Culture

56.1 Patient Experience and Feedback

- 56.1.1 Ms Morrison presented the previously circulated paper. She noted that the strategy included proactive patient feedback as well as complaints.
- 56.1.2 It had previously been agreed that reporting on the patient experience standards would be split between three reports at different meetings but members agreed this should be reconsidered as a single report would provide a more rounded view. Patient experience also reported to the Planning, Performance and Development Committee.
- 56.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

57. Safe Care

57.1 Healthcare Associated Infection Update, including covid outbreak mitigation

- 57.1.1 Ms Gillies presented the previously circulated. She noted that incidence of infections was slightly higher than the target; this may reflect the high level of occupancy on all sites.
- 57.1.2 It was noted that the corporate risk on covid had changed as many of the areas were now stable, and the risks were associated with several other risks on the risk register. Ms Bennett suggested that all reports should be seen in the context of the covid risk. It was agreed that the level of assurance given on this paper would not change if the covid risk were separated from it.
- 57.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

57.2 Health and Safety – Clinical Governance and Performance Annual Report

- 57.2.1 Ms Gillies presented the previously circulated paper. It was noted that a paper had been submitted to the Staff Governance Committee regarding the fire safety risk. Mr Crombie advised that good progress had been made on mitigation of the risk including surveys and analysis linked to clear actions and timescales. This would be updated to the Staff Governance Committee.
- 57.2.2 Members accepted the recommendations laid out in the paper and accepted limited assurance for fire safety and moderate assurance for all other areas.

57.3 Patient Safety Annual Report

- 57.3.1 Ms Gillies presented the previously circulated paper. Ms Bennett noted that the safety programme had continued throughout the covid restrictions and improvements had continued. This paper had been considered by the patient and public representatives' group. Ms Mackie noted the good work in neonatal services which would improve patient experience and outcomes.
- 57.3.2 It was noted that the incidences of falls and pressure ulcers had increased in recent months and was suggested that this was a reflection of the pressures on the system. Ms McAuley advised that that use of supplementary staffing, the number of patients with acute delirium, reduced patient visiting as well as increased activity in the system all contributed to an increase in falls. The Clinical Management Group was planning to focus on falls work that year.
- 57.3.3 It was noted that improving medicines processes resulting in delay at discharge was part of continuous improvement work in the discharge process. Ms Gillies noted that there was not yet a measurement framework for medicines in the patient safety programme and that it took years for frameworks to become embedded. More complex preparations for patients treated at home has added to the complexity of medicines at discharge. The development of the hospital electronic prescribing system (HEPMA) over the next few years may improve this process.

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

57.4 Delayed Discharge Outcomes

57.4.1 Ms Gillies presented the previously circulated paper. It was suggested that a complimentary piece of work would be research on palliative care and the number of people who had to come into hospital rather than be supported to die in their own homes. Ms Gillies advised that the Palliative Care Collaborative report was on the agenda in the exception reporting and would help with this work.

57.4.2 Members accepted the recommendations laid out in the paper.

58. Effective Care

58.1 SMART Centre – update on recommendations

58.1.1 The chair welcomed Mr Dolan to the meeting and he presented the previously circulated paper. The new plan would allow demographics work to be done which would determine what the service needed to provide and the funding required for this, including addressing long waiting times and the backlog of cases. The team were also looking at using a performance framework to indicate the quality of service being delivered.

58.1.2 Mr Dolan advised that there was an active patient representatives' groups which had been involved in planning.

58.1.3 Members accepted the recommendations laid out in the paper. There would be a further progress update at the meeting in May 2022.

JP

58.2 External Providers Update

58.2.1 Ms Campbell presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

59. Exception Reporting Only

Members noted the following previously circulated papers:

- 59.1 Organ Donation Annual Report;
- 59.2 Palliative Care Collaborative Annual Report;
- 59.3 MBACE-UK Perinatal Deaths Annual Report;
- 59.4 Clinical Policy and Documentation Annual Report;
- 59.5 Resilience Annual Report.

60. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 60.1 Health and Safety Committee, 24 November 2021;

- 60.2 Clinical Management Group, 12 October 2021;
- 60.3 Public Protection Action Group, 15 September 2021;
- 60.4 Policy Approval Group, 14 December 2021.

61. Corporate Risk Register

- 61.1 Ms Bennett presented the previously circulated paper. She advised that the process for agreeing risk levels was that the Corporate Management Team made recommendations on risk to the Board. Their recommendations were informed by the risk levels agreed at governance committees. The Board would delegate the management of individual risks to the relevant governance committee and there was a dialogue between the Corporate Management Team and the governance committees.

62. Reflection on the Meeting

- 62.1 It was agreed that the following items from the discussion would be raised at the next Board meeting: an update on the breast screening administrative error; and work on delayed discharge outcomes. **FI**
- 62.2 It was agreed that the training and development element of the outcome of the paediatric audiology review including the need for staff to be confident in situations of conflict, would be raised at the Staff Governance Committee. **FI**

63. Date of Next Meeting

- 63.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 22 March 2022** by video conference.

64. Further Meeting Dates

- 64.1 Further meetings in 2022 would take place at 13:00 on the following dates:
 - 24 May 2022;
 - 19 July 2022;
 - 27 September 2022;
 - 29 November 2022.

Signed by the Chair 22.03.2022

Audit and Risk Committee

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 22nd November 2021 via MS Teams.

Present:

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

In Attendance:

Ms S. Brooks, Internal Auditor; Ms J. Brown, Chief Internal Auditor; Ms J. Bennett, Associate Director for Quality Improvement & Safety; Mr C. Campbell, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Ms O. Notman, Head of Financial Services; Mr C. Marriott, Deputy Director of Finance; Mr J. Old, Financial Controller; Mr A. Payne, Head of Corporate Governance; Ms F. Ireland (Interim Director of Nursing); Mr D. Eardley (Azets); Ms. K. James (Management Trainee, Observer); and Miss L. Baird, Committee Administrator.

Apologies: Councillor J. McGinty, Non-Executive Board Member; Ms S. Goldsmith, Director of Finance.

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.

53. Minutes of the previous meeting held on 23rd August 2021

53.1 The minutes of the meeting held on 23rd August 2021 were accepted as an accurate record and approved.

54. Running Action Note

54.1 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.

55. Corporate Risk Register

55.1 Ms Bennett presented the previously circulated report.

55.2 Ms Bennett highlighted that the report sets out the developments with the integration of the risk management structure with the Corporate Risk Register and all levels of risk within the organisation. She noted that the Board had approved the recommendations detailed in the report at its meeting on 6 October 2021.

55.3 Mr Marriott advised that the financial risk had not been presented to Finance and Resource at their November meeting to allow the team time to take forward the financial framework. He confirmed that the risk would be taken to the January Finance and Resource Committee, where they would look beyond the numbers and clarify what the risk was trying to address.

55.4 The Committee reflected on the presentations to the Board in October around access to the Emergency Department and difficulties experienced with delayed

discharges in the context of the 4-hour emergency access standard and the timely discharge of patients risks. The Chief Executive advised that risks would fluctuate depending on the position within the system and as the Board moves into winter, it is likely that these risks would be categorised as very high. He reported that these risks would remain under the oversight of Gold Command and the Performance Oversight Board to allow executive directors to act immediately.

- 55.5 The Committee noted that the initial staging report on the redesign of Urgent Care was in the public domain. The Chief Executive assured the Committee that there was some evidence that scheduling urgent care had improved the position, but there were still improvements to be made which would be addressed in the second report. Mr Campbell agreed to provide Mr Murray with copies of both reports on the redesign of urgent care when available. **CC**
- 55.6 Members discussed how the timely discharge of patients was a shared risk across the whole system and whether it was appropriate to extended invites to the Audit and Risk Committee to IJB audit committee members so that they understand the risk in its entirety. The Chief Executive advised that Gold Command was being used to establish a single system approach and were looking for evidence that the IJB were considering this risk and that those discussions were informing how the process was governed.
- 55.7 The Chief Executive took an action to advise the Chief Officers that the timely discharge of patients was discussed at the November Audit and Risk Committee, where it was agreed that it was a joint risk and request that they feedback on what actions are being taken at IJB level to address the risk. **CC**
- 55.8 The Committee discussed risk 5188 (Access to Child & Adolescent Mental Health Services), noting that the risk related to refunding rather than non-recurrent funding. Mr Marriott noted the member's concerns around requests from Scottish Government to make recurring commitments without the commitment of recurrent funding to support them. He advised that the finance directorate was sighted on this matter and would continue to engage with Scottish Government.
- 55.9 Ms Bennett confirmed that there will be training to ensure there is a consistent application of the new approach to setting out the action plans to mitigate risk.
- 55.10 The Committee:
- reviewed the updates provided by the executive leads on risk mitigation set out in the Assurance table in Appendix 1.
 - noted the outcome of the Executives/ Committee Chairs Risk Assurance Session held in September 2021, as set out in Appendix 2.
 - noted that the December 2021 Board Corporate Risk Register paper would propose a standard level of assurance for risk mitigation plans developed in response to actions agreed at the Executives/ Committee Chairs session.
 - noted the December 2021 Board Corporate Risk Register paper will propose a standardised Board committee paper to be used when submitting Board Committee papers related to specific risks on the Corporate Risk Register.
 - noted that the Corporate Management Team would recommend to the December 2021 Board that the grading of the timely discharge of inpatients risk be increased to very high due to significant pressure in the system.
 - noted that the Corporate Management Team is to recommend to the December 2021 Board that the EU/ Brexit risk be removed from the Corporate Risk Register,

as the potential risks have not materialised and will be kept under review nationally and locally.

- noted that the agreement at the August 2021 Corporate Management Team that all Directors would present to the Corporate Management Team their plans to migrate high and very high risks at a divisional level.
- accepted moderate assurance concerning NHS Lothian risk system, which has been strengthened due to several changes which were set out in the report

56. Litigation Annual Report 2020/2021

56.1 Ms Bennett presented the previously circulated report.

56.2 Ms Bennett advised that the Healthcare Governance Committee had accepted significant assurance for the effectiveness of the processes and moderate assurance in terms of the evidence of learning from cases at their meeting in November.

56.3 The Committee discussed admission of liability, the team that supported this decision making, and whether cases where financial liability was admitted had an effect on the financial position compared to those where liability was not acknowledged. Ms Bennett advised that there were clear guidelines for signing off causes that focused on correlation and causation. She confirmed that there was some financial impact where liability had been acknowledged, but the main factors in determining the level of the pay-out was morbidity and assignment of harm.

56.4 The Committee noted that potential claims in respect of clinical prioritisation had been discussed with the Central Legal Office, and they would continue to monitor the position in the context of pandemic both nationally and locally. Ms Kasper requested that the Audit and Risk Committee receive an update on this matter if more data was to become available.

56.5 Mr Marriott noted that the Scottish Government had considered the £50M cap of CNORIS and considering the growth in cases, they would look to increase the cap to £70M for 2022/23. He highlighted the significance of this increase and the potential impact of £2-3M that NHS Lothian would face.

56.6 The Committee noted that a failure to meet the treatment time guarantee could be used as an argument to support to claims associated with delayed access to treatment. However, making such claims would require the individual to prove that harm had

56.7 The Committee noted that the Central Legal Office would oversee money awarded and payments to individuals over the term of their lives, where the Board had given them the authority to do so as part of legal agreements made.

56.8 The Committee accepted the report as an annual update on litigation processes and activity in terms of numbers, financial impact and recurring themes.

57. Internal Audit

57.1 Estates Internal Audit Report: Progress Update – Mr Crombie presented the second update to the Committee on response to the internal audit carried out in

April 2021. He advised that work to review and address recommendations within the report was in progress.

- 57.1.1 Mr Crombie advised that the Estates and Facilities Senior Management Team had identified six actions for closure in November 2021 and focus remained on improving culture within the team and links to the wider organisation. He noted that there were several workstreams taking place with other departments and they were progressing well.
- 57.1.2 The Committee noted that interviews for the Director of Facilities role had taken place and a successful candidate identified. It was anticipated that Ms Morag Campbell would join the team in January 2022.
- 57.1.3 The Committee accepted moderate assurance on the progress made to date, noting the request to extend the deadline for three interdependent actions relating to procurement and contract management was made in October due to the organisational change implications.
- 57.1.4 The Committee agreed to accept the actions which will be considered closed by 30 November 2021 by the Estates and Facilities Senior Management Team.
- 57.1.5 The Committee acknowledged that the Internal Audit team would undertake further monitoring and follow-up audits of the implementation of these actions and will provide an update at a future Audit & Risk Committee.
- 57.2 Internal Audit Report – Violence and Aggression – Ms Brook presented the previously circulated report that focused on the design and operation of the controls in place to protect staff from violence and aggression.
 - 57.2.1 The Committee noted that the Internal Audit Team had submitted an overall opinion of limited assurance, and that three high, three medium and one low recommendation had been agreed with management colleagues. The three high recommendations focused on lone working devices, completion of risk assessment and reduction documentation and completion of violence and aggression training.
 - 57.2.2 The Committee noted that the report had summarised the material risks to the organisation but were concerned that the agreed actions may not fully address the recommendations. In particular, the lack of funding could be a barrier.
 - 57.2.3 Members expressed concern that the issue of compliance to violence and aggression processes had been a long-running problem which had not been resolved, and they looked to the executives present to advise how they would be addressed going forward.
 - 57.2.4 Ms Ireland reported that the team had put in a bid for £270k from the financial plan for six additional posts within Violence and Aggression Team. She hoped that this would increase the team's ability to support managers and staff.
 - 57.2.5 The Committee noted that the Violence and Aggression team would continue to focus on and assess areas of high risk to ensure that they are the first cohort to

receive training in a safe environment in line with current social distancing restrictions.

57.2.6 Ms Ireland advised that a mechanism to assure the Board that all areas were submitting purple packs would be considered. She noted that going forward the team would address compliance in the areas of greatest highest risk, before rolling out this work to other areas.

57.2.7 The Committee noted that the number of Identicomms had increase from 400 shared on a Team basis to 900 individuals Identicomms. Members anticipated that this would allow the Violence and Aggression Team to identify those staff who were not complying with processes for lone working devices and address it immediately. The Committee noted that dissemination of the devices remains ongoing.

57.2.8 The Committee noted that the failure to identify these issues sooner had resulted from the lack of a clear reporting structure through the local Health and Safety Committees to the NHS Lothian Health and Safety Committee and that this would be resolved through the actions detailed within the report.

57.2.9 The Committee requested that culture be part of the long-term solutions, noting that the violence and aggression process was extremely important for staff safety as well as the organisation, and their engagement with the process would be vital for its success.

57.2.10 The Committee requested that Ms Ireland bring a formal implementation plan detailing who was responsible for each action to the next Audit and Risk Committee.

FI

57.3 Internal Audit Progress Report – November 2021 – Ms Brown presented the previously circ

57.3.1 Ms Brown drew the Committee's attention to progress against recruitment to the internal audit team, noting that of the three candidates who had applied only one candidate would go forward to interview. She noted that in the interim she would continue to pull on resources from the Grant Thornton team and continue dialog with Mr Marriott to as to best pick up the gaps within the team.

57.3.2 The Committee noted that the internal audit plan had been reprofiled, recognising the skills within the team, and the team would continue to draw on the skills within Grant Thornton Team to fulfil the current internal audit plan. Ms Brown would review the plan leading into the Christmas period considering priorities, service delivery and determine whether the plan remained fit for purpose.

57.3.3 The Committee accepted the report.

57.4 Internal Audit Follow-up of Management Actions Report (November 2021) – Ms Brooks presented the previously circulated report.

57.4.1 Ms Brooks advised that nineteen actions were closed off in this reporting period and eleven were carried forward as ongoing.

57.4.2 Members expressed concerns that no update had been provide in terms of compliance to DATIX in Lothian and therefore they were unable to take

assurance that robust processes were in place. The Chief Executive noted that NHS Lothian were using DATIX more than other Boards. However, there were still some issues around the appropriateness of submissions and closing off the loop in respect of less serious adverse events and it was important from a cultural point of view that they did not want to discourage reporting.

57.4.3 Ms Brown confirmed that the update therein had also related the Health and Social Care Partnerships use of DATIX and how it varied across the four partnerships. She confirmed that the review had focused on the operational risk and Internal Audit Team were comfortable at Health and Social Care Partnership level that significant risks were being escalated appropriately and added to DATIX.

57.4.4 The Committee requested that the Audit and Risk Committee received assurance from the Health and Social Care Partnerships that the risks have been assessed and action. Mr Campbell took an action to request that PSEAG or CMT discuss what level of adverse event associated with health services must be captured within DATIX.

CC

57.4.5 The Committee accepted the report.

57.5 IJB Audit & Risk Committee and NHS Lothian Audit & Risk Committee “Ways of Working” Principles – Ms Brown presented the previously circulated report.

57.5.1 Mr Payne requested that his email address within the report be amended.

57.5.2 The Committee agreed to approve the principles and the sharing arrangements therein.

58. Counter Fraud Activity

58.1 Mr Old presented the previously circulated report. He noted that since the August meeting seven referrals, and ten operations were open.

58.2 Mr Old advised that training approaches varied across NHS Boards. He proposed that the list of authorised signatories within Lothian, which amounted to over 2,000 staff be targets in terms of the external and internal training. He explained that new standard would also put an emphasis on ensuring that people had completed training and that it had been signed off by the relevant manager.

58.3 It was proposed that a profile of a potential fraudster could be released to allow members to identify the characteristics fraudster display.

58.4 The Committee accept this report as a briefing on the current status of counter fraud activity.

58.5 The Committee took a moderate level of assurance from the report, that all cases of suspected fraud were accounted for, and appropriate action was taken.

58.6 The Committee accepted the report.

59. Write-off of Overseas Debt

- 59.1 Ms Notman presented the previously circulated report.
- 59.2 Ms Notman highlighted that the loss of £28,415 related to the cost of medical treatment in hospital for the period of 16 days and the total chargeable medical costs were £32,015 and the Board had received payments for £3,600. She reported that finance had issued an invoice, however there had been no further engagement of following discharge.
- 59.3 The Committee noted that the UK Border Agency is notified of the unpaid debts so that they can be picked up when individuals return to the country, however the percentage of payments picked up via border control remained low.
- 59.4 The Committee reviewed appendix 1 and confirmed that the Director of Finance may approach the SGHSCD for its approval to write-off this loss.
- 59.5 The Committee accepted the report.

60. Any Other Competent Business

- 60.1 There were no other items of competent business for consideration.

61. Reflections on the meeting

- 61.1 The Chair noted that he would advise the Board that the Committee had received the Violence and Aggression Internal Audit Report and they awaited further information in respect of action taken. It was noted that there was nothing else to report to the Board at this time.

62. Date of Next Meeting

- 62.1. The next meeting of the Audit and Risk Committee will be held on Monday 21st February 2022 at 9.30 a.m. via Microsoft Teams.

Signed by the Chair 21-02-2022

NHS Lothian

Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 15 December 2021 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair);
Mrs J. Butler, Director of Human Resources and Organisational Development;
Miss T. Gillies, Medical Director (until 11.30am);
Miss F. Ireland, Interim Executive Director, Nursing, Midwifery & AHPs (until 11.30am);
Ms J. Campbell, Chief Officer, Acute Services (until 11.30am);
Mr S. Chandran, Non-Executive Board Member (until 11.30am);
Ms K. Kasper, Non-Executive Board Member;
Ms M. Connor, Non-Executive Board Member;
Ms J. Clark, Partnership Representative;
and Ms H. Fitzgerald, Partnership Representative.

In Attendance:

Mr J. Crombie, Deputy Chief Executive (until 11.30am);
Mr T. Logan, Head of Operations, Hard FM (Item 35.4);
Ms R. Kelly, Deputy Director of Human Resources;
Ms A. Langsley, Associate Director of OD & Learning;
Ms Lindsay Brassington, Management Team, Clinical Psychology (item 31);
Ms C. McDowall, Speak Up Ambassador, NHS Lothian (Item 34.3);
Ms L. Barclay, Business Manager, Human Resources;
Dr S. Edgar, Director of Medical Education, NHS Lothian (Item 35.1);
Ms T. McKigen, Services Director, Royal Edinburgh & Associated Services (observing);
and Ms B. Pillath, Committee Administrator (minutes).

Apologies:

Ms C. Hirst, Non-Executive Board Member;

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.

31. Staff Wellbeing Presentation

31. Ms Langsley and Ms Brassington gave a presentation. Committee members commended the outstanding work in supporting staff summarised. Ms Brassington advised that the team consisted of a total of 4.3 WTE clinical psychologists plus support with a budget of £400,000. The funding was partly from the Scottish Government and partly from the Health Foundation and was short term until the end of 2022. Ms Butler advised that requests have been made to the Scottish Government to continue funding beyond this date, and that the executive leadership

team were committed to continuing the service. A report back to the Health Foundation on the work done was also suggested.

32. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 20 October 2021

32.1 The minutes from the meeting held on 20 October 2021 were approved as a correct record.

32.2 Members noted the previously circulated updated cumulative action note.

33. Matters Arising

33.1 There were no matters arising.

34. Staff Experience

34.1 Advancing Equalities Staff Network Action Plans – Update

34.1.1 Ms Kelly presented the previously circulated paper. Members accepted the recommendations laid out in the paper and accepted moderate assurance.

34.2 Whistleblowing Report

34.2.1 Ms Kelly presented the previously circulated paper. Ms McDowall advised NHS Lothian had been responding to requests for help from other Boards in setting up their whistleblowing processes and that a Scottish network was being set up to help ensure consistency of approach between Boards and to facilitate shared learning.

34.2.2 Ms Kelly advised that if a concern was raised to a contractor of NHS Lothian's it would be addressed via the procurement link for each contractor rather than through the whistleblowing process.

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

34.3 Speak Up Report

34.3.1 Ms McDowall presented the previously circulated paper. She advised that a network of Speak Up Ambassadors was being developed across Scotland which aimed to help with shared learning. Within Lothian information and skills workshop sessions as well as facilitated peer support were hosted by Ms McDowall and Ms Monaghan. The aim was to replicate this time of development across the Scottish network.

34.3.2 Although it was challenging getting formal feedback from those who had used the Speak Up Ambassador process, feedback at the time of use was positive. Staff were reluctant to fill in the feedback forms and a different approach was needed. Ms Fitzgerald suggested using a questionnaire that focussed more on the staff member's own experience than the working of the service with questions on whether their

experience had made them more confident in speaking up in the future, or whether it gave reassurance, etc.

- 34.3.3 Members commended the excellent work in implementing new ideas and developing the Scottish network. They accepted the recommendations laid out in the paper.

35. Assurance and Scrutiny

35.1 Director of Medical Education Report 2021

- 35.1.1 The chair welcomed Dr Edgar to the meeting and he presented the previously circulated paper. It was noted that doctors in training had returned a lower score in the iMatter survey for the statement 'I feel my organisation cares about my wellbeing' than the organisation as a whole. Work was being done to understand this using the 'Trickle' app and focus groups on site to ensure that doctors in training were aware of the support available to them. Ms Butler also noted the limitations of this part of the survey which referenced the executive and non-executive teams which the majority of staff did not interact with.
- 35.1.2 Dr Edgar advised that the team was working with NHS Education Scotland to ensure that trainee doctors had access to the opportunities they needed to move on to the next stage of their training – for instance having access to a certain operation.
- 35.1.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance that as a local education provider (LEP), processes were in place to understand, share and act upon intelligence linked to high quality medical education, training, and support.

35.2 Corporate Risk Register

Updated Board Risk Reporting Paperwork for Noting

- 35.2.1 Members noted the updated reporting paperwork.

Management of Violence and Aggression Risk 3455

- 35.2.2 Ms Ireland presented the previously circulated paper. Following the audit report, recent work on a matrix of incidents against harm recorded should give a better idea of what areas of concern should be addressed. Previous processes identified four main themes where focus had been, but the audit suggested some categories of high numbers of incidents where risk assessments had not been done. The work ongoing would help to understand where there were large numbers of incidents with low level of harm or low numbers of incidents with a high level of harm to allow appropriate focus on improvement action.
- 35.2.3 It was suggested that the opportunity should be used to consider the design of the whole reporting programme and not only the weaknesses highlighted by the audit report.

- 35.2.4 Mr Connor advised that the concern was raised at the Audit and Risk Committee that issues like this were not identified until an audit report was carried out. An assurance framework should be in place which identified problems at an early stage so that improvement action could be taken. There was evidence that problems had been ongoing since 2013 but appropriate improvement action had not been made.
- 35.2.5 Ms Gillies noted that the assurance framework used in the NHS in England, the CQC had advantages and disadvantages: Boards were required to provide detailed information on current status and there was a danger that the focus was on this rather than on bringing forward improvements. A risk based quality management approach was needed that both identified standards not being met and addressed this.
- 35.2.6 The possibility of bringing forward the timescale for action which was currently planned to be completed by August 2022 was discussed, but it was noted that actions should be prioritised and at an appropriate pace so that a sustainable solution could be applied.
- 35.2.7 Members accepted the recommendations laid out in the paper and agreed to downgrade the assurance level achieved to limited assurance in line with the results of the recent audit report. An update would be given at each meeting until satisfactory progress had been made. **FI**

Nursing Workforce Risk 3828

- 35.2.8 Ms Ireland presented the previously circulated paper. Regarding the retention of student nurses in employment in NHS Lothian following completion students at St John's Hospital had been offered to become employed in their last student post. Students placed at St Johns came from Stirling as well as from Edinburgh universities and of the 17 Stirling students at the last output 7 opted to move away from St John's and accept a post in NHS Forth Valley.
- 35.2.9 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

Water Safety Risk 5020

- 35.2.10 Ms Gillies gave a verbal update. No new concerns had been identified since the last report. The water safety risk was mainly on the legionella risk due to the lower turnover in primary care sites. Some progress was being made on implementing processes to address this through the Health and Safety Committee. No change in risk level was suggested.

Traffic Management Risk 3328

- 35.2.11 Mr Crombie gave a verbal update. The engagement process for the introduction of parking permits at the Royal Infirmary of Edinburgh had begun in October 2021 along with a communications campaign. There was specific engagement with junior doctors. The team were now open to applications and these were being considered with the planned start date of 17 January 2022. A dedicated shuttle bus from the

Sherrifhall Park and Ride would also begin on the same date and the new car park should be completed. The parking support team would remain in place to ensure efficient use of the car parks and significant communications work had been done to ensure staff were aware of the expectation that they interact appropriately with this team.

- 35.2.12 It was acknowledged that the reintroduction of the permit system would add complexity for staff but that this was required to mitigate the health and safety risks on the site due to the volume of traffic which also affected access for Lothian buses and for the ambulance service. Partnership had been engaged and supportive of the staff engagement process.

35.3 Health and Safety Assurance

- 35.3.1 Ms Gillies presented the previously circulated paper. She noted that the service review would be undertaken by Alastair Leckie as director of the Occupational Health Service, with external advice from the Health and Safety Team at NHS Greater Glasgow and Clyde who used a different team structure. The report was expected in three to four months' time.

- 35.3.2 Members accepted the recommendations laid out in the paper and accepted the assurance levels laid out.

35.4 Overview of Fire Safety

- 35.4.1 The chair welcomed Mr Logan to the meeting and he presented the previously circulated paper. Members were impressed with the efficient identification and analysis of problems and putting in place of a programme of action.

- 35.4.2 It was noted that the timescale for completing compartment work was 18 months; this was due to the difficulty in planning access in inpatient ward areas due the dust disruption caused by the work.

- 35.4.3 Ms Gillies noted the difficulty for local Health and Safety chairs and general site managers in navigating a number of risks all requiring detailed technical knowledge. They were reliant on the advice of the expert teams. Mr Crombie noted that investment was being made in the fire safety team to ensure the resources were available to meet this need on all sites.

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

35.5 Healthcare Science Service – Accredited Registers

- 35.5.1 This paper had been withdrawn from the agenda and deferred to the meeting in March 2022 so that more work could be done following the outcomes of the paediatric audiology report.

35.6 Mental Health (Care and Treatment) Scotland Act 2003 – Approval and Management of AMP Lists

35.6.1 Ms Gillies presented the previously circulated paper. The Scottish Government had requested a quarterly report on mandatory training in this topic. The Committee agreed that this would be added to the section of the agenda 'for information' in future meetings and would be raised to the main agenda if Ms Gillies or Ms Butler notified the chair of any concerns which required discussion.

35.6.2 Members accepted the recommendations laid out in the paper.

36. Sustainable Workforce

36.1 Workforce Report

36.1.1 Ms Kelly presented the previously circulated paper, noting that the data included in the paper went to the end of October due to the 6 week time lag in reporting which meant higher staff absences experienced in December would not yet be reflected. Ms Butler reported that until recently there had been low levels of covid related absences but that these had risen in the last week. General sickness absence was also on an upward trend and now over 5%. This was a problem for all Scottish boards. The most reported reason for absence had moved from MSK to anxiety and psychological stress although it was not possible to distinguish between work and other reasons for stress.

36.1.2 It was noted the absence rate among facilities staff was double that of the overall rate. Ms Butler advised that specific work was being done in engaging with and supporting this staff group who were among the lowest paid of NHS Lothian's staff and were most likely to be affected by socio-economic factors outwith work.

36.1.3 Ms Kelly advised that the Scottish Government requirement for members of the public who are a household contact of a covid case to isolate even with a negative PCR test was subject to exemptions to frontline healthcare staff who could return to work provided they returned a negative test.

36.1.4 Ms Fitzgerald noted complaints from staff about the time taken to go through the recruitment process to employ new staff. Ms Butler advised that throughout for the past two years fast track recruitment had been carried out in priority areas and agency staff were being employed in the recruitment team to help with this. This was reviewed weekly by the Silver Command group. This may mean that some non priority recruitment took longer. It was noted that there was a huge increase in activity and record numbers of staff were being recruited for services such as vaccination and testing.

36.1.5 Members accepted the recommendations laid out in the paper.

37. For Information and Noting

Members noted the following previously circulated papers for information:

37.1 Staff Governance Work Plan 2021/22;

37.2 Staff Governance Assurance Statement 2021/22;

37.3 Minutes of the Workforce Planning and Development Programme Board – 17 August and 28 September 2021.

38. Reflections on the Meeting

38.1 It was agreed that Mr McQueen along with Mr Connor as chair of the Audit and Risk Committee would update the Board on the progress following the internal audit report on the violence and aggression risk which had been raised at the previous Board meeting. **BMcQ**

38.2 It was agreed that the positive support being provided to staff as part of the wellbeing programme and the need for continued funding for this service would be highlighted to the Board.

39. Date of Next Meeting

39.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 02 March 2021.

40. 2022 Meeting Dates

40.1 Meetings would take place on the following dates in 2022:

- 02 March 2022
- 01 June 2022
- 27 July 2022
- 12 October 2022
- 14 December 2022

Signed by the Chair 02-03-2022

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within VIRTUAL MEETING ROOM, on 13 JANUARY 2022.

Present

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

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

Apologies – Damian Doran-Timson and Jock Encombe

In attendance – Carol Holmes (NHS Lothian), Yvonne Lawton (Head of Strategic Planning and Performance), James Millar (Standards Officer), Mike Reid (General Manager, NHS Lothian) and Fiona Wilson (Head of Health)

1 DECLARATIONS OF INTEREST

There were no declarations of interest made.

2 MINUTES

The Board approved the minute of its meeting held on 9 November 2021.

3 MINUTES FOR NOTING

- a The Board noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 8 September 2021.
- b The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 21 October 2021.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that Bill McQueen was to be reappointed on 1 February 2022.

5 CHIEF OFFICER REPORT

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

those related to Covid-19.

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

Optimisation of communications to the public was discussed; including clarity of messaging regarding Covid vaccination campaigns and closure St Michael's Hospital. Further discussions were also to be held regarding the use of volunteers in Covid vaccinations.

Decision

1. To note the terms of the report.
2. It was agreed that officers would provide an update on Covid vaccination uptake numbers to the IJB members at the end of January and February.

6 2021/22 FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an interim update on the 2021/22 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 Board:

1. Consider the forecast outturn for 2021/22 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2021/22 budget;
3. Note the update on key financial risk areas; and
4. Note the update on new funding announced by the Scottish Government for 2021/22 to help protect health and social care service delivery over the winter period.

Decision

To note the terms of the report.

7 SCOTTISH BUDGET REPORT 2022

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update in relation to the Scottish draft budget announced on 9 December 2021.

It was recommended that the Board:

1. Note the issue of the Scottish Draft Budget 2022, which included departmental spending plans for 2022/23;
2. Note the key economic and financial implications at a Scottish public sector wide level resulting from the Budget;
3. Note the initial funding implications for Local Government and Health Boards resulting from the 2022/23 Scottish budget;
4. 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 2022/23 financial contribution to the IJB from partner bodies; and
5. Agree that the IJB Chief Finance Officer should provide a financial assurance report to the Board on the 17 March 2022 setting out the 2022/23 IJB budget plan and medium-term financial outlook.

Decision

To approve the terms of the report.

8 CIPFA FINANCIAL MANAGEMENT CODE COMPLIANCE / FINANCIAL REGULATIONS UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on progress towards compliance with the CIPFA Financial Management Code, the main aspect of which related to the proposed updated Financial Regulations for approval.

It was recommended that the Board:

1. Note the progress on compliance with the CIPFA Financial Management Code as set out in Appendix 1 and Appendix 2 of the report;
2. Note that the Audit, Risk and Governance Committee had reviewed

the updated documents appended to the report on 1 December 2021 and had no further recommendations for the Board; and

3. Agree the updated Financial Regulations that now reflected the requirements of the CIPFA Financial Management Code.

Decision

To approve the terms of the report.

9 CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2020-2021

The Board considered a report (copies of which had been circulated) by the Chief Social Work Officer providing an overview of the statutory work undertaken during the period 2020-2021 and providing members with the opportunity to comment on the Chief Social Work Officer's annual report.

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

Decision

To note the terms of the report.

10 STRATEGIC INSPECTION – ACTION PLAN UPDATE

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

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

During discussion, members made comments on content and format for future iterations of the action plan.

Decision

To note the terms of the report.

11 INTERIM PERFORMANCE REPORT

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

It was recommended that the Board note the content of the performance report and confirm assurance.

It was noted that it would be useful to have more information on data collection methodology and to show how metrics linked to locality work. It was also noted that the annual survey of Carers of West Lothian had recently been concluded and it would be circulated to members.

Decision

To note the terms of the report.

12 PRIMARY CARE IMPROVEMENT PLAN (PCIP) TRACKER

The Board considered a report (copies of which had been circulated) by the Clinical Director providing assurance on the implementation of the Primary Care Improvement Plan (PCIP) and presenting the PCIP tracker return, which had been approved by the Lothian Local Medical Council (LMC) and submitted to the Scottish Government in November 2021.

It was recommended that the Board:

1. Note the progress made with implementation of the Primary Care Improvement Plan; and
2. Note the PCIP Tracker which was returned to the Scottish Government at end of November 2021.

The Chair agreed for the tracker spreadsheet to be circulated to members after the meeting.

Decision

To note the terms of the report.

13 COMMUNITY WELLBEING HUBS PERFORMANCE REPORT 2020-2021

The Board considered a report (copies of which had been circulated) by the General Manager Mental Health and Clinical Director providing an

update on the performance of the West Lothian Community Wellbeing Hubs service for the period 2020-21 through the report shown in Appendix 1.

It was recommended that the Board:

1. Note the progress of the Wellbeing Hubs service;
2. Note information provided surrounding referral rates, referral sources and demographics of service users; and
3. Note future developments of the service.

Decision

To note the terms of the report.

14 REVIEW OF STANDING ORDERS, SCHEME OF DELEGATIONS AND COMMITTEE REMITS

The Board considered a report (copies of which had been circulated) by the Standards Officer reviewing the Board's Standing Orders, Scheme of Delegations and Committee Remits as instructed in January 2020 and making appropriate recommendations to the Board.

It was recommended that the Board:

1. Note that a periodic review by the Board of its Standing Orders, Scheme of Delegations and committee remits was required;
2. Note the recommendations of the Audit, Risk & Governance Committee that:
 - a) No changes were required;
 - b) The review cycle should be changed to triennial rather than biennial; and
3. Agree that:
 - a) No changes were required, except for one addition to Standing Orders, prompted by the revised Model Code of Conduct, to give members a right to have their dissent to a Board decision noted in the minute
 - b) Reviews of these documents should in future be carried out every three years.

Decision

To approve the terms of the report.

15 CODE OF CONDUCT – ANNUAL REPORT 2020/21

The Board considered a report (copies of which had been circulated) by the Standards Officer informing members of developments and activity in 2020/21 in relation to the ethical standards in public life regime and the Board's Code of Conduct.

It was recommended that the Board:

1. Note the summary of the work carried out in 2020/21 by the Commissioner for Ethical Standards in Public Life in Scotland and the Standards Commission for Scotland;
2. Note that the Scottish Government consultation on a revised Model Code had been completed in the reporting year and that a revised Model Code had subsequently been approved by the Scottish Parliament in November 2021 to take effect on 7 December 2021;
3. Note that the Board required to approve its own local version of the new Code for ministerial approval by 7 June 2022 and that a draft Code would be presented for consideration at a future meeting; and

Note that a presentation by the Standards Officer concerning the Code of Conduct in 2020/21 and a revised Code for the Board would be arranged.

Decision

To note the terms of the report.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

17 CLOSING REMARKS

The Chair on behalf of the IJB thanked Lorna Kemp for her work on the Board and wished her well for her new role.

Midlothian Integration Joint Board

Midlothian Integration Joint Board
Thursday 10 February 2022
Item No: 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 9 December 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Carolyn Hirst (Chair)	Tricia Donald	Jock Encombe
Cllr Catherine Johnstone	Angus McCann	Cllr Jim Muirhead
Cllr Pauline Winchester		

Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Joan Tranent (Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Hamish Reid (GP/Clinical Director)	Johanne Simpson (Medical Practitioner)
Hannah Cairns (Allied Health Professional)	James Hill (Staff side representative)	Wanda Fairgrieve (Staff side representative)
Keith Chapman (User/Carer)	Lesley Kelly (Third Sector)	

In attendance:

Jill Stacey (Chief Internal Auditor)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Gary Fairley (Chief Officer Corporate Solutions)	Graham Kilpatrick (Service Manager Disabilities)	Jamie Megaw (Strategic Programme Manager)
Roxanne King (Business Manager)	Lois Marshall (Assistant Strategic Programme Manager)	Miriam Leighton (Volunteer Midlothian)
Val Holtom (Care Inspectorate)	Andrew Henderson (Democratic Services Officer)	Mike Broadway (Clerk)

Apologies:

Councillor Derek Milligan (Vice Chair)	Mairi Simpson (Integration Manager)	
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Midlothian Integration Joint Board

Thursday 9 December 2021

1. Welcome and Introductions

The Chair, Carolyn Hirst, in welcoming everyone to this virtual Meeting of the Midlothian Integration Joint Board, extended a warm welcome on behalf of the Board to Miriam Leighton and Hannah Cairns. Carolyn expressed her gratitude and thanks to Jamie Megaw and Lesley Kelly, who were attending their final Board meeting, and requested that the Boards' best wishes be passed on to Councilor Milligan, who was making a good recovery following recent surgery.

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of Previous Meetings

4.1 Minutes of the MIJB held on 14 October 2021

The Minutes of Meeting of the Midlothian Integration Joint Board held on 14 October 2021 were submitted and approved as a correct record subject to with the wording in Item 7.1 being adjusted to read as follows –

"It was acknowledged that such an incident could have happened anywhere and as such that the wording in the national Patient Group Direction (PGD) had been updated for clarity in order to remove this error and so avoid future incidents."

4.2 Minutes of the Special MIJB held on 11 November 2021

The Minutes of Meeting of the Special Midlothian Integration Joint Board held on 11 November 2021 were submitted and approved as a correct record subject to the expansion, for sake of clarity, of the decision reached at Item 4.2 to read as follows –

"Agreed to approve the Initial Agreements with the following addendums that the MIJB was seeking assurances on:

- The principle of resource transfer and would obviously wish to see the detail regarding that;

Midlothian Integration Joint Board

Thursday 9 December 2021

- That there would be a degree of flexibility in the system in relation to beds in recognition that there may some occasions when demand may exceed supply; and
- That further detail on the above two points will come as the business case further develops.”

4.3 Minutes of the Audit & Risk Committee held on 2 September 2021

The Minutes of Meeting of the MIJB Audit and Risk Committee held on 2 September 2021 were submitted and noted.

4.4 Minutes of the Strategic Planning Group held on 17 November 2021

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

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.1 Chair's Update.</p> <p>By way of a Chair's update, Carolyn Hirst thanked Members for their contributions at the recent development workshop session, and acknowledged the circulation of the new monthly IJB bulletin, which she hoped everyone had found helpful. If anyone had any feedback, or requests for items to be included, these should be fed back in the first instance to Chief Officer, Morag Barrow. Carolyn Hirst also made reference to the recent Midlothian Community Planning Partnership Conference which had been held online on 23 and 24 November 2021. The focus of the Conference which had been People, Place and Wellbeing, had clearly highlighting the potential for tie-ins with work being progressed by H&SC. The Chair concluded by referring to the work that was being undertaken with regard to assurance</p>	<p>All Members to note.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
and monitoring, and on the considerable systems pressure being experienced entering the normally very busy winter period.			
<p>5.2 Chief Officer Report – Morag Barrow, Chief Officer.</p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous month across health and social care as well as looking ahead at future developments.</p> <p>Having heard from the Chief Officer, Morag Barrow in amplification of her report, the Board in echoed her concerns about the pressure that the Health and Social Care system was under across Scotland due to staff absence, recruitment challenges and increased demand noted that the priority was to work across Midlothian to cope with the new COVID variant and general winter pressures.</p> <p>In response to questions and comments from Board Members', Head of Primary Care and Older Peoples Services, Grace Cowan provide an update on district nursing, and jointly with Chief Officer, Morag Barrow explained the current position in relation to rate of delayed discharges in Midlothian.</p> <p>The Board also discussed the ongoing COVID booster and Flu vaccine programme and acknowledged a request for assistance in helping to promote the programme with younger people.</p>	Noted the issues and updates arising from the Chief Officers Report.		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.3 Chief Social Work Officer - Annual Report 2020-2021 – Joan Tranent, Chief Social Work Officer.</p> <p>With reference to paragraph 5.10 of the Minutes of 14 October 2021, there was submitted a report the purpose of which was to present the Annual Report of the Chief Social Work Officer (CSWO). The shortened version of the Annual Report provided a high level overview of key issues and challenges as a result of Covid-19.</p> <p>Having heard from Chief Social Work Officer, Joan Tranent, who responded to Members' question and comments, the Board discussed the level of control that the local authority had over the type of tasks undertaken by the unpaid work team, and also concerns that some carers did not appear to be receiving information that they should have. Joan Tranent and Nick Clater confirmed that they would follow up on these matters and feedback to Members in the new year.</p>	<p>a) Noted that information would be fed back on the issues raised during discussion; and</p> <p>b) Noted the contents of the report.</p>		
<p>5.4 Midlothian Integration Joint Board Strategic Plan 2022-2025 - Report by Lois Marshall, Assistant Strategic Programme Manager.</p> <p>With reference to paragraph 5.10 of the Minutes of 8 April 2021, there was submitted a report the purpose of which was to provide the Board with an update on the development of the new Strategic Plan 2022-2025; a draft copy of which was appended to the report.</p>	<p>(a) Noted the update on the development of the new Strategic Plan; and</p> <p>(b) Noted and approved the proposals for consultation on the new Strategic Plan.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report also set out proposals for the official consultations on the draft Plan which in line with the Scottish Government guidance on Strategic Commissioning Plans, were due to begin in mid-January, following the IJB Development Workshop.</p> <p>The Board, having heard from Assistant Strategic Programme Manager, Lois Marshall, who provided an overview of the MIJB Strategic Plan 2022-2025 and thereafter responded to Members' questions and comments, discussed the draft Plan and how feedback from the proposed consultations would be used to inform the finalisation of the Plan. Other issues considered by the Board included the need to be strategic when driving forward transformational change; to ensure that as many people as possible had the opportunity to participate in the consultation process and that work was also done to engage with the third sector; and that information was presented in an easily understandable format.</p>			
<p>5.5 Financial Out-turn 2021/22, additional Scottish Government social care 21/22 funding and financial plan update – Report by David King, Interim Chief Finance Officer.</p> <p>The purpose of this report was to provide an update on the MIJB's projected out-turn for 21/22 (remaining at breakeven) and provide some details on the funding provided to the partnership as part of the Scottish Government's £300m investment to support Winter pressures. The report also provide an update to the use of the General Reserve and the financial impact of</p>	<p>(a) Noted the projected out-turn position for 2021/22 being break-even on an operational basis;</p> <p>(b) Noted the additional Winter Funding.</p> <p>(c) Agreed that the additional winter funding be provided to the HSCP as per the letter of 4/11/21 from the Scottish Government: a copy of which was appended to the report;</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>the Council's Care at Home Recommissioning programme. In addition it continued the discussion around the financial planning process and the movement towards a clear relationship between the strategic plan, a balanced financial plan to support that strategic plan and a set of directions that ask partners to provide operational plans to deliver the IJB's strategic plan.</p> <p>The Board, having heard from the Interim Chief Finance Officer, David King who responded to Members' question and comments, considered the proposals detailed in the report and discussed in particular governance in respect of additional Scottish Government funding, the potential use of unallocated general reserves to fund catch ups and innovation, winter funding and the Care at Home recommissioning programme and possible need to provide non-recurrent support.</p> <p>With regard to recommissioning programme, Chief Officer Corporate Solutions, Gary Fairley confirmed that the renegotiation of contracts with providers was underway and that some additional funding had been provided by the Scottish Government to the IJB.</p>	<p>(d) Noted the update on the use of the general reserve to provide 20 additional healthcare support workers;</p> <p>(e) Agreed in principle, if required, to provide non-recurrent support to Midlothian Council to deliver the Care at Home recommissioning programme from the IJB's general reserve; and</p> <p>(f) Supported the further development of the IJB's five year financial plan through the use of the IJB's workshop in January 2022.</p>		
<p>5.6 Learning Disability Services – Financial Position – Nick Clater, Head of Adult & Social Care.</p> <p>The purpose of this report was to provide the Board with an overview and initial analysis of the Learning Disability social care expenditure for Midlothian Health</p>	<p>(a) Noted the content of the report; and</p> <p>(b) Agree that a further paper be brought back to the Midlothian IJB in March 2022 which provided options for addressing the financial pressures on Learning Disability services.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>and Social Care Partnership (MHSCP). The report detailed a breakdown of the expenditure and identified some of the complexities around managing the cumulative expenditure where the scope for changing individual care packages can be limited. This work was in line with Midlothian HSCP service transformation plans.</p> <p>The Board, having heard from Head of Adult & Social Care, Nick Clater and Service Manager Disabilities, Graham Kilpatrick, who provided an overview of the report and current position, responded to Members' question and comments, discussed the potential possible options detailed in the report.</p>			
<p>5.7 2021-22 IJB Directions - Interim Progress Report - Report by Lois Marshall, Assistant Strategic Programme Manager.</p> <p>The purpose of this report was to provide the Board with an interim (6 month) report on progress towards each Direction</p> <p>Assistant Strategic Programme Manager, Lois Marshal in providing an overview of the IJB Directions interim progress report highlighted that there were no particular issues that required flagging at this point.</p> <p>With regard to the action being taken in relation to the Safe Leave programme. Lois Marshall clarified that the programme was difficult to evaluate due to confidentiality and would be wrapped up with the</p>	<p>To note the 6-month review on the progress of the Directions issued to Midlothian Council and NHS Lothian for 2021-22.</p>		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
gender based violence review due to be submitted to Midlothian Council in 2022.			
<p>5.8 Primary Care Strategic Plan – Report by Jamie Megaw, Strategic Programme Manager.</p> <p>The purpose of this report was to set out the HSCP's strategic priorities for General Practice in Midlothian.</p> <p>The paper described the three main elements that would make up the revised Midlothian Primary Care Strategic Plan:</p> <ul style="list-style-type: none"> • Implement the revised Memorandum of Understanding which updates the priorities for the Primary Care Improvement Plan. • Implement the Midlothian Primary Care Capital Plan • Improve communication and quality in collaboration with General Practice <p>and sought the Board's support for them. Actions for the Primary Care Strategic Plan were also incorporated into the IJB Strategic Plan in the Primary Care and Frailty sections; copies of which were appended to the report.</p> <p>Having heard from both Chief Officer, Morag Barrow and GP/Clinical Director, Hamish Reid, in support of the report, the Board then heard from Jamie Megaw, Strategic Programme Manager who responded to Members' questions and comments.</p>	To support the main elements that will make up the revised Midlothian Primary Care Strategic Plan, as detailed in the report.		

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.9 Performance Overview Report – Report by Jamie Megaw, Strategic Programme Manager.</p> <p>The purpose of this report was to update the Board on progress towards achieving the current IJB performance goals.</p> <p>Jamie Megaw was heard in amplification of the report and thereafter offered to respond to Members questions and comments.</p>	To note the performance against the IJB performance goals.		
<p>5.10 Assurance Arrangements – Civil Contingencies Act 2004 – Report by Roxanne King, Executive Business Manager.</p> <p>The purpose of this report was to provide the Board with an oversight of the assurance processes currently managed by Midlothian Health and Social Care Partnership which ensured that Midlothian Joint Integration Board meets its requirements as a Category 1 Responder, along with NHS Lothian and Midlothian Council.</p> <p>Having heard from Executive Business Manager, Roxanne King, who provided an overview of the information contained within the report, and thereafter responded to Members’ questions and comments, the Board discussed the current assurance arrangements as detailed in the report.</p>	<p>a) Agreed that details of the current assurance arrangements set out in the report be included as part of Monthly IJB bulletin; and</p> <p>b) To otherwise note the contents of the report.</p>	Chief Officer	
<p>5.11 Midlothian Community Mental Health and Wellbeing Fund - Report by Lesley Kelly,</p>	To note the contents of the report and the activity undertaken.		

Midlothian Integration Joint Board

Thursday 9 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Chief Officer, Midlothian Third Sector interface.</p> <p>The purpose of this report was to provide Members with an update on the Midlothian Community Mental Health and Wellbeing Fund, a new £241,000 funding pot being distributed by Midlothian Third Sector Interface to local third sector organisations.</p> <p>Lesley Kelly explained that the Fund aimed to promote initiatives that will be of benefit to adults aged 16+ in helping to address the impact of social isolation and loneliness caused by the pandemic, as well as health inequalities that have been exacerbated by the Covid-19 pandemic. The funding had been provided by the Scottish Government as part of a wider £15 million programme for Covid-19 recovery and renewal.</p>			
<p>5.12 Clinical and Care Governance Group (CCGG) report – Report by Fiona Stratton, Chief Nurse.</p> <p>The purpose of this report was to provide assurance to the Board regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership and to provide an update on the work of the Clinical and Care Governance Group.</p> <p>Chief Nurse, Fiona Stratton was heard in amplification of the report, highlighted in particular that further thought was being given to how best to present the information contained in the report in</p>	To note and approved the contents of the report.		

Midlothian Integration Joint Board

Thursday 9 December 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
order to aid understanding. Chief Officer, Morag Barrow emphasised the considerable improvements made by the CCGG some of which were highlighted in the report.			

6. Any other business

Carolyn Hirst took the opportunity in closing the meeting to extend festive best wishes to everyone and to thank all the Health and Social Care staff for their continued contributions over what was likely to be a busy festive period.

7. Private Reports

No private reports were submitted for consideration.

8. Date of next meeting

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

- Thursday 13 January 2022 2.00pm Development Workshop.
- Thursday 10 February 2022 2.00pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 16:14.

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 7 December 2021

Held remotely by video conference

Present:

Board Members:

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Martin Hill, Jackie Irvine, Grant Macrae, Jacqui Macrae, Councillor Melanie Main, Allister McKillop, Moira Pringle, Judith Proctor and Richard Williams.

Officers: Tom Cowan, Tony Duncan, Rachel Gentleman and Mike Massaro-Mallinson.

Apologies: Siddharthan Chandran, Ian McKay and Peter Murray

1. Minutes

The minute of the Edinburgh Integration Joint Board of 26 October 2021 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to December 2021 was presented.

Decision

- 1) To agree to close the following actions
 - Action 1(1) – Membership Proposal – Referral from
 - the Strategic Planning Group

2) To otherwise note the remaining outstanding action.

(Reference – Rolling Actions Log, submitted)

3. System Pressures

The Board was provided with an update on the current pressures on health and social care services and the action being taken to alleviate these. The report informed the Board of funding received from the Scottish Government and of a decision taken by the Chief Officer under urgency provisions to help address some of these pressures.

Decision

- 1) To note the significant, ongoing pressure and demand being seen within the Health and Care System.
- 2) To welcome the additional funding which acknowledged these pressures, being allocated by the Scottish Government.
- 3) To approve the high level allocation plan as set out in paragraph 17 of the report by the Chief Officer.
- 4) To homologate the decision made under urgency in relation to progressing the purchase of interim care provision and in terms of progressing the One Edinburgh approach.
- 5) To note that the detailed paper on which the decision was made under Urgency by the Chief Officer, Chair and Vice-Chair of the IJB was provided separately under the private agenda, given the commercial sensitivities contained within it.
- 6) To agree through the Chief Officer to issue relevant Directions to both NHS Lothian and the City of Edinburgh Council in relation to the delivery of actions under this spend.

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

4. Proposal to Continue Programme Management Resource within the Edinburgh Health and Social Care Partnership

Approval was sought to establish a permanent project management structure and associated funding to support this as part of the organisational change programme in the Health and Social Care Partnership. If agreed, it was proposed that further details would be submitted to the Board at a later date.

Decision

- 1) To agree in principle to the establishment of a permanent function of programme/project management within EHSCP as part of wider organisational change.

- 2) To agree in principle that recurring funding was made available to support this proposal. Funding options in the short term were being scoped. In the longer term, costs were expected to be met over time through the savings generated by the delivery of major change projects.
- 3) To note that further detail on the proposal would come back to the EIJB in due course.

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

5. Finance Update

An update on the financial performance of delegated services for the first seven months of the year was presented to the Board. The Chief Finance Officer gave significant assurance that a breakeven position would be achieved for 2021/22 and proposed an uplift to contracts for frontline staff.

Decision

- 1) To note the financial position for delegated services to 31 October 2021.
- 2) To agree to transfer £1m from IJB reserves to partially offset the in-year deficit.
- 3) To note that, based on the Scottish Government's confirmation of support, that the Chief Finance Officer could offer significant assurance of a breakeven position for 2021/22.
- 4) To recognise that, despite this assurance, the underlying financial deficit would be carried into 2022/23.
- 5) To agree to uplift contracts to allow frontline staff working in social care to be paid a minimum of £10.02 per hour and issue a direction to the City of Edinburgh Council.

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

6. Committee Updates

A report provided an update on the work of the IJB Committees which had met since the last Board meeting. In addition to the summary report, draft minutes of the Strategic Planning Group, Audit and Assurance Committee and Clinical and Care Governance Committee were submitted for noting.

Decision

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

7. System Pressures – Decisions Required Under Urgency

The Board agreed to consider the report, notice of which had been given at the start of the meeting, on the grounds of urgency under Standing Order 7.4 of the Edinburgh

Integration Joint Board Standing Orders. The Board further agreed to consider the item in private as it fell under the provisions set out under Standing Order 5.9.2 in terms of commercial sensitivity.

The Board was provided with a copy of the report submitted to the Chair and Vice-Chair by the Chief Officer seeking support to take a decision under urgency provisions.

Decision

To note the decision taken under urgency provisions by the Chief Officer in consultation with the Chair and Vice-Chair.

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



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 8 February 2022

Held remotely by video conference

Present:

Board Members:

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Siddharthan Chandran Councillor Phil Doggart, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Jackie Irvine, Councillor Melanie Main, Peter Murray, Moira Pringle, Judith Proctor and Richard Williams.

Officers: Matthew Brass, Jessica Brown Ann Duff, Tony Duncan, Rachel Gentleman and Mike Massaro-Mallinson, Jay Sturgeon

Apologies: Grant Macrae and Allister McKillop

1. System Pressures Update Briefing

1.1 Deputation – Unite

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

- The deputation thanked the Council for the degree of consultation and information provided on the proposals.
- It was requested that the Board support existing staff through the crisis and not just the newly recruited staff, especially in training and tutoring the new staff.

- It was pointed out there were omissions from the report on certain service areas that have been under significant pressures.
- The deputation highlighted that the current system pressures are a result of years of underfunding and understaffing, with the Pandemic only an accelerator to these underlying issues. This has to be addressed moving forward.

1.2 – Report by the Chief Officer, Edinburgh Integration Joint Board

The Board was provided with an update on the current pressures on health and social care services and the action being taken to alleviate these. The report also informed members of the decision taken under urgency to suspend IJB Committees through January following agreement with the Chair and Vice-Chair.

Decision

- 1) To note the significant, ongoing pressure and demand being seen within the Health and Care System.
- 2) To circulate a briefing note on an up-to-date position on Assistive Technology Enabled Care 24 (ATEC24).
- 3) to circulate the data supporting the most current position of patients in Edinburgh awaiting a package of care.
- 4) To include in the next system pressures update to the EIJB the wider pressures on community support and unpaid carers and the work of the Third Sector to help tackle this.

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

2. ‘Working Together’ – The Inaugural Workforce Strategy

2.1 – Deputation – Unite

The Board agreed to hear a deputation from Unite. The Deputation made the following key points:

- The goals and aspirations of the strategy are not contentious and should be applauded, however there is the potential for conflicts and confusion of implementing a workforce strategy on workers who already come under a different strategy.
- How influential can the workforce strategy be when the desired outcomes are dependent on material conditions for workers that are negotiated by the Council for all local government employees.
- Concerns were expressed over the lack of engagement with Trade Unions in respect to the working groups laid out in the report.

2.2 – Report by the Chief Officer, Edinburgh Integration Joint Board

An overview of the development of the Workforce Strategy was presented to the Board for their approval. The Strategy had been in development since 2020 by a small project team who periodically reported to the Transformation Portfolio Board and the Strategic Planning Group.

Decision

- 1) To amend 'NHS Highland' on page 125.
- 2) To request that third sector, trade union, carer and service user and National Workforce Groups representatives are invited to attend the working groups.
- 3) To revise the language throughout to ensure the correct terminology is used to describe specific groups
- 4) To agree to present the Workforce Strategy bi-annually at the Performance and Delivery for scrutiny.

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

3. Minutes

The minute of the Edinburgh Integration Joint Board of 7 December 2021 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

4. Rolling Actions Log

The Rolling Actions Log updated to February 2022 was presented.

Decision

To note the outstanding actions.

(Reference – Rolling Actions Log, submitted)

5. Joint Inspection of Older People's Services - Progress Update

Details of the improvement activity undertaken by the Edinburgh Health and Social Care Partnership (EHSCP) in response to the Joint Inspection of Older People's Services in 2016 was presented to the Board. The report assured members that the Joint Inspection Team had noted overall positive progress but had highlighted a limited number of areas where further work is required.

Decision

- 1) To note the positive findings of the review and the remaining outstanding actions.
- 2) To note that thus concludes all further review/scrutiny in respect of this inspection

- 3) To amend 'The Committee was suspended in 2020...' to 'The Group was suspended in 2020...' on page 33 of the report.

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

6. Finance Update

An update on the financial performance of delegated services for the first 9 months of the year was presented to the Board for noting. The report highlighted the financial position of delegated services within NHS Lothian and the City of Edinburgh Council and offered members significant assurance of a break-even position for 2021/22.

Decision

- 1) To note the financial position of delegated services to 31 December 2021.
- 2) To note the significant assurance of a break-even position for 2021/22.
- 3) To recognise that, despite this assurance, the underlying financial deficit will be carried into 2022/23

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

7. Code of Conduct for Members of the Integration Joint Board

Approval was sought for the revised Code of Conduct for Members of the Edinburgh Integration Joint Board. The code had been revised as a result of the new Model Code of Conduct released in December 2021.

Decision

To approve the revised Code of Conduct for Members of the Edinburgh Integration Joint Board for submission to Scottish Government.

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

8. Committee Updates

A report provided an update on the work of the IJB Committees which had met since the last Board meeting. In addition to the summary report, the draft minute of the Strategic Planning Group was submitted for noting.

Decision

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



MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 24 FEBRUARY 2022
VIA DIGITAL MEETINGS SYSTEM

1

Voting Members Present:

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

Non-voting Members Present:

Ms M Allan	Mr D King
Ms L Cowan	Ms A MacDonald
Dr C Mackintosh	Ms M McNeill
Ms J Tait	

Officers Present from NHS Lothian/East Lothian Council:

Mr P Currie	Ms C Goodwin
Mr M Kennedy	Ms L Kerr
Ms J Ogden-Smith	

Clerk:

Ms F Currie

Apologies:

Dr P Donald
Dr J Turvill

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 13 DECEMBER 2021 (FOR APPROVAL)

The minutes of the meeting on 13th December 2021 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 13 DECEMBER

The following matters were raised:

Item 3 – Councillor Shamin Akhtar requested an update on progress the new vaccination roll-out and also the situation at Edington Hospital.

Item 8 – Councillor Fiona O'Donnell asked if there had been any changes to the timeline for actions by the Community Hospitals and Care Homes Provision Change Board.

Alison MacDonald reported that the opening of the new vaccination centre at the Corn Exchange in Haddington had been very successful and had helped to increase capacity to deliver the vaccination programme. They would shortly be starting to vaccinate 5 – 11year olds and pop-up clinics were being set up across the county in an effort to reach as many people as possible.

On Edington Hospital, Ms MacDonald explained that IJB members would be updated shortly, after information had been provided to community groups.

She said she was not aware of any significant changes to the timeline of actions for the Community Hospitals and Care Homes Provision Change Board and it was still the Board's intention to report back to the IJB in the autumn.

3. CHAIR'S REPORT

The Chair provided a further update on the National Care Service (NCS) stakeholder group and advised that he had been appointed to a chairs/vice chairs short life working group to consider responses to the consultation on the NCS. It was his understanding that this work would help to inform the legislative framework for the NCS.

In response to questions, he provided information on potential proposals for further working groups and indicated that the intention remained to publish the framework in June.

Ms MacDonald provided a brief update to members on the pressures facing the care sector. She said that there had been some improvement in the position reported before Christmas and that both care homes and care at home providers were in a much more stable position.

The Chair put on record his and the IJB's ongoing thanks to all staff within the Health & Social Care Partnership and particularly the vaccination team.

Ms MacDonald also indicated that following a recent meeting of the Strategic Planning Group it was proposed to update IJB members on the inclusivity plan and this would take the format of a report or development session. The Chair welcomed this proposal.

4. MEMBERSHIP OF EAST LoTHIAN IJB

The Chief Officer had submitted a report seeking the IJB's approval for the appointment of a new non-voting member.

The Clerk presented the report outlining the background and inviting members to approve the new appointment.

In response to a question from Richard Williams, Ms MacDonald explained the rationale for this new appointment highlighting the challenges posed by substance misuse across the county and recent discussions between Dr Jon Turvill and Dr Hale on how the IJB might expand its scope and benefit from her expertise.

Dr Williams emphasised that he did not object to this new appointment but had wanted to understand why it was being made to the IJB rather than one of its planning groups.

Councillor Akhtar, Judith Tait and Claire Mackintosh all welcomed the appointment referring to the wide-ranging national and local impacts of substance misuse and the benefits of having Dr Hale in a strategic role.

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

Decision

The IJB approved the appointment of Dr Wendy Hale as a non-voting member, specialising in substance abuse, for the maximum term of office of 3 years.

5. IJB AND AUDIT & RISK COMMITTEE MEETING DATES 2022/23

The Chief Officer had submitted a report inviting the IJB to set the dates of IJB business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2022/23.

The Clerk presented the report summarising the background and drawing members' attention to the proposed meeting dates for 2022/23. There were no questions from members.

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

Decision

The IJB agreed to:

- i. approve the dates for IJB business meetings during session 2022/23;
- ii. approve the dates for IJB development sessions during session 2022/23;
- iii. approve the dates for the Audit & Risk Committee meetings during session 2022/23; and
- iv. approve a change to the date of the Audit & Risk Committee meeting in June 2022.

6. FINANCIAL UPDATE – PROJECTED 2021/22 OUT-TURN AND OUTLINE 2022/23 POSITION

The Interim Chief Finance Officer had submitted a report updating the IJB as to the updated projected out-turn position for 2021/22 and providing an initial outline of the financial position for 2022/23.

David King presented the report as a follow up to the development session on the IJB finances which took place in January. He forecast an underspend at the end of 2021/22 and he confirmed that any monies left unspent would be added to the IJBs reserves – both earmarked and general. He then outlined some of the detail of the Scottish Government's financial settlement for health boards and local authorities and the likely implications for the IJB and areas of particular financial pressures within both health and social care. He advised that the Scottish Government had made a commitment to cover COVID costs in 2022/23 but that a further conversation was required on how to balance budgets in 2023/24 and beyond.

Mr King and Ms MacDonald responded to questions from members on seeking further clarification of COVID costs and how any additional funding would be reflected in the budget offers from the IJB's partners; on the challenges of recruiting additional staff for social care and how changes already made to services through shifting the balance of care had put East Lothian in a better position in relation to workforce planning.

Replying to further questions, Mr King said he fully expected a significant underspend in the current financial year and that some additional funding already announced would be carried forward to assist with the overall position in 2022/23. However, the real issue was to understand how much of that funding was non-recurring and the implications this would have for achieving a balanced budget from 2023/24 onwards. He suggested that the IJB consider using the non-recurring funding to drive through transformational change over the next 2 years.

On the issue of multi-year financial planning he accepted that while both the Scottish Government and NHS Lothian continued to deliver 1 year budgets, the ability of the IJB to develop a multi-year financial plan was limited.

Decision

The IJB agreed:

- i. Note the projected out-turn position for 2021/22;
- ii. Note the projected impact on the IJB's reserves;
- iii. Note the Scottish Government's 22/23 financial settlement; and
- iv. Note the projected financial forecast for 2022/23.

7. REVIEW OF 2020-21 IJB DIRECTIONS

The Chief Officer had submitted a report presenting a set of recommendations to the IJB for updates to its Directions for 2020-21. The report also outlined proposals to revisit the approach taken to issuing, monitoring and reviewing directions.

Claire Goodwin presented the report outlining the background to the review of Directions and their role in the delivery of the IJB's Strategic Plan. She explained that Members were being asked to approve the retention, revision or retirement of individual as recommended by the Change Boards. She also advised that a further review of Directions would take place as part of the development of the new Strategic Plan, due by October 2022, and that work was underway to update the IJB's policy on Directions.

The Chair took the members through the list of individual Directions inviting questions or comments on each. Officers responded to questions on particular Directions and Ms MacDonald acknowledged comments around the need for SMART objectives, appropriate levels of project planning and engagement with the Change Boards on the further review and development of Directions to support the new Strategic Plan.

The Chair asked if it would be possible to alter the wording in the review document to replace 'retire' with 'complete' where it was appropriate to do so. Ms Goodwin agreed to implement this change.

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

Decision

The IJB agreed to:

- i. Approve the retention, revision or retirement of individual directions as recommended in the report, noting that once finalised and communicated to partners, progress measures will be identified for each direction agreed;
- ii. Note that a further report, providing updated details of the financial resources associated with the delivery of each direction, will be brought to a subsequent meeting of the IJB for approval once budgets are set for 2022-23;
- iii. Note that a comprehensive review of directions will take place as part of the development of the new IJB Strategic Plan, due by October 2022, with the revision of existing directions and the introduction of additional directions as required to deliver the strategic priorities outlined in the Plan; and
- iv. Note the work planned to revisit and update the current East Lothian IJB Policy on Directions and to develop guidance and support to assist with the consistent application of the Policy.

8. EAST LOTHIAN IJB STRATEGIC PLAN 2022-2025

The Chief Officer had presented a SBAR updating the IJB on progress with the development of its Strategic Plan for 2022-2025.

Paul Currie presented the report reminding members that a new Strategic Plan needed to be in place by October 2022 and would be effective until April 2025. He advised that the planning and engagement process had now commenced and that a development session would take place on 14th March. Following this, a draft plan would be prepared and subject to a wider consultation via a programme of online, face-to-face and public events. He would provide further updates to IJB members and he encouraged them to participate in the consultations.

The Chair also urged as many IJB members as possible to attend the development session as a way of ensuring that that the process did not miss anything that connected the work of the IJB to that going on within NHS Lothian.

The members discussed the importance of varying the timings of consultation events; publishing relevant information on the Consultation Hub; the possibility of linking up with other consultations on similar issues to avoid responders having to duplicate effort; and ensuring that the consultation reflected recent changes to services and sought the views of those who had experienced these changes or who were known to be accessing services more often than previously. Members agreed that the consultation should not just target the same people but should seek to broaden its contacts in communities. The suggestion of including representatives of Area Partnerships' Health & Wellbeing Groups was welcomed, as was provision of a 'user-friendly' version of the consultation. Members also supported the idea of 'you said; we did' sections within the Strategic Plan to evidence where proposals have come directly from consultation responses/discussions.

Decision

The IJB agreed to:

- i. Note the plans for initial consultation with HSCP Officer and IJB and SPG members to inform the development of priorities for inclusion in the draft Strategic Plan;
- ii. Note the intention to launch a consultation and engagement programme to seek community and other views on the draft Strategic Plan;
- iii. Agree to receive updates on the Plan's progress and the outcomes of associated consultation and engagement work; and
- iv. Agree to receive the final Plan for approval in September 2022.

9. REVIEW OF THE INTEGRATION SCHEME

The Chief Officer had presented a SBAR providing an update on progress with the review of the Integration Scheme for East Lothian IJB.

Mr Currie presented the report reminding members of the background to the review, the process and delays. He advised that the review would usually have 3 stages but that due to the limited nature of the revisions required to the Scheme it has been agreed that only stages 2 and 3 would be followed. He provided further detail of these stages and confirmed the consultation would commence on 1st March, or very soon thereafter, and run for 4 weeks.

Mr Currie responded to a question from the Chair confirming that no fundamental changes were being proposed to the duties of the IJB but rather that the Integration Scheme was being updated to reflect changes to legislation and the IJB's progress since its inception in 2015. He also confirmed that while the Schemes for each of the 4 Lothian IJBs varied somewhat, there were no fundamental differences between them.

Decision

The IJB agreed to:

- i. Note the progress to date in producing a revised Integration Scheme for East Lothian IJB;

- ii. Note the intention to bring the revised Scheme to the attention of a comprehensive list of consultees (as set out in the Scheme) as well as publishing it on the East Lothian Council online 'Consultation Hub' for wider comment; and
- iii. Note the opportunity for individual IJB members to respond to the consultation on the Scheme through the Consultation Hub.

The Chair wished to place on record his sincere thanks to all the Councillors involved in the IJB. He said he would make more detailed comments at the IJB meeting in March but wished to formally record his thanks to his Councillor colleagues, and particularly those who may not be present at the next IJB meeting; the last before the local government elections in May.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

NHS Lothian

Board
6 April 2022

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

1 Purpose of the Report

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

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

2 Recommendations

The Board is recommended to:

- 2.1 Agree that Peter Murray will stand down from the Audit & Risk Committee on 30 June 2022.
- 2.2 Appoint Peter Murray to the Healthcare Governance Committee with effect from 1 July 2022.
- 2.3 Re-nominate Peter Murray as a voting member of the City of Edinburgh IJB for the period from 27 June 2022 to 31 January 2024.
- 2.4 Appoint Mr. Philip Allenby to the Finance & Resources Committee and the Audit & Risk Committee with effect from 6 April 2022.
- 2.5 Nominate Ms. Val De Souza and Ms. Elizabeth Gordon as voting members of East Lothian IJB for the period from 1 August 2022 to 31 March 2025.
- 2.6 Nominate Val De Souza as a voting member of Midlothian IJB for the period from 1 August 2022 to 31 March 2025, and as the lead NHS voting member from 1 September 2022.
- 2.7 Appoint Mr. George Gordon to the Finance & Resources Committee with effect from 16 May 2022.
- 2.8 Appoint Mr. George Gordon to the Pharmacy Practices Committee with effect from 16 May 2022.
- 2.9 Nominate Mr. George Gordon as a voting member of West Lothian IJB for the period from 1 August 2022 to 15 May 2025.

- 2.10 Appoint Mr. Peter Knight to the Healthcare Governance Committee with effect from 6 April 2022.
- 2.11 Nominate Mr. Peter Knight as a voting member of City of Edinburgh IJB for the period from 1 May 2022 to 31 March 2025.
- 2.12 Appoint Ms. Nadin Akta to the Staff Governance Committee with effect from 6 April 2022.
- 2.13 Appoint Ms. Nadin Akta to the Remuneration Committee with effect from 6 April 2022.
- 2.14 Nominate Ms. Nadin Akta as a voting member of Midlothian IJB for the period from 1 September 2022 to 31 March 2025.
- 2.15 Appoint Mr. Andrew Fleming to the Finance & Resources Committee and the Healthcare Governance Committee with effect from 11 April 2022.
- 2.16 Appoint Ms. Elizabeth Gordon to the Pharmacy Practices Committee with effect from 6 April 2022.
- 2.17 Nominate Ms. Elizabeth Gordon as a voting member of City of Edinburgh IJB for the period from 1 August 2022 to 31 March 2025.
- 2.18 Nominate Mr. George Gordon as a voting member of City of Edinburgh IJB for the period from 1 June 2022 to 15 May 2025

3 Discussion of Key Issues

Changes to the Board's membership

- 3.1 The four local authority stakeholder non-executives' (Councillors Shamin Akhtar, George Gordon, John McGinty, and Derek Milligan) terms will end on 30 April 2022. Additionally, Dr Richard Williams and Dr Patricia Donald will step down from the Board on 31 July 2022, and Carolyn Hirst will step down on 31 August 2022.
- 3.2 The Scottish Government has [announced seven new non-executive appointments](#) to the Board. The new non-executive members are Mrs. Nadin Akta, Mrs. Elizabeth Gordon, Mr. Peter Knight, Mrs. Val De Souza, Mrs. Philip Allenby, Mr. Andrew Fleming, and Mr. George Gordon. Their terms all start on 1 April 2022 apart from Mr. Fleming (11 April) and Mr. Gordon (16 May).
- 3.3 After the local authority elections, the new local authorities will each nominate an individual to replace the councillors who are standing down.
- 3.4 The Cabinet Secretary has also appointed Craig Marriott as the new Director of Finance from 1 June 2022, and Alison MacDonald as the new Director of Nursing, Midwifery & AHPs from 20 June 2022. Pat Wynne's term as Interim Director of Nursing will end on 3 April 2022, and Gillian McAuley will take up the position from 4 April to 19 June 2022.

Audit & Risk Committee

- 3.5 Councillor John McGinty will stand down from the committee on 30 April 2022. Peter Murray will stand down from the Audit & Risk Committee on 30 June 2022.
- 3.6 It is recommended that the Board appoint Mr. Philip Allenby to the Audit & Risk Committee with effect from 6 April 2022.

Healthcare Governance Committee

- 3.7 Councillor George Gordon will step down from the committee on 30 April 2022. Dr Patricia Donald will step down as a member of the Committee on 31 July 2022. Carolyn Hirst will step down as a member of the Committee on 31 August 2022.
- 3.8 It is recommended that the Board appoint Peter Murray to the Healthcare Governance Committee with effect from 1 July 2022.
- 3.9 It is recommended that the Board appoint Mr. Peter Knight to the Healthcare Governance Committee with effect from 6 April 2022, and Mr. Andrew Fleming with effect from 11 April 2022.

Staff Governance Committee

- 3.10 Carolyn Hirst will step down as a member of the Committee on 31 August 2022. It is recommended that the Board appoint Ms. Nadin Akta to the Staff Governance Committee with effect from 6 April 2022.

Finance & Resources Committee

- 3.11 Councillors George Gordon and Shamin Akhtar will step down from the committee on 30 April 2022.
- 3.12 It is recommended that the Board appoint Mr. Philip Allenby to the Finance & Resources Committee with effect from 6 April 2022, and Mr. Andrew Fleming with effect from 11 April 2022. It is recommended that the Board appoint Mr. George Gordon to the Finance & Resources Committee with effect from 16 May 2022.

Pharmacy Practices Committee

- 3.13 Councillors George Gordon and Shamin Akhtar will step down from the committee on 30 April 2022.
- 3.14 It is recommended that the Board appoint Ms. Elizabeth Gordon to the Pharmacy Practices Committee with effect from 6 April 2022. It is recommended that the Board appoint Mr. George Gordon to the Pharmacy Practices Committee with effect from 16 May 2022.

Remuneration Committee

- 3.15 Councillor Derek Milligan will step down from the committee on 30 April 2022. Dr Richard Williams will step down from the committee on 31 July 2022.
- 3.16 It is recommended that the Board appoint Ms. Nadin Akta to the Remuneration Committee with effect from 6 April 2022.

West Lothian Integration Joint Board

- 3.17 Jock Encombe's term as a voting member of West Lothian IJB ends on 31 July 2022. It is recommended that the Board nominate Mr. George Gordon as a voting member of West Lothian IJB for the period from 1 August 2022 to 15 May 2025.

East Lothian Integration Joint Board

- 3.18 Drs Richard Williams and Patricia Donald will step down from East Lothian IJB on 31 July 2022.
- 3.19 It is recommended that the Board nominate Ms. Val De Souza and Ms. Elizabeth Gordon as voting members of the East Lothian IJB for the period from 1 August 2022 to 31 March 2025.

Midlothian Integration Joint Board

- 3.20 Dr Patricia Donald will step down as a member of Midlothian IJB on 31 July 2022. Carolyn Hirst will step down as a member and Chair of Midlothian IJB on 31 August 2022.
- 3.21 It is recommended that the Board nominate Ms. Val De Souza as a voting member of Midlothian IJB for the period from 1 August 2022 to 31 March 2025, and as the lead NHS voting member from 1 September 2022. Val will consequently become the Chair of the IJB from 1 September.
- 3.22 It is recommended that the Board nominate Ms. Nadin Akta as a voting member of Midlothian IJB for the period from 1 September 2022 to 31 March 2025.

City of Edinburgh Integration Joint Board

- 3.23 There is currently an existing vacancy for an NHS Lothian voting member. Prof. Siddharthan Chandran will step down from the City of Edinburgh IJB on 31 May 2022. Dr Richard Williams will step down from City of Edinburgh IJB on 31 July 2022.
- 3.24 Peter Murray's term as a voting member of City of Edinburgh IJB ends on 26 June 2022. It is recommended that the Board re-nominate him as a voting member for the period from 27 June 2022 to 31 January 2024.
- 3.25 It is recommended that the Board nominate Mr. Peter Knight as a voting member of City of Edinburgh IJB for the period from 1 May 2022 to 31 March 2025. It is recommended that the Board nominate Ms. Elizabeth Gordon as a voting member of City of Edinburgh IJB for the period from 1 August 2022 to 31 March 2025. It is recommended that the Board nominate Mr. George Gordon as a voting member of City of Edinburgh IJB for the period from 1 June 2022 to 15 May 2025.

4 Key Risks

- 4.1 A committee or an IJB does not meet due to not achieving quorum, leading to a

disruption and delay in the conduct of the Board's governance activities.

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Alan Payne
Head of Corporate Governance
14 March 2022

Meeting Name:	Board
Meeting date:	6 April 2022

Title: National Whistleblowing Standards – Quarter 3 Performance Report

Purpose and Key Issues of the Report:			
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DISCUSSION	X	DECISION		AWARENESS	
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This is the third quarterly performance report present to the Board as required by the National Whistleblowing Standards.

The report provides information to the Board on the progress with the implementation of the Standards.

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 since the quarter 2 performance report two further stage two concern have been received.

To note that on average Stage 2 concerns have taken 37 working days to respond to in full against the 20 working days target.

Recommendations:

Note:

The content of the Quarter 3 Performance Report and that a further two Stage 2 concern were received this quarter.

That from Quarter 4 onwards Performance Reports will include any data received from Primary Care Contractors.

That implementation of the Whistleblowing standards, links to the Corporate Objective – Improving Staff Experience (objective 10).

Author:	Lynne Barclay
Date:	10/03/22

Director:	Janis Buter
Date:	10/03/22



Whistleblowing Performance Report

Quarters 1, 2 & 3 April to 31 December 2021

Lynne Barclay
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns - Quarter 1, 2 & 3 (April – December) 2021-22

Context

The new role of Independent National Whistleblowing Officer (INWO), which is to be undertaken by the Scottish Public Services Ombudsman came into effect on the 1 April 2021. This provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing concern. On the same date the National Whistleblowing Standards were formally published, and the “Once for Scotland” Whistleblowing Policy went live.

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

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

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

The Whistleblowing principles for the NHS as defined by the Standards is

‘An effective procedure for raising concerns whistleblowing that is, open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.’

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

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

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

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

Performance Information April 2021 – December 2021

Under the terms of the standards the quarterly performance report must contain information on:

- Total number of concerns received
- Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
- 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
- The average time in working days for a full response to concerns at each stage of the whistleblowing procedure
- The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
- The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
- The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

For reporting purposes, except for Charts 1 and 2, the figures and percentages are for the cumulative period (April to December 2021).

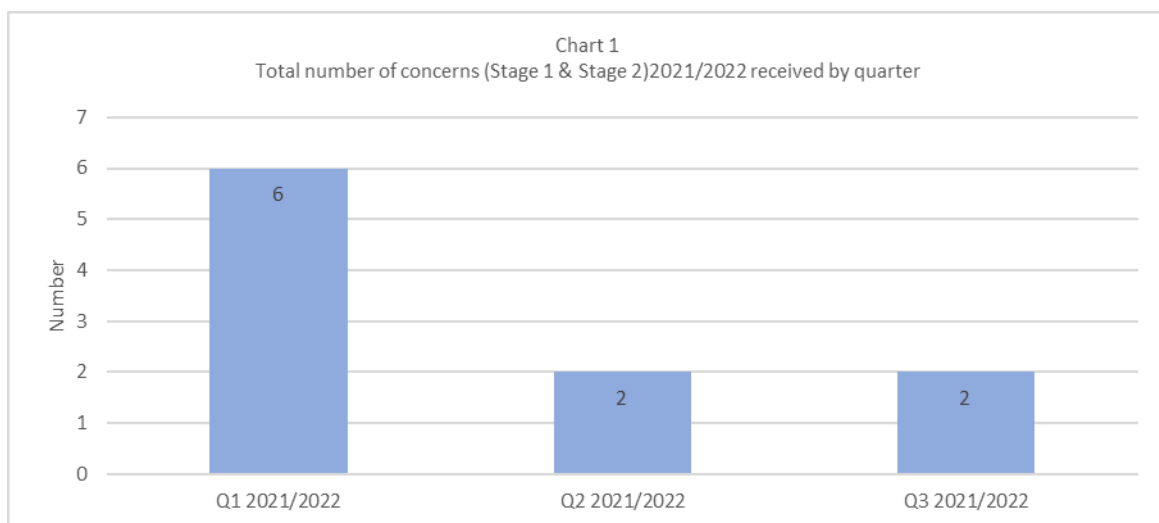
As previously reported the learning, changes or improvements to services are limited by the low number of concerns which have been raised to date, at the same time maintaining the anonymity of the person raising the concerns. Learning where identified is being recorded and shared with relevant management teams and service areas. For quarter 4 onwards changes are being made to the investigation report template to capture learning from an investigators perspective on any local or system wide learning identified during the investigation, and the Executive lead commissioning the investigation will also provide any additional learning they have identified, agree how best this will be shared and the appropriate forums for sharing. In general, the concerns received to date have been complex and have been overlaid by cultural issues. There are several areas of development work underway, or which will commence during quarter 4, as it has been identified that the current once per year iMatter survey, is not sufficient in itself to measure real time staff experience. An options appraisal has been proposed as a 2022/23 Corporate priority to look into real time management tools.

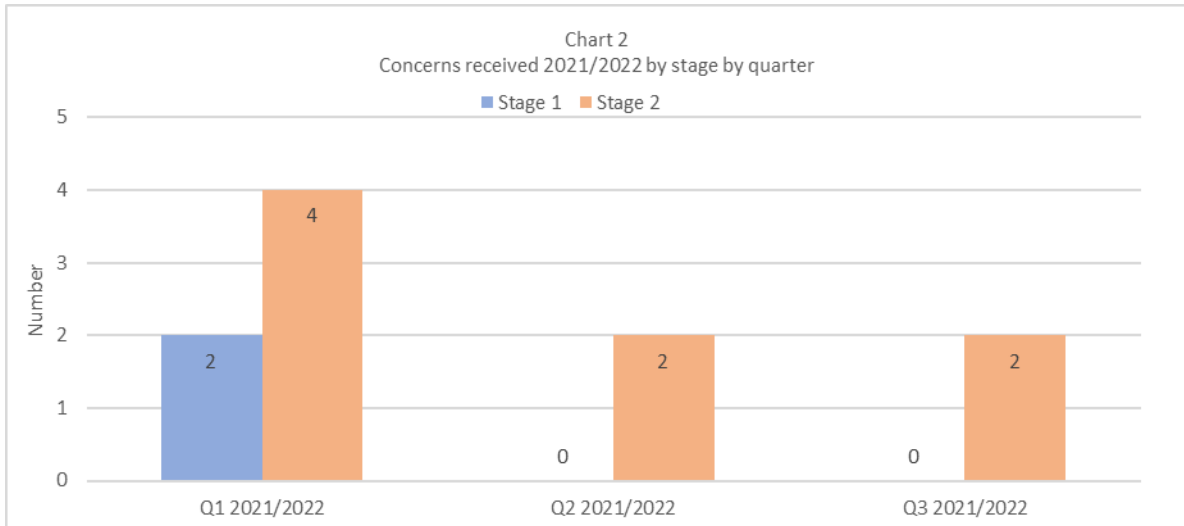
All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. For those raising concerns at Stage 2 they are offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish. The Non-Executive Whistleblowing Champion meets on a monthly basis with the Executive Lead for Whistleblowing at which time feedback from the whistleblower's, as to their experience of the process is shared. All those contacted to date have been positive in their feedback in terms of how the investigation was undertaken, being kept up to date throughout the process and the way in which their anonymity was maintained throughout.

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.

Total number of concerns, and concerns by Stage

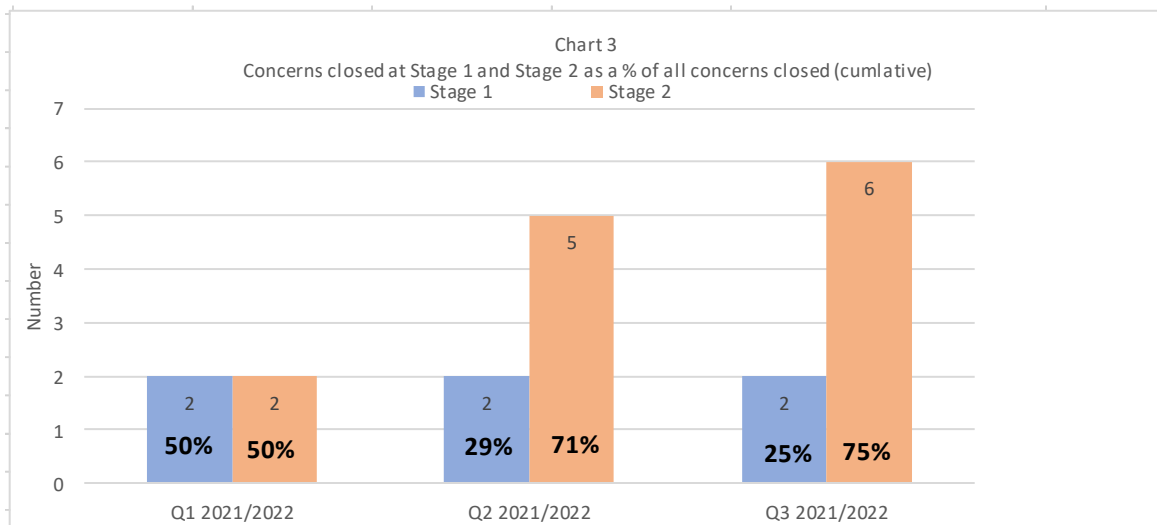
Chart 1 details the overall number of concerns received each quarter since implementation in April 2021, with Chart 2 showing the breakdown between Stage 1 and Stage 2 concerns received over the same period.





Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed

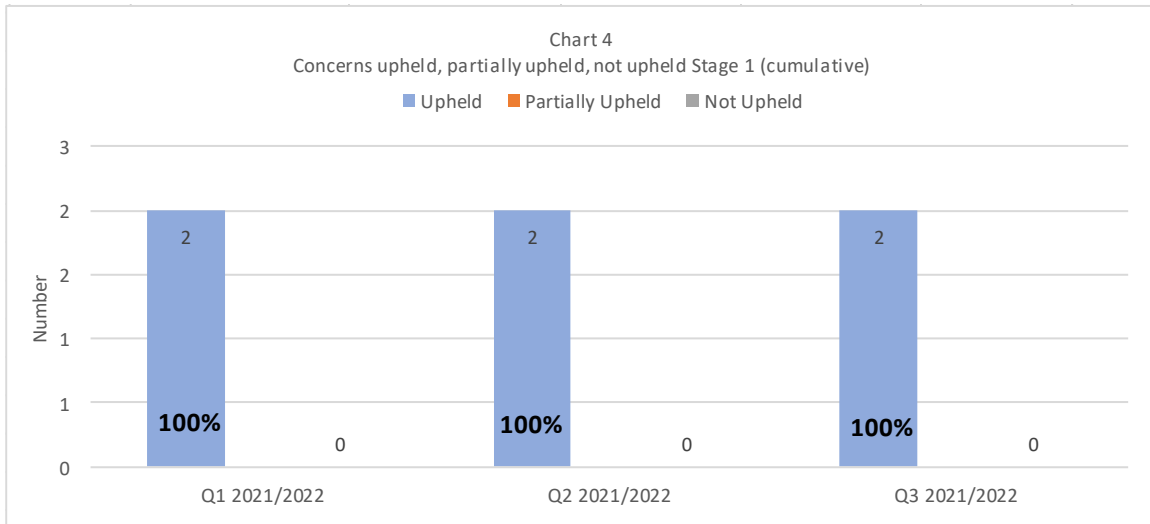
Chart 3 below, identifies the number of concerns closed at each stage as a percentage of all concerns closed, the data reflects the cumulative position as at quarter 3. As outlined in Chart 2 above no Stage 1 concerns were received during quarters 2 and 3.



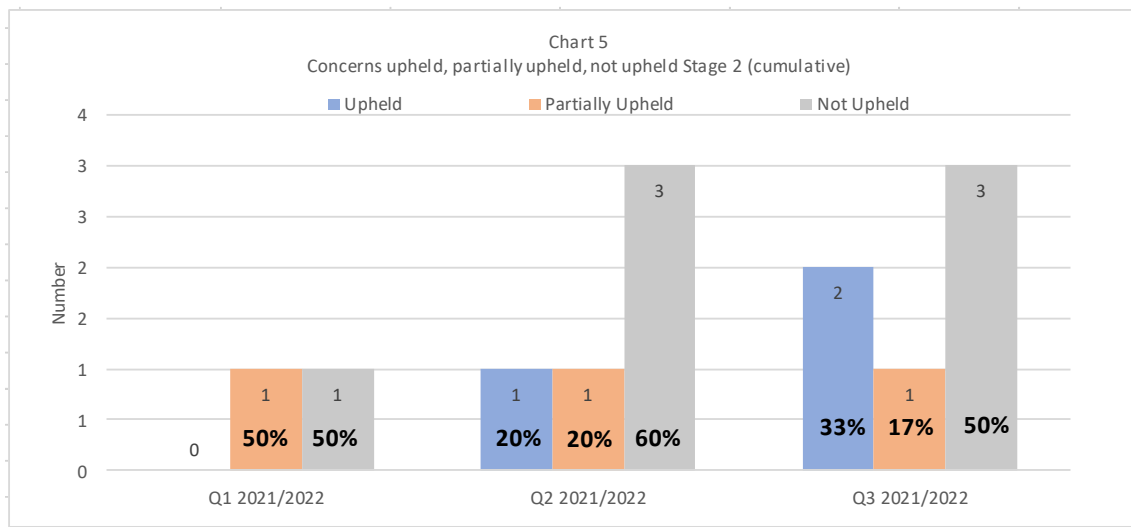
Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage

As previously referenced, 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.

Chart 4 below details the outcome of the two Stage 1 concerns which were received during quarter 1. There have been no further Stage 1 concerns recorded in the Datix system.

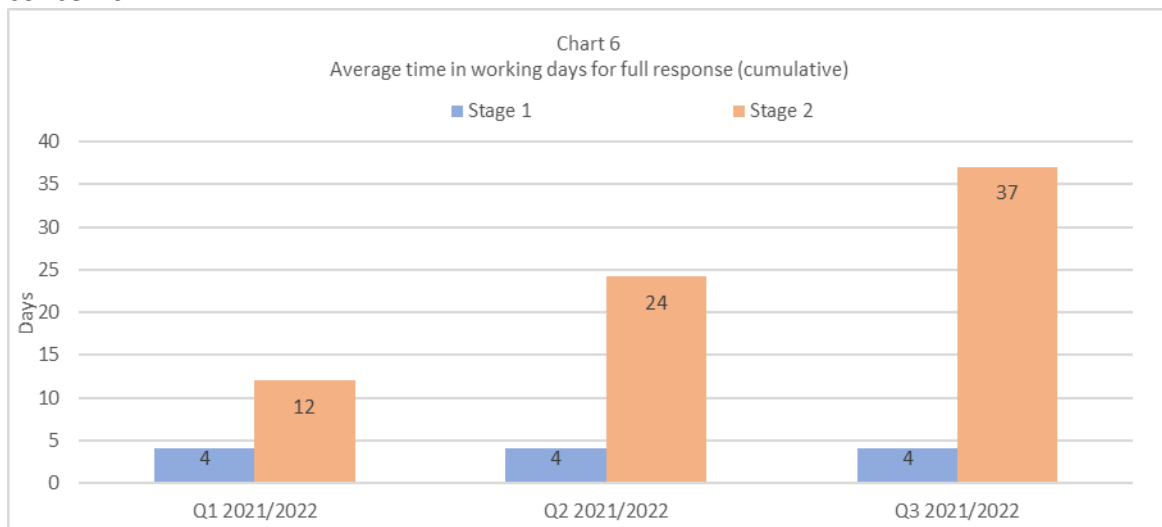


The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days. Chart 5 below details the outcome of the six Stage 2 concerns which have been closed at the end of quarter 3. Two further Stage 2 concerns were received during quarter 3 these are still subject to ongoing investigations.



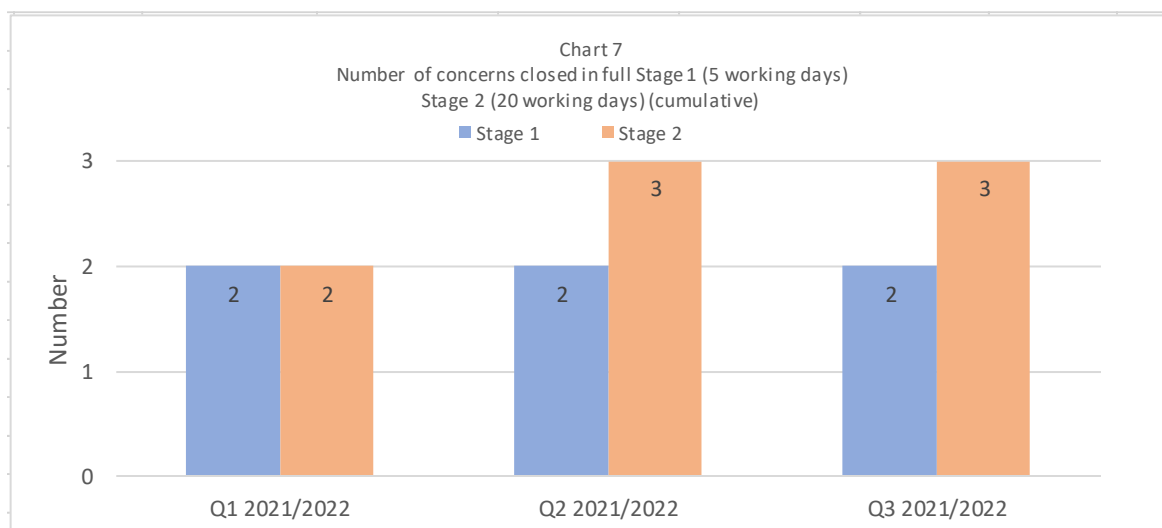
The average time in working days for a full response

Chart 6 below details the average number of working days to respond to Stage 1 and Stage 2 concerns.



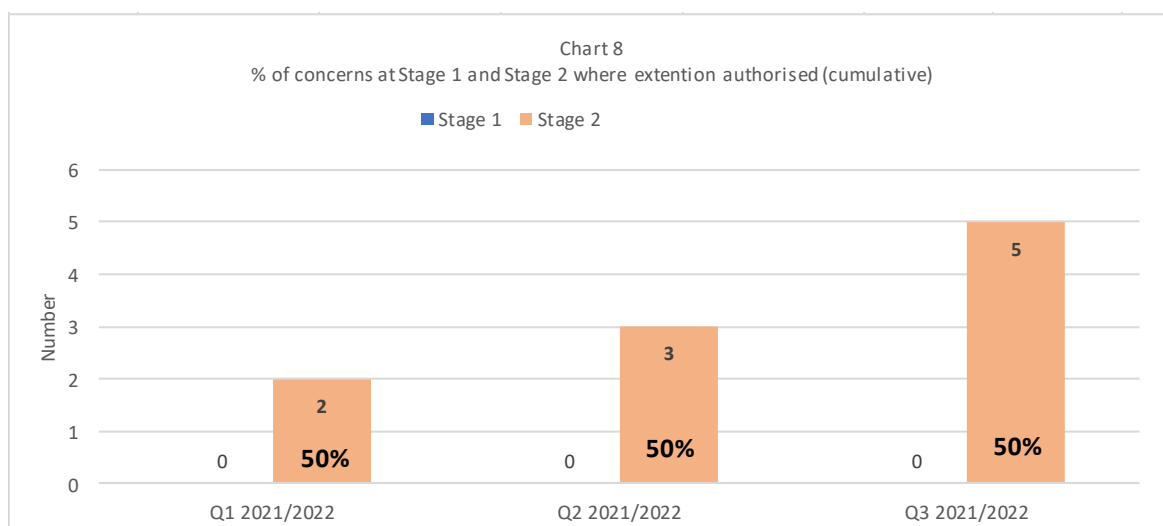
Number and percentage of concerns closed in full within set timescales

Charts 7 below detail the number and percentage of concerns that have been closed in full for Stage 1, and Stage 2.



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 an update on the progress must be provided every 20 days, details are shown in Chart 8 below. To date no Stage 1 concerns have required an extension, however five of the eight Stage 2 concerns received since April 2021 have had timescales extended.



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 to date received three anonymous concerns, two in quarter 1 and one in quarter 2.

Key Themes

Analysis of the concerns raised by key themes is provided below, with a comparison across the three quarters.

Theme*	Q1	Q2	Q3	Annual
Patient Care/Patient Safety	2	3	3	8
Poor Practice	5	1	1	7
Unsafe working conditions	2	1	0	3
Fraud	0	0	0	0
Changing or falsifying information about performance	0	0	0	0
Breaking legal obligations	1	0	0	1
Abusing Authority	0	1	2	3

*more than one theme may be applicable to a single Whistleblowing Concern

Concerns raised by Division

Division	Number
----------	--------

Edinburgh Health and Social Care Partnership	*
Acute Hospitals	*
Corporate Services	*
REAS	*

*to maintain anonymity actual case numbers have not been included.

NATIONAL WHISTLEBLOWING STANDARDS – QUARTER 3 PERFORMANCE REPORT

1 Purpose of the Report

- 1.1 The purpose of this report is to present to the Board for discussion and noting the Quarter 3 Whistleblowing Performance report.

2 Recommendations

The Board is invited to:

- 2.1 Note the content of the attached Quarter 3 Performance Report and that the number of concerns received during this Quarter remains stable.
- 2.2 Note that from Quarter 4 onwards Performance Reports will include any data received from Primary Care Contractors.
- 2.3 Note that implementation of the Whistleblowing standards, links to the Corporate Objective – Improving Staff Experience (objective 10).

3 Discussion of Key Issues

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Performance report as attached. And note that performance report has been discussed and noted by the Staff Governance Committee at its meeting on the 2 March 2022.
- 3.1 Since reporting to the Board in December processes and procedures are now in place to obtain performance figures from Primary Care Contractors for inclusion in the Quarter 4, Annual Performance Report.
- 3.2 In addition to the six Stage 2 concerns received during Quarter 1 and Quarter 2 a further two Stage 2 concerns were received during Quarter 3. The total number of concerns received under this measure is now eight. During Quarter 2 no further Stage 1 concerns were recorded.
- 3.3 On average Stage 2 concerns have taken 37 working days against the 20 working days timescales stipulated under the Standards, in which to be responded to in full. However, Stage 2 concerns vary in complexity, with the most complex of the concerns received taking 63 days to conclude. In line with the Standards the Whistleblower was advised of the revised timescales and kept up to date with the progress of the investigation.
- 3.4 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Q3 Performance Report (Appendix 1).

- 3.5 Due to the low number of concerns received learning, changes or improvements to services are limited, and as there is a requirement in the Standards to maintain anonymity there is a real concern that those raising concerns may be identified. However, learning from concerns is being recorded and shared with relevant management teams and service areas. In general, the concerns received to date have been complex, quite service specific and have been overlaid by cultural issues. Following discussion at both the Short Life Working group and the Staff Governance Committee a more systematic approach for capturing and sharing both system, process and cultural learning has been agreed and will be in place from Q4. This will enable more structured reporting to the Staff Governance Committee on learning and sharing of the learning as appropriate.
- 3.6 The Staff Governance Committee also agreed that information relating to those cases referred into the formal Whistleblowing processes via our Speak Up Service should be included in future reports, this will start in Q4.

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 At this stage there are no implications for health inequalities or general equality and diversity issues arising from this paper.

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

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

8 Resource Implications

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

Lynne Barclay
Whistleblowing Programme and Liaison Manager
18 March 2022
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List of Appendices

Appendix 1: Quarter 3 Whistleblowing Performance Report

Meeting Name: Board
Meeting date: 6 April 2022

Title: BOARD EXECUTIVE TEAM REPORT – FEBRUARY 2022

Purpose of the Report:

DISCUSSION		DECISION		AWARENESS	X
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The aim of this report is to update Non-Executive Board members on areas of activity within the Board Executive Team Director's portfolios.

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

Recommendations:

The Board is asked to receive the report.

Authors: Executive Team
Date: 28.03.22

Director: Calum Campbell
Date: 28.03.22

LOTHIAN NHS BOARD

6 April 2022

BOARD EXECUTIVE TEAM REPORT

Aim

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

1. Chief Executive

- 1.1 **Director of Finance** – Craig Marriott has been appointed to this post and will take over from Susan Goldsmith.
- 1.2 **Interim Nurse Director** – Gillian McAuley will take over from Pat Wynne as Interim Exec Nurse Director from the 4th of April.
- 1.3 **Head of Corporate Governance /Board Secretary** - Alan Payne will be taking up a new opportunity at the Scottish Government and arrangements will be made to advertise for the Board Secretary role.
- 1.4 The system remains under extreme pressure. In the closing weeks of March 2022, we are seeing more patients admitted with Covid than at any point in the pandemic. Fortunately, whilst the overall numbers are greater, the severity of the illness isn't placing a significant burden on ITU. Staff absence due to Covid Infection and Isolation requirements combined with very high site occupancy levels are the main drivers behind the system pressures in acute and community services are likewise stretched.
- 1.5 **NRAC (National Resource Allocation Committee)** - For 21/22, NHS Lothian remains behind NRAC parity by 0.8%, equating to a value of circa £14m. Since 2015/16, Lothian has received over £80m less funding than NRAC parity would provide (cumulative). For 21/22, this cumulative shortfall increases to £100m. On the basis the SG maintains a 0.8% limit on parity funding as it has done in prior years, the NRAC funding stream we have received annually over a number of years will cease, at least temporarily for 22/23.
- 1.6 The additional NRAC funding received in recent years has been driven by a rising NRAC share in Lothian, rather than closing the parity gap. Stabilisation of Lothian's NRAC share at a 0.8% gap will result in no future additional NRAC funding for NHS Lothian. Based on the latest update to NRAC eight territorial boards (including Lothian) are behind NRAC parity with six Board's ahead.
- 1.7 With the number of Boards behind NRAC parity now in excess of those ahead, the challenge of returning all Boards to a parity position is more difficult. Getting boards

that are currently behind their NRAC share to parity can only be delivered by returning those boards ahead of parity to equilibrium.

- 1.8 The impact of the shortfall in funding has resulted in a care deficit within Lothian and is evidenced by the challenge of delivering scheduled and unscheduled care targets that impacted even before Covid.
- 1.9 Recently the Scottish Government has allocated resources disproportionately to reflect need (Substance Misuse funding based on numbers of drug related deaths, Covid funding based on costs incurred) and there remains an opportunity for the SG to redress the NRAC imbalance created by continuing to apply the principle of resource allocation based on need, particularly to Access resources where these are additionally available in 21/22.
- 1.10 Negotiations are continuing with SG colleagues to ensure that appropriate funding streams recognise the unique imbalance in funding impacting on NHS Lothian over a number of years. However, it is clear that our ability to recover from the impact of Covid and the legacy of our NRAC driven care deficit will place a greater burden on our services to achieve national performance targets in the future.
- 1.11 Due to existing high levels of Covid infections, the NHSL Gold Command Group remains in place. The recent Ukraine humanitarian initiative to offer healthcare assistance has been added to the NHSL Gold Command Group. Deputy Chief Executive Jim Crombie has been nominated as the central contact person for the NHSL Gold Command and Ukraine initiative.
- 1.12 The Chairman and Chief Executive are scheduled to meet with the permanent secretary in the coming weeks.

2. Deputy Chief Executive

- 2.1 **Reprovision of Eye Services** - After a significant programme of work and detailed collaboration with Scottish Government colleagues, NHS Lothian has received written approval from Scottish Government to proceed to Full Business Case following the submission of a revised Outline Business Case earlier this financial year. An Options Appraisal / Feasibility Study identified a suitable site in Edinburgh Bioquarter. We are positively engaged with Scottish Enterprise as current owners regarding the sale of the site for the new eye pavilion. The project team with recently retendered Lead and Technical Advisers have begun a review of the Board's requirements (technical and clinical) with comprehensive governance before re-engaging with the current Principal Supply Chain Partner in the third quarter of 2022. Recruitment of senior project management posts has concluded successfully following a good response. The overall programme will see the submission to Scottish Government of a Full Business Case (FBC) in the summer of 2024, with full operational status being achieved in late 2026. This is of course dependent on a number of key factors including; implications from Net Zero scope, NHS Assure timelines and fall out from War in Ukraine. This project has been adopted into part of the National Treatment Centre Programme.

2.2 National Treatment Centre (Lothian) - Following approval by Scottish Government to proceed to FBC for both the National Treatment Centre (Lothian) and Princess Alexandria Eye Pavilion in June and August 2021 respectively. The Board submitted new strategic programmes for their delivery to the National Treatment Centre Board seeking a recalibration of previous timelines. The following factors contributed to the construct and rationale of the activities and estimated timelines communicated for this project;

- Previous pre-construction and construction programmes by the Principal Supply Chain Partners (PSCP's) directly involved,
- recent and current experience from the Board's advisers on other national treatment centres and,
- recommendations from numerous audits and the ongoing Scottish Hospitals Inquiry in relation to lessons learnt from the RHCYP (Royal Hospital for Children and Young People) + DCN (Department for Clinical Neurosciences) project form the basis and rationale behind the activities and durations communicated.

2.2 The arrival of government directives on Net Zero Carbon initiatives, continuing resource, and materials uncertainty in the construction industry in a post COVID/EU-exit and geopolitically unstable world and NSS (National Services Scotland) Assure Scotland interventions have also been factored in. In assessing the Board's request, the National Treatment Centre Group, on behalf of the Cabinet Secretary, have asked the Board to review the milestone dates arising and challenge the programmes underlying assumptions with a view to bringing forward the projected operational hospital dates if feasible. We have made significant representation in response to this with regards to appropriate assurance and governance requirements and citing implications of both Net Zero and NHS Assure. These discussions continue.

2.3 National Response Group – Ukraine: I represent NHS Lothian on this recently established group which is focused on NHS Scotland's response and support to the evolving Ukraine crisis. This involves high level planning with UK agencies and early indication suggests that our anticipated areas to consider in our local and regional healthboards are women's services, children's services, specialist, and mental health services.

3. Interim Executive Director of Nursing, Midwifery, & AHPs

3.1 Due to the increased number of covid cases both in the community and our hospitals we have seen a rise in covid related absence.

3.2 In response to the current pressures, we have paused non-essential training. We remain committed to investing in our staff and a plan has been agreed to ensure all staff who have returned to their clinical setting are prioritised as part of our annual training programme. All essential training continues.

3.3 NHS Lothian staff actively participated in World Delirium Day on the 16th March 2022, with stall and events held across Lothian. Professor Alex McMahon, Chief Nursing

Officer for Scotland visited the Western General Hospital as part of our awareness session

- 3.4 NMAHP services are continuing to look at sustainable workforce models, investing in our staff by developing band 4, modern apprenticeship and graduate apprenticeship schemes.
- 3.5 We are at an advanced stage of discussions with the Open University to increase the access opportunities for staff to gain nursing qualifications while remaining in paid employment.
- 3.6 NHS Lothian continues to work with national colleagues to support international recruitment initially looking to recruit over 40 a year.

4. **Medical Director**

- 4.1 The Innovation team continue to make good progress with the SBRI challenges we are hosting and the Innovation strategy for the Bioquarter has been agreed. The regional testbed's innovation strategy is also close to completion.

The Long Covid app which offers patients support through CHSS has very recently gone live and the first patients are being taken through this. The app has been developed using bespoke talks and will be a technology we can use in providing support for patients with other long-term conditions.

We are pleased that Scott Garden has joined us as the new Director of Pharmacy and Medicines, taking up post on the 1st March.

5. **Director of Finance**

- 5.1 Following the appointment of Craig Marriott to the post of Director of Finance, this will now provide focus to the structural review of the Finance function following the work we were undertaking on the business partnering model pre pandemic. The next stage of this process will be to engage with Finance and Partnership colleagues through a consultation process to review and refine proposals, in line with NHS Lothian policy and process. In addition, interviews for the new deputy DoF take place on the 24 March. We have also been reviewing the structure and resources available to the procurement function recognising the significant increase in workload and the sharing of procurement expertise across a number of Boards
- 5.2 At its April meeting Board members will consider the Financial plan for 22/23 following consideration by the Finance and Resources Committee in March. Although good progress has been made in closing the financial gap the level of uncertainty that remains on a number of fronts, and the urgent need to invest in recovery means that the financial position for the year ahead and beyond will continue to be challenging

and, at the time of writing, there is still no clear plan to financial balance. Directors of Finance across the NHS in Scotland are working together on a number of areas to support dialogue on the prioritisation of resources. In parallel work continues on updating the capital plan for the Board. much of which has already been agreed. However, we remain in dialogue with Scottish Government about the funding of business cases for investment in Primary care facilities recognising the unique issues NHS Lothian faces in terms of population growth and the associated housing development across Lothian. For all other agreed cases LCIG continues to progress a wide range of property matters, business cases and the delivery of projects, as well as utilising its formula capital to invest in smaller projects, rolling programmes in relation to medical equipment, lifecycle and maintenance, and investment in digital. The project tracker, fully populated, will be considered at F&R in April and will support the oversight of the many projects in train.

5.3 In terms of the RIE, life cycle proposals received from Consort are being discussed with them to understand the exact implications for our clinical and site teams, as well as ensuring that the proposed work is consistent with the contractual requirements. At a Project Liaison meeting with Consort the dispute raised by the Board on certain aspects of their performance was acknowledged, with both parties now (engaging with and) awaiting the result of adjudication in June. Our Head of PPP contract management has started dialogue with partnership colleagues on the likely requirements for a contract management structure to support his role in overseeing all 10 PPP contracts. This will support the active engagement with all the SPV (Special Purpose Vehicles). Importantly we are seeing evidence of the active engagement of one of the Lenders in the RHCYP/DCN project with a visit planned to the Hospital for later in March, and a meeting with key stakeholders.

5.4 The focus of the work on the Public Inquiry, on the last month or so, has been on the May hearings and the preparation of witness statements requested from a number of individuals. These have been prepared with the support of the CLO who will also sit alongside those witnesses required to attend and answer questions in relation to their statements.

6. Director of Human Resources and Organisational

6.1 National Workforce Strategy for Health and Social Care in Scotland - The strategy which is a co-production between Scottish Government and COSLA was launched on 11th March. It sets out a national framework and vision to achieve a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The strategy follows the employment journey: plan, attract, train, employ and nurture. It sets out a series of national commitments and actions over the short, medium and long term. Over the coming weeks and months, we will review the impact of the strategy on our own local plans and arrangements for workforce planning & development and improving staff experience &

engagement. An update will be provided to the Staff Governance Committee in due course.

6.2 Apprenticeship Week 2022 - We have contributed to work with NES and other boards to support a national approach to Scottish Apprenticeship week on social media, this is then further supported by our local aligned activity.

We collaborated with NES to create and highlight a case study on a recently completed modern apprentice (Ethan) working in Theatres. This included a film which was launched on the national NHSS website during Apprenticeship week – this is highlighting the supporting route a Modern Apprenticeship can play in supporting career development in Theatres (Ethan is now undertaking the PDA to become an Assistant Theatres Practitioner). He applied for an MA after being on furlough due to Covid.

<https://www.careers.nhs.scot/careers/career-stories/ethan/>

Apprenticeship week was used to highlight and launch the positions and career opportunity in Scotland being created by the pharmacy technician trainee apprenticeship programme (this came from discussions and influencing in the national steering group we sit on for the pharmacy technician trainee apprenticeship programme)

We also opened our NHSL Graduate Apprenticeship applications for 2022 entry and as a follow up activity will be launching our new NHSL online NHS career and apprenticeship information sessions.

Finally, we timed the Youth network launch of their social media account @YN_NHSL during Scottish Apprenticeship week.

6.3 Talent Management and Succession Planning - This month we launched our Talent Management and Succession Planning Programme. This programme is a test of change and is being delivered in partnership with the University of Edinburgh Business School. In this initial cohort we are targeting aspiring General Managers as an identified workforce challenge. The programme is based on an underpinning principle of 10% theoretical input, 20% self-awareness and 70% experiential learning. Edinburgh University are providing masterclasses on key topics such as corporate governance, context is being provided by a CMT member and participants are then set a problem-based scenario. All participants will undertake a 360-degree appraisal and Gallup Strengths Finder. Finally, we will coach participants in curating a personalised experiential learning plan, for example aligned to corporate governance participants may shadow at a Board governance committee and write up a reflective account.

6.4 Improving Staff Experience – Joy in Work - On the 29th March we launched our own curriculum and programme based on the IHI Joy in Work white paper. Work to date and next steps were reported to the Staff Governance Committee on the 2nd March. Joy in Work is a methodology that seeks to create the conditions for healthy, happy, productive people, using improvement methodology. For the past 2 years NHS Lothian have been engaged in a Joy in Work, Global, Results Orientated Learning Network. During this time, we have supported teams to undertake the IHI

virtual Joy in Work programme and coached teams to improve staff experience and create the conditions that lead to Joy in Work using quality improvement methodology. Our own programme and curriculum mean that we no longer need to rely on the IHI virtual programme. This work is being delivered in collaboration with HR, the Quality Directorate and the Director of Medical Education.

6.5 Staff Wellbeing - We continue to deliver actions to support staff wellbeing across a broad range of activity. Recent work has included working with the WGH to pilot an approach to period product provision in staff toilets, planning a reading for wellbeing book club for 2022/23 and plans to scale both our peer support service and coaching for wellbeing bank.

6.6 Covid 19 Commemorative Badges - During the course of March commemorative badges have been issued to directly employed NHS Lothian staff to mark their commitment, dedication and exceptional service during the pandemic. The badges were funded by the Edinburgh and Lothians Health Foundation.

7. Director of Public Health and Health Policy

7.1 Changes to COVID-19 Testing and Contact Tracing services - The Scottish Government made an announcement on 15th March 2022 about changes to Testing and Contact Tracing services across Scotland and published the [Test and Protect Transition Plan](#). This plan sets out the timelines for moving away from population-wide testing, towards a more targeted approach. During April there will be significant changes to testing and contact tracing, with a more targeted approach from 1st May. All of these proposed changes will have an impact on the number of staff required to provide contact tracing and testing services.

7.2 NHS Lothian staff in both services have been contacted to reassure them that contracts which are in place up to 30 September 2022 will be honoured by NHS Lothian. Now that there are indicative dates for the proposed changes, Public Health and Employee Relations colleagues will work with staff to explore short-term work options and to support people to consider vacancies through redeployment that may be suitable.

7.3 Further guidance from the Scottish Government is awaited on: (i) the financial arrangements from May to September 2022 and (ii) the workforce required to be retained as 'surge capacity' should it be necessary to increase testing and/or contact tracing capacity in the future.

7.4 Maternal and Infant Nutrition - Over the past year, Public Health has led an organisational change process to establish a Pan Lothian Maternal and Infant Nutrition service within the Public Health and Health Policy Directorate. This is in its final stages and action plans are being developed for the work of the service. This service is responsible for leading the delivery of Scottish Government priorities:

(i) Preconception nutrition

Healthy start vitamins to all pregnant women at their first antenatal appointment and vitamin D tablets to all breastfeeding mothers on discharge from hospital and vitamin D drops to all children under the age of 3 years who receive less than 500mls of formula milk.

(ii) Maintain UNIFEC Baby Friendly accreditation within Maternity, Health Visiting and Family Nurse Partnership services and achieve accreditation within the Neo-Natal service

Health Visiting and Family Nurse Partnership services were reaccredited as UNIFEC Baby friendly in May 2021; the maternity services are undergoing their reaccreditation process in March 2022; and the Neo-Natal Unit will have its final accreditation assessment in Autumn 2022. The accreditation process consists of an external review of training and audit process with in-depth interviews with staff, management and patients. As all services are accredited, we will move to working towards the UNIFEC sustainability award.

(iii) Preventing childhood obesity by supporting family around weaning.

During 2021, HENRY (Healthy Eating and Nutrition for the Really Young) training was delivered to community based family support workers across the 4 local authority areas. External evaluation demonstrated that participants reported increased knowledge, confidence and skills. Funding has been secured to expand the programme during 2022 and to work with NHS Fife to develop our own trainers.

8. Chief Officer Acute Services

8.1 Acute services remain under significant operational pressure from unscheduled care demand and staffing pressures, similar to pressures experienced across the Health & Social care system. Capacity is further constrained due to the number of Covid positive patients in hospital along with other winter viruses. Clinical prioritisation of scheduled patients continues to be the key focus for all elective services, to ensure the most urgent patients receive their treatment. The waiting list backlog of routine, non-urgent patients that built during the Covid lockdowns is further reducing as we maintain Outpatient activity at pre-Covid levels. However, due to ongoing staffing pressures impacting on bed and theatre capacity inpatient and daycase activity remains below pre-Covid levels, resulting in increasing waiting times, and numbers of patients waiting for routine treatment.

8.2 Within our laboratory service, work and run rates for combined laboratory Covid testing at the Royal Infirmary Edinburgh (RIE), and Hub sites continue to be high at an average of 3,000 tests per day as we continue to move through the Omicron phase of the pandemic. Laboratory systems are processing Flu or associated respiratory virus testing in combination with SARS-COV2 (Covid) testing. Work continues to expand and consolidate Point Of Care Testing (POCT) at the 'front-end' of Acute sites, allowing quicker decisions to be made on patient flow, infection control and patient placement, using rapid Polymerase Chain Reaction (PCR) and Antigen technology - this testing accomplishes on average 1,500 POCT tests per week currently.

8.3 NHS Lothian continues to work with the Scottish Government and National Services Scotland to deliver the next phase of pandemic testing and to explore the legacy effects of pandemic-related technologies, which will focus not only on securing

screening capacity, but also on how to expand ability to detect variants through 'whole genome sequencing'. Whole genome sequences will allow mutations to be identified and tracked, and aid with evidence to verify that vaccines are working. Whole genome sequencing is now able to deliver over 1,500 virus sequences for analysis by Public Health Scotland as part of the pandemic response, with the continuing recruitment of further science colleagues, and delivery of the final pieces of robotic equipment. This type of testing is vital as the pandemic reaches forward, and is managed as an endemic response, in line with the latest Scottish Government Strategic Framework.

- 8.4 Blood sciences equipment for undertaking thousands of tests daily across Lothian went live with a new Supplier from November 2021 – Roche Diagnostics - and work is in the final stages of constructing complex robotic systems used to manage this huge workflow from acute and primary care. Expected completion date is May 2022.
- 8.5 Dermatology moves back into the portfolio of Outpatients and Associated Services, having been managed under the Director of Improvement for the last year. The service will continue to build on the work that has been undertaken.
- 8.6 The Modernisation of Outpatients Programme have also successfully recruited to the Programme Manager post, and are delighted to welcome Megan Reid, previously Business Manager at St John's Hospital, taking up post on 21st March.
- 8.7 After a long tenure as Associate Medical Director (AMD) for Medicine at the Royal infirmary of Edinburgh (RIE), Dr Andrew Flapan has stepped down. Dr Flapan is thanked for his commitment, loyalty, and support to the RIE during his tenure. However, he will continue to make a significant contribution to the site, our staff and above all our patients. Many thanks Andrew.
- 8.8 There have also been two new AMD appointments at the RIE. From 4th April 2022 Professor Emma Reynish will take up the post of AMD for Medicine of the Elderly (MoE), Stroke and Cardiothoracic (CTR) services, and Dr David Caesar the post of AMD for Acute, General and Emergency medicine. Congratulations Emma and David.
- 8.9 Work has been ongoing at Western General Hospital (WGH), in collaboration with Facilities teams, to release ward Nursing staff from duties which can be undertaken by Facilities staff, supporting patient care and staff wellbeing.
- 8.10 **Focus on Delirium** - a 10-week programme to raise awareness on the importance of Delirium has been undertaken at the WGH with the goal of raising standards of care for patients experiencing Delirium. Additional training sessions, educational resources and weekly updates as part of Site Huddles have all featured in the programme. The development of ward Delirium Champions is an ongoing programme led by Geraldine Marsh, Associate Nurse Director and supported by Lyndsay Dunn, Clinical Nurse Manager for Quality and Standards at WGH. Professor Alex McMahon, Chief Nurse for Scotland, and Pat Wynne, Interim Nurse Director for NHS Lothian, visited the WGH on 15th March 2022 to observe the work that was underway, and to recognise the progress being made.
- 8.11 And lastly but by no means least, on Wednesday 23 March, the Royal Hospital for Children & Young People (RHCYP) will celebrate the 1st birthday of its world-class

facilities being fully open. To mark the occasion, NHS Lothian colleagues, Edinburgh & Lothian's Health Foundation, Edinburgh Children's Hospital Charity, Ronald McDonald House and Kindred staff have joined forces to plan a range of activities, including:

- birthday-themed craft boxes with decorations for all RHCYP wards;
- a birthday-themed projection on to the outside of the RHCYP (week commencing 21st March, and all week);
- a drop-in photo booth inside The Hub (Wednesday 23rd March);
- a birthday party within Outpatients with stalls, activities and live performances (taking place on 24th March);
- complementary therapy & pampering sessions for families staying at Ronald McDonald House (26th & 27th March);
- treats for all RCHYP and Department for Clinical Neurosciences staff which will be distributed to all wards and departments.

If you look out around the windows of the building you will see lovely compliments from families, collected over the last 12 months. We will also be sharing photos, family stories and our 'Ready for Hospital' videos on the Children's Services social media pages – Twitter: [@LothianChildren](https://twitter.com/LothianChildren) and Facebook: [@LothianChildHealth](https://www.facebook.com/LothianChildHealth).

Please join in the conversation on your own social media as we celebrate our 'first birthday' using **#RHCYPTurns1**

9. Director of Improvement

9.1 This is my last update after two and a half years at NHS Lothian. Given the Covid pandemic it has been a very different secondment than I had expected, but it has been a pleasure working with the team over the period and I have learnt a huge amount.

In this final update, I am pleased to update the Board on the positive progress made in two areas I have been focusing on over the past year.

9.2 Firstly, the Oral Health Service has made large improvements in their waiting time position, with reportable 12- and 52-week outpatient waits in the Edinburgh Dental Institute, 82% and 99% lower than March 2021 respectively. Including progress within the Public Dental Service (non-reportable waiting times), this has resulted in 3,400 fewer patients waiting over 52 weeks and 4,500 fewer patients waiting over 12 weeks. The focus of the coming year will be to address the return dental treatment waiting list built up whilst the team has cleared the outpatient backlog. To address this, the team will develop a new, intermediate care model for oral surgery treatment, and I have every confidence that they will deliver on this ask.

9.3 Secondly, the Dermatology service has also made significant strides over the period. With over 12- and 52- week outpatient waits, 47% and 75% below their nadir in August 2021. This has resulted in 3,450 fewer patients waiting over 52 weeks and 4,300 fewer patients waiting over 12 weeks. Engagement with the clinical team

remains good, however, there is still much to be done to improve processes and build a multi professional team capable of meeting service demand in the longer term.

- 9.4** Finally, the vaccination programme continues apace, the 'spring' booster programme commenced in mid-March with fourth doses available to all adults over 75 years old. Furthermore, the team are putting on weekend and evening clinics to vaccinate children between 5 and 11 years old. Since the last Board report, I have been working with the team to develop a more sustainable vaccination model, to determine the permanent workforce requirement whilst placing an emphasis on local rather than mass vaccination centres.

10. Director of Strategic Planning

- 10.1** The Directorate has focused on developing the Corporate Objectives and LSDF over the last month and making preparations for the significant workload that will come from these.
- 10.2** Rebecca Miller has developed our engagement plan and piloted the LSDF through all four IJB Strategic Planning Groups, as well as working with Judith Mackay's team to ensure the design and continuous engagement process are both effective and well-aligned with our intent.
- 10.3** Sarah Archibald continues to work closely with the RIE management team on our business continuity plans for that campus.
- 10.4** Peter McLoughlin has led the review of the Schemes of Establishment for the four Integration Joint Boards, a painstaking and time-consuming task. These are now out to consultation through our four local authority partners, and a paper will come to the next Board for agreement.
- 10.5** The Director has continued with his heavy involvement in national planning activities, both relating to the pandemic and to the development of a national service strategy.
- 10.6** Finally, we are delighted that Clare Cartwright returns from her career break on 1st April. Catherine Kelly will therefore demit her temporary role supporting Scheduled Care at this point and return to her role as Head of Masterplanning for the system.

11. Director of Primary Care Transformation

- 11.1** I have successfully recruited to the Deputy Medical Director for Primary Care post, and am pleased to advise that Jeremy Chowings has been appointed. Jeremy brings a wealth of experience and expertise from working in the NHS over the past 30 years. He has been a partner in Leith Surgery since 2006 and has held Practice and Cluster Quality Lead roles during that time. Jeremy also brings his recent experiences of working nationally at NES, including as Assistant Director of GP Education covering East and South East Scotland. Jeremy will formally take up post on 6 June 2022.

- 11.2** Progress continues in processing the expressions of interest to apply to the pharmaceutical list. Several public consultations are underway and can be found here [Joint Consultations – Pharmacy Application Process \(nhslothian.scot\)](https://www.nhs.uk/consultations/pharmacy-application-process)

The national covid community pathway that has been in place since March 2020 as one of the early responses to the pandemic is being stood down nationally on 31 March 2022. In Lothian, we transferred the majority of the pathway to general practice in November 2021. The remaining adult Covid Assessment Centre at WGH will be stood down on 31 March 2022. I am grateful for everyone who has supported this pathway over the past two years across primary and secondary care to collectively deliver quality care for our patients.

From April 2022 I will be taking on the management responsibility for Oral Health Services, and have been working with Pete Lock over March to transfer responsibilities.

12. Director of Communications, Engagement and Public Affairs

- 12.1 Vaccination** - Comms team continues to support the vaccination programme, focused on the spring booster campaign, the rollout of the children's programme (5-11 years) and the closure of three of our four mass vaccination centres.
- 12.2 Redesign of Urgent Care (RUC)** - A communication plan has been developed to support the next stage of RUC: front door redirection and scheduling of minor injuries.
- 12.3 Engagement – LSDF** - There has been considerable planning and discussion with Consultation Institute to further refine our plans to engage with patients / service users, third sector organisations and the wider public on our Lothian Strategic Development Framework. A mode of continuous engagement is evolving which we hope will help us anticipate and mitigate problems and develop sustainable solutions. This is an early stage of a long term process.
- 12.4 Pandemic Film** - Considerable effort has gone into the production of an hour-long film documenting NHS Lothian's response to COVID 19. It is obviously not possible to feature every service, but the film is intended to give a flavour of how staff and services adapted and to reflect on the experience of dealing with a long-lasting emergency. The film will be available online and will be held in NHS Lothian's archive.
- 12.5 RHCYP** - Working with Edinburgh Children's Hospital Charity and Edinburgh and Lothian's Health Foundation we promoted a series of activities to celebrate the first anniversary of the opening of the RHCYP. Planning has also begun for a formal opening event we hope to hold later on in the year, subject to VIP diaries.
- 12.6 EL HSCP** - Director of Comms has assisted in interviews to appoint a dedicated Communications Manager to East Lothian Health and Social Care Partnership.
- 12.7 Media** - The past two months has been a busy period for the news desk responding to enquires on system pressures, waiting times, staff wellbeing and parking. With

the Crown Office's decision not to hold an FAI we were finally able to publish the learning document arising from the SAER into the very sad death of Amanda Cox.

12.8 System Pressures - To coincide with the lifting of infection control restrictions across Scotland we worked with the BBC and STV to urge the public not to let down their guard, pointing to the significant pressures that remain on our staff and services. The BBC piece ran a week ahead of the lifting of restrictions and the STV piece was done for the day of the changes. With thanks to Medical Director, Acute Service Caroline Whitworth and Assoc Director of Nursing at WGH Geraldine Marsh for their assistance with this filming.

12.9 Lockdown – 2 Years On - To mark the second anniversary of the first lockdown, we worked with The Times to tell the story of Alexis Woods, one of the 600 volunteers with NHS Lothian who helped provide vital support throughout the pandemic. As a result of his experience volunteering with us, Alexis quit his job in sales, worked as a Healthcare Support Worker and is now a Student Nurse. Alexis' story features in this video from 5 mins 18 sec in (though the whole video is worth a watch)

[Covid two years on: the undertaker, the widow and the volunteer | News | The Times](#)

12.10 World Kidney Day - There was wide pickup on our piece about a live kidney donor and the friend to whom she donated, to urge people to consider organ donation, to raise awareness that you don't have to be a relative of a recipient to donate and to highlight the particular shortage of donors from the BAME community.

<https://www.edinburghnews.scotsman.com/news/people/local-woman-who-gave-kidney-encourages-donors-3605760>

12.11 Innovation - The team has generated a number of stories showcasing innovation at NHS Lothian including:

- a piece about new equipment used in the treatment of Cervical Cancer,
- a suite of videos to assist parents in the home management of children who are at risk of suffering cardiac arrest or acute breathing difficulties
- the work of NHS Lothian's *Lifelines* initiative, which helps Scotland's emergency responders build resilience, featured on Channel 5 News.

13. Services Director – REAS

13.1 Inpatient services remain under pressure in acute adults, acute old age and acute young people with an expectation that this will continue due to the impact on people's MH of the covid pandemic. Occupancy remains above 95% in all areas. Delayed discharges in adult and old age Psychiatry continue to have an impact on flow. A more detailed paper on inpatient services is available for Board Members.

13.2 Nursing vacancies in some areas is higher than it has been, and the services are looking at alternative workforce models to support. This includes the introduction of band 4 nursing roles in adult and rehabilitation services, which has gone well, with other areas including CAMHs now looking to do similar. Expansion of occupational

therapy and art therapy roles has also been successful with further expansion likely over coming months.

We have agreed a plan with the education team in NHS Lothian and colleagues in the Open University to support additional Band 2 and 3 Clinical Support Workers to undertake Registered Mental Health Nurse and Registered Nurse Learning Disability training through the Open University. The OU route will enable staff to remain in 26hrs employment per week throughout the duration of their training and will therefore create opportunities for staff who are not in a position financially to undertake nurse training through the traditional bursary route. In addition, a pathway will be created for Modern Apprentices to be recruited as Band 2s and progress to be registered nurses, also whilst in our employment. Should a staff member not complete the full nurse training to achieve registration, they can leave the programme with an academic award that will enable them to be retained within the workforce at either a Band 3 or Band 4 level post. These training posts will be in addition to the nationally agreed training places commissioned by Scottish Government with the Universities

- 13.3** With the exception of CAMHs inpatient, Consultant Psychiatry input is better than some other areas in Scotland. An action plan is in place to support CAMHs including the introduction of Advanced Nurse Practitioners, expansion of administration services, introduction of an Unscheduled Care Service. Work is also ongoing to look at how we support the Lothian Consultants who cover the on call for the regional inpatient unit. Feedback on the Unscheduled Care Service has been very positive.
- 13.4** CAMHs and Psychological Therapy performance remain on escalation and under close review by the Performance Oversight Board and Corporate Management Team.
- 13.5** Core Mental Health CAMHs are seeing a month on month improved position in both those waiting over 18 weeks and in the total waiting list. Work is ongoing to develop a multi professional neurodevelopmental pathway and resource hub, which is not purely based on CAMHs input. Work is also ongoing with children's partnerships and the children's programme board to develop bespoke tier 2 and tier 3 services based on need in localities.
- 13.6** Psychological Therapy improvements continue and whilst not currently on trajectory a number of plans are in place, which will improve this position. A range of specialist services including Neuropsychology, Veterans 1st Point and Clinical Health, benefited from additional investment for waiting times. All these services have demonstrated a substantial and ongoing reduction in assessment and waiting times. These services are on trajectory and will have no waits over 18 weeks at the end of 2022. The Edinburgh Group Service, which works within Edinburgh H&SCP, also has a plan in place. It is predicted there will be no waits over 18 weeks from July 2022.
- 13.7** Planning is in place for a new Infant Mental Health service to commence accepting referrals from the Autumn 2022. This will be a small Multidisciplinary Team. The aim of the service is to deliver a compassionate, inclusive and effective service, utilising the parent -infant relationship as the vehicle for change for optimal infant mental health. This will be done by providing specialist support for those interacting with infants and their families in the universal workforce, and direct work for more significant infant mental health difficulties.

14. Director/Chief Officer, Edinburgh Integration Joint Board

- 14.1 System Pressures** - The Health and Social Care system remains under intensive pressure, as has been noted in previous briefings. The number of people delayed in hospital has steadily reduced since the beginning of February with more care at home providers supporting people to return home with a package of care. There remains to be staffing shortages on providing community care at home and we continue to work closely with our providers to mitigate any risks against this.
- 14.2** We have seen a recent increase in Covid outbreaks in care homes resulting in homes being closed to admission and there remains high levels of request for people requiring a social care assessment of need.
- 14.3** System pressures are continuing to be reported via various meetings and committees such as EHSCP IMT, Council CIMT, NHS Gold, the Local Resilience Partnership, the EIJB and the Council P&S committee. The most recent report which was presented to the EIJB on the 8th February 2022 can be found [here](#). This report evidences the actions taken to address the system pressures as well as the impact of the pressures on current performance.
- 14.4 Flu Vaccination Update** - An update on vaccinations administered to date are below:
- In total c475,000 adult vaccines have been administered to Edinburgh Citizens since the winter Vaccination Programme started at the end of September 2021. These numbers continue to be added to.
 - 294,411 adult booster doses were administered between September 2021 and end January 2022.
 - 161,421 adult Flu vaccinations were administered between September 2021 and end of January 2022
 - In addition, 26,240 COVID 1st and 2nd doses were also delivered by the Partnership to children aged 12-17 between September 2021 and end January 2022.
- 14.5** Both mass venues at EICC and Inghliston have been scaled down and will be closed by end of March 2022. Access to Covid vaccinations will continue within local Community Treatment Services in localities; Sighthill Health Centre, Pennywell All Care Centre, Stockbridge Health Centre, Ocean Terminal and Mountcastle Health Centre.
- 14.6** In February, the government confirmed the requirement to offer an additional Covid 'Spring' booster to the +75 years, Severely Immunosuppressed, Care Home and Housebound patients. Arrangements have been put in place to accommodate these patients who will all receive appointments (except Care Home/Housebound) inviting them to attend clinics. This will happen mainly between end of March and the end of

April depending on 24-week post 3rd dose eligibility. This national eligibility stipulation will necessitate smaller numbers from this group continuing to be invited from May almost until the start of the Winter campaign.

14.7 The HSCP is currently preparing an evaluation of the 2021 Winter Programme, to ensure the lessons learnt are captured and the 2022 programme adjusted accordingly.

14.8 Matters of Interest - Bed Based Care Strategy - The bed-based care project is pleased to report that the phase 1 implementation plans were agreed at NHS Lothian's Corporate Management Team (CMT) on 15th March. Implementation activities will commence following sign off at the remaining governance boards, the approval process is expected to be completed by the end of March 2022. An implementation oversight group will be established with representatives of all three organisations (CEC / NHS Lothian and EHSCP) to monitor the progress of the implementation against the project plan, agreed milestones and timelines.

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

15.1 The East Lothian Health and Social Care Partnership continues to maintain above trajectory performance in maintaining low delayed discharges although in common with other partnerships the ongoing challenges in Care Homes and Care at Home capacity has made this very challenging. We have further integrated our Home Care, Hospital to Home and Care Allocation teams to increase responsiveness and capacity in admissions avoidance and discharge planning and support, through our flexible approaches to facilitate hospital discharge and to respond to community pressures.

15.2 Care Homes - During January there was a significant rise in the number of COVID positive cases across care homes in East Lothian due to the higher transmissibility of the Omicron variant. Prior to this, outbreaks in care homes were largely restricted to positive cases among care home staff, rather than among residents. However, the Omicron variant contributed to higher numbers of positive care home residents in addition to staff. Figures for both groups began to drop again from January.

15.3 The cumulative total of positive staff and residents in outbreaks ending within the months listed below demonstrates an increase from November onwards.

East Lothian	Cumulative Total Positive	
	Staff	Residents
November (3 homes)	5	0
December (6 homes)	11	5
January (16 homes)	73	37
February (9 homes)	108	117

- 15.4** The increase in self-isolating COVID positive care home staff is impacting staffing in homes. This has resulted in a few care home managers being more cautious in their approach to filling available beds even once outbreaks are deemed over. This is, in part, due to the challenges in accessing mutual aid. Once outbreaks are over admissions require to be staggered to reflect staff availability to return to work. Some managers are also reporting higher agency use in order to maintain staffing levels and ongoing challenges in recruiting staff.
- 15.5** As a result of these factors, bed availability across East Lothian homes has fluctuated over the winter period. The picture changes on a daily basis, but as of 11/01/2022, East Lothian had 15 out of 19 homes (78%) with COVID positive staff/residents. Of these, 9 homes were closed to admissions (47%). Of the homes that were open to admissions, 6 beds were available for use. Although 21 beds were empty, these were not available for use due to the outbreaks.
- 15.6** ELHSCP has put in place block contracts with two care homes to support discharges from hospital settings. To date there have been 9 interim placements to these homes with 3 of these residents then moving on to their preferred care home of choice. ELHSCP has also placed people waiting on packages of care in the community within two of the council-owned care homes for the same purpose.
- 15.7** Significant work by the East Lothian Care Home Team has delivered COVID booster vaccinations to residents in all East Lothian care homes. In addition, several top up sessions have captured residents coming out of hospital and those who were not at their due date at the time. As a result, by January only 20 residents were still to receive their booster vaccine (there are currently 636 residents across all East Lothian homes).
- 15.8** East Lothian also provides support to all care homes via the East Lothian Quality Assurance Manager who offers information and advice around IPC measures for homes experiencing an outbreak. Daily data on care homes is gathered for reporting purposes and is cross checked with information from the Health Protection Team. Local information on outbreaks and associated issues continues to be fed into the twice weekly care home huddle.
- 15.9** **Social Care Capacity** - The situation remains fragile for all East Lothian CAH providers, since they are largely still struggling to recruit and retain sufficient staff to meet existing demand. There is indication of a small but continuing, increased stability in >65 C@H hours purchased. However, all commissioned care providers remain unable to increase hours to meet additional demands, resulting in continued pressure on internal services. (One commissioned provider has recruited four full time staff, via the Home Office scheme for attracting overseas workers, and are looking to recruit more.)
- 15.10** Capacity has reduced with externally commissioned services for people over 65 by 2000 hours per week over the ten month period between May and December 2021). This equates to approximately 20% reduction in commissioned Care at Home service for people over 65. Most providers continue to have a significant front line staffing shortfall, inadequately supplemented by an insufficient supply of agency workers, paid overtime, and (to a somewhat lesser extent than in recent months) office and managerial staff delivering care. The number of hours delivered each week since January 2022 has remained static reflective of greater stability in the workforce. The Partnership also actively manages new

demand and despite the decrease in available care at home hours, unmet need has remained consistently at or around 1000hrs/week.

- 15.11** Reduced capacity in some office teams means some providers cannot run service effectively or respond to stakeholders or report in timely manner. Intensive reviews of all service users continue by both HSCP and Providers so risks associated with decrease care provision are monitored and appropriate actions taken to mitigate risks. Internal Care at Home services continue to increase slightly but suffer from the same recruitment issues of externally commissioned service.

We are refreshing our CAH quality assurance measures to ensure robust governance of external and internal service provision.

- 15.12 Performance Management** - The East Lothian IJB Annual Performance Report (APR) for 2020-21 describes performance over the year from 1st April 2020 to the 31st March 2021 and the impacts of COVID on service availability and delivery through the year. It includes elements of the Scottish Government's Core Suite of 23 National Integration Indicators and Ministerial Strategic Group for Health and Social Care additional indicators. Between them, these indicators provide a means for Health and Social Care Partnerships to measure progress in delivering the National Health and Wellbeing Outcomes.

- 15.13** The APR reflects on the management of responses to the complex and rapidly evolving challenges presented by COVID during the year. This required a high degree of coordination and agility by the HSCP and flexibility and dedication across all staff groups.

- 15.14** The HSCP Core Management Team continues to meet regularly, through a local Bronze meeting structure bringing together General Managers and key officers to monitor service performance and to initiate and follow up on corrective actions.

- 15.15** The HSCP reports regularly and as required to NHS Lothian Gold and others (including its IJB) on performance in reducing delays, in the utilisation of local hospital and care home beds and on the impact of COVID on staff and on service delivery.

16. Director/Chief Officer, Midlothian Integration Joint Board

- 16.1 Strategic Plan** - The HSCP have finalised the IJB Strategic Plan 2022-25, which was go to IJB in April for full sign off. This followed an extensive public consultation exercise that yielded over 3000 responses.

- 16.2 Spotlight Programme** - The HSCP have recommended 5 "spotlight" areas for additional focus for the first year of IJB Strategic plan. These will be supported with additional programme support, and resource. The areas agreed by IJB are:

1. Primary Care
2. Midlothian Community Hospital
3. Frailty
4. Learning disability
5. Workforce

- 16.3 Scheme of Integration** – NHS Lothian and Midlothian Council have completed the draft revised Scheme of Integration. This is now out for public consultation until 14th April 2022.

16.4 Performance - A key focus remains on patient flow to support pressures. Workforce challenges relating to covid, as well as Care Home closures relating to covid outbreaks, resulted in a rise in patients whose discharge was delayed. Additional support workers are now in place, as well as reduced absence, and numbers are now moving back towards trajectory targets.

The HSCP have invested in additional capacity to our Performance team, who are currently leading on a redesign/development of performance reporting infrastructures. A performance assurance group will commence from April 2022, to provide additional scrutiny on key areas of performance, feeding into IJB. This will link with NHS Lothian performance reporting work underway, and will complement the Outnav programme previously reported on

16.5 Queens Nursing Award - Midlothian HSCP have 2 nurses who were nominated for inclusion in this year's Queens Nursing Award. After a competitive interview process, both have been selected to participate in the programme.

16.6 Clinical Director - Dr Hamish Reid will stand down from his Clinical Director role in May 2022. Hamish had supported work in Midlothian for many years, and he will be a loss to the team. Recruitment is underway for his successor, with interviews taking place in April 2022.

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

17.1 West Lothian Drug and Alcohol Partnership - West Lothian Alcohol and Drug Partnership has revised its constitution and will be forming a new committee structure around an ADP Executive with a greater level of strategic reach and increased objectivity and independence in commissioning and scrutinising performance. The current excellent cooperative working between agencies will be supported by establishing a collaborative involving those delivering addictions interventions as well as representation from people with lived experience and from carers.

17.2 Nominations for the positions of Chair and Vice-Chair will be sought through West Lothian Integration Joint Board, Police Scotland, West Lothian HSCP, West Lothian Council, NHS Lothian, West Lothian Third Sector Interface, and those appointed will hold the office for three years. Nominations must be for persons working at a senior level within their organisation. If the nominees are agreeable to undertaking this role, then a vote will be taken. There will be up to two Vice Chairs with at least one coming from either NHS Lothian, West Lothian Council, Police Scotland or the Third Sector. The intention is to convene the first Executive Meeting in April 2022.

17.3 West Lothian Wellbeing Service - In January 2022 the new West Lothian Wellbeing Service launched to support the people of West Lothian to receive community mental wellbeing support when they needed it. The self-referral portal is open to anyone over the age of 18. The referral can be completed in 90 seconds and the mental health service co-ordinator aims to contact the person within 48 hours (weekend hours excluding). The service will initially run between January 2022 and December 2023

and aims to help over 300 people per year by supporting them to engage with a range of third sector support services. The service will form an integral part of the early intervention service going forward, alongside the development of self-management resources such as WESTSPACE and NHS Inform and also the continued development of a West Lothian Peer Connecting service delivered by Health in Mind. To find out more see here: <https://westlothianwell-being.org.uk/>

17.4 Feel Good February Update - As part of ongoing work to support staff wellbeing, a month-long programme of support was delivered during 'Feel Good February'. The focus of the work was on equipping individual teams to support their staff through a variety of wellbeing initiatives. A range of supports were promoted through social media and staff participated in a draw which offered wellbeing related prizes. Some of the comments made were:

- *'Thanks! What a great start to the week. Please pass on my thanks to those involved in this piece of work'*
- *'Ahhh!! Thank you so much! That has definitely made my Tuesday morning'*
- *'What a lovely way to start the day'*

Learning from the month's activities will be used to inform future plans for supporting the workforce which are being progressed through the partnership's Workforce Planning Group.

17.5 22nd International Conference on Integrated Care - The West Lothian Health and Social Care Partnership has been selected to present at the 22nd Conference on Integrated Care in Odense, Denmark in May 2022. The partnership submitted a paper on the development of the integrated discharge hub at St John's Hospital during the Covid-19 pandemic which was selected for presentation at the conference. The Head of Health and Head of Strategic planning will present the paper virtually.

18. The Board is asked to receive the report.

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

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Dona Milne	Director of Public Health and Health Policy
Jim Crombie	Deputy Chief Executive	Jacque Campbell	Chief Officer Acute Services
Pat Wynne	Interim Executive Director Nursing, Midwifery and Allied Healthcare Professionals	Pete Lock	Director of Improvement.
Tracey Gillies	Medical Director	Colin Briggs	Director of Strategic Planning
Susan Goldsmith	Director of Finance	Jenny Long	Director of Primary Care
Janis Butler	Director of Human Resources and Organisational Development.	Judith Mackay	Director of Communications, Engagement and Public Affairs.
Morag Barrow	Director/Chief Officer Midlothian IJB/HSCP	Judith Proctor	Director/Chief Officer Edinburgh IJB/HSCP
Alison Macdonald	Director/Chief Officer East Lothian IJB/HSCP	Alison White	Director/Chief Officer West Lothian IJB/HSCP
Tracey McKigen	Services Director - REAS		

Lothian Strategic Development Framework

1 Purpose of the Report

- 1.1 The purpose of this report is to seek Board approval to proceed to external engagement on the Lothian Strategic Development Framework (LSDF).

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

2 Recommendations

- 2.1 PPDC is recommended to;

- **Approve** the plan for external engagement
- **Note** timelines and arrangements for returning to the Board with a final version of the LSDF

3 Discussion of Key Issues

The Lothian Strategic Development Framework

- 3.1 NHS Lothian's extant organisational strategy is *Our Health, Our Care, Our Future 2014-2024*. This document dates from before the era of Integration Joint Boards (IJBs). It has been augmented over the last five years by *The Lothian Hospitals Plan (2017)*, by iterations of the Strategic Plans for each of our 4 IJB partners, and by the *Lothian Quality Strategy*.
- 3.2 Board members are well-versed in the impact that the Covid-19 pandemic has had on delivery across the system, and in the pre-existing issues of demand and capacity facing the broader Lothian Health and Care System (LHCS).
- 3.3 The issues facing the system are outlined at a high level in the attached slide deck at Appendix 1. PPDC will also be receiving the regular performance report, and have a discussion on the Strategic Performance Framework, which provides granular detail on the outcome of these issues. These demonstrate that we have an unstable baseline with a significant ongoing demand for services related to the Covid-19 pandemic.
- 3.4 The advent of integrated health and social care has seen the delegation, by statute, of the planning and commissioning of a wide range of healthcare services to IJBs. This includes primary care, emergency departments, mental health services, medical services such as diabetes, endocrinology, respiratory, medicine of the elderly, and general medicine, amongst others.
- 3.5 NHSL is therefore one of five partners involved in the planning and commissioning of services, and discharges its responsibility for delivery through our Acute Services, REAS, and the four Health and Social Care Partnerships.

3.6 For these reasons, we have developed, across the five partners, a Strategic Development Framework for the system. This Framework is intended to be appropriately respectful of the authority of each of the five partners and to summarise a genuine partnership between the five.

3.7 The LSDF is constructed to support the delivery of;

- improved outcomes for citizens, both in how we interact with them but also in life expectancy and reduced inequalities;
- better performance against national targets;
- a renewed commitment to delivering services in or as close to the citizen's home as we can;
- improved usage of digital services to meet citizen expectations;
- better integrated services for citizens;
- our commitments to our workforce and to the environmental sustainability agenda

3.8 The LSDF is constructed on six pillars, each of which constitutes a chapter of the LSDF;

- Improving The Public's Health;
- Children and Young People;
- Mental Health, Illness, and Wellbeing;
- Primary Care;
- Unscheduled Care;
- Scheduled Care

It should be noted at this stage that the first pillar has been expanded and revised, going beyond the work of becoming an Anchor Institution and strengthening our visible commitment to reducing inequalities.

3.9 The LSDF is also careful to describe the parameters in which the system works going forward. These are both enablers and constraints;

- Workforce;
- Revenue;
- Capital;
- Digital;
- Environmental

3.10 The LSDF describes the key fixed points, principles, and assumptions that the system will work within for the future.

3.11 As described to Board members previously, there is a short summary document which is the core of the LSDF, with supporting detail provided in a series of supporting chapters. The summary constitutes approximately 20 pages and the supporting chapters a further 130. The summary is attached to this paper at appendix 1.

The engagement process

3.12 A detailed discussion took place at the Planning, Performance, and Development Committee at its March meeting and a detailed engagement plan has been developed as a result. This is appended at appendix 2.

- 3.13 PPDC also discussed that this immediate decision to engage was the 4th stage in a 6-stage process, and that PPDC wished us to adopt a process of continuous engagement. The intent is that a report would be brought to the June Board outlining feedback from this engagement period.

Some specific points to note

- 3.13 We will carry out this engagement as close to virtually as possible, with a series of open public sessions spaced throughout the week and a mix of day and evening sessions.
- 3.14 We will circulate the LSDF summary to as many representative bodies as we can, including, for example, community councils, and seek feedback through a dedicated email address. We will also send links to the supporting documents, which will be available publicly on-line.
- 3.15 We will, however, ensure that there are “in-person” sessions held in each of the four IJB areas, depending on demand. We will plan these depending on the advice that we receive from local third sector coordinating bodies, in order that we can engage with a representative sample of local populations, ensuring that the views of citizens with protected characteristics are appropriately sought and heard. For in-person sessions, we will seek to engage an independent chair from either the RSA or Consultation Institute.
- 3.16 We will be monitoring responses and feedback on a weekly basis in conjunction with the Consultation Institute and using this work to guide the composition of sessions to ensure that we are genuinely responding to input from citizens and working to tailor our interactions appropriately.
- 3.17 We will continue to work to engage with internal stakeholders throughout this engagement process. We will specifically target all Partnership Forums, business unit management teams, and “special-interest groups” such as the medical staff committees, GP Sub, and leadership and development networks.
- 3.18 Prof Siddharthan Chandran has been helpful in identifying the potential in partnerships with the tertiary education and research sectors, which chimes with much of NHSL’s R&D and Innovation agenda. We are in the process of designing a tailored engagement with leadership from this sector to take place during the engagement process. This will build on the strengths and capabilities we already have in place.

Resources required

- 3.19 As discussed at PPDC, a total of approximately £75k for external support and materials to deliver the engagement process.

4. Key Risks

- 4.1 As noted at 3.27, this is a significant undertaking, and so there is a risk that the resources put in place from the Strategic Planning and Communications are insufficient. This will be mitigated, to some extent, by the proposed input from the Consultation Institute and RSA.
- 4.2 There is a risk that we are unable to sufficiently capture a broad and appropriately reflective “sample” of Lothian’s populations. This is mitigated to an extent by the agile approach we propose with constant review, and also by the commitment the

organisation is making to continuous engagement and, where required, consultation on specific proposals, and in the commitment to an emergent and adaptive strategy.

5. Risk Register

- 5.1 There are no specific impacts on the risk register at this point, but it would make sense to see this as part of the approach to reputation management.

6. Impact on Inequality, Including Health Inequalities

- 6.1 While the LSDF has reducing inequalities as key thrust throughout, there is a risk that if we do not find an appropriate way of engaging with all communities, we will be exacerbating these. The intent to work closely with third sector coordinating bodies and have an open process is intended to mitigate that.

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

- 7.1 This paper deals directly with the duty to inform and engage. It leaves open the question of whether, where, and when consultation will be required.

8. Resource Implications

- 8.1 As noted at 3.19, there is a request for funding of £75k to support this work.

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25th March 2022

Lothian Strategic Development Framework: Engagement Process

Background

The Lothian Strategic Development Framework (LSDF) seeks to determine how the Lothian Health & Care System can achieve its strategic objectives, considering:

- The challenges presented and/or exacerbated by Covid
- The opportunities/innovations brought about during the pandemic response

It is anticipated that the Lothian Health & Care System will need to plan and deliver services differently in future, and that some of our previous commitments will remain. The organisation may also need to make some difficult choices with regard to priorities as a result of constraints.

It is important that we don't do what we think is right without seeking the views of the people we work for. Engaging our communities in this work will help us to understand what is important to people who live in Lothian, and help to inform the choices we make.

Purpose

This Engagement plan is focussed on the activity we will undertake with the public during April and May 2022. The purpose of this activity is to:

- Explain the issues and challenges facing the Lothian Health & Care System
- Outline the work undertaken so far to engage stakeholders in developing our thinking
- Outline what we have heard from the public to date
- Explain our thinking, and the direction of travel that we think the Lothian Health & Care System should take
- Seek feedback from the public on our proposed direction, identify any potential problem areas, and seek to understand how these might be resolved
- Seek to build support for the proposed direction
- Establish a basis for ongoing and continuous engagement in the LSDF

This phase follows engagement work to date across the LHCS, including:

- Engagement with service users, carers, the public and staff in specific programmes of work referenced within the LSDF, including IJB strategic plan development, business case development and clinical change programmes
- Engagement with senior leaders from across the Lothian Health & Care System, to apply the RSA Future Change Framework to help shape our strategic direction going forward through a series of workshops facilitated by the RSA
- The establishment of an NHS Lothian Citizen Reference Group, facilitated by the RSA, to
- Ongoing engagement with NHS Lothian staff, IJB Strategic Planning Groups and Integration Joint Boards as our thinking about the LSDF has developed

Expectations

It is our expectation that this period of engagement activity will:

- Build a shared understanding of the challenges that we face
- Support those who live and work in the Lothians to provide feedback on our proposed direction of travel, as set out in the LSDF
- Identify potential problem areas in our proposals, and seek to understand how those problems might be resolved

Anticipated Outcomes

Lothian residents are able to influence the future strategic direction of the Lothian Health & Care System, informed by relevant data and information

Lothian residents are supportive of the finalised direction of travel within the LSDF

The Lothian Health & Care System has confidence that our future direction is cognisant of the priorities of our communities, and focussed on delivering the outcomes they value.

A basis for ongoing and continuous engagement is established, to support the development of LSDF implementation plans.

Engagement Period

This initial period of engagement will take place over eight weeks from April 6th – May 31st 2022. Responses and feedback will be reviewed on a weekly basis during this period, with a final collated summary of responses and associated recommendations submitted to the NHS Lothian Board in June 2022.

Engagement Prompts

We have agreed a series of prompts, to support our citizens to provide feedback on the draft LSDF:

- Do you feel the LSDF addresses the issues that are most important? If not, why not?
- Have we missed anything really significant in the LSDF? If so, what?
- What, if any, or the proposals set out in the LSDF worry or concern you?
- What would you suggest that the Lothian Health & Care System could do to alleviate your concerns?
- Is there anything else you would like to tell us before we finalise our strategy?

Engagement Plan

Participation Level	Method/Activity/Action	Outcomes / What Will Be Achieved?	Timeframe
	Collate existing engagement data relevant to the proposals set out in the LSDF. To include: <ul style="list-style-type: none"> • Outputs from existing engagement activity • Equalities data • Complaints Reports 	A summary of learning to date	Mid-April 2022
	Provide engagement materials, to facilitate effective engagement. To include: <ul style="list-style-type: none"> • LSDF Summary in plain English • Infographic • Full suite of support documents • Postcard, for distribution to all households • Slide deck for engagement events • Engagement prompts • Covering letter, to be sent to Partners with the LSDF • Covering note, to be sent with LSDF copies for public spaces • FAQs Document • Director's Cut video, for staff • Generic email address for receipt of responses 	Standard, accessible information is available, to inform stakeholders and facilitate responses	April 2022
	Include LSDF full document suite in papers for the NHSL Board		April 6 th 2022
	Update LSDF web page, to include: <ul style="list-style-type: none"> • Full suite of documents • Information about the engagement process • Engagement prompts • Details of engagement events, and how to access them • Email address for receipt of responses • Contact address for written responses 		From April 7 th 2022
Inform	Establish a direction on the internet home page for the duration of the initial engagement period, to direct website users to the LSDF web page		April 7 th – May 31 st 2022
Inform	Establish an associated LSDF web presence on the staff intranet site, to include the Director's Cut video		From April 7 th 2022

Participation Level	Method/Activity/Action	Outcomes / What Will Be Achieved?	Timeframe
Inform	Arrange for an intranet banner, to direct intranet users to the LSDF intranet presence		April 7 th – May 31 st
Inform	Arrange a Media Release, to alert the wider public to the initial engagement period		April 6 th 2022
Inform	Distribute the LSDF Summary with a covering letter to key partners, inviting comments. (By email)		April 11 th
Inform	Distribute paper copies of the LSDF Summary to public libraries, with a cover note explaining how to access support documents and how to comment		April 2022
Inform	Distribute postcards to all households in the Lothian area, to alert householders to the initial engagement period, how to access the LSDF and how to comment		April 2022
Inform	Maintain a Social Media campaign, to remind Lothian residents and LHCS staff of the ongoing engagement period, how to access the LSDF and how to comment		April 6 th – May 31 st 2022
Inform	Provide regular updates on the LSDF engagement period in the Staff Weekly Brief		April 7 th April 21 st May 5 th May 26 th
Engage	Invite the Citizen Reference Group established by the RSA to a follow-up session, to share the LSDF and reflect on how it relates to the information gathered through the discussion sessions held in late 2021.		Follow-up: April 2022
Engage	Reconvene the stakeholder group established by the RSA to share the LSDF, and invite comments and feedback, including identifying opportunities to work together in implementing the LSDF		April 2022
Engage	Establish an Equalities Reference Group to specifically explore where there might be unintended differential impacts or consequences as a result of the proposals in the LSDF, and explore potential solutions.		Early May 2022

Participation Level	Method/Activity/Action	Outcomes / What Will Be Achieved?	Timeframe
Engage	Schedule an initial Inequalities Impact Assessment, building on the output of the initial Equalities Reference Group meeting		May 2022
Engage	Establish a series of four virtual public meetings, with a standard format to include: <ul style="list-style-type: none"> • Welcome • Presentation • Q&A 		May 2022
Engage	Establish an in-person public meeting, within each Local Authority area		May 2022
Engage	Continue to invite comments and feedback via the generic email address		Ongoing
Engage	Continue to attend relevant internal staff meetings and committees, to share the LSDF, answer questions and gather feedback		Ongoing
Review	On a weekly basis, review feedback received and collate themes or issues to be highlighted		Weekly, from April 14th
Review	Invite members of the Citizen Reference Group to take part in a review of engagement responses towards the end of the initial engagement period, and discussion of emerging recommendations <ul style="list-style-type: none"> • Ongoing opportunity to engage with specific pieces of work, as the LSDF is implemented 		Engagement Review: 28 th May 2022
Review	Collate all comments to inform a final report on the initial engagement period for the NHS Lothian Board, to include recommendations for ongoing continuous engagement		Early June 2022
Continuous Engagement	Invite members of the Citizen Reference Group to continue to work with us through the life of the LSDF as critical friends.		Ongoing
Continuous Engagement	Invite members of the Equalities Reference Group to continue to work with us through the life of the LSDF as critical friends.		Ongoing

CORPORATE OBJECTIVES

1 Purpose of the Report

1.1 The purpose of this report is to present the Corporate Objectives to the Board.

2 Recommendations

2.1 The Board is recommended to;

- **Approve** the Corporate Objectives for 2022-23

3 Discussion of Key Issues

3.1 The Corporate Objectives were presented to the Planning, Performance, and Development Committee (PPDC) at its March meeting. The paper presenting these objectives noted;

- The importance of well-defined and coherent objectives to deliver the organisational mission;
- The way in which corporate objectives had been generated this year by Corporate Management Team members;
- That the objectives were structured in the same way as the Lothian Strategic Development Framework and its pillars and parameters in order to bring coherence across the short-term and longer-term agendas;
- The links to the emerging Strategic Performance Framework;
- That the Corporate Objectives will be monitored quarterly by CMT and at mid- and end-year by PPDC.

3.2 PPDC members asked for some changes and additions and these have now been made.

3.3 The final Corporate Objectives are at Appendix 1.

4 Key Risks

4.1 The Corporate Objectives are intended as a tool to help the organisation to manage its workload and risks.

4.2 As this format of Corporate Objectives, and the links to both the SPF and LSDF are new, there are very minor risks that this does not aid understanding and management of workflow but delivers the opposite. This will be kept under review by CMT.

5 Risk Register

5.1 No specific implications for the risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 No specific impact on inequalities.

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

7.1 The Corporate Objectives will be published on the intranet alongside the LSDF and SPF.

7.2 CMT members will cascade the Appendix to the Corporate Objectives through their business units.

7.3 The Employee Director sits on CMT, but a presentation to the Lothian Partnership Forum is scheduled for its next meeting.

8 Resource Implications

8.1 From internal resources.

Colin Briggs
Director of Strategic Planning
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25th March 2022

Appendix:

NHS Lothian Corporate Objectives 2022-23

NHS Lothian Corporate Management Team Objectives 2022-23

CMT OBJECTIVES 2022-23

Overview

NHS Lothian is part of the Lothian Health and Care system, along with our four partner Integration Joint Boards. This system is in the process of agreeing the *Lothian Strategic Development Framework (LSDF)* which lays out the shared principles, assumptions, fixed points, and actions that we intend to take as a system. Our approach remains underpinned by our values, with quality at the heart of all we do. We remain committed to eliminating discrimination and advancing equalities. Our broad approach is laid out in the *LSDF Summary*, which is appended to these objectives.

At its heart, the LSDF seeks to ensure that we deliver better outcomes for the people of the Lothians.

The LSDF has six key pillars and a set of key parameters. The key pillars describe our key actions focussed on improving quality, sustainability, and value for money, and are the work we will undertake in;

- Developing NHS Lothian as an **Anchor Institution**;
- Valuing our work with **Children and Young People** as the ultimate investment in prevention;
- Ensuring that our **Primary Care** system remains robust and delivering high quality care;
- Continuing to develop the provision of services for **Mental Health, Illness, and Wellbeing**, with an emphasis on preventing ill-health;
- A more effective **Unscheduled Care** system prioritising the delivery of care and support as close to the citizen's home as possible;
- The recovery of our **Scheduled Care** services.

These six pillars have a series of parameters within which we seek to maximise our resources and minimise our environmental action;

- Supporting and developing our **Workforce**;
- Effective and sustainable use of our **Revenue**;
- A coherent and deliverable **Capital** plan;
- An ambitious approach to **Digital** working and systems;
- A clear commitment to **Environmental Sustainability**

There are, of course, a series of **corporate activities** that support all of these aspects and ensure that we can tell the citizens of the Lothians, and our staff, a coherent story, and the Quality Management approach agreed by the Board and summarised in the 2018-23 Quality Strategy will underpin much of this work.

This document sets out the key objectives for the Corporate Management Team (CMT) for financial year 2022-23. The aim is to set out the strategic initiatives and operational goals that we need to progress within Lothian over the next year. Our assumption is that the 5-year plans underpinning the LSDF read across directly to

NHS Lothian Corporate Management Team Objectives 2022-23

these corporate objectives, demonstrating how we are, year-on-year, progressing the implementation of the LSDF and developing our thinking and refining plans where this is required.

Clearly the presence of COVID-19 remains at the forefront of our thinking. Our planning assumption is that we are moving from a *pandemic* phase to an *endemic* phase. We therefore need to ensure that we continue to develop the public health response, including reducing transmission, the management of outbreaks, and the delivery of the vaccination programme.

We have therefore structured these objectives around the pillars and parameters of the LSDF so there is a clear read-across between the actions therein and these corporate objectives. We have retained a separate public health section focussing on pandemic response, and have added a section covering **supporting corporate activities**.

In order to make these objectives more relevant for front-line staff, we have also re-presented key objectives by organisational unit – acute services (by campus), health and social care partnerships – as an appendix.

The NHS Board has a statutory requirement to implement formal Directions issued from all four Lothian Integration Joint Boards. These directions are issued following decisions of the IJBs and are sent by the Chief Officer of the IJB to the Chief Executive. They will be logged with Strategic Planning for operational delivery to the relevant Director as they are received.

NHS Lothian Corporate Management Team Objectives 2022-23

Our COVID-19 Pandemic Response		Lead Officer – Dona Milne, Director of Public Health and Health Policy	
<p>Context for 2022-23</p> <p>Improving outcomes at a population level is the top priority for the Lothian Health and Care system. Currently that focuses on ensuring that our COVID-19 response is robust and appropriate and that we transition from pandemic to endemic where possible.</p>			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
1. Deliver the Health Protection response to the pandemic including the management of outbreaks and the Test and Protect Contact Tracing service	<ul style="list-style-type: none"> Contribute to the Regional review of health protection Lothian’s health protection operating model reviewed and revised in line with best practice and the changing needs of the pandemic Test and Protect service embedded within the health protection model 	Dona Milne	Regional function in place – by end of Q3 2022/23
2. Develop strategies to mitigate the wider harms associated with the COVID-19 Pandemic	<ul style="list-style-type: none"> Public health Partnership and Place teams established and embedded NHS Lothian public health COVID recovery priorities established to inform work with local partnerships Public Health action plans developed with HSCPs and CPP in each of the four partnership areas. 	Dona Milne	PH partnership teams: by start of Q1 2022-23 NHS Lothian PH priorities: by start of Q1 2022-23 PH action plans finalised: by end of Q1 2022-23
3. COVID Vaccination programme	<ul style="list-style-type: none"> Covid Vaccination programme delivered on cohorts to be vaccinated in line with SG and JCVI guidance ☐ sustainable Covid and flu co-administered vaccination programme until 2023 developed and implemented with sufficient contingency to meet 	HSCP Joint Directors.	March 2023 April 2022

NHS Lothian Corporate Management Team Objectives 2022-23

	any JCVI requirements for further booster surges		
4. Responsive Laboratory Testing Capacity	<ul style="list-style-type: none"> • Required capacity through NHS Board Laboratories, Regional Hub laboratories, and Whole Genome Sequencing is delivered to meet the demand of national objectives and changing pandemic scenarios; • Worked with NSS and other stakeholders to manage the longer-term strategy for the future use of infrastructure 	Jacque Campbell	March 2023
5. Resilience – to enable NHS Lothian to comply with its statutory duties, to deliver services and to fulfil NHS Lothian’s objectives to the highest practicable level during major emergencies, to do so at times of disruption, and to do so in ways consistent with its stated values	<ul style="list-style-type: none"> • Ensure full compliance with statutory duties, including The Civil Contingencies Act 2004 and Civil Contingencies Act (Contingency Planning) (Scotland) Regulations 2005 and other legislation • · Ensure resilience work is conducted in ways consistent with current best practice, giving consideration to national and other relevant guidance · • Ensure resilience preparations and responses are consistent with NHS Lothian’s organisational aims and stated values 	Dona Milne	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

LSDF Pillar One – Improving the Public’s Health		Lead Officer – Dona Milne, Director of Public Health and Health Policy	
<p>Context for 2022-23</p> <p>One of each territorial NHS Scotland Board’s key functions is to protect and improve the public’s health, both through its own actions and through partnerships with community planning partners. NHS Lothian is an organisation with spending power of £1.7billion, is the biggest employer in South-East Scotland, and a major landowner. Even if it was not responsible for the provision of healthcare to over a million people, it would be influential economically and socially. Becoming an Anchor Institution is about ensuring that we use that influence effectively, and act as a good employer, a good partner, and a good purchaser.</p>			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
<p>6. Lead 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.</p>	<ul style="list-style-type: none"> NHS Lothian approach developed that will 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 Set of principles established as 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 	Dona Milne	<p>Define and develop NHS Lothian anchor mission and workplan signed off by start of Q1 2022/23</p> <p>Q1 2022/23 Clear articulation of SDF actions within PH partnership work plans and Anchor Institution PB work plan End Q2/Q3, 2022-23 Start of Q1 2022/23 End of Q2 2022/23</p>
<p>7. Deliver an annual programme of immunisation inclusive of children’s, adult and travel vaccination, including the mainstreaming of ongoing Flu and Covid vaccination</p>	<ul style="list-style-type: none"> Immunisation Programme Board established All immunisation moved from GP to HSCPs Clear roles and responsibilities for governance, 	Dona Milne	<p>March 2023 Completely embed new Immunisation</p>

NHS Lothian Corporate Management Team Objectives 2022-23

programme requirements.	<p>strategy and deliver agreed</p> <ul style="list-style-type: none"> Public health governance requirements for immunisation programmes implemented 		Governance Structure by end of Q1 2022/23
8. Screening Programmes Provide public health leadership into the screening programmes (Abdominal Aortic Aneurysm, Bowel cancer, Breast cancer, Cervical Cancer, Diabetic eye screening, Pregnancy and Newborn) including recovery from the pandemic, with a particular focus on reducing inequalities.	<ul style="list-style-type: none"> Backlog / waiting times towards KPI's / standards reduced Inequalities focussed work through S+ED team alongside stakeholders such as primary care / third sector / wider NHS organisation delivered 	Dona Milne	<p>By end of Q4 22/23</p> <p>By end of Q4 22/23</p>
9. Reduce harm from Tobacco by reducing smoking prevalence across NHS L. With a specific focus on reducing the inequalities gap in smoking prevalence and reducing rates of smoking in pregnancy	<ul style="list-style-type: none"> Tobacco control board established Lothian tobacco control prevention and protection plans developed Performance against SG target for successful 12 week quits within the 40% most deprived data-zones in Lothian improved The number of people supported to stop smoking has increased An evidence based smoke free policy across NHSL developed and implemented An evidence based smoking cessation model along the maternal and child health care pathway embedded 	Dona Milne and HSCP Joint Directors	<p>Develop Lothian tobacco control prevention and protection plans: by end of Q1 2022/23</p> <p>Deliver SG quits target: by end of Q1 2022/23</p>
10. To work towards the attainment of the nationally set key performance indicators for <i>Staphylococcus aureus</i> Bacteraemia, <i>Clostridioides difficile</i> and <i>Escherichia coli</i> Bacteraemia.	<ul style="list-style-type: none"> Acceptable range across all indicators achieved Infection control teams working with all sites to provide education and advise and review preventable incidents. 	Tracey Gillies	March 2023
11. Provide professional nursing oversight of care homes .	<ul style="list-style-type: none"> Oversight responsibilities delivered on : <ul style="list-style-type: none"> Infection Prevention & Control Mutual Aid Education & Training Supportive reviews 	Exec Nurse Director	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

	<ul style="list-style-type: none"> ○ Testing & Outbreak Management ● A sustainable portfolio of work to support improvement delivered ● A clear delivery plan for the Lothian Care Academy is progressed 		
<p>12. Continue to lead the NHS Lothian approach to design and delivery of the Scottish Government's National Framework for the Prevention, Early Detection and Early Intervention of Type 2 Diabetes in collaboration with the East of Scotland Type 2 Diabetes Partnership.</p>	<ul style="list-style-type: none"> ● Services designed to meet the needs of local populations, focussing on reducing health inequalities with completion of EQIA and Fairer Scotland Assessment, and stigma and Trauma informed training to staff is embedded ● Gap analysis exercise completed to ensure compliance with National standards ● Operationalised Treatment pathways implemented for prediabetes, gestational diabetes, tier 2 and 3 weight management and type 2 diabetes remission that align with national standards. 	Morag Barrow	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

LSDF Pillar Two – valuing our work with Children and Young People as the ultimate investment in prevention		Lead Officer – Calum Campbell	
<p>Context for 2022-23</p> <p>NHS Lothian is committed to ensuring that the services it provides for Children and Young People reflect its belief that this investment is the ultimate long-term investment in preventing illness and ensuring we have a healthier population. We will do this by working in partnership with children and young people, with our statutory partners, and with the third sector.</p>			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
13. New NHS Lothian Corporate Parenting Board embedded with links to local CP Boards	<ul style="list-style-type: none"> • Driver Diagram developed and agreed • Workplan developed and agreed 	Calum Campbell	May 2022
14. Deliver and implement the Best Start programme across Lothian	<ul style="list-style-type: none"> • Continuity of care model supported by realignment of community teams embedded • Regional model for NNU services implemented • Best Start approach in place as business as usual and incorporated into normal practice, working alongside public health, mental health and children’s services 	Exec Nurse Director / Allister Short	March 2023
<p>15. Children & Adolescent Mental Health Service (CAMHS): Improve the pathway for children and young people requiring CAMHS input by successful and full implementation of CAMHS recovery plan</p>	<ul style="list-style-type: none"> • CAMHS Neurodevelopmental Service established by mid-2022 with subsequent progress towards multiagency neurodevelopmental pathways (timescale to be confirmed); • Choice and Partnership Approach (CAPA) demand and capacity model and associated ways of working adopted in order to meet the needs of the young people who use our specialist services • CAMHS Trajectory for reduction in waiting lists fully delivered by March 2023; • Tier 2 Services reviewed and developed with Children’s Partnerships • Capacity increased and collaboration between Tier 	Tracey McKigen	<p>March 2023</p> <p>Full implementation August 2022</p> <p>August 2022</p>

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>2 and Tier 3 strengthened by end 2022.</p> <ul style="list-style-type: none"> • Performance monitored on a monthly basis and alterations to trajectory and mechanisms to recover identified 		Ongoing
16. Develop a coordinated NHSL approach to prevention work for Children and Young People	<ul style="list-style-type: none"> • Workplan established and agreed through Children's Partnerships and Community Planning Partnerships 	Dona Milne	June 2022
17. Revise and reinvigorate Children and Young People's Programme Board to ensure that NHSL has a central point for the development and monitoring of strategic initiatives for children and young people	<ul style="list-style-type: none"> • Terms of Reference refreshed and agreed by ELT • Workplan agreed • Governance mapping exercise to clarify representation and workplans on partner bodies 	Colin Briggs/Dona Milne/Allister Short	June 2022

NHS Lothian Corporate Management Team Objectives 2022-23

LSDF Pillar Three – ensuring that our Primary Care system remains robust and delivers high quality care		Lead Officer – Jenny Long	
Context for 2022-23			
NHS Lothian is committed to delivery of high quality primary care services which support our citizens to live well in the community. Primary care services provide the majority of citizen contacts, estimated at 90%, with our healthcare system and are crucial to supporting good patient outcomes and flow across the whole system.			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
18. Continue to implement 2018 GMS contract with delivery of Primary Care Improvement Plans (PCIPs) to provide adequate general practice workforce and ensure access to care	<ul style="list-style-type: none"> PCIPs delivered, specifically the workforce models to deliver sustain HSCP-led vaccination, pharmacotherapy and CTAC services, with development of mental health, link workers, and physiotherapy services. 	Jenny Long with HSCP Joint Directors	March 2023
19. Re-establish primary care data group and develop core dataset for general practice activity to support reporting and analysis	<ul style="list-style-type: none"> Understanding and visualisation of general practice activity over time improved , and improved understanding of clinical outcomes, moving towards the data we have access to for secondary care 	Jenny Long	October 2022
20. Deliver plan to progress applications to pharmaceutical list	<ul style="list-style-type: none"> Progress in processing application backlog against project plan (current forecast to complete by end 2023 calendar year) 	Jenny Long	March 2023
21. Implement recommendations of the Pharmaceutical Care Services Plan to further develop the role of community pharmacy in improving health of population	<ul style="list-style-type: none"> Increased use of serial prescribing – all GP practices and community pharmacies providing this service Implementation of the local Care Home community pharmacy service Pharmacy First and pharmacist independent 	Jenny Long / Dona Milne	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

	prescribers supporting urgent care particularly in the out of hours period		
22. Review referrals between primary and secondary care dental services and make recommendations to ensure patient care delivered as close to home as possible	<ul style="list-style-type: none"> Intermediate care model for oral surgery developed to ensure patient care delivered in the community rather than secondary care where appropriate. Funding model for GPs considered to support provision in community 	Jenny Long	October 2022
23. Establish Primary Care Programme Board to examine model of care for public health	<ul style="list-style-type: none"> Programme board established and strategic plan clear Review of Primary Care Joint Management Group arrangements 	Colin Briggs/ Jenny Long	June 2022

NHS Lothian Corporate Management Team Objectives 2022-23

LSDF Pillar Four – Continuing to develop the provision of services for Mental Health, Illness, and Wellbeing, with an emphasis on preventing ill-health		Programme Board Chair – Alison White, Chief Officer, West Lothian Integration Joint Board	
Context for 2022-23 The Lothian Health and Care System has a long-term vision for the transformation of health and care for mental illness, and for the promotion of good mental health and wellbeing. This is an IJB planning and commissioning responsibility we discharge through the Mental Health, Illness, and Wellbeing Programme Board, but delivery of Directions from IJBs is through the REAS organisational unit and through the West Lothian, East Lothian, Midlothian, and City of Edinburgh Health and Social Care Partnerships.			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
24. Psychological Therapies: Continue the implementation of the Performance Recovery Plan.	<ul style="list-style-type: none"> • Performance management model across the psychology teams further embedded within a framework of professional support and development; • Monitor monthly and identify when there is variation to trajectory and identify mechanisms to improve • Psychological Therapies Governance, Professional Standards and Training Board developed with enhanced role in approving the therapies delivered across Lothian and monitoring the outcomes for patients; • continuing the trend established in April 2020 of reducing numbers of patients within the Adult Mental Health Outpatients Service waiting longer than 18 weeks to fully meet recovery by March 2023 	Tracey McKigen	March 2023
25. Unscheduled Care: Implement improved mental health distress pathway, based on recommendations from the national Unscheduled Care MH programme.	<ul style="list-style-type: none"> • Mental health component of the redesigned Unscheduled care framework delivered aimed at delivering more immediate and appropriate care for patients and relieving the pressure on acute 	Tracey McKigen	March 2022

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>mental health beds.</p> <ul style="list-style-type: none"> • Funding approved January 2022. • Implementation phase moved to 		
<p>26. Deliver the planned equally safe multi-agency centre for those who are the victims of rape or sexual abuse</p>	<ul style="list-style-type: none"> • Self referral service for patients who do not want to go via police to report a crime implemented from April 2022 • All required staff (for both police and self-referral), available so that examinations can commence within three hours of the person making contact with the service to request an examination • All staff involved in forensic medical services have undertaken a mandatory NES training on the self-referral protocol. • NHS Lothian have hosted the East of Scotland regional hub / centre of excellence. The Equally Safe Multiagency Centre (ESMAC) provide a multiagency integrated and coordinated service to support vulnerable adults and children in the Lothian's. The Scottish Government have funded the ESMAC site which is due to be complete in Q2 2022/23 financial year • A centre established, which provides Health, Social Care, Support and Advocacy for any adult subject of gender-based violence and; a multi-agency response for children or young people subject of abuse or neglect who may be at risk of significant harm. 	Tracey McKigen	<p>April 2022</p> <p>August 2022</p> <p>August 2023</p>
<p>27. Addiction, Recovery and Treatment</p>	<ul style="list-style-type: none"> • Provision of residential rehabilitation to patients in Lothian has improved 	Tracey McKigen	Starting April 2022

NHS Lothian Corporate Management Team Objectives 2022-23

	<ul style="list-style-type: none"> • LEAP (the Lothian and Edinburgh Abstinence Programme) service has increased capacity by 40% and increased bed numbers in the Ritson Clinic by 50% to allow for stabilisation and detoxification prior to transfer to LEAP. • Greater focus on vulnerable groups • Peers with lived experience employed to act as 'bridges' between community services and rehab. • Aftercare provision is strengthened 		
28. Eating Disorders	<ul style="list-style-type: none"> • Scottish Government funding of approx. 600K has been used to manage the increasing pressure in the ED service as an output of the Covid pandemic • Working group set up • Initial investments agreed • Ongoing plan to develop services further to be identified and proposal to SG re phase 2 of funding which has still to be determined 	Tracey McKigen	Autumn 2021 December 2021 September 2022
29. Implementation Plans to support the transformational shift from institutions to home for people with long-term mental health difficulties and/or learning disabilities	Each Health and Social Care Partnership outlines its implementation plan	HSCP Directors	Joint March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

LSDF Pillar Five – A more effective Unscheduled Care system prioritising the delivery of care and support as close to the citizen’s home as possible	Lead Officer – Alison MacDonald, Chief Officer, East Lothian Integration Joint Board		
Context for 2022-23 The stated key aim of the integration agenda is to ensure that those who require unscheduled care in all its forms is coordinated, seamless to the citizen, and of high quality. As with Mental Health, Illness, and Wellbeing, there is enormous breadth to this agenda and it is statutorily the responsibility of Integration Authorities to plan and commission unscheduled care services. In the Lothian system this happens through the Unscheduled Care Programme Board. Implementation is the responsibility of acute services and the four Health and Social Care Partnerships. Performance in this area has been below where we would want it to be over the last twelve months, partly at least due to the Covid-19 pandemic.			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
<p>30. Redesign of Urgent Care – Phase 2 / Interface Care: Improve professional referral pathways into same day secondary care services to achieve right care in the right place at the right time, including:</p> <ol style="list-style-type: none"> Increased provision of same day, or next day, secondary care outwith the ED, including the expansion of the SDEC model to STJ and RIE and permanent location for WGH SDEC and increased ‘hot clinic’ capacity Improved ease of access of primary care referral to same day community services within each HSCP Increased range of professional referral pathways for ambulance service clinicians via the Lothian Flow Centre to both same day secondary care and community services Increased capacity of hospital at home service 	<ul style="list-style-type: none"> 90% of SDEC attendances have diagnosis and care initiated without admission to hospital; Professional referrals received in ED reduced; Scheduled professional referrals to same day, or next day secondary care services increased; Community alternatives to secondary care attendance/admission increased; Increased occupied bed days saved by community services; Reduction in patients conveyed to ED by SAS Agreed consistent model for delivery of hospital at home across each HSCPs with defined benefits and costs, and plan for expansion as appropriate. Reduced admissions 	Alison MacDonald/Jacquie Campbell	March 2023
31. Optimising flow with reduced delays across whole system embedding home first philosophy with assessment of health	<ul style="list-style-type: none"> Pan-Lothian Discharge Operating Model implemented with clear roles and 	HSCP Joint Directors and	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

and care needs determined by appropriate professional at appropriate time	<p>responsibilities across acute and community teams;</p> <ul style="list-style-type: none"> • Reduced delayed discharges; • Reduced delays for transfer from acute hospital to rehabilitation/intermediate care etc; • Reduced occupied bed days due to all delays; • Reduced length of stay 	Jacque Campbell	
32. Review specialist rehabilitation services for complex disability	<ul style="list-style-type: none"> • Specialist Neurorehabilitation Pathways across Lothian including SPOA reviewed and redesigned • Solutions for workforce challenges across whole multidisciplinary team reviewed and identified • Recommendations from SG document - "Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic" reviewed • Capacity and demand in relation to Rehabilitation Framework understood. 	Executive Nurse Director through Rehabilitation Collaborative	March 2023
33. Improve access performance at RIE	<ul style="list-style-type: none"> • Short term performance improvement programme for RIE ED implemented; 	Jim Crombie	September 2022
34. Action implementation plan for Edinburgh Bed-Base Review	<ul style="list-style-type: none"> • BBR Oversight Board with representatives from NHSL CMT & EHSCP established • Recruitment of additional 24 nurses to support new nursing home model in 3 LA Care Homes phased over 12 – 18 months • Drumbrae operational for assessment and transfer of current HBCCC patients • Plans for new intermediate care facility at Ellen's Glen House shared (Sept 2022) and moves made (March 2023) 	Judith Proctor	<p>March 2023</p> <p>February 2023 for final home</p> <p>March 2023</p>
35. Develop and undertake bed-base review for West Lothian	<ul style="list-style-type: none"> • Share implementation plan with CMT 	Alison White	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

Bed-Base Review	<ul style="list-style-type: none"> • Flag resource (human and financial) issues to NHSL • Support development of implementation plan 		
36. Expand, and embed Frailty model of care within Midlothian	<p>Full evaluation of current tests of change completed, with implementation and scale up of HSCP model to provide care closer</p> <ul style="list-style-type: none"> • to home for our frail population 	Morag Barrow	March 2023
37. Review the model of care at MCH, to develop services to meet local need, and to reduce demand on Acute services.	<p>Complete review of OP clinics, to establish prioritisation and development of OP services in line with local need</p> <p>Review Older peoples' bed-based model, to ensure people cared for close to home, and support a reduction in hospital admission, and delayed discharge</p> <p>Establish Day unit to support closure of Liberton Day Hospital</p>	Morag Barrow	March 2023
<p>38. Implementation of Home First programme in West Lothian through support for 3 key workstreams:</p> <ul style="list-style-type: none"> - Access to community and acute services/avoidance of unnecessary hospital admission - Care at home/Home First model - Bed based review across community and acute services 	<ul style="list-style-type: none"> • Delivery of workstream priorities • Reduction in hospital presentations • Reduction in conversion rate for admissions from front door • Establishment of single point of contact for urgent care in the community • Baselines established to inform future bed based models of care 	Alison White	March 2023
<p>39. Develop the model of care for Older Peoples Services in East Lothian</p> <ul style="list-style-type: none"> - Bed based review across inpatient and residential services across East Lothian - Review of Community Services available to reduce / avoid admission - Increase internal Hospital to Home / Homecare service 	<ul style="list-style-type: none"> • Data and evidence presented to SPG • Baselines established for future bed requirement • Reduction in hospital admissions • Reduction in occupied bed days • Reduction in unmet need in community 	Alison Macdonald	November 2022

NHS Lothian Corporate Management Team Objectives 2022-23

- develop outcome focussed model which support people to live at home without allocation of a package of care			
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NHS Lothian Corporate Management Team Objectives 2022-23

LSDF PILLAR SIX – THE RECOVERY OF OUR ELECTIVE SERVICES		Lead Officer – Jacquie Campbell, Chief Officer, Acute Services	
<p>Context for 2022-23</p> <p>Our elective care services – including diagnostic tests and cancer waiting times – have been most heavily and negatively impacted by the Covid-19 pandemic. Some services, such as orthopaedics, may take years to fully recover. In the longer-term we have significant additional physical capacity due to come on line towards the end of the five-year LSDF timescale, but our efforts now are focussed on maximising the efficiency of services and utilisation of resource to allow us to improve performance. Given the acute challenges that now face us, however, we do need to continue to appropriately clinically prioritise the provision of care towards the most serious cases, and this will remain a theme throughout.</p>			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
40. Improve access performance in IP / DC	<ul style="list-style-type: none"> Interim capacity options for Orthopaedics to support resilient IP/DC capacity (5 years) developed Potential for infrastructure case to deliver sustainable IP/DC capacity for scheduled care for next 10 years supported using refreshed DCAQ data 	Jim Crombie	March 23
41. Update Demand and Capacity modelling to detail recurrent gap	<ul style="list-style-type: none"> Data and intelligence reports available to monitor demand, activity, waiting times, and identify risk Framework for assessing risk, and process for escalation implemented RMP trajectories to Scottish Government completed/submitted DCAQ model to predict risk implemented Bespoke DCAQ support for escalated services in place Best practice for waiting list housekeeping processes to support services developed 	Jacquie Campbell	June 2022
42. Focus on clinical prioritisation - access to Out-patients, diagnostics and treatment for those who need it most	<ul style="list-style-type: none"> Activity for USoC/Urgent to meet demand delivered Long waits minimised Capacity utilisation improved and best practice / 	Jacquie Campbell	Reported fortnightly through ELT Monthly through

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>Measures: overall financial gains, impact on benefits caseload (% DS1500s)</p> <p>3. Increase number of people accessing opportunities to be active.</p> <p>Measures: Number of referrals into Move More or equivalent physical activity referral programme from ICJ and as a % of the total participants in the physical activity programmes. Sustained participation in physical activity captured 12 months following the start of the engagement in Move More or equivalent programme.</p> <p>4. Early identification of housing issues to avoid crises</p> <p>Measures: Number of housing adaptations arrears /avoidance of loss of tenure – (rent/ mortgage/ council tax) and rehousing</p>		<p>March 2023</p> <p>March 2023</p>
<p>45. Outpatient Redesign including Near Me and telephone consultations</p>	<ul style="list-style-type: none"> • Programme for 22/23 to modernise clinical services and improve access performance in Outpatients developed; • Impact measures agreed/defined for each element of modernisation incl. from Performance Oversight Board and impact trajectories monitored through Modernisation Board incl non face to face/near me trajectories, which is also in line with the Centre for Sustainable Delivery. • Governance framework developed through Acute 	<p>Jacque Campbell/Martin Egan</p>	<p>March 2023</p>

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>Outpatient Board and signed off by Scheduled Care Board</p> <ul style="list-style-type: none"> • Each service in acute has undertaken an assessment of current and future utilisation of virtual consultations • Principles for the introduction and implementation of virtual consultations developed • Patient/public engagement undertaken to clarify the suitability of this mode of outpatient delivery to ensure equity of access to care. • Each service has agreed targets for implementation. The overall target for Acute services has again been set at 30%. • Blended templates developed. • Mode of contact recorded on SMR0. <p>Criteria to assess business, patient and clinical benefits developed and agreed.</p>		
46. Implement Theatre Electronic Scheduling Tool	<ul style="list-style-type: none"> • Impact of scheduling tool on utilisation of in session hours and patient numbers monitored 	Jacquie Campbell	To March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

	<ul style="list-style-type: none"> plans for delivery in place. Plan in place to deliver a 'real time' staff experience measurement tool to promote staff engagement and augment the annual iMatter survey as part of our quality management approach. 		March 2023
50. Launch the East Regional Recruitment Service and single employer model	<ul style="list-style-type: none"> New leadership and governance structures in place. New model operational and performance infrastructure in place. Comms strategy developed and delivered to support East Region Recruitment strategy 	Janis Butler/Jenni Duncan / Judith MacKay	March 2023
51. Develop a strategic approach to Agile Working for NHS Lothian	<ul style="list-style-type: none"> Programme infrastructure in place with a clear project plan. Capital option appraisal complete Agile Working Principles and Policy in place with supporting integrated impact assessment. New Ways of working adopted. 	Craig Marriot/Noreen Clancy/Janis Butler	April 2022 June 2022 June 2022 March 2023
52. Covid Workforce Recovery Plan developed with clear exit strategies and risk assessment.	<ul style="list-style-type: none"> Additional covid workforce (core and flexible) tracked on an ongoing basis to determine financial and HR policy impacts, assess and mitigate risk and sustainable solutions identified where required. 	Janis Butler/Nick McAlister/ Craig Marriot	Continued monitoring and risk management through to end March 2023
53. Corporate Management Team (CMT) development programme developed, delivered and evaluated to build and sustain Strategic Focus, Collective Approach and Team Interaction to ensure CMT is a highly effective and proactive leadership team	<ul style="list-style-type: none"> A programme of activities delivered for 2022-23 – mixture of virtual, face-to-face, whole-team & 1-1s Success measures for strategic focus, collective approach and team interaction are agreed and actions to realise these are in place, being delivered and evaluated for subsequent impact The support from non-execs will be sought as required Regular collective review and prioritisation of development activities as system pressures require 	Calum Campbell/OD Team	Ongoing to March 2023

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	<ul style="list-style-type: none"> Proactive on-boarding of new executive team members as required with tailored induction to the team and identification of team buddy. 		
54. Agree refreshed 3 year workforce plan to support delivery of LSDF and commitments in the National Workforce Strategy (due to be published 2022).	<ul style="list-style-type: none"> 3 year Workforce Plan launched to coincide with LSDF A robust programme of youth employment and workforce development activity is delivered 2022 - 2023 test of change to support care experienced young people into employment , scaling up Modern Apprenticeship and Graduate Apprenticeship recruitment and development, work experience opportunities and activities that support the widening access agenda and Anchors commitments. Agreed workforce and recruitment plans to support delivery of NTC in 2026/7. Commence phased programme of training and recruitment. Once recruited our workforce will be developed and supported by via a range of interventions to meet identified and emerging gaps including digital skills, our youth network and business and administration network. Specific actions outlined in the plan for professional groups (eg safe staffing) and/or strategic work programmes (eg GMS)the period through to end of March2023 are delivered. 	Janis Butler/Amanda Langsley	Ongoing to March 2023
55. Equality, Diversity & Inclusion - Take action to create more inclusive and diverse workforce within NHS Lothian and implement actions to prevent discrimination in our organisation	<ul style="list-style-type: none"> Annual equality, diversity and inclusion action plan co-produced with staff networks and signed off by Staff Governance Committee Principles of 'coffee roulette' , paired learning and reverse mentorship extended to encourage 	Janis Butler/ Chris Bruce/Ruth Kelly	June 2022 Ongoing through to March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>conversations about equality, diversity and inclusion between senior leaders and staff.</p> <ul style="list-style-type: none">• Transparent and visible approaches to support anti-discrimination in our organisation delivered.• Framework of pastoral and professional support in place for newly recruited staff from out with the UK.		<p>October 2022</p> <p>October 2022</p>
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NHS Lothian Corporate Management Team Objectives 2022-23

PARAMETER TWO – EFFECTIVE AND SUSTAINABLE USE OF OUR REVENUE		Lead officer – Director of Finance	
Context for 2022/23			
The Lothians have the fastest-growing populations in Scotland. The NHSL revenue allocation remains below the level it should be as a share of NHS Scotland’s budget, and we are also aware of the limitations applied to local authority funding over the last decade. These factors mean that we must continue to seek the most effective utilisation of all our resources and that these are financially sustainable.			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
56. Financial balance and further development of medium term financial framework in support of Lothian Strategic Framework	<ul style="list-style-type: none"> Agreed Financial plan, and management or year end outturn Financial assessment of recovery Financial assessment of sustainable services models including agreed measures of efficiency Agreed exit plan for Covid costs where appropriate 	Director of Finance	Financial plan April 22 Outturn March 23 Regular reports to Finance and Resources Committee on the development of the Framework
57. Commercial arrangements for car park buy-out developed in accordance with Scottish Government policy	<ul style="list-style-type: none"> Delivery of Supplementary Agreement with Consort 	Director of Finance	June 2022 (subject to engagement of Consort)
58. Financial balance for SMART Centre services	<ul style="list-style-type: none"> Implementation of new performance framework for SMART Negotiation of new financial model for SMART 	Judith Proctor	September 2022

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PARAMETER THREE – A COHERENT AND DELIVERABLE CAPITAL PLAN		Lead officer – Director of Finance	
Context for 2022/23			
Effective service delivery is supported and optimised by high-quality premises and equipment. It is therefore incumbent upon us to ensure that we have a coherent set of actions which drive this.			
OBJECTIVES	SUCCESS MEASURE	LEAD	TARGET DATE
59. REH Phase 2 Re-Development	Disaggregated and prioritised IAs delivered for the Phase 2 redevelopment of the REH campus recognising the likely limitations on capital funding. Present to SG capital investment group March 2022 and thereafter progress depending on outcome of that	Tracey McKigen	December 2022
60. Develop and submit business case for occupation of Jardine Clinic by Astley Ainslie rehabilitation services	<ul style="list-style-type: none"> Business case developed and submitted 	Colin Briggs	October 2022
61. Review longer term capital plan and deliver capital programme for 2021/22	<ul style="list-style-type: none"> New capital plan aligned with new organisational strategy Agreed projects and rolling programmes delivered as per plan Fully developed assurance framework for capital projects finalised in line with internal audit recommendations for the RHCYP/DCN 	Colin Briggs/ Susan Goldsmith	March 2021 and regular reporting and oversight by the Finance and Resources Committee.
62. Cancer Centre Objectives for Cancer Centre need to be updated for 22/23 but dependent on progress in next quarter.	<ul style="list-style-type: none"> Completion of external review of existing Initial Agreement with full regional engagement April 2022 Submission of revised Initial Agreement to Scottish Government Capital Investment Group May 2022 Ongoing work with existing Cancer enabling works at WGH campus (LIBAC/Wards) as per programme 	Jim Crombie/Jacque Campbell/ /Judith Mackay/ Chris Stirling	

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	to maintain current services		
63. National Treatment Centre	<ul style="list-style-type: none"> • Briefing pack within Lothian approved • Principal Supply Chain Partner re-engaged to support the delivery of the FBC • Appointment to General Manager post 	Jim Crombie / Susan Goldsmith	<p>April, 2022</p> <p>May 2022.</p> <p>Using timelines given previously by the PSCP and benchmarking against recent NHS Scotland Assures interventions at both OBC and FBC stages in recent National Treatment Centre projects it is envisaged that submission to CIG for FBC approval with subsequent construction will be made in October 2024. Again, using previous PSCP construction programmes and recent Board experience on commissioning programmes post-handover an operational date of April 2027 is forecast.</p>

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<p>64. Eye Pavillion</p>	<ul style="list-style-type: none"> • PAEP delivery of agreed critical path 2022/23 • Plot 11 procurement of land secured 	<p>Jim Crombie/Director of Finance</p>	<p>Following anticipated re-engagement of the PSCP in August, 2022, and using timelines given previously by the PSCP and benchmarking against recent NHS Scotland Assure interventions at both OBC and FBC stages on other National Treatment Centre projects it is envisaged that submission to CIG for FBC approval and subsequent construction will be made in January 2025.</p> <p>Operational date June 2027</p>
<p>65. Revised approach to capital investment in general practice</p>	<ul style="list-style-type: none"> • Revised investment strategy to LCIG including strategic programme IA 	<p>Jenny Long/Director of Finance/ Colin Briggs</p>	<p>October 2022</p>
<p>66. Implement the agreed commercial strategy for the PFI contract at RIE</p>	<ul style="list-style-type: none"> • Programme for enhanced contract management • DRP 2 resolved with Consort • Delivery of plan for handback survey engagement 	<p>Director of Finance</p>	<p>July 2022 July 2022 March 2023</p>
<p>67. Improve the Contract Management of the Board's PPP Portfolio</p>	<ul style="list-style-type: none"> • Contract management structure agreed and implemented • Agreed processes for estates and Facilities for all contracts • Routine reporting implemented for all contracts 	<p>Director of Finance</p>	<p>August 22 October 22</p>

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	<ul style="list-style-type: none">• Agreed processes for change management implemented		October 22 March 23
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PARAMETER FOUR – AN AMBITIOUS APPROACH TO DIGITAL WORKING AND SYSTEMS		Lead Officer – Martin Egan, Director of Digital	
Context for 2022-23			
The deployment of digital working and digital systems we now take for granted is one of the most remarkable aspects of our pandemic response. There is an opportunity to cement this and continue to modernise both our patient-facing and supporting services.			
OBJECTIVES	SUCCESS MEASURES	LEAD	TARGET DATE
DIGITAL			
68. Existing key Digital Initiatives are realised. (e.g. HEPMA/Theatres).	<ul style="list-style-type: none"> Benefits defined with the business cases are realised Deployment in line with agreed plan 	Martin Egan	HEPMA rollout across Lothian complete by 31/12/22
69. Development and associated planning off a Midlothian HSCP Digital Implementation Plan which will map out and articulate the direct and indirect priorities of MHSCP to deliver the Scotland's Digital Health and Social Care Strategy and Scotland's Changing Nation Strategy in conjunction with partners in NHSL, Midlothian Council and Third Sector	<ol style="list-style-type: none"> Delivery of a programme of work in line with the priorities identified in the <i>Digital Implementation Plan</i> Delivery of specific digital projects in line with the priorities identified in the <i>Digital Implementation Plan</i> i.e. TEC Pathfinder, MyDesond App Progress of delivery of the specific directions issued to NHSL from Mislothian IJB including; <ol style="list-style-type: none"> Solution for the exchange of named patient data and other sensitive information securely between NHS Lothian and Council Dedicated ongoing TrakCare development resource for the 	Morag Barrow	March 2023

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	<p>Partnerships needs</p> <p>c. Delivery of MS Teams and M365 as an effective resource for the HSCP with improved cross organisational collaboration</p> <p>d. Delivery of Near Me as an effective resource for the HSCP with improved and aligned TrakCare developments</p> <p>2.</p>		
70. Online Appointment Booking.	<ul style="list-style-type: none"> Online appointment booking option available for all clinical services operating the modernised PFB processes 	Martin Egan	All in-scope services live by 28/02/23
71. E-Health Infrastructure.	<ul style="list-style-type: none"> All desktop and laptop devices older than 5 years old replaced A programme is established, and funding secured to deploy the next generation of hand-held devices to capture nursing risk assessments and support the real time recording of vital sign measurements 	Martin Egan.	<p>30/04/22</p> <p>Team established and funding available by 30/04/22</p> <p>First phase scope agreed by 30/06/22</p> <p>Live in first clinical area by 31/12/22</p>

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PARAMETER FIVE – A clear commitment to environmental sustainability	Lead Officer – Jim Crombie, Deputy Chief Executive		
Context for 2022-23 All organisations have a moral obligation to ensure that they effectively tackle the climate emergency. For the Lothian Health and Care System, this is also a clear commitment to improving public health, to financial sustainability, and to clinical care.			
OBJECTIVES	SUCCESS MEASURES	LEAD	TARGET DATE
72. Implement NHS Lothian Sustainable Development Framework and Action Plan in line with NHS Scotland Climate Emergency and Sustainability Policy and Strategy	<p>Core Climate Emergency and Sustainability Team in place to act as a centre of excellence through leadership, technical expertise, programme management and service delivery to support the mainstreaming of this agenda across the organisation and with partners</p> <p><u>Maintain position in top 3 NHS Boards NSAT score across Scotland; improve score to achieve minimum 50% in lowest scoring areas in 2020-2021 adaptation, nature and biodiversity, active travel. Ensure evidence is submitted for all items and no items score 0¹.</u></p> <p><u>Establish clear baseline 2022-2023 for domestic waste, food waste, recycling and clinical waste as a basis for setting targets in 2023-2024.</u></p> <p>Increase in active travel including approval of Sustainable and Active Travel Strategy</p> <p>Defined actions in relation to Just Transition Commission recommendations as part of Anchor Institutions Work</p>	Jim Crombie	Ongoing

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	<p>Action plan for sustainable procurement in NHS Lothian is approved.</p> <p>Outcomes of the Carbon Reinvestment Fund in terms of cost and carbon</p> <p>Site masterplanning processes deliver actions and outcomes identified in Sustainable Development Framework</p> <p>Environmental Impact Assessment of all policies and strategies</p>		
<p>73. Develop a pathway to net zero and direct the implementation of the pathway through the development of a programme of projects and infrastructure implementation.</p>	<p>Maintain or increase Biodiversity of NHS Lothian estate and quantified in Property and Asset Management Strategy</p> <p><u>Reduce carbon emissions from energy consumption from our buildings by 2% in 2022-2023ⁱⁱ.</u></p> <p>Energy Strategy Approved by F and R</p> <p>Overall reduction in carbon emissions as per Climate Change Report</p> <p><u>Reduction of 10% carbon emissions from medical gases</u></p> <p><u>Establish targets for reduction in carbon emissions from inhalers</u></p> <p><u>Reduction in carbon emissions 20% from fleet</u></p> <p><u>Reduction in carbon emissions from business travel: grey fleet by 10%</u></p>	<p>Jim Crombie</p>	<p>Ongoing</p>

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	<p>Property and Asset Management Strategy is led by climate change and sustainability and includes a direct impact capital programme incorporating backlog maintenance</p> <p>IA for the WGH Energy Infrastructure revised as a national exemplar project in relation public sector infrastructure</p> <p>Completed review governance and management of PFI estate in relation to energy and sustainable infrastructure</p> <p>Review Capital Planning processes in relation to delivery of infrastructure first and net zero pathway requirements</p>		
<p>74. 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</p>	<p>Green Theatres Programme has comprehensive costed action plan – costed in terms of finance and carbon</p> <p>Action plan in relation to sustainable use of medications</p> <p>Primary care climate change and sustainability action plan</p> <p>Standard generic tool for Climate Change and Sustainability review of care pathways and service provision developed and in use</p> <p>Climate Change and Sustainability champions network in place</p> <p>Opportunities for RDI scoped.</p>	<p>Jim Crombie</p>	

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CORPORATE ACTIVITIES TO SUPPORT ORGANISATIONAL DELIVERY	Lead Officers – Tracey Gillies, Judith Mackay, Director of Finance, Colin Briggs, Jim Crombie, Calum Campbell		
<p>Context for 2022-23</p> <p>There are a range of cross-cutting issues which are captured in this section.</p>			
OBJECTIVE	SUCCESS MEASURES	LEAD	TARGET DATE
<p>75. Support the Scottish Hospitals Inquiry for effective reputation management, ensuring relationships are well managed and NHSL’s case is represented fairly and accurately.</p>	<ul style="list-style-type: none"> • Programme of work with the Public Inquiry team and the CLO for 22/23 is developed and supported • The right resources are in place to support the work programme <ul style="list-style-type: none"> • Board position statements are developed for key aspects of the lines of enquiry • Inquiry Team requests for information are responded to effectively and promptly • Regular reporting into F&R, PSOB and Board as appropriate • Relevant retired NHSL staff are kept informed and offered support where appropriate 	<p>Calum Campbell</p>	<p>March 2023</p>
<p>76. Support the COVID Inquiry to enable fair and accurate representation of NHS Lothian’s actions and experience for effective reputation management</p>	<p>Teams understand requirement to collate and preserve documentation relating to the scope of the ToR</p> <p>Programme of work with the Public Inquiry team and the CLO is developed and supported</p> <p>The right resources are in place to support the work programme</p> <p>Regular reporting to PSOB and Board</p>	<p>Calum Campbell</p>	<p>March 2023</p>
<p>77. Effective organisational response to National Care</p>	<ul style="list-style-type: none"> • Briefings to CMT and to Board on proposals and 	<p>Colin Briggs</p>	<p>March 2023</p>

NHS Lothian Corporate Management Team Objectives 2022-23

Service progress	legislation as appropriate, covering all aspects of policy and governance, and recommending directions of travel and preparation.		
78. Optimise implementation of NHS Lothian Quality Strategy 2018/23	<ul style="list-style-type: none"> Delivery of strategic and operational priorities generated by the strategic review 	Tracey Gillies	Review to be submitted to the April 22 Board Delivery plan by May 22 for implementation by March 23
STRATEGIC PLANNING	Lead officer – Colin Briggs, Director of Strategic Planning		
79. Develop clear implementation plans for each of the 6 pillars of the Lothian Strategic Development Framework (LSDF)	<ul style="list-style-type: none"> Implementation plans developed and agreed by CMT Clear reflection of LSDF plans in three-year plan when submitted to SGHSCD in summer 	Colin Briggs / Programme Board Chairs	October 2022
80. Effective engagement on LSDF	<ul style="list-style-type: none"> Clear implementation plan for engagement phases Clear consultation plan as and when required 	Colin Briggs and Judith Mackay	May 2022
81. Develop 3 year implementation plans for SG submission	<ul style="list-style-type: none"> submission 	Colin Briggs	July 2022
82. Develop and deliver quarterly updates to RMP process	<ul style="list-style-type: none"> RMP updates developed and delivered 	Colin Briggs	June 2022, March 2023
83. Contribute to development of National service strategy	<ul style="list-style-type: none"> National service strategy 	Colin Briggs	March 2023
84. Develop and implement a system wide capacity model commencing with inpatient bed capacity	<ul style="list-style-type: none"> First draft of bed model 	Colin Briggs	October 2022
85. Develop and implement a system wide decant programme to facilitate life-cycle work at RIE	<ul style="list-style-type: none"> Robust implementation plan 	Colin Briggs with Susan, Jim, Jacquie, HSCP JDs	June 2022
86. Develop masterplan for outpatients, including a “campus masterplan” for the Lauriston Building	<ul style="list-style-type: none"> Outline principles agreed by CMT Implementation plan agreed by CMT 	Colin Briggs, Jim Crombie, Director of Finance	March 2023
87. Develop Campus Masterplan for the Royal	<ul style="list-style-type: none"> Draft clinical model agreed by CMT 	Colin Briggs with	March 2023

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Infirmery of Edinburgh, consisting of clinical masterplan (services to be developed/transferred, clinical model and philosophy) and capital masterplan.	<ul style="list-style-type: none"> • Draft capital model agreed by CMT • Initial moves (outpatients, ED, etc) outlined, timescaled, and costed • Decant plan for RIE 	POSB	
88. Refresh Campus Masterplan for the Western General Hospital	<ul style="list-style-type: none"> • Refreshed masterplan outlining clinical model and capital model agreed by CMT • Moves timescales and outlined for laundry demolition, DCN demolition, and energy infrastructure works • Agreed plans for utilisation of elements of the RVH site if required in support • Business case for RIDU 	Colin Briggs, Jim Crombie, Director of Finance	September 2022
89. Refresh Campus Masterplan for St John's Hospital	<ul style="list-style-type: none"> • Draft clinical model agreed by CMT • Draft capital model agreed by CMT • Initial moves outlined, timescaled, and costed 	Colin Briggs, Jacque Campbell, Director of Finance	December 2022
90. Refresh Campus Masterplan for Royal Edinburgh Hospital	<ul style="list-style-type: none"> • Revised moves plan outlined, timescaled, incorporating occupation of Jardine clinic 	Colin Briggs, Tracey McKigen, Director of Finance	September 2022
91. Develop an East Lothian HSCP masterplan to inform capital investment going forward in primary care and community services.	<ul style="list-style-type: none"> • Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop • Review of current projects and prioritisation 	Alison MacDonald with input from Director of Finance and Colin Briggs	March 2023
92. Develop an Edinburgh HSCP masterplan to inform capital investment going forward in primary care and community services	<ul style="list-style-type: none"> • Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop • Review of current projects and prioritisation 	Judith Proctor with input from Director of Finance and Colin Briggs	March 2023
93. Develop a Midlothian HSCP masterplan to inform capital investment going forward in primary care and community services	<ul style="list-style-type: none"> • Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop • Review of current projects and prioritisation 	Morag Barrow with input from Director of Finance and Colin Briggs	March 2023
94. Develop a West Lothian HSCP masterplan to inform in primary care and community services	<ul style="list-style-type: none"> • Plan agreed between HSCP team, strategic planning team, and capital planning team on how to develop • Review of current projects and prioritisation 	Alison White with input from Director of Finance and Colin Briggs	March 2023

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95. Develop cross-cutting health plans for long term conditions, and aging	<ul style="list-style-type: none"> • Agreement with IJBs on how to develop • Gap analysis produced • Pathway for plan development to be agreed by PPDC 	Colin Briggs	March 2023
96. In light of the recently-published Scottish Government plan for Women's Health, develop a strategic plan which covers all aspects of Women's Health across all aspects of the Lothian Health system	<ul style="list-style-type: none"> • Map of current responses to SG plans • Gap analysis • Develop plan with pan-system input • Plan presented to PPDC 	Colin Briggs	March 2023
97. In light of our investment in the Edinburgh Cancer Centre, develop a plan for Cancer which covers prevention, diagnosis, and treatment across the system	<ul style="list-style-type: none"> • Gap and needs analysis • Develop plan with pan-system input • Plan presented to PPDC 	Colin Briggs	March 2023
98. Develop pan-Lothian approach to implementation of closed-loop insulin pump technologies, including spend plan for initial £2.26m of SG monies.	<ul style="list-style-type: none"> • Establishment of Short-Life Working Group • Implementation Plan agreed by CMT • Implementation arrangements including monitoring clarified 	Alison MacDonald, Colin Briggs	September 2022
RESEARCH, DEVELOPMENT & INNOVATION	Lead Officer – Tracey Gillies, Executive Medical Director		
99. Research, Development & Innovation	<ul style="list-style-type: none"> • Opportunities within NHSL in support of research, development & innovation developed. • Contribution made on behalf of East region to national innovation projects 	Tracey Gillies	March 2023

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WORK SUPPORT SERVICES	Lead Officer – Alison White, Joint Director, WLHSCP		
<p>100. Lothian Work Support Services to establish enhanced and complimentary pathway to support staff well being around remaining in and returning to work.</p>	<p>Improved return to work rates and stay at work rates Mitigation of organisation pressures (reduction in resource uptake- sick pay, HR costs etc)</p> <p>Improve availability of staff to engage in patient care</p> <p>Reduction in incapacity dismissal and redeployment(enhancing employee support, early intervention and case management)</p> <p>Reduce manager strain through access to timely tailored support of health and work needs.</p>	Alison White	September 2022
VIOLENCE AND AGGRESSION	Lead Officer – Executive Nurse Director		
<p>101. To develop and deliver a programme of work to improve the management of violence and aggression including the use of restraint and lone working practices to ensure staff have improved knowledge and confidence to deal with and manage aggression and/or violent situations, improve the protection of lone workers and improve patient safety</p>	<p>Updated and engaged violence & aggression and lone working policy and procedures</p> <p>Training needs analysis to understand current capacity and demand</p> <p>Training strategy that includes a best practice model and adopts a proportionate and risk-based approach, recognising the requirements of different departments and ensuring that the controls and processes are commensurate with the level of risk identified through the key metrics.</p> <p>Successful implementation of electronic purple packs</p> <p>Development and implementation of guidance documents, toolkits, and SOPs to support delivery of</p>	END	September 2022

NHS Lothian Corporate Management Team Objectives 2022-23

	training Greater understanding of teams' roles and responsibilities		
ESTATES AND FACILITIES			
102. Estates and Facilities	<ul style="list-style-type: none"> Strategic assessment and plan for improvement agreed by CMT 	Jim Crombie	March 23
PERFORMANCE IMPROVEMENT			
103. Performance Oversight Programme Board. Services under pressure will be subject to additional scrutiny / support to ensure most effective use of resources.	<ul style="list-style-type: none"> Criteria agreed, in place and operating for escalation to POSB. Services progressed through standard POSB programme. Recovery plan(s) developed and implemented in line with trajectory and plan(s). 	Calum Campbell,	April 2022-March 2023
COMMUNICATIONS			
Develop communications and engagement strategies to support the Lothian Strategic Development Framework and its priorities for 2022-23. This will include the following listed below:		Judith Mackay	March 2022 - 23
MENTAL HEALTH			
104. Develop and implement Communications Strategy to support NHS Lothian's priorities in Mental Health: <ul style="list-style-type: none"> CAMHS - Improved access and performance / recovery plan Psychological Therapies - Recovery Plan Establishment of multi-agency Gender Based Violence Centre 	<ul style="list-style-type: none"> Primary Care / referrers receive clear information about new pathways NHS Lothian website contains up-to date information about services and support Media and social media activity publicise work of CAMHS and Psychological Therapies Self-referral route to the new Equally Safe Multiagency Centre (ESMAC) for victims of gender-based violence, rape or sexual abuse is 	Judith Mackay	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>publicised</p> <ul style="list-style-type: none"> Public and Professionals are informed about new mental health distress pathway aimed at delivering more immediate and appropriate care for patients and relieving the pressure on acute mental health beds. 		
UNSCHEDULED CARE			
<p>105. Implement Communications Strategy to consolidate Phase 1 and support Phase 2 of Redesign of Urgent Care including:</p> <ul style="list-style-type: none"> Scheduling of Majors via 111 scheduling of Minor Injuries implementation of patient redirection policy at ED reduction in professional referrals to ED 	<ul style="list-style-type: none"> Reduction in self-presenters at ED/MIU. Increased 111 call volumes. Increase in scheduled minor injury assessments (either NearMe or face-to-face) Routes to information and advice for urgent care are well signposted on NHS Lothian's channels and the subject of regular publicity campaigns. Rationale behind ED redirection policy is clear in our related communications to staff, patient, public and elected representatives Professional referrers such as GPs, SAS clinicians are well informed about same day or next day alternatives to ED via direct communications to them 	Judith Mackay	March 2023
SCHEDULED CARE			
<p>106. Develop and deliver a comms and engagement strategy linked to waiting times management to aid public understanding of long term impacts of pandemic on services, manage expectations and inform public of measures being taken to address waiting times.</p>	<ul style="list-style-type: none"> Public are informed about long-term impact of COVID on services and waiting times Public are informed about principle of clinical prioritisation Staff and Public understand aspects of service provision will change (eg such as post elective routine follow up) 	Judith Mackay	☑ Strategy will be developed alongside development of LSDF- Q2 2022

NHS Lothian Corporate Management Team Objectives 2022-23

<p>Strategy to include support for Outpatient Redesign; in particular Near Me and telephone consultation</p> <p>Develop Comms strategy to support Discharge without Delay and Home First principle</p>	<ul style="list-style-type: none"> • Communication to staff and public is clear on why there will be no return to how things were pre-pandemic and on the benefits of new ways of delivering services • Staff and public have been invited to engage with change to help us understand how to extend virtual outpatient delivery while ensuring equity of access to care • The benefit of timely discharge of patients once they are medically fit to leave hospital (and the risks associated with unnecessarily prolonged lengths of stay) is communicated clearly to staff, patients, and their families • Information about Pan Lothian discharge model is published on NHS Lothian channels • Promote benefits of treatment and care closer to home; and avoidance of hospital admission where appropriate (raise awareness of services such as Discharge to Assess, Hospital at Home / Hospital To Home services • Seek to influence Scottish Government to promote national messaging to support these principles 		
ENGAGEMENT			
<p>107. Complete Delivery of Public Engagement Framework</p>	<ul style="list-style-type: none"> • Framework commitment to increase engagement resource is realised • Training suite of resources are designed to support staff • Online resource, sharing good practice within NHSL, continues to grow • Building on work already delivered, NHS 	Judith Mackay	March 2023

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>Lothian’s public involvement networks continue to grow</p> <ul style="list-style-type: none"> NHS Lothian is able to shift to position of ‘continuous conversation’ with public 		
RESEARCH, DEVELOPMENT AND INNOVATION			
<p>108. Promote NHS Lothian as a leader institution in research, development and innovation</p>	<ul style="list-style-type: none"> NHS Lothian’s strengths in innovation are visible, recognised and celebrated. Engagement and collaboration with partners (e.g. Edinburgh University, CEC (on City Deal), charities such as Cancer Research UK) to maximise media opportunities around research and innovation Named comms officer to work with innovation leads for calendar of content Regular content (on mainstream media and professional social networks such as on Twitter / LinkedIn 	Judith Mackay	March 2023
IMPROVING STAFF EXPERIENCE			
<p>109. Develop new intranet to improve staff engagement especially of ‘harder to reach’ (traditionally offline) staff groups.</p> <p>Comms plans developed and implemented to support key HR & OD priorities :</p>	<ul style="list-style-type: none"> Staff are consulted on design and key features Intranet sits on sustainable platform that complies with accessibility standards Intranet is easy to access off site Intranet is easy to use 	Judith Mackay	<p>Summer 2023</p> <p>Target dependent on national rollout of sharepoint online</p>
<p>110. Staff Engagement and Experience Framework</p>	<ul style="list-style-type: none"> iMatter survey supported 		<p>June 2022 – March 2023</p>

NHS Lothian Corporate Management Team Objectives 2022-23

<p>111. Staff Wellbeing Strategy</p>	<ul style="list-style-type: none"> • Staff surveyed on reinstatement of <i>Connnections</i>, as BAU resumes • Evaluation of reach of internal channels carried out • Deliver Celebrating Success as an in person event • Deliver film reflecting on NHS Lothian's pandemic response • Effectiveness of internal channels such as Weekly Brief / Speed Read / Managers' Briefings, Intranet News etc and monitored and maintained • Staff are well informed about year 2 activities and priorities for wellbeing • Staff feel supported, understand and make use of the range of wellbeing initiatives on offer (evidenced by take-up metrics and staff survey) 		<p>October 2022</p> <p>April 2022</p> <p>From July 2022</p>
<p>112. Agile Working Policy</p>	<ul style="list-style-type: none"> • Staff are informed of the development of Agile Working Principles and Policy • Staff are regularly updated on progress • Agile working is adopted smoothly as BAU 		<p>March 2023</p>
<p>113. East Region Recruitment Strategy</p>	<ul style="list-style-type: none"> • Comms plan developed to support launch of the East Regional Recruitment Service and single employer model • Benefits are communicated to staff and recruits 		<p>August 2022</p>
<p>114. Equality, Diversity and Inclusion</p>	<ul style="list-style-type: none"> • Comms plan designed and delivered to Support annual equality, diversity and inclusion action 		<p>Ongoing to March 2023</p>

NHS Lothian Corporate Management Team Objectives 2022-23

	<ul style="list-style-type: none"> plan Staff networks feel supported and celebrated via content created to promote inclusion and anti-discrimination <p>Content produced to position NHS Lothians as an employer that celebrates diversity and is inclusive in its policies</p>		
DIGITAL			
115. Rebuild new NHSL website on a sustainable platform that meets accessibility requirements and as the existing platform becomes unsupported	<ul style="list-style-type: none"> Resource is costed and identified to support inhouse delivery of this project Website Content and Development Policy is approved. This controls the creation of NHSL service websites, keeping them inhouse as part of 'mothership' corporate site Services are engaged in opportunities offered by new platform (wordpress) Content audit is completed Public are engaged in design and content priorities Resulting website meets accessibility requirements 	Judith Mackay	Summer 2023
CAPITAL PROJECTS			
Develop and deliver communications and engagement strategies to support capital projects , notably: 116. Edinburgh Cancer Centre and development of WGH site	<ul style="list-style-type: none"> Influencers are engaged with to support submission of revised Initial Agreement to Scottish Government Capital Investment Group May 2022 Media work highlights vital collaboration and engagement between NHS, University Charity-funded clinical research in success of any 	Judith Mackay	From March 2022

NHS Lothian Corporate Management Team Objectives 2022-23

<p>117. National Treatment Centre</p>	<p>Cancer Centre hence logic of WGH as a site for regional cancer centre</p> <ul style="list-style-type: none"> • Staff and patients in NHS Fife, Borders and D&G are re-engaged with to support regional case • Development of Outline Business Case is supported from May 2022 (TBC) • Site staff are well informed on progress at key milestones • WGH is regarded as a 'good neighbour' via engaging with local communities, informing them of key developments ahead of time and responding swiftly to any issues of concern (e.g. demolition of Laundry building and former DCN building) <p>A Communications and Engagement Strategy is developed and delivered to support a National Treatment Centre at St John's Hospital. The strategy will underline our commitment to:</p> <ul style="list-style-type: none"> • The need for the NTC and its benefits is communicated to staff • The need for the NTC and its benefits is communicated to the public via media publicity and explained and promoted on NHS Lothian channels • Engagement with our pan-Lothian population, is carried out to develop mitigations to address concerns (e.g. on transport) • Make the case for an NTC (dealing with high volume day-case and short-stay procedures) as a vital plank in our strategy to improve waiting times performance • Inform, educate and listen to political 		<p>From May 2022</p>
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NHS Lothian Corporate Management Team Objectives 2022-23

<p>118. Reprovision of Eye Services</p>	<p>stakeholders across Lothian via regular briefings and meetings</p> <p>The strategy will;</p> <ul style="list-style-type: none"> • Underline the benefit of location on BioQ site and ensure this case is loud and clear in the public domain • Ensure Ophthalmology staff and patients are well informed and engaged over the duration of the project via regular newsletters • Commit to anticipating and preparing for political pressure points • Consider mitigations for programme risks 		<p>From May 2022</p>
<p>119. Plan and deliver a formal opening event for Royal Hospital for Children and Young People and DCN</p>	<ul style="list-style-type: none"> • The event is celebratory, showcasing a fantastic facility, generating positive media coverage • It is inclusive and involves local children (via schools) • Staff and frequent patients and their families have the opportunity to be are involved in the planning • ELHF and Edinburgh Children’s Hospital Charity are involved in the planning • Key stakeholders have the opportunity to attend • The event takes appropriate account of infection prevention and control guidance 		<p>Autumn / Winter 2022 Date dependent on availability of VIP attending</p>
<p>SUSTAINABILTY</p>			
<p>120. Implement communications and engagement strategy to support NHSL</p>	<p>Deliverables for Communications and engagement plans will be dependent on the</p>	<p>Judith Mackay</p>	<p>March 2023</p>

NHS Lothian Corporate Management Team Objectives 2022-23

<p>Sustainability Development Framework, developing action plans to support key deliverables for 2022-23 as defined by Sustainability Lead</p>	<p>identification of core priorities for 2022-23 which require the engagement of all staff, clinicians, patients or public to achieve.</p> <p>To support these aims Comms will:</p> <ul style="list-style-type: none"> • Explain sustainability priorities to staff, patients and public • Provide regular updates on progress via Connections / Weekly Brief • Establish sustainability section on NHS Lothian website and intranet • Celebrate successes 		
<p>Reputation Management</p>			
<p>121. Protect and defend reputation of NHS Lothian, emphasising our values and vision</p>	<ul style="list-style-type: none"> • Staff are informed and engaged about NHS Lothian news and activities via all internal channels • Operation of an effective 24/7 media relations operation providing timely, accurate responses to media enquiries • Media relationships are cultivated, and regular sector briefings are provided to influence media for fairness in coverage • Potential incoming reputational risk / adverse publicity is anticipated via horizon scanning and mitigating actions prepared. • NHS Lothian successes are promoted • Monitoring & Monthly analysis of media reporting is carried out and reported to ELT / CMT • Communications advice and support is provided to IMTs convened to ensure effective 	<p>Judith Mackay</p>	<p>Continuous</p>

NHS Lothian Corporate Management Team Objectives 2022-23

	<p>management of public health incidents.</p> <ul style="list-style-type: none"> • Regular briefings are provided to Board members to ensure they are in touch with developments and to assist them in their Governance duties and equip them to respond to informal enquiries • Regular briefings to elected representatives are provided to equip them with context • Guidance and support are provided to services operating social media accounts where appropriate 		
122. Develop and deliver a communication strategy to support immunisation of the population of Lothian, incorporating children's, adult and travel vaccination and including the mainstreaming of the ongoing Flu and Covid vaccination programme into BAU.	<ul style="list-style-type: none"> • NHS Lothian delivers trusted information • Staff and public are clear on importance of vaccination • Partners in education are informed and engaged in support of the objective • Partners in HSCPs are informed and engaged in support of the objective 	Judith Mackay	March 2023
Our Equality and Human Rights Responsibilities	Lead Officer – Dona Milne, Director of Public Health		
123. Develop a new ambitious plan for Equality & Human Rights	<ul style="list-style-type: none"> • New plan and supporting infrastructure agreed to make and mainstream improvements in Access, Compassion, Participation and Justice 	Dona Milne	Delivery plan by December 22 for initial implementation by April 23

NHS Lothian Corporate Management Team Objectives 2022-23

Appendix – objectives for organisational business units

Note: this section is a “copy-and-paste” summary from the above tables. There are not additional objectives in here.

East Lothian HSCP – Alison MacDonald, Joint Director, ELHSCP

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public’s health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving Unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans to support transformational shift in where we provide mental illness and learning disability care	All
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #39	17	Review of Older People’s Services in East Lothian	Specific
Capital #60	28	Business case on redevelopment of Jardine Clinic	All
Capital #65	30	Refreshed approach to Primary Care Capital Investment	All
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #91	39	HSCP Masterplan	Specific
Corporate #95-98	40	Development of system-wide plans for women’s health, cancer, long-term conditions, and aging.	All

NHS Lothian Corporate Management Team Objectives 2022-23

Edinburgh – Judith Proctor, Joint Director Edinburgh Health and Social Care Partnership

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans to support transformational shift in where we provide mental illness and learning disability care	All
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #34	16	Edinburgh Bed-Base Review Implementation	Specific
Revenue #58	25	Implementation of SMART Review	Specific
Capital #60	26	Business case on redevelopment of Jardine Clinic	All
Capital #62	28	Refreshed approach to Primary Care Capital Investment	All
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #92	39	HSCP Masterplan	Specific
Corporate #95-96	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All

NHS Lothian Corporate Management Team Objectives 2022-23

Midlothian – Morag Barrow, Joint Director, Midlothian Health and Social Care Partnership

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans to support transformational shift in where we provide mental illness and learning disability care	All
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #36	17	Midlothian Frailty	Specific
Unscheduled Care #37	17	Midlothian Community Hospital model	Specific
Capital #60	28	Business case on redevelopment of Jardine Clinic	All
Capital #65	30	Refreshed approach to Primary Care Capital Investment	All
Digital #69	32	Midlothian Digital Implementation Plan	Specific
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #93	39	HSCP Masterplan	Specific
Corporate #95-98	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All

NHS Lothian Corporate Management Team Objectives 2022-23

West Lothian – Alison White, Joint Director, West Lothian Health and Social Care Partnership

Reference	Page	Title	All HSCPs or specific?
Reducing pandemic harms #3	3	Covid Vaccination Programme	All
Reducing pandemic harms #5	4	Resilience arrangements	All
Improving the public's health #9	6	Reducing smoking prevalence	All
Primary Care #18	10	Implementation of GMS Contract and Primary Care Improvement Plans	All
Mental Health, Illness, and Wellbeing #24	12	Improving access to psychological therapies	All
Mental Health, Illness, and Wellbeing #25	12	Improving unscheduled access to mental illness services	All
Mental Health, Illness, and Wellbeing #27	13	Improving access to addiction services including rehabilitation	All
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans to support transformational shift in where we provide mental illness and learning disability care	All
Unscheduled Care #30	15	Redesign of Urgent Care	All
Unscheduled Care #31	16	Reducing delays across the system	All
Unscheduled Care #32	16	Review of Specialist Rehabilitation Services for Complex Disability	All
Unscheduled Care #34	17	HomeFirst West Lothian	Specific
Unscheduled Care #35	17	Bed-base review - WL	Specific
Capital #60	26	Business case on redevelopment of Jardine Clinic	All
Corporate #85	38	Supporting the decant requirements from acute services	All
Corporate #94	39	HSCP Masterplan	Specific
Corporate #95-98	40	Development of system-wide plans for women's health, cancer, long-term conditions, and aging.	All
Corporate #100	41	Lothian Work Services	Specific

NHS Lothian Corporate Management Team Objectives 2022-23

Royal Edinburgh Hospital And Associated Services – Tracey Mckigen, Services Director

Reference	Page	Title	Link to
Children and Young People #15	8	CAMHS	Children's Partnerships
Children and Young People #16	8	Coordinated approach to Prevention work	Children's Partnerships
Mental Health, Illness, and Wellbeing #24	12	Psychological Therapies	HSCPs
Mental Health, Illness, and Wellbeing #25	13	Mental Illness Unscheduled Care	HSCPs
Mental Health, Illness, and Wellbeing #26	13	Equally-safe multiagency centre	HSCPs
Mental Health, Illness, and Wellbeing #27	13-14	Addiction, Recovery, and Treatment	HSCPs and ADPs
Mental Health, Illness, and Wellbeing #28	14	Eating Disorders	Children's, HSCPs
Mental Health, Illness, and Wellbeing #29	14	Implementation Plans for REH transformation, including transfers to local care	HSCPs
Capital #59	28	REH Phase 2 Redevelopment Business Case	HSCPs
Corporate #84	38	Bed model work – whole system modelling	
Corporate #87	38	Refreshed Masterplan for REH Campus	

NHS Lothian Corporate Management Team Objectives 2022-23

Acute Services – Jacquie Campbell, Chief Officer, Acute Services, NHSL

Royal Infirmary of Edinburgh – Janice Alexander

Reference	Page	Title	CMT Lead
Pandemic response #10	6	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15	Optimising Flow	Jacquie Campbell and Joint Directors
Unscheduled Care #33	16	Performance improvement programme – ED	Jim Crombie
Scheduled Care #40	19	Interim Orthopaedics solutions	Jim Crombie
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Digital #66	30	HEPMA and Theatres roll-outs	Martin Egan
Corporate #85	38	RIE Decant Plan	Jacquie Campbell and Colin Briggs
Corporate #87	38	RIE Masterplan	Colin Briggs, Jacquie Campbell, Director of Finance

NHS Lothian Corporate Management Team Objectives 2022-23

St John's Hospital/ PAEP – Aris Tyrothoulakis

Reference	Page	Title	CMT Lead
Pandemic response #10	5	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15	Optimising Flow	Jacque Campbell and Joint Directors
Unscheduled Care #35	17	West Lothian Bed Base Review	Alison White
Unscheduled Care #34	17	HomeFirst West Lothian	Alison White
Scheduled Care #41	19	DCAQ model	Jacque Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacque Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacque Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacque Campbell and Martin Egan
Capital #63	29	National Treatment Centre	Jim Crombie and Director of Finance
Capital #64	30	PAEP	Jacque Campbell
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan
Corporate #89	39	SJH Masterplan	Colin Briggs, Jacque Campbell, Director of Finance

NHS Lothian Corporate Management Team Objectives 2022-23

Western General Hospital – Chris Stirling

Reference	Page	Title	CMT Lead
Pandemic response #10	6	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15	Optimising Flow	Jacquie Campbell and Joint Directors
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Capital #62	29	Edinburgh Cancer Centre	Jim Crombie and Director of Finance
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan
Corporate #88	39	WGH Masterplan	Colin Briggs, Jacquie Campbell, Director of Finance
Corporate #94	40	Plan for Aging	Colin Briggs
Corporate #98	40	Plan for Cancer	Colin Briggs

NHS Lothian Corporate Management Team Objectives 2022-23

Outpatients – Gillian Cunningham

Reference	Page	Title	CMT Lead
Pandemic response #10	6	Infection control	Tracey Gillies
Unscheduled Care #30	15	Redesign of Urgent Care including SDEC	Alison MacDonald
Unscheduled Care #31	15-16	Optimising Flow	Jacquie Campbell and Joint Directors
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatient Redesign	Jacquie Campbell and Martin Egan
Capital #62	29	Edinburgh Cancer Centre	Jim Crombie and Director of Finance
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan
Digital #69	33	Online appointment booking	Martin Egan
Corporate #86	37	Outpatients Masterplan	Colin Briggs, Jacquie Campbell, Director of Finance
Corporate #94	40	Plan for Aging	Colin Briggs
Corporate #96	40	Plan for Long-term conditions	Colin Briggs
Corporate #97	40	Plan for Cancer	Colin Briggs

NHS Lothian Corporate Management Team Objectives 2022-23

Diagnostics, Anaesthetics, Theatres, and Critical Care – Michelle Carr

Reference	Page	Title	CMT Lead
Pandemic response #4	4	Effective testing capacity	Jacquie Campbell
Pandemic response #10	6	Infection control	Tracey Gillies
Scheduled Care #40	19	IP/DC Access	Jim Crombie
Scheduled Care #41	19	DCAQ model	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #46	22	Theatre Scheduling Tool	Jacquie Campbell
Capital #62	30	Edinburgh Cancer Centre	Jim Crombie and Director of Finance
Capital #63	31	National Treatment Centre	Jim Crombie and Director of Finance
Digital #68	32	HEPMA and Theatres roll-outs	Martin Egan

NHS Lothian Corporate Management Team Objectives 2022-23

Women's and Children's Services – Allister Short

Reference	Page	Title	CMT Lead
Pandemic response #2	3	Wider harms of the pandemic	Dona Milne
Public Health #7	5	Immunization	HSCP Joint Directors
Public Health #8	5	Screening programmes	Dona Milne
Pandemic response #10	6	Infection Control	Tracey Gillies
Children and Young People #13	8	Corporate Parenting Board	Calum Campbell
Children and Young People #14	8	Best Start	Executive Nurse Director
Children and Young People #15	8	CAMHS	Tracey Mckigen
Children and Young People #16	9	Coordinated approach to prevention	Dona Milne
Children and Young People #17	9	Children and Young People's Programme Board	Dona Milne/Colin Briggs
Scheduled Care #41	19	DCAQ	Jacquie Campbell
Scheduled Care #42	19	Clinical Prioritisation	Jacquie Campbell
Scheduled Care #43	20	Cancer Waiting Times	Jacquie Campbell
Scheduled Care #45	21	Outpatients Redesign	Martin Egan/Jacquie Campbell
Corporate #87	38	RIE Masterplan	Colin Briggs/Director of Finance
Corporate #89	39	St John's Hospital	Colin Briggs/Director of Finance
Corporate #96	40	Women's Health Plan	Colin Briggs



Meeting Name: Board
Meeting date: 06 April 2022

Title: NHS Lothian Board Performance Paper

Purpose of the Report:

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

The risks during this remobilisation phase have largely remained the same and are detailed in this paper. There are a number of 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.

The key issues are related to the following factors and are discussed throughout this report:

- Workforce availability and capacity
- COVID-19 and the pandemic response
- Flow between community, acute and social care services
- Increasing backlog of inpatient/ day case scheduled care

Recommendations:

This report is being provided for awareness, an executive summary has been included.

Members should note the ongoing work relating to the active governance sessions which will further enhance coordinated and aligned performance reporting across the system.

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.

Author: Wendy MacMillan
Date: 22/03/2022

Director: Jim Crombie
Date: 24/03/2022

NHS Lothian Board Performance Paper

1 Purpose of the Report

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

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

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

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

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

2 Recommendations

- 2.1 The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
- 2.2 The Board recognises the performance challenges detailed in this paper including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures. These have been summarised under 3.2.
- 2.3 To note the ongoing work seeking to refresh the Public Board paper, incorporating active governance principles which will further enhance coordinated and aligned performance reporting across the system.
- 2.4 If deeper analysis regarding the mitigation plans or assurance provided for the corporate risks is required, these will be addressed via existing governance channels and designated board sub-committee.

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

3 Discussion of Key Issues

3.1 Strategic – Tactical – Operational Oversight Structure

- 3.1.1 At the time of drafting COVID guidance remained in place across the healthboard and services continue to face ongoing challenges to meet demand. As this is a time of severe pressure NHS Lothian continues to use the Gold Command structure which provides:

- clear leadership
- accountable decision making and
- accurate up to date and far-reaching communication.

- 3.1.2 This forum continues to flag vulnerabilities in care provider's resilience, including significant workforce issues and poor flow linked directly to care at home and care home availability.

- 3.1.3 In addition to GOLD, National System Sustainability Sessions with the Chief Executives chaired by the Chief Officer of NHS Scotland are ongoing. Furthermore, Scotland's Health, Council and Social Care leaders regularly meet with the Cabinet Secretary to discuss system pressures and mitigations.

3.2 Executive Summary

- 3.2.1 **COVID:** Positive COVID-19 cases for Lothian residents have increased in recent weeks. In each local authority area, teams from the council, NHS Lothian, the Health and Social Care Partnership, voluntary and community organisations worked to develop ways of taking testing and vaccination to places and people beyond the mass vaccination facilities and healthcare premises. Lothian Multi-agency Community Testing Silver continues to meet weekly and provides partners with intelligence from local and national dashboards highlighting key COVID data (test uptake, positivity rate, COVID-infection rates by Intermediate Zones, age breakdown, and hospital admissions), as well as up to date data from the Test and Protect, and Health Protection teams.

- 3.2.2 **Workforce:** Staffing availability remains a significant challenge across acute, community and social care settings due to a combination of COVID isolation, sickness, annual leave and vacancies. This is particularly evident in our nursing workforce. Members will be aware from March PPDC and previous board papers the actions being taken to help the wider system over winter, although it is recognised this will likely remain challenging in the coming weeks.

- 3.2.3 **Flow:** Due to pressures across the whole health and care system the ability to admit patients from Emergency Departments has reduced, with hospital occupancy remaining high. The number of patients delayed in their discharge has increased in recent months due to workforce pressures within care services. Tackling the continued growth in delayed discharges continues to be a key priority for the Board. This is having a negative impact on performance in the Emergency Departments.

- 3.2.4 **Scheduled Care:** The position remains largely unchanged from previous reports received by both the Public Board and PPDC. The number of people awaiting 'routine' treatment, and the length of wait for treatment continues to rise in the absence of a sustainable increase in capacity to meet demand. The overall number of outpatients waiting over 12 weeks is decreasing, however there has been small increases in the number of patients waiting over 52 weeks across several specialities in both December and January, largely due to the decrease in capacity over the festive period. For

inpatients and day case procedures, most are performing at or better than the Scottish average. Although the number of patients waiting over 12 and 52 weeks is deteriorating; this is also the case for the Scottish average. For cancer services, staffing challenges continued to impact services and referral numbers remained high into the final quarter of 2021/22 and notably above pre-COVID levels.

3.2.5 Mental Health: For CAMHS (Child and Adolescent Mental Health Services), the Improvement Plan continues to be implemented, although the pace of improvement has been impacted by the challenges around recruitment and staff retention. Percentage of CYP (Children & Young People) starting treatment within 18 weeks was 62.4% (February 2022) compared to 58.9% (January 2021). The service is currently ahead of trajectory for reducing patients waiting over 18 weeks for treatment. For Psychological Therapies, Lothian has seen a deterioration with the service now behind the anticipated trajectory. Lower new patient appointment activity across Adult AMH was lower than planned, although the service notes Trak configuration issues which they are seeking to resolve. The total waiting list size increased slightly, however, the over 18 week portion of the waiting list has decreased slightly in January 2022. The Psychological Therapies Improvement Plan continues to be implemented, though the pace of improvement is impacted by the challenges around recruitment and staff retention as well as the TRAK changes in clinic organisation.

3.3 Performance Support Oversight Board

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

3.4 Remobilisation Plans

3.4.1 We continue to work towards the revised and updated 2021-22 Remobilisation Plan 4, submitted to the Scottish Government, with updates planned in both February 2022 and April 2022. This contains details of all the initiatives and actions that will underpin the remobilisation and development of services, with corresponding activity trajectories.

3.4.2 Members will note that RMP4 was shared in the December 2021 Board papers.

3.4.3 Plans were originally intended to cover the period October 2021 to March 2022, and planning work was completed in late summer and early autumn.

3.4.4 It was noted at the Board that the unstable baseline might affect deliverability.

3.5 Active Governance

3.5.1 Please note the phased introduction of SPC charts, where appropriate, into the Board paper. This continues to be evaluated and adapted as this practice is embedded.

3.5.2 The Planning Performance Development Committee received an update at the March 2022 session with regards to the ongoing project seeking to further enhance coordinated and aligned performance reporting across the system, in line with the recent Active Governance session discussions. A new Board paper format is due to launch in June 2022.

3.6 The table below outlines the key performance metrics for the attention of the board:

Metric		Trajectory/ Standard	February 2022 position	January 2022 position	December 2021 position	2020/21 monthly average	2019/20 monthly average	2018/19 monthly average
4 Hour ED Standard¹		95%	64.7%	69.3%	69.1%	89.5%	88%	88%
Outpatients (End of month breaches)²	➤ 12 weeks		37,492	38,411	38,935	37,123	22,414	20,777
	➤ 52 weeks	-	4,380	4,522	4,963	5,142	923	567
Delayed Discharges³	Health and social care / patient and family reasons	118	263	295	271	111	217.7	303.4
	All census delays (above plus complex code 9s)	145	310	332	292	131	247.2	331.4
TTG (End of month breaches)⁴	➤ 12 weeks		16,061	15,160	14,129	9,098	2,795	2,328
	➤ 52 weeks	16,061 5,011	5,011	4,705	4,318	1,290	49	73
Cancer Waiting Times⁵	31 Day Standard			95.6%	98.6%	97.6%	94.5%	94.3%
	62 Day Standard			78.2%	84.5%	85.8%	79.2%	81.0%
CAMHS < 18 weeks standard (Seen within 18 weeks)⁶		90%	62.7%	58.9%	60.0%	61.3%	54.0%	63.0%
Psychological Therapies < 18 weeks standard (Seen within 18 weeks)⁷		90%	74.1%	74.6%	81.0%	79.7%	79.2%	72.3%
Acute Adult Mental Health Bed Occupancy⁸		85-90%	100.4%	98.7%	91.9%	92.5%	92.6%	-

¹ Data sourced from Lothian internal management system

² Data sourced from Lothian WT Monthly dashboard data

³ Data sourced from PHS official statistics. *Standards are reportable census delays as projected for the 21/22 Remobilisation Plan.

⁴ Data sourced from Lothian WT Monthly dashboard data

⁵ Data sourced from Discovery. February position not available until later in January 2022.

⁶ Data sourced from Lothian internal management system

⁷ Data sourced from PHS official statistics

⁸ Data sourced from Lothian internal management system – average % Occupancy (inc. Pass) based on weekly data time points

Metric		Trajectory/ Standard	February 2022 position	January 2022 position	December 2021 position	2020/21 monthly average	2019/20 monthly average	2018/19 monthly average
HAIs per 100,000 bed days⁹	CDI	<11.4	-	11.9	9.8	13.1	12.0	12.6
	ECB	<26.6	-	4.8	19.5	31.2	35.2	35.5
	SAB	<12.2	-	28.6	25.6	14.0	12.6	13.5
Paediatrics and St Johns		7 days a week 24x7	7 days a week 24x7	7 days a week 24x7	7 days a week 24x7	-	-	N/A
8 key diagnostic procedures > 6 weeks standard (end of month breaches)¹⁰	Upper GI endoscopy	-	1,883	2,010	1,927	1,805	759	1,308
	Lower Endoscopy (other than colonoscopy)		802	824	806	558	351	680
	Colonoscopy		1,252	1,370	1,348	1,279	828	1,508
	Cystoscopy		1,009	1,054	1,006	946	375	418
	Magnetic Resonance Imaging (MRI)		517	658	515	930	342	304
	Computer Tomography (CT)		554	596	458	521	124	29
	Non-obstetric ultrasound		2,862	3,204	2,990	1,031	7	10
	Barium Studies		4	2	0	14	0	0

3.7 The following section provides summary narrative on the performance demonstrated in the metrics in the table above.

⁹ These rates represent overall rates for the year rather than monthly average: (sum of healthcare associated infections for the year / sum of total occupied bed days for the year) *100,000. Data sourced from Lothian internal management system. February position not available until later in January 2022.

¹⁰ Data sourced from Lothian DMMI

Please note that due to the process of receiving updates directly from services and submission deadlines for papers, the latest data available at that point in time dictates the latest month of data available.

➤ **Unscheduled Care**

Measures definition: % meeting 4-hour Emergency Access Standard

Reporting Month: February 2022

Standard: National standards 4-hour access performance standard.

Responsible Director(s): Alison MacDonald – Chief Officer

Oversight Mechanism: **Unscheduled** Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.

What the data tells us: The Board is asked to note or agree to the following summary:

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not Met	Overall data is showing special cause variation with signs of deterioration. NHS Lothian is experiencing significant challenges in delivering the 4-hour emergency access standard, with performance remaining low at 64.7% in February 2022 which remains significantly below the national standard of 95%.	Yes	Yes

Pan Lothian 4 Hour Performance SPC A&E

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

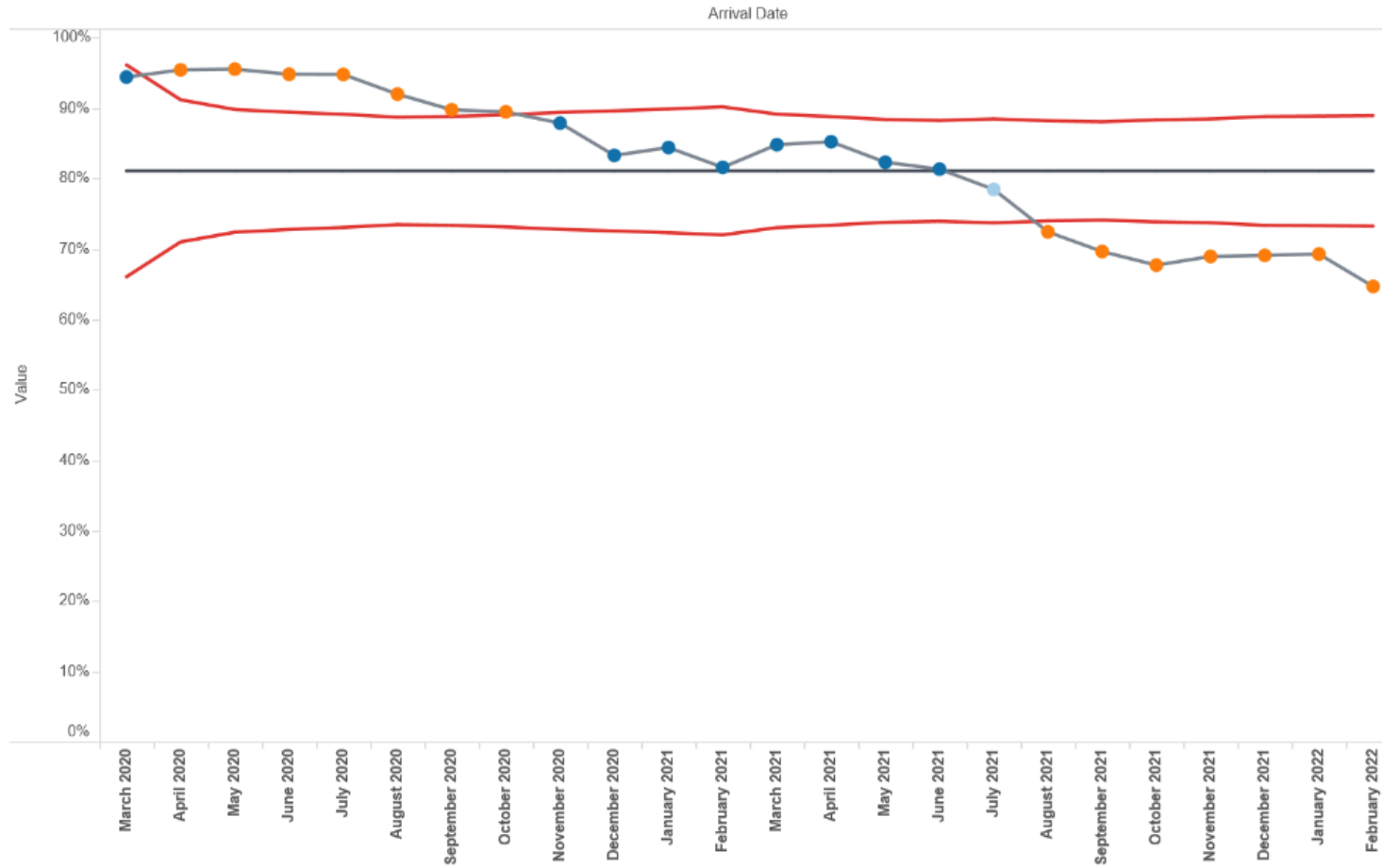
Measure Names

- % Within 4 Hours
- 4 Hour Performance UCL
- 4 Hour Performance LCL
- 4 Hour Performance for Period

Signals

- Outlier
- Shift
- Trend

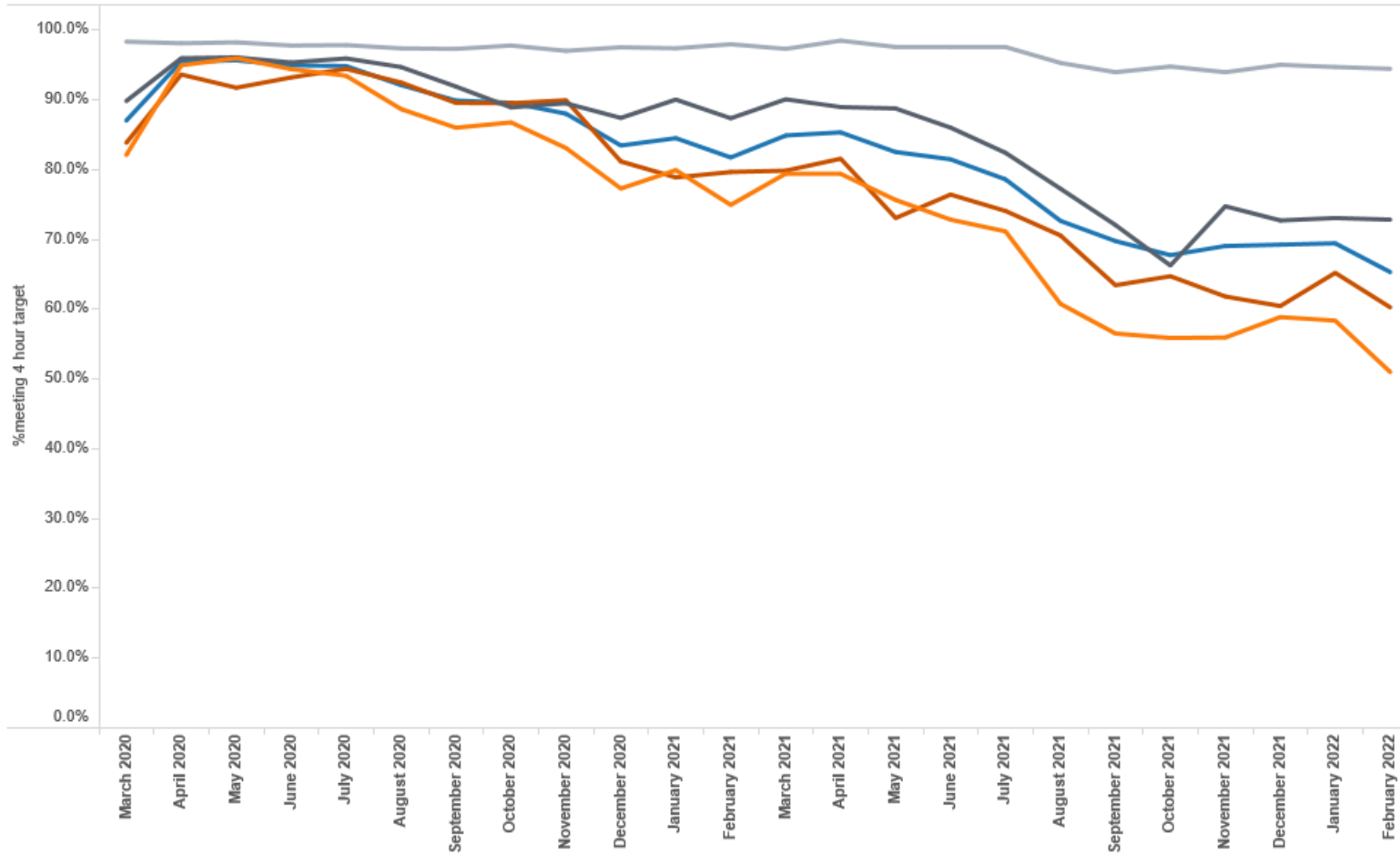
Target:
95%



4 Hour ED Target by Site (& Pan Lothian Comparison)

■ RIE
 ■ RHSC/RHCYP
 ■ SJH
 ■ WGH
 NHS Lothian

4 Hour ED Target



Reasons for Current Performance:

Although first assessments account for the majority of breaches, bed waits and treatment end waits have been responsible for an increasing number than previously. Due to pressures across the whole health and care system the ability to admit patients from Emergency Departments (EDs) has reduced, with hospital occupancy remaining high. The number of patients delayed in their discharge remains high due to workforce pressures within care services. This is having a negative impact on performance within the Emergency Departments. In addition, general staffing availability remains a significant challenge on all acute sites, due to a combination of COVID isolation, sickness, and vacancies.

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Phase 1 Redesign of Urgent Care (RUC) Pathway:</p> <ul style="list-style-type: none"> Maximise reduction and scheduling of self-presenter attendance Schedule all minor injury attendances Pan Lothian. Continue robust local comms to optimise stakeholder understanding of urgent care. Embed signposting and re-direction. 	<p>March 2022</p> <p>March 2022</p> <p>March 22</p> <p>Ongoing</p>	<p>Patients receive timely access to the right care in the right place avoiding delays anywhere in the system.</p>	<p>Early implementation of RUC phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post COVID-19.</p>	<p>RUC Phase 1 - Next steps to commence evaluation and closure report of phase 1 to transfer to Business as Usual.</p> <p>Implementation plan in place to schedule all adult minor injuries presentations.</p> <p>Local comms and stakeholder engagement are continuing.</p> <p>NHS Lothian Signposting policy has been developed and approved. Plans to embed this policy within the EDs and Flow Navigation Centre are continuing.</p>
<p>Phase 2 RUC Professional to Professional Urgent Care Referral Pathways and Interface Care</p> <ul style="list-style-type: none"> Ensure clear referral pathways for GPs (General Practitioners), Scottish Ambulance Service (SAS), AHPs (Allied Health Professionals) to Interface Care Services i.e., hot clinics, Minor Injuries Appointments (MIA) and Same Day Emergency Care (SDEC) 	<p>March 2022</p>	<p>Patients receive timely access to the right care in the right place avoiding delays anywhere in the system.</p>	<p>Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission.</p>	<p>Referral pathways in place for GP, community pharmacy and SAS referrals to schedule minor injury appointments. GP and AHP SAS referral pathways in place to SDEC (WGH and SJH (St Johns Hospital)), surgical and medical hot clinics.</p> <p>Short Life Working Groups (SLWGs) have been developed to enhance enabling services for the management of cellulitis and COPD (Chronic Obstructive Pulmonary Disease). The acute and HSCP teams are mapping</p>

<ul style="list-style-type: none"> Develop Pan Lothian SDEC model 	<p>December 2022</p>			<p>current service provision and identifying areas for potential expansion to reduce attendance and / or admission.</p> <p>SJH is currently undertaking a pilot of a hybrid SDEC model, December 21 to March 22. Royal Infirmary Edinburgh and St John's Hospital will then undertake a scoping feasibility exercise for an SDEC model on each site.</p>
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➤ **Delayed Discharges**

Measures definition: The monthly average number of discharges from both Adult Acute sites and by Health & Social Care Partnership (HSCP) that followed a period of delay in hospital. The data relates to people aged 18 years and over who were clinically ready for discharge.

Reporting Month: February 2022

Standard: Pan Lothian- 145 (from RMP4 trajectories)

Responsible Director(s): Alison MacDonald – Chief Officer

Oversight Mechanism: Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.

What the data tells us: The Board is asked to note or agree to the following summary:

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	Data is showing special cause variation. Recent signs of deterioration.	Yes	Yes

Pan Lothian Delayed Discharges

Reason For Delay Group
All

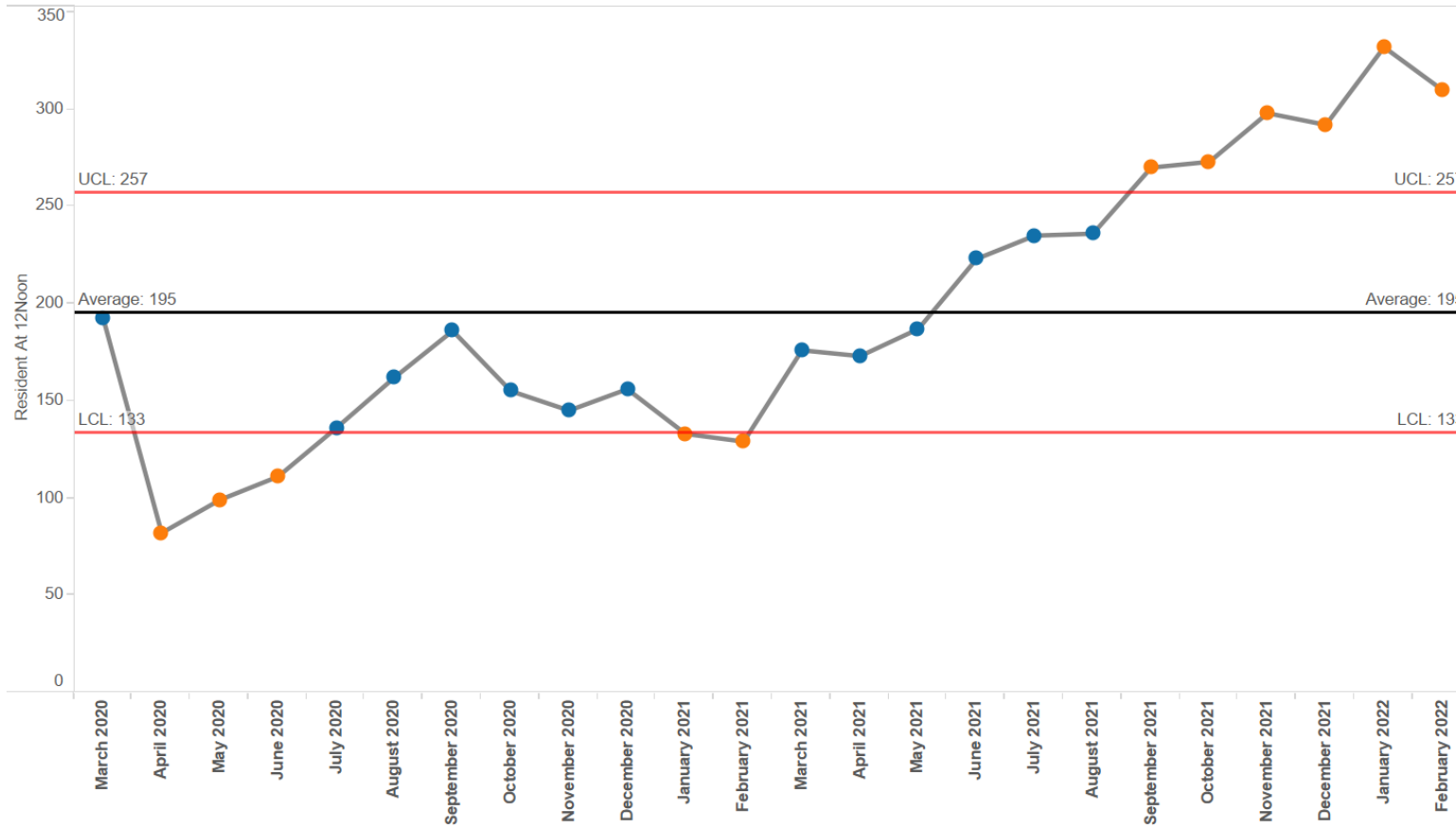
All census delays (above plus complex code 9s)
Target: 172

Health and social care / patient and family reasons
Target: 142

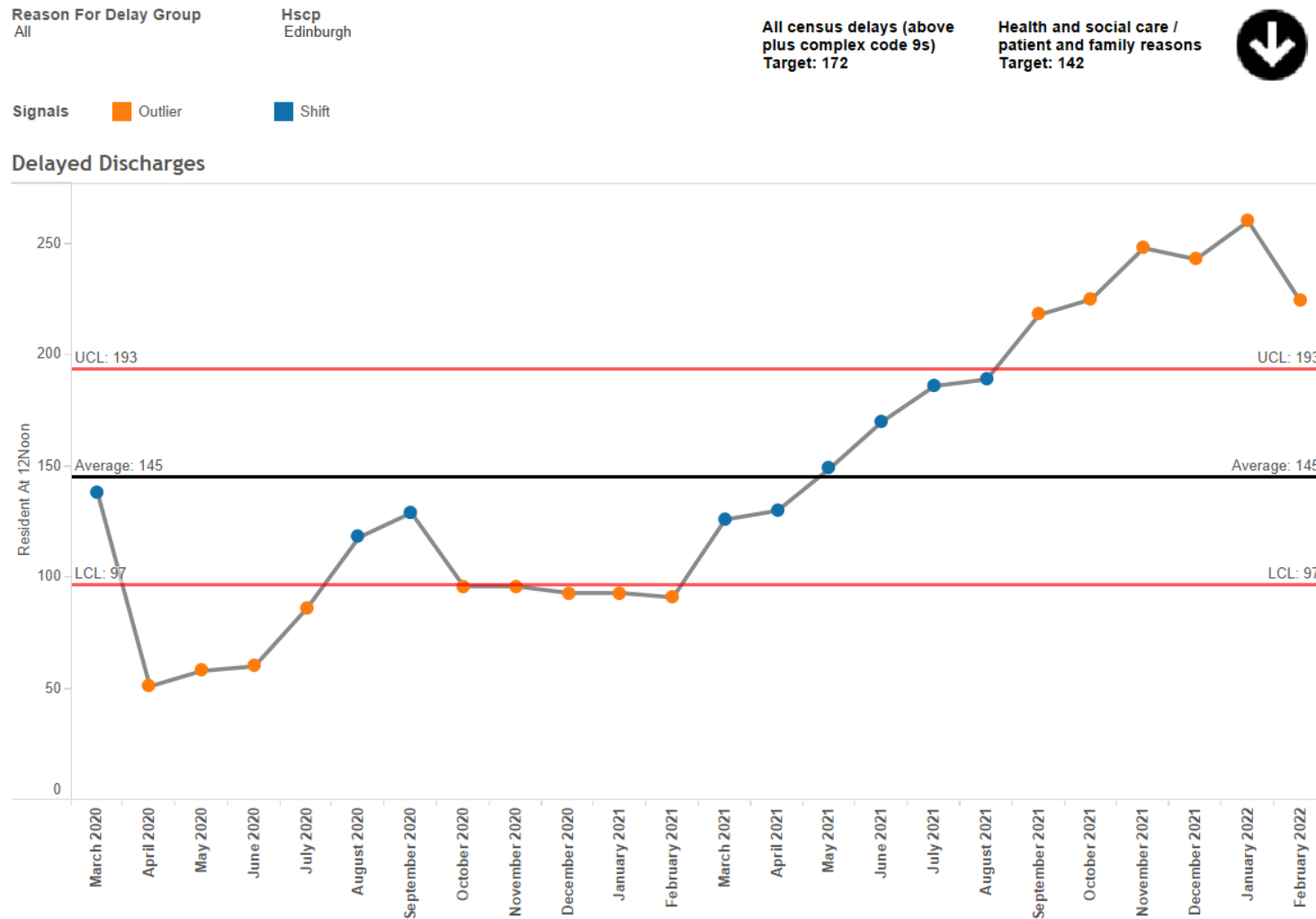


Signals ■ Outlier ■ Shift

Delayed Discharges



Edinburgh HSCP Delayed Discharges (March 2020 to February 2022; Average patients delayed, including Health and Social Care reasons and code 9s)



Reasons for Current Performance:

With the continued growth in delayed discharges, tackling this drop in performance continues to be a key priority for the Board. It should be noted this remains a critical focus of the Board's Gold Command remit, with Executive Directors requiring Edinburgh Health & Social Care Partnership (HSCP) to deliver resilient improvement plans to relieve pressure both in the short, and longer term.

HSCP delays have grown significantly over the previous months almost exclusively due to challenges with Package of Care (POC) capacity. Providers in general are maintaining status quo and replacing closed packages only, with no overall net increase in capacity created by this approach.

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Implement a Discharge without Delay (DwD) approach from the Scottish Government Expert Guidance Paper on Optimising Flow	Ongoing	The Discharge without Delay approach aims to reduce delay in every patient journey	To be realised	<ul style="list-style-type: none"> • Pan Lothian Dwd Core Implementation Group meetings have been held in both January & February 2022. • Self-assessment Tool completed jointly with acute sites and HSCP teams. • Acute sites and HSCP teams are developing their action plans following completion of the self-assessment. • Updated Discharge and Transfer Policy was approved by the Policy Approval Group in March.
Develop a Pan Lothian Discharge and Transfer Policy	March 2022			
HSCP led initiative(s) monitored and overseen by Corporate Management Team and GOLD (Including DCAQ project in Edinburgh)	December 2021 - ongoing	A variety of initiatives (funded on a non-recurring and recurring basis)	Reduced LoS Reduced/avoided delayed discharges	<ul style="list-style-type: none"> • Ongoing • Regular updates at CMT and GOLD

➤ **Outpatients**

Measures definition: The summary table above shows a number of indicators covering outpatient waiting lists and activity at the end of February 2022.

Data source: Internal management information.

Reporting Month: February 2022

Standard: 95% of patient waiting within 12 weeks

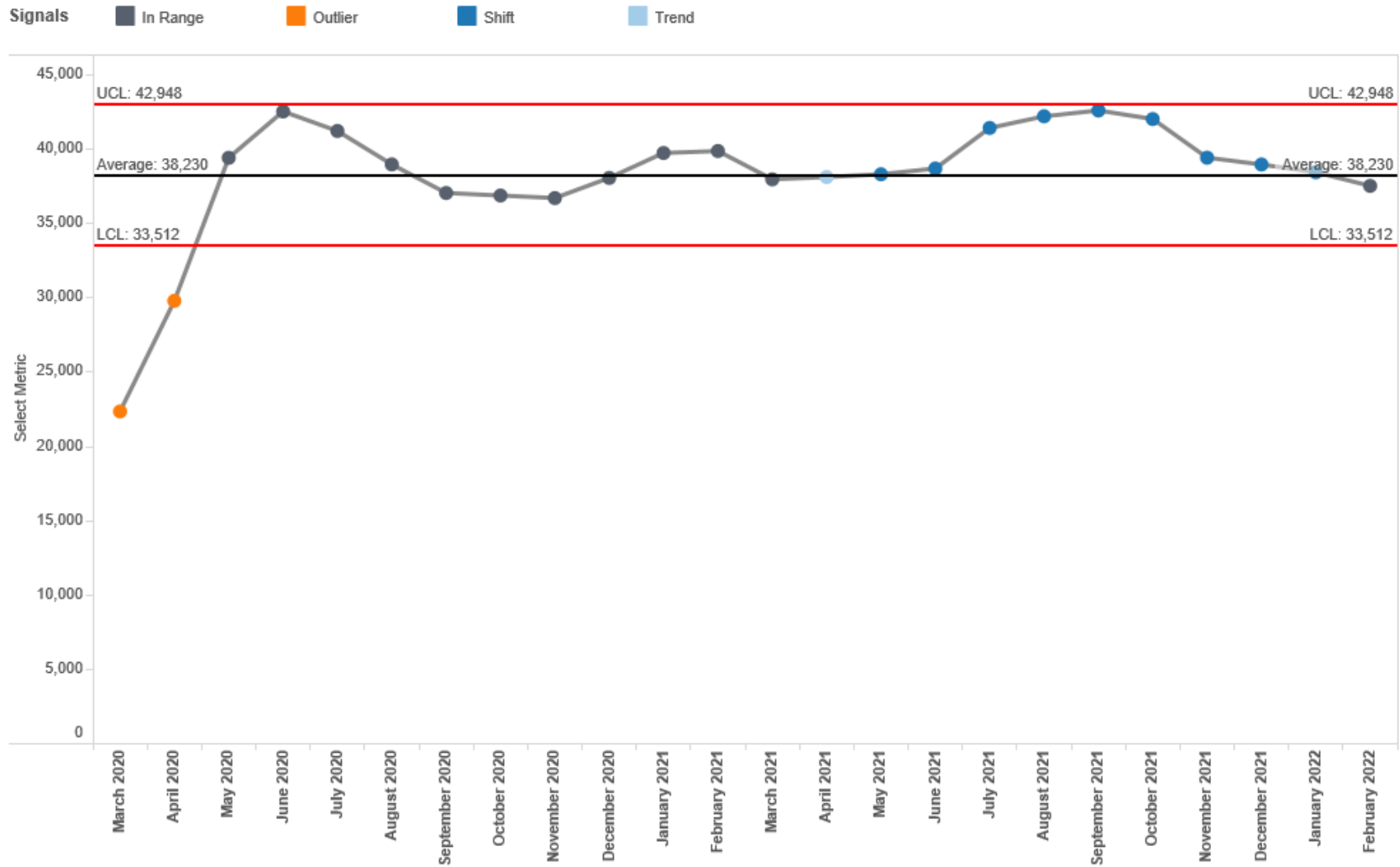
Responsible Director(s): Chief Officer – Acute

Oversight Mechanism: Outpatient Recovery Board

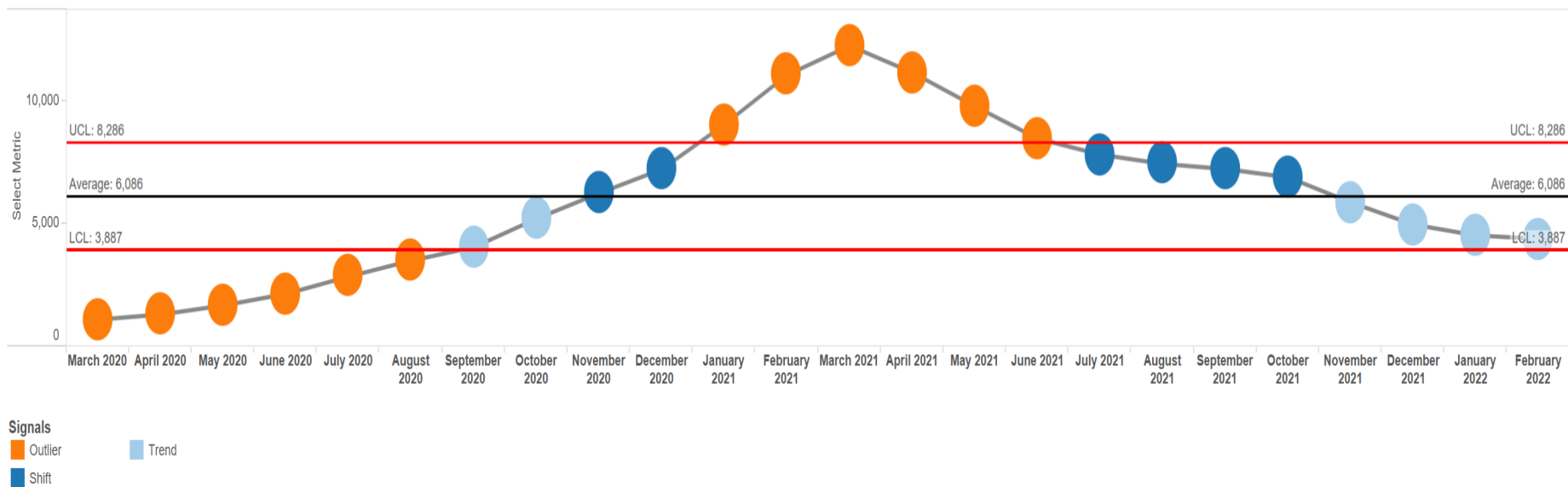
What the data tells us: The Board is asked to note or agree to the following summary:

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	<p>New Outpatient waiting list over 12 weeks - Data is showing special cause variation. No recent signals of change.</p> <p>New Outpatient waiting list over 52 weeks - Data is showing special cause variation. Recent signs of improvement.</p> <p>Outpatients continue to deliver comparable levels of activity to 2019; activity was 105% of 2019 activity levels in January 2022.</p>	Yes	Yes

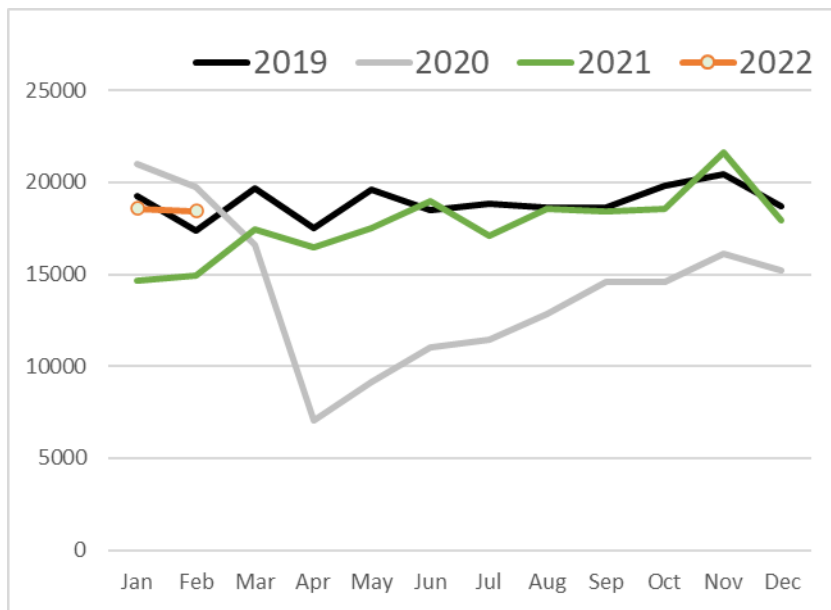
Outpatients waiting >12 weeks:



Outpatients waiting >52 weeks:



New Outpatient activity trend



For new outpatients, the Waiting list size and Performance continue to improve, as shown in the table below. The majority of patients waiting over 104 weeks are Routine patients within Dermatology. Dermatology services are currently undergoing a programme of performance support and improvements are now being seen, with a significant decrease observed in Urgent Suspicion of Cancer (USoC) and Urgent waiting times.

	Nov-21	Dec-21	Jan-22	Feb-22
OP Waiting list	75,712	74,126	72,956	72,819
Over 12 weeks	39,392	38,935	38,411	37,492
Over 52 weeks	5,865	4,963	4,522	4,380
Over 78 weeks	1,808	1,102	1,001	918
Over 104 weeks	119	86	97	139
USoC over 4 weeks	170	226	173	144
Urgent over 12 weeks	2,843	2,974	2,616	2,228

Reasons for Current Performance:

Outpatient performance is improving. Despite referral numbers returning to pre-COVID levels last year, the combination of the below actions meant that the backlog built up during COVID is now decreasing in most specialities:

- the remobilisation of services through increased virtual and face-to-face appointments
- the utilisation of some external provision where it was available
- and Waiting List Initiatives.

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>There is a Board-wide Outpatient (OP) Redesign Programme underway. All Outpatient specialties will be engaged in the programme on a rolling basis, based on priority as agreed by the Outpatient Recovery Board and advised by Site Directorate Groups.</p> <p>We are collaborating with the National Centre for Sustainable Delivery (CfSD) to support our programmes of remobilisation, recovery, and redesign (RRR). This collaboration facilitates specialty networks to bring together colleagues from across Scotland to share best practice.</p> <p>We currently have a spread of services engaging in these programmes, including across Outpatients. These are led by the specific specialty or by the Outpatient Redesign Programme.</p>	Ongoing, and continuing throughout 2022/23.	<p>Active Clinical Referral Triage streams patients to the appropriate advice, virtual or face-to-face appointment.</p> <p>Patient Focused Booking, whereby patients are sent an appointment letter, can improve 'Did not attend' (DNA)/ cancellation rates.</p> <p>Patient Initiated Follow Up (PIFU) gives patients flexibility to arrange follow-up appointments when they need them and so reduce demand.</p>	<p>Mode of contact in place to allow non-face-to-face appointments in specialties that have had their clinical templates updated during the remobilisation.</p> <p>At early testing stage.</p> <p>There are six specialties using PIFU. Of patients appropriate for PIFU, there has been a 5% reengagement rate.</p>	<p>Already in place but being reviewed to support the increased uptake of virtual. Rolling out to further services through the OP Redesign.</p> <p>Rolling out to further services through OP Redesign.</p> <p>Rolling out to further services through the OP Redesign.</p>
Waiting list validation of long waiting Routine patients.	Ongoing	To identify patients who no longer require or want an outpatient appointment.	Demonstrate a clean waiting list to book patients in order. Reduce DNAs and cancellations.	Commenced in Dermatology, General Surgery and Orthopaedics. Plans being developed to roll-out to all specialties.

➤ **Inpatients**

Measures definition: The summary table shows a number of indicators covering inpatients and daycase waiting lists and activity at the end of February 2022.
Data source: Internal management information.

Reporting Month: February 2022

Standard: 100% of patients seen within 12 weeks

Responsible Director(s): Chief Officer – Acute

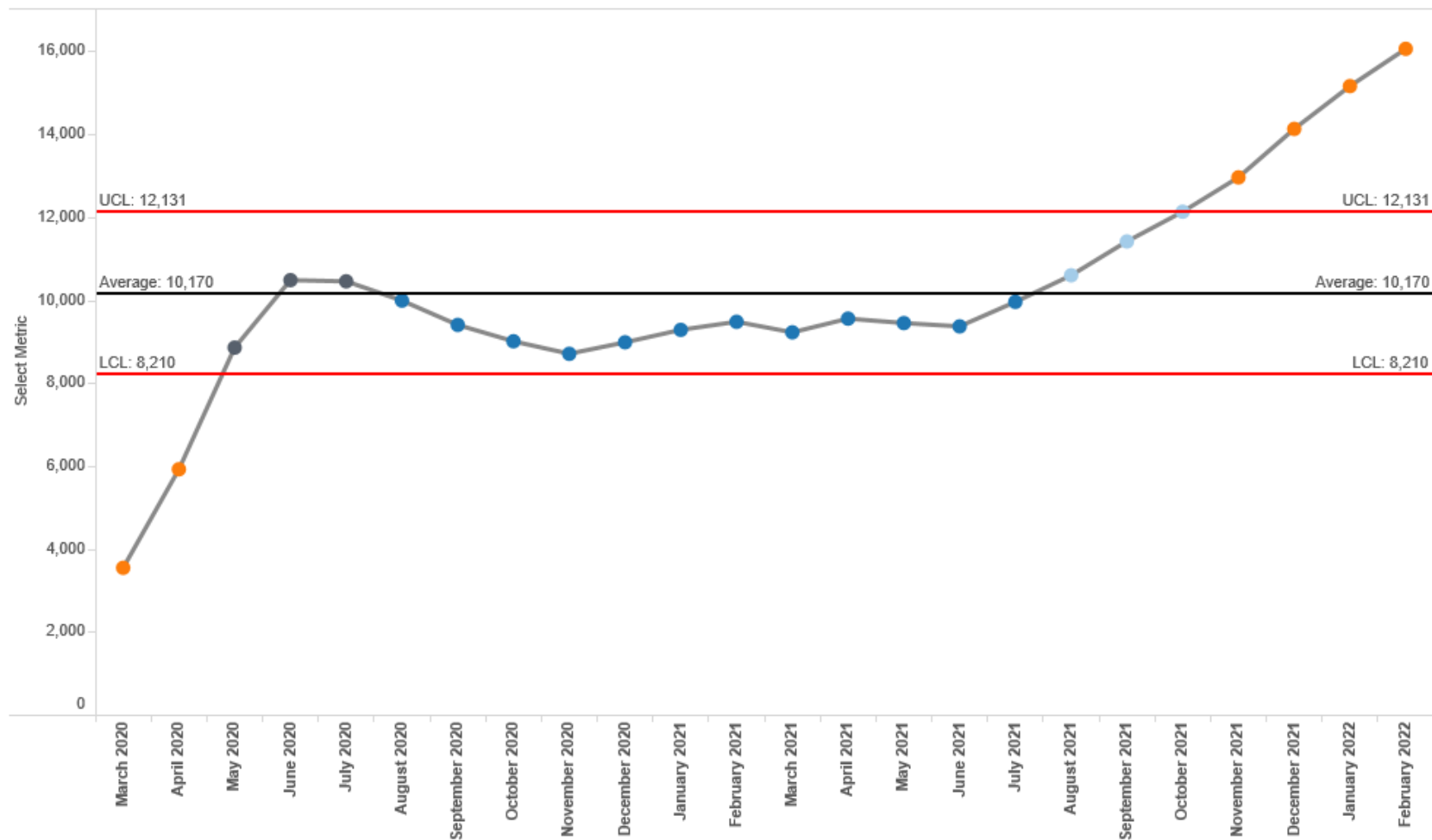
Oversight Mechanism: Inpatient/Day case Recovery Board

What the data tells us: The Board is asked to note or agree to the following summary:

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	<p>IPDC (Inpatients & Day Case) waiting list over 12 weeks - Data is showing special cause variation. Recent signs of deterioration.</p> <p>IPDC waiting list over 52 weeks - Data is showing special cause variation. Recent signs of deterioration.</p>	Yes	Yes

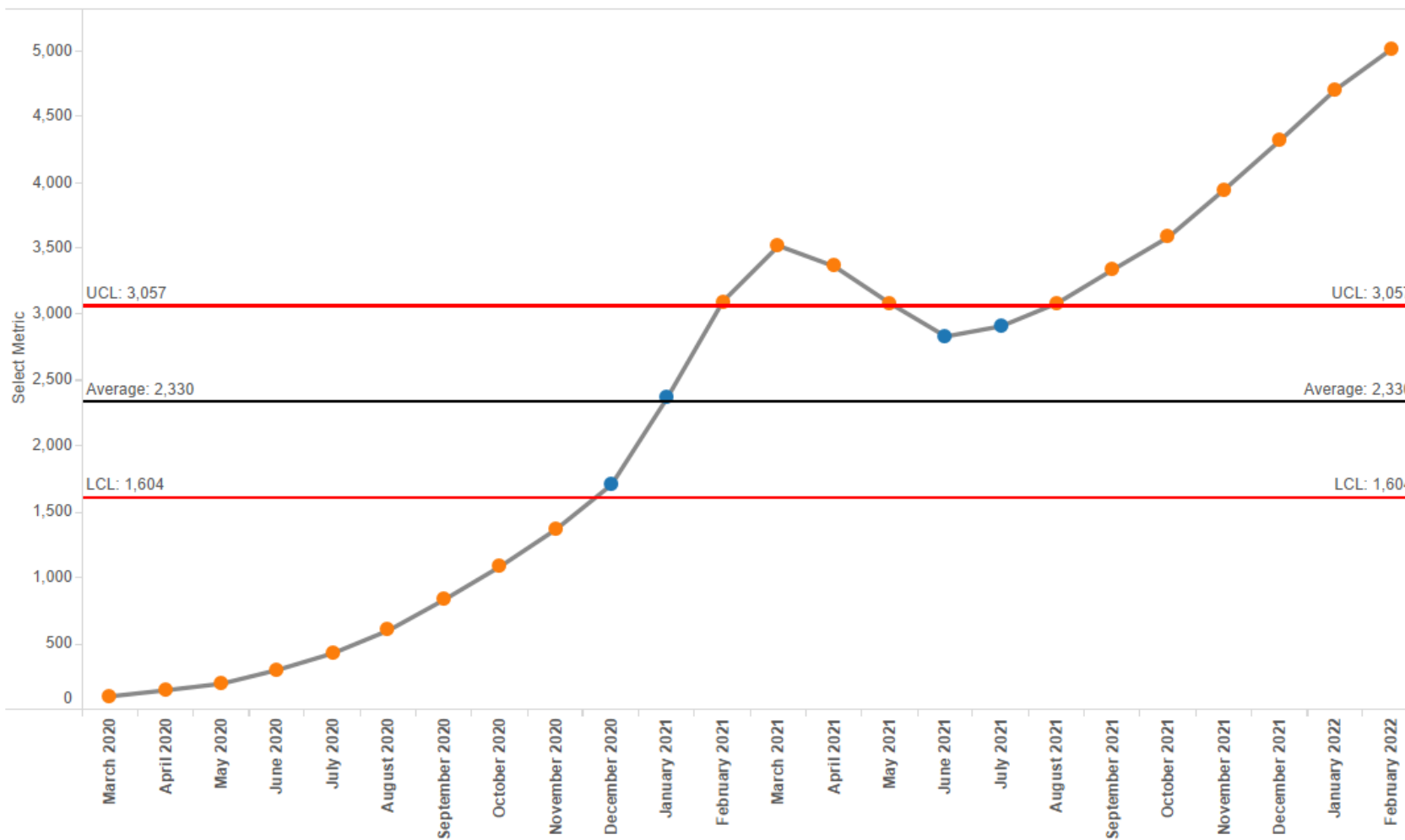
Inpatients waiting >12 weeks:

Signals ■ In Range ■ Outlier ■ Shift ■ Trend



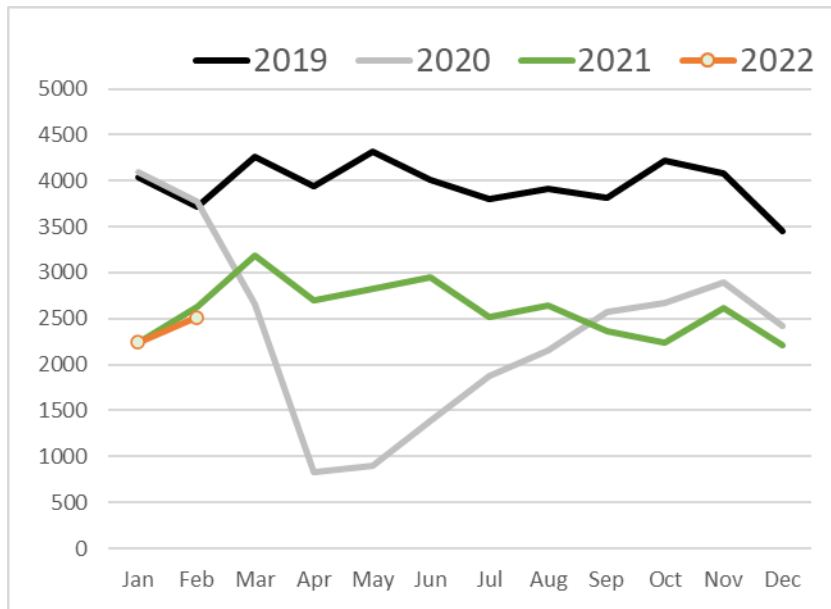
Inpatients waiting >52 weeks:

Signals ■ Outlier ■ Shift



Waiting list size and performance are impacted by reduced theatre capacity and bed constraints. Capacity is therefore focused on our most urgent patients. Theatre staff are flexibly realigned to maintain priority theatre lists. In January 2022, our in-patient/day case activity was 60% of our 2019 activity levels. This has a direct impact on waiting times for less clinically urgent patients.

Treatment Time Guarantee (TTG) Activity Trend:



Waiting list size and performance are impacted by reduced theatre capacity focused on our most urgent patients. The surgical specialties are impacted the most by this, including General Surgery, Orthopaedics and Urology, which have high volumes of less urgent patients. These specialties have decreased their P2 (Priority 2) Urgent waiting times.

Options are currently being developed to support elective care recovery, recognising the risks and impact of each option within current staffing and resource constraints, and continued unscheduled care pressures.

For 2022/23 we continue to secure external capacity, although there is limited availability across external markets in Scotland.

	Nov-21	Dec-21	Jan-22	Feb-22
TTG Waiting list	20,418	21,405	22,118	22,311
Over 12 weeks	12,960	14,129	15,160	16,061
Over 52 weeks	3,945	4,318	4,705	5,011
Over 78 weeks	1,722	1,761	1,850	2,040
Over 104 weeks	363	462	673	946
P2 USoC over 4 weeks	21	23	21	30
P2 Urgent over 12 weeks	885	844	756	619
P3 over 12 weeks	2,822	3,216	3,536	3,749

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Enhanced Recovery following surgery - General Surgery; Orthopaedics.	May 2022	Reduce Inpatient length of stay.	Agreed team roles required to support the programme.	Nurse recruitment in progress.
Realigning of theatre staff to maintain priority theatre lists.	Ongoing	Ensure P2 demand is met.	Capacity has been used for P2 priority patients.	Ongoing.
Weekly, cross-site theatre matrix meetings.	Ongoing	Advanced planning of theatre staff and equipment to increase utilisation of available theatre capacity.	Advanced booking ahead of theatre lists will reduce cancellations.	Ongoing.
Theatres Short Life Working Group is developing a theatre allocation model.	Ongoing, and continuing throughout 2022/23.	Theatre sessions across specialties are provided based on clinical and operational need.	Agreed to a test of change with General Surgery to develop methodology.	Establishing a review process for allocating theatre lists to specialties by considering: Demand, Capacity, Activity & Queue (DCAQ) information; Clinical prioritisation; Performance against KPIs (Key Performance Indicators).
Procurement of external provision.	Continuing throughout 2022/23.	Additionality to reduce backlog.	P2 Cancer patients at SPIRE; P3-4 patients at Golden Jubilee National Hospital (GJNH), Edinburgh Clinic and MediNet.	Additional Capacity Board reviewing current external contracts and seeking procurement to extend past Mar 22.

➤ **Cancer**

Measures definition: Measures the % of patients diagnosed with cancer to begin treatment within 31-days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62-days from urgent receipt of referral for newly diagnosed primary cancers.

Source: Public Health Scotland Cancer Waiting Times data

Reporting Month: January 2022

Standard: 95% of all eligible patients should wait no longer than 31 or 62 days, with a 5% tolerance level due to clinical appropriateness.

Responsible Director(s): Chief Officer – Acute Services

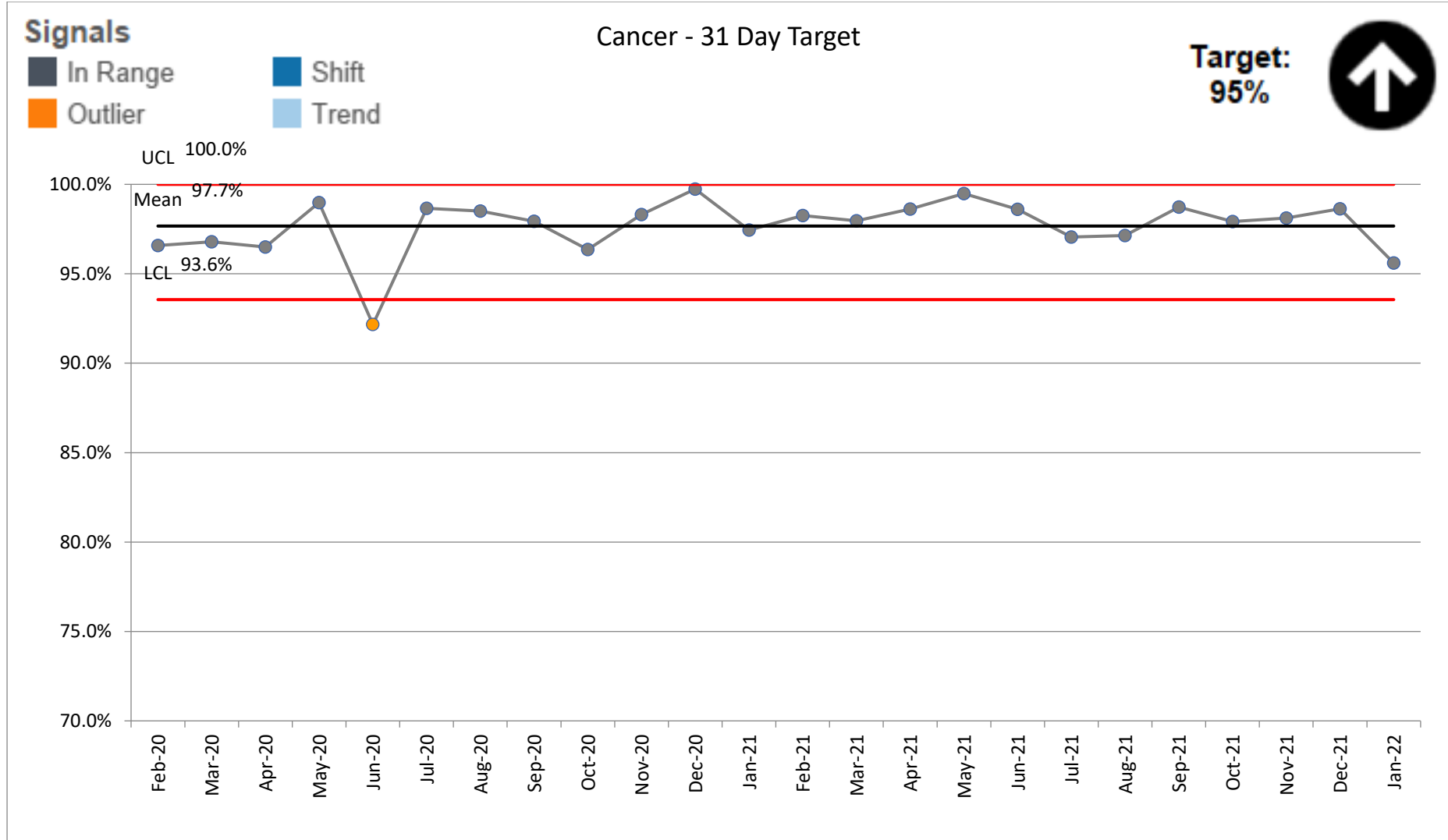
Oversight Mechanism: Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. Regular weekly/monthly/quarterly performance reporting is carried out through the Executive Team and Acute Senior Management Group.

What the data tells us: The Board is asked to note or agree to the following summary:

- 62-day cancer performance remained below target in January 22, however Lothian’s performance was almost two percentage points higher than the Scottish average (76.3%); with NHS Lothian performance at 78.2%.
- 31-day cancer performance was within target (>95%) and similarly above the Scottish average; NHS Lothian performance was 95.6% and for NHS Scotland was 95.2%:

Performance Against Standard	What is the data telling us?		Updated since Last Report?	
			Data	Narrative
Met	31-Day	Data is showing a single point of special cause variation but is now within control limits. January data is showing that 31-day performance remained relatively stable at 95.6%.	Yes	Yes
Not met	62-day	Data is showing special cause variation. Recent signs of deterioration. January data is showing that 62-day performance declined by 5.9% points in December and the January data point is an outlier. Three tumour groups improved performance and seven deteriorated as highlighted below, though of these, one remained above the 95% target.	Yes	Yes

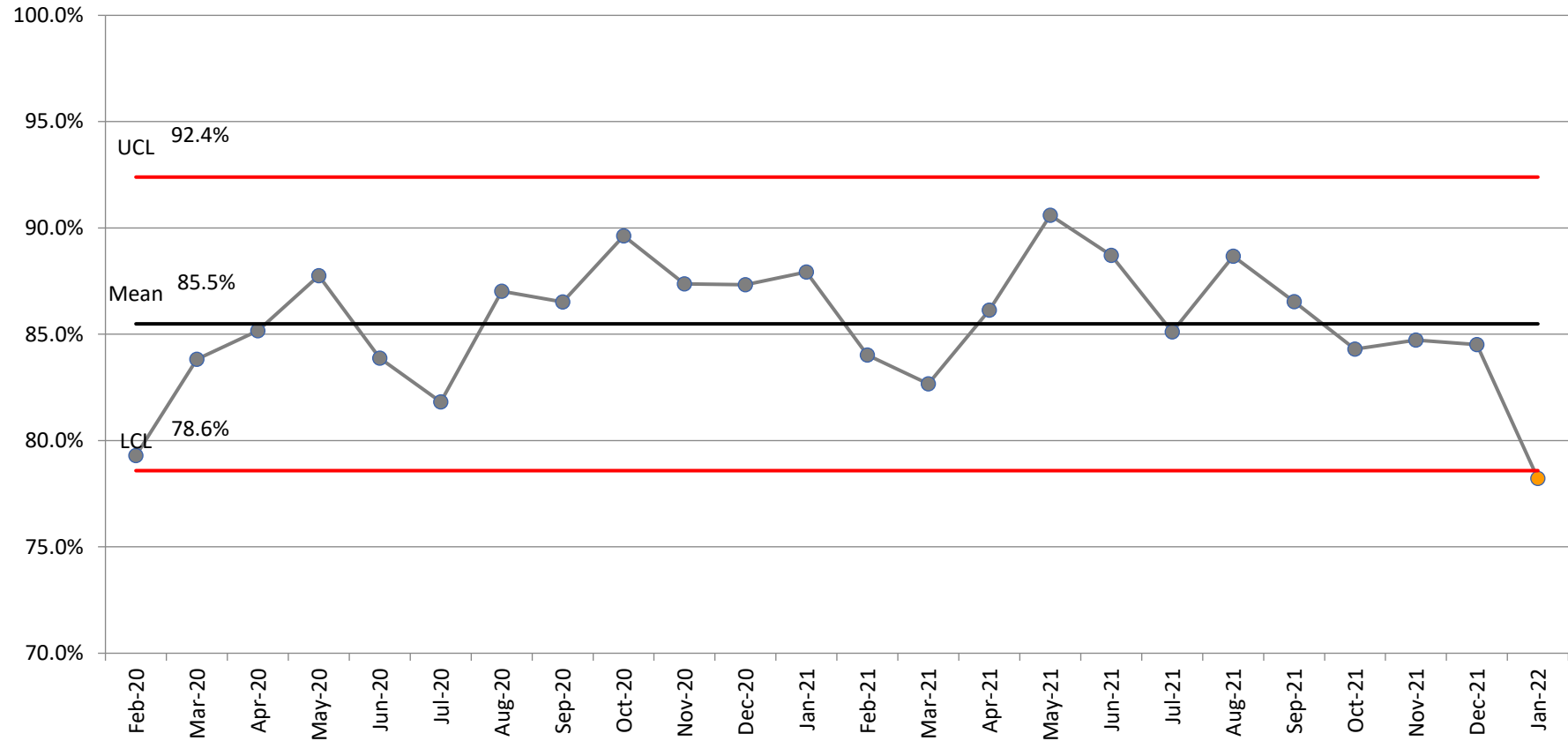
Performance Against Standard	What is the data telling us?	Updated since Last Report?																																					
		Data	Narrative																																				
	<p>Cervical (screened only), Head & Neck & Melanoma performance improved from December to January.</p> <table border="1"> <thead> <tr> <th></th> <th>December 2021</th> <th>January 2022</th> </tr> </thead> <tbody> <tr> <td>Cervical (screened only)</td> <td>0.0%</td> <td>50.0%</td> </tr> <tr> <td>Head & Neck</td> <td>90.0%</td> <td>100.0%</td> </tr> <tr> <td>Melanoma</td> <td>75.0%</td> <td>90.9%</td> </tr> </tbody> </table> <p><i>Improved tumour group 62-day performance – January 2022</i></p> <p>Breast (screened excluded), Cervical (screened excluded), Colorectal (screened excluded), Colorectal (screened only), Lung and Upper GI performance reduced from November to December.</p> <table border="1"> <thead> <tr> <th></th> <th>December 2021</th> <th>January 2022</th> </tr> </thead> <tbody> <tr> <td>Breast (screened excluded)</td> <td>100.0%</td> <td>95.2% [but >95% target]</td> </tr> <tr> <td>Cervical (screened excluded)</td> <td>100.0%</td> <td>0.0%</td> </tr> <tr> <td>Colorectal (screened excluded)</td> <td>72.0%</td> <td>55.0%</td> </tr> <tr> <td>Colorectal (screened only)</td> <td>91.7%</td> <td>57.1%</td> </tr> <tr> <td>Lung</td> <td>100.0%</td> <td>82.4%</td> </tr> <tr> <td>Upper GI</td> <td>85.7%</td> <td>83.3%</td> </tr> <tr> <td>Urology</td> <td>55.6%</td> <td>55.3%</td> </tr> </tbody> </table> <p><i>Reduced tumour group 62-day performance – January 2022</i></p>		December 2021	January 2022	Cervical (screened only)	0.0%	50.0%	Head & Neck	90.0%	100.0%	Melanoma	75.0%	90.9%		December 2021	January 2022	Breast (screened excluded)	100.0%	95.2% [but >95% target]	Cervical (screened excluded)	100.0%	0.0%	Colorectal (screened excluded)	72.0%	55.0%	Colorectal (screened only)	91.7%	57.1%	Lung	100.0%	82.4%	Upper GI	85.7%	83.3%	Urology	55.6%	55.3%		
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Signals

- In Range
- Outlier
- Shift
- Trend

Cancer - 62 Day Target



Reasons for Current Performance: The accumulated effect of sustained high referral numbers as seen in the chart below, staffing challenges experienced over winter and reduced capacity over Christmas and New Year impacted January 62-day performance. The pathway time for patients treated in January occurred over a particularly challenging period when times to outpatient appointments, endoscopy and radiology were nominally over 2 weeks and the provision of surgery was impacted by cancellations and theatre list closures; the effect In January was greatest on the colorectal cancer pathway.



Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
1. All tumour groups: Programme of work to review and update all tumour group timed cancer pathways	Various up to end Dec 2022	Up-to-date understanding of opportunities for improvement in the pathways, to support attainment of the National Cancer Standards		Head & Neck, Breast, Upper Gastrointestinal (UGI) and Gynaecology services are engaged. Draft Terms of Reference have been prepared to clarify expectations.
2. Pathology and Radiology: Quality Improvement (QI) projects to aid appropriate prioritisation of Urgent Suspicion of Cancer (USoC) orders	End March 2022	Reduce average waiting time for USoC procedure/ sample reporting	Improved communication of priority following endoscopy.	Ongoing actions to be owned by services and overseen by the Diagnostics Recovery Board.

Action	Due By	Planned Benefit	Actual Benefit	Status
3. Urology Pathway improvement and development work	Various up to end June 2022 (excl. nephrectomy recovery plan)	Prioritise actions to reduce timings across various stages of the cancer pathway	Positive patient feedback on one-stop clinic. Additional flexible cystoscopies and surgical capacity.	One stop bladder clinic commenced in Dec 21. Demand, Capacity, Activity & Queue (DCAQ) improvement plan for Nephrectomy approved Dec 21. Extension of Spire contract for Robotic Assisted Radical Laparoscopic Prostatectomy (RARLP) to March 31 st 22. Additional in-house robotic capacity is being explored from April onwards. Flexible cystoscopies test of change undertaken in a non-theatre environment. Flexible cystoscopy in non-theatre environment planned as regular activity in consultant job plan from Apr 22.
4. Endoscopy: Wait List Initiatives (WLIs) will be used for USoC patients in January. All endoscopy lists are being monitored for cancellations within the next seven days – cancelled slots will be offered to cancer trackers to pull patients forward.	End Jan 2022	Spread demand across bowel screening, colonoscopy, and flexi sigmoidoscopy to provide extra capacity for patients.	Providing extra capacity for patients and spread of demand across bowel screening, colonoscopy, and flexi sigmoidoscopy.	Complete – WLIs are continuing beyond January.
5. Dermatology:	Various to end March 2022	Reduce waiting list for USoC OP appointments.		Hot Week(s) commenced week beginning

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Trialing 'Hot Weeks' when only new USoC patients will be seen. Scottish Government Recovery & Redesign funding awarded for dermatoscopes – planning underway to roll out to GPs.</p> <p>Change Amber queue to urgent – bespoke letters being sent to GPs when patients are regraded from USoC to Urgent.</p>		<p>Better quality referrals to support clinical triage and prioritisation based on clinical need.</p>		<p>24th Jan. First was a success with learning to be implemented for another one at the end of March. Aim to also increase biopsy capacity.</p> <p>GPs are now asked to submit photos with referrals</p>
<p>6. Upper Gastrointestinal (UGI): Focus on UGI Multi-Disciplinary Team meetings (MDTs) to ensure USoC prioritisation and target dates to be clearly shown on MDT (multidisciplinary team) lists.</p>	<p>End Jan 2022</p>	<p>Reduce delays in USoC patients being listed for MDT</p>	<p>Not able to quantify impact at this stage but has been a visual reminder of target date for staff attending the meeting</p>	<p>Complete since 24/01/22</p>

➤ **Diagnostics - Gastrointestinal (GI)**

Measures definition: The summary table shows a number of indicators covering the 4 key diagnostics tests, including 6 week standard and activity variance at the end of February 2022.

Reporting Month: February 2022

Standard: National 6-week standards – patients referred for key gastrointestinal diagnostic tests of Upper Endoscopy, Lower endoscopy (other than colonoscopy), Colonoscopy and Cystoscopy should not wait longer than 6 weeks; also, activity variance, as above.

Responsible Director(s): Chief Officer – Acute Services

Oversight Mechanism: Scheduled Care Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Diagnostic Waiting Times and Diagnostic Recovery Board via this. Regular weekly/ monthly/ quarterly performance reporting is carried out through the Executive Team and Acute Senior Management Group.

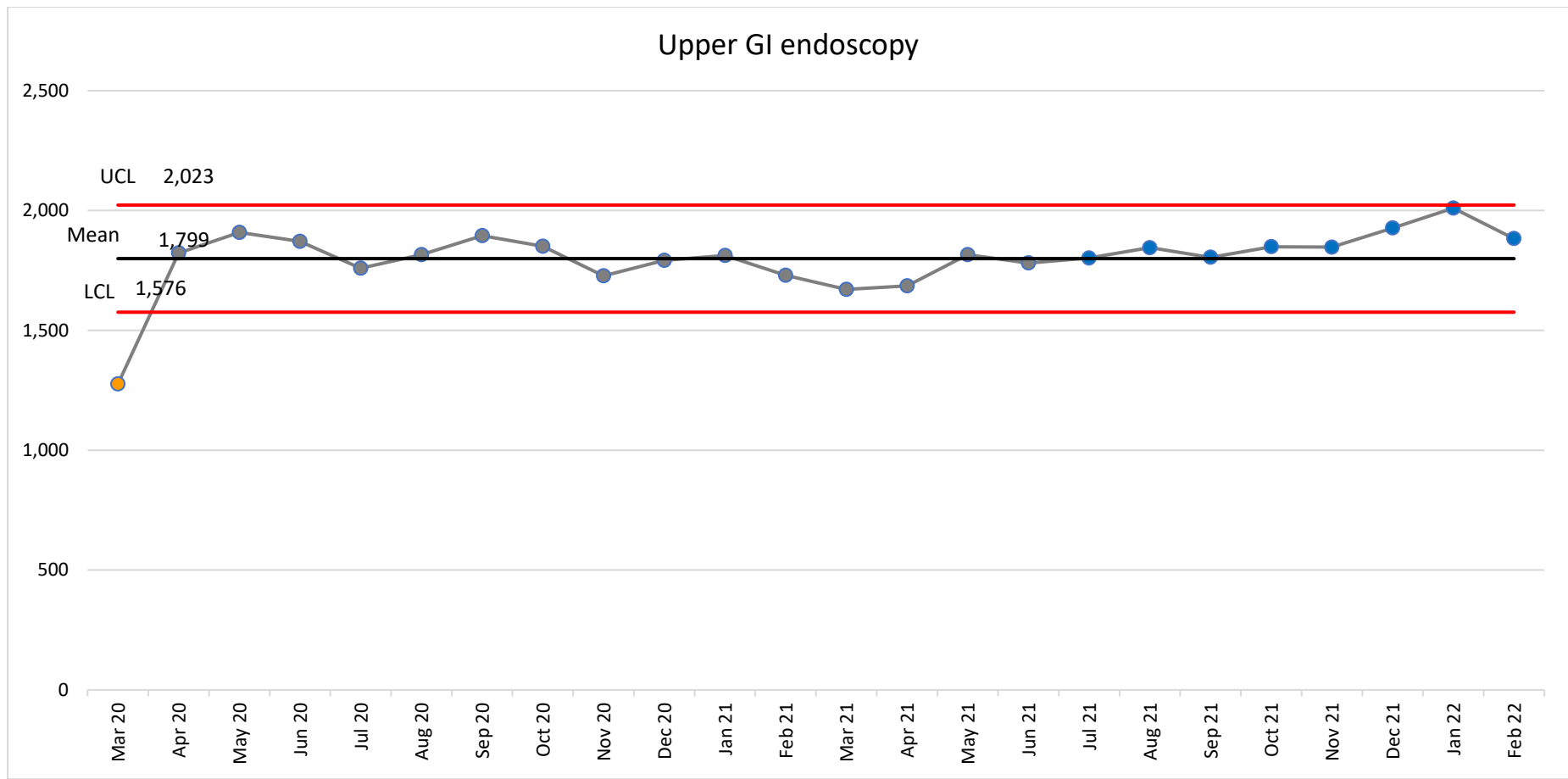
What the data tells us: The Board is asked to note or agree to the following summary:

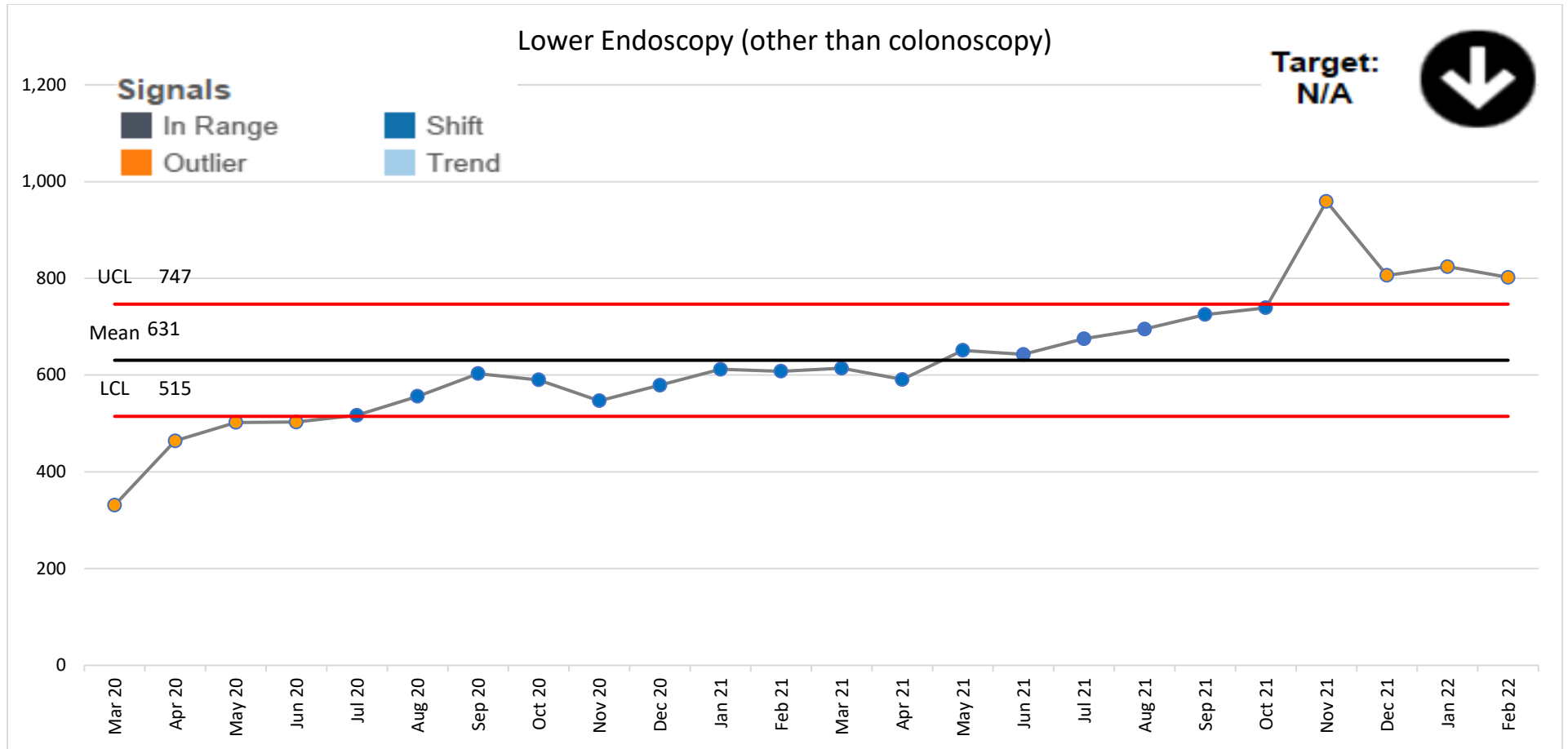
Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	Data is showing special cause variation, recent signs of deterioration for upper and lower endoscopy. Both cystoscopy and Colonoscopy are showing special cause variation, but no recent signals of change.	Yes	Yes

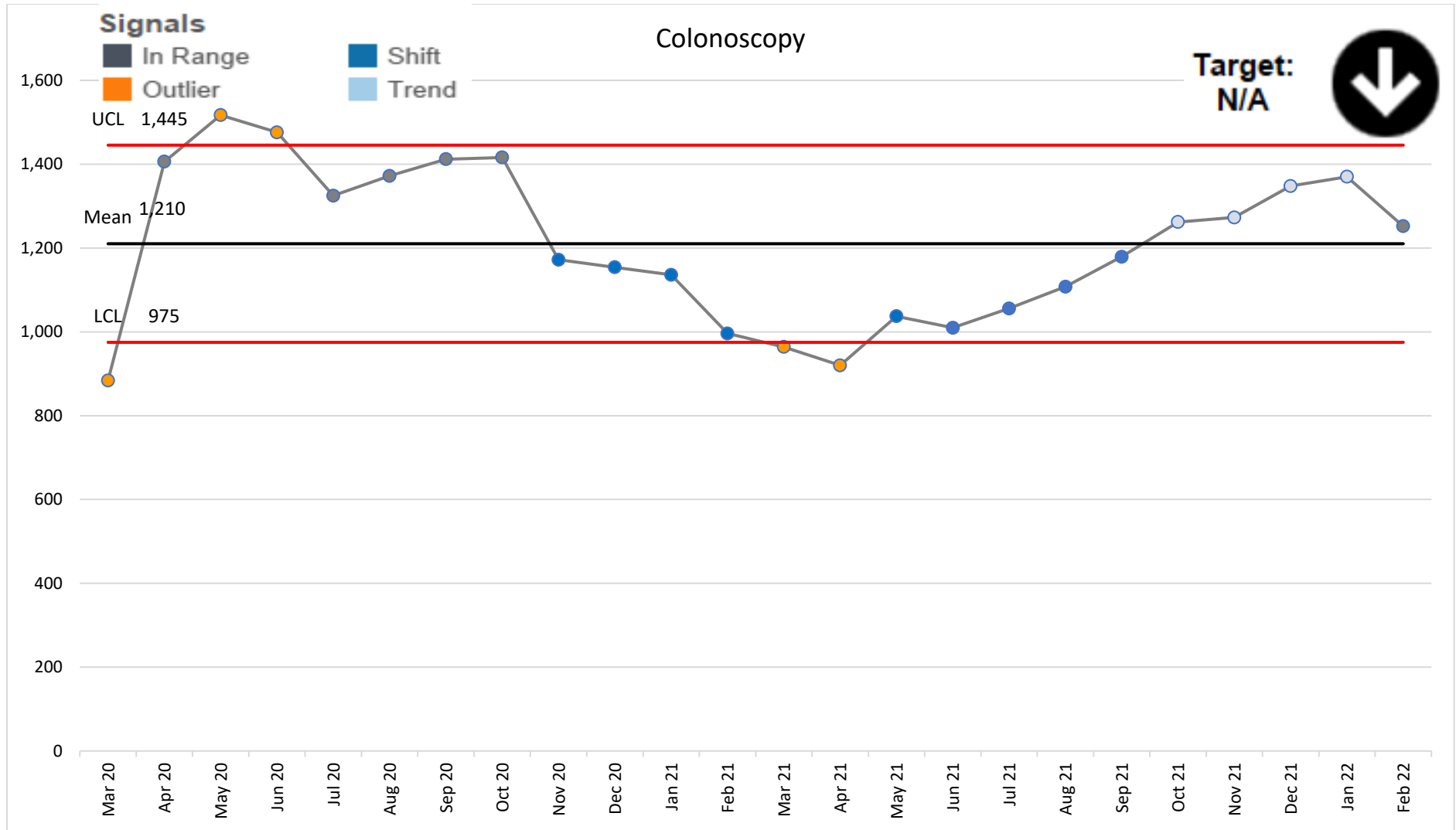
Metric		February 2022	January 2022 position	December 2021 position	November 2021 position	October 2021 position	September 2021 position	August 2021 position	2020/21 monthly average	2019/20 monthly average	2018/19 monthly average	
8 key diagnostic procedures (>6 weeks at month end)	Upper GI endoscopy	1,883	2,010	1,927	1,847	1,849	1,805	1,845	1,805	759	1,308	
	Lower Endoscopy (other than colonoscopy)	802	824	806	959	739	725	695	558	351	680	
	Colonoscopy	1,252	1,370	1,348	1,273	1,262	1,179	1,108	1,279	828	1,508	
	Cystoscopy	1,009	1,054	1,006	776	951	950	921	946	375	418	
			Feb-22	Jan-22	Dec-21	Nov-21	Oct-21					
Overall New waiting list size, excl. cystoscopy			5,608	5,731	5,691	5,663	5,673					
Urgent Suspicion of Cancer (USoC) >4 weeks			76	183	148	128	103					
Urgent > 12 weeks			2,776	2,875	2,788	2,648	2,635					
Routine > 52 weeks			261	235	206	179	165					
Routine > 78 weeks			108	102	81	83	71					
Routine > 104 weeks			39	20	104	<10	<10					
Urgent > 104 weeks			0	0	0	19	69					

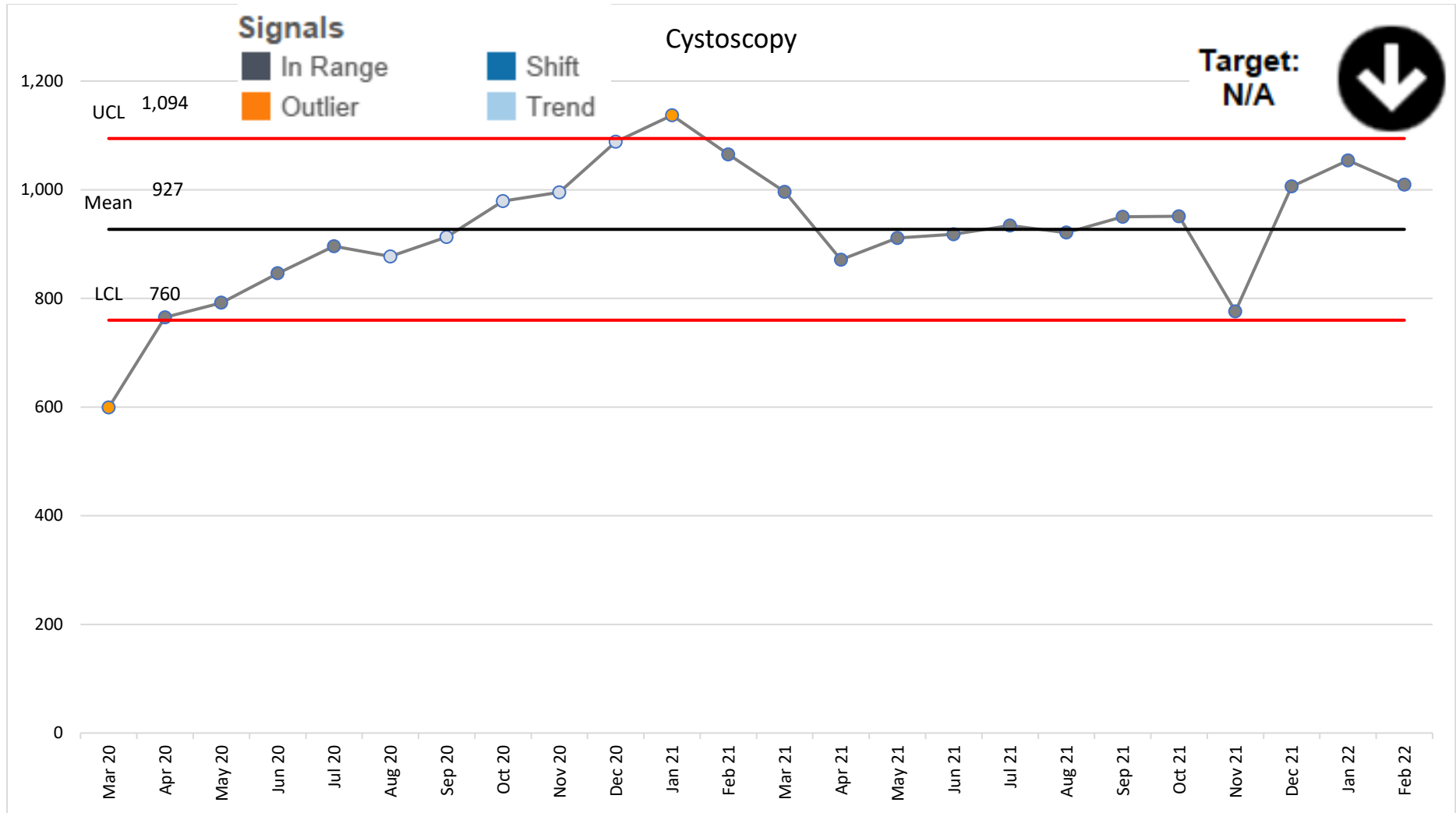
	Planned Activity	Actual Activity
Oct-21	1,150	1,105
Nov-21	1,150	1,216
Dec-21	1,150	1,098
Jan-22	1,150	1,176
Feb-22	1,300	1,378

Diagnostic GI Performance >6 weeks:







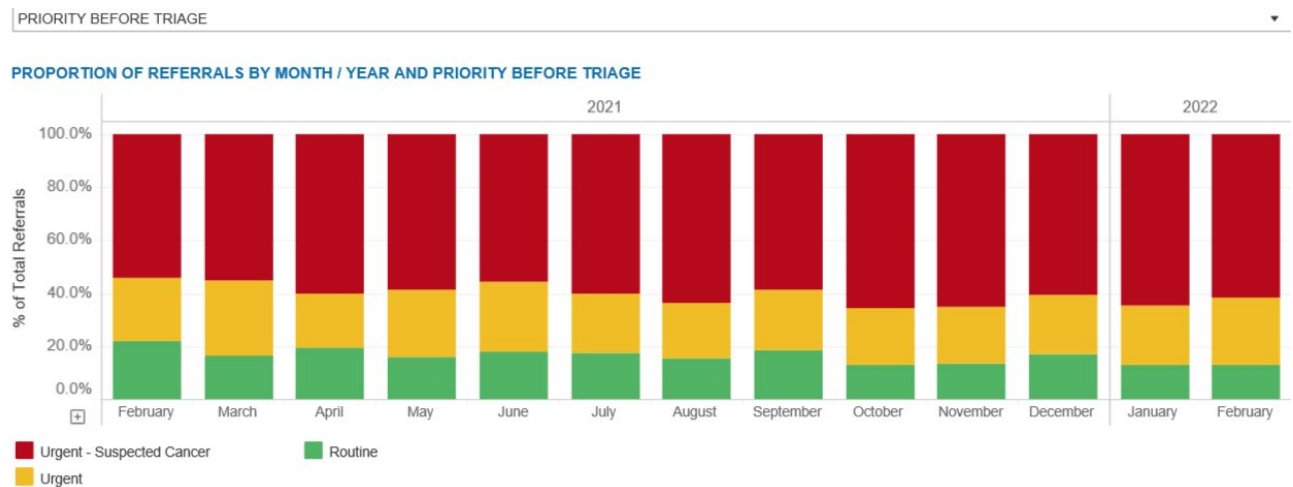


Reasons for Current Performance:

The continued lower than planned level of 'new' patient lower and upper endoscopy activity has been partially due to existing vacancies in endoscopy and within nursing roles across NHS Lothian endoscopy locations. Overall activity has decreased since December 2021 due to increasing COVID-19 isolation by nursing staff and endoscopists, which has resulted in cancellation of lists when alternative operators could not be found; particularly in January 2022. Nurse endoscopist sickness resulted in capacity being reduced by approximately 50 patients per week over a two-month period. Due to competing demands (staff changes within the general surgery team and the need to deliver increased outpatient activity), we have seen a reduction in activity delivered by Upper Gastrointestinal (GI) consultants, and there is a loss of activity due to on-going workforce pressures as described above.

Appointment slot prioritisation remains for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients, irrespective of diagnostic test. USoC demand remains higher than pre-pandemic levels, therefore 'new' upper and lower urgent and routine endoscopy waits remain extended. The demand for USoC colon pre- and post-triage demonstrates an increase in prioritisation, as shown in the graphs below:

USoC Colon Referral Patterns Pre and Post-Triage:



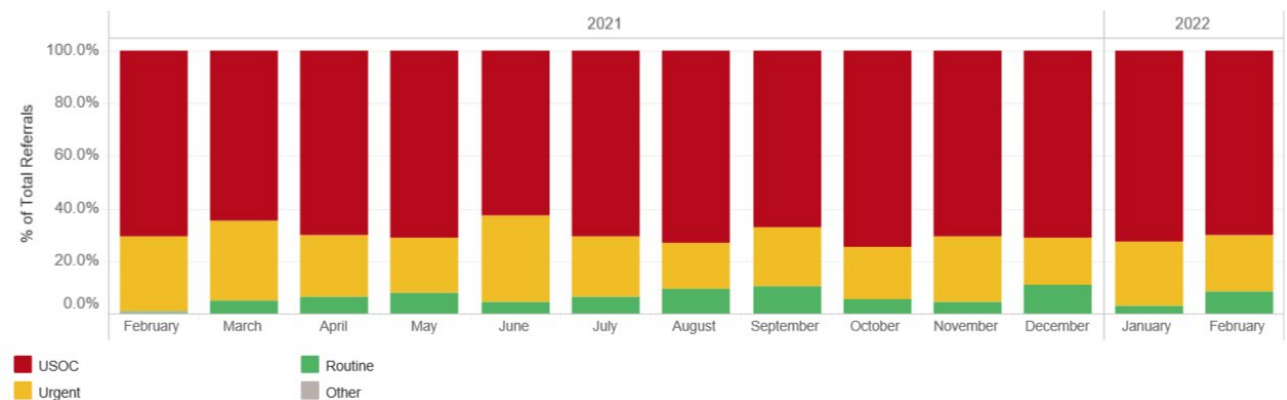
Month & Year: (Multiple values) |
 Referral Source Group: GP |
 Specialty: (Multiple values) |
 Service: (Multiple values) |
 Council Area: (All) |
 GP Practice: (All)

MONTHLY TRENDS

SELECT CATEGORY TO VIEW TIME SERIES OF NUMBER OF REFERRALS BY:

PRIORITY AFTER TRIAGE

PROPORTION OF REFERRALS BY MONTH / YEAR AND PRIORITY AFTER TRIAGE



Until 31st January 2022 patients attending the regional Endoscopy Unit in Fife were required to undertake a PCR test and to isolate for 3 days before their Endoscopy procedure, which had led to low uptake. This approach has now ceased as patients instead take a COVID-19 Point of Care test on arrival at the unit, prior to their procedure. It is anticipated that this will now allow the booking team to fill all capacity at the unit. This is being monitored on an ongoing basis.

There is on-going housekeeping of waiting lists; local policies for patient cancellations and 'Did Not attends' (DNAs) have been updated and are being implemented. Longest waiting patients are being reviewed and booked on a weekly basis.

Cystoscopy

Isolation and sickness of specialty doctors in December, and a reduction in activity due to festive leave and the loss of a specialty doctor post resulted in reduced activity in December and at the start of January. A continued focus on improved cystoscopy performance has led to an increased level of activity in February.

Measures to increase cystoscopy further, as detailed in the action plan below, are expected to result in an improved position over the coming months. The vacant specialty doctor post has been filled from April by a current clinical fellow. The clinical fellow filling the newly vacant post will commence in June, which means the new specialty doctor will continue to support the urology senior trainee rota until at least then this will impact on the level of planned activity the specialty doctor can deliver.

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Recruitment to Nursing vacancies within endoscopy	Recurring advert for Band 5 nurses within endoscopy	Improve nursing capacity within main sites.	Ability to utilise and improve capacity for endoscopy procedures, thereby reducing waiting times.	Ongoing – Western General Hospital (WGH) and Royal Infirmary Edinburgh (RIE) recruitment ongoing, posts advertised. Workforce paper being drafted for Performance Oversight Board (PSOB).
Increase capacity at East Lothian Community Hospital (ELCH) to 20 sessions per week	Was due March 2021 – have incrementally increased capacity. Now it is anticipated to end March 2022.	Increased endoscopy capacity by 10 sessions per week (approx. 48-50 patients, scope-type dependent).	Have now increased capacity to 15. Increased number of patients being scoped, thereby reducing waiting times.	Ongoing recruitment to open remaining sessions - 2 posts currently at advert, plans being considered to review banding. Meeting undertaken with ELCH service team highlighting need for nurse recruitment. To be followed up with staffing plan workforce paper for POSB.
Utilisation of Room 4 WGH	Was due by Mid-2021	Increased capacity for endoscopy procedures (approx. 50-60 patients per week, scope-type dependent).	Will increase capacity, thereby reducing waiting times.	Room ready and posts being recruited to – see above for recruitment Ongoing discussions regarding ability to increase throughput of patients through WGH day bed area.
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 discussions regarding vulnerability of Nurse endoscopist workforce. To advertise for further trainee endoscopist, if no qualified endoscopists are available.
Reduction of 2 metre distancing within recovery areas	Ongoing – in line with latest Infection Prevention Control (IPCT) guidance	Increase capacity.	Reduction in waiting times	Latest guidance remains for 2 metre distancing

Action	Due By	Planned Benefit	Actual Benefit	Status
Long wait urgent Colon patient re-triage via telephone consultation and Qfit.	Commenced November 2021 – will continue until waiting list validated	Abnormal Qfit 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. To date approx. 48 patients expedited, 71 being clinician reviewed following Qfit result with potential to remove. A total of approximately 800 urgent colonoscopy patients being reviewed.
Implementation of Qfit to determine need for colonoscopy	Work commenced	Patients will only be triaged to colonoscopy if they have abnormal Qfit result.	Decreased referrals for colonoscopy. Improved waiting times.	Work ongoing within colorectal team and Gastrointestinal (GI) clinical team implementing Qfit pathway and integrating into triaging practice, prior to decision being made to refer for scope. Standard Operating Procedure circulated to GI Clinicians.
Review of clinician templates	Commencing week beginning 24 th January	Maximising use of time, capacity and throughput. Potential to increase capacity. There are approximately 100 templates to be reviewed.	Increased capacity	Commencing w/b 24 th Jan – Charge Nurses reviewing capacity within units and updating when additional patients can be added to clinician templates. To date - RIE further session commencing 21 st April 2022.
Roll out Cytosponge diagnostic procedure, an alternative to upper endoscopies - Cytosponge added to Triage	Now in place	Cytosponge diagnostic procedure to reduce the number of upper endoscopies. Decrease number of referrals to Upper endoscopy for patients presenting with specific symptoms.	Decreased waiting time for Barrett's surveillance endoscopy. Decreased waiting times for Upper endoscopy for specific group patients triaged with Gastro-oesophageal reflux disease (GORD).	Ongoing – to date only small numbers of new patients are meeting the criteria for cytosponge with symptoms of GORD.
Review feasibility of insourcing external provider for weekend activity within main site	To commence as soon as possible	Maximise use of endoscopy room availability and increase capacity. This would potentially increase capacity by 10 patients per day if one	Increased capacity within NHS Lothian for endoscopy thereby reduce waiting times/ waiting list.	To commence feasibility and initiate discussions. Discussions commenced with ELCH for weekend working for this once staffing in place.

Action	Due By	Planned Benefit	Actual Benefit	Status
		operator undertaking a full day list.		Demand, Capacity, Activity & Queue (DCAQ) work to be undertaken following Performance Oversight Board request.
Recruitment to vacant Urology specialty doctor post, who will also provide Cystoscopy activity	1 st April 2022	Return to capacity levels quantified in trajectories	Awaited	Candidate offered post. To commence fully from ~June 2022, as above.
Additional capacity planned through additional weekly flexible cystoscopies sessions delivered in outpatient setting.	From April 2022	Additional 12 flexible cystoscopies per week	Awaited	Planned and booking to commence end Feb 2022
Additional short term flexible cystoscopy capacity to manage long waiting patients	April – June 2022	Additional 12 flexible cystoscopies per week	Awaited	Planned and booking to commence end Feb 2022
Additional capacity via weekend Waiting List Initiatives (WLIs)	Ongoing	Additional 22 flexible cystoscopies per week	Additional activity	Ongoing
Recruitment of nurse cystoscopist	Ongoing/ June 2022	Additional flexible cystoscopy lists	Additional flexi cystoscopy lists but no immediate impact as extensive training is likely to be required.	Ongoing – complex job evaluation process will delay delivery
One-stop visible haematuria clinic	Implemented	As right.	Improves patient pathway by reducing need for second patient attendance.	Implemented

➤ **Diagnostics – Radiology**

Measures definition: The summary table above shows data for the four key Radiology 6 week wait standards and activity variance, as of the end of February 2022.

Data source: internal management information

Reporting Month: February 2022

Standard: National standards – patients referred for key diagnostic modalities of Computer Tomography (CT), Magnetic Resonance Imaging (MRI), non-obstetric ultrasound and barium studies should not wait longer than 6 weeks

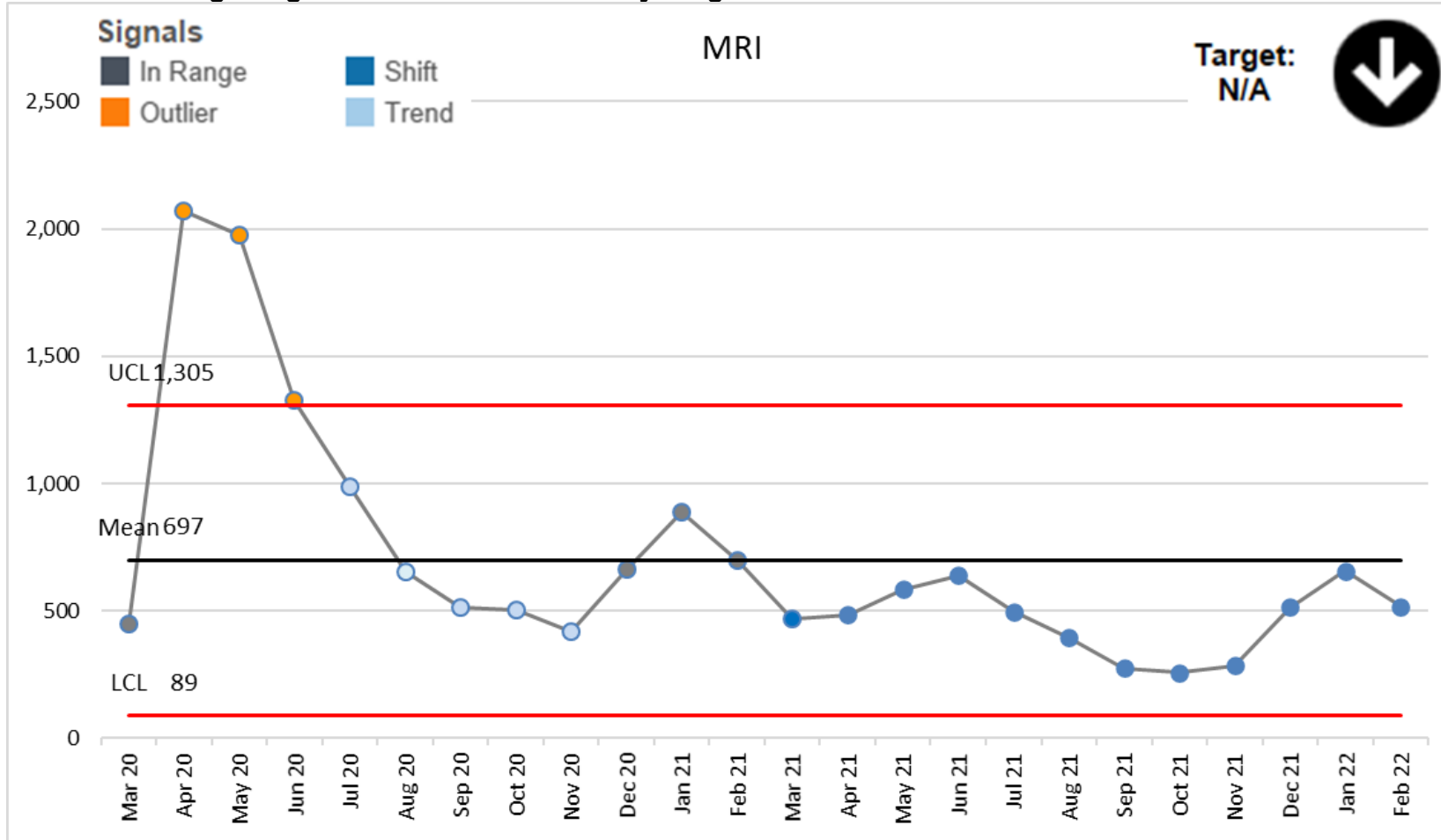
Responsible Director(s): Chief Officer, Acute Services

Oversight Mechanism: Scheduled Care Recovery Board (SCRB), Diagnostics Recovery Board (DRB), Diagnostics & Anaesthetics, Theatres and Critical Care Team, Acute Senior Management Team (SMT) and Acute Senior Management Group (SMG) meetings

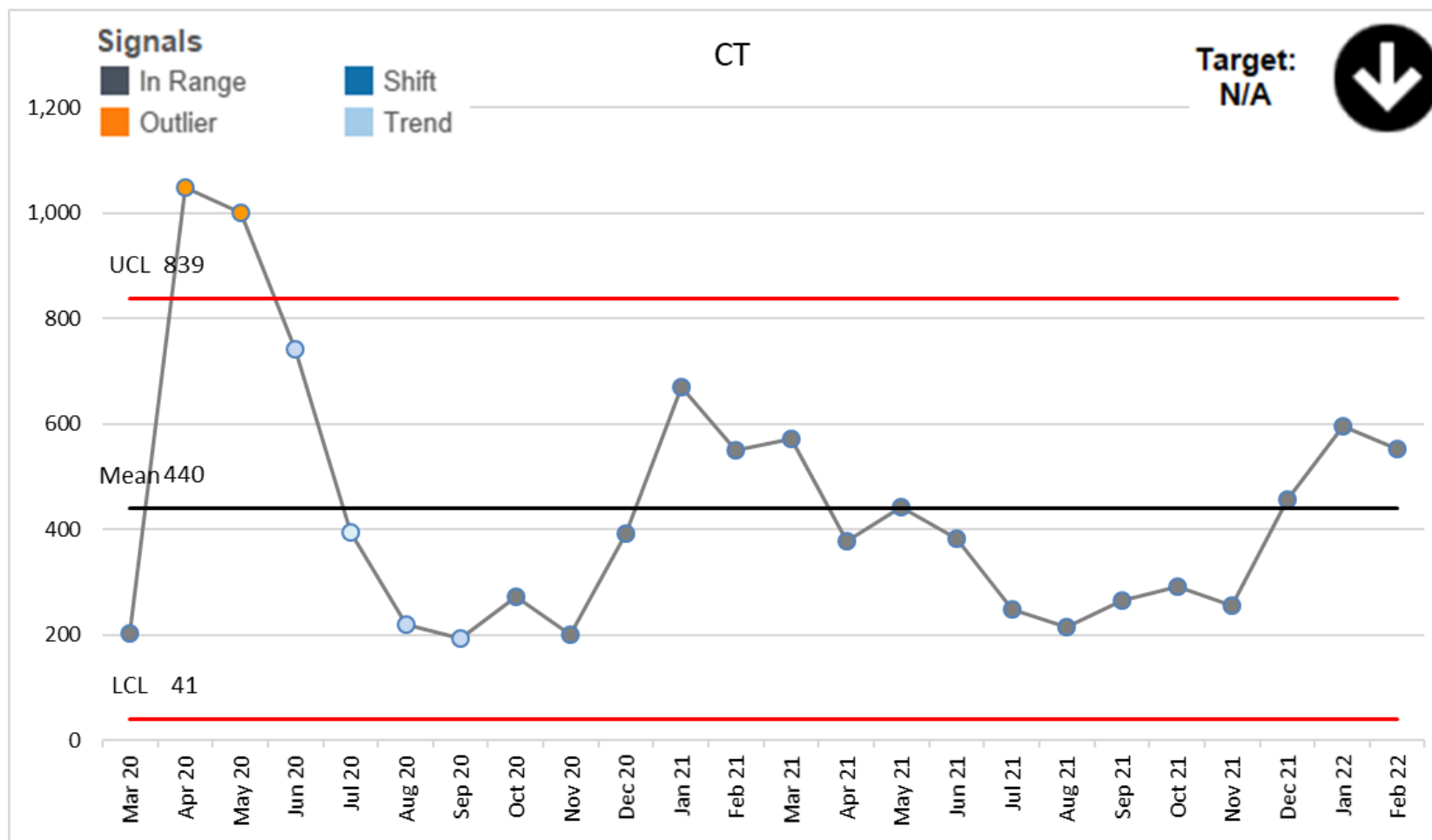
What the data tells us: The Board is asked to note or agree to the following summary:

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	<p>Magnetic Resonance Imaging (MRI) - Data is showing special cause variation. Recent signs of improvement.</p> <p>Computer Tomography (CT) - Data is showing special cause variation. No recent signals of change.</p> <p>Non-obstetric ultrasound - Data is showing special cause variation. Recent signs of deterioration.</p> <p>Barium Studies - Data is showing special cause variation. No recent signals of change.</p>	Yes	Yes

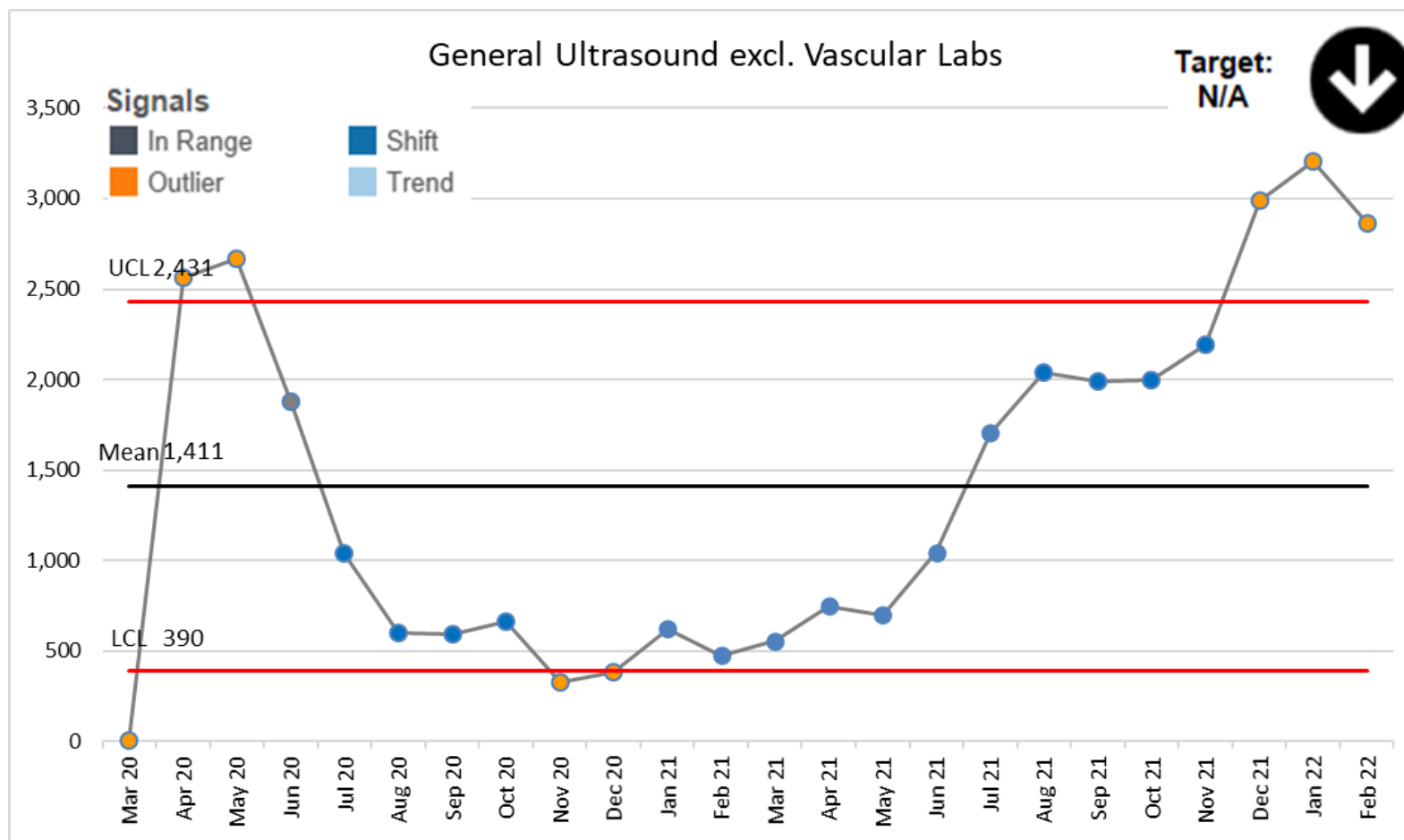
Patients Waiting Longer Than 6 Weeks - For Key Diagnostic Modalities



Reasons for current performance: Continued availability of external mobile MRI capacity for 15 days per month and use of external capacity provided by Queen Margaret Research Institute (QMRI) and The Edinburgh Clinic (TEC) has resulted in a reduction in the number of patients waiting.



Reasons for current performance: As previously reported additional mobile CT capacity was provided by the Scottish Government Health Department (SGHD) Diagnostics team, for a 3-month period, ending in October 2021. Together with additional external capacity provided by the Spire Hospital this enabled the CT waiting list to be reduced and stabilised. However, since October the Spire Hospital have been unable to provide capacity due to the replacement of their CT scanner and this has impacted on further improvements that might have been achieved.



Reasons for current performance: Ongoing staffing challenges have negatively impacted capacity available. Approximately 33% of Sonographer workforce capacity has been lost as a consequence of parental leave, long-term sickness absence and difficulties in recruiting to vacancies. Increased demand for gynaecology examinations has been evident, which may be COVID related. Most gynaecology scanning is performed by Sonographers and consequently the waiting list has increased because of Sonographer staffing issues. Recent improvements are because of additional Waiting List Initiative (WLI) scanning sessions and increased Radiologist GUS sessions during core hours.

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Increased mobile MRI capacity from 15 days per month to 18/ 19 days per month	Commencing in April 2022	Approximately 60 additional MRI appointments per month	Dependent on scan type but will be monitored.	To commence in April 2022
A mobile CT service, funded by SGHD, based in NHS Forth Valley will provide capacity for NHS Lothian patients from June 2022	June 2022	NHS Lothian capacity to be finalised.		In planning stage
Additional Radiographer and support staff to be recruited to increase internal MRI and CT capacity	Recruitment during Jan/ Feb 2022 Additional capacity from April 2022	Increased scanning capacity of in the region of 300-500 CT scans per month.	To be measured	In progress
Explore options for external GUS capacity	Feb 2022	Feasibility and potential capacity are still to be determined.		Not currently a viable option due to external providers having staff shortages
Recruit lead sonographer for East-Sector	Interview Feb 2022	Improved service management and additional scanning capacity.	It is anticipated post-holder will provide around 6 scanning sessions per week once they have completed induction.	Candidate appointed with anticipated start date of end of May 2022
Re-advertise to recruit to Sonographer vacancies	March 2022	Seek to recruit 6 Sonographers though will be particularly challenging		Ongoing

Action	Due By	Planned Benefit	Actual Benefit	Status
		due to National shortage of trained staff.		

➤ **CAMHS**

Measures definition: The main function of CAMHS is to develop and deliver specialist services as part of a tiered model of care for those children and young people between the ages of 0-18 who are experiencing mental health problems. Lothian CAMHS provides treatment at Tier 3 and 4. Since December 2014, the LDP Standard has been that 90% of young people are to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.

The CAMHS LDP Standard Definitions and Scenarios document was updated in May 2019 to reinforce clarity for Boards on the scope of the standard. The standard applies where two conditions are met: (i) a child/young person has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress, and (ii) there is also the existence of at least either serious or persistent impairment to social functioning, or an associated risk that they child or young person may cause serious harm to self or others, or an associated significantly unfavourable social context (e.g. child in care, abuse, parental mental health problem).

From September 2021 Lothian CAMHS is now in full compliance with the LDP Standard Definition and future LDP Standard reporting (previously Lothian CAMHS had reported patient waits for neurodevelopmental services and some specialist services). Data source: unvalidated internal management information.

Reporting Month: February 2022

Standard: 90% of young people are to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.

Responsible Director(s): Tracey Mckigen – REAS (Royal Edinburgh Hospital & Associated Services) Service Director

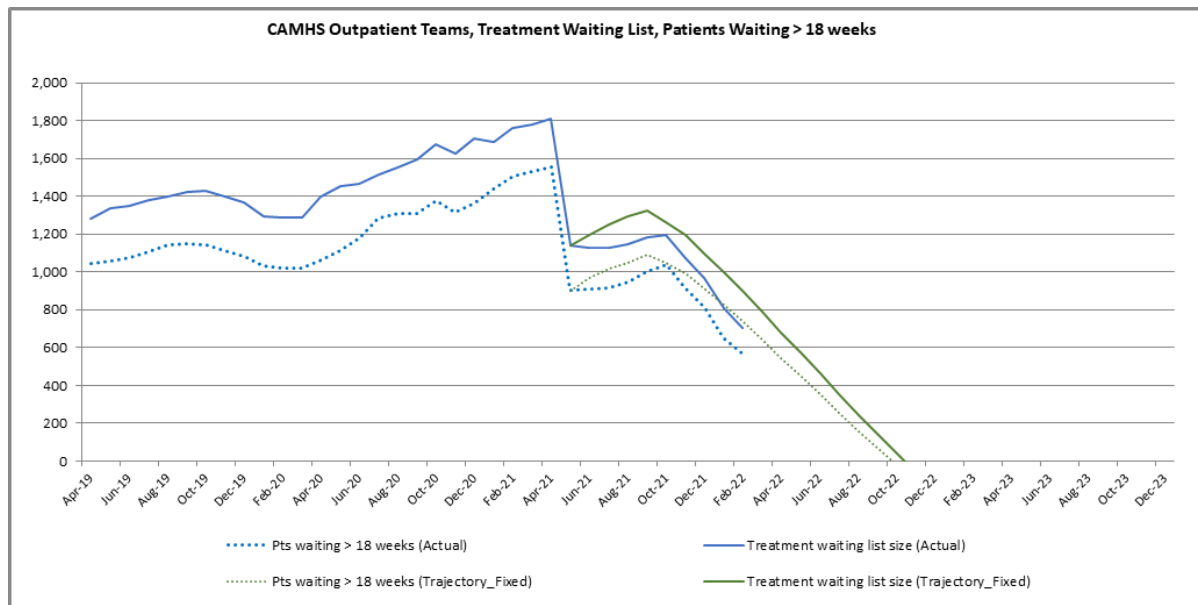
Oversight Mechanism: Reported at CAMHS Senior Management Team, Performance Oversight Board, REAS Senior Management Team, PPDC and in addition the corporate risk overseen by Healthcare Governance Committee.

What the data tells us: The Board is asked to note or agree to the following summary:

- Percentage of CYP (Children & Young People) starting treatment within 18 weeks was 62.4% (February 2022) compared to 58.9% (January 2021)
- The CAMHS trajectory model indicated a treatment waiting list size of 899 and a trajectory of 740 patients waiting >18 weeks. However, they are ahead of trajectory on both these aspects with an actual waiting list of 701 and 567 patients waiting >18 weeks.

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
Not met	Data is showing special cause variation. No recent signals of change. CAMHS are currently ahead of	Yes	Yes

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
	trajectory of reducing patients waiting >18 weeks for treatment by February 2023.		



Reasons for Current Performance: The improvement in performance can be contributed to several factors. This includes the ability of the services to increase staffing establishment; a continued focus on CAPA implementation, in both North and South Edinburgh Teams; and the utilisation of the HEALIOS team.

The CAMHS Improvement Plan continues to be implemented, though the pace of improvement is impacted by the challenges around recruitment and staff retention as mentioned in previous papers. Case holding staffing levels by October 2021 were expected to be 136.28. The case holding staffing count in February was 89.87 WTE (Whole Time Equivalent) which is an increase from 87.34 WTE in January. The table shows a detailed breakdown of WTE staff in post for case holding across professional areas:

Team	Expected WTE for case holding in February	In post WTE for case holding by Profession				Total In post WTE for case holding in February	Case holding WTE vacancy gap	Gap in expected additional 23wte	Total WTE Vacancy gap February 2022
		Nursing	Psych	OT	Arts Therapy				
East Lothian	14.30	3.40	4.70	1.40	2.40	11.90	-2.40	2.00	-4.40
Edinburgh North	25.30	5.53	7.60	4.74	3.60	21.47	-3.83	9.00	-12.83
Edinburgh South	22.08	8.40	10.70	5.20	2.30	26.60	4.52	5.00	-0.48
Midlothian	16.90	5.90	5.90	2.50	0.00	14.30	-2.60	1.00	-3.60

West Lothian	20.70	9.20	5.80	0.60	0.00	15.60	-5.10	6.00	-11.10
Total	99.28	32.43	34.70	14.44	8.30	89.87	-9.41	23.00	-32.41

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
<u>Current/Ongoing Actions</u>				
Implementation of individual job plans and team capacity models on CAPA.	May 2022	Utilisation of current capacity to deliver service within both South and North Edinburgh CAMHS Outpatient Teams.	Reduction in the number of overall waits for treatment.	Completed in North and South Edinburgh localities and has resulted in further reduction in patients waiting >18weeks for treatment. CAPA capacity plans will be completed for all other areas within Lothian by May 2022
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	Considerable work has been done to develop the Neurodevelopmental pathway within NHS Lothian. A significant percentage of waits is contributed to ASD assessments. Additional contract - Healios have been contracted to deliver up to 450 assessments and further treatment appointments
Additional support and recognising the challenges faced in North Edinburgh	June 2022	To provide enhanced locality support in North Edinburgh to provide valuable learning and inform the development of future operational management roles	Reduction in the number of overall waits for treatment and assessment within North Edinburgh Outpatient team.	North Edinburgh has seen significant improvement in CAMHS waiting times over the previous quarter because of clear operational management. There are currently plans to develop a more permanent leadership structure to ensure continual improvement within the outpatient team.

Action	Due By	Planned Benefit	Actual Benefit	Status
<u>Completed Actions</u>				
<i>Endorsement of the Scottish Government to align future LDP Access Standard reporting with the data definition standards provided by Public Health Scotland.</i>	<i>March 2022 This has been completed and has come into effect.</i>	<i>As this cohort of young people will no longer be reported as part of the Public Health Scotland CAMHS LDP, it is expected that the number of reported waits will significantly reduce.</i>	<i>As this cohort of young people will no longer be reported as part of the Public Health Scotland CAMHS LDP, it is expected that the number of reported waits will significantly reduce.</i>	<i>The Scottish Government agreed with this change in line with Scottish Government policy.</i>
<i>Implementation of new caseload reports encompassing caseload size, target mean durations of treatment and new patient capacity.</i>	<i>February 2022 This has been completed.</i>	<i>To provide support to line managers with caseload management</i>	<i>Reduction in the number of overall waits for treatment and assessment</i>	<i>Currently being adapted to strengthen transparency of individual targets and current performance. Team leads are accountable for this taking place with each individual practitioner monthly.</i>

➤ **Psychological Therapies**

Measures definition: Psychological therapies refers to a range of interventions, based on psychological models and theory, which are designed to help people understand and make changes to their thinking, behaviour, and relationships to relieve distress. The indicators included show performance against the Scottish Government’s key target that 90% of patients with mental health conditions that meet the service’s clinical threshold should start treatment within 18 weeks of referral. Data source: validated internal management information.

Reporting Month: February 2022

Standard: 90% of patients with mental health conditions that meet the service’s clinical threshold should start treatment within 18 weeks of referral.

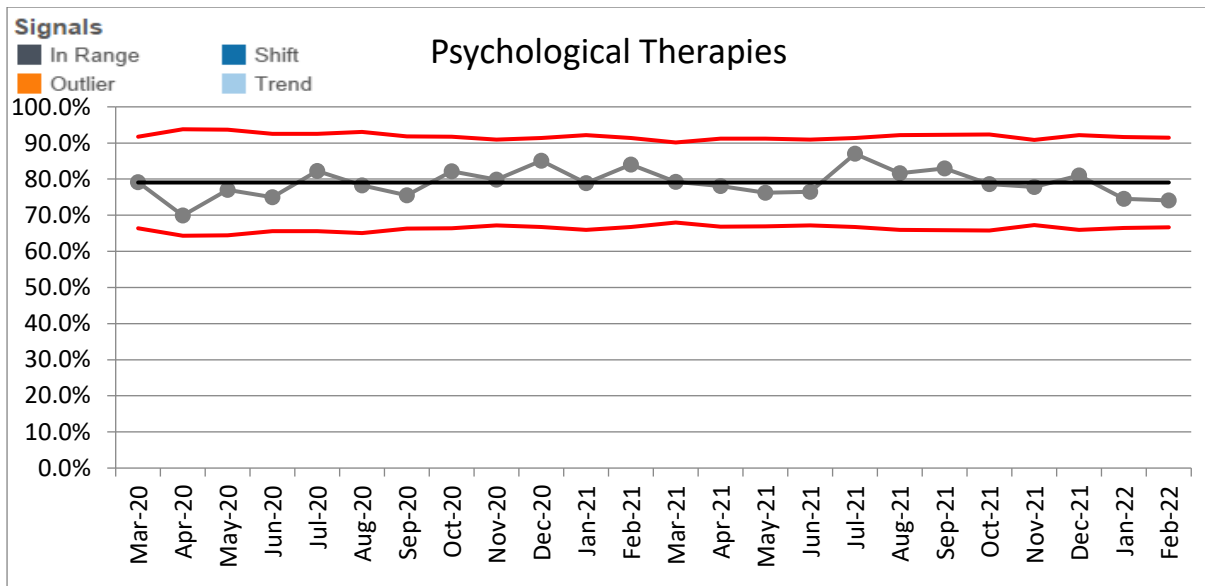
Responsible Director(s): Tracey McKigen – Service Director & Belinda Hacking – Director of Psychological Therapies

Oversight Mechanism: reported at Corporate Management Team (CMT), REAS Performance Management, Performance Oversight Board, Psychological Therapies Programme Group and PPDC. Corporate risk is overseen by Healthcare Governance Committee.

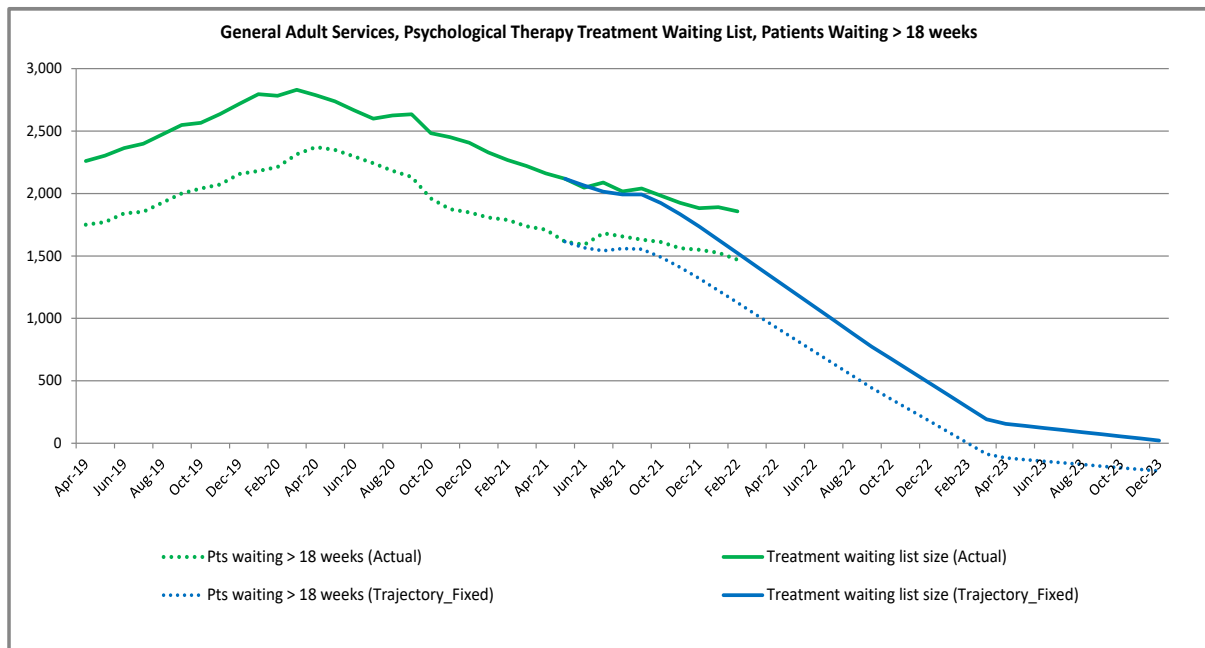
What the data tells us: The Board is asked to note or agree to the following summary:

- Total new patient appointment offers made across Adult AMH teams was 252 relative to a 301 target in the trajectory (this does not include all activity Which will be resolved when ‘outcoming’ is available to all clinicians over the coming weeks).
- Total waiting list increased slightly from 1891 to 1857, the over >18 week waiting list went down from 1526 to 1470 in January 2022.

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
Not met	<p>Data is not showing special cause variation. No recent signals of change.</p> <p>Data shows the service is slightly behind anticipated trajectory for patients waiting over 18 weeks.</p> <p>There will be an improvement when ‘outcoming’ is available and those who should have been removed can be.</p>	Yes	Yes



Performance against trajectory:



Reasons for Current Performance: The trajectory had predicted that there would be a total of 1522 people waiting for psychological treatment in Adult Mental Health General Services, the actual number is 1857; this is higher than expected. In terms of those waiting > 18 weeks, we are at 1470, the trajectory is set at 1125.

This is due to the trajectory being set for sharp reduction in October, when we expected additional staff to take up posts. These additional staff have been taking up posts in December 2021 and January 2022, hence the lag. The recruitment of more experienced and senior supervisory staff has not been completed due to the national competitive recruitment context. The implementation of the proposed TRAK changes with PFB led to disruption of clinical service organisation from January to March 2022, as new staff did not have access to diaries for patient booking and outcoming patients following the first treatment appointment to stop the clock. There was no

definitive date for 'outcoming' in Edinburgh, but this has been set up for the other HSCPs. It is anticipated the Patient Focused Booking will be established by April, 2022, across all Psychology General Services in Adult Mental Health. Due to the changes to Trak and pressures on the analytic resource, the management reports for Edinburgh have not yet been updated to reflect the clinical activity, these revised reports will be set up for April 2022.

There has been a reduction in the total number of patients waiting over 18 weeks for psychological treatment in all HSCP's, except for East Lothian, where there has been an increase due to a significant and sustained increase in demand over the last 6 months. This is associated with a change in referral pathway in primary care in East Lothian, with a wider range of staff beyond GP's referring direct to psychological therapies. Although the additions to the treatment waiting list have not increased above the trajectory expectations, considerable additional time has been required with assessment and triage. Largely associated with the increase in referrals, it was expected that there would be 63 patients waiting over 18 weeks for psychological treatment, the actual number is 101. In January, this was associated with a reduction in the number of new patient appointments expected at 42, the actual number of new patient appointments offered was 22, this related to annual leave as well as staff reducing hours prior to parental leave. Local discussions within East Lothian are taking place regarding the increase in the referral rate, alternative options are to be triaged. There has been an increase in waiting times in Midlothian, although the proportion waiting over 18 weeks is less, this is being managed with a locally agreed action plan and new local leadership. Within Edinburgh, the patients with longest waits and high levels of complexity are being transferred from the PCMHT (Primary Care Mental Health Team) waiting list to the Psychology Therapy Waiting List.

The Psychological Therapies Improvement Plan continues to be implemented, though the pace of improvement is impacted by the challenges around recruitment and staff retention as well as the TRAK changes in clinic organisation. The table below provides the latest position for adult mental health general psychology services recruitment:

	Establishment (2021)		Staff in Post (2021)		Additional Staff - Tranche 1 Jan 21 - Sep 21 Establishment		Additional Staff In Post - Tranche 1 Jan 21 - Sep 21 In Post		Additional Staff - Tranche 2 Sep 21 - Date Establishment		Additional Staff In Post - Tranche 2 Sep 21 - Date In Post		Total staff		In Recruitment	
	(A)		(B)		(C)		(D)		(E)		(F)		WTE	Staff	WTE	Staff
	WTE	Staff	WTE	Staff	WTE	Staff	WTE	Staff	WTE	Staff	WTE	Staff	WTE	Staff	WTE	Staff
West Lothian	14.07	18	12.45	19	3.00	3	3.71	4	4.00	4	3.00	3	19.16	26	1.60	2
Edinburgh	17.73	25	11.17	15	10.00	15	7.83	11	12.00	12	12.38	14	31.38	40	10.40	10
East Lothian (Incl PT)	11.83	5	10.83	17	0.00	0	0.00	0	2.00	2	2.00	2	12.83	19	4.00	1
Midlothian (Incl PT)	9.50	7	8.80	11	3.00	5	1.30	4	0.00	0	0	0	10.10	15	4.80	5
	53.13	55	43.25	62	16.00	23	12.84	19	18.00	18	17.38	19	73.47	100		

Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of recruitment of additional staffing	March 2022	To reach the trajectory to eliminate >18 week waits by March 2023.	Meeting this trajectory is dependent on the success of recruitment to these posts	Recruitment in place for 17.38 WTE additional staffing in Adult Mental Health General Services, to be offered permanent contracts, see above.
Uplift in new patient appointments by 20% across all Adult Mental Health General Teams	Implemented and ongoing	To contribute to the reduction of patients waiting by accounting for an average 20% non-attendance rate	New patients pick up rates increased by 20% for each staff member, reflected in job plans	This has been implemented across all Adult Mental Health General Teams
Implementation of Digital Cognitive Behavioural Treatment packages for those with mild-moderate presentations as an alternative to psychological treatment.	Implemented and ongoing	Alternative evidence-based treatment offers the following triage and assessment	Reduction in the number of additions to treatment waiting list	Approximately 700 referrals a month are made to these CBT (Cognitive Behavioural Therapy) packages mainly by GP's, this is managed and governed through psychology. Increased range of treatment offers available
Use of management reports across all services to show individual and team activity, in terms of new and return appointments, caseload size and average treatment duration. Personalised reports provided to all staff for monitoring.	Ongoing	To provide support to line managers with caseload management	To monitor performance levels commensurate with job plans. Increased transparency has contributed to reduction in the number of overall waits for treatment and assessment	Promoted transparency of individual targets and current performance. Line managers are accountable for monthly case management to support job planned activity with each individual. Management reports for Edinburgh will be provided from April following the Trak changes.
Implementation of Patient Focused Booking for new treatment appointments and improved reporting	February 2022	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. This is expected to be

				<p>completed by February 2022. Implementation to date has been highly disrupted, such as with clinics being removed and outcomes not being available. The expectation is that this will be resolved by the end of March 2022.</p>
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➤ **Acute Adult Mental Health Bed Occupancy**

Measures definition: This measure shows the average % Occupancy (inc. Pass) based on weekly data time points. (Pass occupancy = beds that have been used for admitting additional patients when a patient originally allocated that bed is out of the ward on overnight 'pass' as part of the assessment of their preparedness for safe discharge).
Data source: validated internal management information.

Reporting Month: February 2022

Standard: 85-90%

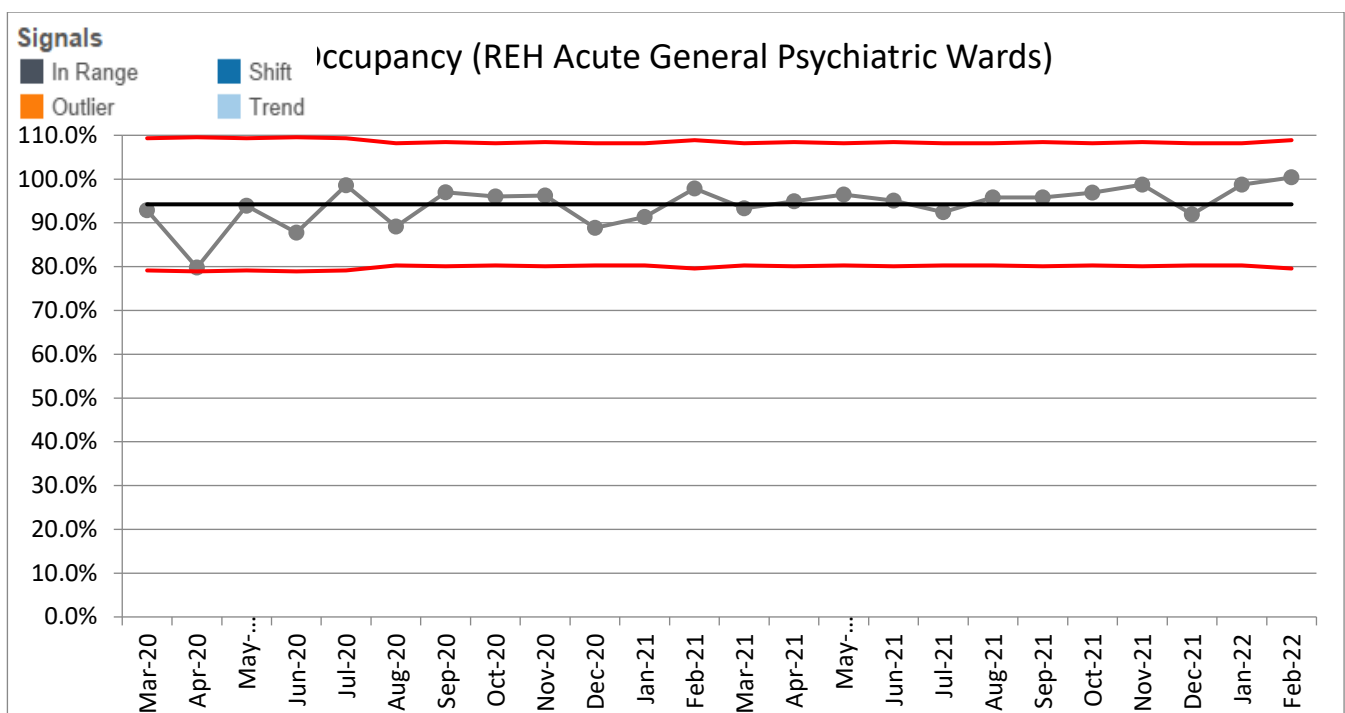
Responsible Director(s): Tracey Mckigen – Services Director

Oversight Mechanism: reported at Senior Management Team, REAS Performance Meeting, Adult Acute SMT and PPDC. Corporate risk overseen by Healthcare Governance Committee.

What the data tells us: The Board is asked to note or agree to the following summary:

- The percentage occupancy has moved from 98.7% to 110.4%
- Occupancy figures are showing 100% but do not truly reflect contingency beds which are often in use
- In summary – there are 80 funded Acute Adult Admission beds and 10 IPCU beds. Additional beds in use include
 - 6 beds opened / funded through COVID 19 in Braids ward
 - 9 Unfunded beds opened in Braids ward
 - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
Not Met	Data is not showing special cause variation. No recent signals of change.	Yes	Yes



Reasons for Current Performance: There is higher acuity within the wards at the moment and additional beds have been opened within a ward area to accommodate the increasing demand. However, this is an unfunded establishment but reflects a lower occupancy level in the data. Additional beds are also being used at SJH and not reflective on this.

NB: Please note the inclusion of a separate REAS inpatient services Board paper.

Actions Planned and Outcomes:

Please note: that actual benefits are the same as planned benefits at the moment until we implement, we can then advise what the actual benefit was.

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Review of current processes and systems for patients to support improved Flow & Service Models for services (Adult Acute, IHTT, and MHAS)</p> <p>Event being planned for March 2022 to understand the pressures, processes and systems that contribute to Bed Occupancy issues.</p>	March 2022	To understand the pressures behind Bed Occupancy figures and the processes and systems behind these figures to understand the delays and to create an action plan	To understand the pressures behind Bed Occupancy figures and the processes and systems behind these figures to understand the delays and to create an action plan	Senior Management is gathering available dates and will send out invites and agenda for this meeting to relevant individuals
Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment	Summer 2022	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	The first meeting has occurred and there has been an understanding of a few issues that need addressed including the inclusiveness of the funded bed establishment and offsite bed usage
Improvement Plan to be created for reducing the increased numbers of delayed discharges in Adult Acute in partnership with EHSCP	Ongoing	This will reduce the LoS of patients and availability of beds, as well as improving patient experience and care.	This will reduce the LoS of patients and availability of beds, as well as improving patient experience and care. This will include review of Flow Meetings; creation of Social Work hubs; create better focus on interface meetings; will include meetings with housing colleagues to tackle the delays associated with blockage due to housing requests.	

➤ **Healthcare Associated Infection (HAI)**

Measures definition: The sum of healthcare associated infections for the year / sum of total occupied bed days for the year.

Reporting Month: January 2022

Standard: Local Delivery Plan Standards to 31 March 2022

Responsible Director(s): Executive Medical Director: HAI Executive Lead

Oversight Mechanism: Healthcare Governance Committee, with additional reporting at PPDC and via incident management team(s)

What the data tells us: The Board is asked to note or agree to the following summary:

- The targets will not be met for the year ending March 2022. However, incidence remains within control for each indicator and Lothian’s performance is not statistically different to other NHS Scotland Boards. Full details are provided in the report at March 2022 Healthcare Governance Committee.

Performance Against Standard		What is the data telling us?	Updated since Last Report?	
			Data	Narrative
Not Met	SAB	SAB - Data is showing a single point of special cause variation but is now within control limits. CDI - Data is not showing special cause variation. No recent signals of change ECB - Data is not showing special cause variation. No recent signals of change	Yes	Yes
Not Met	CDI			
Not Met	ECB			

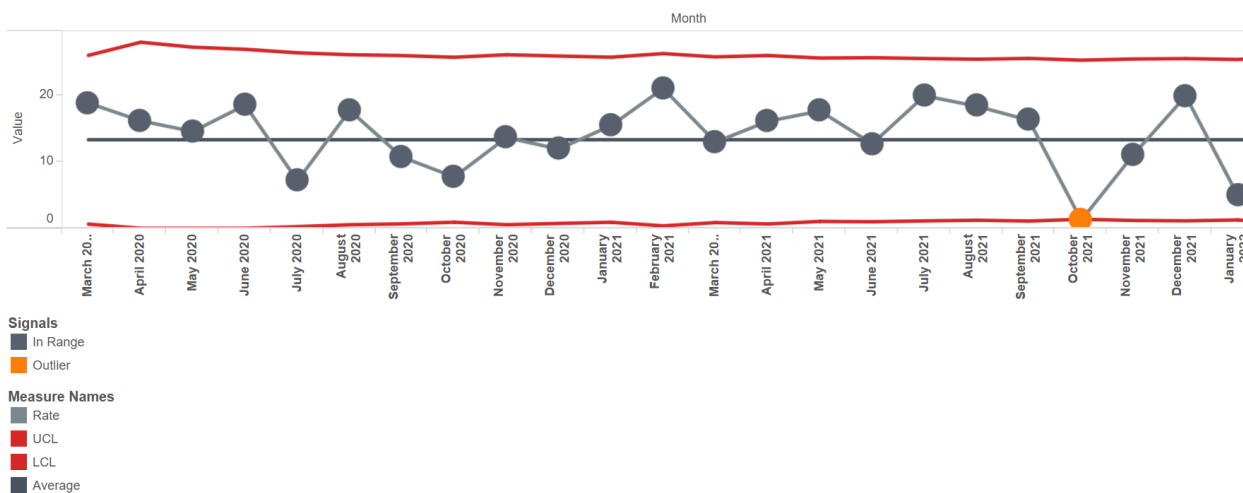
SAB- SPC Chart

Category
SAB

Target CDI: <11.8
Target SAB: <12.6
Target ECB: <29.6



HAI SPC



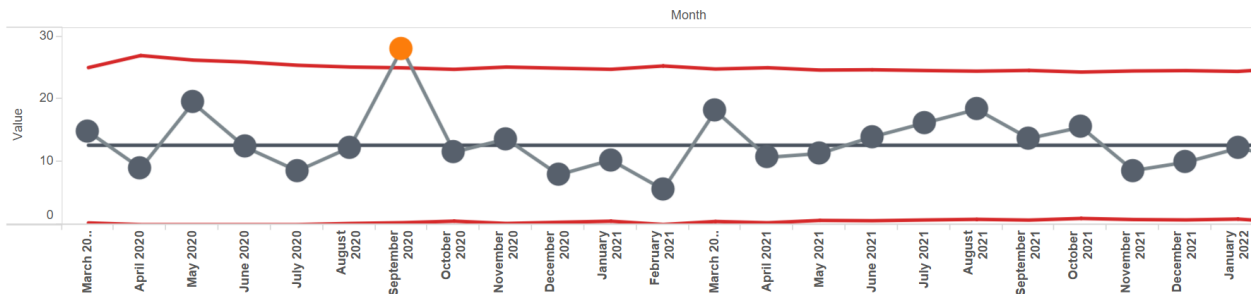
CDI SPC Chart

Category
CDI

Target CDI: <11.8
Target SAB: <12.6
Target ECB: <29.6



HAI SPC



Signals

■ In Range

■ Outlier

Measure Names

■ Rate

■ UCL

■ LCL

■ Average

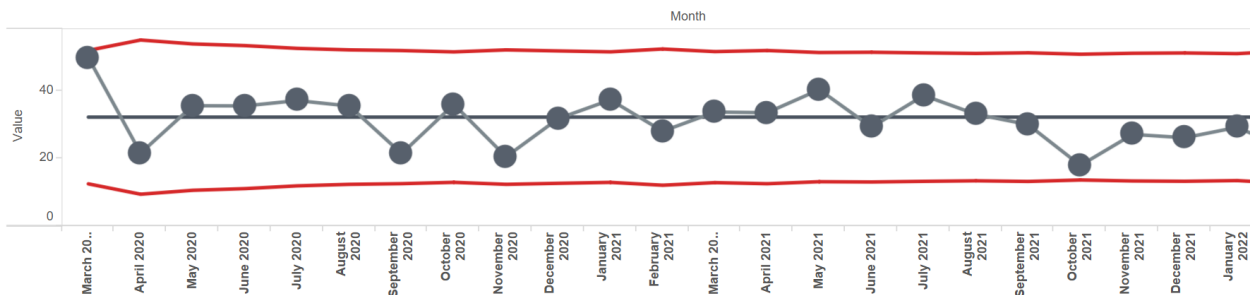
ECB SPC Chart

Category
ECB

Target CDI: <11.8
Target SAB: <12.6
Target ECB: <29.6



HAI SPC



Signals

■ In Range

Measure Names

■ Rate

■ UCL

■ LCL

■ Average

Reasons for current performance: Performance over 2021-2022 continues to be influenced by high levels of bed occupancy in acute hospitals and access to healthcare services and prescribing practices because of the ongoing COVID-19 Pandemic.

Staphylococcus aureus Bacteraemia: NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 12.2 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 - Jan 2022), incidence is 13.6 (n=110 episodes). This is above the LDP target rate of 12.2 (n=98 approx.).

Clostridioides difficile Infection: NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 11.4 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (April 2021 - January 2022), incidence is 13.0 (n=105 episodes). This is above the LDP target rate of 11.4 (n=92 approx.).

Key messages:

- Exposure to antibiotics with recognised association with CDI continues to contribute to cases of CDI. All *C. difficile* toxin positive inpatients are reviewed by the ward pharmacists. 6 out of 11 (55%) patients were noted to have exposure to 4C antibiotics. 1 of the patients had exposure in the community prior to hospital admission.

Action:

- AMT and microbiology continue to promote access to antibiotics where appropriate within empirical guidelines and to challenge the use of Watch and Reserve antibiotics.

Escherichia coli Bacteraemia: NHS Lothian's interim Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 26.6 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 - January 2022), incidence is 30.3 (n=244 episodes). This is above the LDP target rate of 26.6 (n=215 approx.).

NHS Lothian will only be reporting origin of infection for ECB whilst national mandatory surveillance is on pause.

4 Key Risks

The risks during this remobilisation phase have largely remained the same, as shown below.

- 4.1 The risks associated with delivering the performance metrics relate to the need for recurring, longer term investment plans and availability of workforce to support delivery of access standard trajectories relating to outpatients, treatment time guarantee, diagnostic, cancer, child and adolescent mental health services and psychological therapies.
- 4.2 Pre-COVID staffing challenges, driven by vacancies, have been exacerbated in 2021/22 due to an increase in COVID related absence including Positive test, Test and Protect Isolation, Long COVID, Quarantine, Self-Isolating Household, Self-Isolating Symptoms, Other/Unknown, Underlying Health Condition. This includes acute, community and social care staffing groups.
- 4.3 Implementation of some of the longer-term ambitions to improve performance require an ambitious cultural change for patients, the public and staff. The key risk to this is the potential for services to revert to pre-COVID-19 working practices.
- 4.4 There are limitations, due to infection control measures and national lockdowns on both internal and external capacity.
- 4.5 Some specialties have particular challenges with recruitment into key roles, ultimately impacting their capacity to support clinical services.

5 Risk Register

- 5.1 NHS Lothian's Risk Register already includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan, 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 highlighted below:
 - 5.1.1 1076- The Healthcare Associated Infection Corporate Risk - has been reviewed via Healthcare Governance Committee (HCG)/Board and is graded as medium reflecting the impact on individuals acquiring a Healthcare Associated Infection.
 - 5.1.2 4984- COVID-19 Corporate Risk- has been reviewed via HCG/Board and accepted limited assurance with a grading over very high (20) in June 2021.
 - 5.1.3 5186 – 4-Hour Emergency Access Target Corporate Risk – has been reviewed via HCG/Board with a grading of very high (20) in December 2021.
 - 5.1.4 3726 – Timely Discharge of Inpatients Corporate Risk – has been reviewed at HCG/Board with a grading of very high (20) in December 2021. The grading and risk description is currently under review by the Chair of the Unscheduled Care Board, Director of Primary Care and Director of Acute Services (COO). An update will be provided at the next PPDC.
 - 5.1.5 5185 – Access to Treatment Corporate Risk – has been reviewed at HCG/Board with a grading of very high (20) in June 2021. Each of the 4 Recovery Boards have plans in place, which include at specialty level. Monitored by the Performance Oversight Board, currently too early to see any measurable impact as yet and there is acknowledgement of longstanding capacity issues.
 - 5.1.6 5187 – Access to Psychological Therapies Corporate Risk – has been reviewed at HCG/Board in June 2021 with a scoring of very high (20).
 - 5.1.7 5188 – Access to CAMHS Corporate Risk – has been reviewed at HCG/Board in June 2021 with a grading of very high (20).
 - 5.1.8 3828 – Nursing Workforce Corporate Risk – has been reviewed at August 2021 Board and graded very high (20).

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 The resource implications are being clarified through our finance department. Any financial reporting will remain within the remit of the Director of Finance.

Wendy MacMillan

Business Manager, Deputy Chief Executive

22/03/2022

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List of Appendices

Appendix 1: Delayed Discharge Code Inclusion

Appendix 1: Delayed Discharge Code Inclusion

Health and social care reasons: Public Health Scotland		
	Assessment:	
		awaiting commencement of post-hospital social care assessment
		awaiting completion of post-hospital social care assessment
	Funding:	
		non-availability of statutory funding to purchase Care Home Place
		non-availability of statutory funding to purchase any Other Care Package
	Awaiting place availability:	
		in Local Authority Residential Home
		in Independent Residential Home
		in Nursing Home
		in Specialist Residential Facility for younger age groups (<65)
		in Specialist Residential Facility for older age groups (65+)
		in care home (Dementia bed required)
		Awaiting place availability in an Intermediate Care facility
	Awaiting completion of care arrangements:	
		for care home placement
		in order to live in their own home – awaiting social care support (non-availability of services)
		in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
		Re-housing provision (including sheltered housing and homeless patients)
	Transport:	
		awaiting availability of transport
Patient and family related reasons -		
	Legal/Financial:	
		legal issues (including intervention by patient's lawyer) e.g., informed consent and/or adult protection issues
		financial and personal assets problem - e.g., confirming financial assessment
	Disagreements:	
		internal family dispute issues (including dispute between patient and carer)

		disagreement between patient/carer/family and health and social care
	Other:	
		patient exercising statutory right of choice
		patient does not qualify for care
		family/relatives arranging care
		other patient/carer/family related reason
Code 9 reasons -		
	<i>Patients delayed due to the Adults with Incapacity Act</i>	
	<i>Code 9 patients (excluding those delayed due to Adults with Incapacity Act):</i>	
		awaiting completion of complex care arrangement - to live in own home
		awaiting place availability in specialist residential facility (under 65)
		awaiting place availability in specialist residential facility (65+)
		patient exercising statutory right of choice – where an interim placement is not possible or reasonable

Director of Finance

FEBRUARY 2022 YTD FINANCIAL POSITION

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 11 and NHS Lothian's year-end forecast position.
- 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 2022 and Year End Forecast

- 3.1 The F&R Committee received a paper on the Period 10 financial position and the year end outturn overspend projection for 2021/22 at its March meeting. The F&R paper highlighted a year-to-date core overspend of £1m. The financial position has now been updated to period 11 which now shows a further improvement with a year to date core underspend of £63k shown in appendix 1.
- 3.2 Based on the information provided at period 10, the F&R Committee agreed that it had **significant assurance** that the Board is able to achieve a breakeven outturn in 2021/22.
- 3.3 The F&R Committee was informed that the achievement of a balanced outturn for 2021/22 was largely achieved due to one off benefits and did not resolve the issue of recurrent financial sustainability in future years.
- 3.4 As previously highlighted to the Board, the financial impact of COVID-19 in 21/22 has been fully funded by the Scottish Government as communicated to Boards and Integration Authorities on the 26th of October to confirm that additional financial support will be available to deliver breakeven on a non-repayable basis, providing appropriate review and control at a Board level.

4 Risk Register

- 4.1 The corporate risk register includes the following risk:

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

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

5 Impact on Inequality, Including Health Inequalities

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

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

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

7 Resource Implications

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

Susan Goldsmith
Director of Finance
24th March 2022

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Appendix 1 - NHS Lothian Income & Expenditure Summary to 28th February 2022

Appendix 1 – NHS Lothian Income & Expenditure Summary to 28th February 2022

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	323,775	295,697	301,664	(5,967)
Nursing	537,426	488,605	478,442	10,164
Administrative Services	160,928	138,759	132,250	6,509
Allied Health Professionals	92,306	83,783	81,616	2,166
Health Science Services	47,589	45,464	44,581	883
Management	9,434	8,475	7,037	1,437
Support Services	85,774	77,445	79,596	(2,152)
Medical & Dental Support	14,619	13,275	13,724	(450)
Other Therapeutic	42,915	38,817	43,208	(4,391)
Personal & Social Care	3,363	3,103	2,821	282
Other Pay	(5,389)	(5,412)	(5,178)	(234)
Emergency Services	5	5	24	(18)
Vacancy Factor	(239)	(222)	0	(222)
Pay	1,312,505	1,187,794	1,179,785	8,009
Drugs	126,889	115,204	125,285	(10,081)
Medical Supplies	102,519	90,618	94,940	(4,321)
Maintenance Costs	9,978	9,235	8,641	594
Property Costs	42,976	33,385	34,555	(1,170)
Equipment Costs	36,015	26,385	34,334	(7,949)
Transport Costs	10,756	9,573	9,089	484
Administration Costs	340,503	90,936	90,686	250
Ancillary Costs	17,338	16,096	16,654	(557)
Other	(4,195)	(26,549)	(27,196)	647
Service Agreement Patient Serv	41,682	35,604	35,255	349
Savings Target Non-pay	(819)	(758)	0	(758)
Resource Trf + L/a Payments	114,530	110,521	112,591	(2,070)
Non-pay	838,172	510,249	534,832	(24,583)
Gms2 Expenditure	153,582	136,715	137,351	(636)
Ncl Expenditure	888	814	741	73
Other Primary Care Expenditure	87	80	69	10
Pharmaceuticals	157,374	142,371	142,679	(308)
Primary Care	312,029	280,077	280,938	(861)
Other	(1,338)	(1,209)	(909)	(300)
Income	(330,885)	(311,966)	(324,298)	12,332
Extraordinary Items	0	0	1,959	(1,959)
CORE POSITION	2,130,483	1,664,946	1,672,308	(7,362)
Additional Reserves Flexibility	7,425	7,425	0	7,425
TOTAL	2,137,908	1,672,371	1,672,308	63

Meeting Name: Board
Meeting date: 6 April 2022

Title: NHS Lothian Financial Outlook and Outline Plan 22/23

Purpose and Key Issues of the Report:

This paper sets out the 2022/23 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 22/23 and longer term financial strategy endorsed the plan at its March meeting.

Key issues within this paper are as follows;

- The overall gap of £107m in the Plan includes £28m of a gap to the Core position (after £17m efficiencies) and £79m relating to projected costs associated with Covid;
- The SG have confirmed the current uplift arrangements for the new financial year, and these are reflected in the plan. There are still some key outstanding issues relating to the pay award and consequential uplift that are to be confirmed;
- The Efficiency programme for next year remains at an early stage with only £17m identified. Identification of efficiency plans at 3% of budget would significantly close the core gap;
- The Plan currently includes an assessment of the potential financial impact of Covid next year. SG have asked boards to include these in plans, however whilst resources have been allocated for Covid this year to be carried forward by IJBs to support Covid costs in 22/23, we remain unclear on the final Covid funding arrangements for next year.

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 around Covid next year means that we cannot offer assurance that NHS Lothian is able to deliver a balanced financial position for 2022/23 at this stage.
- **Endorse** the allocation of resources agreed by the Finance & Resources Committee for the purposes of budget setting.

Author: Andrew McCreadie
Date: 24th March 2022

Director: Susan Goldsmith
Date: 24th March 2022

Director of Finance

NHS Lothian 5-Year Financial Outlook and Outline Plan 22/23

1 Purpose of the Report

- 1.1 The Director of Finance, with the management team, has been developing the NHS Lothian Financial Plan for 2022/23 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 22/23 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 2022/23. 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 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 around Covid next year means that we cannot offer assurance that NHS Lothian is able to deliver a balanced financial position for 2022/23 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 2022/23 to 2026/27

- 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 9th of December on the indicative budget allocation for 22/23 – a one-year budget only. This set out a 2% uplift on baseline budget, noting that this allocation would be reviewed following final agreement on the pay settlement from 22/23 onwards. An update relating to next year's pay award remains outstanding at this stage 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 figures as shown include the potential financial impact from Covid.
- 3.5 The overall gap for next year has been updated to £107m and splits into two elements:
- **£28m** gap relating to the Core financial position. The improvement from the £55m gap reported to the February Board meeting is due to a number of factors, including circa £9m relating to additional efficiency savings and circa £12m of additional non-recurrent flexibility, as well as a reduction to the estimated baseline recurring gap;
 - **£79m** relating to projected costs associated with Covid.

Table 1 – Projected 5 Year Financial Outlook Summary

	22/23	23/24	24/25	25/26	26/27
	Variance £k	Variance £k	Variance £k	Variance £k	Variance £k
Full Year Recurring Expenditure Budget	1,813,105	1,869,251	1,903,411	1,938,306	1,973,866
Baseline Carry Forward Pressures	(54,144)	(77,928)	(94,121)	(110,632)	(128,562)
Additional Expenditure, Growth, Uplift & Commitments	(85,013)	(51,077)	(52,686)	(55,212)	(56,110)
Total Projected Costs	(139,157)	(129,005)	(146,807)	(165,844)	(184,672)
Additional Resources	93,559	41,729	42,380	43,044	43,722
Financial Recovery Actions	17,165	473			
Financial Outlook Gap after FRP's	(28,432)	(86,802)	(104,427)	(122,799)	(140,950)
Additional Covid Costs	(78,611)	(62,690)	(62,316)	(62,316)	(62,316)
Total Financial Outlook Gap	(107,044)	(149,493)	(166,743)	(185,115)	(203,266)

Core Position (i.e. net of Covid) 22/23

- 3.6 The issues identified within the core position for next year of £28m are broadly made up of the following:
- A baseline gap of £54m. This represents the recurring underlying gap within NHS Lothian as we start the new financial year;
 - Additional in year cost growth of £85m for new (non-Covid) issues;
 - Assumed additional resources of £94m, of which circa £45m is recurring;
 - Offsetting efficiency savings identified to date of £17m.
- 3.7 The £94m of additional resource is based on the latest available information and makes 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

	22/23	23/24	24/25	25/26	26/27
	£k	£k	£k	£k	£k
Base Uplift - 2%	31,907	32,545	33,196	33,860	34,538
National Insurance (HSC Levy)	8,890				
NRAC	3,000				
OHB Income	1,699	1,699	1,699	1,699	1,699
Total Recurring	45,496	34,244	34,895	35,559	36,237
VPAS	7,485	7,485	7,485	7,485	7,485
Reserves	2,635				
Asset Disposal	16,156				
Flexibility	21,787				
Total Non- Recurring	48,063	7,485	7,485	7,485	7,485
Additional Resources	93,559	41,729	42,380	43,044	43,722

- 3.8 In addition to the base uplift allocation, additional elements of uplift are as follows:
- National Insurance (HSC Levy) - this is funding to offset the additional pay costs arising from the changes to NI, and has no impact on the overall position;
 - NRAC – NHS Lothian has received notification of a £3m allocation 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. Cumulatively since 2015, NHS Lothian has received circa £100m less funding than NRAC parity would provide;
 - VPAS – This represents the New Medicines Fund received non-recurrently each year. In prior years this value has been circa £12m but since 21/22 all boards have been notified by the SG that the value has reduced;
 - Asset Disposal – This relates to the profit on disposal of NHS Estate including Liberton Hospital; Rosslynlee Hospital; Edenhall Hospital; Royal Victoria 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.
- 3.9 The £54m baseline recurrent gap moving into this year includes almost £31m of cost pressures which were funded in 21/22 using non-recurrent resources. These costs are assumed a priority for funding in the new financial year.
- 3.10 The pay award for next year is the single largest additional cost pressure in 22/23 totalling circa £23m based on current estimates. The assumed pay award (upon which the current uplift to boards is based) is calculated on Scottish Public Sector Pay Policy figures. At this stage, the final outcome of the pay award is not known with negotiations ongoing, however the SG has agreed to fund any differential arising from this.
- 3.11 Most of the £63m resource remaining is allocated to the pay award and National Insurance increase (c£9m), with additional elements allocated against other smaller cost pressures. Table 3 below sets out the proposed utilisation of the remaining £63m for next year.

Table 3 – Utilisation of Additional Resources

	£k	£k	£k
Total available resource			93,560
Recurring pressures funded non recurrently			30,627
			62,933
<i>Pressures Funded -</i>			
Pay Uplift		23,031	
National Insurance Increase		8,890	
<i>Baseline Pressures -</i>			
Energy Costs	1,000		
Clinical Waste	510		
Domestic Support Staff	700		
Office 365 Licenses	2,500		
RHCYP ED Staffing	1,000		
Other pressures	800	6,510	
<i>New Pressures -</i>			
Energy Costs	3,400		
CNORIS	2,500		
NDC /NSS Business Case/Risk Share	1,000		
Revenue Consequence of Capital Investment	869		
SMART Centre	600		
Other pressures	1,219	9,588	
			48,019
			14,914
Resource remaining for distribution at Q1			9,886
Resource for IJB's			5,028

- 3.12 At this stage, as highlighted in Table 3, there is still circa £15m of resources which are yet to be allocated against any specific cost pressure, although this is supporting the overall position. £5m of this is to be transferred to IJBs to prioritise against delegated functions, with £10m of non-recurring resource available for NHS Lothian to allocate to specific priorities within the Plan. It is recommended that this resource is reviewed again following the quarter 1 review in July, once a clear picture of cost pressures emerges.
- 3.13 A number of the incremental costs being funded next year fall within non-delegated “corporate” functions (ie non-IJB). However, Integration Authorities benefit from these services despite them being non-delegated (eg energy costs, Ehealth), and further discussion is required with IJBs leads around financial contributions to these areas of cost growth.

Efficiency Savings

- 3.14 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 £17m, a level lower than in prior years. The challenge for 22/23 remains however that service leads will have restricted ability to apply sufficient focus to the delivery of these recovery actions whilst delivering competing priorities, particularly relating to the ongoing challenge of Covid.
- 3.15 Within the £17m savings programme, circa £13m 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 Work continues 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, thematic efficiency programmes are being developed through Finance across the main areas of expenditure including Nursing, Medical staffing, Medicines, Procurement and property Rationalisation. Updates on progress will be reported through the F&R Committee.

Impact of Covid in 2022/23

- 3.17 Appendix 3 sets out the programme of investments for 22/23 identified as a future cost, including those investments approved through Gold Command. Covid costs estimated at circa £79m are presented separately to the underlying core position and commitments made by Lothian to meet the costs of Covid are assumed to be covered by the SG next year in the same way that they have been supported met in the last two years. SG Finance have asked boards to prepare plans on this basis, although funding remains a risk and resources available to support Covid nationally next year remain subject to confirmation.
- 3.18 Some of the more significant Covid investments next year include:
- Ongoing Covid Vaccination services estimated to cost **£18m** in 2022/23;
 - **£4.5m** is required to support the staffing of an NHS Lothian run Regional Laboratory Hub testing facility and **£7m** for Genome Sequencing;
 - The Test and Protect service is estimated to cost in excess of **£3m** for the year;
 - East Lothian continues to utilise 2 wards within the East Lothian Community Hospital Facility to help with ongoing bed capacity and that is estimated to cost approximately **£4m** for the year;
 - Midlothian Partnership have also supported additional bed capacity by opening a ward within Midlothian Community Hospital to support activity flows at an estimated cost of **£1.6m**;
 - Each of the HSCPs have continued to invest in extended Community services such as Home First; Care at Home; Hospital at Home and enhanced discharge services at an estimated cost of nearly **£8m** across all 4 Partnerships;
 - There are significant ongoing facilities costs to deal with the ongoing Covid requirements in terms of Domestic, Portering and Logistics that are set to continue into 2022/23 at an ongoing cost of **£5m**;
 - There is an ongoing impact in relation to GP Prescribing and Extended Flu estimated to cost around **£7m** in total.
- 3.19 The challenge for Covid next year, the scale of the current investment and the uncertainty around funding sources presents a significant financial risk to the health board. To that end, it is not possible to provide assurance overall on the board's ability to deliver a balanced outturn next year.
- 3.20 However, we will continue to work through a programme of review across all the current Covid investments in situ, and consider which of these must continue and which can be reduced or stopped in the absence of additional resource. In parallel, we will continue to assess the workforce increases arising from these investments to mitigate any financial risk.

Access

- 3.21 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. Rather it provides a framework of cost based on a continuation of activity within current resource constraints and has been reported in draft to the Scottish Government through the Annual Operational Plan (AOP).
- 3.22 Activity forecasts to complete the supporting schedules to the AOP provide an estimate of the level of activity that can be delivered internally. Services have also indicated where

additional investments in capacity will support access performance. Options to procure this capacity will be considered, either through internal investments or the independent sector, with additional funding sought from the Scottish Government. All proposals are assessed and approved through the Scheduled Care Remobilisation, Recovery and Redesign Programme Board structure. As part of the developing work on efficiency the Board will also explore opportunities to capture and fund productivity benefits which release capacity.

- 3.23 Waiting time increases have continued to impact over the past year as a result of the constraints to capacity imposed by Covid. Proxy cost estimates have been made around the additional investment required to eliminate the backlog, however further analysis is required to quantify the ongoing cost of gaps in capacity. Options to improve performance in one area 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.

Integration Joint Board Financial Plans

- 3.24 The NHS Lothian Financial Outlook has been split by IJB based on the current mapping table, with the output of this work shown in further detail within Appendix 4, showing the split of the anticipated cost pressures and the allocation of the expected uplift funding across IJBs. Note these figures present the net position for each IJB before efficiency savings, after savings schemes identified, and after additional Covid costs.
- 3.25 NHS Lothian can expect Directions from each of the IJBs in relation to the deployment of resources for next year. This process may produce further risks and issues that are not yet identified.

Next Steps

- 3.26 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 and April. In parallel, a number of 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;
 - Review of the costs associated with Covid, including those not yet identified, and the risks attached to those costs;
 - A review of assumptions embedded within the growth estimates, reflecting any subsequent agreements to reduce and control spend in any specific areas.
- 3.27 Moving into the new year and with a Financial Plan gap of £28m, the potential volatility of Covid activity and cost, the challenge of recovery and remobilisation, and the reduced ability to provide focus to financial performance within services, our ability to deliver within financial constraints is a concern and will require close management and control.
- 3.28 For the updated clinical strategy under development at present, a longer term financial plan will be required to balance the care deficit with the financial gap, and at the same time address the clinical impact of demography as well as rebuild services after Covid.

- 3.29 In addition, we are continuing to develop the Medium Term Financial Framework (MTFF), as previously reported through the F&R Committee. One of the key over-arching deliverables of this work is to define the actions required to deliver sustainable services within available resources in the future. Updates will be provided to future meetings of the Committee.

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 noted through risk register is set out in Appendix 5, with key risks noted below:

- The future impact of Covid, the consequences this has on service delivery and the financial support that will be required to manage this;
- 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 of Liberton Hospital 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 the 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.

Susan Goldsmith
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24th March 2022
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Appendix 1 – 5 Year Financial Outlook
Appendix 2 – 22/23 Financial Outlook by Business Unit
Appendix 3 – Projected Covid Costs 22/23
Appendix 4 – 22/23 Financial Outlook by Integrated Joint Boards
Appendix 5 – Financial Outlook Risk Register

Appendix 1 – 5 Year Financial Outlook

	22/23	23/24	24/25	25/26	26/27
	Variance	Variance	Variance	Variance	Variance
	£k	£k	£k	£k	£k
Full Year Recurring Expenditure Budget	1,813,105	1,869,251	1,903,411	1,938,306	1,973,866
Baseline Pressures	(54,144)	(77,928)	(94,121)	(110,632)	(128,562)
Projected Expenditure Uplifts & Commitments	(37,030)	(31,209)	(32,150)	(32,910)	(33,723)
Growth and Other Commitments	(29,823)	(16,556)	(17,305)	(18,455)	(19,926)
Policy Decisions	(13,733)	(1,544)	(1,544)	(1,544)	(1,544)
Strategic Investments	(2,841)	(1,546)	(1,432)	(2,152)	(523)
Essential Service Development	(1,465)	(222)	(255)	(152)	(394)
Unscheduled Care	(122)				
Projected Expenditure Uplifts & Commitments	(85,013)	(51,077)	(52,686)	(55,212)	(56,110)
Projected Costs	(139,157)	(129,005)	(146,807)	(165,844)	(184,672)
Recurring Resources					
Base Uplift	31,907	32,545	33,196	33,860	34,538
National Insurance (HSC Levy)	8,890				
NRAC	3,000				
OHB Income	1,699	1,699	1,699	1,699	1,699
Non Recurring Resources					
VPAS	7,485	7,485	7,485	7,485	7,485
Reserves	2,635				
Asset Disposal	16,156				
Flexibility	21,787				
Additional Resources	93,559	41,729	42,380	43,044	43,722
Financial Outlook Gap before FRP's	(45,598)	(87,275)	(104,427)	(122,799)	(140,950)
Financial Recovery Plans	17,165	473			
Financial Outlook Gap after FRP's	(28,432)	(86,802)	(104,427)	(122,799)	(140,950)
Additional Covid Costs	(78,611)	(62,690)	(62,316)	(62,316)	(62,316)
Total Financial Outlook Gap	(107,044)	(149,493)	(166,743)	(185,115)	(203,266)

Appendix 2 – 22/23 Financial Outlook by Business Unit

	NHS Lothian	Acute Services Division	Service Redesign	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 Hithcare Purchases	Research + Teaching	Reserves
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Full Year Recurring Expenditure Budget	1,813,105	765,569	18,224	101,682	(8,132)	78,605	330,983	69,390	128,428	123,360	157,760	3,647	11,430	(9,684)	41,842
Baseline Pressures	(54,144)	(38,147)	459	(200)	(281)	(266)	921	(162)	2,140	(5,230)	(10,588)	(979)	5,968	(765)	(7,015)
Projected Expenditure Uplifts & Commitments	(37,030)	(16,997)	(432)	(2,209)	(377)	(252)	(2,562)	(327)	(1,215)	(7,255)	(2,481)	(27)	(229)	(1,448)	(1,220)
Growth and Other Commitments	(29,823)	(17,730)	(461)	(177)	(230)	(1,359)	(5,177)	(1,826)	(2,230)		(139)	(98)			(395)
Policy Decisions	(13,733)	(95)										(3,300)			(10,338)
Strategic Investments	(2,841)	(641)	74												(1,894)
Essential Service Development	(1,465)	(294)							(43)	(380)	(565)				
Unscheduled Care	(122)	(122)													
Projected Expenditure Uplifts & Commitments	(85,013)	(35,879)	(819)	(2,386)	(607)	(1,612)	(7,738)	(2,154)	(3,487)	(8,197)	(3,185)	(3,426)	(229)	(1,448)	(13,847)
<i>Percentage of Recurring Budget</i>	<i>(4.7%)</i>	<i>(4.7%)</i>	<i>(4.5%)</i>	<i>(2.3%)</i>	<i>7.5%</i>	<i>(2.1%)</i>	<i>(2.3%)</i>	<i>(3.1%)</i>	<i>(2.7%)</i>	<i>(6.6%)</i>	<i>(2.0%)</i>	<i>(93.9%)</i>	<i>(2.0%)</i>	<i>15.0%</i>	<i>(33.1%)</i>
Projected Costs	(139,157)	(74,026)	(360)	(2,586)	(888)	(1,878)	(6,817)	(2,316)	(1,347)	(13,427)	(13,773)	(4,405)	5,740	(2,213)	(20,862)
Recurring Resources															
Base Uplift	31,907	14,008	344	1,856	284	590	1,838	434	838	2,436	4,345	20		2	4,911
National Insurance (HSC Levy)	8,890														8,890
NRAC	3,000														3,000
OHB Income	1,699	405								0	207				1,087
Non Recurring Resources															
VPAS	7,485	7,485													0
Reserves	2,635	2,635													
Asset Disposal	16,156	1,000								5,610	2,944	2,500			4,102
Flexibility	21,787	5,000									600				16,187
Covid	0														0
Additional Resources	93,559	30,533	344	1,856	284	590	1,838	434	838	8,046	8,096	2,520	0	2	38,177
Financial Outlook Gap before FRP's	(45,598)	(43,493)	(16)	(730)	(604)	(1,288)	(4,979)	(1,882)	(509)	(5,380)	(5,677)	(1,885)	5,740	(2,210)	17,315
Financial Recovery Plans	17,165	7,509	110	1,250		515	2,764	484	2,045	1,841	647				
Financial Outlook Gap after FRP's	(28,432)	(35,984)	94	520	(604)	(773)	(2,215)	(1,398)	1,536	(3,539)	(5,029)	(1,885)	5,740	(2,210)	17,315
<i>Percentage of Recurring Budget</i>	<i>(1.6%)</i>	<i>(4.7%)</i>	<i>0.5%</i>	<i>0.5%</i>	<i>7.4%</i>	<i>(1.0%)</i>	<i>(0.7%)</i>	<i>(2.0%)</i>	<i>1.2%</i>	<i>(2.9%)</i>	<i>(3.2%)</i>	<i>(51.7%)</i>	<i>50.2%</i>	<i>22.8%</i>	<i>41.4%</i>
Additional Covid Costs	(78,611)	(21,615)	(495)	(1,689)	(18,200)	(6,497)	(4,997)	(5,394)	(3,948)	(6,010)	(9,767)				
Total Financial Outlook Gap	(107,044)	(57,599)	(401)	(1,169)	(18,804)	(7,270)	(7,212)	(6,792)	(2,412)	(9,549)	(14,796)	(1,885)	5,740	(2,210)	17,315

Appendix 3 – Projected Covid Costs, 2022/23

	22/23 Covid Costs £k	23/24 Covid Costs £k
Vaccinations	£18,200	£18,200
Testing & Sequencing	£12,784	£8,466
Other Acute Costs	£8,844	£2,386
Enhanced Home Care/Care at Home Support	£7,832	£7,832
GP Prescribing	£3,968	£3,968
Additional Community Beds	£5,599	£5,599
Facilities & Additional Cleaning	£5,410	£5,390
Other Covid Costs	£4,912	£2,916
TAP & Public Health	£3,016	£748
Extended Flu	£3,437	£3,437
MH & Acute Drug Pressures	£3,106	£3,071
Loss of Income	£1,504	£677
Total	£78,611	£62,690

Appendix 4 – 22/23 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
Full Year Recurring Expenditure Budget	1,813,105	108,637	452,295	90,804	166,443	994,926
Baseline Pressures	(54,144)	87	2,308	188	1,972	(58,699)
Projected Expenditure Uplifts & Commitments	(37,030)	(994)	(5,710)	(873)	(2,276)	(27,178)
Growth and Other Commitments	(29,823)	(1,934)	(7,647)	(1,710)	(3,085)	(15,447)
Policy Decisions	(13,733)	0	0	0	0	(13,733)
Strategic Investments	(2,841)	0	0	0	0	(2,841)
Essential Service Development	(1,465)	(19)	(90)	(16)	(76)	(1,264)
Unscheduled Care	(122)	(15)	(69)	(12)	(26)	0
Projected Expenditure Uplifts & Commitments	(85,013)	(2,961)	(13,516)	(2,611)	(5,463)	(60,462)
<i>Percentage of Recurring Budget</i>	<i>(4.7%)</i>	<i>(2.7%)</i>	<i>(3.0%)</i>	<i>(2.9%)</i>	<i>(3.3%)</i>	<i>(6.1%)</i>
Projected Costs	(139,157)	(2,873)	(11,209)	(2,423)	(3,491)	(119,162)
Recurring Resources						
Base Uplift	31,907	1,177	4,489	855	1,633	23,753
National Insurance (HSC Levy)	8,890					8,890
NRAC	3,000					3,000
OHB Income	1,699					1,699
Non Recurring Resources						
VPAS	7,485	60	285	50	105	6,985
Reserves	2,635					2,635
Asset Disposal	16,156					16,156
Flexibility	21,787					21,787
Balance of Uplift	0	626	2,737	613	1,051	(5,027)
Additional Resources	93,559	1,863	7,511	1,518	2,789	79,878
Financial Outlook Gap before FRP's	(45,598)	(1,011)	(3,697)	(905)	(702)	(39,284)
Financial Recovery Plans	17,165	806	3,542	729	2,519	9,569
Financial Outlook Gap after FRP's	(28,432)	(205)	(155)	(175)	1,817	(29,715)
<i>Percentage of Recurring Budget</i>	<i>(1.6%)</i>	<i>(0.2%)</i>	<i>(0.0%)</i>	<i>(0.2%)</i>	<i>1.1%</i>	<i>(3.0%)</i>
Additional Covid Costs	(78,611)	(7,265)	(8,771)	(6,113)	(5,203)	(51,259)
Total Financial Outlook Gap	(107,044)	(7,470)	(8,926)	(6,288)	(3,386)	(80,974)

Appendix 5 – Financial Outlook Risk Register

Key Assumptions / Risks	Risk rating	Impact
SGHD Allocations - Covid	High Risk	The forecast contains an underlying assumption that the Core overspend remains the responsibility of NHS Lothian, while the Covid related costs will be supported by additional allocations from the SG. Confirmation of funding arrangements are still awaited.
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.
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.
Inflation	High Risk	The Financial Plan assumes additional costs of 2% for non-pay inflation. This is dependent on factors outside our control and there is a risk that the cost increases could be higher than this estimate.
Escalation Framework	High Risk	Costs associated with improved operational performance may be greater than 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 22/23 does not consider any further deterioration in this area.
Winter Costs	High Risk	The costs of winter in 22/23 are expected to be within normal tolerance levels. There is a risk that the financial impact of winter exceeds that currently planned.
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.
Asset Sales	High Risk	The Financial Plan places reliance on additional financial resource being made available from the disposal of assets. There is risk relating to the value of the disposal, and the timing of the sale.
RHSCYP and DCN	Medium Risk	The full financial implication of the delays to the new hospital may yet change, with some of this cost expected to be funded within SLA arrangements with other health boards.
Integration	Medium Risk	The forecast is based on the assumption that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource.
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 forecast has been reviewed in line with current unit cost and activity, but this could change during the remaining months of the year-end and impact into next year.
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimated in the Forecast. The impact of any additional growth or additional spend on high cost drugs remains an issue.
Access to Medicines Policy	Medium Risk	There is a subsequent risk in that the Policy of the SG to support access to new Medicines is not adequately planned for by the SG or by boards, leading to additional cost pressures beyond that manageable within the SG allocation provided and potentially impacting on resources available for other services.
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. To maintain the current forecast the use of agency needs to be held static or reduce.
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.

**INITIAL 2022-23 FORWARD PLAN
COVID AND FLU VACCINATION**

1 Purpose of the Report

- 1.1 The purpose of this report is to articulate current plans for the 2022-23 Covid and Flu vaccination programme. These have been developed based on planning assumptions provided thus far by the Scottish Government as well as local assumption about Winter 2022. The plan will be subject to revision pending further Joint Committee for Vaccination and Immunisation (JCVI) recommendations and national policy guidance associated with Covid vaccination.

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

2 Recommendations

- 2.1 Note progress in the development of 2022-23 delivery plans;
- 2.2 Recognise progress associated with implementation of the Covid spring booster and universal vaccination of those aged 5 -11 years following publication of JCVI recommendations in February 2022;
- 2.3 Be aware of developments in HSCPs vaccination centre premises plans and recognise capital investment and leases will need to be met once these costs are finalised;
- 2.4 To note ongoing work to finalise workforce requirements, and to note that fixed term contracts for vaccination staff have been extended for three months (to 30th June 2022) to maintain required surge capacity associated with spring booster programme and allow further time to appoint staff to permanent posts;
- 2.5 The programme works with the Immunisation Delivery Board to ensure there is coordinated oversight across all vaccinations;
- 2.6 Note that 2022-23 financial allocations have not been confirmed for non-pay elements of the programme and that work is ongoing to ensure costs fall within the current pay allocation provided

3 Discussion of Key Issues

Introduction

- 3.1 The Covid and flu vaccination programme has been extremely successful with the vast majority of the population having benefited. The programme is not yet finished as eligibility for the vaccine continues to be widened, for example the recent extension to universal vaccination of the 5-11 year old age cohort and spring booster programme for

those in care home for older adults, those aged over 75 years and individuals aged 12 years and over who are immunosuppressed. However, it recognised that it is the right time to consider how the programme will move towards a more sustainable long-term delivery model.

- 3.2 This paper sets out initial thinking on the future delivery model. The aim is to build a plan for 2022-23, which provides a ‘stepping stone’ towards a sustainable model. It is based on a number of assumptions about the direction of the programme, whilst recognising that these may change as the pandemic evolves. In particular, during this transition year, the programme will need to maintain flexibility to ramp up capacity in the event of JCVI or other policy guidance changes.
- 3.3 The paper provides a summary of the plan for Lothian and four HSCPs over the next year. It is based on a series of discussions with each HSCP, as well as a number of central functions. It is underpinned by a series of design principles as set out below.

Table 1. Design Principles

Access	<ul style="list-style-type: none"> Local access for vulnerable and elderly Structured and targeted inclusivity programme Availability of drop in and evening appointments for younger and working age population
Sites	<ul style="list-style-type: none"> Use of multi-purpose sites to provide permanent bases Minimise use of commercial sites where practical Ensure mix of small and larger sites to ensure sufficient space for surge capacity Ensure sites have good public transport and road links
Workforce	<ul style="list-style-type: none"> Dedicated core team Create a ‘bank’ of staff to support surge delivery Flexible contracts given seasonal nature of programme Support alternative delivery models such as community pharmacy
Central Functions	<ul style="list-style-type: none"> Maintain pan Lothian support functions Digital first booking and scheduling system Maintain pharmacy cold chain capacity
Alignment to VTP	<ul style="list-style-type: none"> Capacity to support or work with vaccination transformation programmes (VTP)
Value for Money	<ul style="list-style-type: none"> Cost effective delivery model

Capacity Requirement

- 3.4 The most uncertain element of the programme is the scope and extent of the Covid vaccination programme during 2022-23. Planning uncertainty is gradually lifting as JCVI recommendations are communicated to the service. The following assumptions underpin our estimates of capacity:

- JCVI recommended on 19th February, universal vaccination for 5 – 11 year olds which began 19th March (weekends and Easter holidays) with two doses offered 12 weeks apart;
- there will be a further care home booster programme which commenced from 7th March with at least six months between booster doses.
- over 75s will be scheduled a spring booster appointment from 28th March, with at least six months between booster doses and therefore the expected completion date for majority of this cohort is 19th June 2022
- Severely Immunosuppressed (SI) will be offered a 5th dose from June 2022;
- an Autumn / Winter programme will be required for JCVI cohorts 1-9 (over 50s and those at risk) and potentially the whole population, commencing in September 2022. The flu vaccine will be co-administered for those eligible;
- the programme will deliver the pneumococcal, shingles vaccines and any other relevant adult vaccinations.

3.5 At time of writing no definitive JCVI or Scottish Government guidance has been received to confirm the content of the Autumn / Winter 2022 programme.

3.6 Table 2 illustrate the potential number of vaccination appointments that will need to be delivered during 2022-23 based on these assumptions.

Table 2. Vaccination Appointment Requirements by HSCP (2022/23)

Cohort	Edinburgh	East Lothian	Mid Lothian	West Lothian	Lothian
Tranche 2 (Feb-June)	94,291	16,106	15,869	33,056	159,332
5-11s Universal (2 doses)*	68,834	17,058	15,158	30,088	131,138
Spring Booster**:					
- Care Homes	1,933	445	376	642	3,396
- Over 75s	33,626	9,679	7,335	12,088	62,728
- SI	2,198	645	491	1,305	4,639
Autumn /Winter**:					
- Covid 18+	311,506	69,504	56,496	106,114	543,620
- Flu 50+ & At Risk	240,280	59,935	50,753	96,195	447,163
- JCVI 1-9 Cohorts	193,074	51,072	41,790	77,952	363,888
Turning 16 Years Booster	4,103	1,133	898	1,943	6,136
Shingles***	4,414	1,201	979	1,760	8,354
Pneumococcal***	5,260	1,503	1,201	2,095	10,059
TOTAL (low)****	407,733	98,842	84,097	158,988	749,670
TOTAL (high)****	526,165	117,274	98,803	187,150	929,402

* based on total population size, the SG have provided a planning figure of 60% take up

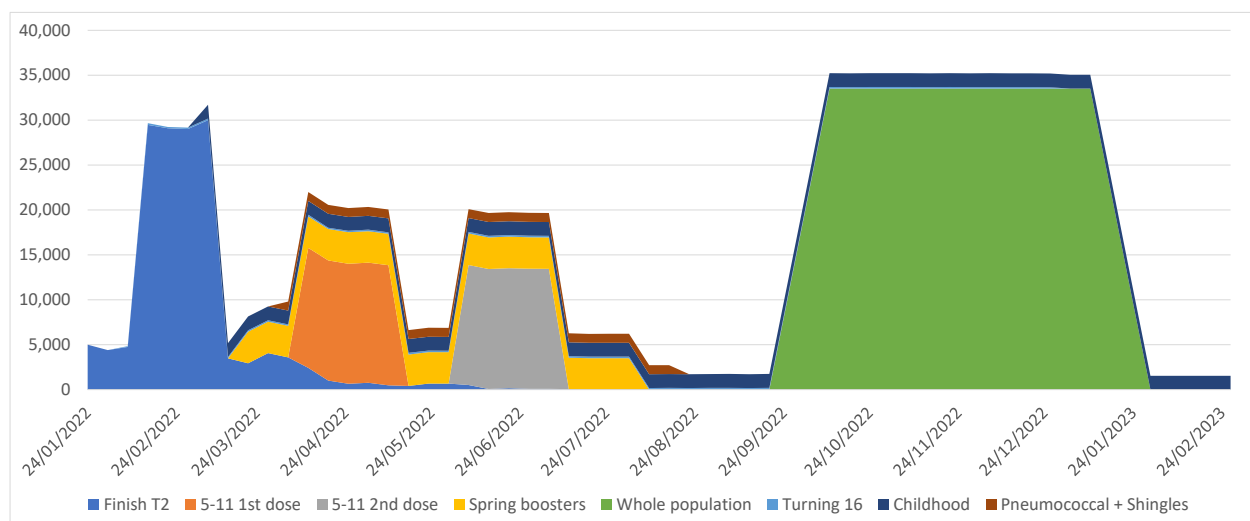
** based on doses delivered during 2021-22 season

*** based on total population size, there is a known backlog in Pneumococcal vaccine programme

**** low assumes only JCVI 1-9 in Winter (and Flu is co-administered), high assumes whole population

- 3.7 In total, it is expected that the programme will need capacity to deliver approximately 750k – 930k appointments during 2022-23 (total doses delivered including flu would be just under 1.4 million). Staffed capacity may not need to be this high, as it seems likely there will be a gradual reduction in take up rates and high DNA rates in some cohorts. For example, the take up rate of the 5-11 children’s programme was 25% over the first weekend.
- 3.8 Figure 1 below illustrates how the programme will be phased over the course of 2022-23 financial year. It illustrates that during the spring total capacity will need to be in the region of 20,000 appointments per week, whilst during Autumn/Winter this could be as high as 35,000 per week.

Figure 1. Lothian Wide Vaccination Requirement (appointments per week)



- 3.9 The Scottish Government have requested that NHS Boards have sufficient capacity to deliver 200,000 doses per week at a Scotland level, with further capacity for a 66,000 surge plan. NHS Lothian’s ‘share’ of this is circa. 32,000 appointments per week plus a further 10,000 surge capacity. Work is underway to define a national surge plan which expected to be available end April / early May to inform local planning.
- 3.10 HSCPs have confirmed their capacity plans can sufficiently accommodate these run rates and can flex plans to accommodate surge capacity if required through setting up additional vaccination stations and extension of vaccination centre opening hours. However, this is contingent on securing a number of vaccination sites as set out below.

Table 3. Maximum Weekly Run Rate Scenarios

Weekly Capacity	Edinburgh	East Lothian	Midlothian	West Lothian	Lothian
SG requirement (excl surge)	18,400	4,100	3,300	6,200	32,000
Winter peak vaccination rate	19,469	4,280	3,531	6,632	33,976

Vaccination Sites

- 3.11 Four large mass vaccination sites are coming to the end of their lease agreements in March 2022 (EICC, Lowlands, Gorebridge and Pyramids) and HSCPs are currently finalising plans for site locations they will need in the long term. In the interim, some locations will be maintained into 2022-23 to provide sufficient capacity in case a further vaccination 'surge' is required.
- 3.12 A summary of HSCP vaccination sites to support delivery of the 2022-23 programme is detailed below:

Table 4. Vaccination Locations

HSCP	Vaccination Sites	Total capacity per week
Edinburgh	<ul style="list-style-type: none"> Two 'mini mass' sites at Ocean Terminal and Gyle Shopping Centre (both sites have potential to provide year-round CTACs) capacity 14,000 per week New lease agreements at Ocean Terminal and the Gyle need to be agreed. The preferred Gyle site will require capital investment and therefore a temporary / smaller unit is being used for the Spring programme Locality Centres at Mountcastle, Pennywell and Sighthill and potential other locations to support inclusivity plans (7,000 per week) Additional bespoke centres at weekends as required City centre locations being considered, a trial period at Waverley Mall is being taken forward 	circa 21,000
East Lothian	<ul style="list-style-type: none"> Haddington Corn Exchange (HCE) capacity up to c3000 per week – to support Spring and Winter programme – lease until December 2022 (looking at extension options). Musselburgh Primary Care Centre (MPCC) c650 per week – Spring and Winter Programme Smaller location in East of county being considered for spring programme in recognition of larger over 80 years demographic c650 per week Vaccination bus to support inclusivity plans HCE & MPCC able to flex capacity either in terms of stations or working days to support surge plans/weekly requirements as needed 	4,280
Midlothian	<ul style="list-style-type: none"> Midlothian Community Hospital to summer 2022 capacity c3,500 per week A potential new vaccination centre in Bonnyrigg has been explored however due the poor state of the building this venue has had to be discounted. 'Pop Up' and utilisation of T11 trailer to support inclusivity plans 	3,500 during spring longer term capacity dependent on new vaccination centre location
West Lothian	<ul style="list-style-type: none"> Pyramids Business Park extension of lease to end June 2022 capacity c7,900 per week On-going discussion to confirm sites to replace Pyramids at with mini mass vaccination centres at Strathbrock and 	circa 8,000

	Blackburn plus centres at West Calder, Carmondean and weekends at Howden if required. Capacity across sites of up to c8.500 per week with co-administration of flu. Location of these centres support delivery of inclusivity plans	
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- 3.13 This capacity above will be supplemented in Edinburgh, East Lothian and West Lothian with support from Community Pharmacies for delivery of flu vaccination with potential for some pharmacies to support Covid vaccination. This will be subject to sign up to the 2022-23 Service Level Agreement.
- 3.14 Currently there are 18 pharmacies in a position to support delivery of Covid vaccination. Each Community Pharmacy session enables 100-120 patients to be vaccinated, and with an average of 3 sessions per week being used in our planning assumptions, Community Pharmacy has current capacity to deliver 6,000 Covid vaccinations per week with scope to increase this as required.
- 3.15 To date, Community Pharmacy appointments have been managed locally in discussion with clients due to logistical challenge of scheduling appointments through the national scheduling system (NVSS).
- 3.16 During 2021-22, over 20,000 flu vaccinations were delivered across 106 Community Pharmacies in all four HSCP. There would be capacity to increase this and again the solutions outlined above, to manage workforce pressures and the opportunity to do co-administration mean Community Pharmacy is well placed to play a more significant role in future vaccination services in Lothian.
- 3.17 In Midlothian, due to community pharmacy challenges and requirement to ensure vaccination does not impact on delivery of day to day community pharmacy services, this is not an option to support delivery of vaccination.

Workforce Plans

- 3.18 The National Future Vaccination Workforce Advisory Group, led by the Workforce Directorate at Scottish Government has been meeting since 28th June 2021. NHS Lothian has played an active part in the group and helped shape the future workforce template being used by Scottish Government to collate the workforce needs. This has ensured that the wider infrastructure to support a vaccination programme has been recognised and included in the workforce planning.
- 3.19 Table 5 sets out the proposed permanent vaccination workforce requirements by HSCP. It includes numbers of the Children's Vaccination Team (CVT) for illustration.

Table 5. Delivery Teams by HSCP (WTE)

Delivery Teams	Edinburgh	East	West	Mid	CVT	Total
Clinical Lead	1.0	1.0	1.0	1.0	1.0	5.0
Vaccination Team Lead	2.0	2.0	2.0	2.0	2.0	10.0
Lead Vaccinator	2.0	2.0	3.0	2.0	2.0	11.0
Registered Vaccinator	10.0	14.0	17.0	12.0	20.0	73.0
Non Reg Vaccinator	30.0	6.0	10.0	4.0	8.0	58.0

Admin B4	1.0	1.0	1.0	3.0		6.0
Admin B3	7.0					7.0
Admin B2		5.0	2.0	6.0	11.0	24.0
Total	53.0	31.0	36.0	30.0	44.0	194.0

* excludes bank / sessional input

3.20 Following workforce discussions at the recent HSCP 2022-23 planning meetings further revisions will be made to workforce plans in recognition that:

- the skill mix model will be reviewed to ensure the appropriate ratio of registered to non-registered nurses. In general, the ratio would be expected to be three to one but this varies depending on the size of the site and the level of inclusivity and housebound / care home work to be delivered;
- the workforce size will depend on the scale and number of sites once premise locations are finalised;
- administrative support is to be redeployed to partnerships through organisational change arrangements;
- initial workforce plans include CVT staff employed through CTACs (funded through Primary Care Transformation Funds) who will support delivery of aspects of the programme i.e. housebound, surge requirements.

3.21 Further work is being undertaken to understand the extent to which bank or sessional input will be required to meet peak demand.

3.22 HSCP teams have confirmed a requirement for continued support from central and other corporate services teams i.e. analytical services, pharmacy, enquiry/call centre, communications, etc. The only exceptions relate to element of programme management and HR which will eventually be delivered by HSCP teams.

3.23 Table 6 illustrates the current central team WTE workforce proposals by function. These workforce requirements cover all vaccination programmes in Lothian.

Table 6. Central Functions (WTE)

Support Services	WTE
Public Health	3.5
Operational and Professional Leads	2.6
Programme Management	6.7
Call Handling, Admin and Scheduling	34.0
Estates and Facilities	28.0
Pharmacy*	11.2
Occupational Health	1.0
Finance	0.6
HR & Staff Bank	5.0
Analytics	3.2
Education and Training	3.0
IT / eHealth	3.0
Communications	3.0

Procurement and Supply Chain	8.0
Infection Control	0.4
Total	139.2

* pharmacy numbers being finalised to include existing substantive posts

3.24 Discussions are ongoing with each of these central areas to understand future workforce requirements. Key points to note:

- Public Health input covers all vaccination programmes not just the Covid and flu programmes and will be focused on a governance and assurance role;
- Programme Management resource is likely to be scaled back over the next few months and will be lower than shown;
- there are currently 19.3 WTE in the call handling team and discussions are underway with eHealth to assess how they could be redeployed to support wider NHS Lothian programmes as a central 'enquiries' team as well as providing a pan Lothian vaccination service;
- discussions are ongoing to clarify future administration requirements;
- final estates, facilities and supply chain requirements will depend on the mix of locations selected. The facilities team currently have two support managers, a mobile workforce across all sites of 12 Band 2s, plus drivers. It is likely there will be opportunities to further optimise the supply chain process;
- the pharmacy function covers all vaccination requirements and extends beyond procurement and supply, maintaining the MHRA Wholesale Dealing Authority (WDA) and all medicines governance aspects of the Patient Group Directions (PGDs) and National Protocols

3.25 The pharmacy plan excludes ongoing equipment costs for refrigeration or pharmacy capital costs in relation to general supply chain configuration. Presently, the Vaccine Holding Centre function is delivered from St John's Hospital however temporary storage is impacting footprint on this acute hospital site and longer-term solutions may be required. Further work will be undertaken looking at this issue once HSCP site numbers, locations, and vaccine types in use stabilise.

3.26 The workforce plan will be finalised over the coming weeks in discussion with HSCPs. Initial budgets for 2022-23 are being prepared and are set out in section 8.

Next Steps

3.27 Following meetings with the HSCPs in mid-February, HSCP teams are being asked to submit their finalised vaccination plans. These will be subject to change as they evolve in line with the latest JCVI and policy guidance. In particular, key decisions on premises will need to be made now to secure capacity into 2022-23.

3.28 The programme is increasingly overlapping with the broader vaccine transformation agenda and it is recommended that these issues are considered by the Immunisation Delivery Board which has its inaugural meeting on 11th April 2022.

4 Key Risks

4.1 HSCPs have indicated currently key risks associated with the 2022-23 programme delivery relate to:

- ongoing uncertainty regarding JCVI or other policy announcements;
- a likelihood that the programme will have surplus capacity that might not be used during this transition year;
- take up rates are significantly lower than during 2021-22 which may result in an associated oversupply of vaccination doses;
- unconfirmed longer term vaccination premises and no SG funding for non-pay yet announced;
- inflexibility of national scheduling system (NVSS) and requirement to allow citizens to have preferential access to local vaccination centres with particularly emphasis for those aged over 60 years;
- staff retention and recruitments;
- ability to maximise community pharmacy contribution;
- National funding allocation based on NRAC share;
- requirement to recognise impact of population increases i.e. expected 10% increase in Midlothian by 2023.

Key risks will be reviewed and updated when delivery plans are finalised.

5 Risk Register

- 5.1 As current 2022-23 delivery plans are indicative and cannot be finalised at this stage, no risks have been added to the corporate risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 It is recognised in delivery of this next phase of the vaccination programme, there is a need to embed inclusivity plans within mainstream programme activities. HSCPs have continued to develop their inclusivity plans and also to review data associated with vaccine uptake data to further inform targeted delivery.
- 6.2 Each Lothian HSCP have a group tasked with taking forward the inclusivity agenda which is informed by Public Health Scotland evidence and Scottish Government policy framework, this will be priority for focus in January to March 2022. HSCPs inclusivity plans have been reviewed and were updated on 24th January 2022.

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

- 7.1 Current arrangements to inform and engage with people accessing the vaccination will continue through 2022-23 programme supported by regular review and update of NHS Lothian, HSCPs and Council internet sites, update to Frequently Asked Questions and continuation in provision of Lothian vaccination call centre to support citizen enquiries.

8 Resource Implications

- 8.1 The investment in a permanent vaccination workforce has a considerable cost, currently estimated at £16.1m. A summary position is outlined in Table 7.

Table 7. Summary Workforce and Cost

Vaccination Programme Workforce and Cost		
	WTE	£m
Delivery Teams (HSCP)	194	£8.4
Support Services (Corporate)	139	£6.1
Bank and Volunteers	79	£1.6
		£16.1
Activity (Millions)		1.4
Cost per Vaccine		£11.70

- 8.2 Boards will be given an allocation based on an NRAC share of £100m (adjusted for a £5m top slice). This give NHS Lothian £14.2m. NRAC methodology disadvantages NHS Lothian as vaccination are closely aligned to headcount
- 8.3 A gap of c£2m currently exists and we are aware of the need to bring the models into balance. The main areas to address this will be:
- revisiting cost profiles, especially interplay from Staff Bank c £1m impact;
 - looking at areas where substantive budget already exists, e.g. CVT, c£1m impact;
 - recognition of whole cost approach and links with the Vaccines Transformation Programme (VTP), this could give double counts as work such as baseline pre-pandemic Flu and other Immunisations moved from GP workload will have resources with the VTP and the wider PCIF funding, c £1.5m impact.
- 8.4 Thus, there are potential ways to reduce the cost gap without reducing the service.
- 8.5 However, the current allocation and costs are for workforce only. There will be additional cost relating to Premises and venue running costs. In the changing landscape there will be smaller mini mass centres in local settings spread across NHS Lothian owned properties (including using CTACs), Council facilities and a variety of unused retail sites. These properties will be far lower cost than previous Mass Centres. Some sites may require investment to bring up to appropriate standard.
- 8.6 If there is no further Scottish Government allocation for venue running costs then there is a potential risk that we will be required to eke out all the efficiencies within the current workforce allocation to help fund these costs.
- 8.7 The final cost component is the cost of the Vaccines themselves. These are excluded as these costs have been met by Scottish Government.

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List of Appendices

Appendix 1: Vaccination Coverage

Appendix 1 : Vaccination Coverage (at 23rd March 2022)

Covid-19 Vaccination

Age Group/ Cohort	Covid Dose 1		Covid Dose 2		Covid Booster / Dose 3	
	Cumulative No. Vaccinated	Cumulative % Vaccinated	Cumulative No. Vaccinated	Cumulative % Vaccinated	Cumulative No. Vaccinated	Cumulative % Vaccinated
Over 80 Years	41,129	100.0%	40,057	100.0%	36,883	93.8%
75 – 79 Years	29,279	100.0%	28,924	100.0%	27,773	100.0%
70 – 74 Years	41,344	100.0%	40,924	100.0%	39,565	96.9%
65 – 69 Years	43,222	100.0%	42,738	100.0%	41,182	96.3%
60 – 64 Years	52,742	100.0%	52,085	100.0%	49,528	96.3%
55 – 59 Years	59,703	100.0%	58,794	98.7%	54,758	91.6%
50 – 54 Years	59,915	99.0%	58,629	96.8%	53,348	88.1%
40 – 49 Years	108,660	92.3%	104,939	89.1%	90,111	76.5%
30 – 39 Years	120,725	83.8%	114,126	79.3%	88,344	61.3%
18 - 29 Years	127,790	80.1%	115,610	72.5%	85,603	53.7%
16 – 17 Years	14,484	86.0%	10,915	64.8%	3,295	19.6%
12 – 15 Years	27,517	73.4%	16,284	43.5%	607	1.6%
5-11 Years	2,630	3.8%				

Source : Public Health Scotland Covid 19 Vaccination Daily Dashboard

https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview

Note : Primary Dose 3 - Severely Immunosuppressed Only

Booster – recommendation at 12 weeks post 1st dose (JCVI revised from 24 weeks)

5-11 years universal vaccination began weekend 19th March (at risk and sharing households of immunosuppressed invited for vaccination Jan- Feb 2022),

Spring Booster daily dashboard reporting from 24th March

Vaccination Post Covid Infection:

- Over 18 years 4 weeks post infection
- Under 18 years 12 weeks post infection,
- Under 18 years at risk due to underlying health condition 4 weeks

Flu Vaccination at 23rd March 2022 (2021-22 flu vaccine programme completion 31st March 2022)

Lothian Flu Vaccination Uptake Sources: NCDS, Trak

[Click here for Notes and Definitions](#)

Data refreshes every weekday at 10:00am (pregnant women and pre-school children (2-5 years) is updated weekly on a Monday)

HSCP	LOTHIAN	GROUP	All adult vaccinations
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Number vaccinated and % uptake by group - LOTHIAN

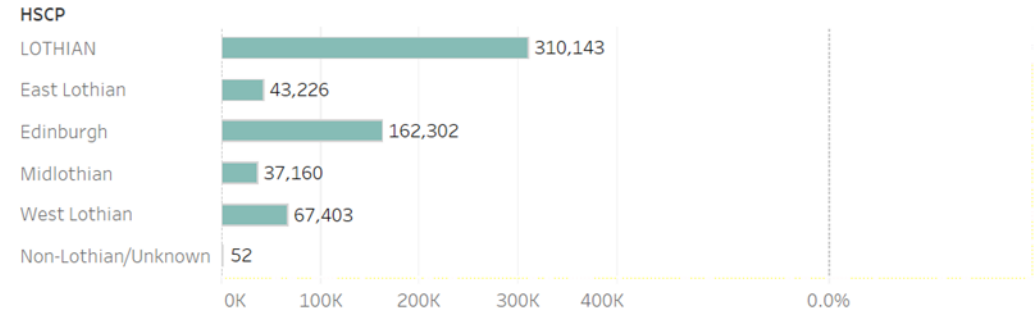
Hover over the data in the table for more information on how the group has been defined and how uptake has been calculated. **We do not report % uptake for some groups as we cannot accurately derive a total population size (indicated by NA in the table). Please note individuals may appear in more than one group.**

For staff uptake please see <https://way-tableau.luht.scot.nhs.uk/#/site/nhsi/workbooks/3488/views>

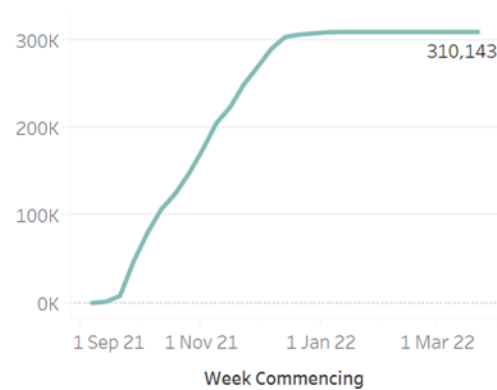
Group	Number Vaccinated	Population Estimate	% Uptake
All adult vaccinations	310,143	NA	NA
Clinically extremely vulnerable or severely immunosuppressed	21,040	25,324	83.1%
Age 70 and over	96,902	112,398	86.2%
Age 65-69	37,695	45,454	82.9%
Age 50-64	107,673	186,196	57.8%
Adults age 16-64 who are in a flu at-risk group*	82,205	136,017	60.4%
Adult vaccinations given at schools/nurseries in Lothian	7,165	NA	NA
Pregnant women	5,042	6,990	72.1%
Pre-school children (2-5yrs)	14,607	22,279	65.6%

*These figures only include those identified as at-risk in national cohort files

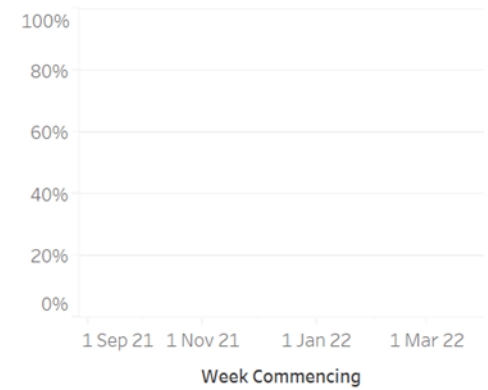
Number and Percent cumulative vaccinations by HSCP - All adult vaccinations



Weekly trend - Cumulative vaccinations - All adult vaccinations - LOTHIAN



Weekly trend - Cumulative Percentage - All adult vaccinations - LOTHIAN



Meeting Name: Board
Meeting date: 6th April 2022

Title: QUALITY STRATEGY INTERIM REVIEW

Purpose of the Report:

DISCUSSION		DECISION	✓	AWARENESS	
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1.1 The purpose of the paper is to set out the findings of an interim review of the Quality Strategy and the priorities for 2022/23.

Recommendations:

Recommendations

- 2.1 The Board accepts the review findings against the QS deliverables.
- 1.2 The Board approves the priorities for 22/23 which seek to regain the momentum developed prior to the pandemic to implement the QS, acknowledging the current service constraints.
- 1.3 The Board accepts that, as we enter the final year of the Quality Strategy and conducts the final review, we will be laying the foundations for the next NHS Lothian Quality Strategy.

Author: Jo Bennett
Date: 23/03/2022

Director: Tracey Gillies
Date: 23/03/2022

NHS Lothian

Board

06 April 2022

Medical Director

NHS Lothian Quality Strategy Interim Review

1 Purpose of the Report

- 1.1 The purpose of the paper is to set out the findings of an interim review of the Quality Strategy and the priorities for 2022/23.

2 Recommendations

- 2.1 The Board accepts the review findings against the QS deliverables prior to submission to the April Board.
- 2.2 The Board approves the priorities for 22/23 which seek to regain the momentum developed prior to the pandemic to implement the QS, acknowledging the current service constraints.
- 2.3 The Board accepts that, as we enter the final year of the Quality Strategy and conduct the final review, we will be laying the foundations for the next NHS Lothian Quality Strategy.

3 Discussion of Key Issues

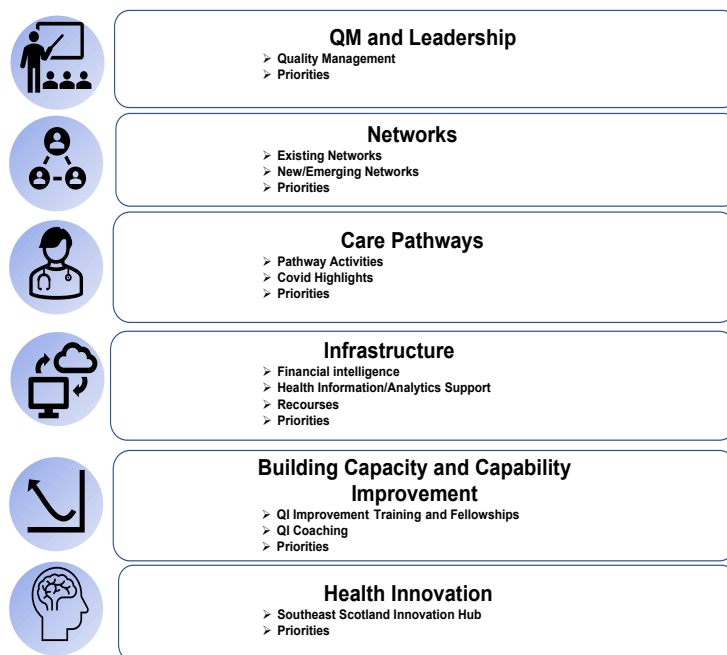
- 3.1 NHS Lothian has agreed [Our Priorities for continuous Improvement](#) in February 2020. The Board has discrete corporate objectives that are refreshed annually, relating to improving health of the population, improving quality of care, and improving staff experience. Central to achieving our priorities, is the requirement to develop and carry out robust implementation plans and review their impact on our priorities. Learning from all attempts to make improvement and share that learning with others. [The Quality Strategy](#) was approved in 2018 and sets out Quality Management as a framework for delivery of these objectives.
- 3.2 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).

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. Diagram 1 below set out the four domains of a QMS:



Source: [How to move beyond quality improvement projects | The BMJ Amar Shah](#)

The QS (2018-23) sets out a range of actions (Appendix 1) to implement QMs across Lothian and these form the basis of the review and are set out below in Diagram 2:



3.3 Review Methodology

The methodology used for the review is as follows:

- Identification of key deliverables and assessment of progress using both qualitative and quantitative evidence. These deliverables are set out in the Annex of the current Strategy page 14 and Appendix 1 of this paper.
- 1:1 interview with key contributors to assess the progress towards the strategy's deliverables.
- Self-assessment of Quality Networks by the network leads and service teams using the network maturity – Organisational Strategy for improvement matrix, NSW Clinical Excellence Commission (2018).
- Engagement with Executive Leadership Team (ELT) to assess the progress being made to implement NHS Lothian's Quality Strategy from an ELT perspective.

3.4 The Quality Strategy Deliverables summarised in diagram one above informed the framework for the review findings and priorities for 22/23. The breadth and depth of the review findings across this framework cannot be adequately summarised in this covering paper. The Board is asked to read the review document in full which accompanies this paper.

3.5 Conclusions

3.5.1 This interim review demonstrates that despite the pandemic, 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.

There are examples of the use of all four dimensions of QM being applied from strategic intent to practical application. This however is not routine or systematised, nor visible in managerial and clinical processes. There is commitment moving forward to utilise QM as a delivery framework for the LSDF. Establishing explicit links with the LSDF programme boards and the requirement to use quality planning, quality control and improvement as mechanisms to support sustainable delivery.

Information focused on clinical processes and outcomes to inform QM remains a significant challenge in our system, which needs to be addressed as it is a constraint to wider adoption.

There is a real willingness by organisational leaders to re-engage with QM as NHS Lothian's single consistent approach to managing quality. The priorities for 22/23 (see Appendix 10 for summarised 22/23 priorities) seek to regain this momentum to deliver NHS Lothian's improvement priorities and corporate objectives. The Board is asked to approve these priorities, set against each dimension of the review framework.

- 3.6 Accept that as we enter the final year of the Quality Strategy and conduct the final review, we will be laying the foundations for the next NHS Lothian Quality Strategy.

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.

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 in more detail in the final review of the QS

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22 March 2022
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List of Appendices

Appendix 1:

NHS Lothian Quality Strategy Interim Review

1 Introduction

NHS Lothian has agreed [Our Priorities for continuous Improvement](#) in February 2020. The Board has discrete corporate objectives that are refreshed annually, relating to improving health of the population, improving quality of care, and improving staff experience. Central to achieving our priorities, is the requirement to develop and carry out robust implementation plans and review their impact on our priorities. Learning from all attempts to make improvement and share that learning with others.

[The Quality Strategy](#) was approved in 2018 and sets out Quality Management as a framework for delivery of these objectives.

2 Quality Strategy

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).

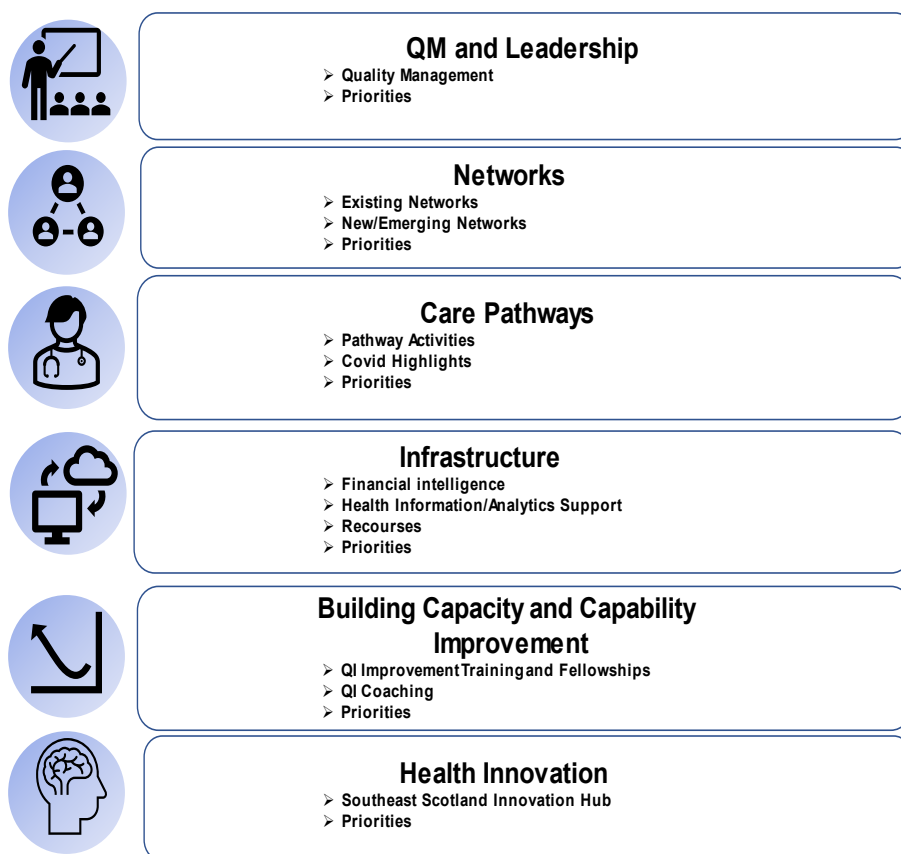
NHS Lothians QS aims to embed QM across the organisation, which requires organisational intent, patience, and positive system change. QM engages and empowers teams using tools and techniques to improve care pathways and management processes across the organisation. With human factors, talent management, 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. Diagram 1 below set out the four domains of a QMS:

Quality management systems



Source: [How to move beyond quality improvement projects | The BMJ Amar Shah](#)

The QS (2018-23) sets out a range of actions (Appendix 1) to implement QMS across Lothian and these form the basis of the review and are set out below in Diagram 2:



3 Review methodology

The methodology used for the review is as follows:

- Identification of key deliverables and assessment of progress using both qualitative and quantitative evidence. These deliverables are set out in the Annex of the current Strategy page 14 and Appendix 1 of this paper.
- 1:1 interview with key contributors to assess the progress towards the strategy's deliverables.
- Self-assessment of Quality Networks by the network leads and service teams using the network maturity – Organisational Strategy for improvement matrix, NSW Clinical Excellence Commission (2018).
- Engagement with Executive Leadership Team (ELT) to assess the progress being made to implement NHS Lothian's Quality Strategy from an ELT perspective.

4 Findings and Priorities 22/23

The QS deliverables summarised in diagram two above, formed the framework for the review and the reporting of findings and priorities for 22/23.



1. Quality Management and Leadership

Senior leadership have a pivotal role to play in creating the conditions required for QM to be embedded across the organisation as 'a way we do the work'. This includes communicating strategic intent, as well as creating a culture focused on quality, values associated with teamwork, the application of scientific problem solving and the provision of a quality infrastructure including information systems.

The ELT team have enabled a quality infrastructure to be established which has developed since 2018 and is described through the report. This includes quality networks, pathways, assurance standards, QI training, and coaching plus analytic support. As an organisation we have embedded NHS Lothian values of which quality and teamworking are central.

The review acknowledged the progress made since 2018 with respect to values and quality infrastructure and as such, focused on organisational intent concerning the implementation of QM as a consistent management system from the ELT perspective. Interviews took place with members of the ELT (n=11) and a summary of the findings is set out below:

- When the Quality Strategy was approved in May 2018 there was momentum to implement all aspects of the strategy. This momentum however was not sustained and was further hindered by the pandemic.
- There are examples of QM being used across the organisation particularly with respect to the improvement dimension, but it is not reliably applied.
- There is no explicit organisational messaging on QM
- There is lack of awareness and understanding of its use and interpretation of data.
- It is not embedded routinely into clinical and management processes.
- QM is not visible in the corporate objectives, the Lothian Strategic Development Framework, or management/professional objectives.

The leadership team reflected on the results from the interviews and unanimously agreed to restate our focus as an organisation on quality and QM and agreed the 22/23 priorities set out below.

The current NHS Lothian Leadership and Management competencies do not set out the competencies required to apply QM. There has also been an aspiration to incorporate them into Leadership and Management offers but this has not yet taken place. This will be a priority for 22/23.

QM and Leadership Priorities 22/23
<p>NHS Lothian’s Senior Management Team will systematically apply QM to the delivery of 22/23 corporate objectives.</p> <p>This would include the following:</p> <ul style="list-style-type: none">• Re-state NHS Lothian’s commitment to being a quality focussed organisation and application of QM• Build the Board, Executives, and senior managers capability to apply QM to ensure a shared understanding and common use of language including• Integrating into existing leadership offerings• Explicitly reference QM in the corporate objectives and for each executive/director to identify one objective where QM will be applied in 22/23• Ensure QM is stated in the LSDF to support implementation of the Strategic Framework. Establishing explicit links with the LSDF programme boards and the requirement to use quality planning, quality control and improvement as mechanisms to support sustainable delivery• Identify key corporate processes where QM can be applied and integrate QM into those processes• Consider how we annually plan our services with a focus on 6 dimensions of quality using QM• Build QM into the Lothian Leadership and management competencies and programmes.



2. Networks

2.1 Existing Networks

One of the mechanisms for implementing QM as set out in the QS is the development of Quality Networks which link support teams together either by place or by type of work they may do. Networks empower staff to achieve positive change, equipping them with the tools and skills they need to improve care pathways and managerial process.

This requires a focus on team working and staff experience, enabling staff to work autonomously and be in control of the care they deliver and wish to improve leading to improvements in staff experience and resilience. This approach also supports the implementation of [NHS Work Well Strategy April 2021](#)

There are three mature networks in place which are Mental Health (Appendix 2), Primary Care (Appendix 3), the Western General Hospital (Appendix 4). These networks were self-assessed against the QS milestones and using the Organisational Strategy for Improvement Matrix NSW Clinical Excellence Commission (2018).

All three networks can demonstrate increase participation in improvement, impact of change and visible quality focused leadership as well as the following:

- Mechanisms to celebrate success and share learning underpinned by a communication plan
- Enhance quality structures by developing and consolidating quality plans and infrastructure
- Flexible ways to develop teams and individuals' improvement skills and utilise them at a local level including QI coaching
- Mechanisms to monitor plans /programmes and projects using a range of quantitative and qualitative data plus recording, monitoring, and reporting network activity
- Improvements in care from improving access to diagnostic services, reducing harm in mental health services to improving the identification and management of frail older people at a practice and cluster level plus mechanisms for scale and spread of successful improvement work from tool kits to clinical change forums
- Demonstrate the contribution in managing the impact and recovery from COVID with increased attention to staff experience and wellbeing.

The maturity matrix and evidence to support the self-assessment illustrate that the establish networks continue to mature albeit at a reduced rate which is testament to the clinical teams and the local improvement support.

There is a breadth and depth of information set out in the self-assessment documents which the above summary cannot capture, and I would commend the reader to take the time to examine the network reviews and reflect on these networks as examples of quality focused leadership in action.

2.2 New and Emerging Networks

The strategy sets out milestones for new networks. Please see below for status of new and emerging networks set within the context of the Pandemic.

- A Maternity and Neonates Network (Appendix 5) has been established and Quality plan approved by senior management with an initial focus on safety. This work was reported at the January 2022 HCG meeting as part of the Patient Safety Annual report and based on learning from Adverse events, plus local and national safety priorities. The infrastructure to support this programme is funded through the service and at a corporate level with an established Programme Board, QI coaching, and reporting

locally via Senior Management Team and nationally through Health Improvement Scotland.

- St. John's Hospital has developed a Quality Plan (Appendix 6) with a focus on unscheduled emergency care, discharge Planning, and patient safety. This is overseen by the Senior Management Team. St John's Maternity Services are part of Maternity and Neonates network and GP practices in West Lothian are actively involved in the primary care network. A quality infrastructure is being established with additional support from the Quality Directory and Corporate Nursing plus service improvement staff who are funded by Scottish Government. QI coaching sessions are taking place and a review of all improvement work on the site is in progress
- The Royal Hospital for Children and Young People relocation was unfortunately delayed; however, a small improvement infrastructure has been established and there is a commitment to have a Quality Network in place by the end of March 23.
- Joy in Work. This emerging network is being developed as collaboration between HR/OD and the QD. The first step in establishing the network is to initiate an improvement programme focussed on improving experience of staff which was initially tested using an external provider. We plan to test an in-house course with QI coaching support from March 2022. The programme is summarised below:
 - Joy in Work methodology specifically focusses on reducing burnout by improving staff experience using quality improvement enabling job satisfaction, psychological safety, autonomy, and fair treatment to enable the workforce to truly thrive, not just persevere.
 - Clinical burnout has been well documented and is at record highs. The same issues that drive burnout also impact negatively on job satisfaction, performance, and motivation. This results in staff absence and turnover.
 - If staff enjoy their work, they are more likely to stay. There is also a body of research evidence that demonstrates that a positive workplace culture results in better clinical outcomes. Positive staff experience results in positive patient and service user experience.
 - The most joyful, productive, engaged staff feel both physically and psychologically safe, appreciate the meaning and purpose of their work, have some choice and control over their time, experience camaraderie with others at work, and perceive their work life to be fair and equitable.
 - There are proven methods for creating a positive work environment that creates these conditions (summarised by the term 'Joy in Work') and ensures the commitment to deliver high-quality care to patients, even in stressful times.
- Doctors in Training QI network – To further enhance participation in improvement, the Medical Education Team have put in place a dedicated resource for Dr's in Training and their supervisors. This includes QI training, projects, QI coaching and sharing learning see Appendix 7 for the 21-Show Case flyer and the 22 session is planned for this May. The goal of this programme is to improve experience and in the longer term attract trainees back to Edinburgh <https://www.med.scot.nhs.uk/trainee-doctors/opportunities-to-get-involved/clinician-development-programme/improve>

- A range of improvement work has taken place at a corporate level with support from improvement experts such as Scottish Quality and Safety Fellows, Excellence in Care leads and the Quality Directorate improvement advisors and this includes:
 - Medicines management from serial prescribing to timeliness of medicines at discharge
 - Streamlining the Nurse Bank process
 - Initial work with Human Resource on improving the disciplinary process.

The established and emerging networks as with the rest of the NHS are in recovery mode and are striving to regain pre-pandemic momentum. Despite the pandemic, staff continue to actively engage with the networks and the established networks continue to mature be it at a slower pace. The priorities for the networks are summarised below with more detail in the network review and self-assessment documents set out in the Appendices 2, 3, 4, 5 and 6.

Network Priorities 22/23
<ul style="list-style-type: none"> • The established and new networks priorities are set out in their plans and summarised in the self-evaluation documents • Establish a Quality Network at the Royal Hospital for Children and Young People by the end March 23 • Test and develop a case for a Joy in Work network which includes capability and capacity building supported by QI coaches • Achieve 100% participation in improvement for Dr's in training.



3. Care Pathways

3.1 Pathway Activities

The QS sets out care pathways as a primary mechanism for implementing QM across NHS Lothian. Care pathways pre and post Covid have been developed in partnership with service Senior Management Teams across the system with clear themes emerging, all of which are aligned to corporate objectives and remobilisation plans, The themes include:

- Sustaining and improving patient safety
- Ensure patient pathways are safe, timely, effective, and efficient by mapping post-Covid pathways
- Work at the front door across the Lothian sites with respect to admission avoidance and the review/development of new post-Covid pathways
- Maximising bed capacity by improved discharge planning and pathways into the community
- Remobilisation of outpatients.

Highlights from a selection of care pathways are set out below to illustrate the methodology applied to planning and improving pathways of care including the scale up and spread of successful improvement.

Hip Fracture and Stroke Pathways

- Hip Fracture and Stroke pathways were initiated early in 2018 to improve compliance with National Standards as NHS Lothian was an outlier. The teams mapped the current care processes underpinned by data and identified improvement projects to improve compliance, supported by an improvement resource. Standards improved in both care pathways and included:
 - Increased compliance with the Stroke Bundle and team participation in improvement, with access to quality control data over time.
 - For Hip fracture patients there was improved time to analgesia, fluids, and time to theatre. The Hip Fracture quality improvement team won the Lothian Celebrating Success award for best example of quality, innovation and productivity and the best poster prize at national hip fracture meeting in 2019.

These improvements have not all been sustained due to the impact of pandemic. Routine timely data on standards compliance is now available in the service (quality control) to inform future improvement work when the impact of the pandemic abates. Further work on Hip Fracture data building on the care pathway programme is being taken forward by the innovation team: [Improving Hip Fracture Outcomes Using Data - East Region Innovation](#)

Management of Deteriorating Patients

- The Deteriorating Patient Programme has been re-established and refreshed considering local and national priorities. The work in NHS Lothian has been set within the Vincent Framework set out in the diagram 3 below which illustrates the breadth and depth of this programme which is led by the Associate Medical Director for Patient Safety. A more detailed patient safety report was presented to the January 2022 HCG meeting.

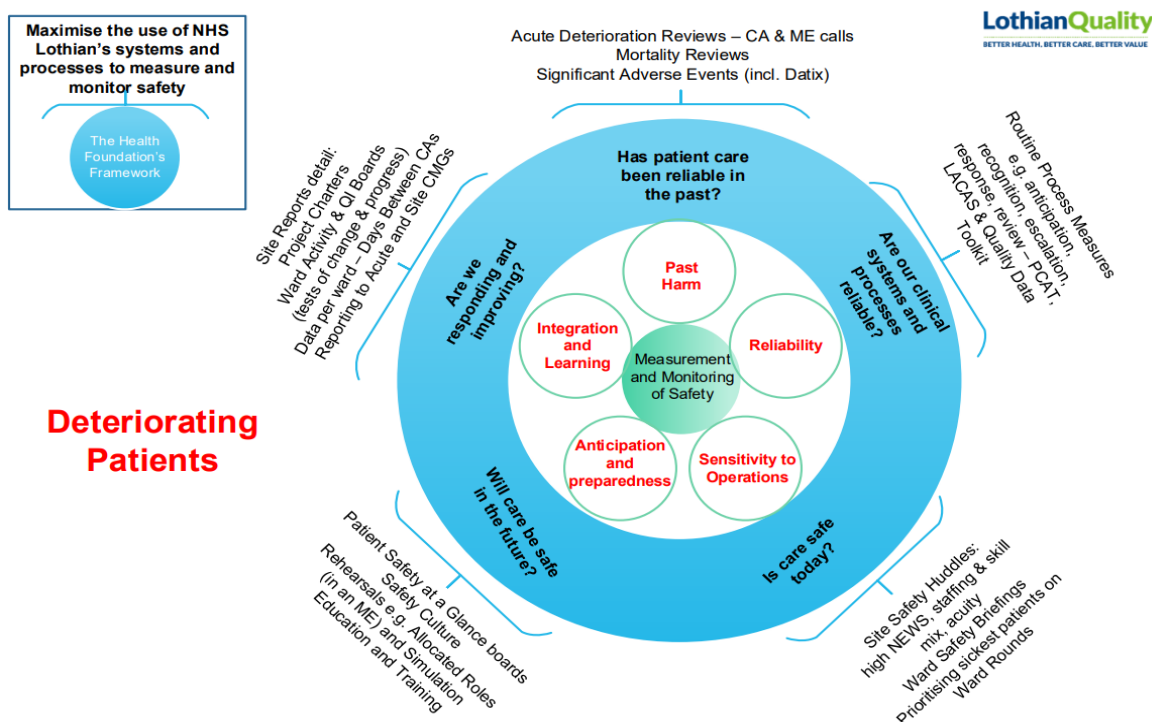
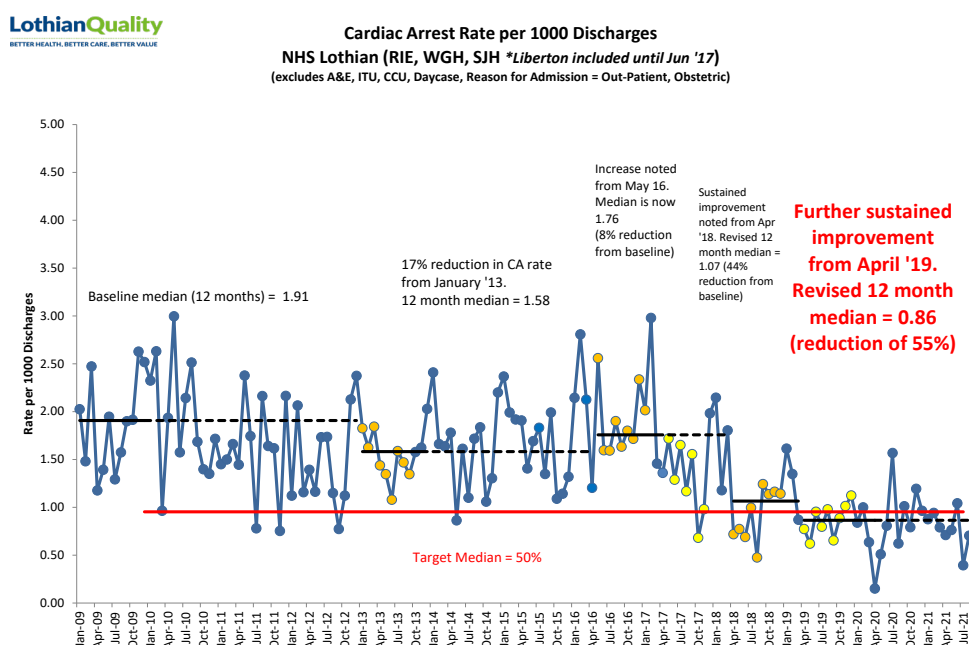


Diagram 3: Vincent Framework for measuring and monitoring safety

Source: [A framework for measuring and monitoring safety - The Health Foundation](https://health.org.uk/publications/a-framework-for-measuring-and-monitoring-safety) (https://health.org.uk/publications/a-framework-for-measuring-and-monitoring-safety)

- The focus during the height of the pandemic was to maintain improvements in Cardiac Arrest rates which has been achieved and is illustrated in Graph 1 below, with a sustained 50% reduction.

Graph 1: Cardiac Arrest Rate per 1000 Discharges NHS Lothian (RIE, WGH, SJH)



- The next phase of the programme is to learn from medical emergencies, adverse events and ward compliance data working with prioritised wards to further improve the recognition and response to deteriorating patients. NHS Lothian is also participating in the Healthcare Improvement Scotland (HIS) national collaborative.
- A workplan, driver diagram, and measurement framework has been developed with regular reporting to Acute CMG and annual reporting to Health Care Governance. The programme is underpinned by the rollout of e-Obs and is undertaken in collaboration with multi-disciplinary teams, including the education team, the nursing QI and standards team and co-ordinated through the Deteriorating Patient Programme Board.

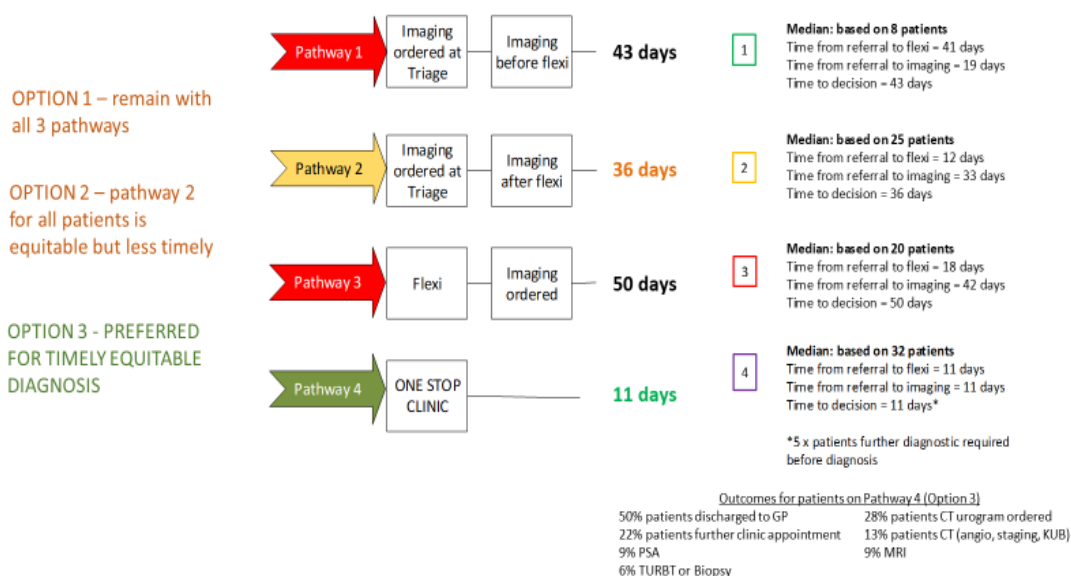
Visible Haematuria as Urgent Suspicion of Cancer

- The aim of this work is to reduce the time from referral to diagnosis, for patients referred with visible haematuria, as Urgent Suspicion of Cancer. This included working with the clinical team to map current pathways, new pathways and the collection of data including patient and staff experience. The full case for improvement is available on request and the summary of options and rationale are summarised below diagram 4 This work was presented by the Western General Hospital Site Director to the Performance & Oversight Board as part of a package of improvement interventions aimed at enhancing timely access, which included the implementation of Option 3.

Diagram 4 - Pathway options

Original aim

To reduce the time from referral to diagnosis, for patients referred with visible haematuria, as Urgent Suspicion of Cancer (USOC)



Quality Planning

Quality Planning is an essential dimension of QM. It is a process of understanding the current system to inform service planning and improvement, informed by assurance and quality control systems including compliance against clinical standards and outcomes. Quality Planning that is currently taking place includes:

- Review of Paediatric Type one Diabetes to ensure the service to ensure remains person centred safe, effective, and fit for purpose to meet increasing demand and use of new technology. This work is due to report to the Senior Management Team in March 22
- A diagnosis into current pathology systems and processes at the Royal Infirmary and Western General Hospital to identify process improvement opportunities to meet nationally agreed pathology turnaround times as set out in the National Pathology Benchmarking report 2020
- The mapping of the familial Breast Screening pathway and Colorectal Cancer screening pathway. Informed by adverse event analysis to reduce future potential harm
- Examining the current inpatient falls to inform an improvement plan for the three acute sites, based on learning from adverse events and informed by national and local patient safety priorities.

Performance Data - QM Lens

The QD has been supporting the development of driver diagrams, measurement frameworks and data display from derived performance data, to strengthen our approach to planning and improving compliance with waiting times standards. This has included:

- Board reporting guidance on performance data, using data overtime, supported by training for managers to contribute to those Board reports
- Developing measurement frameworks which have been developed and presented to the Performance Oversight Board for example [Unscheduled care](#) and [visible Haematuria](#) which is described above.

Scale-up and Spread

Improvement networks and care pathways enable the adoption and adaption of successful improvement initiatives by sharing learning and development of tool kits examples of which are set out below:

- The Primary Care Network supported the Midlothian Frailty improvement programme which continues to mature. The learning from this collaborative informed the North East cluster frailty programme and the production of a [frailty toolkit](#) to support scale up and spread. Other toolkits include [Near Me](#), [Improving demand/access](#), [Bowel Screening](#) and [Workload](#). In 2021/22 17 practices and two clusters are using the tool kits (16%) which is an increase in the previous year from 6%. The aim is to increase uptake of the toolkits by promoting them through our dedicated Primary Care Network, external website, and Primary Care Network newsletter, referencing them in presentations at relevant meetings, highlighting them to the wider primary care MDT and in discussions with individual GP practices. The network works closely with the GP Sub Committee and the Lothian Medical Committee in developing and promoting the toolkits as one of the key enablers in primary care Covid remobilisation and they will remain an option for practices undertaking the Quality Improvement Enhanced Service (SESP).
- The East Lothian Children's Mental Health Service (CAMHS) improvement work demonstrates positive changes in processes to improve patient safety and access to treatment for at risk children with successful testing of a 'standard' brief intervention package. There has been interest from other CAMHS teams, and a toolkit has been developed to support scale up.
- There have been successful changes put in place as part of the medicine's management work, with respect to timely access to medication on discharge. A case for scale-up is being developed for consideration by the management team.
- The management of deteriorating patients has spread across NHS Lothian in acute wards and used standardised tools, techniques, and measurement. This work has been promoted nationally and internationally to share best practice.

3.2 Covid Highlights

The application of improvement methodology was directed to support the testing, implementation and monitoring of rapid changes needed to adapt to the environment generated by the pandemic. These include:

- Core safety work continued including assurance reporting on a range of quality measures including safety to maintain a focus on safety whilst the system was undergoing significant and continual change
- Site Management, used improvement approach to developing testing centres, establish new pathways and re-establish services such as Paediatric Dental Service to the use of QFIT as part of the Endoscopy pathway
- Staff testing – rapid improvement work with Occupational Health Service on newly established process and set up of West Lothian staff testing centre
- Other Covid testing includes process mapping to support establishment of home testing
- Primary Care – three toolkits produced (Near Me, ACPs in Care Homes, Access) and quality planning for chronic disease management
- Support to staff well-being initiatives on 3 main acute sites.

Below other care pathway priorities 22/23:

Care Pathways Priorities 22/23
<ul style="list-style-type: none"> • Corporate Management Team and the Service Management Teams continue to identify pathways of care that require consideration to meet corporate objectives which would include cancer, unscheduled care pathways, and schedule care processes such as discharge planning and safety • Increase the use of Toolkits to enable the scale up and spread of successful improvement initiatives.

4. Nursing, Midwifery and Allied Health Professionals

Nursing colleagues can clearly demonstrate the contribution they have made to the implementation of the QS, from the Acute Nursing Strategy which utilises QM as its framework for delivery, to Lothian Accreditation and Care Standards which are a mechanism for implementing QM and are summarised below. Other opportunities to further increase the spread of QM are through the development of the Patient Experience Strategy, The Primary Care Nursing Strategy and the Allied Health Professional Innovation and improvement Strategy all of which are under development. Allied Health Professional in Lothian has a strong track record in improvement and improvement Coaching and their new strategy offers a chance to build on this work and expand to cover all four dimensions of QM.

4.1 Lothian Accreditation Standards and Care Standards

The NHS Lothian Accreditation and Care Assurance Standards provides a framework to give organisational and service user assurance that quality person centred care is being delivered consistently across all NHS Lothians Services. The Framework has been developed to promote quality assurance activity to be utilised to positively inform and drive

improvement in line with the Board's Objectives, Quality Strategy and Quality Management Approach. (See diagram 5 below)

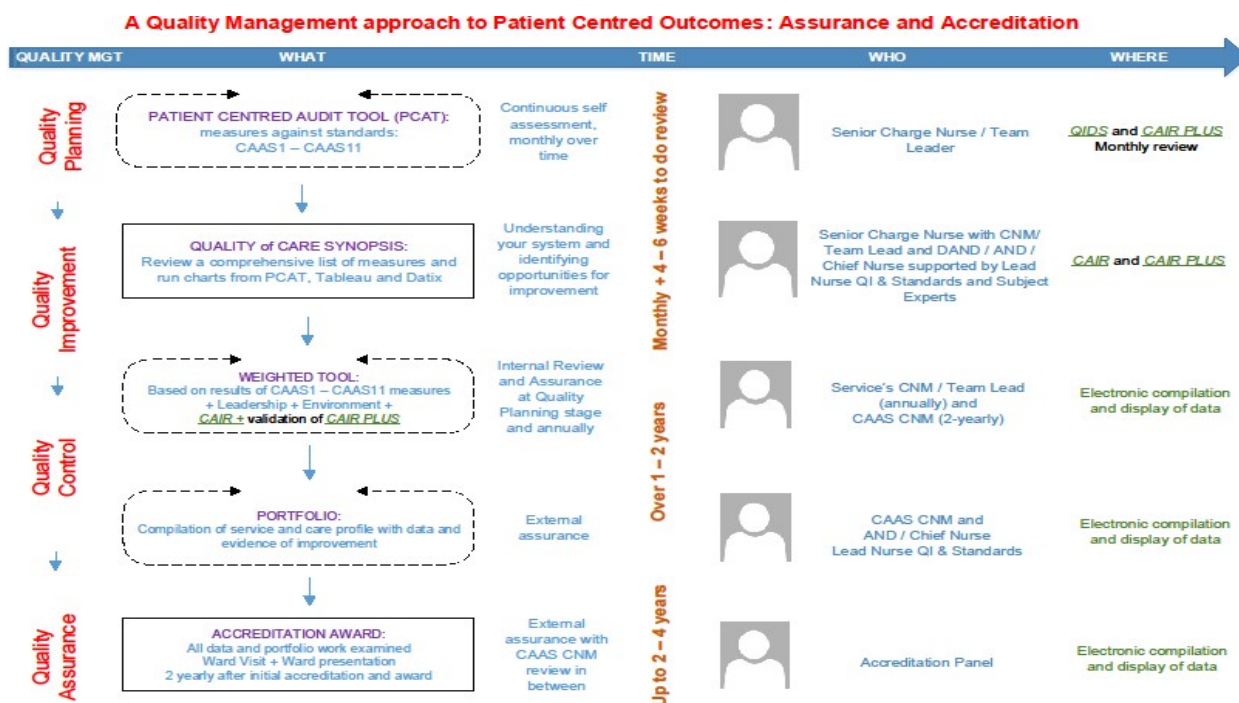
The framework builds upon the national work being undertaken by Excellence in Care by:

- identifying measures and indicators of quality
- supporting local teams to access quality measurement data and resources that will help them identify and plan improvements within their own area of practice
- supporting the ethos of the Nursing and Midwifery 2030 Vision, that person-centred care is consistently being delivered by confident, competent, and compassionate practitioners.

NHS Lothian Accreditation and Care Assurance Standards incorporates a self- assessment and external peer assessment process with teams having the opportunity to present themselves for 'Accreditation'. This is in line with HealthCare Improvement Scotland (2018)'s 'Quality of Care Approach' which advocates self-evaluation to identify opportunities for improvement with subsequent action planning, implementation, monitoring and review of actions. This, complemented by external validation, challenge and intervention as required, are recognised as key drivers for improving healthcare.

Quality Management Approach - Accreditation and Care Assurance Standards

Diagram 5



- Examine how QM as a framework for delivery can be articulated in the Patient Experience Strategy, Primary Care Nursing Strategy and the Allied Health Professional Innovation and Improvement Strategy to increase the use of QM in Lothian.



5. Infrastructure

5.1 Financial Intelligence

The QS aims to develop financial intelligence to enable teams/services to reliably demonstrate value from successful change programmes. This has proven difficult as patient level costing information is not as readily available. The following however has taken place:

- In collaboration with the finance team a ready reckoner tool against the 7 dimensions of quality, the seventh being sustainability, has been developed for services to apply costs at a local level.
- Networks and quality pathways are aligned to corporate objectives and were reported to the Value and Sustainability group pre-Covid
- Initial discussions with the Finance Senior Management Team have taken place regarding QM and there is an agreement to develop QM expertise in the finance function starting with Capital planning
- Care pathway programmes have informed business cases for investment through the Performance Oversight Board for example the Visible Haematuria pathway. Moving forward we need to reliably demonstrate how the application of QM has informed request for resources.

5.2 Health Information/Analytics Support

Access to high quality reliable healthcare data for the purpose of analysis and planning, quality control and improvement is a vital component of a QMS. Several actions have been progressed since 2018 which include the following:

- Bespoke training was provided to Lothian Analytical Service to support the use of clinically focused data presented over time. This has informed the development of NHS Lothian Dashboard.
- A central clinically focused analytical function has been established to provide a more flexible support to networks and pathways which has been particularly useful during COVID with the aim of leaving data in the service to inform planning, quality control and

improvement. A good example of this is the HIP Fracture dashboard aligned to national clinical standards.

- The data Loch is being used to generate data concerning older people in general practice. To support the identification and management of frail, older people as part of an improvement programme.

There are however challenges in our system in accessing data that reliably, captures quality indicators. This hinders oversight of quality (quality control) improvement, planning and assurance.

This gap in how we consistently measure the quality of care we provide across NHS Lothian requires further exploration. There is an opportunity to re explore this gap and address it through the rewrite of NHS Lothian Information Strategy 2016 Better Information, Better Care to a focus on quality indicators and outcomes and identify unwarranted variation and celebrate success.

5.3 Resources

Funding was originally provided by NHS Lothian Health Foundation to roll out QM across Lothian and these costs have now been met by NHS Lothian as set out in the Strategy page 16 and 18/19 additional investment. The wider roll out of resources in subsequent years has not been realised due to the pandemic including service capacity and the Board focus on rapid re- mobilisation. Recurrent additional Lothian funding has been made available for the Lothian Accreditation and Care Standards and Scottish Government funding has been allocated to Service Improvement Managers, a QI team Supporting Care Homes plus an Excellence in Care lead.

Infrastructure Priorities 22/23

- Include in the re-write of the NHS Lothian Information Strategy, how the gap in routine, timely measurement of the quality of care we provide can be addressed to inform planning, improvement, and assurance
- The final review of the strategy will look at the resourcing of the QS in detail.



6. Building Capacity and Capability Improvement

6.1 QI Improvement Training and Fellowships

Building capacity and capability for improvement is a key requirement for a high functioning health system and an essential component of QM.

Improvement training equips staff/teams with the skills and tools to understand the complex care environment, apply a systematic approach to problem solving, design, test and implement changes using real measurement to improve experience and outcome of care. NHS Lothian has a range of local and national opportunities for training. In Lothian we have worked collectively to develop a flexible consistent approach to training based on the model for improvement.

Diagram 6 sets out these opportunities and the numbers trained. The numbers are less than anticipated as set out in the strategy deliverables, however access to training has increased as it is now available through [QI Academy](#). See Appendix 8 for examples of Academy projects, Excellence in Care, Doctors in Training and at a local level through networks and care pathway work supported by QI coaching.

Diagram 6



The development of local fellows has not taken place as set out in the strategy and requires further discussion concerning how this potential development sits within current priorities for 22/23 and set within current service constraints.

6.2 QI Coaching

The aim of the QI coaching programme is for individuals and teams to have local access to a QI Coach, to increase the confidence and participation in improvement work across NHS Lothian: [QI Coaching — Lothian Quality \(scot.nhs.uk\)](https://www.scot.nhs.uk/quality/qi-coaching/)

QI coaches support in service QI improvement projects/programmes, the Lothian Quality academy and hold QI coaching clinics. Individuals/teams are coached through their projects, both in terms of the QI tools/ techniques and the behavioural aspects of change. This corporate enabler is supported through a part time (1 day a week) joint post between the quality directorate and Organisational Development.

The pandemic has had an impact on the recruitment, development, and activity of QI coaches across Lothian. We currently have 100 QI coaches from across NHS Lothian. The QI coaching network has been reinstated which meets every 6 weeks virtually and has within it a development programme. QI coaching clinics have also been re-established with clinics taking place across, primary care, mental health and on the acute sites including Royal Hospital for Children and Young People plus coaching through the Academy. Virtual coaching has been beneficial for individual/teams as it has increase access and reduced travel time for all those involved.

Building Improvement Capacity and Capability Priorities 22/23

Increase and further standardise the number of QI training opportunities by

- Run 6 Virtual QI Courses across 22/23
- Deliver through the service local QI training in a flexible and agile manner acknowledging current service pressures
- Further standardise QI training courses and content and make available a training resource for all who wish to deliver training to ensure consistent delivery including use of language and tools.
- Test with HR/OD a 5-day Joy in work course integrating QI training into the programme supported by QI coaches.
- Review leading and planning for improvement and test the updated curriculum with a focus on QM.



7. Health Innovation

7.1 Southeast Scotland Innovation Hub

The key deliverable set out in the QS for innovation was to Develop an Innovation Unit to support the delivery of transformational change.

In 2018, the Chief Scientists Office (CSO) started to provide annual funding to support Health Innovation Test Beds to enable regional test beds to support the delivery of Health Innovation Projects. There are three test beds across Scotland: the West (GG&C, Forth

Valley), the North (Grampian, Tayside, Highlands) and the East (Lothian, Borders and Fife) The innovation test bed and associated infrastructure has been called Health Innovation SE Scotland (HISES) and is recognized by CSO and Scottish Government as one of three Scottish Innovation test beds.

As Lothian is the largest and lead Board the core HISES team is hosted and employed within Lothian. This has been established over the last 3 years concurrently with the development of innovation governance structure and a portfolio of innovation pipeline and established projects. Of relevance, there has also been a rapidly evolving and changing national picture in terms of CSO and SG strategy and governance/oversight structure. Innovation is now a key part of the NHS Recovery plan and is supporting the Life Sciences Strategy. The key deliverables of the test bed are described below.

Current work includes:

- Care Home Data Platform Innovation Foundation Challenge
- Improving Multi-morbidity Acute Care using Data Analysis

For more information visit [NHS Health Innovation South East Scotland | Welcome \(edinburghbioquarter.com\)](https://www.nhs.uk/health-innovation-south-east-scotland/welcome-to-edinburgh-bioquarter)

The focus of the innovation programme is on digital innovation from ideas to innovation at scale. The team uses the technology readiness scale to assess potential areas for digital innovation across this scale, aligned to partner priorities.

Good examples of the of collaboration between the Quality Directorate and Innovation are as follows: -

- The Hip Fracture improvement programme realised several improvements in process and outcomes. However, maintaining improvements requires timely data across the pathway which requires a, a dashboard. The innovation team have secured funding for this work.
- The Data Loch is being used to generate data to inform improvement the NE cluster Frailty Improvement programme illustrating the use of data generated from digital innovation in improvement programmes.

Health Innovation Priorities 2022/23
<ul style="list-style-type: none"> • Develop the improvement pathway that includes the innovation life cycle to identify opportunities for partner working between the QD and the innovation team. • Test the pathway to identify common priorities for quality and innovation at an early stage in the innovation life cycle, informed by quality planning and the technology readiness scale.

8. Conclusion

This interim review demonstrates that despite the pandemic, 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.

There are examples of the use of all four dimensions of QM being applied from strategic intent to practical application. This however is not routine or systematised, nor visible in managerial and clinical processes. There is commitment moving forward to utilise QM as a delivery framework for the LSDF. Establishing explicit links with the LSDF programme boards and the requirement to use quality planning, quality control and improvement as mechanisms to support sustainable delivery.

Information focused on clinical processes and outcomes to inform QM remains a significant challenge in our system, which needs to be addresses as it is a constraint to wider adoption.

There is a real willingness by organisational leaders to re-engage with QM as NHS Lothian's single consistent approach to managing quality. The priorities for 22/23 and to seek to regain this momentum to deliver NHS Lothian's improvement priorities and corporate objectives. (See Appendix 10 for summarised 22/23 priorities)

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List of Appendices

Appendix 1: Quality Strategy Deliverables

Appendix 2: NHSL Quality Strategy Evaluation – Mental Health

Appendix 3: NHSL Quality Strategy Evaluation – Primary Care

Appendix 4: NHSL Quality Strategy Evaluation – Western General Hospital

Appendix 5: A Maternity and Neonates Network

Appendix 6: St. John's Hospital Quality Plan

Appendix 7: Dr in Training 21 Showcase

Appendix 8: Examples of QI Academy projects

Appendix 9: QI Coaching Activity of those trained on national courses in Lothian

Appendix 10: Summarised Priorities 22/23

The strategy will make Quality Management a major part of 'business as usual' and a significant contributor to realising all our strategies, operational and risk reduction plans.

A: Broadening participation in the learning programme to include a wider range of staff groups, including those in leadership roles.

Develop and expand the NHS Lothian Quality Academy's training programmes.

The Academy remains committed to delivering high quality training for those leading and contributing to quality management across NHS Lothian.

Development will be driven by evidence from evaluation and best practice from others.

The 'Quality Planning' training programme for leaders will be expanded to train up to 6% of the NHS Lothian workforce over the next 5 years, equating to approximately 1,500 additional Quality Planning leaders by 2023.

The "Quality Improvement" training programme is to be redesigned in order to better equip it to deliver the broader skills training required for the wider NHS Lothian workforce.

This will be achieved through a collaboration between Human Resources (including Organisational Development), the nursing and medical education services as well as National Education Scotland and the national Improvement Hub.

We will continue to offer places on both courses to colleagues from Social Care.

Multiple approaches to teaching and training will be used including:

- On-line based training through "video" tutorials
- Standardised taught sessions within Continuous Professional Development programmes
- Induction programme teaching.
- On line, self-service teaching via the NHS Lothian Quality Improvement website
- LearnPro modules
- An increase in the course size.

The ambition will be to equip all staff with Quality Improvement skills, with a key milestone being at least 80% trained by 2023. (See Table below) The ambition will be to equip all staff with Quality Improvement skills, with a key milestone being at least 80% trained by 2023. (See Table below)

	2018-19	2019-20	2020-21	2021-22	2022-23
Quality Planning Training	300	600	900	1200	1500

Quality Improvement Skills Training	1,500	5,000	10,000	15,000	20,000												
<p>We are scoping current staff knowledge and skills to identify potential new coaches. We plan for 50 plus new coaches per year. This will be achieved by approaching staff who have completed National Quality Improvement training programmes such as the Scottish Improvement Leader programme (ScIL) and potential coaches from staff being trained through the Quality Academy. We will actively try to balance representation across diverse staff groups.</p> <p>The numbers of coaches within NHS Lothian will increase as below:</p> <table border="1"> <thead> <tr> <th>Milestone numbers</th> <th>2018-19</th> <th>2019-20</th> <th>2020-21</th> <th>2021-22</th> <th>2022-23</th> </tr> </thead> <tbody> <tr> <td>Coaches</td> <td>100</td> <td>150</td> <td>200</td> <td>250</td> <td>300</td> </tr> </tbody> </table>						Milestone numbers	2018-19	2019-20	2020-21	2021-22	2022-23	Coaches	100	150	200	250	300
Milestone numbers	2018-19	2019-20	2020-21	2021-22	2022-23												
Coaches	100	150	200	250	300												
<p>Create an NHS Lothian Quality Improvement Fellowship Programme</p> <p>Opportunities will be made to staff across NHS Lothian currently in leadership roles to study to become a Quality Improvement Fellow as part of a funded part-time secondment to the Quality Directorate. Through this they will gain enhanced training and experience, honed by both developing their local quality improvement activities whilst also supporting other teams. To become Fellows they must demonstrate that they:</p> <ul style="list-style-type: none"> Have the acquired knowledge, skills and confidence Delivered significant quality improvement work locally Have meaningfully coached and supported others Grown a personal network of practice and support. <p>These opportunities will be staggered over 6 monthly intervals, with a Fellowship Programme Lead appointed to oversee this.</p>																	
<p>C: Developing the infrastructure across NHS Lothian to support the quality management system</p> <p>Analytical Support</p> <p>Access to high quality, reliable healthcare data for the purposes of analysis (planning and measurement) is vital for a quality management system. 2018/19 will see the further development of the analytical support provided to the quality management system in line with the implementation of the NHS Lothian Information Strategy, with a key role being to support the quality improvement/innovation activities of the Quality Networks and the Quality Pathways. This will result in the NHS Lothian Analytical Service providing:</p> <ul style="list-style-type: none"> • Flexible support to meet the aims of the overarching quality management system • Targeted support to Quality Networks and Quality Pathways • Bespoke training to further develop Analysts • Data analysts embedded within front line teams • A targeted programme to significantly improve the quality of key business intelligence data and our overall confidence in data quality • Excellence in the governance of the reporting of performance data that covers both targets and on the improvements being made to population health both locally and nationally. 																	

Links with Data Science experts in Edinburgh University will be developed in areas of mutual interest for improvement and research.

Ehealth Support

eHealth support is vital for effective data extraction, processing, analysis and interpretation. This requires proper infrastructure support, recognising eHealth priorities legitimately focus on issues of patient care and safety.

Actions that will be progressed in the next five years will include:

- Agreeing on a single quality improvement reporting platform with required investment in training for technical and analytical staff on it, ensuring that the reports produced are usable for staff
- Ensuring that reporting tools are server based with an appropriate level of resilience
- Having an organisation wide focus on improving data quality with investment in staff to correct where possible, bearing in mind that there are some areas where data quality is more easily defined and more amenable to improvement
- Ensuring that the data captured is relevant to clinical care rather than collecting data entered by clinical staff for administrative purposes
- Ensuring the early engagement with eHealth staff to support the smooth running and success of quality improvement activities. This will help identify at an earlier stage those process issues around IT which are non-technical rather than technical
- Making sure that where clinical systems or workflows are being reviewed that there is a clear description of the problem/or intended benefits set out, rather than jumping straight to a preconceived solution.

Financial Development

The programme to develop and embed financial business managers within Quality Networks will continue and expand. Priority will also be given to enhancing the Quality Management skills of this group and other Finance professionals.

They will continue to evolve the intelligence required to deliver in the first instance potential cost avoidance/reductions This will see:

- All Quality Plans outlining how this saving is to be quantified and achieved
- The further deployment of the patient level costing system identifying any variation in cost per activity. Limited exposure to this system has already generated significant interest from front line leaders and teams
- The co-development in partnership with the Quality Directorate and Scotland's iHub, tools to be used for day-day understanding of real costs and cost variation at local cost testing tools developed by HIS and in house.

To ensure that all of the Quality Plans are fully aligned with the delivery of the NHS Lothian Financial Strategy, any that require additional corporate support will be approved by the Value and Sustainability Group which will contribute to ongoing assurance and governance. A gateway process for progress approval has been approved for this by the Corporate Management Team. The same process will apply to innovation activities.

Communications

The ability to communicate clearly and openly, enabling the easy exchange of ideas and the reporting of success and learning learned, is vital to realising the strategy.

Intelligent media and 'marketing' using varied media will encourage interest and engagement with Quality Management, especially Quality Networks.

Evaluation, Learning and Research

Learning drives improvement and vice versa as arguably a Quality Management System and Learning Healthcare system are synonymous. Hence the early investment in evaluation and learning during the 2016-18 prototyping phase.

We have also invested in online tools to capture quality plans, improvement activity and progress from the Quality Networks and Quality Pathways. This will be in addition to the continued publication of peer reviewed quality improvement work through conferences, papers and other professional outlets. All these will continue and expand.

Annual evaluations of the whole programme will be undertaken and reported to The Board. We will also deploy self-assessment tools for all participating service teams to help local learning.

The Quality Directorate will continue to also support current and future clinical change forum meetings, using these as venues for shared learning.

D: Developing an Innovation Unit to support the delivery of transformational change

Create an NHS Lothian Innovation Unit

Our Health, Our Care, Our Future, committed to increase the investment made in innovative ways of working as part of our commitment to better quality and care.

In being aligned to the Scottish Government's 2020 Vision for Health and Wealth, a further commitment was also given to use its innovation programme as a means to provide growth in the Scottish economy, enabling Scotland to be a world leading centre for innovation in health, through collaboration between all stakeholders e.g. patients, the public, NHS Scotland, industry, the local authorities, academia, research & development, the third sector etc.

By so doing, NHS Lothian would then be able to deliver:

- Patients benefiting from the early adoption of evidence-based innovations in prevention, diagnosis and treatment
- Patients having a better quality of life, and longer life expectancy, through the provision of improved treatments and an increased focus on illness preventative measures
- NHS Lothian being a key collaborator and future customer for Scottish Life Science businesses and a pivotal stimulator of innovative products and services – leading to increased employment opportunities
- NHS Lothian and the four local Integrated Joint Boards being a beacon in making the most effective and efficient use of publicly available funds, whilst attracting more external investment to “pump prime” innovative solutions.

Consult on the Innovation Programme Plan

To widely consult with staff and stakeholders on the draft NHS Lothian Innovation Programme: Mission Plan 2018-2023.

Identify the priority areas for innovation

As part of that consultation process identify the future priority areas for innovation within NHS Lothian for the next five years as outlined below:

Year 1 (2018/19) – Applying the Design Thinking approach on a number of agreed strategic and operational challenges identified by the leadership team, staff, patients and other stakeholders during the consultation period

Year 2 (2019/20) - Focussing on the spread of the learning from Year One activity to a broader range of strategic challenges

Year 3 (2020/21) - All clinical areas engaged in the design process of developing innovative transformational change

Years 4 & 5 (2021-2023) – Innovation established across NHS Lothian as a normal core activity.

B: Creating an environment in which trained local staff teams can develop solutions in advance of problems arising, or as they arise without needing to seek formal approval to proceed.

The remit of Mental Health Services covers both inpatient and community mental health (MH) settings, with a relatively small Quality Improvement (QI) team for the workload of the mental health programme.

In 2017 when writing the Mental Health Quality Improvement Programme 3-year plan; the projections were to grow the QI Network as detailed below:



3 Year
Plan_final.pdf

Aims for the Mental Health Quality Improvement Programme:

- To actively improve services to ensure the safest and highest quality of care delivery for patients and carers.
- To improve the mental and physical health outcomes for people using mental health services in Lothian.
- Ensure the equitable access to evidenced-based mental health care to reduce health inequalities.
- To improve the use of resources, skills and technology effectively and efficiently to provide the best value healthcare.

- To ensure that staff feel empowered and engaged to enable them to deliver the best care possible to patients and their carers.

The common priority areas for the programme were identified as:

- Improving access to assessment and evidence-based treatment with the most appropriate service in the most appropriate setting.
- Improving the quality of mental and physical healthcare.
- Ensuring that transitions of care between services are safe, efficient and effective.

In the first year of the COVID pandemic, clinical staff were requested to pause QI work and return to clinical duties for 6 months (March – Oct 2020). As a result, the QI Clinical Lead reduced their dedicated QI time to zero. During this time, the QI team was asked to support the Royal Edinburgh Hospital site in preparing and managing COVID adjustments or to work from home.

From October 2020 the QI team was instructed to work from home full time and requested to develop a plan for remobilisation (focused on the REH Adult Acute pathway) by REAS senior management team (SMT). This resulted in the development of a 1-year remobilisation plan (April to March 2022).



2021 03 12 QI
Programme Plan - M

QI team resources impacted the improvement work delivered:

- Vacancy gap for QI Advisor (Sep 2020 – Jun 2021)
- Long term absence - QI Project Support Officer (Oct 2020 – to date)

During this time, Mental Health Services staff were still keen to engage with QI and improvement project work. As a result of the pandemic, the remobilisation plan merged into the new plan for (Nov 21 to Nov 22), with priorities for the programme which are detailed in the plan agreed by REAS SMT in October 2021.



QI Programme Plan
- Mental Health - Nc

Programmes of Work:

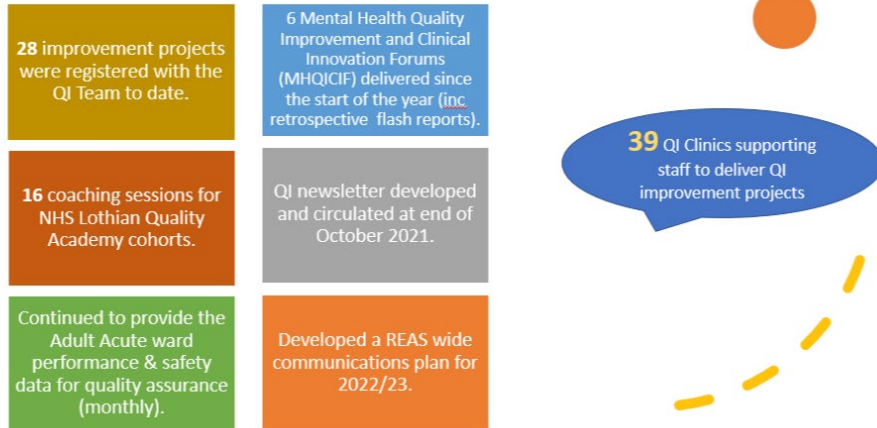


The QI team is currently prioritising training and support to mental health staff. The QI team continues to provide training and support to all areas of the service (REAS wide) in order to ensure equity of resource across the mental health network. The above programmes of work align with the strategic direction of the organisation: safe, effective, person centred, reducing harms (self-harm, violence / aggression, suicide), deteriorating patients, timely access to the service and timely discharge (discharge planning).

Achieved Milestone 2; further continued development of the quality network and working towards Milestone 3. By the end of 2024, it is projected that the completion of the actions in the previous two Milestones will have resulted in 25% of the NHS Lothian (mental health) workforce being included within a Quality Network.

The Mental Health Quality Improvement programme is reaching for Milestone 3, considering the set back of the COVID pandemic for 2020 and 2021.

Growing the QI Network



The ambition of NHS Lothian was to; develop the use of Life QI as a platform for staff to update QI projects and the main workspace for QI across Lothian. Feedback indicated that users found the platform lacked functionality and therefore did not meet the necessary requirements of network/communication originally envisioned.

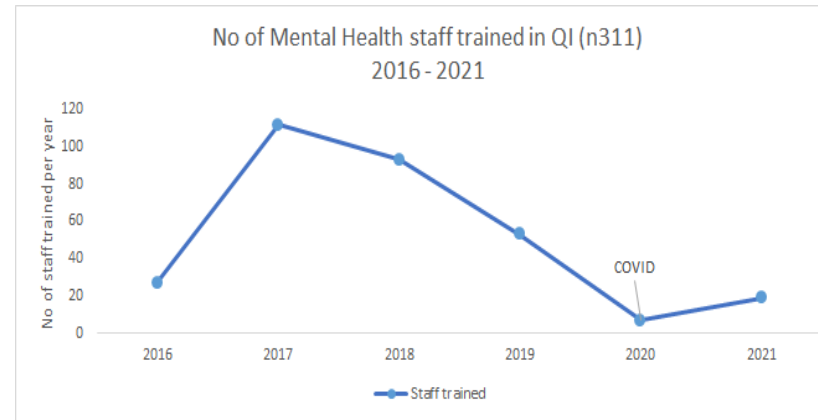
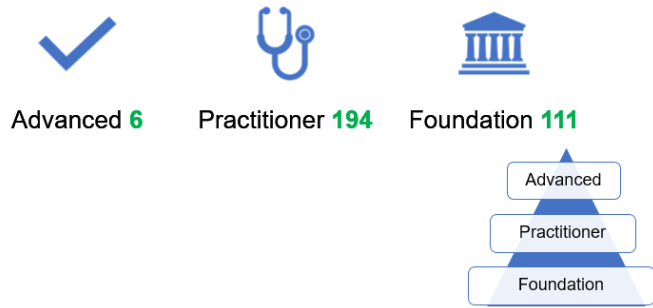
A priority for 2022/2023 is to identify local tools to aid staff to develop and maintain a live tracker of the programmes of work (via key priority individual projects) and register projects out with the programme via a live project tracker.

Training & development

Approximately 2500 staff are employed across mental health services.

The total number of mental health staff QI trained to date is 311 (12.44% of the mental health services workforce):

QI training and development



Of the mental health staff trained to advanced level, all 6 still hold posts within NHS Lothian.

The Lothian QI Academy training courses stopped for a year during the COVID pandemic, re-starting in February 2021. This has resulted in a waiting list for staff to get onto courses. The QI team continues to promote continuous professional development (CPD) of QI resources, for example, the QI Academy, NES & Turas modules etc.

Another priority for 2022/2023 will be to develop and deliver a robust training programme within REAS, (consisting of bite size and half day sessions - complimenting the Lothian QI Academy training courses). To build QI capability to provide improvement and change knowledge, skills and abilities of the mental health workforce. This will aid improvement work and will enhance the numbers of foundation level skilled staff.

The ambition of the QI team is to return to 2017 levels of training, with a stretching but achievable target of 100 foundation staff trained in 2022, a 20% increase for 2023 and a 25% increase for 2024. To achieve this; will require dedicated time, resource and skill of the QI team as well as a training fund (£500), to purchase essential training materials and attendee refreshments/food for when COVID limitations permit for face-to-face (group) training sessions.

Projection for end of 2022	Projection for end of 2023	Projection for end of 2024
100 foundation staff trained	20% staff trained	25% staff trained

411 (16.44%)	493.2 (19.72%)	616.5 (24.66%)
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By the end of 2024, this will result in a QI trained workforce (foundation level) of 24.66% (Milestone 3 target 25%).

Building a culture for improvement & Celebrating Success

As the QI Network has matured, network meetings have been superseded by a more focussed and strategic approach e.g., ‘Keeping People Safe Programme’ group meet monthly. The QI team will support further expansion of programme and attend project steering groups to enhance and drive the improvement work.

The QI team now has improved structures (infrastructure) of meetings with clear aims and remits to bring the work together to deliver tangible improvement. The goal of the mental health leadership teams is to ensure management support, engagement and sponsorship of key programmes and projects. The leadership of the programmes of work meet regularly (with QI team support) to discuss the progress and support requirements for successful implementation of plans.

The QI team will encourage mental health leadership teams to explore opportunities to release capacity and to introduce the expectation of QI into job descriptions and job plans, in order to embed QI into daily work. They will also emphasise and support service user, family and carer involvement, which ultimately will be the key to the success of the plan. It will be important that those in mental health leadership positions understand and use the model for improvement to plan service developments, to educate and support their teams to drive continuous change.

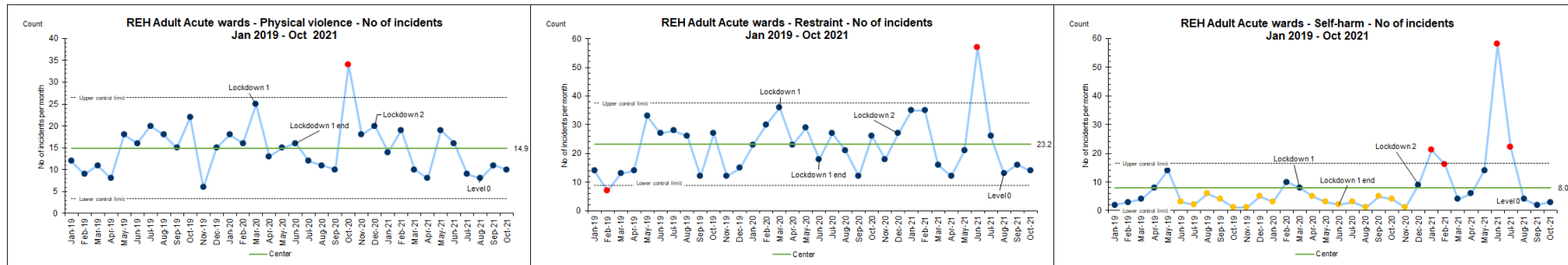
The aim of the MH QI programme is for team leaders to have had formal training in QI, to take an active role in the programmes of work and to have time dedicated to this. We recognise that senior clinicians and managers have a vital role to play in sponsoring programmes and projects, as well as coaching and mentoring staff. Due to their unique oversight of services, leaders can help ensure that successful initiatives are spread across and between services. Their input is vital to the overall success of the programme.

What evidence do we have to support progress towards milestones? How did COVID provide opportunities to accelerate progress?

COVID allowed for some elements, such as Near Me and remote working via Microsoft Teams, to progress quicker. Other planned improvement work continued during a particularly challenging period e.g. Improving observational practice (IOP), seclusion etc whilst robustly maintaining our COVID infection control measures.

Quality assurance and control

The QI team provided and monitored safety and performance data (quality assurance and quality control) ensuring the Adult Mental Health (AMH) SMT were regularly informed. Adult acute ward safety data remained stable throughout this period, demonstrating ward staff were continuing to provide safe care to patients.



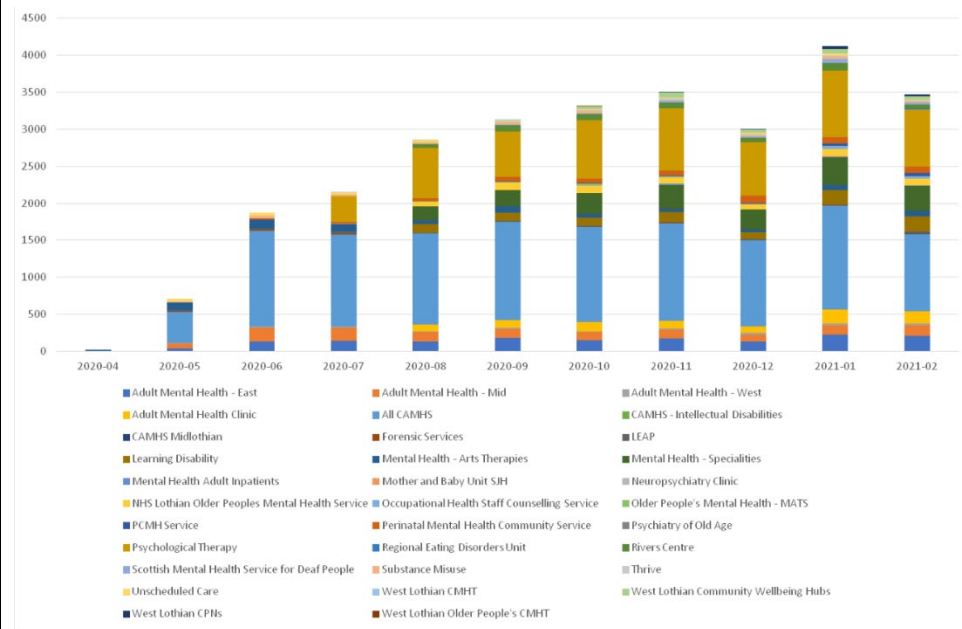
The COVID pandemic isn't going away anytime soon with new variants emerging, the Omicron variant being identified within the past few weeks. The QI team recognises and acknowledges that staff will need encouragement and support with planned improvement work in an ever-changing landscape.

significant improvement projects have still taken place throughout the COVID pandemic, the QI team continue to celebrate the resilience of the staff and services throughout the mental health services.

There are a number of projects currently underway within the mental health services promoting working together, e.g. the patient centred audit tool (PCAT), Joy at Work, Hospital Electronic Prescribing and Medicines Administration (HEPMA) etc.

Remote working

COVID accelerated the timescale for community teams to carry out remote working utilising 'Near Me'. Dr Rob Waller has produced guides and provided updated IT equipment within the service to support the use of digital platforms. The chart below shows how the service went from 0 to 3500 consults per month which has broadly been maintained, this is approx. 5% of consults as video overall (some areas are higher e.g. CAMHS = 15%).



- Opened 20 COVID beds – only one remains open to date within Braids ward.
- Five COVID related patient deaths (older people mental health wards).
- Several COVID related policies; standard operating procedures were developed and implemented across REAS.
- Virtual rapid run-downs completed daily via Microsoft Teams for several months, this has now returned to face-to-face although limited numbers to maintain 2-meter distancing.
- Virtual ward rounds and discharge planning meetings via Microsoft Teams, now returned to face-to-face although limited numbers to maintain 2-meter distancing.

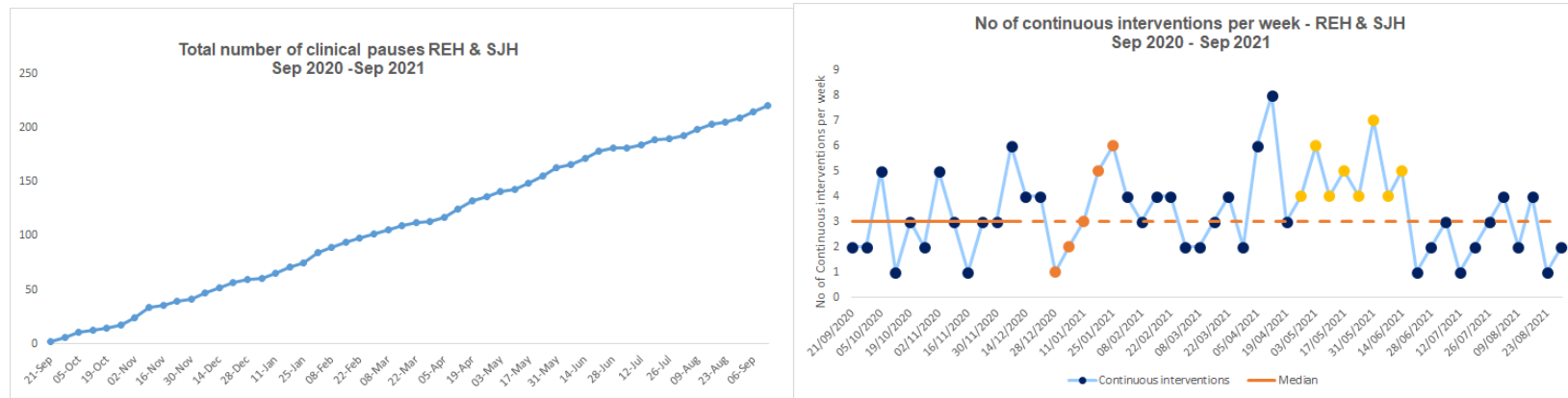
Improving observation practice (IOP)

The QI team supported staff in the development, introduction, launch, and implementation, of the national guidance 'From Observation to Intervention' (Healthcare Improvement Scotland (HIS) 2019). REAS developed a policy for Continuous Interventions and started evaluation of the guidance, which was then spread Lothian-wide. This is a huge change in practice and culture (spanning all disciplines).

Building on the IOP work, the QI team supported colleagues in REAS to develop a standard operating procedure (SOP) and supporting documentation. No other health board in Scotland has introduced and progressed the policy to this extent. HIS has recognised the work of REAS and is developing a case study in collaboration with the project leads.

The clinical pause is an intervention designed to involve the multi-disciplinary team (MDT) in assessing a patient's mental state and clinical risk, and to consider ways of supporting the patient without using restrictive practice, such as continuous interventions. It was identified the measures which would be key to demonstrating improvement success were;

- Increase the number of clinical pauses and
- Decrease the number of patients care on under continuous interventions.

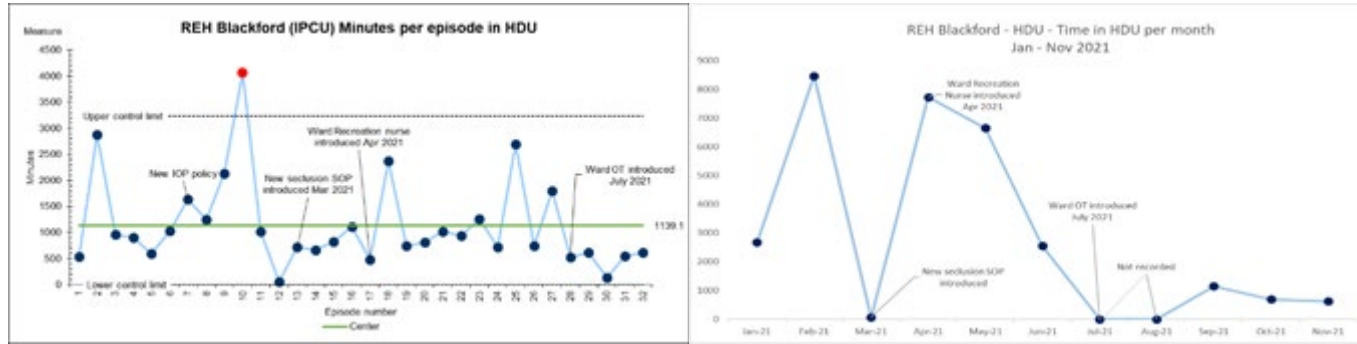


Reduce and improve the safety of seclusion practices

The QI team have supported work to implement the Mental Welfare Commission for Scotland Use of seclusion Good practice guide (2019) recommendations. This led to a new seclusion policy being developed within the Intensive Psychiatric Care Unit (IPCU) for use across REAS and has led to a reduction in the use of seclusion and time spent in seclusion in IPCU. The QI team provided practical support developing the standard operating procedure (SOP) document and additional resources e.g. flowcharts, templates and data.

From May 2018 to January 2019, data indicated that the median time spent by patients in HDU was 11935 minutes per month. With the IPCU team focussing on reducing time in HDU and improving seclusion practice, this median time is now sitting at 2610 minutes per month.

This is a reduction of 155.5 hours per month.



Scottish Patient Safety Programme (SPSP)

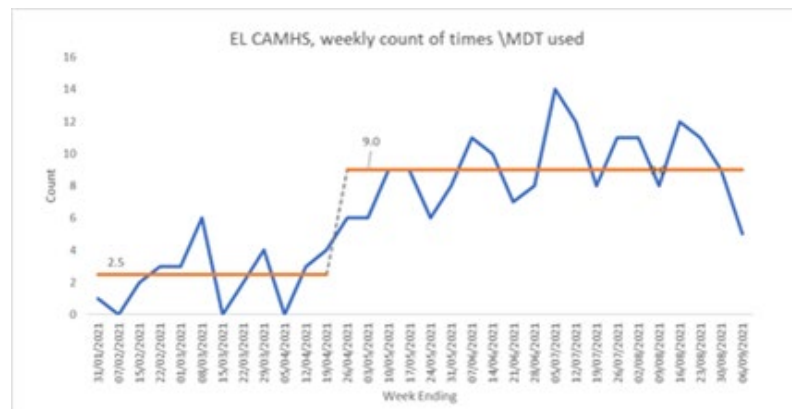
The SPSP Mental Health (national programme) is setting up a new collaborative to reduce the level of harm experienced by people using healthcare services. The QI team has encouraged acute ward staff to self-nominate (supporting applications where appropriate). The SCN of the IPCU has put forward an application to take part in the SPSP MH collaborative in 2022/2023.

Child and Adolescent Mental Health Service (CAMHS)

The Access QI national programme through HIS was introduced to use quality improvement methodology to sustainably and affordably improve waiting times. This work linked into the wider CAMHS improvement programme and was regularly presented at the clinical advisory group to the programme board.

- Reliable use of digital MH risk assessment.
- Reliable use of a Trak short code to ensure MDT discussions captured on TRAK.
- Successful test of 3-6 session brief intervention for CYP at risk to life.
- Safety climate survey administered; follow up meetings held with SMT and up actions in place.
- Interest from other CAMHS teams; being presented at CAMHS-wide event next week (Dec 2021), toolkit currently in draft.

Of 45 urgent referrals, tested the brief intervention (BI) in 26.
80% had 3-6 sessions (not more) and 50% were discharged.
Data showing the reliable use of /MDT (see chart below)



Attached is the presentation a CAMHS clinical lead delivered recently.



CAMHS Away day
Presentation

A CAMHS staff toolkit has been developed and is now live on the intranet: <http://intranet.lothian.scot.nhs.uk/Directory/PsychologyServices/services-provided/CAMHS/2021Project/Pages/default.aspx> . This toolkit provides an overview of a broad variety of QI tools and brings together resources into one document.

You don't need to use every tool, but it is suggested that you follow the basic steps of planning for your own context, then test any new ideas and measure to ensure they are effective.

Tribunal video for patients

The QI team supported the development of a new video, detailing what happens at a Mental Health Tribunal to limit the stress/anxiety for patients attending a tribunal. This video is now available on the Lothian Quality MH website page [here](#). The video will be launched in January 2022 with local and national evaluation planned (jointly with Napier University) to evaluate the impact.

Quality planning – Portfolio of work

Readiness for Change Assessment and Prioritisation tool / Keeping People Safe Programme launch Workshop

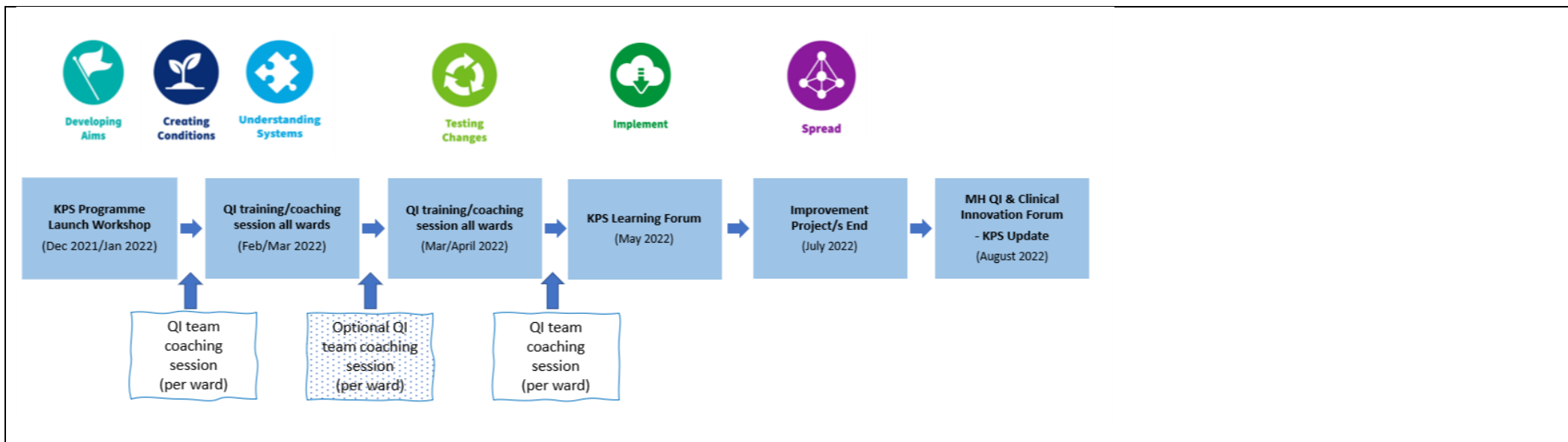
The QI team suggested, lead and supported the completion of the 'readiness for change assessment and prioritisation tool' (which is an SPSP template). Management and ward staff completed sections 1-3 (see info below) prior to the Keeping People Safe (KPS) programme launch workshops to establish the following:

- Assessing organisational readiness (section 1)
- Assessing team readiness (section 2)
- Understanding current practice (section 3)
- Prioritising areas for improvement (section 4)

The scores (sections 1 & 2) demonstrated that both the organisation and ward teams are ready to start improvement work. The results of the readiness assessment were shared at the KPS programme launch workshop. Section 4 was completed during the workshop which aided staff to prioritise areas for improvement.

The first KPS launch workshop took place early in December 2021. Representatives from three adult acute wards attended the workshop and identified a priority QI project for their area.

Bite-size QI training sessions were delivered focusing on 1) an introduction to QI and The Model For Improvement 2) developing an aim statement, 3) developing measures, 4) identifying and prioritising change ideas. Following each training session; the ward teams had dedicated time to work up their own ward specific aim, measures, identifying and prioritising change ideas. The second programme launch workshop has been rescheduled for late Jan 2022 due to staffing issues on the day. A 6-month timescale has been agreed with ward staff (who attended the first workshop) to deliver ward specific improvement projects, fully supported by the QI team (see details on the next slide).



Inpatient and discharge pathway

The REAS senior leadership team has identified safe, timely, effective, and person-centred access and care for people who need our services the most. This is the very ethos of the Keeping People Safe Programme.

The challenges for people requiring our services are accessibility, assessment, and admission due to an increased demand through the COVID pandemic and subsequent lockdowns.

People admitted to mental health service care should:

- Feel safe (both environment and procedures)
- Have access to timely assessment
- Have a bed in locality
- Have access to effective treatment
- Have successful therapeutic relationships
- Be involved with treatment and discharge decisions (person-centred).

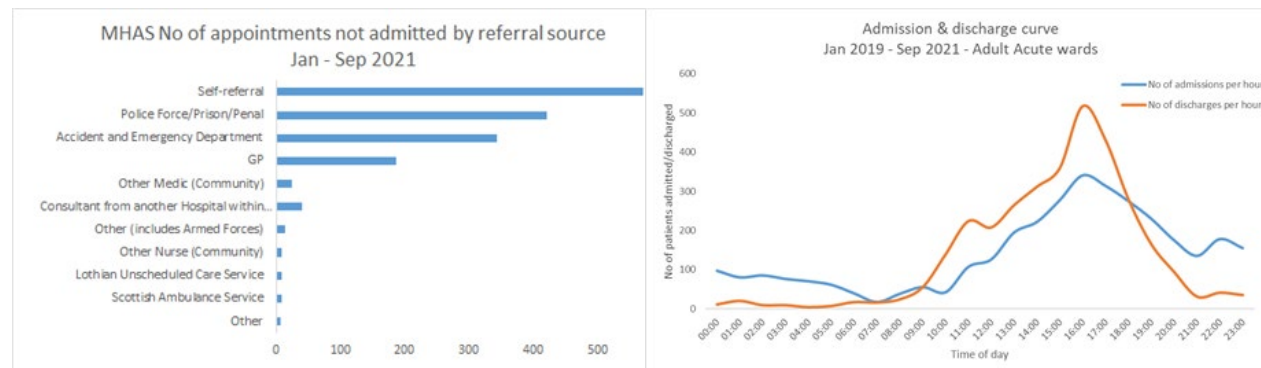
This will ensure the patients care journey is safe, effective, person centred and high quality.

Assessment and admission

The mental health assessment service (MHAS) moved to asking service users to telephone first (rather than a walk-in service) at the start of the pandemic. Where appropriate patients would then be provided with an appointment to attend MHAS for an assessment. Telephone first assessments continue at this time.

The number of MHAS assessment appointments has remained stable, although the percentage of patients admitted has gone up from 12 – 17%. National reports indicate an increased demand for people with suspected psychotic illness and first psychosis episodes, resulting in increased pressure and capacity issues system wide.

This programme of work has been very much about building the will and relationships, developing the conditions for change and understanding the system to identify opportunities for improvement.



Driver diagram

Aim

Primary drivers

Secondary drivers / Project scope

<p>To improve safe, timely, effective and person-centred care of patients throughout REAS.</p>	<p>Ensure optimal access to services</p>	<p><u>Project #1</u> Mental Health Assessment Service (MHAS) <i>Aim: To improve timely, effective and person-centred access to adult acute services, assessment, referral and/or admission (via Mental Health Assessment Service (MHAS) for patients experiencing a crisis in Lothian.</i></p>
	<p>Ensure safe, high quality care for inpatient stays – including discharge planning</p>	<p><u>Project #2</u> Inpatient stay and discharge planning from hospital (REH adult acute wards initially) <u>Aim:</u> <i>To improve inpatient stays and discharge planning processes to ensure all patients receive safe, timely, effective and person-centred care. REH Adult acute wards initially.</i></p>
	<p>Building capacity and capability for QI</p>	<p>QI support, advice and coaching Continue to support QI coaching clinics. Continue to support Clinical Forums. Develop REAS QI intranet page. Update QI Lothian webpage. Increase offer of QI training. Continue to have an oversight of all QI projects.</p>

Time frame for projects #1 & #2

		Target date
	<p>Quality Improvement Journey</p> <p>Creating Conditions Build will and conditions for change</p> <p>Understanding Systems Understand current system and opportunities for improvement</p> <p>Developing Aims Develop aim and change theory</p> <p>Testing Changes Identify specific change ideas, test and refine using PDSA</p> <p>Implement Implement and sustain where tested</p> <p>Spread Share learning and spread where relevant</p> <p>Supporting elements: Leadership and Teams, Project Management and Coordination, Measurement</p>	
Phase 1	Build the will and conditions for change	
Phase 2	Understand the current system and opportunities for improvement	End Jan 2022
Phase 3	Develop aim the change theory	
Phase 4	Identify and test change ideas	End June 2022
Phase 5	Implement successes and sustain where tested	
Phase 6	Share learning, spread & sustain where relevant	End Nov 2022

Both projects will be delivered utilising the Quality Improvement Journey and the methodology of the Model for Improvement.

QI Culture - Reflection

The QI culture has become 'business as usual' in the service, staff see continuous improvement work as central to core business and not something to drop when 'the going gets tough' e.g. COVID pandemic, utilising the skills and support of the QI team to drive improvement, celebrating success. During the lockdowns, operational processes had to occur (reactive change to adapt to the health restrictions). Continuous improvement demonstrates that the QI culture is been embedded, despite the fact of COVID, resource issues etc.

What do we still need to do to achieve milestones and plan for next steps?

3 Year Plan:

2022
2023
2024

Deliver programmes of work (end date 31st December 2024); working with ward teams beginning tests of change, implementation, planning for spread of the approach into other areas as well as sharing learning & celebrating success.

Deliver the communications plan. This includes developing and delivering a robust training programme within mental health to build capability to provide improvement and change knowledge, tools and skills of the workforce (to enhance the numbers of foundation level skilled staff) thus aiding improvement work. This will entail dedicated time/resource and funds to purchase training materials/resources.

Continue to grow the QI network.

Continue to celebrate the successes of the mental health programme.

Continue to support staff/teams working with national programmes or work e.g. Scottish Patient Safety Programme (SPSP).

Develop and deliver leadership workshops to provide mechanisms to support and embed a continuous improvement environment, driving the culture and behavior of improvement. This will enhance the number of practitioner level skilled staffing levels to support staff to improve work processes, systems and ultimately patient care.

Identify local tools to aid staff, develop and maintain a live tracker of the programmes of work (via key priority individual projects) and register projects out with the programme via a project tracker.

Self-assessment of network maturity ¹					
	Foundational – Limited improvement capability No clear plan of how improvement supports strategic priorities. Little improvement capability	Building – High potential for improvement Evidence of improvement plans and capability in some areas, but with little consistency across the Network	Refining – Gaining improvement momentum Working towards a consistent Network-wide improvement plan and approach. Some areas still need support, training and development to refine capability	Consolidating – Improvement leaders Consistent Network-wide improvement plan and approach. Strong track record of improvement planning and delivery, with performance improving across a range of indicators	Advanced – Innovation trailblazer Widely recognised as improvement and innovation leaders. Clear, measurable signs of a strong improvement culture. Use improvement plan and approach consistently
Network systems and structures Processes and management of processes demonstrate ability to drive improvement	2017	2018	2019	2020/2021	
Workforce capability and development Knowledge, skills and abilities of the workforce relating to improving work processes and systems Availability of training to build capacity	2017	2017	2018	2020/2021 Unsure how many 'active' improvement projects the QI team have registered. Live project database to test late Jan 2022 (subject to admin support).	
Results and system impact Means by which results are measured and tracked, and emerging benefits communicated	2017	2018	2019 Sustained improvement within safety, still working on other sustainable elements. Live project database to test late Jan 2022 (subject to admin support).	2020 →	
Culture and behaviours Mechanisms to support and embed a continuous improvement environment, including leaders'	2016	2017	2018/2019	2020/2021	

¹Organisational Strategy for Improvement Matrix (OSIM), Safer Care Victoria & NSW Clinical Excellence Commission (2018)

awareness of their role in driving improvement					
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NHS Lothian Quality Strategy Evaluation

Primary Care Quality Improvement Network, September 2021

B: Creating an environment in which trained local staff teams can develop solutions in advance of problems arising, or as they arise without needing to seek formal approval to proceed.

Quality Networks: The quality network approach is one where staff sharing a geographical or service commonality, test changes collaboratively around shared agreed purposes. We will take learning from our two demonstration networks and use this to establish new ones.

Aims:

- The further expansion of the Primary Care Quality Network beyond GP clusters to include, other primary care clinical services and social care across all four Health and Social Care Partnerships (HSCPs) –linking to the Primary Care Improvement Plans (PCIPs).
- By 31st March 2020 it is intended that the completion of the actions in the previous two milestones will have resulted in 25% of the NHS Lothian workforce being included within a Quality Network. Through the broadening out of the scope of these established Quality Networks over the next three years it is planned to increase this rate of staff engagement to 80%

1. What evidence do we have to support progress towards milestones?.....	Page 2
2. How did COVID provide opportunities to accelerate progress?.....	Page 5
3. What do we still need to do achieve milestones and plan for next steps?.....	Page 7
4. Self-assessment of Network Maturity.....	Page 9

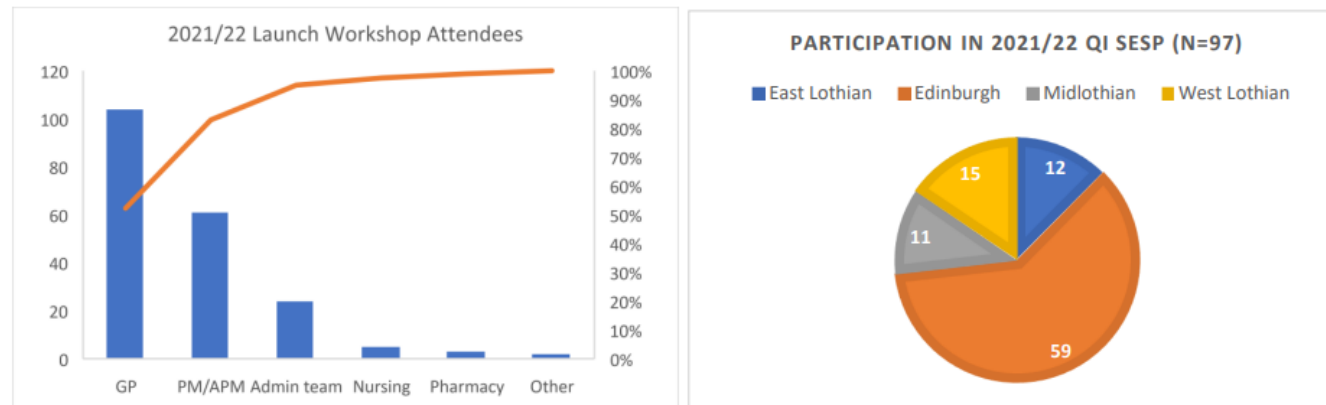
1. What evidence do we have to support progress towards milestones?

a) **Primary Care QI Enhanced Service SESP**

The Primary Care Network runs a Quality Improvement Enhanced Service as part of the Scottish Enhanced Services Programme (SESP). The number of GP Practices engaging in the Quality Improvement Enhanced Service has remained constant since 2018:

2018-2019	2019-2020	2020-2021	2021-22
95 practices (81%)	95 practices (80%)	96 practices (81%)	97 practices (80%)

The QI SESP contract mandates involvement of at least one GP but encourages inclusion & diversity of all roles in project teams, including members of the wider HSCP-employed Primary Care Improvement Plan (PCIP) multidisciplinary team:



Examples of projects involving the HSCP-employed Primary Care Improvement Plan (PCIP) multidisciplinary team:

[Establishing A Proactive Process for DMARD Monitoring & Prescribing Utilising Practice Nurses & Clinical Pharmacists](#) – Morningside Medical Practice

[Introduction of a Practice Pharmacist](#) – The Long House Surgery

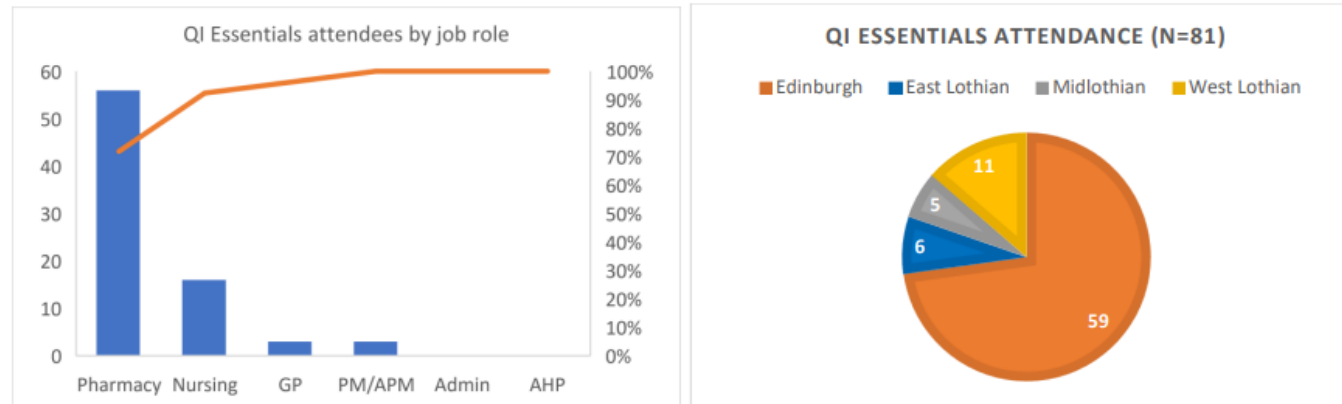
[Practice Resilience – using an Advanced Nurse Practitioner to improve patient access](#) - Muirhouse Medical Group

[Impact of signposting patients to an Advanced Nurse Practitioner \(ANP\) on service provision, GP capacity and practice resilience](#) – Dedridge Medical Group

b) Primary Care 'QI Essentials' training

In addition to the QI Enhanced Service (SESP), the Primary Care QI Network offers 'QI Essentials' training which is available to all Primary Care and HSCP community staff.

6 cohorts of 81 staff from all 4 localities have been trained to date, including cohorts dedicated to Primary Care Pharmacists and Tissue Viability Nurses.



c) Coaching in support of Lothian Quality Academy

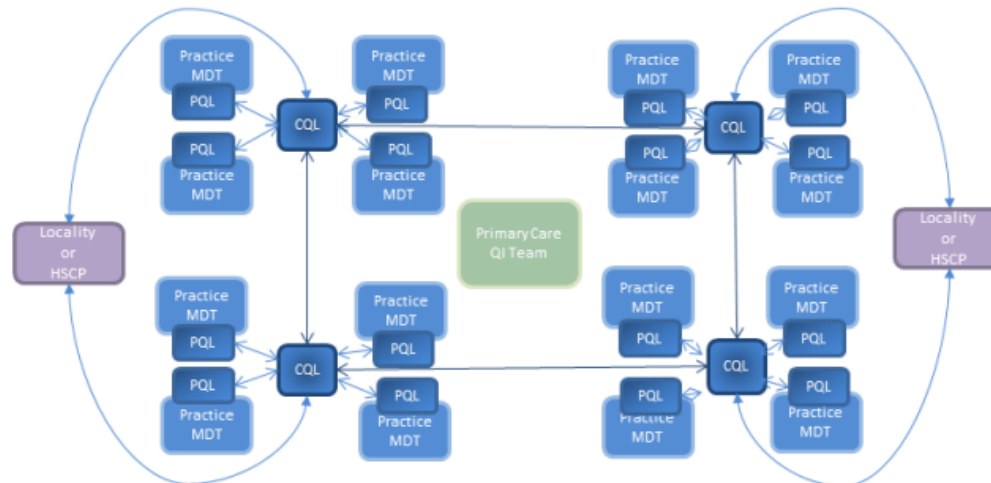
The QI Network team supports the Lothian Quality Academy by providing one-to-one improvement coaching for Primary and Community colleagues undertaking either the Quality Improvement or Planning for Quality courses. We have coached a range of professionals including GPs, Practice Managers, Pharmacists, Physiotherapists, Public Health Practitioners, Dieticians and Midwives.

[Examples](#) of Lothian Quality Academy Primary Care projects which involves with wider HSCP-employed Primary Care Improvement Plan (PCIP) multidisciplinary team:

- Improving use of capacity and effectiveness of appointing to GP Advanced Physiotherapy (GP APP) service at a GP practice (Craigshill Health Centre)
- Understanding Patient Activation for House of Care Management of Long Term Conditions in Primary Care (Tranent Medical Centre)
- Releasing GP time through the implementation of the pharmacotherapy element of the new GP Contract (Edinburgh HSCP)

d) Improvement Support for Clusters, Localities & HSCPs

Improvement & leadership coaching is now also provided to all new Cluster Quality Leads (CQLs) which encourages them to widen their own extrinsic networks and sphere of influence within their own locality and HSCP, to work collaboratively with multidisciplinary team colleagues, and contribute to local Primary Care Improvement Plans:



QI support is provided to Cluster level projects, which include PCIP and HSCP multidisciplinary colleagues, e.g. NE Edinburgh Frailty project. The Network offers this within a structured template which outlines expectations and boundaries for each of the Clinical Leadership/CQL, HSCP program support and the QINetwork improvement advice.

QI advice and support is offered informally to Health and Social Care Partnerships (HSCPs) looking to develop their own improvement infrastructure. Edinburgh HSCP have now appointed a QI Clinical Lead and PCIP Evaluation Manager.

2. How did COVID provide opportunities to accelerate progress?

a) Tackling ‘wicked problem’ change with planned innovation

In 2020 [Primary Care had to adapt at pace to the impact of Covid](#) to cope with:

- Implementing enhanced triage systems
- A reduction in face to face appointments because of social distancing and infection control restriction and the need to quickly adopt alternative methods of consultation, including telephone appointments and NHS Near Me video appointments
- Contacting shielding patients and the associated follow-up interventions/referrals
- A backlog of delayed chronic disease management, screening programmes, and outpatient referrals
- An increase in mental health issues due to financial and other effects of the pandemic
- Delayed presentations of serious pathology
- New issues of health service access and equity, particularly related to digital access and remote consulting.

The Network supported Primary Care teams during this time by responding to and addressing these emerging urgent ‘wicked problems’. Peer-reviewed QI toolkits were developed, with organisational sponsorship, which focused on planning for change and spreading innovative change ideas across the Network at both pace and scale:

[NearMe video consulting](#)

[Care Homes Anticipatory Care Planning](#)

[Improving Access and Managing Demand](#)

[Workload Reduction](#)

Additionally, the team produced a [Chronic Disease quality planning](#) report as an initial and rapid review of the available data, clinical evidence and disease guidelines, current CDM systems, and stakeholder experience and opinion to seek change and improvement opportunities which would support the effective & sustainable remobilisation of Long Term Conditions management in Primary Care whilst pandemic restrictions remained in place.

b) Extended quality planning phase

The 20/21 QI Enhanced Service SESP was abridged to allow clinical teams to focus on the care of patients during the pandemic. This provided teams with a unique opportunity for an extended period of Quality Planning (ahead of testing of change ideas in 21/22) or to reconsider their priorities and work on emerging new priorities.

c) Higher levels of collaboration

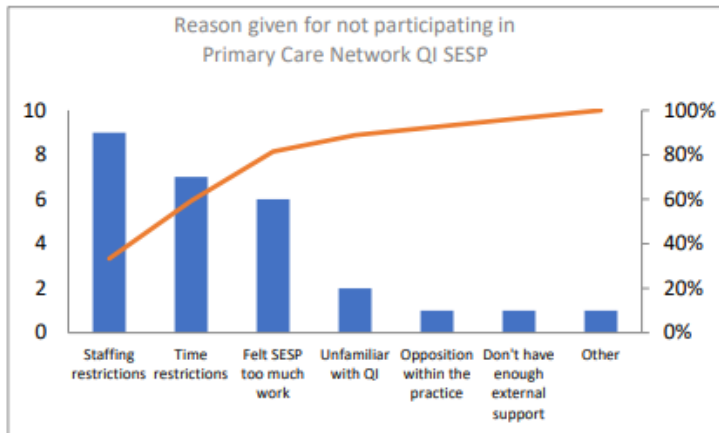
For the 21/22 QI Enhanced Service we have received project charters demonstrating higher levels of collaboration among Primary Care professional groups to improve service efficiencies and patient experience.

For example: pharmacy serial prescribing (various), identification and MDT management of frailty (various), improving referral rates to Community Link workers (Southern Medical Group), using home-visiting Paramedics to undertake diabetic foot reviews (Ladywell East), improving the interface with community midwifery (Stockbridge Green).

3. What do we still need to do achieve milestones and plan for next steps?

a) Maximising engagement in Network activities

Engagement by GP practices across the QI Network with the QI Enhanced Service SESP has **sustainably reached the target of 80%**. Despite best efforts to increase this further we have been unable to recruit previously non-engaged teams. Their reasons for not taking part include:



The absolute number of staff working in Primary Care is poorly understood and as such it is difficult to understand the percentage of Network's reach to individual staff.

We need to further increase engagement & participation of other core members of the Primary Care PCIP multi-professional team working regularly in practices across Lothian. Engagement of Pharmacists in QI Network activities has been most successful so far, but greater reach is needed to engage other allied health professionals, in particular including APP-MSK Physiotherapists, Primary Care Mental Health Nurses and Link Workers.

b) Engage Out-Of-Hours Primary Care colleagues

Increase opportunities for QI capability-building via QI Essentials training; consider dedicated cohort(s).

Explore opportunities for increase OOH QI capacity via engagement in the Enhanced Service annual programme.

c) Increase the extrinsic and tripartite influence of Cluster Quality Leads (CQLs)

We will continue to increase the extrinsic and tripartite influence of Cluster Quality Leads (CQLs) within their Localities and HSCPs via coaching and networking opportunities to continue to grow the Network to the wider PCIP multidisciplinary team and collaborative Community Services.

d) Maximise learning and spread sustainable changes made in response to Covid

The QI team will continue to target an Improvement approach to maximise learning from changes in response to Covid, including new ways of working for primary care and the continued development and evaluation of the wider multidisciplinary team to maximise skill mix and free up GP capacity to focus on complex patients as the 'expert medical generalist'.

The sustainable development of a strong culture of continuous and measurable quality improvement across all Primary Care services in Lothian to ensure care is safe, effective, patient-centred, timely, efficient, and equitable.

Our objectives are:

- Building a collective will and commitment to improving quality and safety in primary care
- Responsive, adaptable quality planning to meet current priorities/pressures
- Strengthening local leadership for quality management, including support of CQLs
- Continuing to build capacity and capability for QI through training and improvement coaching
- Increasing patient and staff involvement in the Network, the Quality Improvement Enhanced Service and across Cluster and HSCP projects and innovative non-Enhanced Service improvement work
- Scale and spreading projects with clinical impact or which demonstrate significant value, efficiency, or patient experience.

4. Self-assessment of Network Maturity¹

	Foundational - Limited Improvement Capability No clear plan of how improvement supports strategic priorities. Little improvement capability	Building - High potential for improvement Evidence of improvement plans and capability in some areas, but with little consistency across the Network	Refining - Gaining improvement momentum Working towards a consistent Network-wide improvement plan and approach. Some areas still need support, training and development to refine capability	Consolidating - Improvement leaders Consistent Network-wide improvement plan and approach. Strong track record of improvement planning and delivery, with performance improving across a range of indicators	Advanced - Innovation trailblazer Widely recognised as improvement and innovation leaders. Clear, measurable signs of a strong improvement culture. Use improvement plan and approach consistently
Network systems and structures Processes and management of processes demonstrate ability to drive improvement	2013 The Primary Care Quality Improvement Network has evolved since its inception in 2012, when NHS Lothian was a pilot area for the launch of the Scottish Patient Safety Programme in Primary Care.	2017 The QI Enhanced Service tested a new 'bottom-up' approach with five GP practices in 2016-2017 and with ten GP practices in 2017-2018 which invited practices to work on a quality improvement project of their choice, planning & testing new innovative improvements, to fit their own practice and practice population's needs.	2018 Following the successful pilot, the QI Enhanced Service was launched across all Lothian practices in 2018-2019, inviting colleagues in Primary Care to carry out a QI project as an individual practice.	2018-2021 Consistent structure approach to delivery and support of QI Enhanced Service across all participating practices. Structured improvement support & coaching for Cluster projects where required. Network measurement plan demonstrates improving capability metrics.	2021 80% engagement with QI Enhanced Service across Lothian sustained over the last 3 years. Increasing use of more than one planning tool. 57% practice projects score >=4.0 on the IHI improvement scale.
Workforce capability and development Knowledge, skills and abilities of the workforce relating to improving work processes and systems Availability of training to build capacity	2013 Use of safety climate surveys. Training workshops supported teams to use trigger tools and safety care bundles.	2018 Capability supported by training workshops, practice coaching sessions, and shared learning events. Early testing of QI spread & scale toolkits. Early cohorts of additional optional QI Essentials training for primary care teams.		2021 Practices invited to collaborate with local colleagues in Cluster projects. Training and coaching facilitated a wider range of QI planning tools. Range of scale and spread toolkits and quality planning toolkits to tackle emerging 'wicked problems' of Covid remobilisation. QI Essentials training offered to wider primary care multidisciplinary team professionals.	

¹ Organisational Strategy for Improvement Matrix (OSIM), Safer Care Victoria & NSW Clinical Excellence Commission (2018)

<p>Results and system impact Means by which results are measured and tracked, and emerging benefits communicated</p>		<p>2018</p> <p>Enhanced service requires submission of project baseline and final outcome data.</p> <p>Shared learning events and project poster walks.</p>	<p>2021</p> <p>New requirement for QI Enhanced Service project outcome measurement serial data over time.</p> <p>All previous Enhanced Service project posters shared on Network website.</p> <p>Cluster Quality Leads (CQLs) encouraged to share learning and impact from local improvements.</p>		
<p>Culture and behaviours Mechanisms to support and embed a continuous improvement environment, including leaders' awareness of their role in driving improvement</p>		<p>2013</p> <p>Top-down structured programmes of safety improvement work on pre-defined topics.</p>	<p>2018</p> <p>'Bottom-up' practice-level agency and innovation matched to local needs encouraged and supported by coaching approach.</p> <p>Early adopters and QI enthusiasts encouraged to participate in additional QI training such as QI Essentials or Quality Academy.</p>	<p>2021</p> <p>QI & leadership coaching support expanded for Cluster Quality Leads (CQLs) and development of Cluster network for shared learning and to build intrinsic impact & extrinsic influence on wider primary care strategy and service design. Tripartite Quality group established.</p>	

Western General Hospital Improvement Network - Appendix 4

B: Creating an environment in which trained local staff teams can develop solutions in advance of problems arising, or as they arise without needing to seek formal approval to proceed.

Quality networks: The quality network approach is one where staff sharing a geographical or service commonality, test changes collaboratively around shared agreed purposes.

By 31st March 2023 it is intended that the completion of the actions in the previous two milestones will have resulted in 25% of the NHS Lothian workforce being included within a quality network.

1. What evidence do we have to support progress towards milestones

In 2018 the Western General Hospital (WGH) site management team identified that quality improvement would be enhanced if a quality network was established. The plan and case for this network can be found in [appendix 1](#). The Quality Programme Board was established in 2019. Membership includes the Site Director, Director of Nursing, Service Managers and Service Directors, Associate Medical Director for Patient Safety, Quality & Safety Improvement Lead (QIST) and WGH QI staff.

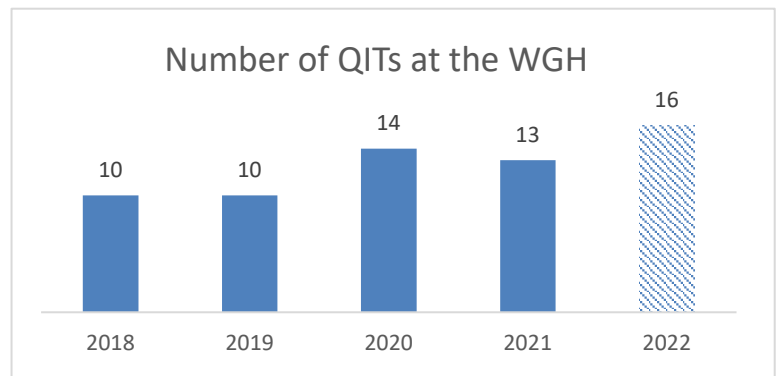
There are approximately 3,500 staff working on or for the WGH site. To reach the milestone, over 800 staff members would be included in the quality network.

Below are examples of how the quality network at the WGH is progressing towards milestones.

1. WGH Quality Improvement Teams (QIT)

Current QITs at the WGH include:

- Acute medicine
- Allied health professionals (AHP)
- Cancer services
- Colorectal
- Critical care (pan-Lothian)
- GI/Endoscopy
- Haematology
- Medicine of the elderly
- Radiology (pan-Lothian)
- Rheumatology
- RIDU
- Theatres and anaesthetics
- Urology

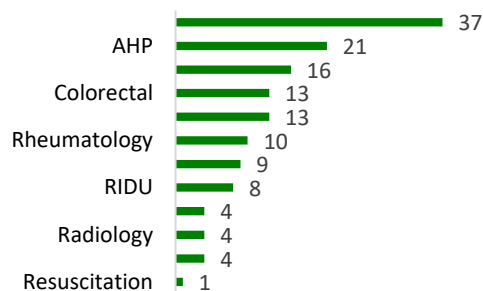


1 QITs at the WGH

There was a decrease of QITs in 2021 as two existing QITs merged. This allowed the QITs to better cater to their services, streamline processes and allow for greater multidisciplinary working. Three new QITs are planned for 2022; Outpatients, Diabetes and Respiratory. These are in line with the site's priorities, including remobilisation of outpatient services.

Exact numbers of staff attendance at QIT meetings could not be assessed. Attendance at QIT meetings could be estimated conservatively at between 10-15 staff members per meeting, which could allow estimates to assume that between 130-195 staff members are engaged with QIT meetings.

Breakdown of QI Projects by Service - Snapshot of 2020



2 Snapshot of WGH QI projects 2020

2. Quality improvement projects/programmes

In October 2021 the Corporate Management Team (CMT) for NHS Lothian agreed on priorities developed with Senior Management Teams (see [appendix 2](#) for more information).

These priorities include:

- Sustaining and improving patient safety
- Ensuring patient pathways are safe, timely, effective, and efficient by mapping post-Covid pathways
- Working at the front door across the Lothian sites with respect to admission avoidance and the review/development of post-Covid pathways
- Maximising bed capacity by improved discharge planning and pathways into the community
- Remobilisation of outpatients.

The quality network at WGH has been engaged in improvement work to support the above priorities, as well as priorities previously set by the CMT.

2.1 Projects focussing on sustaining and improving patient safety:

- Deteriorating Patient (Scottish Patient Safety Programme)

At WGH, engagement in the Deteriorating Patient work, alongside Healthcare Improvement Scotland, found a 57% reduction in cardiac arrests. This improvement has been sustained from 2017. Since 2017, there has been an increase in medical emergencies, demonstrating unwell patients are recognised sooner (i.e. before cardiac arrest). The next phase is to complete a diagnostic piece around medical emergencies and see if these patients truly suddenly deteriorated or whether action could have been taken to avoid sudden deterioration.



BETTER HEALTH, BETTER CARE, BETTER VALUE

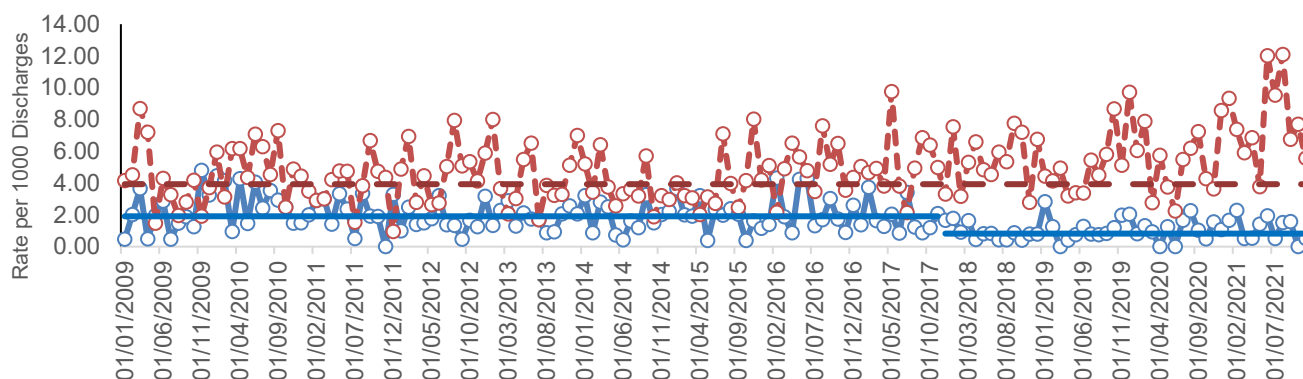
Rate per 1000 Discharges for Cardiac Arrest and Medical Emergency & Respiratory Arrest WGH

(excludes WGH ARAU Trolleys, ITU, CCU, Daycase, Reason for Admission = Out-Patient, Obstetric)

ME & RA Median = 3.93

Baseline CA Median = 1.91

Current CA Median = 0.82



3 Rate per 1000 discharges for cardiac arrest and medical emergency and respiratory arrest at WGH

2.2 Improvement work focusing on ensuring patient pathways are safe, timely, effective and efficient by mapping post-Covid pathways

- Cancer pathways

Cancer pathway work at WGH is diverse and multifaceted. The QI team have begun facilitating improvement in the following areas.

- Visible haematuria as urgent suspicion of cancer

This work aims to reduce time from referral to diagnosis for patients referred with visible haematuria, as Urgent Suspicion of Cancer. The QI Team have worked alongside the clinical team to map current pathways, new pathways and to collect data including patient and staff experience. The project team identified options for improvement, with the idea of a one-

stop clinic demonstrating the potential to reduce time from referral to diagnosis from 36-50 days to 11 days. The full case for improvement is shown in [Appendix 3](#).

- Cancer diagnosis to treatment pathways (31/62 days)

This work aims to increase the percentage of patients with suspicion of cancer who are assessed, diagnosed and begin treatment within the standard timeframes of 31 or 62 days. Multidisciplinary work has begun, initially focusing on data collection and interpretation to support quality planning activities. There has been collaboration with cancer trackers and tumour leads to ensure timely review of timed cancer pathways, including diagnostic services, escalation processes and responsibilities.

- Familial colorectal pathway

This work aims to understand the pathway for patients who have familial risk of colorectal cancer(s). With extensive process mapping, the team have been able to visually communicate the patient pathway, including primary care, molecular pathology, and the colorectal clinic. This will be used to identify potential areas of risk and improvement.

- Familial breast cancer pathway

Detailed quality planning and process mapping for high risk familial breast cancer pathway.

- Systemic Anti-Cancer Therapy pathway (SACT)

This work aims to improve patient and staff experience, as well as safety and efficiency of processes in patients receiving anti-cancer therapy. Problems in patient readiness for therapy had been identified. Baseline data has been collected, demonstrating a delay for over 30% of patients, down from 80% in similar data collection in 2020.

- Laboratory – Pathology

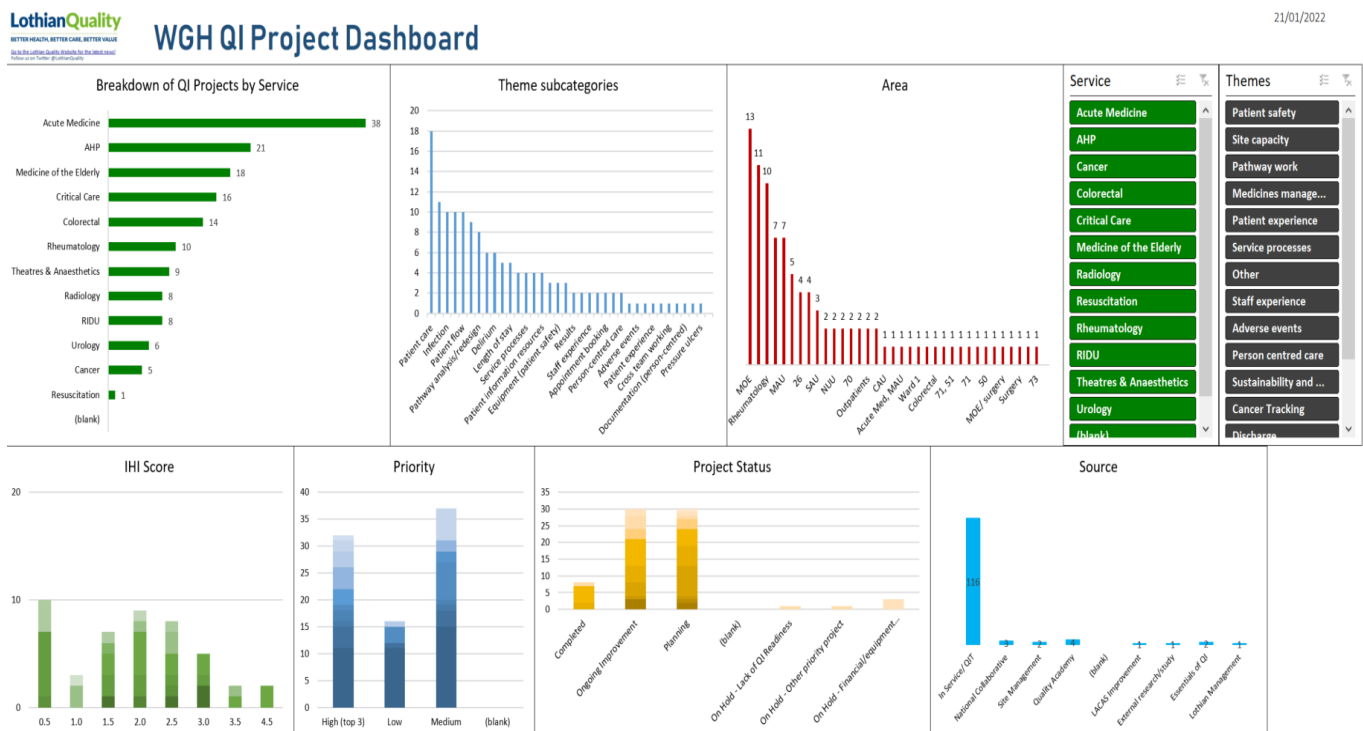
This work has included thorough process mapping of pathology processes to support the pathology pathways and to identify areas of improvement. Data presentation support has been provided to enhance the data currently collected by the pathology team relating to capacity, demand, activity and queues. Mapping exercises have aligned with staff experience those processes are appropriately efficient and that increased investment in the department is required for reduced turnaround times.

- Theatre CEPOD bookings

This work is to focus on quality planning for the CEPOD theatre at WGH. The initial aim is to complete quality planning activities to understand the current system, identify improvement opportunities, and map data. These activities will be used to inform improvement work with the overarching aim of improving theatre throughput

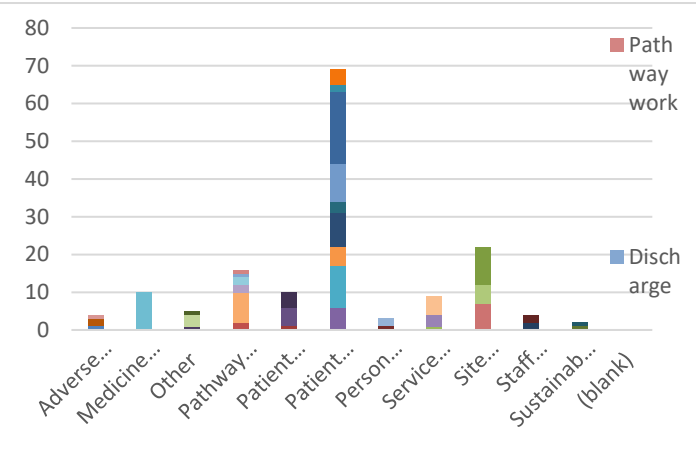
2.3 Projects registered with the QI team

How staff share their projects and progress with the QI Team has continued to improve. From these improvements, the QI Team have developed increasingly streamlined methods for displaying this information, as shown below.



4 WGH QI Project dashboard snapshot 21.01.2022

QI projects registered are themed by the QI team to understand what areas staff feel could be improved by Quality Improvement.



Projects registered with the QI Team indicates that 'grass roots' improvement project themes and priorities align closely with those of the CMT.

This dashboard notes team members involved with QI projects. At the time of writing, over 260 individuals were listed as involved in QI projects. This does not account for instances where groups of staff or entire departments have been listed (e.g., "Colorectal SCNs & ANPs", "All critical care staff"). It is felt that 260 staff involved with QI projects is an underestimate.

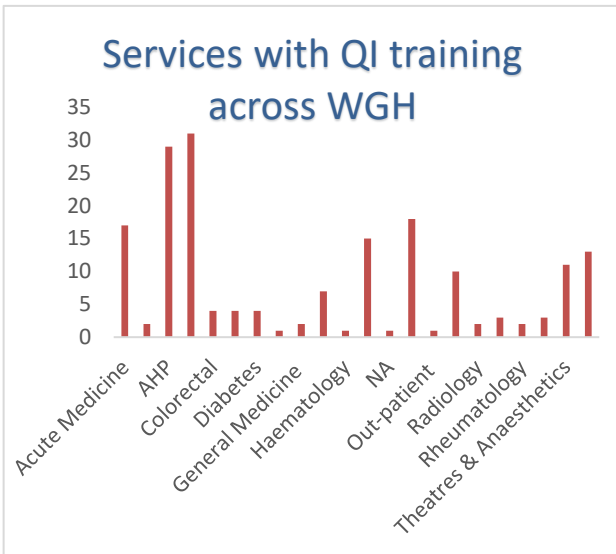
In July 2021, site staff who were known to be trained (excluding senior management) were offered the opportunity to provide feedback on their experiences using QI. (See [appendix 4](#) for

5 Projects registered with WGH QI Team January 2022

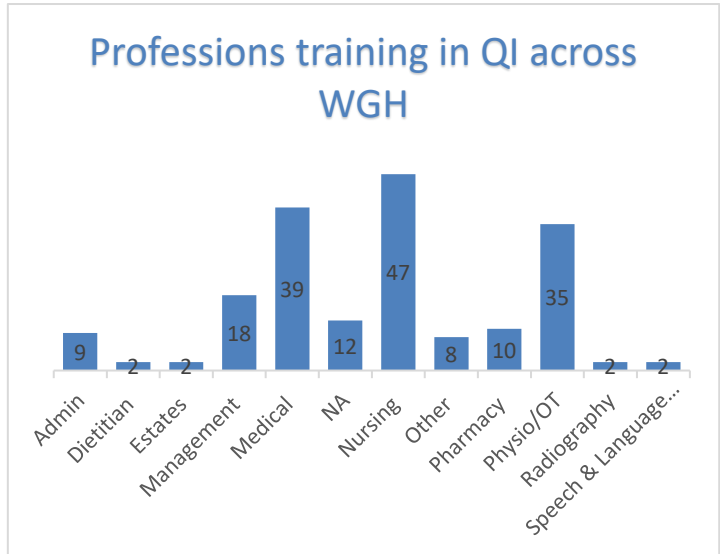
summary of responses). Thirty-two staff members responded to the survey. The sample reported that 38% were actively leading a QI project at the time of the survey. 22% of the staff surveyed reported they were participating in a project that they were not leading. 53% of staff surveyed were either leading on or participating in a QI project. 6% of survey respondents reported they were both leading on and participating in QI projects.

3. QI training

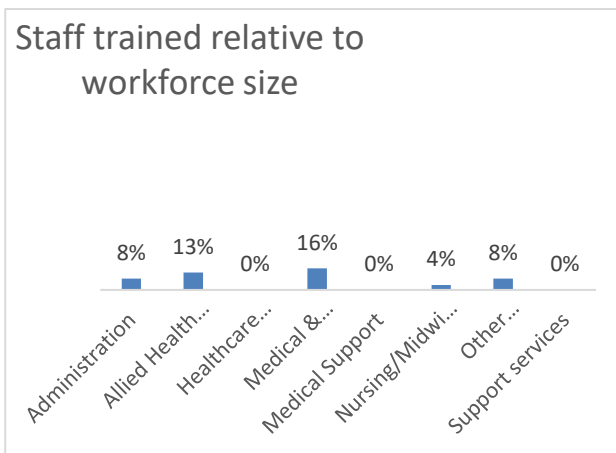
QI training is available to all NHS Lothian staff. Training options are provided within and beyond NHS Lothian. Below is a brief summary of training information known to the QI team at present.



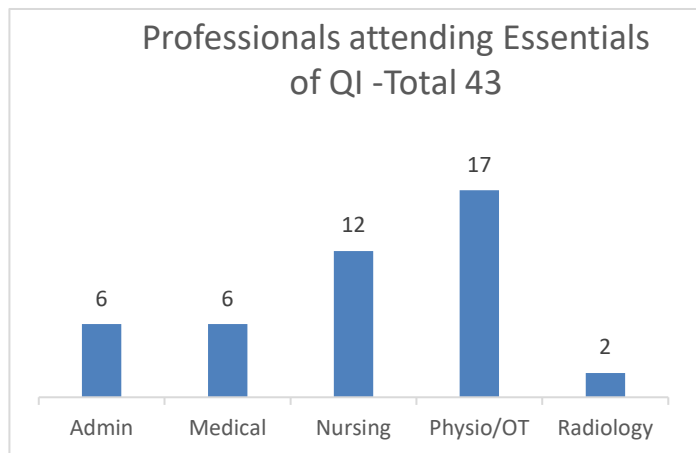
5 Services with QI training across WGH



6 Profession's training in QI across WGH



7 Proportion of workforce groups trained in QI



8 Professionals attending Essentials of QI

Engagement in QI varies across different workforce group. Approximately 16% of Medical & Dental staff at WGH have engaged in some form of QI training, followed by 13% of Allied Health Professionals, 8% of Administration professionals and 8% of Other Therapeutic staff. Current records indicate that approximately 6% of WGH staff have completed some form of QI training.

3.1 WGH 'Essentials of QI' training

The network offers 'Essentials of QI' training to all site staff. Four cohorts have been run, starting in January 2020. The programme includes virtual learning, a workshop, and project coaching. Two cohorts hosted the workshop virtually, in line with COVID restrictions. Over forty WGH staff members have attended these workshops. These have been positively evaluated by attendees sessions will be planned for 2022 at more regular intervals.

QI training that is available to site staff is not limited to Essentials of QI. As such, the team has begun collecting information on training across the site. Information about access to training is shown below

3.2 QI eLearning

The WGH QI team further supports learning in QI by signposting team members to available, high quality online resources. eLearning modules are available through NHS Lothian's LearnPro as well as NES's Turas platform.

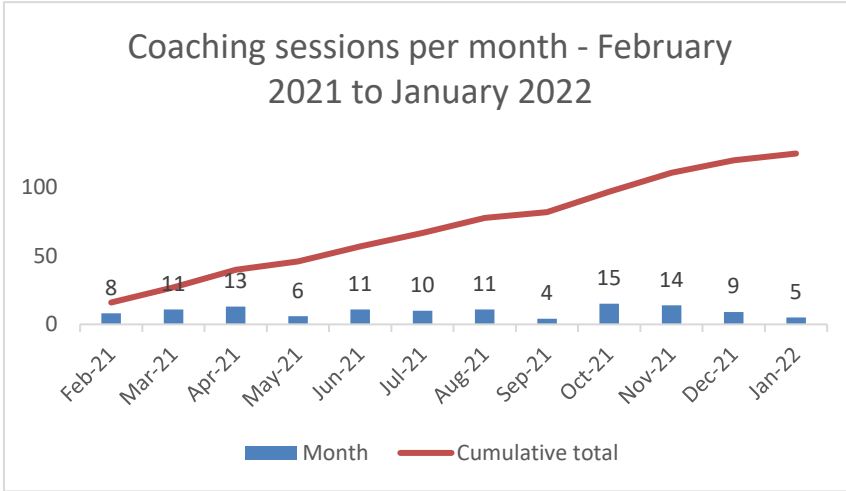
To date, 85 WGH staff currently have completed the NHS Lothian LearnPro module. Unfortunately, the number of WGH staff who have completed the NES modules is unknown, as this information is not made available by the platform.

3.3 Support of the Lothian Quality Academy

The Quality Academy was paused due to COVID, with the Quality Skills course resuming virtually in February 2021. This has resulted in a growing waiting list for the courses. The WGH QI team have continued to support the redesign, development, and operation of the virtual Quality Academy skills course.

4. QI coaching:
4.1 Coaching for WGH staff

The WGH QI network team supports improvement across the site through coaching of QI projects, including support of the Lothian Quality Academy. Recording of these sessions has improved since January 2021, with more robust collection of data. The QI team provided approximately 115 hours across 123 appointments of coaching during 2021.

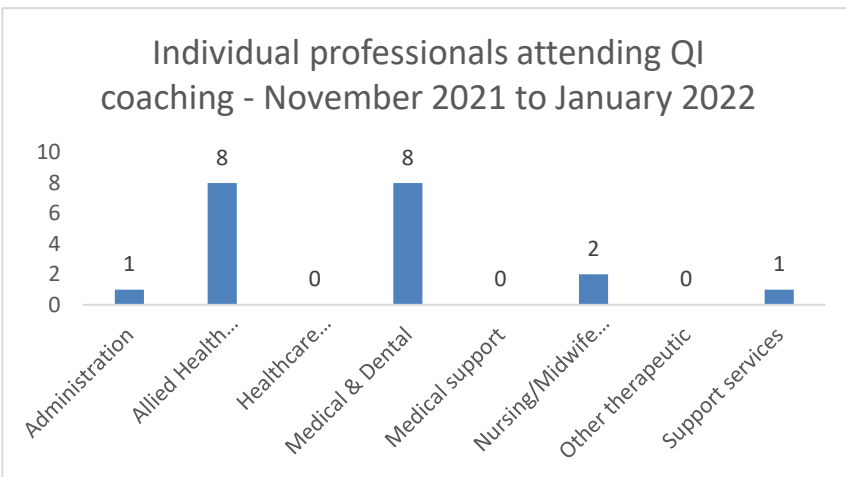


9 Coaching sessions February 2021 to January 2022

In October 2021 records were changed to collect attendee’s names, profession, and work location. The chart below represents a sample of the coaching clinics held across 2021.

Between November 2021 and January 2022, 15 staff members attended a single session and 5 staff members attended more than one coaching session.

A summary taken in May 2021 found that there were 13 active QI coaches, including three within the QI Team. The charts listed above does not include hours of QI coaching for staff independent of the QI team, which indicates the number of coaching sessions may be higher.



10 Individual professionals attending QI coaching November 2021 to January 2022

4.2 Coaching in support of the Lothian Quality Academy

The WGH QI network team supports the Lothian Quality Academy by providing one-to-one improvement coaching for WGH staff for the Quality Skills course. The team have coached a range of professionals across the site, with coaches providing up to 5 hours of coaching per participant. To date, 47 WGH staff members have attended the Lothian Quality Academy Skills courses and a further 50 have attended Lothian Quality Planning for Quality course (N.B. Not all ‘Planning’ participants are coached by network team members).

Examples of Lothian Quality Academy WGH projects can be found [here](#).

5. Quality Improvement Infrastructure – resource
5.1 QI Team resource

There has been continued investment by NHS Lothian and WGH to support the growth and maturity of the quality network with adequate staffing.

Current staffing includes:

0.2 FTE Clinical Lead for Safety and Quality

1 FTE Band 7 Quality Improvement Advisor and 1 FTE Band 6 Associate Quality Improvement Advisor funded by NHS Lothian

1 FTE Band 7 Quality Improvement Advisor, 2 FTE Band 6 Associate Quality Improvement Advisors and 1 FTE Band 4 Administration officer funded by WGH

5.2 Other improvement resource

The QI team works alongside additional improvement resource within the WGH. These include Lothian Accreditation and Care Assurance Standards ([LACAS](#)) staff, modernisation staff and improvement managers. These resources have allowed greater distribution of responsibility for improvement across the site and allowed the QI Team to focus on additional priorities. (e.g., As falls and pressure ulcers are increasingly improved by LACAS work, the QI Team are able to deploy their capacity elsewhere). As these resources are developing, so too are the team relationships. As such, there may be improvement work that the QI Team does not

have close oversight of, as well as site staff involved in improvement who are unknown to the improvement team. As such, it is probable that the network extends beyond the current knowledge of the QI team.

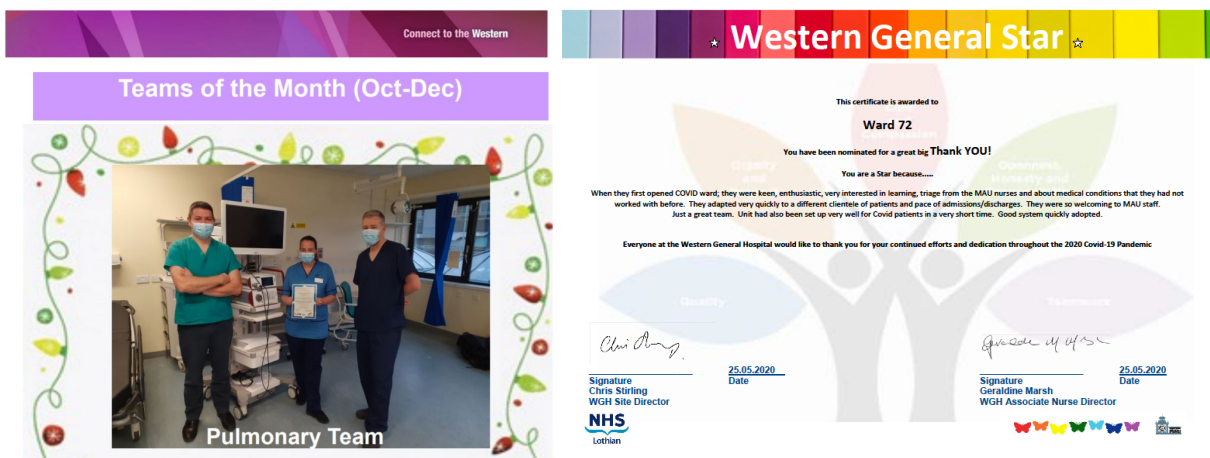
6. Creating a culture for improvement and celebrating success

6.1 Clinical change forums

Clinical change forums were events held to share learning and celebrate success. Site team members presented on their improvement projects to attendees from across the site. From January 2018 to February 2020, 11 clinical change forums were held at WGH. Information regarding the specific presentations can be found [here](#). These events were paused due to the pandemic, giving the team time to reflect on and improve the structure of these sessions moving forward.

6.2 Celebrating success activities

The WGH site celebrating success activities have been facilitated by the QI team through supporting 'Team of the month' as well as the creation of the staff recognition award (WGH star). Examples of these awards can be found in the WGH Connect Newsletter (December 2021 edition found [here](#)). As a part of the COVID response, the WGH QI team supported work aiming to secure and enhance staff wellbeing.



12 Team of the month and Western General Star award

6.3 Connect to the Western

Members of the QI Team further support creating a culture for improvement and celebrating success through production of a monthly newsletter. This newsletter includes information on successful quality improvement projects, QI training and coaching opportunities. The newsletter also provides information relevant to site staff, including awards that have been won by staff, wellbeing activities, new appointments and retirements. The QI Team ensure that this is shared with all WGH staff digitally, as well as providing physical copies in shared spaces such as the wellbeing wing. Previous editions of Connect to the Western can be found [here](#).

Quality Plan - RIE and SJH Maternity and Neonatology Services November 2020 – March 2021

Purpose

The purpose of this report is to provide:

- ✓ Details of the priority pieces of work that will be directly supported by the Quality Improvement Support Team (QIST), up to end March 2021
- ✓ A brief summary of the rationale for selection of those priorities
- ✓ Note that there are a large number of potential priority areas. Other areas will be considered and included beyond March 2021.

1.0 Priorities to end March 2021

1.1 Prevention of PPH >1000mls – BOTH SITES, Clinical leads RIE Jacqui Laurie, Caroline Pound SJH: Sarah Court, Jane Taylor

- Collate learning from best practice areas, for example NHS Grampian.
- Undertake detailed review of PPH work carried out to date, understanding what has worked, what has not, and why
- Undertake additional data analysis and process mapping
- Detail the highest impact improvement areas
- Support planning and testing of improvements in agreed cohort of patients

1.2 Reducing 3rd/4th degree tears in all vaginal births – RIE ONLY, Clinical lead: Nirmala Mary, Caroline Pound (SJH are participating in the OASI II project lead by Julia Wilkens)

- Support team to achieve process reliability of currently tested improvements in agreed cohort of patients
- Undertake additional data analysis and process mapping

1.3 Preventing stillbirth – WHOLE BOARD APPROACH, Clinical leads Anne Armstrong, Sarah Court, Lynn Brown

- Undertake review of work carried out to date
- Scope collection of other data as required to assess current process reliability
- Commence planning for further work post March 2021

1.4 Reducing instrumental interventions and emergency caesarean section rates – BOTH SITES, Clinical lead RIE: Emma Doubal, Lynn Rose SJH: Yvonne Cunningham, Sue Shade

- Commence diagnostic work to understand the pathways to intervention
- Plan further diagnostic work for 2021

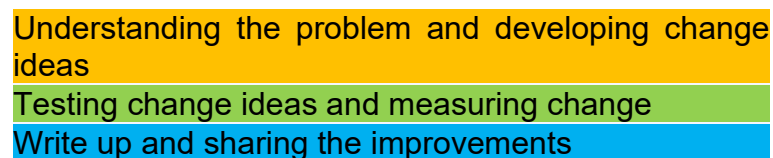
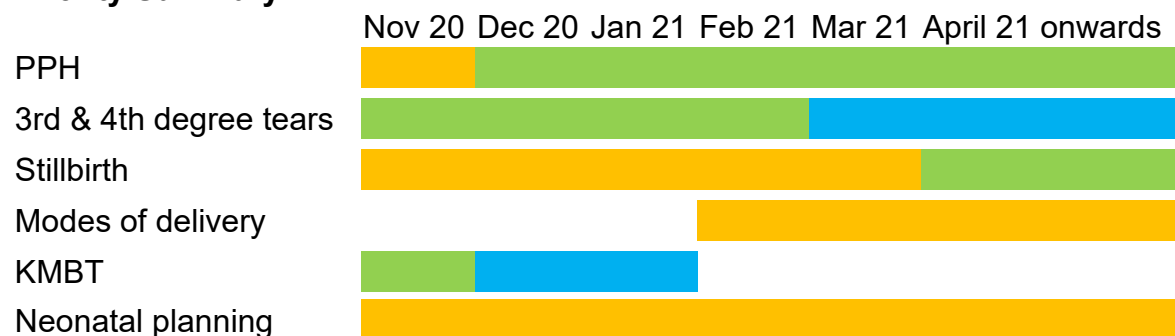
1.5 Keeping mothers and babies together (KMBT) – POSTNATAL AND NEONATAL, Clinical lead Angela Davidson

- Support team to evaluate the transitional care improvements made to date
- Support collection of data for facilitating early discharge and preventing readmissions

1.6 Quality planning for Neonatal improvement objectives – Clinical lead TBC

- Support quality planning exercises for a priority starting March 2021.

Priority Summary



2.0 Delivery of priorities

2.1 The QIST will work across both acute sites and other areas as needed to:

- Provide quality planning (diagnostic expertise) and improvement methodology advice, applying tools and techniques as appropriate
 - Work with analytical, managerial and clinical colleagues to map and optimise relevant quantitative and qualitative data
 - Provide QI coaching and start to identify training needs across teams
 - Work to develop communication tools that will allow the sharing of information and learning across teams
 - Provide programme management support to ensure delivery of objectives
 - Link to the wider Quality Directorate
- 2.2 Analytic support will be provided as needed by the Women's' services Clinical Auditor.
- 2.3 The Clinical Director and Chief Midwife will:
- Sponsor the work programme
 - Identify key members of the team needed to describe and improve the system/processes
 - Promote the work to ensure that everyone understands the benefits
 - Liaise with other areas of the organisation as needed and link to senior managers
 - Regularly review the work, providing resources as needed and overcoming barriers on behalf of the team
- 2.4 The clinical leads will:
- Lead the work within with the multi-disciplinary team, working closely with QIST
 - Report on progress and escalate as required if problems arise
- 2.5 Management oversight will be provided by, and progress reviewed at, the Quality Improvement Governance Board which reports to the Women's Services Clinical Management Team and ultimately to the Board's Healthcare Governance Committee.
- 2.6 QIST will report on progress as part of the wider Quality Directorate work plan to the Corporate Management Team quarterly.

3.0 Rationale for selection of these priorities

3.1 Background

- Maternity and Neonates have had a complex improvement landscape over the few years which included:
 - The development of a programme of work to address the process for learning from SAEs/AES
 - Regular reporting from high profile national (UK) audits which assess quality of care delivered (NMPA, MBRRACE, NNAP)
 - Implementation of national improvement programmes (SPSP, MCQIC, Excellence in Care)
 - A selection of basic QI training
- It is acknowledged by the service that although some improvements have been made and there are many individual projects ongoing, in general the work programme has not maximised opportunity for improvement or translated into improvements in outcome data.
- Against this backdrop, a 'Case for Improvement' was developed and subsequently approved by the Clinical Management Team in November 2019. This set out some of the drivers for improvement and outlined the requirement for two new posts to support the programme of work (an Improvement Advisor and an Associate Improvement Advisor). These posts commenced in August and September 2020 and report through the QIST structure with support from the senior Quality Directorate team.
- There are several other improvement roles in maternity and neonates that are working on programmes that will impact on outcomes – see Appendix 1 for a diagrammatic representation of programmes of work and those with a key role to support.
- The Case for Improvement set out the overall aim for the work programme which highlights a clear need to prioritise and is embedded here:



Case for Improvement

- To carry out this prioritisation, the team have reviewed national and local priorities and data, spoken to a variety of colleagues within Maternity and Neonatology Services, and attended some of the services' routine and national meetings.

3.2 Data

The policy context and key national priorities were mapped in the Case for Improvement. The latest national data are laid out in Appendix 2 and shows run charts over time and a benchmark comparison with national data from various sources. Further explanations are as follows:

5 **NMPA (2016/17)**

- The UK level audit data are, by necessity, based on data which are not current.
- For RIE, PPH >500mls, emergency CS rate, instrumental delivery rate, episiotomy and 3rd/4th degree tear rates were all higher than expected and none have shown significant improvement since this time.
- For SJH, SVD rate, PPH >1500mls, emergency and elective CS rates were out with expected ranges and have not shown improvement.
- The rate of low Apgar scores was high but is showing recent signs of change.
- Induction rate was in expected range but has recently shifted higher.

6 **MBRRACE -UK (2015-17)**

- For 2017, the adjusted stillbirth and perinatal death rates are between 5% lower and 5% higher than UK average, respectively.
- Although close to the UK average, this is graded as amber as the UK as a whole is required to shift towards the rates found in other parts of the world e.g. Scandinavia.
- For 2017 the crude neonatal death rates were more than 15% lower than the UK average (green) and the adjusted neonatal death rates were between 5% and 15% lower for adjusted.

7 **MCQIC**

- There are a number of gaps in the MCQIC data, and where data is available there are no sustained improvements.
- The latest self-assessment exercise completed with HIS feedback highlighted that the “day to day operational activity of QI in RIE on MCQIC projects isn’t clear”. As a result, RIE continues a level 2 escalation from HIS.
- Appendix 3 details those measures and progress towards improvement.

8 **NNAP**

- Good progress has been made with babies being a normal temperature on admission and reducing time mums and pre-term babies are apart.
- Parental consultations within 24 hours and parental presence on ward rounds are below the UK average.

Local Sources and SAEs

- QIST is currently collating information, learning and suggestions for improvement from SAEs, complaints, patient experience feedback, and staff experience feedback.

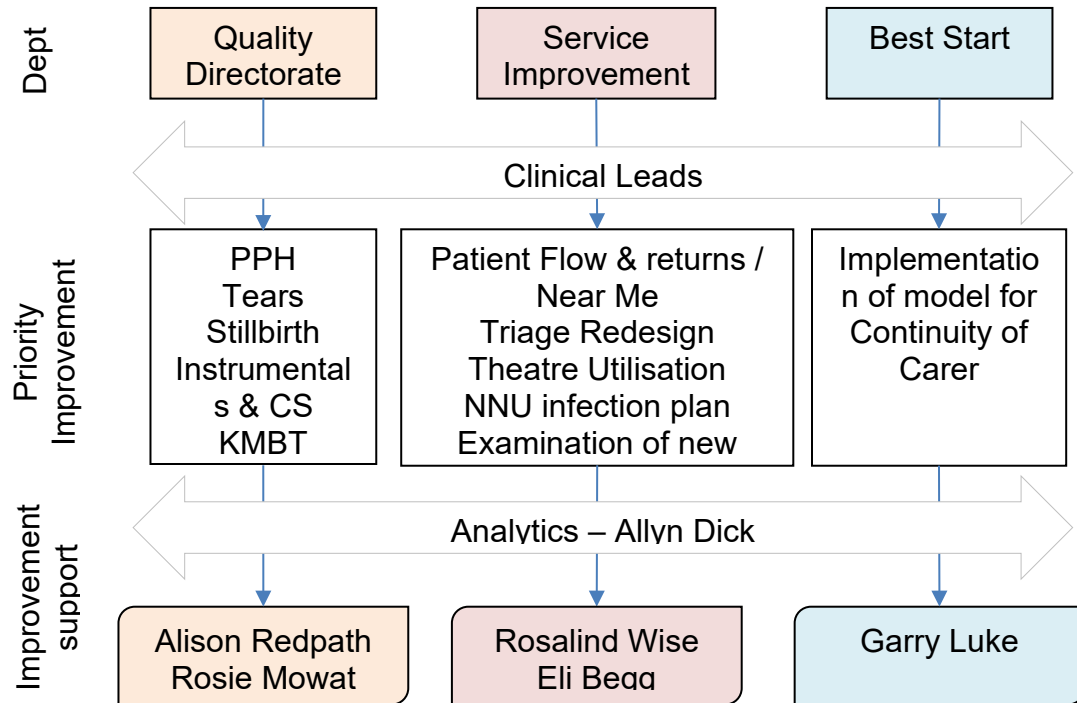
4.0 Next steps towards objectives

Key requirements at this point are that:

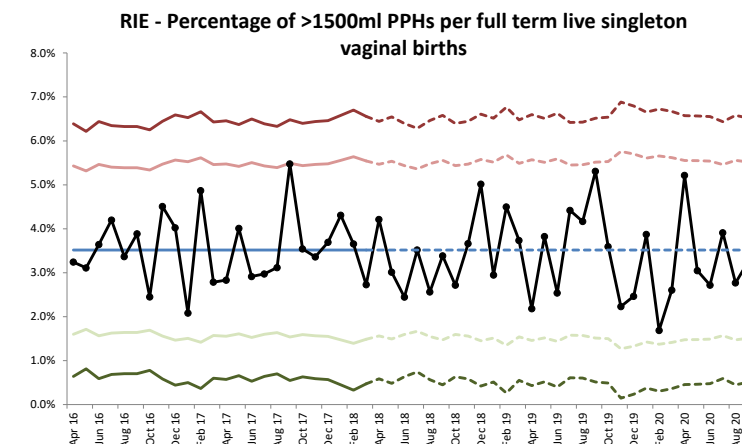
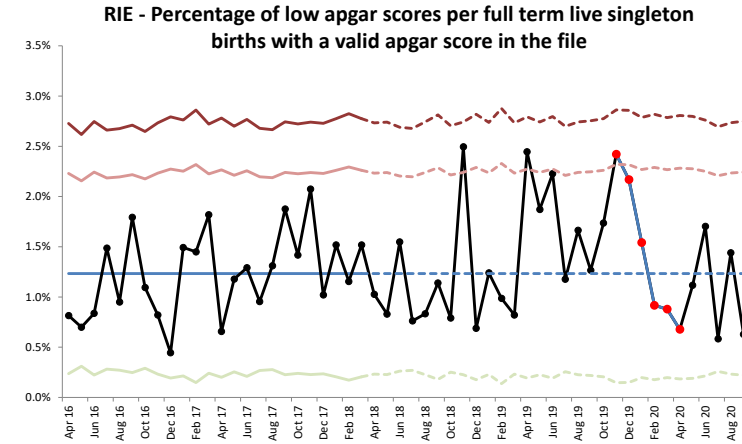
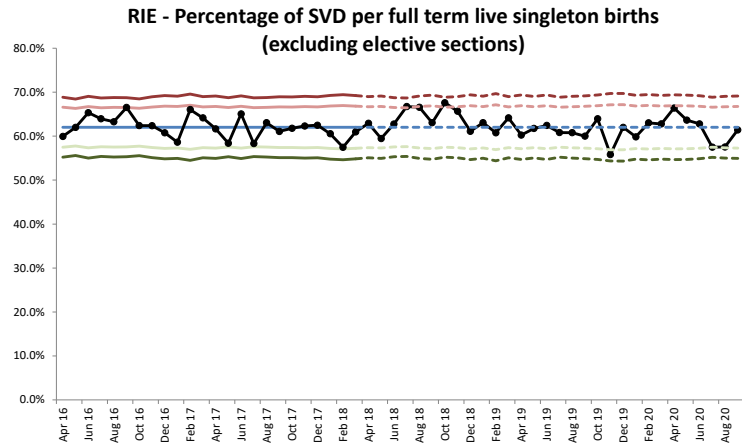
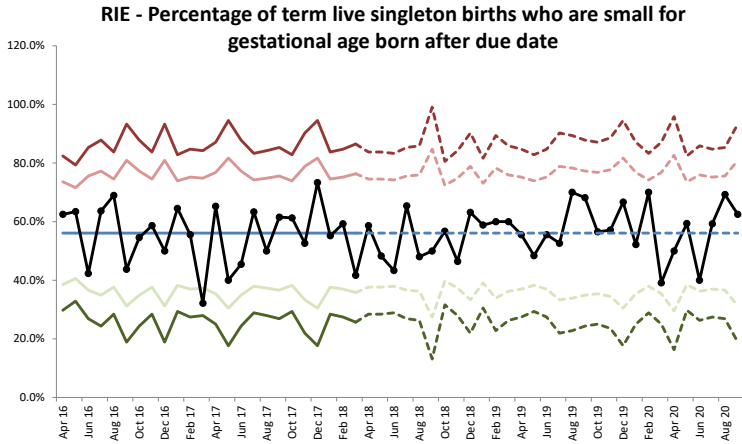
- The Quality Improvement Governance Board agrees the priorities set out
- QIST reports progress back on the priorities to the Board in January 2021

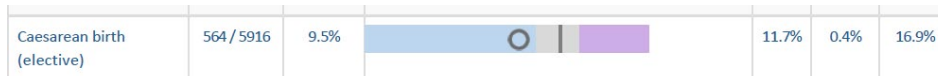
Appendix 1

Improvement priorities and those with a key role to support

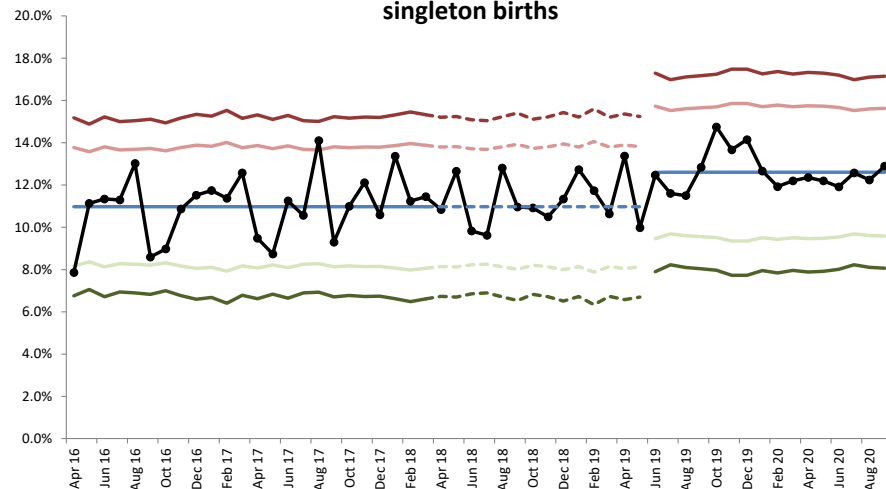


Appendix 2: Dashboard of data

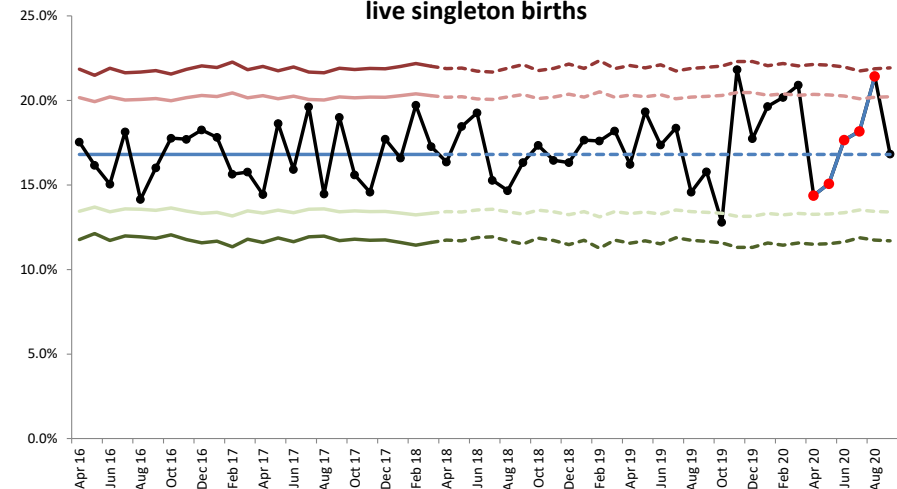




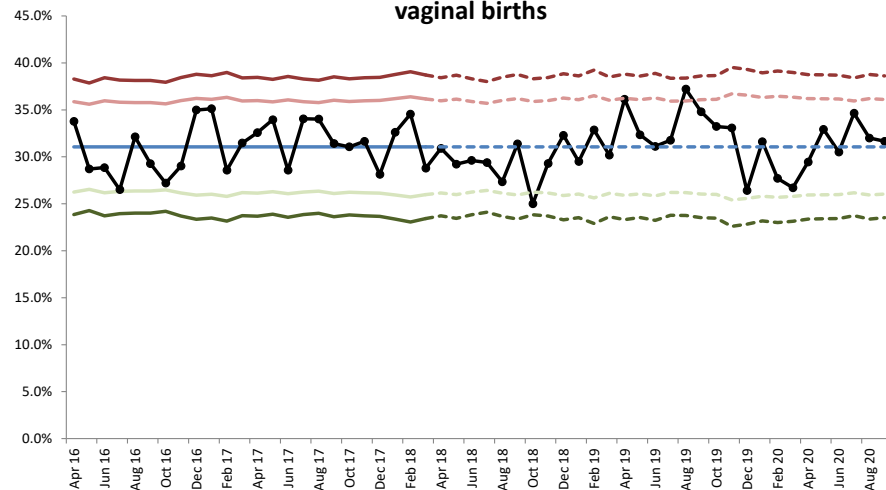
RIE - Percentage of elective caesarean sections per full term live singleton births



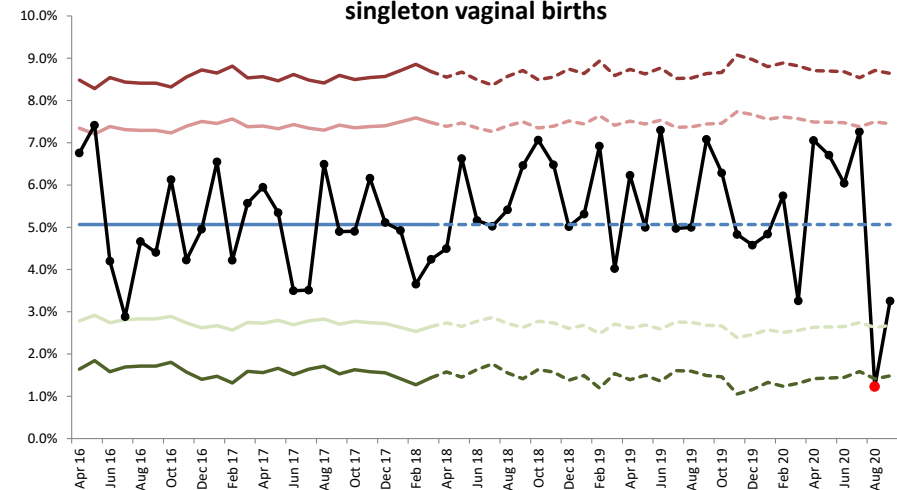
RIE - Percentage of emergency caesarean sections per full term live singleton births



RIE - Percentage of episiotomies per full term live singleton vaginal births

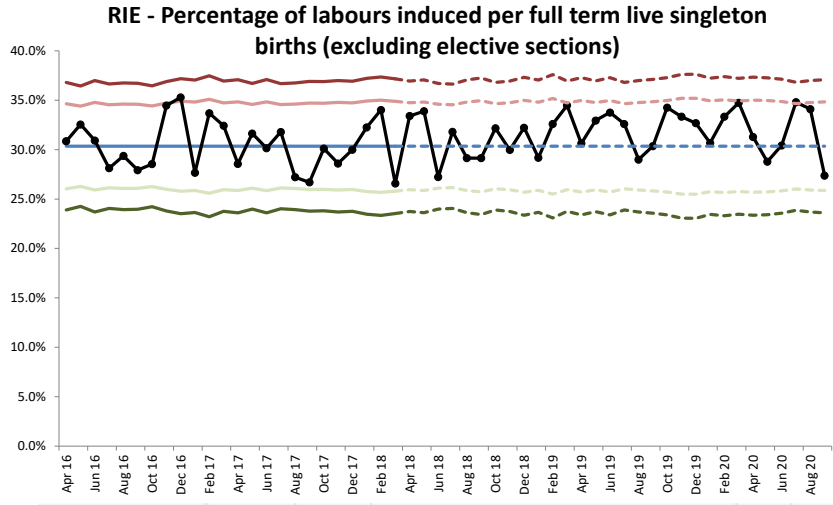


RIE - Percentage of 3rd and 4th degree Tears per full term live singleton vaginal births

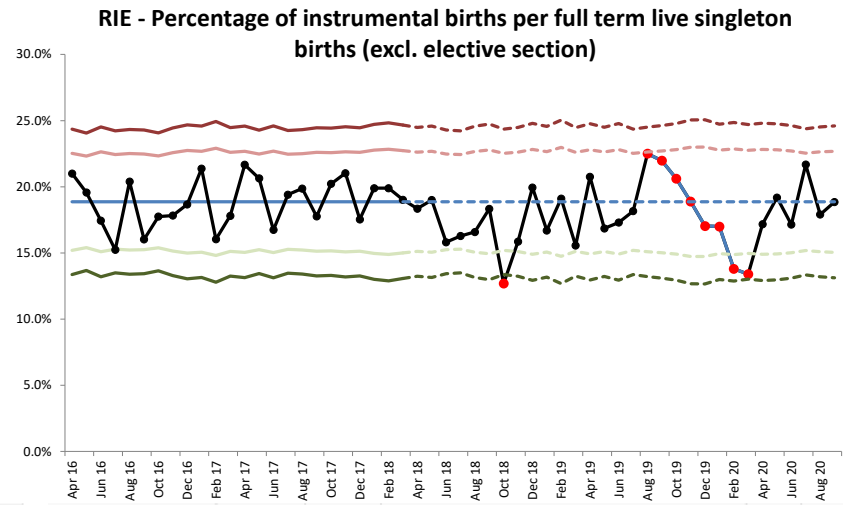


RIE

Induction of labour	1615 / 5916	28.0%		30.6%	16.1%	46.4%
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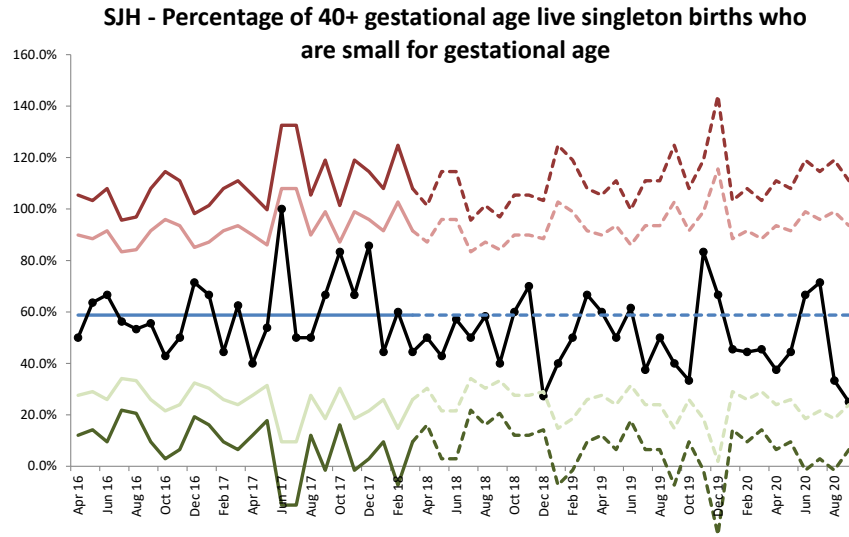


Instrumental birth	981 / 5916	17.7%		13.0%	6.7%	19.0%
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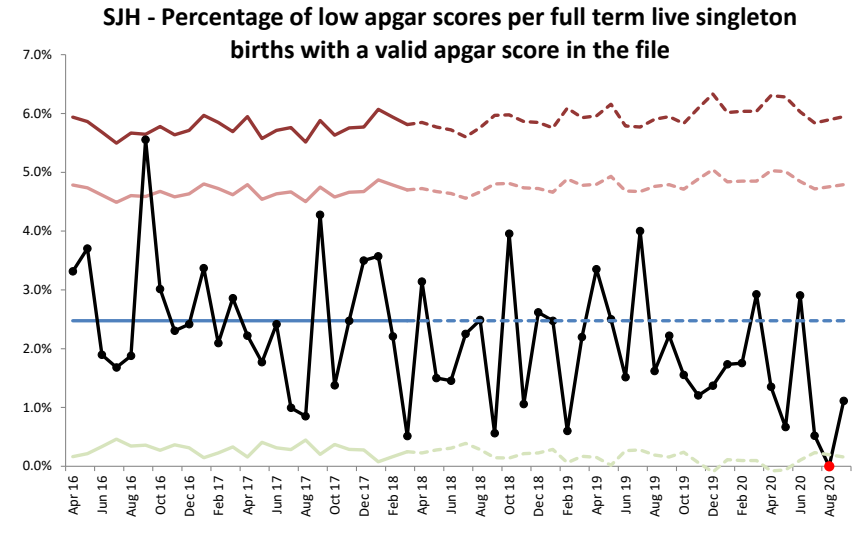


SJH

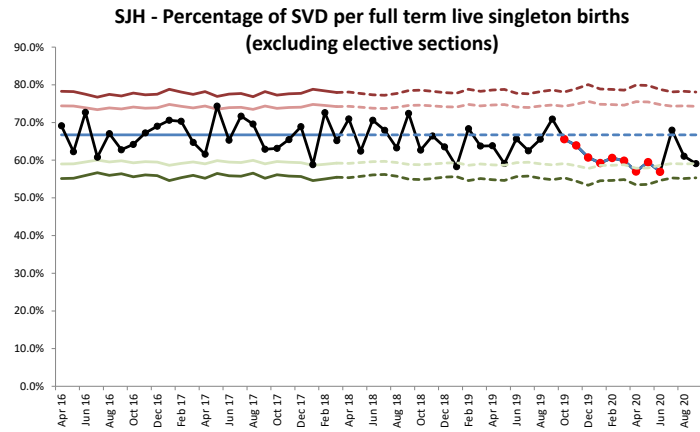
Small-for-gestational-age babies born at or after 40 weeks	66 / 116	59.2%		52.8%	37.2%	73.6%
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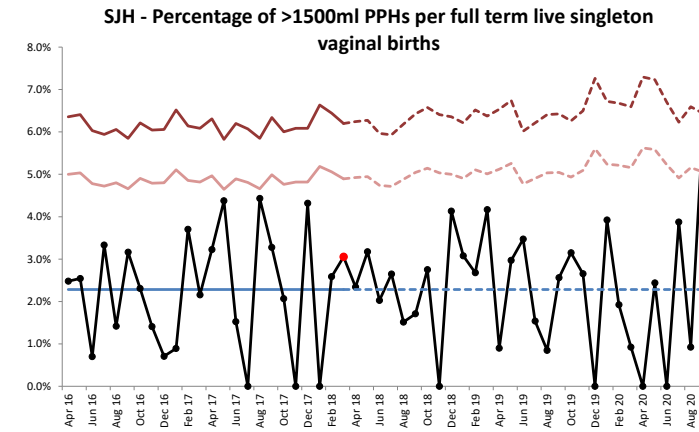
Term babies with a 5-minute Apgar score of less than 7	69 / 2419	2.8%		1.2%	0.3%	3.8%
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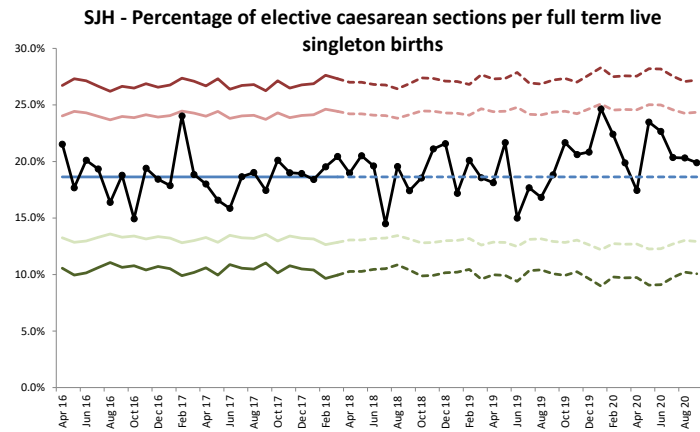
Spontaneous vaginal birth	1317 / 2432	53.0%		60.3%	50.8%	75.2%
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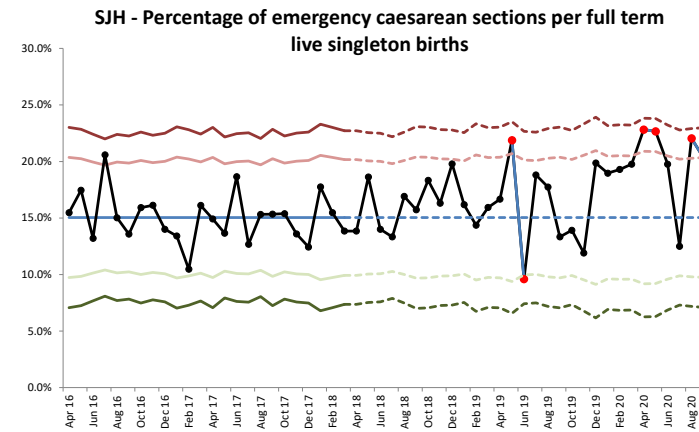
Obstetric haemorrhage of 500ml or more	909 / 2432	38.3%		34.1%	10.1%	50.0%
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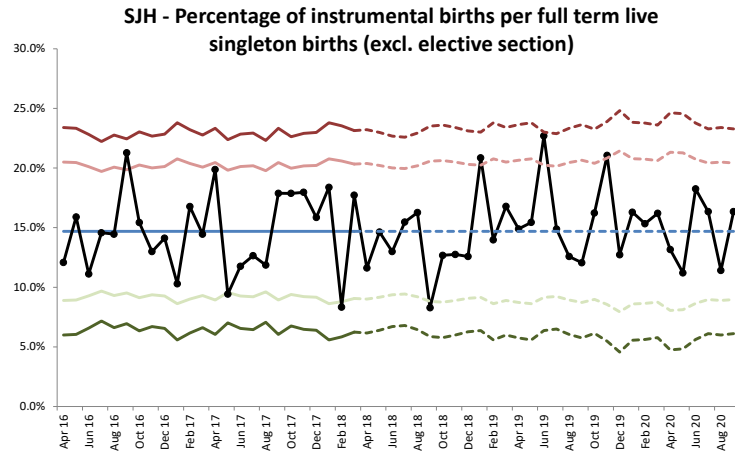
Caesarean birth (elective)	430 / 2431	14.1%		11.7%	0.4%	16.9%
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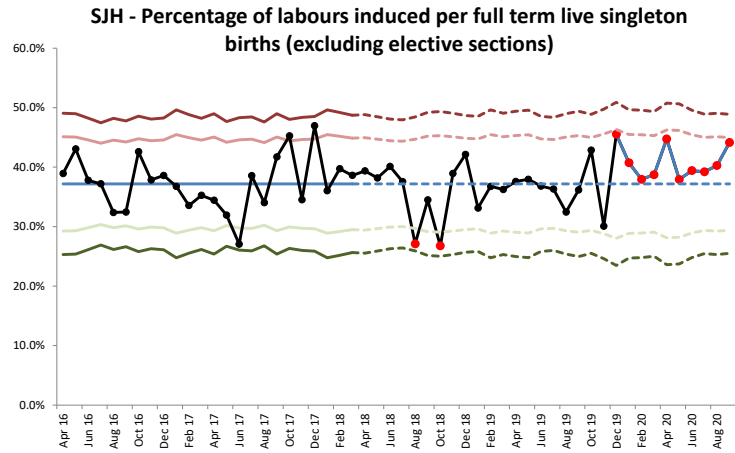
Caesarean birth (emergency)	394 / 2431	18.2%		15.0%	4.2%	20.0%
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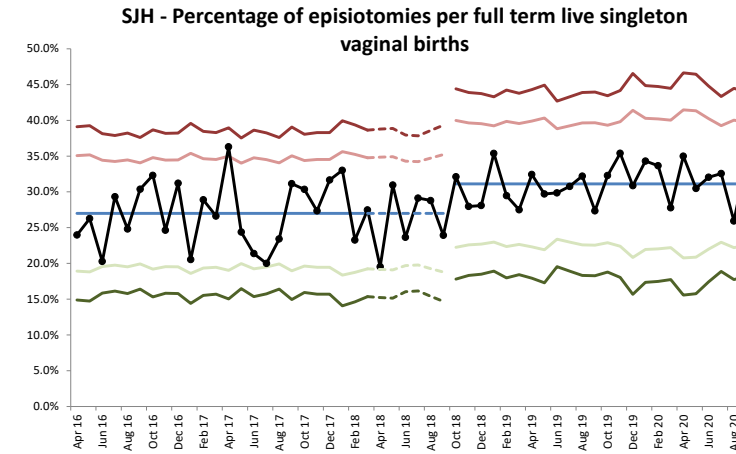
Instrumental birth	290 / 2431	13.9%	<div style="width: 13.9%;"></div>	<input type="radio"/>	13.0%	6.7%	19.0%
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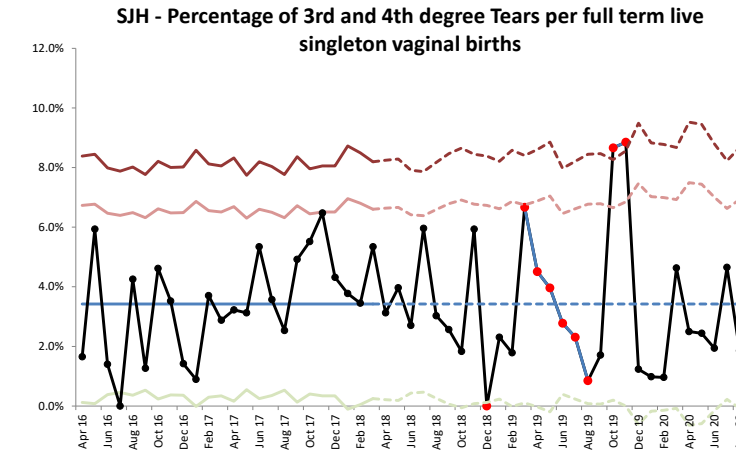
Induction of labour	702 / 2432	30.2%	<div style="width: 30.2%;"></div>	<input type="radio"/>	30.6%	16.1%	46.4%
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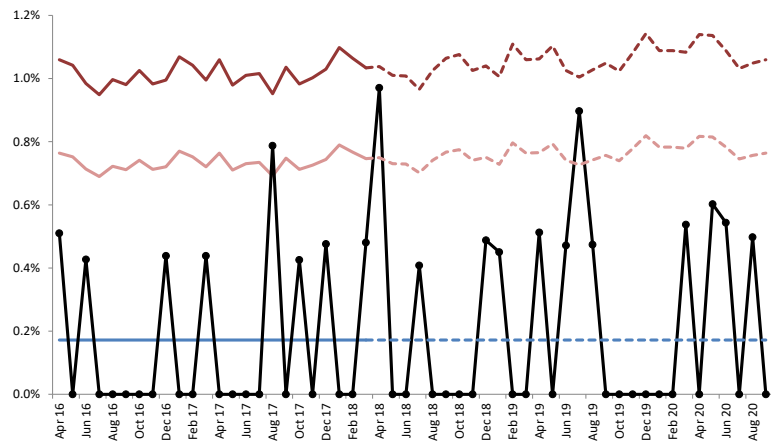
Episiotomy	432 / 1603	32.9%	<div style="width: 32.9%;"></div>	<input type="radio"/>	22.7%	7.0%	37.2%
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3rd and 4th degree tears	41 / 1604	3.0%	<div style="width: 3.0%;"></div>	<input type="radio"/>	3.5%	0.6%	6.6%
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SJH - Stillbirths as a percentage of live births



Appendix 3: MCQIC measures and progress

Measure	RIE	SJH
Rate of Stillbirths	No change	No change from low average
% of pregnant women between 18 and 23 weeks gestation who have had a discussion of Fetal movement evidenced by the teach back method	No data	No data
% pregnant women between 18 and 23 weeks gestation who have received written information on Fetal movement.	No data	No data
% response to altered Fetal movement	No data	No data
% of small for gestational age singleton babies born at or after 40 weeks gestation	No data	Baseline established (but data exists for further back)
% of pregnant women with assessment at the booking interview for risk factors for a Small for Gestational Age (SGA) fetus /neonate	No data	Only a few months collected
% of pregnant women with serial measurement of Symphysis fundal height (SFH) at every scheduled antenatal visit from 26 - 28 weeks gestation.	No data	No data
% of referrals for ultrasound scan if the SFH measurement does not follow the expected trajectory of growth.	No data	No data
% of formal Fetal risk assessment on admission in labour	No data	No data
% of CTG interpretations with fresh eyes review	Patchy data showing reliability mostly over 75%	Significant improvement
% compliance with positive peer support (PPS) review for intermittent auscultation.	No data	No data
% of CTGs with accurate interpretation and management plan	100% compliance over last year of data (Apr 18 - Apr 19)	Deterioration from baseline
% of Fetal heart rate abnormalities escalated appropriately.	Reliable at 100%	100% baseline, no change
Rate of severe post-partum haemorrhages	No change from 2013 baseline	Deterioration in 2015 from zero baseline, no change since

% of women screened for special risk factors	No data	No data
% of women with completion of Stage 0 on admission for delivery.	No data	No data
% of births with cumulative quantitative measurement of blood loss	Patchy and out of date data	100%
% of women with evidence of communication and escalation according to stage 1 – 3 of the 4 stage approach	No data	No data
% of women with a stage 2 or 3 PPH who received Tranexamic acid.	No data	Increase from baseline
% compliance with post event checklist for all stage 3 PPH	No data	No data
MEWS		
% of correct observations completed on national MEWS chart	No data	Not enough data
% of observations with accurately aggregated MEWS triggers	No data	Not enough data
% compliance with national MEWS escalation pathway	No data	Not enough data

Quality Plan – St. John’s Hospital November 2021 – March 2022

Purpose

The purpose of this report is to provide:

- ✓ Details of the priority pieces of work that will be directly supported by the **Quality Directorate** (QD), up to end March 2022
- ✓ A brief summary of the rationale for selection of those priorities
- ✓ An indication of the stages of the Quality Management System approach adopted by NHS Lothian in the [Quality Strategy 2018-23](#)
- ✓ A note of review of priorities by the end of March 2022
- ✓ A note that the Quality Directorate reports through the Corporate Management structure, as well as those mentioned in this paper

It should be noted that for this plan to have maximal impact it should sit within a broader site improvement plan. At the current time, this is within development.

1.0 Priorities to end March 2022

1.1 To sustain the current median rate of **Cardiac Arrests** at SJH (following previous 61% reduction); and reduce the number of SAEs associated with deterioration. Clinical lead, Drs. Gillett and Adamson

- *Quality Planning* - support a review of 2222 calls to understand current context and identify improvement opportunities
- Use the output from Healthcare Improvement Scotland’s (HIS) Deteriorating Patient Collaborative
- Undertake additional data analysis and process mapping, producing Project Charters for participating wards
- *Quality Improvement* - support planning and testing of improvements in agreed cohort of patients
- *Quality Control* – work with, and learn from, the results of LACAS reviews
- *Quality Assurance* – complete a periodic Site Report for site CMG, as part of the pan-Lothian Deteriorating Patient Programme Board reporting and governance, and report through Quality Improvement Teams and CMG

1.2 Contribute to ensuring safe, effective, and person centred unscheduled care (principally in Medicine) which supports the **4-hour Emergency Access Standard**. Clinical lead: Dr. Adamson

- *Quality Planning* - detailed process mapping, identifying constraints, barriers, associated data and improvement opportunities

- ED to medical ward process
- EMA to medical ward process
- EMA pathways – admission, process improvement within the unit to discharge / transfer
- Incorporate wider system considerations e.g. pathways for frail older people
- *Quality Improvement* - support team to achieve process reliability of tested improvements in agreed cohort of patients
- *Quality Control and Assurance* – produce a monthly data pack for the EAQP and report through Quality Improvement Teams and CMG

1.3 Medicines at discharge process - 80% of immediate discharge letters (IDL) from the SJH stroke unit to be completed and presented to pharmacy dispensary at least 24 hours before patient discharge with <5% medicine error rate. Lead Pharmacist, Jenny Scott

- *Quality Planning* - undertake review of work carried out to date
- Scope collection of other data as required to assess current process reliability
- *Quality Improvement* - Collate a 'pack' of tested information to scale up to ward 21, testing its applicability to this setting
- Link to QI work conducted in ward 21 by Dr. Noble on IDL authorisation
- *Quality Assurance* and governance - report to the Lothian One-Stop Programme Board chaired by Gillian McAuley and Melinda Cuthbert, and report through Quality Improvement Teams and CMG

1.4 Psychology Services – although not within SJH Site Management remit, an improvement programme has undergone Quality Planning to identify improvement opportunities in St. John's Psychology Services. The programme focused on the 18-week target time from referral to seen:

- Reliable timely triage and assessment process
- Reliable, timely treatment and discharge processes
- Maximising available capacity

1.5 QI capacity & capability – provide support teams to deliver value-added benefits for patients. Clinical lead Dr. Gillett; Lead Nurse Karen Wilson

1.6 Ensure the **communication** of the progress of SJH's Quality Management System

- Implement the QD's Communication Plan e.g. newsletters
- Work with the site team in their development of a QI Hub
- Contribute to weekly QI Huddles – Quality Directorate's Quality Plan, Service Improvement and Nursing's QI & standards

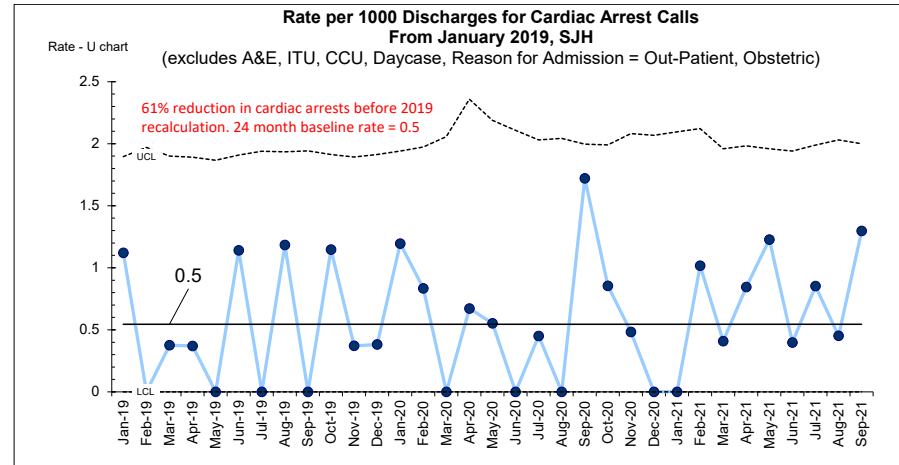
- Liaise with Medical Education in training and QI Coaching

2.0 Rationale for selection of these priorities on which to focus

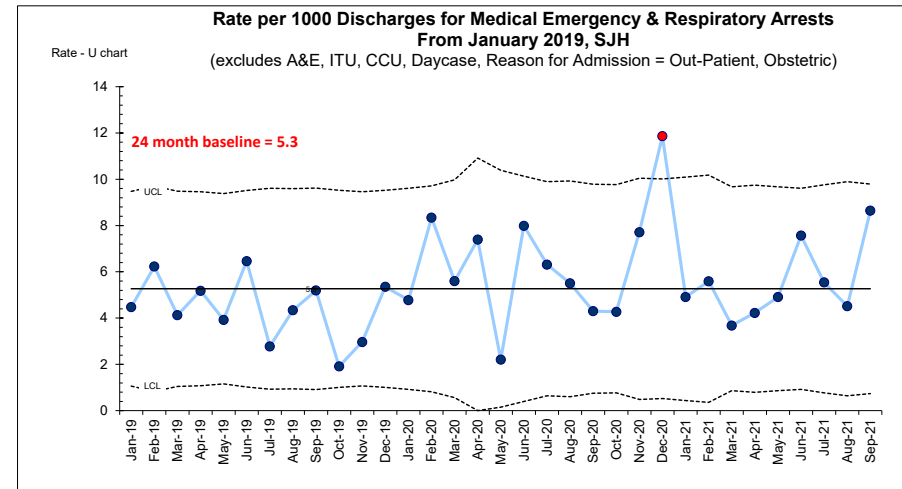
2.1 Deteriorating Patient

NHS Lothian has prioritised improvements in the care and management of patients who deteriorate, and has committed to participate in Healthcare Improvement Scotland’s Deteriorating Patient Collaborative. A more comprehensive Site Report is in Appendix 1, which includes the Lothian Driver Diagram and Measurement Plan. An infographic showing how we collate all information to measure and monitor safety is in Appendix 2.

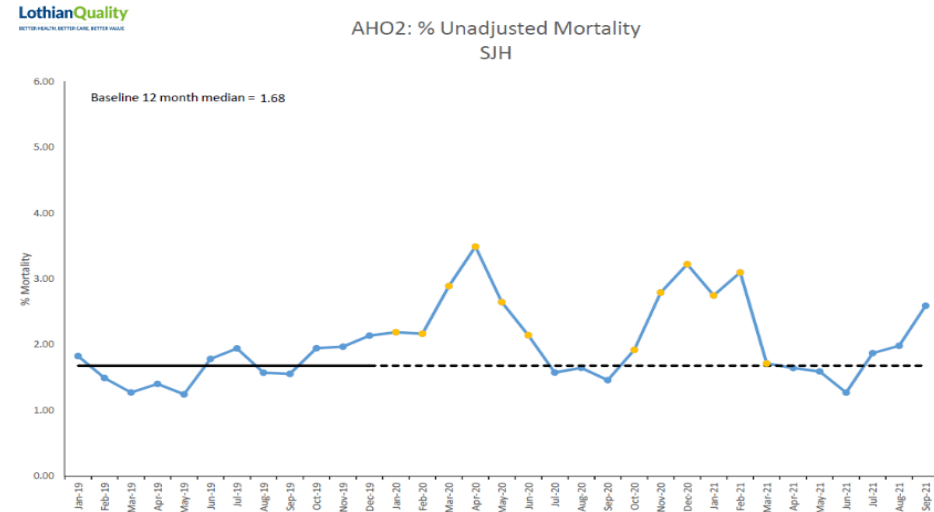
SJH’s Cardiac Arrest rates are variable, although the mean is unchanged



Medical Emergency calls are also unchanged.



As expected, unadjusted mortality rates are variable within the context of Covid 19



2.2 Unscheduled Care support

This works builds on the quality improvement work that has taken place in the ED since 2019 (Programme Plan in Appendix 3). This included detailed quality planning, subsequent improvement, and capacity and capability building with the ED team.

Although the key measures for this programme (length of stay, time to triage, time to first assessment – see Appendix 4 Data Pack) have been significantly challenged by Covid in recent months, the ED team are now well versed in quality management approaches and EAQP agreed in September 2021 that focussing support on Medicine (initially EMA) was required.

2.3 Medicines

This programme covers all three acute sites with one ward selected from each site.

Context

- The management of medicines on discharge varies across the three sites and is multidisciplinary in nature. The current processes are predominantly nurse lead and are time consuming. Medication errors and delays in discharge remain prevalent.
- Senior nursing and pharmacy colleagues have been collaborating to identify and test potential improvement opportunities including new ways of working. The plan is to establish a single integrated programme working across the three acute sites, using a common methodology and measurement framework, with dedicated Quality Directorate support including analytics.

Programme Aim

- To have in place a safe, timely, efficient, and sustainable medicines management process on discharge (24hr prior) across the three acute sites.
- To undertake detailed process mapping across the three sites of the current system with the multi-disciplinary team.
- Use a range of information across all three sites to generate improvement priorities and measure impact.
- Produce a case for new ways of working for consideration by senior management.

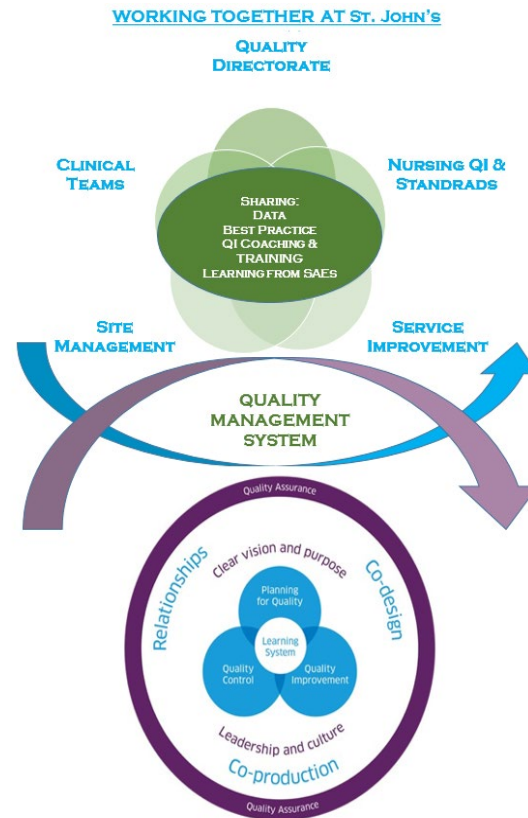
Update Report to the Programme Board October 2021



SJH presentation one
stop programme boa

Consideration will always be given to the context within which staff are working e.g. the site in extremis, staffing levels and NHS Lothian's nursing Guiding Principles.

3.0 Working together



4.0 QI infrastructure

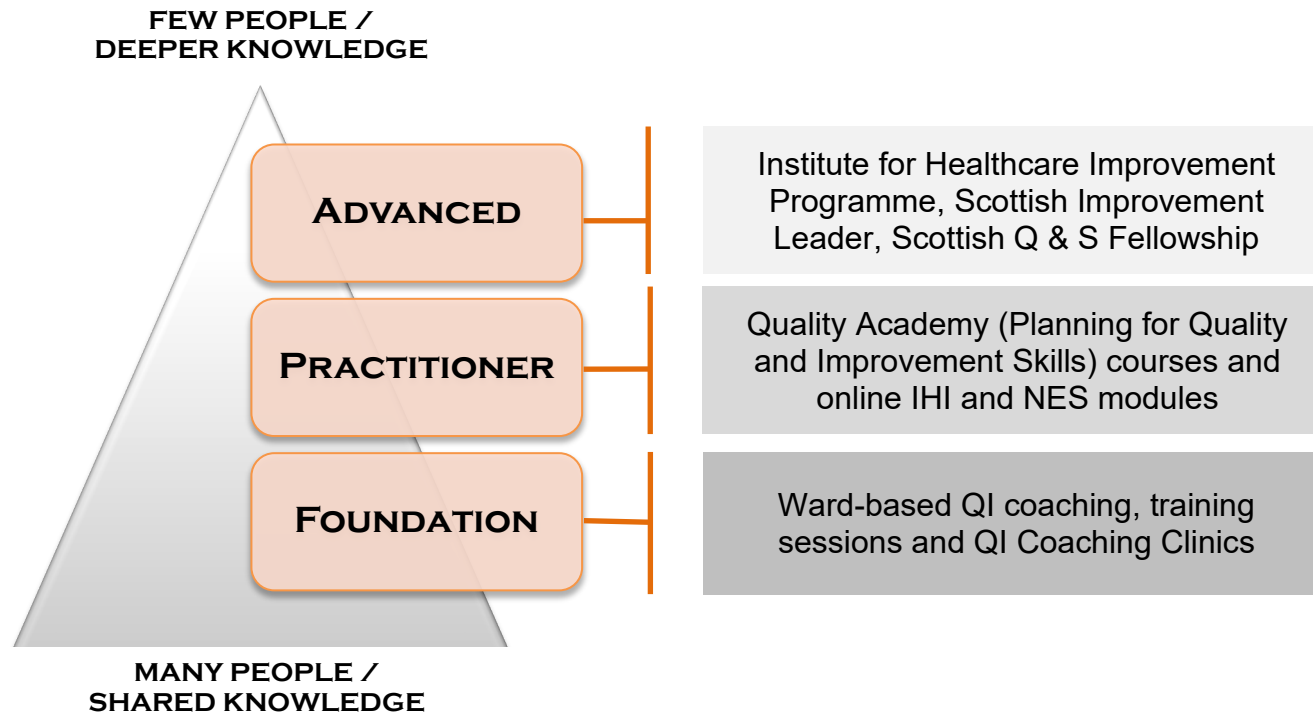
- We work within whole system quality and practices
- SJH fosters a culture of quality, psychological safety and a constancy of purpose.

- Quality improvement includes the six dimensions of quality: safe, effective, person-centred, timely, efficient and equitable. Within the safety domain, we will also pull on the Scottish Patient Safety Programme's Essentials of Safe Care as we work through our programme.
- Within each improvement project, programme or pathway, it is essential to collate information, learning and suggestions for improvement from SAEs, complaints, patient experience feedback, and staff experience feedback. The Essentials of Safe Care incorporate these.
 - **Essentials of Safe Care Drivers**
 - Person centred care
 - Safe communications
 - Leadership and culture
 - Safe clinical and care processes

4.1 QI Capacity & Capability of the workforce

Embedding quality improvement throughout an organisation requires a systematic, targeted effort to develop different levels of QI expertise for different groups of people. We will identify gaps at each level and incorporate in training plans, particularly at Foundation Level where most of the local training is required.

Levels of QI training required



4.2 Improvement Dashboard

A database to collect and track all QI projects in a structured, consistent and analytical manner across the site is in development, and allows the user to:

- Get more details on specific projects (project team, project charter)
- Identify projects ready for scale & spread
- Identify projects for the clinical change forum (celebrate and share success).

Using this database, a dashboard has been developed for use in all sites (see Appendix 5). The purpose of the dashboard is to provide a transparent overview of all the QI initiatives on site. The data can be broken down into services, areas, themes, priorities, status, and maturity and allows the user to report on the following:

- Coverage and reach of improvement across the site
- Number of QI projects by service
- Ongoing QI activities by priority
- QI project themes
- Level of support input/involvement
- Source of the QI projects: Did the project originate in service or was this commissioned? Is the project part of QI training (i.e. the Quality Academy) or local training, (i.e. QI Essentials)
- Project start and estimated end date
- Project status (Planning, Ongoing, Completed, On Hold: lack of engagement, staffing, COVID, lack of QI readiness)
- Maturity of QI project across the IHI scale

The use of qualitative and quantitative data underpins all improvement efforts.

4.3 Coaching, Training and Sharing

There are various means by which knowledge of Quality Management System elements can be embedded:

- Working with Quality Improvement Teams (see Appendix 6 for Terms of Reference)
- QI Coaching Clinics for any staff who are undertaking a QI Project (See Appendix 7)

- Individual or team coaching for Quality Academy participants
- Development of a programme of Learning Forums

Authors - Quality Directorate Team

Dr. Liz Bream	Consultant in Public Health and Quality
Carolyn Swift	Quality & Safety Improvement Lead and SPSP Lead
Susi Paden	Quality Improvement Advisor

Appendix 1: Deteriorating Patient Site Report

Appendix 2 – Measuring & Monitoring safety – Deteriorating Patients

Page 8



Det Pat Site Report
SJH Nov 2021 v1.docx

Appendix 3: ED Programme Plan

Appendix 4: ED Data Pack



St Johns ED QI plan
majors v0.8 11.02.21



Data Pack for
October 2021 QIT.pptx

Appendix 5: Improvement Dashboard

Page 9

Appendix 6: Update QIT ToR



QITs ToR Oct
2020.docx

Appendix 7: Generic Coaching Flyer



Generic Coaching
Flyer V2.0.pptx

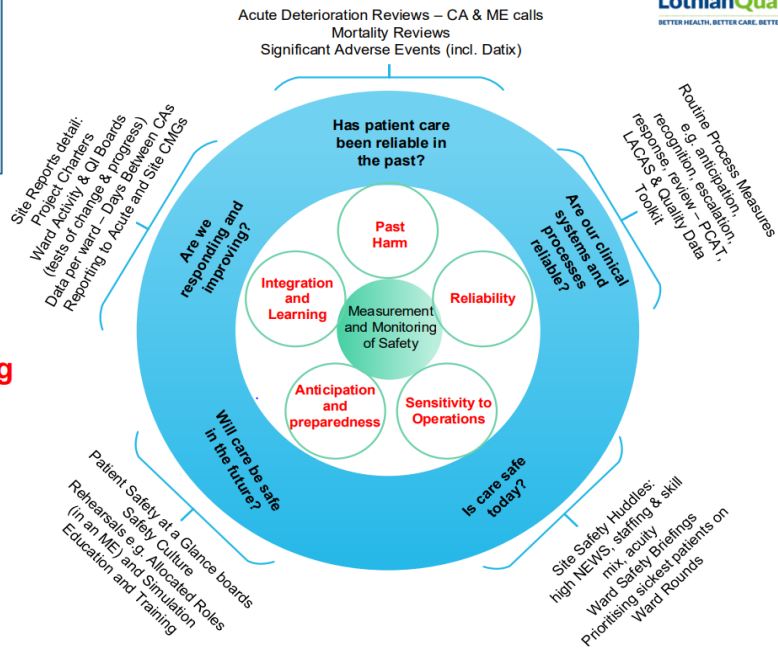
Appendix 2: Deteriorating Patient – Measuring & Monitoring Safety Application

Maximise the use of NHS Lothian's systems and processes to measure and monitor safety

The Health Foundation's Framework

LothianQuality
BETTER HEALTH. BETTER CARE. BETTER VALUE

Deteriorating Patients



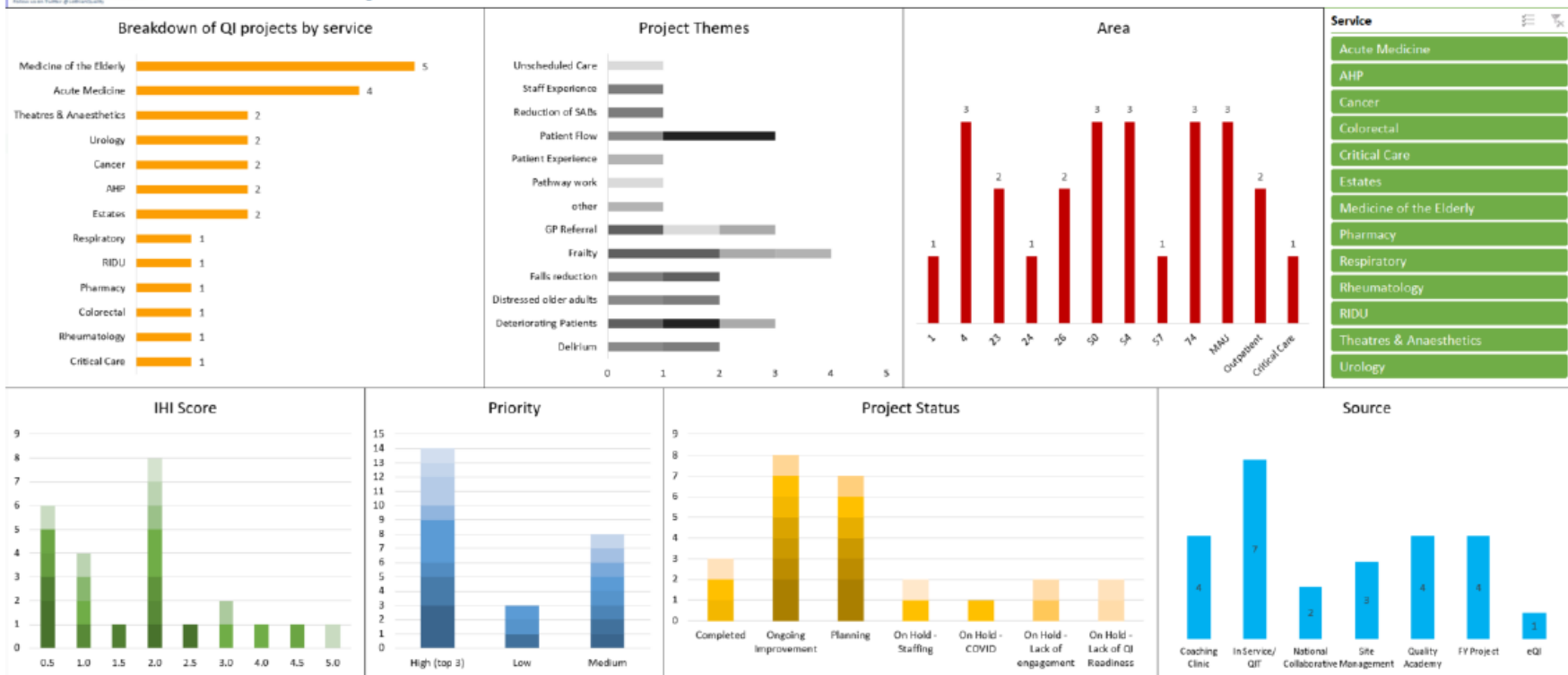
Measuring & Monitoring Safety – DET PAT v2.0 CSwift NMaran

<https://health.org.uk/publications/a-framework-for-measuring-and-monitoring-safety>

QI Dashboard

WGH QI Project Dashboard (DEMO)

27/10/2021






NHS Lothian Quality Showcase

Friday 18th June
2021

13:00 to 16:30

What? Doctors in Training from across NHS Lothian presenting improvement work

Why? Share, celebrate, learn & be inspired

Format? 'Quick-fire' 5-minute presentations with time for questions and discussion

How to Join? All welcome!
Link to Teams channel below



<https://teams.microsoft.com/l/channel/19%3a4bedbf0f231c43af839c33767e1712a8%40thread.tacv2/Quality%2520Showcase%2520Live%2520Event%252018th%2520June%25202021?groupId=22919f11-6a8f-4c86-bf70-3702ab04f889&tenantId=10efe0bd-a030-4bca-809c-b5e6745e499a>

<https://www.med.scot.nhs.uk/events/nhs-lothian-quality-showcase-2021>

Quality Academy Some Highlights



Title	Serial Prescribing
Aim	To increase the number of repeat prescription items that are serial prescriptions to 10% of all repeat items by end of February 2022
Test of Change	Prescribers will work closely with practice pharmacist who will liaise with the local community pharmacies. We aim to identify those patients and their long-term medications that are suitable to be registered for serial prescribing. This will result in one prescription being issued annually instead of every 56 days.
Impact	Increased the percentage of repeat items that are serial prescriptions from 2.60% to 5.96%. On track for February 2022 10% target. Need to measure the reduction in appointments and clinic time

QI Tools Methodology Applied
Aim Statement Template Project Charter PDSA Template Driver Diagram Run Charts Staff Experience Model for Improvement Family of Measures

"I applied for the course based on the information on the website and it was just what I expected"

Quality Academy Some Highlights



Title	Enhanced vetting methods to optimise Spinal Advanced Practice Physiotherapy e-triage
Aim	Optimise e-triage of the spinal APP non-triaged waiting list, to reduce the booking of unnecessary NP appointments by 5% by November 2021.
Test of Change	Optimise e-triage of the spinal APP non-triaged waiting list, to identify unnecessary NP appointments
Impact	Aim of project achieved - reduced the number of unnecessary new patient appointments booked by 6% (20) reduced clinical time by 3hrs / week Improved patient care by ensuring the patients are getting to see the right clinician at the right time Patients appropriate to see an APP will be seen sooner, due to relative shorter waits Established monthly review of triage data and processes to help sustain change

QI Tools Methodology Applied
Aim Statement Template Project Charter PDSA Template Process Map Driver Diagram Run Charts Pareto Chart Model for Improvement Family of Measures

Excellent presentations, great opportunities for self and peer reflection

Quality Academy Some Highlights



Title	Young People's Drop In Sexual Health
Aim	By October 2021 we will increase patient satisfaction and experience whilst also reducing the waiting times in the main reception area so that they are welcomed and processed within 5 minutes from point of contact with a receptionist
Test of Change	<ul style="list-style-type: none"> Have a Meet/Greeter at the main door during Drop In (1) Have a dedicated Young Person's Receptionist Introduce ticket system to reduce confusion Create and distribute priority access cards for vulnerable groups Have TV's in main area's informing of services and pathways Reduce printing of labels etc (2)
Impact	Reduction of time spent in the main reception area 50% Elimination of paperwork for the Young People's drop in Meeter and Greeter able to streamline pathway for young people - therefore reducing confusion Reduced workload and pressure upon Reception staff

QI Tools Methodology Applied
Aim Statement Template Project Charter PDSA Template Process Map Staff Experience Patient Experience Run Charts Pareto Chart Model for Improvement Family of Measures

"I found it much more enjoyable than I had expected. Engaging, helpful course facilitators were my queries with patience and clarity"

Quality Academy Some Highlights



Title	Care Home Patients LOS 108 & 109 RIE
Aim	To have a consistency of length of stay for Care Home patients with in the trauma ward 108 and 109 at RIE. To reduce the length of stay to 5 days Post Op by Aug 2018.
Test of Change	<ul style="list-style-type: none"> New Post of Complex Discharge Co-ordinator Complex Discharge Co-ordinator attend MDT daily Mon - Fri Increase Staff awareness of length of stay
Impact	With the first test of change the median length of stay has reduced by one day

QI Tools Methodology Applied
Aim Statement Template Project Charter PDSA Template Run Charts Pareto Chart Model for Improvement Family of Measures

Quality Academy Some Highlights

Title		QI Tools Methodology Applied
Aim	Can the implementation of Realistic Medicine Principles which put patients at the centre of their care improve capacity, reduce DNA rates and result in an overall reduction in the waiting list in musculoskeletal physiotherapy practice?	Aim Statement Template Process Map Project Charter PDSA Template Run Charts Pareto Chart Model for Improvement Family of Measures
Test of Change	<ul style="list-style-type: none"> Establish the patient's expectation of the consultation. Offer patient the choice of a further appointment 	
Impact	<ul style="list-style-type: none"> Reduce DNA rate – 22% drop Increase NP capacity – 8% increase Reduce waiting list – 2.65 week reduction Improve patient choice 	

"Core skill set for all staff, could be your best next move!"

Quality Academy Some Highlights

Title	Increasing Hepatitis C Testing Leith Surgery	QI Tools Methodology Applied
Aim	Increase uptake of HCV testing by 25%	Aim Statement Template Process Map Project Charter PDSA Template Run Charts Model for Improvement Family of Measures
Test of Change	<ul style="list-style-type: none"> Invitation letters (sent Sept. 18) Change in coding for country of birth Change to registration process 	
Impact	There has been an increase of over 200% in the number of HCV tests being conducted.	

It would be useful if QI Academy was mentioned at everyone's NHS induction as then more people will know more about it. After being in the NHS you will then know how it is possible to progress with an idea you may have.

Quality Academy Some Highlights

Title	Knee Aspiration in the Emergency Department	QI Tools Methodology Applied
Aim	<ul style="list-style-type: none"> Improve patient management by reducing time to aspiration in the ED Outcome: reduce time to aspiration (and therefore treatment decision) ED Process: Aspiration ideally should be carried out at first assessment by ED staff, this would remove the wait for a speciality trainee to perform the and therefore improve flow Balancing: Engagement and feedback from ED staff regarding current workload and safety 	Aim Statement Template Process Map Project Charter PDSA Template Run Charts Model for Improvement Family of Measures
Test of Change	<ul style="list-style-type: none"> Discussion ED leads regarding problem and base line audit revealed <ul style="list-style-type: none"> 58% aspiration by Ortho 66% breach rate Plan to enable ED health professionals the skill and confidence to perform aspiration independently Development of a Lothian based knee aspiration 'mastery skills program' 	
Impact	<ul style="list-style-type: none"> Orthopaedic performing 10% of aspirate (p<0.001) Time to aspiration reduced from 227 minutes to 156 minutes (p=0.02) 45% of patients breached versus 66% prior to intervention (p=0.08) Sustained: ED now training staff 'in house' with own knee model 	

"I don't think that there was a particular stand out session they were all good and I got something out of all of them. I also found the presenters really engaging."

Quality Academy Some Highlights

Title	Streamlining the Midlothian Dementia Clinic	QI Tools Methodology Applied
Aim	To define the role of the Memory Clinic in order to reduce variability and non value added interactions.	Aim Statement Template Project Charter PDSA Template Run Charts Model for Improvement Family of Measures
Test of Change	<ul style="list-style-type: none"> Redefined purpose of Clinic Changed appointment times Developed canned text to ↓ admin Reduced nursing sessions in clinic 	
Impact	The same number of patients were seen in clinic within eight weeks using 4 instead of 6 nursing sessions. This created sessions to deliver PDS groups.	

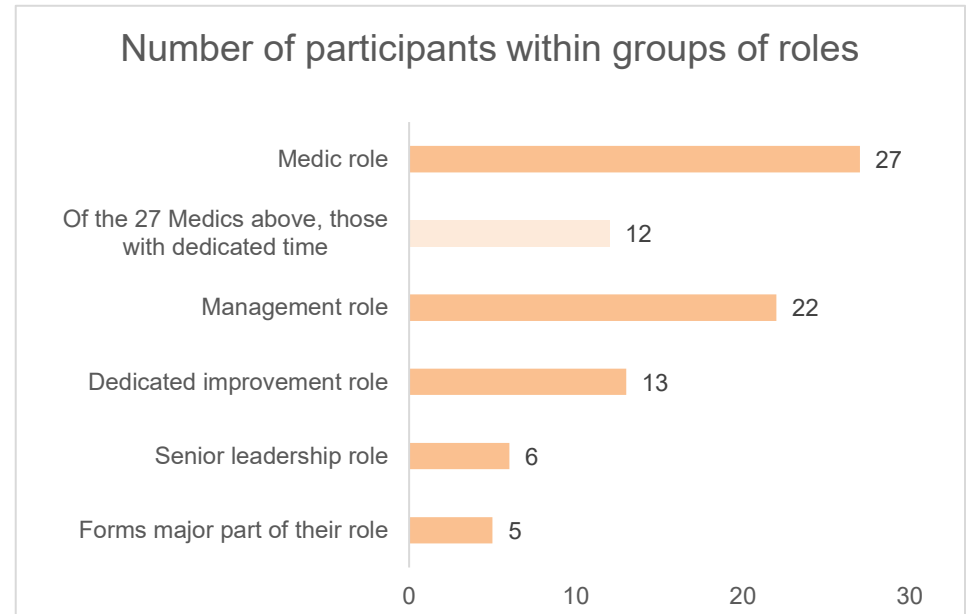
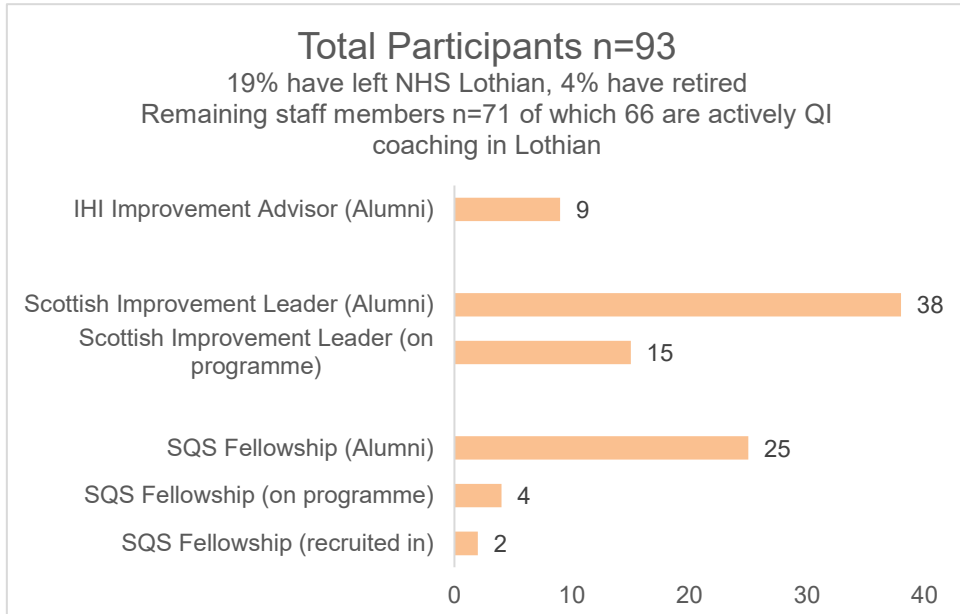
Very interactive, in particular the ability to discuss the topics in relation to our own projects rather than in a purely theoretical way.

Quality Academy Some Highlights

Title	Improving Access and Reducing Waiting Time for CPN Assessment and Improve		QI Tools Methodology Applied
Aim	<ul style="list-style-type: none"> All patient referred to CPN non-urgently, will be offered an assessment rather than be waitlisted from Jan 2019. This might reduce waiting time by 50% (from 12wks to 6 wks) 		<ul style="list-style-type: none"> Aim Statement Template Process Map Project Charter PDSA Template Run Charts Model for Improvement Family of Measures Staff Experience
Test of Change	<ul style="list-style-type: none"> Assessment appointments to all new referrals from January '19. Explore patient experience. 		
Impact	<ul style="list-style-type: none"> Median length of wait for assessment reduced from 80 days (11.4wks) to 55days (7.8 wks). Reduced waiting time for assessment and earlier engagement. Improved patient and staff experience. Clarified role of CPN and that of team in system. Share project with the team to contribute towards Patient Focused Booking (PFB) 		


 "Really excellent support from my 'mentor'. Always replied to my queries quickly and offered lots of good advice."

QI Coaching Activity of those trained on national courses in Lothian - Appendix 9



	Priorities 22/23
Quality Management and Leadership	<p>NHS Lothian's Senior Management Team will systematically apply QM to the delivery of 22/23 corporate objectives.</p> <p>This would include the following:</p> <ul style="list-style-type: none"> • Re-state NHS Lothian's commitment to being a quality focussed organisation • and application of QM • Build the Board, Executives, and senior managers capability to apply QM to • ensure a shared understanding and common use of language including • integrating into existing leadership offerings • Explicitly reference QM in the corporate objectives and for each executive/director to identify one objective where QM will be applied in 2022/23 • Ensure QM is stated in the LSDF to support implementation of the Strategic Framework • Identify key corporate processes where QM can be applied and integrate QM into those processes • Consider how we annually plan our services with a focus on 6 dimensions of quality using QM • Build QM into the Lothian Leadership and management competencies and programmes.
Networks	<ul style="list-style-type: none"> • The established and new networks priorities are set out in their plans and summarised in the self-evaluation documents • Establish a Quality Network at the Royal Hospital for Children and Young People by the end March 23 • Test and develop a case for a Joy in Work network which includes capability and capacity building supported by QI coaches. • Achieve 100% participation in improvement for Dr's in training.

Care Pathways	<ul style="list-style-type: none"> • Corporate Management Team and the Service Management Teams continue to identify pathways of care that require consideration to meet corporate objectives which would include cancer, unscheduled care pathways, and schedule care processes such as discharge planning and safety • Increase the use of Toolkits to enable the scale up and spread of successful improvement initiatives.
Nursing, Midwifery and Allied Health Professionals	<ul style="list-style-type: none"> • Examine how QM as a framework for delivery can be articulated in the Patient Experience Strategy, Primary Care Nursing Strategy and the Allied Health Professional Innovation and Improvement Strategy to increase the use of QM in Lothian.
Infrastructure	<ul style="list-style-type: none"> • Include in the re-write of the NHS Lothian Information Strategy how the gap in routine, timely measurement of the quality of care we provide can be addresses to inform planning, improvement, and assurance • The final review of the strategy will look at the resourcing of the QS in detail.
Building Capacity and Capability	<p>Increase and further standardise the number of QI training opportunities by</p> <ul style="list-style-type: none"> • Run 6 Virtual QI Courses across 22/23 • Deliver through the service local QI training in a flexible and agile manner acknowledging current service pressures • Further standardise QI training courses and content and make available a training resource for all who wish to deliver training to ensure consistent delivery including use of language and tools. • Test with HR/OD a 5-day Joy in work course integrating QI training into the programme supported by QI coaches • Review leading and planning for improvement and test the updated curriculum with a focus on QM.

Health Innovation	<ul style="list-style-type: none">• Develop the improvement pathway that includes the innovation life cycle to identify opportunities for partner working between the QD and the innovation team• Test the pathway to identifying common priorities for quality and innovation at an early stage in the innovation life cycle, informed by quality planning and the technology readiness scale.
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Meeting Name: Board
Meeting date: 06th April 2022

Title: NHS Lothian Corporate Risk Register

Purpose of the Report:

DISCUSSION		DECISION	✓	AWARENESS	
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The reports sets out recommendations with respect to specific risks that require decisions by the Board to ensure the Corporate Risk Register (CRR) remains fit for purpose.

Recommendations:

The paper asks the Board to note the February 2020 Board approved changes to the CRR and to accept a number CMT CRR recommendations.

Author: Jo Bennett
Date: 23/03/2022

Director: Tracey Gillies
Date: 23/03/2022

CORPORATE RISK REGISTER

1 Purpose of the Report

- 1.1 The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

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

2 Recommendations

The Board is recommended to

- 2.1 Note that the February 2022 Board agreed the Corporate Management Team recommendations to:

- Approve the description and grading of the Cyber Security risk
- Remove the Care Home risk from the CRR and put it onto the Corporate Nursing Risk Register.

- 2.2 Accept the following CMT recommendations:

- The removal of the complaints risk based on comparative performance and risk grading and put it onto the Corporate Nursing risk register (see rationale under 3.2.1)
- That the current Covid-19 risk is closed and a new risk accepted with a public health focus. (See 3.2.2 below.)
- Accepts the new risk description related to timely discharge which has been re-framed to focus on hospital bed occupancy. (See 3.2.3 below.)
- A change in the description of the finance risk, following consideration at the January 22 meeting of the Finance and Resource Committee. (See 3.2.4 below.)

- 2.3 Note that the Staff Governance committee reduced its level of assurance for the violence and aggression risk from moderate to limited, based on the internal audit findings.

- 2.4 Note that a paper setting out risks associated with performance was considered by the Planning, Performance and Development Committee at its March 2022 meeting, to inform a schedule of reporting. Healthcare Governance continues to consider the impact of these risks to the delivery of person-centred, safe effective care as part of routine service reporting.

- 2.5 Review the updates provided by the executive leads on risk mitigation, set out in the Assurance Table in Appendix 1.

3 Discussion of Key Issues

3.1 Role of the Corporate Management Team

- 3.1.1 It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper. The February 2022 Executive Leads updates are summarised in the Assurance Table in Appendix 1.

- 3.1.2 The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHSL risk management system including our assurance system. This process is illustrated in Appendix 2.

3.2 Proposed Change

- 3.2.1 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.

3.2.2 Covid-19 Risk

The CMT agreed to recommending to the Board the closure of the original Covid risk and accept a new risk with a public health focus linked to the Board objective concerning health of the population. The rationale for this is that the impacts of covid on services are captured in other risks on the corporate risk register (nursing work force, access risks, hospital bed occupancy). A paper describing the plans to mitigate this risk was also discussed by the CMT.

Risk description

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.

Governance

Healthcare Governance is the principal governance committee for this risk and will seek assurance on the implementation of agreed plans to mitigate associated clinical risk.

Management

National IMT meets weekly and provides advice to CMO and local Health Protection teams on actions needed for management of the pandemic.

Weekly public health intelligence meeting is held to consider local issues and response with escalation to executive leadership team where required.

Oversight and implementation of plans is monitored through the Executive Leadership Team and through Gold command when required.

Routine monitoring is in place as part of quarterly performance review arrangements for responses such as Test and Protect.

Key measures

Covid-19 dashboard

- Summary of confirmed cases
- Number of situations under active management by PH
- Covid-19 positive hospital numbers
- Vaccination programme progress
- Test and protect performance measures (reported to locally and nationally to PHS)

Grading

High (15) (likelihood almost certain, impact moderate)

3.2.3 Timely Discharge Risk

The CMT received a paper at the January 22 meeting concerning the review of the timely discharge risk. A revised risk description and title was agreed as set out below, to be presented to the April Board for approval.

Risk description

Hospital bed occupancy

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 resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothians capacity to achieve national standards.

Governance

Planning, performance, and development committee is the principal governance committee with Healthcare Governance seeking assurance on mechanisms to mitigate any associated clinical risk.

Management

The Unscheduled care programme Board is the group with accountability for oversight and delivery of plans, supported by:

- Unscheduled Care Committee
- HSCP Management Groups
- Corporate Management Team (agreed in principle), Acute Senior Management Team & site Hospital Management Groups
- Performance Oversight Group – where there are significant performance issues, currently incl. for Delayed Discharges within Edinburgh HSCP, RIE ED an escalation process to the weekly Executive-led group is in place. This ensures ongoing detailed review and enables deployment of rapid improvement support.

The portfolio of controls is on a pan-Lothian basis with unscheduled care hospital services a function delegated to the four Lothian IJBs.

The Chief Officer, East Lothian HSCP, chairs the unscheduled care programme Board and as such is the lead HSCP officer for improving timely discharge of inpatients.

Grading

Very High (20) (likelihood almost certain, impact major)

- 3.2.4 A change in the description of the finance risk is recommended to the Board following consideration at the January meeting of the Finance and Resource Committee. The committee also reduced the assurance level to limited from moderate. Governance, management arrangements and grading (very high (20)) are unchanged.

Finance Risk

Risk description

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 and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.

3.2.5 Escalation of Risks

- 3.2.6 The CMT considered in October 2021, the Very High and High-Risk risks on the divisional risk registers, with an expectation that Directors will present to CMT their plans to mitigate these risks. Divisional risks that remain at a Very High and High level and that cannot be managed at a divisional level, will be considered for inclusion on the CRR.

4 Key Risks

- 4.1 The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.

5 Risk Register

5.1 Will positively impact on the CRR and associated risk system

6 Impact on Inequality, Including Health Inequalities

6.1 Not applicable.

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

7.1 This paper does not consider developing, planning, designing services and/or policies and strategies.

8 Resource Implications

8.1 The resource implications are directly related to the actions required against each risk.

Jo Bennett

Associate Director for Quality Improvement & Safety

21 March 2022

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List of Appendices

Appendix 1: CRR Risks Assurance Table

Appendix 2: Corporate Risk Management Process

Risk Assurance Table – All risks revised in June 2021 and approved at June 2021 Board

Datix ID	Risk Title & Description	Committee Assurance Review Date
4984	<p>Covid-19</p> <p>There is a significant risk to the health of the population from the current Covid-19 outbreak and that NHS Lothian will not have sufficient capacity to respond because of the number of people requiring care, including critical care, reduced numbers of staff available to deliver care due to illness or isolation, timely availability of supplies leading to reduced quality and safety of patient care as well as physical and psychological pressure on staff. There will also be a significant impact on routine activity including waiting lists as resources are diverted to managing the impact of Covid-19.</p> <p>New risk added June 2020.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance & Risk Committee (HCG)</u></p> <p>July 2020 - HCG accepted limited assurance on this risk overall. A standing item on the HCG Agenda.</p> <p>Paper on Vaccines went to the June 2021 Board</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> • Gold command re-convened due to significant rise in cases, impacting on availability of staff to deliver services due to infection and self-isolation. Remobilisation 4 plans in development. • Remobilisation 3 plans in place. Remobilisation 4 plans due to be submitted to Scottish government September 2021 • Vaccine programme on course in line with government targets. No issues with delayed discharges in HSCPs except for Edinburgh. • Continuous monitoring through ELT/CMT highlighting ongoing capacity issues re the acute and EHSCP <p><u>December Update</u></p> <ul style="list-style-type: none"> • Remobilisation 4 plans accepted by Scottish Government and approved by Board at December meeting • Paper regarding Covid/Flu vaccination programme accepted by Board on 1 December meeting, noting difficulties in providing a future view and assurance of programme delivery given continued Scottish Government review of delivery expectations and timelines with changes in national policy or direction in light of emerging evidence on covid/flu vaccination priorities • Although there is not an increase in admissions with Covid, current mitigation measures remain in place in the light of new variant and therefore reducing capacity • Agreed to review the risk description, controls and impact with Director of Public Health to check still appropriate and captured. <p><u>February Update</u></p> <ul style="list-style-type: none"> • Recommendation to Board via CMT to close original risk and accept a new risk with a public health focus risk linked to Board objective of health of the population

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Rationale - that impacts of Covid on services are captured in other risks (nursing work force, access risks, hospital bed occupancy) 	
	Risk Grading:	Jan-Mar 2021 Very High 20	CMT/Board June 2021 Very High 20
3600	<p>Finance</p> <p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is as a result of a combination of the level of resource available and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.'</p> <p>Executive Lead: Susan Goldsmith</p>	<p><u>Finance & Resources Committee</u></p> <p>November 2020 – F&R continued to accept limited assurance on the management of this risk.</p> <p>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.</p> <p>Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22</p> <p>Risk to be discussed at January 2022 F&R.</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> This is a newly approved risk and plans to mitigate the risk are numerous and come from a range of sources such as programme boards (scheduled and unscheduled care) and specific workforce plans examples are: <ul style="list-style-type: none"> Elective Centre discussions Access support from the independent sector COVID exit plan Efficiency programme Seeking SG recurrent funding to support CAMHS and PT recovery to improve access. There is a 5year financial plan in place, currently bringing a range of plans around improving capacity together to inform the 5-year plan, plus national regional and local discussions. Efficiency programme has been reviewed and approved by the CMT to contribute to the management of this risk acknowledging underlying capacity shortfalls are significant and long standing. Discussions around population health interventions, associated resources and impact require further consideration, as does how we measure the impact of additional funding allocations aimed at increasing capacity and improving access. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>December Update</u></p> <ul style="list-style-type: none"> The finance risk description was due to be discussed at the Nov F&R but due to a packed agenda was postponed to January 2022 Work continues to articulate the risk, concerning financial restraints/enablers related to service capacity and mitigate the current risk current and develop the longer-term financial plans. <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> The refreshed finance risk description as set out in this assurance table was agreed at the January 2022 Finance and Resources Committee and remains very high. The January Finance and Resources Committee accepted limited assurance with respect to risk mitigation plans in place and acknowledged that finance is also pertinent to a few other risks on the corporate risk register. The Director of Finance has established and chairs a monthly meeting with finance oversight Board to monitor implementation of the plan Short- and medium-term plans have been developed, however it is acknowledged that actions to improve operational capacity will require measurement of plans across a number of the risks on the corporate risk register and are complex in nature. 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		Very High 20	Very High 20
5186	<p>4 Hours Emergency Access Target</p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red and amber Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> <p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care.</p> <p><u>Planning Performance & Development Committee</u> – Performance</p> <p>November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED.</p> <p>Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021.</p> <p>June 2021 Board agreed downgrade of risk from Very High to High</p> <p>Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> Unscheduled care programme Board meeting regularly as are subgroups which are in place for each element. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date		
	Executive Lead: Jim Crombie	<ul style="list-style-type: none"> Plans still in development. Implementation of Redesign of Urgent Care phase 1 is underway and phase 2 is in development. The newly appointed Director will take the development of the plans forward RIE ED escalated for enhanced monitoring by the performance oversight Board and Gold command <p>December Update</p> <ul style="list-style-type: none"> Continued review with no agreement on impactful plan as yet. Now agreed interim placement of patients in acute beds awaiting care at home packages All patients in interim placements are tracked and subject to review at Gold command Performance paper considered on 1 December by Board detailed 4 hr target and redesign of unscheduled care. No specific levels of assurance proposed or agreed Board requested specific reference to workforce issues and linkage to nursing workforce risk on CRR – now noted in risk Boar agreed to increase grading to very high (20) at December meeting. <p>February 2022 Update</p> <ul style="list-style-type: none"> An annual implementation plan was presented to the USC Programme Board in December 2021. High level plan now agreed but detailed project plans, milestones, etc to be agreed and implemented. Risk and plans in place to mitigate, to be presented to PPDC for assurance and agreement. Timing to be agreed. The national redesign of urgent care programme went live in NHS Lothian on 1st December 2020. Since 31st January 2021, and the implementation of our 111 Flow navigation centre (FNC) pathway we have seen a steady increase in alternatives to attendance at our ED departments. 		
	Risk Grading:	Jan-Mar 2021 Very High 20	CMT/Board June 2021 High 16	Board Dec 2021 Very High 20
3726	<p>Timely Discharge of Inpatients</p> <p>There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care,</p> <p><u>Planning Performance & Development Committee</u> – Performance</p> <p>September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted.</p>		

Datix ID	Risk Title & Description	Committee Assurance Review Date
	Executive Lead: Jim Crombie	<p>November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge.</p> <p>Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021.</p> <p>June 2021 Board agreed to downgrade risk from Very High to High.</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> • Funding provided by HIS to accelerate provision of 'Hospital at Home'. • Unscheduled care programme plan still in process of being collated new Director of unscheduled Care appointed and will take forward. • Performance continues to be encouraging for all HSCPs, except for Edinburgh. • Considered at each Board meeting as part of wider performance report. No specific levels of assurance proposed or agreed. • Social Care capacity in Edinburgh now escalated for enhanced monitoring by the performance oversight Board and Gold Command • Under review <p><u>December Update</u></p> <ul style="list-style-type: none"> • Unscheduled care 1 year implementation plan due to go to Unscheduled care programme Board 14 Dec for discussion • An updated Discharge and Transfer Policy has been drafted and is out for consultation • Participation in SGs Discharge without Delay programme • HIS process mapping a ward in RIE • Internal Audit • Considered at each Board meeting as part of wider performance report. No specific levels of assurance proposed or agreed • Refreshed risk to go to Jan CMT to focus on bed occupancy in acute hospitals <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> • Re-framed risk and plan presented to CMT for agreement prior to PPCD for assurance and agreement • Minor modifications made at the request of CMT to be explicit on governance and to identify key timelines for actions in plans • An annual implementation plan was presented to the USC Programme Board in December 2021.

Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<ul style="list-style-type: none"> • High level plan now agreed but detailed project plans, milestones, etc to be agreed and implemented. • Social care capacity in Edinburgh now escalated for enhanced monitoring by Performance oversight board and Gold command. Impact on flow through acute hospitals sustained. • Reduced attendance at ED will impact in time, though too early to quantify at this time • The national redesign of urgent care programme went live in NHS Lothian on 1st December 2020. Since 31st January 2021, and the implementation of our 111 FNC pathway we have seen a steady increase in alternatives to attendance at our ED departments 		
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021	Board Dec 2021
		Very High 20	High 15	Very High 20
3829	<p>Sustainability of Model of General Practice</p> <p>There is a risk that the Board will be unable to meets its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <p>July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda.</p> <p>Update paper went to HCG May 2021. No assurance level of assurance proposed or agreed as paper setting out the current position.</p> <p><u>Outcome of Executive Lead Discussions</u> Risk revised to be approved at October 2021 Board. New Director in place and plans being drawn up to mitigate this risk for consideration by the August/September CMT</p> <p><u>December Update</u></p> <ul style="list-style-type: none"> • It is acknowledged that the strategic direction remains the same, through implementation of PCIPs as part of 2018 contract for general practice. Clarity is required regarding the role of the GP as expert medical generalist within a multi-disciplinary team which is to be nationally agreed. National and local work is ongoing to explore the ‘right’ model. Risk remains in relation to funding to fully implement, particularly in the context of population growth in Lothian • Although PCIPs are reported by each of the HSCPs as being ‘on track’, assurance cannot currently be given that PCIPs will deliver sustainable change to mitigate this risk. 		

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> A paper on role of Primary Care has been requested for the Planning, Performance and Development Committee in January 2022. <p>February Update</p> <ul style="list-style-type: none"> It is acknowledged that there are specific aspects about the sustainability / model of general practice that need to be teased out. Although PCIPs are all on track and contribute to mitigation, further discussion is required to tease out some of the workforce and funding gaps. Discussed at the Chief Officers meeting and a paper taken to CMT. 	
	Risk Grading:	Jan-Mar 2021 Very High 20	CMT/Board June 2021 Very High 20
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> <p><u>Planning Performance & Development Committee – Performance</u></p> <p>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.</p> <p>November 2020 – HCG accepted moderate assurance on the Clinical prioritisation plan.</p> <p>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.</p> <p>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.</p> <p>March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19.</p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>Outcome of Executive Lead Discussions</p> <ul style="list-style-type: none"> • Remobilisation 4 plans due to be submitted to Scottish government September 2021. • Remobilisation 3 plans in place. • Each of the 4 Recovery Boards have plans in place, which include at specialty level. • Monitored by the Performance Oversight Board, too early to see any measurable impact as yet and acknowledge there are longstanding capacity issues. <p>December Update</p> <ul style="list-style-type: none"> • Remobilisation 4 plans accepted by Scottish Government and approved by Board at December 21 meeting. No specific levels of assurance proposed or agreed • Plan in place, however, heavily compromised, and vulnerable • Gold command in place for continuous monitoring and action • Board requested specific reference to workforce issues and linkage to nursing workforce risk on CRR – now noted in risk. <p>February 2022 Update</p> <ul style="list-style-type: none"> • No further response from Scottish Government to remobilisation 4 plans - refresh due to be sent 18 Feb 2022 • Risk and plans to mitigate to be presented to PPDC for assurance and agreement. Timing to be agreed • Plan in place, however, heavily compromised, and vulnerable. Gold command currently in place for continuous monitoring and action. 	
	Risk Grading:	Jan-Mar 2021 Very High 20	CMT/Board June 2021 Very High 20
5187	<p>Access to Psychological Therapies</p> <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>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <p><u>Planning Performance & Development Committee – Performance</u></p> <p>New risk pertinent to HCG. Approved at June 2021 Board. Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed</p> <p>Outcome of Executive Lead Discussions</p> <ul style="list-style-type: none"> • The Scottish Government has requested costed improvement plans to improve access to psychological therapies. • Plans are in place to manage locally. However, additional finance required. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Additional funds required to achieve national standards which have been submitted to Scottish Government with the aim of achieving standards by March 2023. Await Scot Gov confirmation of funds. Early signs of improvement <p><u>December Update</u></p> <ul style="list-style-type: none"> The current plans in place are impacting positively on performance and there is increased confidence that there will be further performance improvement as recruitment is being successful It is recommended to the CMT that we ask the Board to reduce the grading from very high to high based on improved performance and staffing. <p><u>February Update</u></p> <ul style="list-style-type: none"> Currently not meeting planned trajectory due to delays in recruitment, the plan was based on staff being in post by October 2021, but recruitment took longer than expected and post holders started in December and January A proposal to SG for computerised CBT has been submitted and a response from the SG is expected by the end of February 2022. 	
	Risk Grading:	Jan-Mar 2021 N/A	CMT/Board June 2021 Very High 20
5188	<p>Access to CAMHS</p> <p>There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, 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>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care,</u></p> <p><u>Planning Performance & Development Committee – Performance</u></p> <p>New risk pertinent to HCG. Approved at June 2021 June.</p> <p>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.</p> <p>Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> CAMHS are in a better position than Psychological Therapies as they have non-recurrent funding in place to support achievement of the national standards. Utilising non-recurrent funding and a range of actions to improve compliance with national standards. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Plans in place to mitigate the risk with a view to seeing improvement in performance from October 2021 <p><u>December Update</u></p> <ul style="list-style-type: none"> There are early signs of improvement, however the current plans to mitigate this risk are not fully implemented and successful recruitment is a rate limiter, as posts are going to advert but there are no applicants, which is a Scotland wide issue The service is working with the Scottish Government to explore enhancing regional working to sustain regional services hosted by Lothian Introduction and expansion of Helios is allowing us to mitigate some of the recruitment gaps. <p><u>February Update</u></p> <ul style="list-style-type: none"> Current performance is ahead of trajectory; however, recruitment of specialist staff remains a risk, with contingency plans in place to manage this Scotland wide problem The CAMHS LDP Standard Definitions and Scenarios document was updated in May 2019 to reinforce clarity for Boards on the scope of the standard. The standard applies where two conditions are met: (i) a child/young person has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress, and (ii) there is also the existence of at least either serious or persistent impairment to social functioning, or an associated risk that they child or young person may cause serious harm to self or others, or an associated significantly unfavourable social context From March 2022 Lothian will formally report the waits for those who meet the Scottish wide CAMHS specification which will bring us in line with other health Boards who have already made this change Those who are currently waiting for neurodevelopmental assessment who do not otherwise meet the CAMHS specification will not be included in the figures from March 22 and will continue to be monitored locally. 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		N/A	Very High 20
3828	<p>Nursing Workforce</p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity,</p>	<p><u>Staff Governance Committee</u></p> <p>July 2020 - increase in grading from 6 to 12</p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p> <p>Executive Lead: Nurse Director</p>	<p>Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce.</p> <p>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</p> <p>October 2020 – verbal update provided no new level of assurance agreed.</p> <p>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.</p> <p>May 2021 – Staff Governance accepted grading reduced from Very High to High.</p> <ul style="list-style-type: none"> • 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 <p>Dec 2021 Staff Governance accepted Moderate Assurance</p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> • Key issue with respect to this risk is the current impact on staffing as a result of staff required to isolate due to test and trace mechanisms. • Plans are in place and reported through the management and governance structure. • All the controls that are within the gift of the system are working well, however, the pandemic and staffing issues related to isolation continue are a significant risk and as such the grading will require constant review. <p><u>December Update</u></p> <ul style="list-style-type: none"> • Variation in vacancy gap continues across Health and Social care. • International Recruitment continues with staff in post by March 22 • Recruiting to B2 and 3 in line with SG requirements are taking place and there has been a good response to adverts • Registered nurse shortages are a national issue and national discussions taking place • Paper to go to the next Staff Governance Committee in 2022 • Continue to support the opening of beds at Liberton with support from Acute and the other HSCP. <p><u>February 2022 Update</u></p>

Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<ul style="list-style-type: none"> • Moderate assurance accepted at the March Staff Governance Committee • Escalation framework in place and agreed responses • Agreement to systematically use across NHS Lothian the Safe Care Tool, to provide daily information on staffing, to inform planning and deployment of staff. 		
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021	CMT/Board Aug 2021
		Very High 20	High 16	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 incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</p> <p>This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk –approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020 – limited assurance accepted.</p> <p>Limited assurance was agreed by the NHS Lothian H&S committee in May 2021. A paper will be presented to the next Staff Governance Committee as the principle committee for assurance of this risk.</p> <p>Staff governance committee accepted limited assurance March 2022</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> • Main issue has been for community premises where water use has been reduced due to suspension of services through the pandemic. • Water safety plans have been written for the majority of NHS Lothian community premises and are in the process of being written for all acute sites. Written schemes of control and Legionella risk assessments are in place for all sites with a reporting structure agreed. • Local sub-groups have been established for all acute sites. REAS & HSCPs are not yet in place. • It is anticipated that Water safety plans for all NHS Lothian and Third-Party providers with easy access to documentation and reports to be completed within the next 12 months • Plans for all premises are not yet in place. <p><u>December Update</u></p> <ul style="list-style-type: none"> • Staff governance committee accepted Limited assurance on the control measures in place until an audit of documents can be undertaken • Moderate assurance accepted on the oversight mechanisms of the risk • Water safety plans are now complete for all NHS Lothian sites 		

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • Key areas of risk remain on sites operated by NHS Lothian’s PFI partners and other 3rd Parties which include GP surgeries. The majority have not yet submitted Water Safety Plans to be reviewed by NHS Lothian Estates and the reporting system for exceptions, maintenance failures and abnormal water quality testing is not yet robust. At the current time, these are requested and reviewed on a quarterly basis. • In addition, there is a risk of failure to complete the estates and facilities aspects of PPM and monitoring in NHS Lothian owned buildings • NHS Lothian water safety group is writing to Chairs of Local Water Safety Groups and local Health and Safety Committees to request a quarterly report with pre-specified information which will include any exception reporting, monitoring or water sampling results which are outside of agreed parameters (e.g., temperature monitoring, water sampling results), results of AE audits, any planned remedial works, duty structures and changes in personnel with responsibility for water. <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> • Asset register for NHS Lothian owned properties is now complete and up to date • Full programme in place for statutory and mandatory PPM is in place with exception of WGH which will be complete by end Feb 2022 • AE audits were completed Oct/Nov 2021 and remedial actions are captured on a risk register, actioned locally prioritised by risk level • Water sampling regime is in place, agreed with infection control colleagues and exceeds legislative guidance • Water safety plan have not been received from all third parties as yet; a tracking system is in place to monitor receipt. • An IMT initially convened in July 2021 to explore an increased incidence of <i>Acinetobacter baumannii</i> infections in patients cared for in Intensive Care Unit at St John’s hospital was recalled in November 2021 • The IMT concluded it was plausible that exposure to water within either the Wallace Burns Unit or ITU was the source of some patient infections. All internal & external stakeholders including ARHAI, and Scottish Government were fully appraised of progress with this investigation via established reporting mechanisms • Staff Governance committee accepted limited assurance at March meeting. 	
	Risk Grading:	Jan-Mar 2021 High 12	CMT/Board June 2021 High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
3454	<p>Timeliness and Learning from Complaints</p> <p>There is a risk that the complaints management process does not meet national performance standards and cannot evidence actions from learning.</p> <p>Executive Lead: Nurse Director</p>	<p><u>Healthcare Governance Committee</u></p> <p>November 2020 – Moderate assurance accepted. March 2021 – limited assurance accepted on the effectiveness of processes to collect feedback on complaints handling and performance in respect of stage 1 and 2 complaints.</p> <p>HCG May 2021 and January 2022 accepted Moderate Assurance re complaints management.</p> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> • Alignment of complaints officers to operational units is now in place to support performance improvement. Proposal going to CMT to close complaints which are part of a SAE process. • Additional controls have been put in place to enhance management oversight and accountability of complaints management at HSCP and Acute level, which is supported by weekly, monthly and quarterly reporting/data across the system, including CMT. • An initial improvement plan has been developed which went to HCG in May 2021 and a more robust plan will go to the August 2021 HCG for consideration. • Complaint’s objectives being set for Acute and HSCPs and monitored through CMT. • Significant improvements in 20day target which will inform the grading when sustained. <p><u>December Update</u></p> <ul style="list-style-type: none"> • Improvement plan being progressed by the SLWG, evidence of early improvement in performance taking place • Complaint’s pathway diagnostic taking place as part of the improvement plan • Additional posts are being progressed through recruitment and good response to the advert • Paper to go to January 22 HCG committee <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> • To make a recommendation to the March CMT to remove complaints from the CRR based on comparative performance and to rework the risk for the Corporate Nursing local Risk Register • Assurance around Patient Experience Service provision would be monitored annually at HCG • The learning and improvement from complaints will be reported by service in the quality-of-care review / assurance report to HCG

Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<ul style="list-style-type: none"> As there is an approved improvement plan in place to mitigate the residual performance risk, which would be managed via the Corporate Nursing Risk Register, CMT to recommend to the Board the remove Complaints risk from CRR due to levels of assurance and risk grading. Complaints would report twice yearly to PPDC on the full range of KPIs and performance against the 20-day stage 2 standard would be included in the performance paper to every PPDC. 		
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021	Board October 2021
		High 16	High 16	Medium 9
3189	<p>Facilities Fit for Purpose</p> <p>There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance & Resources Committee</u></p> <p>June 2020 - Moderate assurance agreed, reduction in grading from High 16 to high 12 (impact changed from high to moderate)</p> <p>January 2021 – moderate assurance accepted further review July 2021.</p> <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> Comprehensive, systematic plan in development informed by current survey of whole estate. <p><u>December Update</u></p> <ul style="list-style-type: none"> On track to complete plan for Jan 2022 – will be presented to Estates & Facilities SMT in the first instance Moderate assurance accepted by F&R in November Final plan and update on risk will now be presented at F&R in April 2022 when work to survey estate has been completed Current plans monitored and prioritisation reviewed every 2 months by LSIG <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> Updates to the plan and risk assessments have been completed and will be presented to Estates & Facilities SMT in the first instance Risk to be presented to F & R April 2022 when work to survey estate has been completed and plan agreed by estates SMT 		

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Asset surveys completed and uploaded to EAMs. Capital Investment Plan currently being created now to address any areas where we are either not compliant or where the asset is coming to the end of its life. This is not yet complete Current plans monitored and prioritisation reviewed every 2 months by LSIG 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		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> <p>New risk approved by Board June 2021.</p>	<p>Outcome of Executive Lead Discussions</p> <ul style="list-style-type: none"> There has been an issue in gaining traction with contractors and dispute resolution process has been undertaken which has now re-set relationships with Consort. Plans in place overseen by RIE estates and facilities improvement group, continuous development informed by results of site wide surveys. A risk workshop is being undertaken with the technical team to look at patient safety, infection control and facilities to inform priorities and where escalation is required. Some progress is now being made with lifecycles works. Plans not yet fully developed therefore too early to judge effectiveness, currently assessing the risk to inform the development of plans. <p><u>December Update</u></p> <ul style="list-style-type: none"> The executive oversight group was re-established on 1 December. Consort have submitted draft plan for discussion & review by NHS Lothian DRP 2 proceedings have now been approved Commercial Strategy for contract approved by November F&R & Board on 1 December Residual risk remains and appropriate assurance not yet in place. Will be considered at executive oversight group then to take to formal CMT <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> Executive oversight group now divided into two alternate meetings with the same membership: one commercial and one operational

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • Further work is required and DRP 2 proceedings are now expected to be finalised in February 2022 • Plan to present risk update to F&R in April • Residual risk remains and appropriate assurance not yet in place. • Given emerging discussions on lifecycle works and handover, the Executive oversight group is seeking advice on grading given 'unknowns' and uncertainty. • Finance director has written to consort asking for much more detail and granularity on the current lifecycle offer and the Boards position has been reiterated. • The hand back provisions and their definitions are being led by the new programme director for PPP and lawyers. 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		N/A	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: Nurse Director</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions.</p> <p>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.</p> <p>May 2021 Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.</p> <p>December 2021 Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings</p>	
		<p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> • Internal audit due to report and will inform improvement plans in addition to quarterly reporting through local H&S Committees to the Lothian committee which take place in August 2021 <p><u>December Update</u></p> <ul style="list-style-type: none"> • The November 2021 A&RC accepted limited assurance, with respect to internal audit findings and asked for plan to come back to the February 2022 meeting. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Staffing requirements related to the plan are being considered and will be discussed pending the diagnostic work, which will be the foundation for the plan. To ensure continuity of service non- recurrent monies have been used for succession planning within the current V&A team, as there are a number of retirements and/or individuals leaving in 2022. <p>February 2022 Update</p> <ul style="list-style-type: none"> At Dec 21 Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings Identicom contract for REAS and Facilities secured Moving the purple pack onto and electronic system SLWG has been established to progress actions from the Internal Audit Report and project manager recruited to co- ordinate this work. 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		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> <p>October 2020- limited assurance accepted regarding safe traffic management at the acute sites.</p> <p>December 2020- limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.</p> <p>June 2021 Board - Governance and Management remain the same as does grading and adequacy of controls</p> <p>March 2022 - accepted following levels of assurance accepted:</p> <ul style="list-style-type: none"> ➢ Moderate - Astley Ainslie hospital, East and Midlothian premises ➢ Limited – Little France site, REH, WGH, St Johns <p><u>Outcome of Executive Lead Discussions</u></p> <ul style="list-style-type: none"> Running action plan in place with oversight of local plans. Further plans in development. Local plans effective to manage 'business as usual', however, effect of additional demand for parking due to Covid and current building work on site impacts effectiveness, safety and results in abuse of staff and complaints. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>December Update</u></p> <ul style="list-style-type: none"> • Running action plan in place with oversight of local plans • Staff Governance accepted limited assurance • Additional actions by site noted in paper to Staff Governance committee and will be included in site plans from January 2022. <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> • Local plans updated, most notably re-introduction of parking permits to the Little France site and enhancement to transport to/from park and ride • Reputational risk noted due to significant media interest in changes at the Little France site • Ongoing minor changes in REH and St Johns • Plans are being implemented but too early to assess impact • Staff governance committee accepted following levels of assurance at March meeting: <ul style="list-style-type: none"> ➢ Moderate - Astley Ainslie hospital, East and Midlothian premises ➢ Limited – Little France site, REH, WGH, St Johns 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		High 12	High 12
1076	<p>Healthcare Associated Infection</p> <p>There is a risk of patients developing an infection:</p> <ol style="list-style-type: none"> 1) as a consequence of healthcare interventions because of inadequate implementation and monitoring of HAI prevention and control measures. 2) linked to the built environment as a consequence of non-compliant design, maintenance or monitoring. This includes infections associated commonly occurring environmental organisms e.g. <i>Pseudomonas aeruginosa</i>. 3) associated a failure to decontaminate reusable invasive and semi invasive medical equipment effectively. 	<p><u>Healthcare Governance Committee</u></p> <p>January 2021 - Moderate assurance accepted. Standing item on HCG agenda.</p> <p>March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres.</p> <p>May 2021 HCG accepted Moderate Assurance against plans in place to deliver the standards.</p> <p>July 2021 and January 22 HCG accepted Moderate Assurance against plans in place to deliver the standards.</p> <p>August Board received the HAI annual report and metrics continued to be monitored through the Board performance report.</p> <p><u>Outcome of Executive Lead Discussions</u></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>Potential increase in individual patient morbidity & mortality risk, extended length of stay and duration of treatment associated with healthcare associated infections.</p> <p>Executive Lead: Tracey Gillies</p>	<ul style="list-style-type: none"> • Current constraints numbers of IPCNs available to advise the service and the ability of the service to deliver the plans due to the pandemic and number of staff isolating. Significant pressures on the Infection & Control Team due to environmental risks at the RIE and other sites. • Confirmation of local plans in place. Organisational plan still in development, operational plans in place. • Did not meet LDP targets, however, performed well against many other Boards. Suspended many of the service audits due to Covid, so difficult to assess impact of plans at present with respect to infection control and prevention standards but plans are in place to reinstate these. <p><u>December Update</u></p> <ul style="list-style-type: none"> • IPCN staffing is a deteriorating position, as all of the vacant posts were not filled, plus a number of existing staff are leaving to return to clinical duties, are retiring or on long term sick leave. The shortage of trained ICP nurses is a national issue and national conversations are taking place • Skill mix has been reviewed and the proposal for band 5 posts is being considered at Bronze Command • Unlikely we will meet the national HAI targets (March 22) but will be not far off, which is due to changes in remote prescribing and increase antibiotic use. <p><u>February 2022 Update</u></p> <ul style="list-style-type: none"> • ICPN capacity continues to be an issue, as not all vacant/new posts have been filled. Active recruitment continues with expectation that some, but not all posts will be filled • A new post, band 5 IPC Staff nurses has been created to try and address recruitment and is going to advert in February • Progress is being made in re-starting local self-assessment audits but remains dependent on reactive demand from incident management and COVID presentations • A work plan is being developed and aim to present at April PLICC 	
	Risk Grading:	Jan-Mar 2021	CMT/Board June 2021
		High 16	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> <hr/> <p><u>Outcome of Executive Lead Discussions February 2022</u></p> <ul style="list-style-type: none"> • The Board accepted the risk description at the meeting on 9 February 2022 • A paper offering assurance on the mitigation of the risk will be presented to F&R in April 2022 • The risk mitigation plan will also go to private Board once a year.
	Risk Grading:	CMT/Board February 2022
		High 12

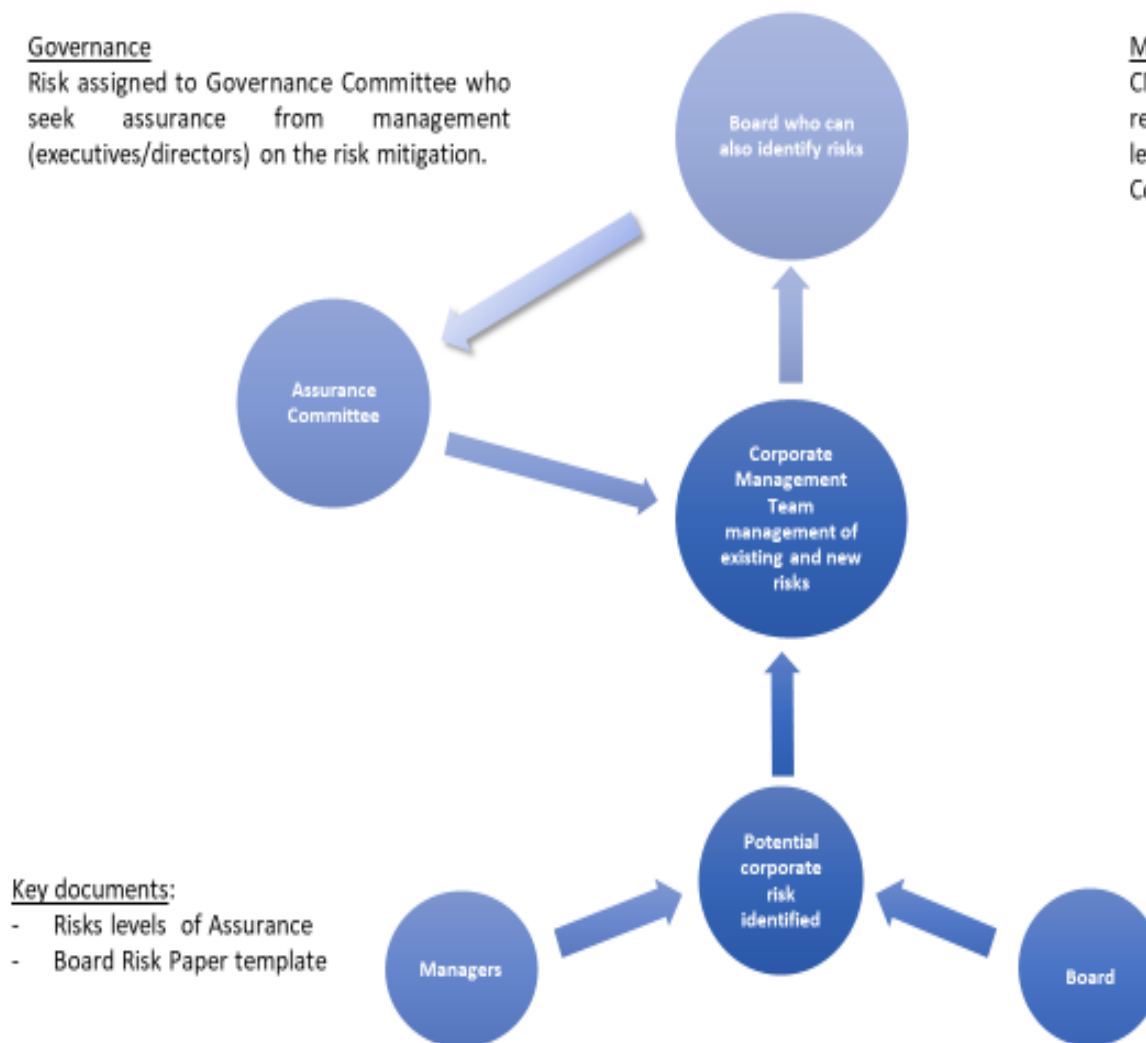
Corporate Risk Management Process

Governance

Risk assigned to Governance Committee who seek assurance from management (executives/directors) on the risk mitigation.

Management

CMT make recommendations to the Board regarding new and existing risks, informed by levels of assurance accepted by Governance Committee.



Key documents:

- Risks levels of Assurance
- Board Risk Paper template