

## Agenda

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**10:00 - 10:05** **1. Welcome**

5 min

Verbal          John Connaghan

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**10:05 - 10:07** **2. Apologies for Absence**

2 min

Verbal          John Connaghan

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**10:07 - 10:10** **3. Declaration of Interests**

3 min

Verbal          John Connaghan

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

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

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## Items for Approval or Noting

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**10:10 - 10:15** **4. Items proposed for Approval or Noting without further discussion**

5 min

Decision          John Connaghan

**4.1. Minutes of Previous Board Meeting - 05 October 2022**

For Approval          John Connaghan

 4.1 05-10-22 Public Board Minutes (For Board Approval).pdf (10 pages)

**4.2. Audit & Risk Committee Minutes - 22 August 2022**

For Noting          Martin Connor

 4.2 Audit and Risk Committee Minutes 22-08-2022 (final).pdf (6 pages)

**4.3. Healthcare Governance Committee Minutes - 27 September 2022**

For Noting          Fiona Ireland

 4.3 Healthcare Governance Committee Minutes 27-09-22.pdf (10 pages)

**4.4. Finance and Resources Committee Minutes - 17 August 2022**

For Noting            *Angus McCann*

📄 4.4 Finance and Resources Committee Minutes 17-08-22.pdf (7 pages)

#### **4.5. Staff Governance Committee Minutes - 27 July 2022**

For Noting            *Katharina Kasper*

📄 4.5 Staff Governance Minutes - 27-07-22 .pdf (10 pages)

#### **4.6. Midlothian Integration Joint Board Minutes - 25 August and 15 September 2022**

For Noting            *Jock Encombe*

📄 4.6 (a) Midlothian IJB Minutes 25.08.22.pdf (10 pages)

📄 4.6 (b) Midlothian IJB Special Meeting Minutes 15.09.22.pdf (6 pages)

#### **4.7. West Lothian Integration Joint Board Minutes - 20 September 2022**

For Noting            *Bill McQueen*

📄 4.7 West Lothian IJB Minutes 20.09.22.pdf (7 pages)

#### **4.8. East Lothian Integration Joint Board Minutes - 15 September 2022**

For Noting            *Peter Murray*

📄 4.8 East Lothian IJB Minutes 15.09.22.pdf (6 pages)

#### **4.9. Edinburgh Integration Joint Board Minutes - 09 August & 27 September 2022**

For Noting            *Angus McCann*

📄 4.9 (a) Edinburgh IJB Minutes 09.08.22.pdf (5 pages)

📄 4.9 (b) Edinburgh IJB Minutes 27.09.22.pdf (4 pages)

#### **4.10. National Whistleblowing Standards - Quarter 2 (July-September 2022) Performance Report**

For Noting            *Janis Butler*

📄 4.10 (a) Whistleblowing Performance Report Quarter 2 (July-Sept2022).pdf (4 pages)

📄 4.10 (b) Appendix - Whistleblowing Performance Report Q2 July - September 2022.pdf (12 pages)

#### **4.11. Drug Related Deaths Annual Report**

For Noting & Decision            *Dona Milne*

📄 4.11 NHS Lothian Drug Related Deaths Annual Report (Final - 07.12.22).pdf (6 pages)

#### **4.12. NHS Lothian Strategy, Planning & Performance Committee Revised Terms of Reference**

For Approval            *John Connaghan*

📄 4.12 Strategy Planning & Performance Committee ToRs For Board Approval 20221207.pdf (7 pages)

#### **4.13. NHS Lothian Finance and Resources Committee Revised Terms of Reference**

For Approval            *John Connaghan*

📄 4.13 Finance & Resources Committee ToRs For Board Approval 20221207.pdf (6 pages)

#### **4.14. NHS Lothian Staff Governance Committee Revised Terms of Reference**

For Approval            *John Connaghan*

📄 4.14 Staff Governance Committee ToRs For Board Approval 20221207.pdf (6 pages)

## 4.15. Child Poverty Action Reports, East Lothian, Midlothian and City of Edinburgh

For Approval      *Dona Milne*

 4.15 Child Poverty Action Reports for East Edinburgh and Midlothian (07.12.22 Board).pdf (108 pages)

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### Items for Discussion

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#### 10:15 - 10:20 **5. Board Chair's Report - December 2022**

5 min

*Verbal*      *John Connaghan*

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#### 10:20 - 10:30 **6. Board Executive Team Report - December 2022**

10 min

*Discussion*      *Calum Campbell*

 6. Board Executive Team Report (07.12.2022 final).pdf (17 pages)

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#### 10:30 - 10:35 **7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness**

5 min

*Verbal*      *John Connaghan*


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#### 10:35 - 10:40 **8. NHS Lothian Mid-Year Review: 21 November 2022**

5 min

*Information*      *John Connaghan*

 8 (a) NHS Lothian Mid-Year Review Cover Paper (final 20221130).pdf (3 pages)

 8 (b) Appendix 1 - NHS Lothian Mid Year Review Cab Sec letter DH vF 28.11.22.pdf (6 pages)

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#### 10:40 - 11:00 **9. NHS Lothian Board Performance Paper**

20 min

*Discussion*      *Jim Crombie*

 9 (a) Board Performance Report (07.12.22 final).pdf (5 pages)

 9 (b) Board Performance Paper Appendix 1 (07.12.22 final).pdf (61 pages)

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#### 11:00 - 11:10 **Break**

10 min

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#### 11:10 - 11:25 **10. October 2022 Financial Position**

15 min

*Discussion*      *Craig Marriott*

 10. NHS Lothian October 2022 Finance report (7 December2022).pdf (6 pages)

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#### 11:25 - 11:40 **11. Corporate Risk Register**

15 min

*Discussion*      *Tracey Gillies*

 11. Board Corporate Risk Register Paper (07.12.22 final).pdf (24 pages)

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**11:40 - 12:00** **12. NHS Lothian Pharmaceutical Care Services Plan - Update**

20 min

*Discussion*                      *Dona Milne*

 12. NHS Lothian Pharmaceutical Care Plan Update (07.12.22).pdf (10 pages)

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**12:00 - 12:05** **13. Any Other Business**

5 min

*Verbal*                              *John Connaghan*

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**12:05 - 12:10** **14. Reflections on the Meeting**

5 min

*Verbal*                              *John Connaghan*

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**12:10 - 12:15** **15. 2023 Board Meeting Dates**

5 min

*For Noting*                      *John Connaghan*

- 08 February 2023
- 05 April 2023
- 21 June 2023
- 23 August 2023
- 04 October 2023
- 06 December 2023



## LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 05 October 2022, using Microsoft Teams.

### **Present:**

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

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

**In Attendance:** Mr C. Briggs (Director of Strategic Planning); Mrs J. Butler (Director of Human Resources and Organisational Development); Ms J. Campbell (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications and Public Engagement); Ms T. McKigen (REAS Services Director); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms J. Proctor (Chief Officer, Edinburgh IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Ms W. Macmillan (Business Manager, Executive Office)(Item 53); Ms S. Cosens, Senior Programme Manager, ECC (Item 55); Mr C. Stirling, Hospital Director, WGH (Item 55); Mr B. Currie, Senior Programme Director - Major Projects Programme (Item 55); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

**Apologies for absence:** Mr M. Connor (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member); Mr J. Crombie (Deputy Chief Executive) and Ms A. White (Chief Officer, West Lothian IJB).

### **46. Declaration of Interests**

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

### **47. Chair's Introductory Comments**

47.1 The Chair welcomed board members, attendees, and observers to the first "in-person" Board meeting since February 2020.

## **ITEMS FOR APPROVAL OR NOTING**

### **48. Items proposed for Approval or Noting without further discussion**

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

- 48.2 Minutes of Previous Board Meeting held on 03 August 2022 – Minutes were approved.
- 48.3 Audit and Risk Committee Minutes – 20 June 2022 – Minutes were noted.
- 48.4 Healthcare Governance Committee Minutes – 19 July 2022 – Minutes were noted.
- 48.5 Finance and Resources Committee Minutes – 31 May 2022 – Minutes were noted.
- 48.6 Midlothian Integration Joint Board Minutes – 16 June 2022 – Minutes were noted.
- 48.7 West Lothian Integration Joint Board Minutes – 29 June and 17 August 2022 – Minutes were noted.
- 48.8 East Lothian Integration Joint Board Minutes – 23 June and 25 August 2022 – Minutes were noted.
- 48.9 Edinburgh Integration Joint Board Minutes – 19 April 2022 – Minutes were noted.
- 48.10 National Whistleblowing Standards - Quarter 2 (2022) Performance Report – Quarter 2 Performance Report was noted.
- 48.11 Approval of MAT Standards Implementation Plan – The Implementation Plan and Integration Joint Board (IJB) Appendices were approved, subject to a couple of minor amendments with the Midlothian plan. The Chief Executive flagged that the MAT standards would be taken by each area's Alcohol and Drugs Partnership to their respective IJB for discussion.
- 48.12 Appointments of Members to Committees and Integration Joint Boards – the Board agreed to approve the appointment of Dr Robin Balfour as a non-voting member of the Edinburgh IJB and specifically as the “registered medical practitioner whose name is included in the list of primary medical services performers” (retrospectively) from 1 October 2022 to 30 September 2025.
- 48.13 NHS Lothian 2023 Board and Committee Meeting Dates – The 2023 dates were approved.

## **ITEMS FOR DISCUSSION**

### **49. Board Chair's Report – October 2022**

- 49.1 The Chair recognised the exceptional pressures currently being experienced across the entire health and social care system, both locally and nationally. There would be fuller discussion on system pressures under the performance report item. This Chair acknowledged that all staff continued to make significant efforts and positive contributions, despite the very challenging circumstances.
- 49.2 The Chair reported that he had attended a recent leadership conference and that a new health and social care leadership strategy for Scotland was in development. The Director for HR and OD added that the new strategy would focus, initially, on system leadership and the roles of Chief Executives and Executive leaders. The

strategy would be taken to the Board's Staff Governance Committee for discussion in the first instance.

- 49.3 The Chair reminded members that the Board's Celebrating Success Awards Ceremony would be taking place on 6 October 2022.

## **50. Board Executive Team Report – October 2022**

- 50.1 The Board noted the Board Executive Team report for October 2022. In response to questions from Board members, the following points were noted:

### System Pressures

- 50.2 The Chief Executive emphasised clearly that ongoing system pressures had created very significant challenges across the three main acute sites and the Royal Edinburgh Hospital. There continued to be COVID-19 associated issues on sites which presented challenges around infection control. Staffing, delayed discharges and finances were also challenging.

- 50.3 The Chief Executive confirmed that a Gold Command group had been established to consider system pressures and this was meeting twice weekly. The usual challenges of winter were being anticipated and planned for and mutual aid had been requested from other boards. However, other boards were facing similar challenges and no significant offers of aid had been received. The Chief Executive highlighted a need to focus on the short-term, heavily determined by winter pressures and current staffing challenges, and anticipated that a Board-level discussion of immediate priorities would be required.

- 50.4 In response to Board members' concerns about staffing levels, particularly in nursing, it was explained that, whilst a range of interventions and initiatives were in place, there was no easy or quick fix. The increased recruitment of registered nurses and Band 4 roles to support wards was a particular area of focus for the coming months.

- 50.4 The Chief Executive confirmed that challenges arising from potential industrial action were being factored in to planning activity and discussions were ongoing with trade union representatives to mitigate these. Ensuring the continued delivery of safe and effective patient care remained the priority.

### Cost of Living Pressures

- 50.5 The Director of Public Health and Health Policy outlined staff support measures in relation to the cost-of-living pressures. These included direct support to local populations, maximisation of services and the establishment of cost-of-living taskforce in some areas.

- 50.6 It was noted that the NHS Lothian Charity had recently agreed to allocate funds to support non-core activity and initiatives in this area. A paper summarising the range of activities being proposed to support staff would be discussed at the next Staff Governance Committee.

Treatment Time Guarantee (TTG) Performance

- 50.7 The Chief Officer of Acute Services confirmed that other NHS Boards in Scotland were facing comparable challenges to NHS Lothian in trying to meet the TTG.

Nursing Workforce

- 50.8 The Board welcomed the recruitment initiatives around Retention of Newly Qualified Nurses and the Skills Boost Programme.

- 50.9 The appointment of Mercedes Perez-Botella as new Director of Midwifery was noted and welcomed by the Board.

Armed Forces Champion

- 50.10 The work to support reservists and veterans, including recruitment was welcomed. The development of a national programme between NHS Education Scotland and the Scottish Government was noted.

Annual Flu and COVID-19 Booster Programme for Staff

- 50.11 The Director of Public Health and Health Policy confirmed that there was a lot of work ongoing to encourage staff to take up vaccinations, including the establishment of staff drop-in clinics.

Hospital Decontamination and Sterilisation Unit (HSDU) closure

- 50.12 The recent incident that had led to the temporary closure of the HSDU facility had now been addressed and rectified. The Finance and Resources Committee would continue to seek assurance on the pre-existing corporate risk relating to the overall sustainability of the HSDU.

Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022

- 50.13 The Board noted that new regulations had come into force on 5 September 2022 that prohibited smoking outside hospital buildings within a perimeter of 15 metres.

- 50.14 The Chief Executive acknowledged the Board's legal responsibility in this area. Appropriate signage will be provided by Scottish Government and when received will be installed at all sites. No smoking policies and associated guidance are being refreshed to align with the new legislation and smoking cessation support enhanced. In light of the current financial pressures, the decision had been taken not to employ dedicated wardens to enforce compliance, at this time.

Scottish Government Oversight group (City of Edinburgh delayed discharges)

- 50.15 The Chief Executive confirmed that learning and good practice from the work being led by Elma Murray Wallace would be shared and the final report would be shared with Board members once available.

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

- 51.1 The Chair of the Finance and Resources Committee reiterated the financial risk as covered by the Director of Finance in the Executive Team report.

51.2 The Chair of the Healthcare Governance Committee reported on three areas:

- Paediatric audiology - The Committee continued to monitor progress in addressing the recommendations of the Paediatric Audiology Review. A final report would be discussed by the Committee and presented to the Board in due course.
- Drug Related Deaths – In future, the Annual Report on Drug Related Deaths will come to the Healthcare Governance Committee each year for review and approval, after which it will be shared with the Board for information. The 2022 Report would come to the Board in December.
- HSCPs Annual Assurance Reports – The Healthcare Governance Committee had accepted moderate assurance overall from the Edinburgh Health and Social Care Partnership's Annual Report, with the exception of the specific issue of delayed discharges, on which it had agreed to take limited assurance.

## **52. Outpatient Redesign Programme – Status Update**

52.1 The Medical Director updated the Board on the progress of the Outpatient Redesign Programme which had been instigated in the summer of 2019.

52.2 The Board recognised that the current outpatient model of care had remained largely unchanged since the inception of the NHS and welcomed the focus on this important change project, influenced partly by the impacts of the COVID-19 pandemic.

52.3 The paper outlined progress made with the Redesign Programme to date. The Board welcomed this as a strong example of innovation in action and commended the Medical Director and the Director of Digital for their efforts. At the same time, it was recognised that digital solutions proposed may not suit some categories of patients, such as those with dementia, or those who may be more reluctant to adopt new technologies.

52.4 There was discussion on patient involvement and changes around pathways. The Medical Director would discuss these areas with Mr McCann and Mr Encombe outside the meeting.

**TG**

52.5 The following additional points were made during the Board's discussions:

- Anticipated benefits of the project would take time to realise in full but early indicators (e.g., Rheumatology) were encouraging. The Board would welcome a full benefits analysis in due course;
- The primary locus for sharing best practice in innovation amongst Boards was the Centre for Sustainable Delivery (CfSD);
- The desire for greater patient involvement in the design and implementation of such programmes;
- Closer involvement with university partners on such projects may yield further innovation opportunities and benefits;
- Ensuring equality of access was often a complex consideration but Healthcare Governance Committee would consider such issues in future; and

- Staff would be supported to fully embed the new approaches to bring about permanent changes in practice that benefit patients and address resource challenges.

52.6 The Board agreed to the recommendations in the paper:

- To note the redesign priorities underpinning the programme, the approach taken and the achievements to date.
- To note the specialties that have been prioritised for inclusion in the relevant phases by the Acute senior management team.
- To acknowledge the risks and challenges to delivery and the need to maintain momentum with this complex transformation programme.

### **53. NHS Lothian Board Performance Paper**

53.1 Ms Macmillan introduced the Board Performance Report, inviting the Board to discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.

53.2 Ms Macmillan informed the Board that the performance data in the report was indicative, overall, of the very significant challenges and severe pressures present within the system. The flow of patients in and out of hospitals was not keeping up with the rate of required care and current levels of activity in scheduled care remained significantly below pre-pandemic levels, such that the Board was unlikely to meet the Scottish Government milestone to eliminate two-year waits for inpatient/day cases in most specialties by the end of September.

53.3 The Board discussed the performance position set out in the Report, with a particular focus on the 4hr Emergency Access Standard; outpatient activity; impact of activity on the Treatment Time Guarantee performance; ongoing recruitment challenges, and patients waiting over 18 weeks. The Chair was keen to see what improvement could be made to non-admitted pathways performance in addition to admitted pathways. This will be carried forward as a standing item at PPDC.

53.4 The Chair asked about the Scottish Government target for inpatients. The Board noted that the number waiting had grown since the time of the Performance Report being created and currently there were around 1,100 patients waiting over two years. There had also been a reduction in Golden Jubilee Hospital capacity made available to NHS Lothian as this access had been rebalanced to other boards that were in a worse position. The Chair requested that a forward forecast of available resource be added to the paper ahead of presentation at the next PPDC meeting. Ms Macmillan would give thought on how best to present this. PPDC would also pick up the recovery trajectory for TTG and Outpatients as we move into 2023.

**WMac**

53.5 The Board discussed the high volume of delayed discharges. It was asked if any analysis had been undertaken to understand if conditions being presented had changed and if this might inform efforts to address the issues. Although no formal analysis had been undertaken, it was observed that, generally, patients accessing

acute services were more unwell than pre-pandemic, contributing to an increasing average length of stay and exacerbating current pressures.

- 53.6 The Board accepted the recommendations within the Performance Report, noted the metrics reported, recognised that further analysis and mitigation work would continue through governance channels, and that any specific pieces of work would be reported separately from the core performance report.

#### **54. NHS Lothian Annual Delivery Plan (ADP) 2022-23**

- 54.1 The Director of Strategic Planning introduced the paper requesting approval from the Board for the NHS Lothian Annual Delivery Plan 2022-23. The Board was reminded about the ADP's purposeful alignment with the pillars and parameters of the Lothian Strategic Development Framework (LSDF).
- 54.2 The Board recognised that it was also important to look at the approaching delivery period of 2023-24, although the Scottish Government had not yet confirmed its priorities for the next financial year. Initial details for the next financial year would be presented at the November PPDC meeting.
- 54.3 The Director of Strategic Planning reported that the response from Scottish Government to the 2022-23 ADP had been broadly positive, and elements highlighted in this feedback would be brought out in the Quarter 2 update that was currently being prepared.
- 54.4 Board members queried the extent to which the strategies of the IJBs and local authorities were visibly aligned to or reflective of the LSDF and whether this might be more clearly articulated. The Director of Strategic Planning confirmed that three of the four IJBs had signed off the LSDF and sign off from City of Edinburgh IJB was awaited. The Board members were reminded that the Unscheduled Care and Mental Health and Wellbeing Programme Boards were currently chaired by IJB Chief Officers, reflecting their close involvement.
- 54.5 The Board noted that NHS Borders had also looked closely at NHS Lothian's LSDF as they developed their own Framework. The Director of Strategic Planning and the Chief Executive were also involved with national work to develop the strategic framework for Scotland over the next five years.
- 54.6 The Board agreed to approve the Annual Delivery Plan 2022-23, noting the commission from the Scottish Government for an Annual Delivery Plan, NHS Lothian's response to this commission and feedback from the Scottish Government.

#### **55. Edinburgh Cancer Centre Initial Agreement**

- 55.1 Ms Cosens introduced the report recommending two Initial Agreements for the Board's approval: The Initial Agreement for Edinburgh Cancer Centre (ECC) Reprovision and The Initial Agreement for Advanced Demolitions and Decant for ECC Reprovision. The development and submission of an Initial Agreement was the first stage of development in the Scottish Government's capital investment process. The Board was also shown a short video which supported the case for change.

- 55.2 Mr Stirling reminded the Board of the background to the development of the ECC proposals, which included increasing regional demand, now and in the future, for cancer services, the recognised lack of capacity within the current centre and the limitations of any further increase in its scope without a full reprovisioning exercise. The replacement of the ECC had been an election manifesto commitment of the current Scottish Government during 2019.
- 55.3 The Board was informed of the internal governance approval routes undertaken which included robust scrutiny and endorsement by the Lothian Capital Investment Group, the Board's Finance & Resources Committee as well as an assessment by the Board's Planning, Performance and Development Committee confirming the proposal's strategic fit with the objectives of the Lothian Strategic Development Framework. Support had also been secured from neighbouring NHS boards. Following this process of review, it was intended that an extended planning horizon would be developed, beyond the initial ten-year period. This would be modelled and applied once approval to proceed beyond the Initial Agreement phase was secured.
- 55.4 Board members strongly welcomed this significant development, noting its critical importance for the future provision of cancer services in Lothian, which was facing the most significant demographic change of any region in Scotland over the next few decades. In discussion, it was suggested that other opportunities and wider community benefits were likely to arise from this major project, including strengthening research capacity by linking academic endeavours with patient-led discovery. It was recognised that cancer research was often a "pathfinder" for other services and could result in wider improvements, for example in targeted medicine.
- 55.5 The Board unanimously agreed to approve both the Initial Agreement for Edinburgh Cancer Centre (ECC) Reprovision and the Initial Agreement for Advanced Demolitions and Decant for ECC Reprovision.

## **56. Anchor Institution Programme Board Update**

- 56.1 The Director of Public Health and Health Policy provided an update to the Board on the Anchor Institution work programme, with specific reference to the NHS Lothian's successful application for Living Wage accreditation, procurement activity and the award of new funding to support NHS Lothian's income maximisation services.
- 56.2 The potential that staff may be reluctant to access support services due to the stigma attached to poverty had been considered. However, it was felt that the current cost-of-living crisis was affecting a broader section of society and that this was likely to reduce such stigma. A national portal was available to match private sector providers with things that local communities need. The importance of working with the third sector was recognised, as was the need for an active communications strategy to highlight the programme's achievements to both current and prospective staff.
- 56.3 The Board noted the update, NHS Lothian's accreditation as a Living Wage employer and supported a strategy for effectively communicating its commitment



to the principles of the Living Wage and its benefits. The Board also noted engagement with the NSS community benefits portal and the inception of a programme of engagement with local businesses focusing on procurement. New arrangements for income maximisation services at acute and community hospitals, supported by grants from the NHS Lothian Charity, were also noted.

## **57. August 2022 Financial Position**

57.1 The Director of Finance presented an update to the Board on the financial position so far for 2022-23, highlighting the key messages within the report, including:

- Continuing improvements in the projected 2022-23 deficit position (currently £19.6m against an original projection of £28.2m);
- Effective management of in-year COVID costs;
- An ongoing revitalisation of efforts to deliver internal efficiency savings, with several thematic workstreams established and currently being embedded; and
- Continuing uncertainty around the Agenda for Change pay settlement.

57.2 The Chief Executive noted the recent announcement by the Cabinet Secretary of the allocation of £600m to Scottish NHS boards to alleviate winter pressures. He confirmed that this sum included previously allocated funds. A medium-term (five-year) financial outlook would be developed, with the first version to be considered by the Finance and Resources Committee in October.

57.3 The Board recognised its ability to achieve a break-even financial position in previous years and noted that the Finance and Resources committee would keep a close eye on the 2022-23 position. The Chief Executive noted that, whilst the aim would always be to achieve a break-even position, this would not be done at the expense of failing to deliver safe and effective patient care. The option to engage in brokerage would be considered if it was felt to be advantageous to the Board's position.

57.4 There was also consideration of the impact of increases in energy costs and interest rates. The Director of Finance confirmed that energy was currently stable as 90% had been purchased in advance through a national procurement contract. The Finance and Resources Committee would look more closely at energy costs, with specific input on ensuring resilience in supply.

57.5 The Chair acknowledged the effective financial stewardship provided by the Chief Executive, the Director of Finance and rest of the Executive Leadership Team. Despite this, it was recognised amongst the Board that increased external cost and service pressures, combined with diminishing returns on annual efficiency efforts, would require strategic and potentially challenging decisions by the Board on both service reforms and delivery priorities.

57.6 The Board noted the improved financial position, compared to the 2022-23 Financial Plan, and the revised year end forecast. The Board accepted limited assurance on its ability to achieve a breakeven financial position in 2022/23. The Chair advised that brokerage should not be sought without the Board's agreement (or by agreement between Chair/Vice Chair/ Director of Finance and Chief Executive if out with the Board meeting schedule) As we move into the second

half of 2022/3 financial year the Board agreed that Break Even should be a prime objective qualified by the patient safety obligations highlighted in 57.3 above.

**58. Corporate Risk Register**

- 58.1 The Medical Director introduced the latest version of NHS Lothian’s Corporate Risk Register (CRR), highlighting the ongoing efforts to ensure that corporate risks and mitigating actions are reviewed and updated through the agreed framework.
- 58.2 The Medical Director reminded members that the CRR was retrospective in nature and considered the impact of recent or planned mitigating actions on the treatment of acknowledged strategic risks. It was likely that matters discussed, and actions agreed elsewhere on the agenda would feature in future iterations of the CRR.
- 58.3 As with previous iterations of the CRR, Board members welcomed the improved approach to identifying, recording, and addressing corporate risks. It was suggested that more significant system and service reforms may now be required to fully respond to and mitigate some of the more challenging risks in the CRR. The Chief Executive agreed with this assessment and noted that this would require an environment where the need for change was fully embraced and that the Board would be required to consider options and take decisions that may be challenging.
- 58.3 The Board noted the information provided and accepted the recommendations within the paper, noting that the Corporate Management Team was not recommending any changes to the current CRR at this time.

**59. Any Other Business**

- 59.1 No Other Business identified.

**60. Reflections on the Meeting**

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

**61. Next Board Meeting**

- 61.1 The next Board meeting would be held on Wednesday 07 December 2022 at 9.30am.

Chair’s Signature .....

Date .....

**John Connaghan**  
**Chair – Lothian NHS Board**

**Audit and Risk Committee**

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 22 August 2022 via MS Teams.

**Present:**

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

**In Attendance:**

Ms J. Bennett, Associate Director for Quality Improvement & Safety; Mr C. Brown, Azets; Mr C. Campbell, Chief Executive Mr P. Clark, Grant Thornton; Mr J. Connaghan, Chairman; Mr D. Eardley, Azets; Mr J. Fraser, Grant Thornton; Mr C. Marriott, Director of Finance; Ms O. Notman, Head of Financial Services; Mr A. McCreddie, Deputy Director of Finance; Ms A. Macdonald Director of Nursing; Mr J. Old, Financial Controller; Mr D. Thompson, Board Secretary and Miss L. Baird, Committee Administrator.

**Apologies:** Mr J. Crombie, Deputy Chief Executive; Ms J. Brown, Internal Audit Manager.

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

**Welcomes and Introductions**

The Chair welcomed Members to the August meeting of the Audit and Risk Committee.

**27. Minutes of the previous meeting held on 20 June 2022**

27.1 The minutes of the meeting held on 20 June 2022 were accepted as an accurate record and approved.

**28. Running Action Note**

28.1 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.

28.2 Management of Violence and Aggression – The Committee received and noted a copy of the report and risk mitigation plan considered by the Staff Governance Committee in June 2022. This detailed the programme of work in place to manage the risk on the Corporate Risk Register.

28.3 The Committee welcomed the detailed approach taken by the service and their commitment to improving processes, noting that further updates related to violence and aggression would be taken forward by the Staff Governance Committee.

28.4 The Chair agreed to pick up any additional questions Mr Allenby had in respect of the work surrounding the Management of Violence and Aggression with him and Mr McQueen, Chair of the Staff Governance Committee, outwith the meeting.

**MC/PA**

- 28.5 South East Payroll Services Programme Update – The update on the progress toward the implementation of the single employer model for payroll services was received.
- 28.6 It was noted that in addition to the work around a single payroll service the organisation was also exploring regional workstreams to develop a Southeast and North Procurement Service and was progressing with the implementation of a Recruitment Services for the Southeast of Scotland.
- 28.7 Members took assurance that NHS Lothian was progressing with a payroll improvement programme as part of a regional payroll shared services project.
- 28.8 The Committee accepted the report and closed off the action.
- 28.9 The Committee accepted the running action note, attached papers and the information therein.

## **29. Risk Management**

- 29.1 NHS Lothian Corporate Risk Register (CRR) - The previously circulated report was received.
- 29.2 The Committee acknowledged the increasing level of financial risk on the organisation and action taken to mitigate it at Board level.
- 29.3 The Committee discussed risk 3828 relating to Nursing Workforce and the general challenges that the organisation was experiencing around recruitment. The Chief Executive advised that a report on the coordinated approach to workforce would be considered by Staff Governance Committee. He agreed to liaise with the Director of Human Resources to ensure that a copy of the report was shared with the Audit and Risk Committee for their information. **CC**
- 29.4 The Committee noted that Board members had requested that Human Resources look at all aspects of the workforce to identify gaps and how these would be addressed to ensure that there was sufficient capacity in services. Members agreed that this gap analysis would be critical to the future of the organisation and its ability to deliver waiting times guarantee targets set by Scottish Government. The Chief Executive explained that a paper on this was being prepared for the Planning, Performance and Development Committee and the Board Chair would receive early sight of the report.
- 29.5 The Committee reviewed the updates provided by the executive leads concerning risk mitigation, set out within the CRR's Risk Assurance Table.
- 29.6 The Committee noted that:
- In August, the Board had approved the Corporate Management Team (CMT) recommendation to remove the "Facilities Fit for Purpose" risk from the CRR and that the Royal Infirmary of Edinburgh facilities would remain on the CRR.
  - A schedule of risk assurance reporting for the Planning, Performance and Development Committee was in development.
  - The CMT had considered the very high/ high risks at a divisional level in July 2022.

29.7 The Committee accepted the report.

### **30. Internal Audit**

30.1 Internal Audit Progress Report – August 2022 – the previously circulated report was received.

30.1.1 It was noted that, since the June meeting, the scoping for the critical infrastructure review had been agreed and the field work for this would commence in the coming week.

30.1.2 Members noted that, since the report was submitted, the scope for the Core Financial Controls audit had been finalised. Work to finalise the scope of three other planned audits (Urgent Care Redesign, Use of Bank Staff, and Communications) would be finalised later in the week.

30.1.3 Members noted that the rollout of Office 365 was still in the early stages and would largely be managed by National Services for Scotland (NSS). Management had therefore recommended that the Office 365 Implementation audit should be moved to 2023/24 and replaced with a review of the implementation of Trak Care in theatres.

30.1.4 The Committee accepted this recommendation, noting that the implementation of Trak Care in theatres was currently within the full control of NHS Lothian and relevant to the eHealth strategic plan. A review was likely to add greater value and assurance to the organisation.

30.1.5 It was noted that the fieldwork for the Property Transaction Monitoring audit would be completed once additional information on the Royal Hospital for Sick Children and Young People was received later in the week.

30.1.6 The Committee noted that Internal Audit had completed two reviews for the NHS Lothian Charity (Legacies and Follow-Up) and a review of the West Lothian Integrated Joint Board (IJB) would also commence in the next two weeks.

30.1.7 The Committee accepted the report and the proposed amendments to the 2022/23 plan detailed therein.

30.2 Internal Audit Follow-up of Management Actions Report (August 2022) – The previously circulated report was received. It was noted that, in the period since the last report, eight management actions had been completed and 16 new actions added.

30.2.1 Of the 24 open management actions, 13 were not yet due. The remaining 11 actions were in progress but only four of these had received updates during the period. Two actions were highlighted as being more than three months overdue.

30.2.2 Members were assured that the in-house amendments to the payroll system had been implemented and work with NSS was underway to implement an arrangement with the bank bureau to facilitate immediate payments, subject to the files being provided. The Director of Finance and the Head of Financial Control

would continue to pursue a national outcome and report back to the Audit and Risk Committee once this arrangement was confirmed. **CM/ON**

30.2.3 There was some discussion around the delay in providing management updates during the period, with an acknowledgment that summer annual leave could be a contributing factor. The Chief Executive acknowledged this and undertook to raise it through the CMT to ensure that updates on all actions are provided to the Internal Audit Team in a timely manner in future. **CC**

30.2.4 The Committee accepted the report.

30.3 Delayed Discharges Internal Audit Report (August 2022) – The previously circulated report that had looked at the delayed discharges process and arrangements with the IJBs was received. It was noted that the report had identified three medium rated findings and two advisory findings with an overall rating of moderate assurance.

30.3.1 Members questioned the application of a moderate assurance rating, based on the findings and recommendations outlined in the report. However, it was explained that several recommendations had been addressed, via management action, prior to the fieldwork being completed. The Internal Audit Team took the view that it was important to retain the recommendations for the Committee's awareness, even though they had already been addressed. Had these actions not been completed, the assurance rating would have reflected this.

30.3.2 The Committee agreed that that a follow-up audit of delayed discharges should be incorporated into the Internal Audit Plan within the next two years, so that the Members could assure themselves that changes to the delayed discharge framework and policies had been fully embedded and that the introduction of these controls had improved compliance.

30.3.3 Members indicated that the narrative within the report had characterised a working relationship with the IJBs that was inconsistent with the experience of non-executive members during the pandemic. The Committee recognised that delayed discharges were challenging but some aspects of engagement with IJBs had improved with most partnerships performing at a high level. However, the Committee noted that it was difficult for the acute sector to remain motivated and make change due to the significant lack of social care capacity within the system.

30.3.4 The Committee accepted the report.

## **32. Counter Fraud Activity**

32.1 Counter Fraud Activity – The previously circulated report on counter fraud activity was received. Members noted that service managers had attended an anti-bribery and corruption awareness session at the Western General Hospital.

32.2 Members noted the ongoing development of an NHS Scotland Hub which would allow staff to access guidance and training via the Counter Fraud Services SharePoint platform in the near future.

- 32.3 The Committee noted that three intelligence alerts had been received from Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.
- 32.4 On fraud detection, the Committee noted the number of referrals and operations that were currently open, including brief updates on their progress, as well as the number of referrals and operations closed during the reporting period.
- 32.5 The Committee acknowledged and discussed several issues, based on the findings and outcomes of recent cases. These included:
- An example of being unable to pursue disciplinary action against members of staff due to insufficient evidence that earlier changes to employment terms and conditions had been communicated.
  - The suitability of processes to recover lost funds in both civil and criminal cases and the appropriate route to report outcomes. It was agreed that the Audit and Risk Committee remained the appropriate reporting line.
  - The Committee's desire to receive full reports following the conclusion of significant cases; and
  - The challenges that arose when cases fell short of criminality and the Board's appetite and ability to pursue civil cases. The Director of Finance agreed to seek advice from the Central Legal Office on the potential to seek recovery of costs through civil processes. **CM**
- 32.6 The Committee considered that an important deterrence step would be to reinforce internal messaging that the Board was proactive in identifying fraud and recovering funds from those responsible. The Director of Finance agreed to consider how the outcomes of criminal and civil fraud cases might inform future internal communications on fraud deterrence. **CM**
- 32.7 The Committee accepted the report as a briefing on the status of counter fraud activity in Lothian.
- 32.8 The Committee agreed that the report provided a moderate level of assurance that all cases of suspected fraud were accounted for, and appropriate action was taken.
- 33. Azets: NHS Lothian External Audit Report for the year to 31 March 2022**
- 33.1 The final Azets: NHS Lothian External Audit Report for the year to 31 March 2022 was received.
- 33.2 The Committee reviewed the key findings and the changes to the report since the June meeting, noting that the report concluded the audit of NHS Lothian for 2021/22 with an unqualified opinion.
- 33.3 The Committee accepted the report, and the Chair offered his thanks to Azets for their support over the period of their appointment.
- 34. Any Other Competent Business**
- 34.1 There were no other items of competent business for consideration.
- 35. Reflections on the meeting**

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

**36. Date of Next Meeting**

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

**Signed by the Chair 21/11/2022**



## HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 27 September 2022 by video conference.

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

**In attendance:** Ms J. Balkan, Talent Management and Succession Programme (shadowing); Ms M. Barrow, Chief Officer, Midlothian Health and Social Care Partnership; Ms J. Bennett, Associate Director of Quality Improvement and Safety; Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer Acute Services; Mr J. Connaghan, Board Chairman; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Dr K. Dee, Deputy Director of Public Health; Mr M. Dolan, Head of SMART Services (item 30.3); Ms B. Flynn, Deputy Chief Nurse (patient story); Mr S. Garden, Director of Pharmacy; Ms T. Gillies, Medical Director; Ms Y. Lawton, Interim Head of Health, West Lothian Health and Social Care Partnership; Ms J. Long, Director of Primary Care; Ms A. MacDonald, Executive Nurse Director; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services; Ms J. Morrison, Head of Patient Experience; Dr R. Millar, Consultant in Public Health (item 33.4); Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Mr C. Stirling, Site Director, Western General Hospital (item 32.1); Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms F. Wilson, Head of Health, West Lothian Health and Social Care Partnership; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

**Apologies:** Councillor S. Akhtar, Non Executive Board Member; Mr J. Crombie, Deputy Chief Executive; Ms G. McAuley, Nurse Director, Acute Services; Dr D. Milne, Director of Public Health and Health Policy; Mr A. Short, Director of Women's and Children's Services.

### 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.*

### 27. Patient story

27.1 The chair welcomed Ms Flynn to the meeting and she described the pathway of a patient which had been investigated as part of an Initial Case Review after concerns were raised. The patient was diagnosed with colorectal cancer and was discharged from the acute hospital on an end of life care pathway. The Initial Case Review identified a number of concerns with communication and documentation between the acute hospital and community nursing teams and care agency staffing which meant that the hospital acquired pressure ulcer was not identified or reported to community

teams until it reached grade 4. Once the pressure ulcer had been identified, the patient was admitted to a community hospital and improved. Once the Initial Case Review was completed there would be further actions for improvement and this would be shared with other teams.

- 27.2 One aspect highlighted was the documentation and sharing of patient information between acute hospital and community nursing teams. Mr Murray asked about the potential for the National Care Service to mitigate the risks arising from different systems. It was noted that although there were no shared documentation systems between health and the care agencies, agreements were in place between all organisations involved in a patient's care to share information. These systems were only effective if the relevant, proportionate information was documented by the professionals involved. In response to a question about the short term solutions Ms Flynn advised that one of the actions from the Review was to consider how discharge summaries and other documentation could be improved and how communication between community nursing and care agency worked.
- 27.3 Ms Proctor advised that a second problem in this case was whether the staff responsible for the day to day care of the patient recognised were able to recognise the problem and understand that they should communicate this to the nursing team. Work was ongoing with the care agency to review appropriate training.
- 27.4 There was discussion about whether a single responsible person could oversee the various interventions a patient might have. Patients being cared for at home were under the care of their GP, and some elderly or vulnerable patients may also have a social worker, but it was noted that many people being cared for in the community had other interventions and did not see the GP regularly.

## **28. Minutes from Previous Meeting (19 July 2022)**

### **28.1 Healthcare Governance Committee Terms of Reference**

- 28.1.2 It was agreed that Ms Gillies, Ms Bennett and Mr Thompson would revise the Terms of Reference and bring them back for approval at either the next meeting in November 2022 or at the meeting in January 2023. **TG / JB / DT**

### **28.2 Minutes from Previous Meeting (19 July 2022)**

- 28.2.1 The minutes from the meeting held on 19 July 2022 were approved as a correct record. An addition to the 'patient story' item was agreed, to reflect the fact that there was discussion about the issues raised and operational actions were agreed. It was noted that specific details about these actions should not be included in the public minutes as this was identifiable information relating to an individual family. Ms Gillies advised that all the actions agreed had been followed up and that she and Mr Short had been in touch with the parents to update them; the letter had been circulated around the Committee.

- 28.2.2 The updated cumulative action note from the meeting had been previously circulated.

### **28.3 Management and Assurance Reporting of NHS Lothian Hosted Services**

- 28.3.1 Ms Bennett presented the previously circulated paper. Ms Bennett advised that there were a number of reporting routes from hosted services including the Health and Social Care Partnerships annual reports to the Healthcare Governance Committee, Staff Governance Committee and Finance and Resources Committee. The annual reports received by the Healthcare Governance Committee was focussed on the Committee's remit of person centred, safe and effective care.
- 28.3.2 Mr Connaghan described the delegation of hosted services to Health and Social Care Partnerships and the requirement for the partnership to deliver to the required standard of the Health Board. In response to a question from Mr Encombe about reviewing best practice and sharing learning across Hosted Services, and a concern around hosted services not featuring on the corporate risk register, Mr Campbell noted that the mechanism for providing assurance where standards were not being met in specific areas were the same for hosted services as with all other areas. The governance responsibility was with NHS Lothian, but the services were managed by the Health and Social Care Partnerships. If there were any concerns about a specific area then a further report would be requested.
- 28.3.3 The legal framework within which the Integration Joint Boards were created allowed some services to be delegated to a particular Health and Social Care Partnership to manage. These were usually smaller services where it did not make sense to divide them into separate services for each Health and Social Care Partnership, so they were hosted by one partnership and provided a service for the whole area. The hosting of individual services by a specific partnership could be changed as required.
- 28.3.4 It was noted that there was no requirement for hosted services to be on the Corporate Risk Register unless the host was unable to mitigate any operational risks identified.

## **29. Emerging Issues**

### **29.1 Automated Prescription Locker Boxes**

- 29.1.1 Ms Gillies presented the previously circulated paper. The legal advice received by NHS Lothian on the locker boxes was different to that received by the community pharmacies. The solicitors on each side were working to come to an agreement. The Scottish Government was aware of these issues.
- 29.1.2 Ms Gillies advised that the Scottish Government had changed the regulations but this would now not be in line with MHRA regulations, and this had not yet been resolved.
- 29.1.3 The Director of Pharmacy would continue to monitor this position and would report back to the Committee with any developments. **SG**

## **30. Health and Social Care Partnerships Annual Reports**

### **30.1 East Lothian Health and Social Care Partnership Annual Report**

- 30.1.1 Ms Wilson gave a presentation. The report had been previously circulated. The committee commended East Lothian's systems and processes in delivering safe, effective and person centred care.

- 30.1.2 There was discussion about the mechanisms for feedback and complaints processes. Ms Cowan confirmed that there was a 50:50 split in the number of complaints which were upheld and further advised that Care Opinion was also used as a forum for receiving feedback from patients and information was used to inform improvements and themes were shared across the partnership. This would be included in future reporting.
- 30.1.3 The improvements in delayed discharges were recognised, East Lothian was now the best performing Partnership in Scotland.
- 30.1.4 Ms Cowan described the internal assurance processes of the Lothian Accreditation & Care Assurance Standards (LACAS) tool and the progress being made in improving standards and the development of tools for OPD and Endoscopy settings.
- 30.1.5 Members accepted the recommendations laid out in the paper.
- 30.2 Edinburgh Health and Social Care Partnership Annual Report
- 30.2.1 Ms Proctor gave a presentation. The report had been previously circulated. Mr Murray highlighted the innovative work done with the governance group and the Integration Joint Board.
- 30.2.2 In response to a request about primary care data, it was noted that GP practices were independent contractors and therefore NHS Lothian did not have detailed activity data. Ms Long advised that other measures including the services provided by GP practices were available. It was noted that in both West Lothian and Midlothian the clinical directors were working with GP practices on reporting on the 12 indicators, including patient centred, safe effective care.
- 30.2.3 Ms Proctor advised that the plan was that the first phase of the bed based review would be completed within the next 12 months. Following this work would move to mental health beds and then planning for housing to be built that would meet 'home for life' standards.
- 30.2.4 The chair sought assurance on the impact of the delayed discharges on patient outcomes for people remaining in hospital beyond their optimum discharge date. Ms Proctor stated that the Health and Social Care Partnership, while focussing on improving performance in this area, had not itself undertaken specific work in this area. Ms Gillies advised that other research illustrated that there was an adverse impact.
- 30.2.5 Ms Proctor advised that the Partnership was working with the Scottish Government and NHS Lothian on improvements on delayed discharges and acknowledged that delayed discharges were a longstanding issue in Edinburgh but improvement trajectories had been set. Mr Campbell advised that although the improvement trajectory set had been achieved, this was itself not enough to ensure the safety of the acute system over winter and significant challenges remained. One of the outcomes of delayed discharge was the safety concerns in the hospital setting due to the impact of reducing access to beds for other patients.

30.2.6 Ms Proctor noted that the challenges are in social care capacity, not healthcare provision, however whilst the committee were cognisant of the workforce pressures in that sector the impact of delayed discharge on the ability of the system to provide safe, effective, person centred care across the health system was noted.

30.2.7 Members accepted the recommendations laid out in the paper and accepted moderate assurance overall and recognised the good work in many areas of the Partnership, but agreed to accept only limited assurance in relation to the impact of the delayed discharge position as the risk of an adverse outcome for those patients who were unable to be discharged from hospital with a package of care or to a care home was recognised and remaining in hospital affected the provision of effective and person centred care when care in a homely environment was required..

### 30.3 SMART Centre Update

30.3.1 Ms Proctor presented the previously circulated paper.

30.3.2 In response to questions it was confirmed that there was carer and user involvement in the consortium to ensure the patient voice was heard in the review of the service.

30.3.3 Mr Dolan advised that the service had achieved an improvement in waiting time from 12 months to 5 months but that there were currently 14,000 people who now had wheelchairs older than the manufacturers recommended lifespan and there was no maintenance programme funding. All the other regions in Scotland were in a similar position. The chair asked Mr Dolan about the operational actions to manage this large number of patients waiting on updated equipment and clarified that this was recorded on the local risk register. In reference to further questioning about the mitigations being applied locally Mr Dolan referenced the work of strategic planning in developing the proposal for improvement which aimed to reduce the waiting time to 4 weeks over the next 18 months and to increase funding so that the equipment needed could be purchased as recommended by the external report. The plan would be taken to the East Region Board in December 2022. In further discussion challenging the service responsibility alongside the remit of strategic planning Mr Dolan stated that operationally if a patient was seen in the clinic due to discomfort with their wheelchair then this would be replaced.

30.3.4 Members accepted the recommendations laid out in the paper. A paper was requested for the next meeting showing the risk stratification in the service which ensured that patients at significant risk were prioritised for appointments and equipment. The Strategic Improvement Plan for the service would also be submitted at the meeting in January 2023 following approval at East Region Board. **JP**

### 30.4 Midlothian Health and Social Care Partnership Annual Report

30.4.1 Ms Stratton gave a presentation. The report had been previously circulated. As a member of the Midlothian Integration Joint Board, Mr Encombe commended the open and reflective culture of the leadership team.

30.4.2 The feedback from the palliative care project using the British Institute of Human Rights monitoring framework had been positive and more work would be done on

how to appropriately feedback the results to those who participated, staff and families, and to share these more widely. The possibility of delivery of training on a human rights based approach in care homes would also be considered.

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

### 30.5 West Lothian Health and Social Care Partnership

30.5.1 Ms Yule and Ms Lawton gave a presentation. The report had been previously circulated.

30.5.2 There were a number of positive examples highlighted by the committee and a suggestion made around sharing these across the Partnerships.

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

## **31. Person Centred Culture**

### 31.1 Complaints Development and Improvement Programme

31.1.1 Ms Morrison presented the previously circulated paper.

31.1.2 The committee acknowledged and accepted the revised timeline set out in the action plan.

31.1.3 In response to a comment from Mr Encombe Ms Morrison acknowledged the need to consider the potential barriers to the implementation of the patient experience strategy as part of the consultation.

31.1.4 Members accepted the recommendations laid out in the Complaints Development and Improvement Plan and accepted moderate assurance.

### 31.2 Patient Experience Annual Report

31.2.1 Ms Morrison presented the Patient Experience Annual Report, setting out performance against the 9 key performance indicators detailed in the national Complaints Handling Procedure.

31.2.2 Members noted the themes in the annual report. It was reported that the difficulty for patients in contacting the waiting list office due to the high volume of calls was partly to do with the treatment time guarantee letters information patients of the statutory waiting times which the Scottish Government required Boards to send to all patients on a treatment time guarantee waiting list. These letters caused confusion as these waiting times were not currently being met.

31.2.3 Another issue was a website set up by the Scottish Government whereby patients could calculate their waiting time by speciality according to average waiting times in the previous period. As urgent backlog cases were currently being treated following covid restrictions this data was giving a false impression as the urgent cases had a

shorter waiting time than routine cases. Also, NHS Lothian uses the 90<sup>th</sup> percentile to show waiting times data, indicating the time by which 90% of patients had received treatment, but the website used and average, which did not represent the longer waits

31.2.4 The two issues above were adding confusion and providing misleading information to patients and there had been discussion with the Scottish Government on both of these.

31.2.5 The committee approved the annual report for submission to the Scottish Government.

### 31.3 Data Loch Person Centred Work Update

31.3.1 Ms Gillies presented the previously circulated paper. She noted that a list of people who had asked to use the data was currently held, but that they were currently going through the security and governance requirements before getting access.

31.3.2 It was noted that excluding use of the data by commercial companies could cause opportunities for innovation to be missed and that a transparent process for those using the data was required.

31.3.3 Members clarified that they would wish future reports to describe commercial use and access to the data.

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

## 32. **Safe Care**

### 32.1 High Risk Breast Screening Programme – update on recommendations

32.1.1 The chair welcomed Mr Stirling to the meeting and he presented the previously circulated paper. Affected women in other Scottish health boards had been followed up. Work was ongoing to contact women who had moved to other parts of the UK. There was no information on these women at the moment, so they may not need to be recalled, but this would be established.

32.1.2 74 women had not responded to contacts made. Dr Dee advised that the standards from the breast screening process were used and all opportunities for contact with these women had now been exhausted as set out in a previous paper at this Committee. The attendance rate had been high at over 70%.

32.1.3 Members accepted the recommendations laid out in the paper.

### 32.2 Paediatric Audiology update

32.2.1 Ms Gillies presented the previously circulated paper. It was noted that it was difficult to draw overall themes from the meetings with families affected as experiences had been very specific and many of the children had significant additional needs.

32.2.2 In order to improve the cultural issues in the relationship between patient and professional raised as part of the report, Ms Gillies advised that peer support for staff had now been introduced with specialists in Glasgow. There would now also be a national review which would bring greater awareness of the issues raised within the specialty.

32.2.3 Ms Gillies would bring a paper to the Committee in January 2023 updating progress on the physiological services measurement framework quality control work that was ongoing to ensure what other services would also benefit from the outcome of the Paediatric Audiology report and that any concerns in these areas were addressed. The paper would also include information about opportunities for additional external assessment. **TG**

32.2.4 The improvement plan for Paediatric Audiology was on track and the full report would come to the Healthcare Governance Committee and to the Board. A verbal update at the next meeting was also requested. **TG**

32.2.5 Members accepted the recommendations laid out in the paper.

### 32.3 Drug Related Death Annual Report

32.3.1 Dr Dee presented the previously circulated paper. It was agreed that this report would continue to be submitted to the Healthcare Governance Committee each year and then to the Board due to the high profile of this issue.

32.3.2 Members accepted the recommendations laid out in the paper.

## 33. **Effective Care**

### 33.1 Actions to reduce Did Not Attend rates, including equalities data

33.1.1 Ms Campbell presented the previously circulated paper. It was noted that the timescale of implementation of the improvement plan was November 2024, but that the implementation would be phased with full performance and project plans introduced by service.

33.1.2 Members accepted the recommendations laid out in the paper. A further update would be brought to the Committee in March 2023. **JCa / DM**

### 33.2 Oral Health Service Annual Report

33.2.1 Ms Long presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

### 33.3 General Practice Out of Hours Service Annual Report (LUCS)

33.3.1 Ms Long presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

### 33.4 Bowel Cancer Screening Annual Report



- 33.4.1 The chair welcomed Dr Millar to the meeting and she presented the previously circulated paper. Ms Gillies noted that in England there was a twice yearly quality screening of colonoscopists on the number of polyps detected. A similar review was not in place in Scotland but there was a move to introduce this nationally. Training for colonoscopists was being supported.
- 33.4.2 Ms Gillies advised that screening was one of three streams of work in colonoscopy along with symptomatic patients and surveillance of known high risk patients.
- 33.4.3 Dr Millar agreed to ask for deprivation data to be added to the national colonoscopy screening uptake data.
- 33.4.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

#### **34. Exception Reporting Only – reports provided**

##### **34.1 Duty of Candour Annual Report**

- 34.1.2 Members approved the report for publication.

##### **34.2 Members noted the following previously circulated papers:**

- 34.2.1 Cervical Cancer Screening Annual Report;
- 34.2.2 Sexual Health and Blood Borne Virus Programme Board Annual Report;
- 34.2.3 Care Home Annual Report;

#### **35. Other Minutes: Exception Reporting Only**

Members noted the following previously circulated minutes:

- 35.1 Clinical Management Group, 14 May 2022, 9 August 2022;
- 35.2 Area Drug and Therapeutics Committee, 10 June 2022;
- 35.3 Organ Donation Sub Group, 18 August 2022;
- 35.4 Public Protection Action Group, 6 June 2022.

#### **36. Corporate Risk Register**

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

#### **37. Reflection on the Meeting**

- 37.1 Ms Ireland agreed to highlight the following items in the Committee chairs' updates at the next Board meeting: Paediatric Audiology and the physiological services measurement framework; limited assurance taken regarding the safety concerns around delayed discharges in Edinburgh Health and Social Care Partnership; Drug Related Deaths Annual Report. **FI**

37.2 Ms Ireland also agreed to highlight the workforce and recruitment issues affecting healthcare governance to the Staff Governance Committee. There were already various streams of work ongoing to mitigate these concerns. **FI**

**38. Date of Next Meeting**

38.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 29 November 2022** by video conference.

**39. Further Meeting Dates**

39.1 Meetings in 2023 would take place at 13.00-16.00 on the following dates:  
- 24 January 2023;  
- 14 March 2023;  
- 23 May 2023;  
- 18 July 2023;  
- 26 September 2023;  
- 28 November 2023.

**Signed by Chair 29.11.2022**

## FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 17 August 2022 by videoconference.

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

**In attendance:** Mr C. Adam, Programme Director, Capital Planning and Projects (item 18.4); Ms E. Amor, Assistant Finance Manager (item 18.3); Ms D. Carmichael, Service Manager, Royal Edinburgh Hospital; Dr L. Carruthers, Head of Oncology Physics (item 18.3); Ms S. Cosens, Senior Programme Manager (item 18.3); Mr J. Crombie, Deputy Chief Executive; Mr N. Bradbury, Capital Finance Manager (item 18.3); Mr I. Graham, Director of Capital Planning and Projects; Ms H. Klinge, Senior Capital Programme Manager (item 18.3); Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr D. Mill, Senior Project Manager (item 21.1 and 21.2); Ms B. Pillath, Committee Administrator (minutes); Dr C. Reid, Consultant (item 18.3); Mr C. Stirling, Site Director, Western General Hospital; Mr D. Thompson, Board Secretary; Ms L. Whyte, Clinical Commissioning Manager (item 18.3).

**Apologies:** Mr C. Campbell, Chief Executive; Ms T. Gillies, Medical Director; Dr J. Hopton, Programme Director; Ms A. MacDonald, Executive Nurse Director.

### Chair's Welcome

*The Chair welcomed members to the meeting.*

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

### 17. Committee Business

#### 17.1 Minutes and Actions from Previous Meetings (31 May 2022)

17.1.1 Members accepted the minutes from the meeting held on 31 May 2022 as a correct record.

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

#### 17.2 Digital Oversight Board

17.2.1 Members requested more information about the remit and reporting structure of the Digital Oversight Board. Mr Marriott agreed to circulate the Terms of Reference of the group and to arrange a meeting with Martin Egan, Head of eHealth for Mr Fleming, Mr Allenby, Mr McCann and any others who were interested. **CM**

17.2.2 Clarity was needed on the reporting routes to the Board, as the corporate risk was within the remit of the Finance and Resources Committee.

## 18. Capital

### 18.1 Property and Asset Management Investment Programme

- 18.1.1 Mr Graham presented the previously circulated paper. He advised that the revised Initial Agreement on HSDU (Hospital Sterilisation and Decontamination Unit) was expected at either the October or December meetings of the Committee. **IG**
- 18.1.2 In response to a question about the statement in the key risks that enhanced sustainability requirements resulted in difficulty in obtaining tenders, Mr Graham advised that although construction contractors had the resources to meet sustainability requirements, due to competition they may be able to make a quicker return on work which did not have the complex governance and sustainability requirements of a healthcare facility. The Scottish Government was working to make NHS contracts more attractive to contractors by building up a pipeline of works.
- 18.1.3 Referring to the table in appendix 1 of the report, Mr Graham advised that ESMAC (Equally Safe Multi Agency Centre) was a primary care community project and the team was working on the assurance programme and lessons learned following the management of the project using a new simpler process. The main concern was the competency of a contractor which had been recruited using the national framework. The team was working with the Lothian Capital Investment Group (LCIG) to resolve this.
- 18.1.4 In relation to a formal complaint received about the NHS Blood Transfusion Service at, Mr Graham advised that points raised had not been identified at a previous review by Health Facilities Scotland, now NHS Assure. NHS Lothian was now working with NHS Blood Transfusion Scotland to resolve this.
- 18.1.5 With regard to the capital spending review, Cllr Akhtar noted that local authorities were now using separate funding sources specifically to deal with areas of population growth and asked how NHS Boards were dealing with this. Mr Marriott noted the importance of population growth in planning, for instance the increase in demand for cancer care due to population growth. He advised that NRAC funding did take into account population change and that there was engagement with the Scottish Government regarding this. There were also capital projects, including the cancer centre, that were funded separately.
- 18.1.6 In relation to primary care capacity prioritisation, Mr Graham advised that priorities were being identified in conjunction with the Health and Social Care Partnerships and there would be a further update in the PAMIP report at the December 2022 meeting.
- 18.1.7 Mr Graham advised that the additional funding for backlog maintenance was based on the money available from the Scottish Government at year end.
- 18.1.8 In response to a question about prioritisation and over commitments, Mr Graham advised that high level over commitments in future years would decrease as Scottish Government funding is received. In-year over commitments would be managed by project slippage throughout the year. The priorities were determined using the asset management strategy, but would also be influenced by Scottish Government

responses to business cases submitted. A development framework was in the progress of being devised which would help to address this.

- 18.1.9 Mr Crombie advised that there was sufficient vaccination centre capacity for the current requirements, although future changes to Scottish Government requirements could affect this.
- 18.1.10 Members accepted the recommendations laid out in the paper.
- 18.2 Commercial Strategy Royal Infirmary of Edinburgh – update
- 18.2.1 Mr Marriott presented the previously circulated paper and the Board's options were discussed. Mr Crombie advised that since receiving recommendations from the Scottish Fire Service the team had met with Consort and were developing an action plan which would indicate whether NHS Lothian or Consort was responsible for each action. This would be sent to the Fire Service once approved. Separate orders would be sent from the Fire Service to NHS Lothian and Consort in the event that they were not content with the progress being made.
- 18.2.2 Members accepted the recommendations laid out in the paper.
- 18.3 Edinburgh Cancer Centre – revised initial agreement
- 18.3.1 Mr Crombie introduced the previously circulated paper, noting that this important piece of work focused on person centred care and addressing population demand. There had been significant engagement with regional health boards which use the existing Edinburgh cancer centre and the new building would be designed to meet the requirements for modern cancer care. The chair welcomed Ms Cosens and Mr Bradbury to the meeting and they gave a presentation.
- 18.3.2 Mr Stirling advised that sophisticated analysis had been done to map out the bed capacity required in the new cancer centre which took into account the expected significant population growth as well as the need to change the model of care which would allow more patients to remain at home. Dr Reid advised patient outcomes were consistently better if the patient was not admitted unless required, and that all services across the UK were looking to move to models of care which would reflect this and improve quality of care by treating patients in the best place.
- 18.3.3 Mr McQueen suggested that some of the benefits of the project be emphasised more in the paper before submission to the Scottish Government: showing how the new facility would compare to the best in class cancer centres in the UK and internationally; showing the opportunities for better value and outcomes for patients than currently; the benefits of the proposed new clinical model; additional efficiency savings provided by the new facility and model of care.
- 18.3.4 He also suggested that there should be a clear message that lessons had been learned from the Royal Hospital for Children and Young People project and that there would clear governance arrangements over the 10 years of the project. Mr Stirling agreed to draw these themes out more in the initial agreement, and noted that more detail could also be included in the outline business case.

- 18.3.5 Part of the cost increase since the earlier initial agreement two years ago had been due to a new commitment since that date to move to zero carbon facilities. Another factor had been an increase in floor area as all the plant rooms were now enclosed and therefore part of the project, whereas in the previous initial agreement there had been a percentage allowance.
- 18.3.6 Mr Bradbury advised that costings for the project were carried out using a very specific framework which included the expertise of the whole team and financial advisors, taking into account any cost uncertainties. An optimism bias was included for contingency, but was not duplicated by any other cost uncertainties. The costings would be regularly reviewed throughout the project.
- 18.3.7 Mr Bradbury advised that the other health boards in the South East region would share revenue costs for the new facility as they did now with the current facility. There was already a process set up for this.
- 18.3.8 In response to a question about the expected state of the existing cancer centre in 10 years' time when the new facility was planned to be completed, Mr Stirling advised that pressures would gradually increase due to increasing demand leading to for instance longer delays between chemotherapy doses, admission to beds for chemotherapy thus delaying other admissions, and boarding patients in medical beds thus increasing pressure on the wider system. Staff would also prefer to work in more up to date facilities and there would be a risk that they would move elsewhere.
- 18.3.9 Members thanked Mr Crombie and his team for the work already done on this important capital project, accepted the recommendations laid out in the paper and approved the initial agreement subject to the changes agreed in the discussion.
- 18.4 Western General Hospital Masterplan phase 2: Edinburgh Cancer Centre Enabling Works Initial Agreement
- 18.4.1 Mr Crombie introduced the previously circulated paper. The chair welcomed Mr Adam to the meeting and he gave a presentation.
- 18.4.2 In response to a question about possible delays to the Edinburgh Cancer Centre project, Mr Crombie advised that this would not affect the Western General Hospital phase 2 works as the demolition work could be completed and left until work on the new facility could begin.
- 18.4.3 In response to a question as to whether greenspace and car parking would be affected long term by the demolition work, Mr Adam advised that options for temporary greenspace in the demolition area were being considered and landscape architects had been appointed. There was a long term strategy to retain car parking on the Royal Victoria Hospital site in the area which was currently used as contractor parking for the oncology enabling works. Mr Adam agreed to ensure parking and disabled parking was fully considered as part of the strategy.
- 18.4.4 Members accepted the recommendations laid out in the paper and approved the initial agreement.

## 19. Revenue

### 19.1 June 2022 Financial Position and Year End Forecast

- 19.1.1 Mr McCreadie presented the previously circulated paper. He advised that funding for covid costs was being provided to Health Boards proportionately based on 2021 covid spend, but was not related to actional spend. There was additional money for test and trace and money allocated to the Integration Joint Boards.
- 19.1.2 An overspend on drugs had been predicted but that additional funding was now expected from the Scottish Government to go towards the New Medicines Fund, but this expenditure continued to increase due to new drugs as well as increased use.
- 19.1.3 The Scottish Government was expected to provide additional winter funding but this had not yet been notified, which made planning difficult.
- 19.1.4 There had been regular updates from national procurement on energy costs and implications. The Committee would be kept updated and costs would be built into forecasting.
- 19.1.5 Members accepted the recommendations laid out in the paper and accepted limited assurance on a breakeven position in 2022/23.

### 19.2 Finance Risk 3600

- 19.2.1 Mr Marriott presented the previously circulated paper. In response to a question regarding the work of the Financial Oversight Board on delivering efficiency savings, Mr Marriott advised that a workstream had been established for each of the key areas, reporting to the Corporate Management Team. Project leads had a specific remit to save 1% of the current spend. There was also a national programme of financial recovery with the Scottish Government working with the Chief Executives and Finance Directors of the Boards aimed at reducing spend on larger areas such as agency, drugs and workforce.
- 19.2.2 Mr Crombie advised that a number of projects aimed at making efficiencies in the future by training staff in quality improvement methods including quality academy training, training of middle managers and engagement with different departments by the sustainability and value finance team. Mr Marriott advised that a major training programme was taking place for non finance managers in financial management.
- 19.2.3 Mr Marriott advised that work was ongoing to use nursing resources as efficiently as possible by employing band 4 nursing staff for certain tasks as staff were easier to recruit at this level. 50 staff per quarter were being recruited to these band 4 roles.
- 19.2.4 Mr Crombie advised that there was collaboration with the Centre for Sustainable Development and a number of workstreams were in progress in key areas. He agreed to bring more detail on this to the next meeting. **JCr**
- 19.2.5 Members accepted the recommendations laid out in the paper and accepted limited assurance on the plan to mitigate this risk.

## **20. Scottish Hospitals Inquiry**

### **20.1 Scottish Hospitals Inquiry update**

- 20.1.1 Mr Marriot presented the previously circulated paper and members accepted the recommendations laid out and accepted significant assurance.

## **21. Sustainability**

### **21.1 Update on Sustainability**

- 21.1.1 Mr Mill presented the previously circulated paper. Mr McCann suggested some improvements to commentaries and to labeling and titles in the graphs and tables presented in the report to make the information clearer, and would discuss with Dr Hopton outwith the meeting.
  - 21.1.2 Mr Mill advised that there was data from energy consumption, transport and waste disposal as organisations were required to report to the Scottish Government on these areas. However, only 24% of NHS Lothian's emissions were produced in these reporting areas. There was far less research on what the carbon costs were for areas such as procurement, drugs and services, how to measure these, and how to identify where resources should be focused. It was expected that drugs would be the next challenge. Mr Mill noted that procurement plans, tenders and contracts could be used to influence the drug manufacturing process.
  - 21.1.3 Mr Mill advised that long term waste data was problematic as a change in the data profile over time meant that trends were not yet meaningful, but this was improving and internal analytics data was more accurate and could be used to engage staff and make improvements.
  - 21.1.4 It was noted that as measuring had taken place during covid years it was not yet clear what the baseline was in some areas, for instance transport emissions had reduced during covid restrictions whereas waste disposal had increased.
  - 21.1.5 Members accepted the recommendations laid out in the paper and accepted significant assurance that robust processes were being developed to improve sustainability, and moderate assurance on delivery of net zero, NHS Lothian corporate objectives and NHS Lothian Sustainable Development Framework and Action Plan.
- ### **21.2 Green Public Sector Estate Decarbonisation Scheme Business Case**
- 21.2.1 Mr Mill presented the previously circulated paper. It was noted that the preferred option for the project had accost within NHS Lothian's approval limit; if the second option was chosen then additional funding would have to be sought from the Scottish Government.
  - 21.2.2 Members accepted the recommendations laid out in the paper and approved the preferred option for the business case.



**22. Reflections on the meeting**

22.1 Mr McCann agreed to highlight the increased financial risk to the Board at its next meeting. It was noted that the Cancer Centre initial agreement would be submitted to the Board as part of the consent agenda.

**23. Date of Next Meeting**

23.1 The next meeting of the Finance and Resources Committee would take place at **14.00** on **Wednesday 26 October 2022**.

**24. Meeting Dates in 2022**

24.1 Further meetings in 2022 would take place on the following dates:  
- 21 December 2022, 9.30.



Angus McCann, Chair  
28/10/2022

## NHS Lothian

### Staff Governance Committee

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 27 July 2022 via Microsoft Teams.

#### Present:

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

#### In Attendance:

**Mr J. Crombie**, Deputy Chief Executive; **Ms A. Langsley**, Associate Director of OD & Learning; **Ms L. Barclay**, Business Manager Human Resources; **Ms F. Ireland**, Deputy Director, Nursing; **Mr D. Thompson**, Board Secretary; **Ms H. FitzGerald**, Staff Side Representative; **Mr A. Tyrothoulakis**, Site Director, SJH; **Ms M. Campbell**, Director of Facilities; **Ms R. Hallows**, Workforce Equality Project Support Manager (Item 2); **Ms M. Callander**, Assistant Programme Manager, Women & Children's Services (Item 2); **Ms J. MacKay**, Director of Communications (Item 5.5); **Ms Jenni Duncan**, Head of Recruitment, Human Resources (Item 6.1); **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 11.4); **Mr G. Ormerod**, Committee Administrator (minutes).

#### Apologies:

**Mr C. Campbell**, Chief Executive; **Ms R. Kelly**, Deputy Director of Human Resources; **Mrs J. Campbell**, Chief Officer, Acute Services; **Ms A. MacDonald**, Executive Director of Nursing, Midwifery and AHPs.

### 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.*

#### **15.            Declaration of Interests**

15.1            No interests were declared.

15.2            The Chair noted that Ms Hirst's term as a member of the NHS Lothian Board would end on 31 August and that this would be her final meeting of the Committee.

15.3            The Chair thanked Ms Hirst, acknowledging her substantial contributions to the work of the Committee over the last three years and to the Board, more generally. He noted, particularly, Ms Hirst's diligence, good judgement, focus and her ability to identify key issues for the Committee's attention.

## **16. Presentation - Disabled Employee Network**

16.1 Ms Callander and Ms Hallows presented an updated on the Disabled Employee Network, the purpose of which was to encourage contact, support and friendship amongst staff members who identify as having a disability. The following key points were highlighted:

- The Network had grown in size to include over fifty members, representing individuals from a number of departments and a range of staff grades and bands. Staff members with both visible and invisible disabilities were included;
- Activities included bi-monthly meetings, taking place at both lunchtimes and evenings to provide flexibility, and wider networking events;
- As previously agreed by the Staff Governance Committee, relevant staff had been granted protected time to allow them to engage effectively;
- A dedicated conference on “Uncomfortable Conversations: Discrimination in Healthcare” took place in May, resulting in positive feedback and there were intentions to hold similar events in the future;
- The equality and diversity module had been updated on LearnPro and this had contributed to the increase in membership;
- Other developments included dedicated lunch sessions on specific issues, improvements to how reasonable adjustments are recorded and signed off, and the use of “disability passports”.

16.2 The Chair asked about the visibility and accessibility of the Network amongst staff and how this development compared with activity in other NHS boards.

16.3 It was explained that the Network featured on the NHS Lothian Intranet site and that communications were undertaken to raise awareness amongst staff, and particularly to explain how staff might seek support and help if they consider themselves to have a disability or impairment.

16.4 In comparison to most other boards, NHS Lothian’s Network was well advanced, alongside similar initiatives in Glasgow and Tayside. It was understood that NES and HIS were also developing their own networks.

16.5 The Committee welcomed the update and acknowledged that the Disabled Employee Network was an excellent initiative.

## **17. Minutes and Action Note of the Previous Meeting held on 1 June 2022**

17.1 The minutes of the previous meeting were approved as an accurate record, with one minor amendment required to ensure that Ms Miller was included amongst the list of Committee members, rather than as an attendee.

17.2 The following actions were discussed:

- Speak Up Campaign – The Chair would meet with Mrs Butler and Ms Kelly on 3 August to discuss this.
- National Treatment Centre – The Chair had discussed this as part of the IJB workforce plan with partners and the Council. The action was concluded.

## **18. Matters Arising**

18.1 There were no further matters arising.

## **19 Staff Experience**

### **19.1 Advancing Equalities Action Plan 2022/23 – update**

19.1.1 The Director of Human Resources provided an update on the delivery of the 2022/23 Action Plan, approved in June. She explained that early progress was already being made across a range of areas, including:

- Continued delivery and planning of “coffee roulette” sessions to encourage conversations about equality, diversity and inclusion;
- Approval by CMT of protected time for Staff Network chairs, making it easier for them to attend meetings (to be reviewed after six months);
- Engaging with the local Partnership Forum to raise awareness of the Staff Networks;
- The delivery of “lunch and learn” sessions on relevant issues.

19.1.2 The Chair stated that he had found his recent coffee roulette session very useful, and he hoped more non-executive directors would take the opportunity to participate.

19.1.3 Clarification was sought on the suggested delay in establishing the Women’s Network. The Director of Human Resources explained that the necessary infrastructure was in place and that implementation would come once agreed at the Partnership Forum and CMT.

19.1.4 The Committee accepted moderate assurance in relation to progress with the delivery of the Advancing Equalities Action Plan 2022/23.

### **19.2 Whistleblowing Report**

19.2.1 The Director of Human Resources presented the draft Q1 Whistleblowing Performance Report, for approval, in advance of this being presented to the Board in October. She explained that information on Speak Up cases was appended and the Monitoring Report showing live Whistleblowing concerns raised since March 2022 had been provided separately.

19.2.2 It was highlighted to the Committee that:

- Three additional Stage 2 concerns had been received since the end of Q4 last year. No further Stage 1 concerns had been received;
- Following more than a year of successful and compliant operation, work was underway to review and improve NHS Lothian’s procedures for receiving and recording concerns;
- Stage 2 concerns about Primary Care independent practitioners had been recorded for the first time, allowing lessons to be learned;

- Training activity was continuing, including planned sessions to train investigators;
- There were continued communications, targeted at managers and staff, to raise awareness of the Whistleblowing Standards and procedures and to share learning;
- There had been 34 contacts received via Speak Up Ambassadors during Q1, four of which were subsequently raised under the Whistleblowing Policy.

19.2.3 Clarification was sought on the indication within the Q1 Report that concerns received were often “overlaid by cultural issues”. It was explained that this referred to the complexity of many concerns raised and that they were often linked to interpersonal issues or grievances, which required to be addressed under different processes. Separating these to identify true Whistleblowing concerns was often challenging and the Speak Up mechanism was an important aspect of this.

19.2.4 The Committee approved the Q1 Whistleblowing Performance Report and accepted moderate assurance that systems and processes are in place to help to create a culture which ensures employees, contractors, and others to whom the Standards apply have absolute confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured that concerns raised will be acted upon.

### **19.3 Staff Wellbeing Strategy update**

19.3.1 The Associate Director of OD & Learning provided an update on the completion of the first-year delivery plan for the NHS Lothian Wellbeing Strategy “Work Well” and the delivery plans in place for year two. She explained that a significant amount of work had been undertaken during year one, including the establishment of a psychological support service, with 80% of users reporting an improvement in wellbeing, and the creation of a Peer Support Service with 63 recorded contacts and unrecorded contact expected to be significantly higher.

19.3.2 The delivery plan for year two was designed to build upon this substantially, through ongoing consultation with staff, further training for managers and leaders, the continued development of team and individual burnout scales, and a range of other targeted events and initiatives.

19.3.3 The Chair asked if engagement from managers was mandatory. The Associate Director of OD & Learning explained that mandating involvement created a risk of disengagement. It was anticipated that planned communication and engagement activity should ensure a significant level of willing participation. Levels of engagement would be measured to evidence this.

19.3.4 The Committee asked about the risks of non-recurring funding sources over a multi-year delivery period. The Associate Director explained that sources of non-recurring funding were being utilised to extend their impact over time, such as by purchasing items in bulk. Clarification was being sought from the Scottish Government about whether its funding would be recurring or not.

- 19.3.5 The Committee discussed the challenge of measuring impacts, the risks of relying on averages, and the difficulties of collecting data in integrated areas. Exit interviews were generally considered unreliable as a source of collective data but alternative approaches in this area were being explored by the OD Team.
- 19.3.6 The Committee noted and welcomed the work undertaken during year one of the Strategy and supported the delivery plans in place for year two, it accepted a moderate level of assurance that the Strategy and its associated delivery plan would contribute to supporting staff wellbeing.

#### **19.4 Staff Engagement and Experience Framework progress update**

- 19.4.1 The Associate Director of OD & Learning provided an update on the Staff Engagement and Experience Framework (SEEF). Of the 21 areas across NHS Lothian identified as requiring their own local plans, 13 had submitted plans for 2021/22. This low rate of return was linked to the impact of ongoing system pressures on the capacity of all areas to document the activity being undertaken.
- 19.4.2 Local delivery plans for 2022/23 were being sought and each area would be expected to present its plan to the Programme Board.
- 19.4.3 The Committee accepted a moderate level of assurance that the Framework actions were on track both in terms of corporate enablers and Local SEE Plans.

#### **19.5 Staff Engagement and Experience Communication Strategy and Plan**

- 19.5.1 The Director of Communications, Engagement and Public Affairs presented an update on the communications work undertaken and planned to support Staff Engagement and Experience associated activities.
- 19.5.2 The Director highlighted that efforts were being made to support each workstream and ensure that staff were able to see the connection between them and link these to their own experiences. It was expected that this would enhance the perception amongst both existing and potential staff that NHS Lothian is a great place to work.
- 19.5.3 A review of internal communications was about to commence, and this would seek to address current challenges in reaching non-desk-based staff, by undertaking a range of focus groups and one-to-one interviews in the relevant areas. Digital surveys would also be deployed to support this effort. A further progress update would be provided to the Committee in December.
- 19.5.4 The Committee asked how the information for staff on the Intranet is kept up to date and relevant and whether there was appropriate resource in place to support this. The Director explained that responsibility was necessarily devolved to relevant services and business units but that the Communications Team monitor and encourage regular reviews of content.
- 19.5.5 The Committee accepted moderate assurance that the communications strategy and its associated delivery plans were in place and would positively support and promote the Staff Engagement and Experience.

## **19.6 Agile Working update**

- 19.6.1 The Director of Human Resources presented a brief progress update on the development of an agile working approach within NHS Lothian. She explained that a set of draft principles had been developed to support this and to ensure that the benefits of hybrid and remote working experienced during past 28 months were not lost. These were being shared with the Committee for noting. A fuller update would be presented to the Committee in October.
- 19.6.2 The Committee recognised the benefits of flexible and agile working but suggested that there were also important benefits of staff being co-located on site, such as developing and building effective teams. It was requested that this also be reflected appropriately within the draft principles.
- 19.6.3 The Committee noted the current position on agile working and that a further update report would be provided at the October meeting.

## **20. Assurance and Scrutiny**

### **20.1 East Region Recruitment Service Update**

- 20.1.1 The Head of Recruitment presented an update on the transition and implementation of the East Region Recruitment Service. A Phase 1 soft launch had taken place on 13 June and the Phase 2 rollout period would run from 25 July through to 2 September.
- 20.1.2 The Committee noted progress in relation to both the East Region Recruitment Transformation Programme and the implementation and rollout of the East Region Recruitment Service.

### **20.2 Corporate Risk Register**

#### **20.2.1 3455 – Management of Violence and Aggression**

- 20.2.1.1 The Deputy Director of Nursing provided a verbal update on the status of this risk and the mitigation plans in place. These included:
- The 'keeping people safe' campaign discussed by the Committee in June had been approved by CMT;
  - The lone working devices roll-out has been temporarily paused, but agreement is in place for each business unit to provide a senior leader as project support until the end of March 2023;
  - Funding for lone working will need to be agreed from March 2023 onwards as non-reoccurring funding is due to come to an end;
  - Workstreams are working on options appraisals for education and managing V&A relevant to purple packs;
  - Purple packs have been tested in six areas together with the Mental Health Audit Tool (MHAT) on MEG that will be rolled out soon.

20.2.1.2 The Committee asked if a technical resource was available to support the use an roll out of purple packs. It was confirmed that the MEG system supports the ability to review these electronically and record actions against each service.

20.2.1.3 The Chair requested that a more detailed update be provided at the next meeting in October. FI

### **20.3.1 3828 – Nurse Workforce – Safe Staffing Levels**

20.3.1.1 The Deputy Director of Nursing provided a verbal update on the status of this risk and the mitigation plans in place. It was highlighted that:

- The establishment gap will remain until the next phase of nurses join in September, with some filtering through now. The gap is 6.95% compared to the 5% target and a 7.50WTE gap. Absences due to sickness, maternity, and Covid-19 remain high;
- Recruitment has started in REAS to help with a pilot for Mental Health work-based training and support for B4 programme. Midwifery and Nursing workforce plans were being brought forward.

20.3.1.2 The Committee noted nursing as the highest risk within Acute Services and across the organisation due to burnout. It was noted that bank and agency staff are often drawn from the same pool.

20.3.1.3 The Committee asked if any early warning mechanisms were in place to highlight when absences might lead to divergence from legal minimums. It was explained that the use of e-rostering was designed to address this by measuring staff availability in real time and supporting the use of mitigating actions.

20..3.1.4 The Medical Director emphasised that reduced staff levels are negatively impacting upon the Board's ability to deliver care. The Director of Human Resources reinforced this position.

### **20.4.1 5020 – Water Safety**

20.4.1.1 The Director of Estates and Facilities presented a report on actions being taken to ensure water safety and the Board's compliance with the statutory requirement to meet standards regarding Legionella.

20.4.1.2 Whilst significant progress had been made in ensuring that the necessary policies, procedures and compliance requirements were being put in place for all properties within the NHS Lothian portfolio, there remained challenges when it came to independent practices. Further steps were being taken to ensure that practice owners understood their obligations and how to fulfil them.

20.4.1.3 The Chair stated that, due to the continued limited assurance on this risk, he would like to see an updated report showing risks at an individual site or premises level, with appropriate RAG-rating and details to demonstrate where actions were being addressed or not. This should also indicate which organisation was responsible for compliance at each site. Including any site-specific context would help the Committee understand particular areas of complexity and challenge.



20.4.1.4 The Committee accepted limited assurance that the evidence and actions are in place to allow NHS Lothian to demonstrate compliance with all necessary statutory and advisory guidance for the supply of waste that meets the required standards.

## **20.5.1 3328 – Traffic Management**

20.5.1.1 The Director of Estates and Facilities presented an update on the delivery of the Risk Mitigation Plan in relation to the Roadways/Traffic Management risk. Agreed mitigation actions were being progressed across all areas and sites, however no change was proposed to the risk description, its grading, or assurance level, at this stage. It was noted that an increase in adverse traffic events at the WGH during Q1 had increased this specific site safety risk.

20.5.1.2 The Chair asked why 2018 recommendations to address traffic issues at the entrance to the RIE had not yet been implemented. The Director of Estates and Facilities confirmed that this was now being reviewed and that the original proposal would either be implemented, or the ongoing risk accepted and managed accordingly.

20.5.1.3 The Committee acknowledged the progress to date on risk mitigation activities and accepted the resulting recommendations set out in the paper, including an evaluation of limited assurance on the management of this risk.

## **21. Health and Safety Assurance**

21.1 The Medical Director invited the Committee to note the Health and Safety Assurance update report provided which included risk assurance levels for Q4 2021/22 and the minutes of the NHS Lothian Health & Safety Committee meeting of 25 May 2022. The H&S Committee had accepted moderate assurance across all three key risk topics of: Slips, Trips and Falls; Stress; and RIDDOR.

21.2 The Committee noted the information provided.

## **22. Sustainable Workforce**

### **22.1 3-Year Workforce Plan**

22.1.1 The Director of Human Resources presented a final draft of the NHS Lothian 3-Year Workforce Plan (2022-25), prior to its submission to the Scottish Government at the end of July. She highlighted that this was a strategic-level document that would be finalised once feedback was received from the Scottish Government, expected by the end of August. Following this, more detailed action plans would be developed internally to support implementation.

22.1.2 The Director explained that, whilst the latest Scottish Government guidance (received late, in April) had been followed as closely as possible, the structure of the Workforce Plan had been deliberately aligned with that of the Lothian Strategic Development Framework (LSDF) in order to ensure its relevance to the

particular workforce challenges of NHS Lothian. The Workforce Plan had been closely reviewed by the Workforce Development Board and approved by the CMT on 19 July.

22.1.3 A meeting with Scottish Government officials had been scheduled for August to discuss the Plan and receive feedback. It was anticipated that the Scottish Government was likely to be focused on short-term pressures and it would be important to make clear that the Plan covers a more medium-term horizon.

22.1.4 The Chair offered his thanks to all involved in the development of the Plan and welcomed the significant efforts made to identify and address the specific needs of NHS Lothian. He asked what impact the modelled assumptions on population demographics were likely to have on the running of new facilities. It was confirmed that new service delivery models and ways of working would be factored into subsequent business cases.

22.1.5 The Committee welcomed the Plan, commending it as an excellent piece of work and supporting its submission to the Scottish Government. In discussion, the following points were highlighted:

- The final Plan should be shared with all Board members, for information and assurance;
- The implications of Scottish Government policy decisions, such as the proposed National Care Service, would need to be considered;
- There should be continued communication to Scottish Government and the public about the significant workforce challenges faced by the Board;
- There should be a continued focus on supportive staffing policies and ensuring that managers are aware and trained to deliver them.

## **22.2 Workforce Report**

22.2.1 The Committee received and noted an updated Workforce Report, reflecting the position at June 2022. In discussing the content of the Report, the Committee considered the following points:

- Exit interview questionnaires were subject to low uptake and not particularly useful in providing learning. Alternative options could be explored; and
- A more proactive approach would be to survey staff who might be considering leaving NHS Lothian to understand how they might be retained.

## **22.3 Education Governance Board update**

22.3.1 The Associate Director of OD & Learning provided an update on the role of the Education Governance Board (EGB) which acted as a forum to oversee common education governance systems and standards which positively impacted upon the experience of staff and patients. She explained that, although some activities had been necessarily paused during the course of the pandemic, the Board had continued to meet online and any critical training had been

delivered. The paper set out plans to remobilise and deliver the Board's previously suspended priorities during 2022/23.

- 22.3.2 The Committee accepted moderate assurance that the priorities outlined in 2020/21 and 2021/22 EGB Work Plans, suspended during the pandemic, would be resumed in the current financial year.

**23 For Information and Noting**

**23.1 Staff Governance Work Plan 2022-23**

- 23.1.1 The Committee noted its workplan for the current financial year. It was agreed that a regular review of the Committee's Terms of Reference should be included within the workplan. **WM**

**23.2 Staff Governance Assurance Statement 2022-23**

- 23.2.1 The Committee accepted the updated Statement of Assurance Need for 2022/23.

**24. Reflections on meeting**

- 24.1 The Chair agreed to highlight at the Board meeting on 3 August the Committee's concerns in relation to safe staffing levels and to communicate the Committee's approval of the 3-Year Workforce Plan.

**25. Date of Next Meeting**

- 25.1 The next meeting of the Staff Governance Committee would take place at 9.30am on Wednesday 12 October 2022.

***Minutes Agreed and Signed by Chair  
12.10.22***

# Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 25 August 2022	2.00pm	Virtual Meeting held using Microsoft Teams.

**Present (voting members):**

Carolyn Hirst (Chair)	Val de Souza	Jock Encombe
Angus McCann	Cllr Derek Milligan	Cllr Dianne Alexander (substitute for Cllr Colin Cassidy)
Cllr Connor McManus (substitute for Cllr Kelly Parry)		

**Present (non-voting members):**

Nick Clater (Head of Adult & Social Care)	Claire Flanagan (Chief Finance Officer)	Fiona Stratton (Chief Nurse)
Johanne Simpson (Medical Practitioner)	Rebecca Green (Clinical Director)	Grace Chalmers (Staff side representative)
Wanda Fairgrieve (Staff side representative)	Hannah Cairns (Allied Health Professional)	Keith Chapman (User/Carer)
Miriam Leighton (Third Sector)		

**In attendance:**

Cllr Willie McEwan	Nadin Akita	Sandy Watson (Lead Pharmacist)
Grace Cowan (Head of Primary Care and Older Peoples Services)	Gill Main (Integration Manager)	Elouise Johnstone (Programme Manager for Performance)
Roxanne King (Executive Business Manager)	Fiona Cadogan (Assistant Strategic Manager)	Mike Broadway (Clerk)

**Apologies:**

Cllr Colin Cassidy (Vice Chair)	Cllr Kelly Parry	Cllr Pauline Winchester
Cllr Stuart McKenzie (Proxy Member)	Morag Barrow (Chief Officer)	Joan Tranent (Chief Social Work Officer)

## Midlothian Integration Joint Board

Thursday 25 August 2022

### 1. Welcome and Introductions

The Chair, Carolyn Hirst, in welcoming everyone to this virtual Meeting of the Midlothian Integration Joint Board, expressed her thanks for all the support given to her during her time as Chair, this being her final meeting before she retired as an NHS Lothian Non-Executive Board Member. She also extended a warm welcome on behalf of the Board to Rebecca Green (Clinical Director) and Johanne Simpson (Medical Practitioner).

### 2. Order of Business

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

### 3. Declarations of interest

No declarations of interest were received.

### 4. Minute of previous Meetings

- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 16 June 2022 were submitted and approved as a correct record.
- 4.2 The Minutes of Meeting of the MIJB Audit and Risk Committee held on 3 March 2022 were submitted and noted.
- 4.3 The Minutes of Meeting of the MIJB Strategic Planning Group held on 22 May 2022 were submitted and noted.

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<b>5.1 Chief Officers Report</b> This report provided a summary of the key service pressures and service developments which had occurred during the previous months across health and social care as well as looking ahead at future developments.	Noted the issues and updates arising from the Chief Officers Report.		

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Having heard from Nick Clater (Head of Adult &amp; Social Care) on behalf of the Chief Officer in amplification of the report, the Board discussed the winter flu and covid-19 booster vaccination roll out, drug-related death figures for Midlothian, which it was noted would be the subject of the September IJB Development Session, and demand for aids and adaptation.</p>			
<p><b>5.2 Chair's Update - Presented by Carolyn Hirst</b></p> <p>Carolyn Hirst thanked all those involved in the recent Induction Sessions and hoped that Board Members had found them helpful. With regards the governance documentation circulated by the Standards Officer in advance of the sessions, she encouraged Members to complete and return the necessary information as quickly as possible if they had not already done so, and if anyone was having any difficulties completing any of it to just ask as help was available. Carolyn conclude by reminding everyone about the upcoming Development Workshop session on 15<sup>th</sup> September on the subject of substance use.</p>	<p>Noted the Chairs update</p>	<p>All To Note</p>	
<p><b>5.3 Membership of Integration Joint Board - Report by Mike Broadway, Clerk to the Board and presented by Carolyn Hirst, Chair</b></p> <p>The purpose of this report was to seek the Board's endorsement of nominations for NHS Lothian's non-voting members on the Midlothian Integration Joint Board.</p>	<p>(a) Agreed to endorse the NHS Lothian Board's nominations for non-voting members of the Midlothian Integration Joint Board; and</p> <p>(b) Welcomed existing and new colleagues to the Midlothian IJB.</p>		

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report explained that at the NHS Lothian Board meeting on 3 August 2022 it was agreed that:-</p> <ul style="list-style-type: none"> <li>• Dr Johanne Simpson who currently sits on the Midlothian IJB as a non-voting member and as the Board's nominated "...registered medical practitioner employed by the health board and not providing primary medical services" - be re-appointed for a second three-year term, from 2 October 2022 to 1 October 2025; and</li> <li>• Dr Rebecca Green who took up post as the new Clinical Director of the Midlothian HSCP from 18 July 2022 be appointed as a new non-voting member of the Midlothian IJB and specifically as the "...registered medical practitioner whose name is on the list of primary medical services performers...", to apply retrospectively from her date of appointment for a period of 3 years (18 July 2022 to 17 July 2025).</li> </ul>			
<p><b>5.4 Records Management Plan Update - Paper presented by Roxanne Watson, Executive Business Manager.</b></p> <p>With reference to paragraph 5.4 of the Minutes of 11 October 2018, there was submitted a report the purpose of which was to update Members on the required updates and recommendations for the IJB Record Management Plan. Following the completion of proposed amendments, the IJB Records Management Plan would be submitted to the Record Keeper for review and feedback. This would form part</p>	<p>(a) Approved the recommended updates as detailed in the report;</p> <p>(b) Noted the actions and agreed to review the completed Records Management Plan at a later meeting to allow the re-issue to the Records Keeper;</p> <p>(c) Agreed to receive quarterly updates on progress against the finalised action plan; and</p>		

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>of the action plan, progress against which would be communicated to the IJB.</p> <p>The report explained that the Public Records (Scotland) Act 2011 required IJBs to develop a Records Management Plan (RMP). The IJBs current RMP was submitted to the Records Keeper in 2018. Recommendations were received from the Records Keeper in 2019, but due to pressures relating to the Covid-19 pandemic, work in this area was put on hold.</p> <p>The Board, having heard from Executive Business Manager, Roxanne Watson who having taken Members through the recommended changes and actions, responded to Members' question and comments, acknowledged the importance of having an up-to-date Records Management Plan and proposed that rather than set up a separate local RMP planning group to provide further assurance on the governance of Records Management, the Strategic Planning Group be tasked with this role.</p>	<p>(d) Agreed that the Strategic Planning Group be tasked with providing further assurance to the governance of Records Management.</p>		
<p><b>5.5 Draft Annual Performance Report 2021-22 - Paper presented by Gill Main, Integration Manager.</b></p> <p>The purpose of this report was to update Members on the preparation, and proposed contents, of the draft Midlothian Annual Performance Report 2021/22, which would be presented to the October Board meeting for approval.</p>	<p>(a) Noted the proposed content of the Annual Performance Report;</p> <p>(b) Noted that work on how IJBs took assurance on Hosted and Set Aside Services was currently ongoing; and</p> <p>(c) Noted an invitation to the Strategic Planning Group to discuss a full draft on 14th September 2022.</p>		



## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report advised that the Annual Performance Report provided information on the health and wellbeing of the people of Midlothian and an assessment of performance towards achieving the 9 National Health and Wellbeing Outcomes. It also described the financial performance of the IJB, and the quality of health and care services delivered during 2021-22.</p> <p>Integration Manager, Gill Main in speaking to the report provided the Board with a broad overview of the progress which had been made and thereafter responded to Members' questions and comments.</p> <p>The Board, in considering the draft Annual Performance Report, discussed the issue of Hosted and Set Aside Services and how assurance was taken so that they could be included within the Annual Performance Report (APR), it being noted that work was in progress to include content in relation to the services hosted within Midlothian. Pan-Lothian discussion to enable hosted services to consistently report disaggregated performance data for each HSCP area is underway, but currently not available. In relation to Set Aside Services, it was also noted that steps to establish regular, targeted reporting is underway, but it would not be possible to retrospectively report for the 2021-22 Annual Report. The draft 2021-22 APR would be reviewed in more detail at the September Strategic Planning Group meeting to which all Board Member would be invited.</p>			

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.5 Learning Disability Service Update - Paper presented by Nick Clater, Head of Adult Services.</b></p> <p>With reference to paragraph 5.6 of the Minutes of 9 December 2021, there was submitted a report the purpose of which was to provide an update on Learning Disability services within Midlothian Health and Social Care Partnership (MHSCP).</p> <p>The report summarised the key points arising out of the analysis of the Learning Disability (LD) social care expenditure for MHSCP and the financial governance in place around LD expenditure. Identified some of the complexities around managing the cumulative expenditure where the scope for changing individual care packages can be limited. It also explored possible options to mitigate financial pressures and their potential impacts concluding the need for a review of Learning Disability services, involving a review of the full model of care, including transport costs; commissioned services' funding and day service provision.</p> <p>The Board, having heard from Head of Adult &amp; Social Care, Nick Clater, who provided an overview of the report and current position, before responding to Members' question and comments, discussed the potential possible options detailed in the report, expressing support for the proposed review, but suggesting a 9 month timescale rather than the suggested 6 months.</p>	<p>(a) Noted the contents of the report</p> <p>(b) Agreed that a review of Learning Disability services be progressed and concluded within a 9 months.</p>		

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.7 Clinical and Care Governance Group - Report by Fiona Stratton, Chief Nurse</b></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 the planned phased implementation of a Governance Assurance Framework across all operational teams and professional groups. This refreshed approach would in turn provide an opportunity for consideration to be given to how the HSCP reports assurance to the IJB, which was welcomed by Members.</p>	<p>(a) Noted and approved the contents of the report.</p> <p>(b) Noted that an integrated assurance report will in future be provided that delivers assurance on clinical, care and business governance, and that this would hopefully commence from October 2022</p>		
<p><b>5.8 Update to IJB Improvement Goals - Paper presented by Elouise Johnstone, Programme Manager for Performance.</b></p> <p>The purpose of this report was to update the Board on progress towards achieving the current IJB performance goals for the financial year 2022/23 and to provide an update on progress within the Spotlight programme.</p> <p>Programme Manager for Performance, Elouise Johnstone was heard in amplification of the report and thereafter responded to Members questions and</p>	<p>(a) Noted the performance against the IJB Improvement Goals for 2022/23; and</p> <p>(b) Noted the update in relation to the Spotlight Programme.</p>		

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>comments, following which there was a general discussion regarding the progress being made.</p>			
<p><b>5.9 National Care Service (Scotland) Bill - Paper presented by Nick Clater, Head of Adult Services.</b></p> <p>The purpose of this report was to provide the Board with a summary of the key components of the National Care Service (Scotland) Bill which had been introduced to the Scottish Parliament on Monday 20 June and published on 21 June. The Bill set out a framework for community health, social care and social work, with the legal powers being enacted from 2026 onwards. Services would continue to be designed and delivered locally in response to need. Whilst the full implications of the Bill were still unclear at this point in time, the IJB would be kept up to date with developments as the Bill progresses</p> <p>The Board, having heard from Nick Clater, Head of Adult Services who thereafter responded to Members' questions and comments, discussed some of the implications that might arise from the Bill.</p>	<p>Noted the update relating to National Care Service (NCS) development.</p>		
<p><b>5.10 Midlothian Community Pharmacy (Independent Contractors) Update Paper presented by Sandy Watson, Lead Pharmacist.</b></p> <p>The purpose of this report was to provide the Board with an update on the current service within community pharmacy in Midlothian with respect to</p>	<p>(a) Noted the contents of the report.</p> <p>(b) Noted that a further report would be brought to the Board.</p>	<p>Integration Manager</p>	

## Midlothian Integration Joint Board

Thursday 25 August 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>demand and activity within core and enhanced services, as defined within the NHS Lothian Board Pharmaceutical Care Services Plan; and to advise of actions being taken by independent contractors to address current workforce challenges and associated short term, unplanned closures of community pharmacies.</p> <p>The Board, having heard from Lead Pharmacist Sandy Watson, who thereafter responded to Members questions and comments, considered the report and discussed the current Community Pharmacy provision.</p>			

### 6. Private Reports

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No private business to be discussed at this meeting.

### 7. Any other business

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Board Members joined Val de Souza in expressing their thanks to Carolyn Hirst for all her hard work as both a Member and latterly as the Chair of the Midlothian Board. Carolyn thanked everyone for their kind words and wished the Board every future success.

### 8. Date of next meeting

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

- Thursday 15 September 2022      2.00pm      Special Midlothian Integration Joint Board/Development Workshop.
- Thursday 13 October 2022      2.00pm      Midlothian Integration Joint Board

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

The meeting terminated at 16:10.

# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 13 October 2022  
Item No: 4.2



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

## Present (voting members):

Val de Souza (Chair)	Cllr Colin Cassidy (Vice Chair)	Nadin Akta
Jock Encombe	Angus McCann	Cllr Derek Milligan
Cllr Kelly Parry	Cllr Pauline Winchester	

## Present (non-voting members):

Morag Barrow (Chief Officer)	Hannah Cairns (Allied Health Professional)	Grace Chalmers (Staff side representative)
Claire Flanagan (Chief Finance Officer)	Rebecca Green (Clinical Director)	Fiona Stratton (Chief Nurse)

## In attendance:

Nick Clater (Head of Adult Services)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Karen Darroch (Services Manager, Mental Health & Substance Misuse)
Elouise Johnstone (Programme Manager)	Gill Main (Integration Manager)	Cllr Willie McEwan
Cllr Stuart McKenzie	Jim Sherval (Public Health Practitioner)	Roxanne Watson (Executive Business Manager)
Andrew Henderson (Clerk)		

## Apologies:

Joan Tranent (Chief Officer Children's Services, Partnerships and Communities)		
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## Special Midlothian Integration Joint Board

Thursday 15 September 2022

### 1. Welcome and Introductions

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The Chair of the Midlothian Integration Joint Board, Val de Souza, expressed the board's heartfelt condolences to the Royal Family following the death of Queen Elizabeth II. Val de Souza then took the opportunity to welcome new and returning members to the Special Meeting of the Midlothian Integration Joint Board.

### 2. Order of Business

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

### 3. Declarations of interest

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None

### 4. Public Reports

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>4.1 Chair's Update</b></p> <p>By way of a chairs update, Val de Souza thanked the former Chair of the MIJB, Carolyn Hirst, for her work on the board and outlined her intention to meet with all of the board members individually over the coming months.</p> <p>Val de Souza highlighted that a development session would be arranged in future on the topics of Public Protection and Clinical Care and Governance. Val de Souza then made reference to the National enquiry into the handling of the pandemic and requested that documents that led to decisions being made be retained.</p>	Noted the Chairs update	All to note.	

## Special Midlothian Integration Joint Board

Thursday 15 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>4.2 2021/22 Audited Annual Accounts - Paper presented by Claire Flanagan, Chief Finance Officer.</b></p> <p>Claire Flanagan provided an overview of the of the audited annual accounts for 2021/22 highlighting that the accounts had been approved by the MIJB Audit and Risk committee in September acknowledging elements contained in appendix D that required following up. Claire Flanagan further highlighted a duplication in table 5 that would be removed prior to the final sign off. Reference was made to the year end position, underspends carried forward as earmarked reserves and the final reserve position. Claire Flanagan then responded to points of clarity.</p> <p>In relation to the change in budget monitoring throughout the year, Claire Flanagan acknowledged that EY had raised concerns with regard to the completeness of reporting over the previous year in relation to the Chief Finance Officer's temporary cover and confirmed that following conversations with internal and external auditors since returning from leave that she would be reverting to the previous style of budget reporting used prior to 21/22.</p> <p>With regard to EY's comments on shared services in relation to the Chief Finance Officer, Morag Barrow highlighted that she would discuss this with Val de Souza going forward.</p> <p>Reference was made to risks and mitigation and it was highlighted that with regard to workforce</p>	<p>a) Board members noted the report of the independent auditor and;</p> <p>b) Approved the IJB's annual accounts for 2021/22</p>	<p>All to note</p> <p>Chief Finance Officer</p>	



## Special Midlothian Integration Joint Board

Thursday 15 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>pressures specific recognition should be given to social care and the risks caused as a result notional funding. Claire Flanagan clarified that as this was the final document, narrative changes could not be made but agreed to make specific reference in the risk section of the financial plan document.</p>			
<p><b>4.3 Finance Update: Quarter 1 2022/23 - Paper presented by Claire Flanagan, Chief Finance Officer.</b></p> <p>Claire Flanagan provided an overview Finance Update: Quarter 1 2022/23 report highlighting £900,000 in projected overspends and that further reports would be brought in the future. Claire Flanagan further outlined services that would continue to be supported with COVID-19 funding that would be reported to the Scottish Government as ongoing COVID-19 expenditure.</p> <p>Claire Flanagan confirmed that a letter has been received from the Scottish Government regarding the reclaiming of MIJB unrequired COVID funds that had been allocated by Scottish Government, to cover wider national pressures. Claire Flanagan has discussed this with directors and confirmed a Q2 return will be produced, and that concerns regarding system pressures had been fed back. Claire Flanagan then agreed to circulate the letter from the Scottish Government amongst Board members.</p> <p>A discussion ensued in relation to overspend. Claire Flanagan highlighted that, given the national financial challenges at present, the MIJB continues to work with</p>	<p>a) Noted the quarter one financial review undertaken by partners.</p> <p>b) Noted the COVID exit planning.</p> <p>c) Letter from Scottish Government regarding return of unspent COVID 19 funds to be circulated amongst board members.</p>	<p>All to note</p> <p>All to note</p> <p>Chief Finance Officer</p>	

## Special Midlothian Integration Joint Board

Thursday 15 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>NHS Lothian and Midlothian Council to ensure spending was appropriately directed and that a general reserve was in place and that the MIJB would need to continue to work with its partner organisations to ensure a continued break-even position going forward. Morag Barrow took the opportunity to highlight that overspends generally hailed from pharmaceutical costs and agency staff costs, relating to the national staff shortages.</p> <p>In response to comments regarding the Out Patient services provided at Midlothian Community Hospital, it was highlighted that several additional services had been secured including Audiology, Parkinson's and Bladder and Bowel clinics.</p>			
<p><b>4.4 2022/23 IJB Directions – Part Year Update - Paper presented by Gill Main, Integration Manager and Elouise Johnstone, Programme Manager for Performance.</b></p> <p>Gill Main provided a brief overview of the IJB Directions – Part Year Update – Paper, highlighting that this was a high level report due to the number of Directions, and to advise the Board on the RAG status. Gill Main then took the opportunity to respond to points of clarity.</p> <p>Gill Main clarified that in relation to the RAG status, red signified a delay, amber signified underway and green was on target for the end of the year.</p>	<p>a) Members reviewed the part year performance updates for the 2022-23 Directions reviewed in detail by the Strategic Planning Group on the 14th of September 2022;</p> <p>b) Noted an invitation to Board members to join the executive HSCP team in a short series of workshops in late 2022 to develop strategic Directions for 2023-24;</p>	<p>All to note</p> <p>All to note</p>	

## Special Midlothian Integration Joint Board

Thursday 15 September 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
	<p>c) Considered recommendations to close, amend or replace Directions that have been identified for immediate review;</p> <p>d) And noted the intention to bring a final position on the 2022-23 Directions in February 2023 for the review and modification of proposed 2023-24 Directions ahead of approval in March 2023 and publication on 1st April 2023.</p>	<p>Integration manager</p> <p>All to note</p>	

### 5. Private Reports

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No private reports were submitted for consideration.

### 8. Date of next meeting

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

- Thursday 13 October 2022      2.00pm      MIJB Board
- Thursday 10 November 2022      2.00pm      Development Session

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

The meeting terminated at 15:10

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 20 SEPTEMBER 2022.

### Present

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

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

Apologies – Karen Adamson

In attendance – Robin Allen (Senior Manager), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addictions Services), Linda Roddie (Axiom Consultancy) and Kerry Taylor (Project Officer)

Prior to the start of the meeting the IJB observed a two-minute silence in honour of the passing of HM Elizabeth II. The IJB also wished to convey its condolences, appreciation and respect for Councillor Ann Davidson, IJB member and Chair of the Audit, Risk and Governance Committee, who had recently passed away.

### 1 ORDER OF BUSINESS

The Chief Officer advised that funding had not yet been finalised for Mental Health and Wellbeing in Primary Care Service (agenda item 16); therefore, the Chair ruled that this item of business would be removed from the current agenda, to be considered at the November IJB meeting.

### 2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

### 3 MINUTES

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

### 4 MINUTES FOR NOTING

- a The IJB noted the minutes of the Audit, Risk and Governance Committee held on 15 June 2022.

- b The IJB noted the minutes of the Strategic Planning Group held on 1 September 2022.

## 5 MEMBERSHIP & MEETING CHANGES

The Clerk advised that the council would appoint an elected member to fill the current vacancy and that the change would be confirmed at the November meeting of the IJB.

The Clerk also advised that the Chair of ARGC would be appointed at the November meeting of the IJB.

## 6 DEVELOPMENT OF IJB STRATEGIC PLAN - STRATEGIC NEEDS ASSESSMENT

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance and a presentation by Axiom Consultancy providing an update on the progress made with regards to the Strategic Needs Assessment commissioned to inform the development of the new IJB Strategic Plan and provide an overview of its findings.

It was recommended that the IJB:

1. Note the approach taken to carrying out the Strategic Needs Assessment; and
2. Note the overview of the findings of the assessment which will be used to inform the development of the new IJB Strategic Plan.

### Decision

1. To note the terms of the report and presentation.
2. Members would further consider the contents of the report and presentation at the IJB Development Session scheduled for 29 September.

## 7 CHIEF OFFICER REPORT

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

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

### Decision

To note the terms of the report.

8 WLHSCP AUTUMN/WINTER SEASONAL FLU AND COVID-19 VACCINATION DELIVERY PROGRAM 2022/23

The IJB considered a report (copies of which had been circulated) by the General Manager Primary Care and Community Services outlining WLHSCP's 2022/23 Autumn/Winter Seasonal Flu and Covid vaccination program.

It was recommended that the IJB acknowledge the program delivery plan and note the shared risks currently faced by all Scottish Health Boards.

Decision

To note the terms of the report.

10 2022/23 FINANCE MONTH 4 UPDATE AND QUARTER 1 FORECAST

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2022/23 budget forecast position for the IJB delegated health and social care functions reflecting the outcome of the Month 4 monitoring process.

It was recommended that the IJB:

1. Consider the forecast outturn for 2022/23 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2022/23 budget; and
3. Note that further updates on the 2022/23 budget position and progress towards achieving a balanced budget position would be reported to future meetings.

Decision

To note the terms of the report.

10 AUDIT OF THE 2021/22 ANNUAL ACCOUNTS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer advising members of the outcome of the 2021/22 audit and providing a summary of the key points arising from the Auditor's Annual Report.

In response to a question from members, it was noted that Audit Scotland had been appointed as the next IJB auditor.

It was recommended that the IJB:

1. Consider the Auditors 2021/22 Annual Audit Report including the management action plan;
2. Note that the Audit, Risk and Governance Committee had reviewed the Annual Accounts and Annual Audit report on 7 September 2022 and had no recommendations for the Board; and
3. Agree the audited 2021/22 Annual Accounts for signature.

Decision

To approve the terms of the report.

11 WEST LOTHIAN CARER STRATEGY PROGRESS UPDATE

The IJB considered a report (copies of which had been circulated) by the Carers Strategy Implementation Group providing an update which was requested at the meeting on 17 August.

It was recommended that the IJB:

1. Note the content of the report; and
2. Note the progress made in the Carer Strategy action plan.

Decision

To note the terms of the report.

12 CARE INSPECTORATE ADULT SUPPORT AND PROTECTION JOINT INSPECTION UPDATE

The IJB considered a report (copies of which had been circulated) by the Senior Manager – Adult Services informing members of the outcome and recommendations following the Joint inspection of Adult Support and Protection and subsequent publication of the report on 6 September 2022.

It was recommended that the IJB:

1. Note the content of the report including a summary of identified key strengths and areas for improvement; and
2. Note the actions to be taken to address the areas for improvement.

Decision

1. To note the terms of the report.
2. Further discussions to be held offline on how to optimise work on

areas identified as requiring improvement..

3. A further update to be provided at a future meeting.

13 MENTAL WELFARE COMMISSION REPORT: AUTHORITY TO DISCHARGE - PROGRESS REPORT

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing an annual progress update on the work carried out to meet the recommendations for Health and Social Care Partnerships (HSCPs) outlined within the Mental Welfare Commission's (MWC) report *Authority to discharge: Report into decision making for people in hospital who lack capacity (2021)*.

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

Decision

1. To note the terms of the report.
2. To provide a further update at a future IJB meeting.

14 MEDICATION ASSISTED TREATMENT AND A11 STANDARDS IMPLEMENTATION PLAN

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services seeking approval for the HSCP MAT Standards Implementation plan.

It was recommended that the IJB:

1. Note the contents of the report; and
2. Approve the MAT Standards Implementation plan (Appendix 1 of the report).

Decision

To approve the terms of the report.

15 WEST LOTHIAN ALCOHOL RELATED DEATHS INTERIM ACTION PLAN

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing information on the 2021 West Lothian alcohol specific deaths and an interim plan to reduce them.

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



Decision

To note the terms of the report.

16 WEST LOTHIAN ALCOHOL AND DRUG PARTNERSHIP SELF ASSESSMENT AND GOVERNANCE

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services seeking discussion on the Self-Assessment tool for Alcohol and Drug Partnerships.

It was recommended that the IJB:

1. Note the contents of the report;
2. Discuss the questions raised; and
3. Agree the West Lothian ADP Executive Structure and Terms of Reference.

Decision

1. To note the terms of the report.
2. To agree the West Lothian ADP Executive Structure and Terms of Reference.
3. To note that the IJB had considered the tool and agree that further consideration was required by the ADP team for more clarity on content.

17 INTERIM PERFORMANCE REPORT

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

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

Decision

To note the terms of the report.

18 STRATEGIC COMMISSIONING PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the

Head of Strategic Planning and Performance providing an update on the progress made with regard to the actions detailed within each of the strategic commissioning plans.

It was recommended that the IJB note the progress made with regard to the actions detailed in strategic commissioning plans.

Decision

To note the terms of the report.

19 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

20 NEXT MEETINGS

To note that the next meetings would take place as follows:

- Tuesday 8 November 2022, 2pm, West Lothian Council Chambers
- Tuesday 10 January 2023, 2pm, location TBC
- Tuesday 21 March 2023, 2pm, location TBC
- Tuesday 18 April 2023, 2pm, location TBC
- Tuesday 27 June 2023, 2pm, location TBC



## MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 15 SEPTEMBER 2022  
VIA DIGITAL MEETINGS SYSTEM

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### **Voting Members Present:**

Councillor S Akhtar  
Ms E Gordon  
Councillor C McFarlane  
Mr P Murray (Chair)

### **Non-voting Members Present:**

Ms M Allan	Mr D Binnie
Ms L Cowan	Ms C Flanagan
Dr W Hale	Ms M McNeill
Mr T Miller	Dr J Turvill
Ms F Wilson	

### **Officers Present from NHS Lothian/East Lothian Council:**

Ms L Berry	Mr P Currie
Ms C Goodwin	Mr J Hardman
Ms J Jarvis	Ms L Kerr
Mr M Kennedy	Mr C King

### **Clerk:**

Ms F Currie

### **Apologies:**

Ms F Ireland  
Councillor L Jardine  
Ms V de Souza  
Mr I Gorman

### **Declarations of Interest:**

None

The Chair made a statement on the sad passing of Her Majesty Queen Elizabeth. He paid tribute to her 70 years of service to her country and the wider world, observing that she was someone who deserved the utmost respect. He said that everyone would have their own particular recollections of the Queen and he invited those present to pause for a moment of silent reflection before the commencement of the meeting.

### **1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 25 AUGUST 2022 (FOR APPROVAL) AND MATTERS ARISING**

The minutes of the meeting on 25<sup>th</sup> August 2022 were approved. There were no matters arising.

### **2. CHAIR'S REPORT**

The Chair had no matters to raise in addition to those on the agenda.

### **3. EAST LoTHIAN IJB STRATEGIC PLAN 2022-25**

The Chief Officer had submitted a SBAR updating members on the preparation of the new Strategic Plan for 2022-25 and seeking the IJB's approval of the Plan.

Paul Currie presented the report. He outlined the background to the preparation of the Plan, the consultation process, the agreed strategic objectives and accompanying actions. He reminded members that the Plan was designed to be flexible to take account of changing responsibilities flowing from the new National Care Service and other current and future challenges. The Plan would also be subject to an Integrated Impact Assessment and would be converted from a text-only version to include illustrations and other DTP elements.

Fiona Wilson stated that as a Health & Social Care Partnership, they were keen to be ambitious for local communities and to deliver person-centred care to meet the needs of people in East Lothian.

The Chair said that it was important to him that the IJB demonstrated that, irrespective of the work on the National Care Service, it was still open for business and that it maintained a clarity of purpose and direction, and was keen to deliver on stated objectives. He added that without the strategic enablers the process would be flawed and that these should address any issues which could potentially derail delivery of the Plan.

Maureen Allan put forward some suggested amendments to the text to better reflect collaborative working with the partners and the funding available for delivery of each of the objectives. Laura Kerr suggested that while emphasis around funding could be added to the Plan it was not perhaps the right place of the detailed funding information.

Councillor Shamin Akhtar suggested that Ms Allan's points could be reflected in next year's performance report. In the meantime, she wanted to recognise the comprehensive consultation which had taken place on the Plan including seeking views of those with lived experience, the third sector and others.

The Chair thanked Ms Allan and Councillor Akhtar for their comments.

Mr Currie said that more detail would be included in the delivery plan document but that if Ms Allan could provide specifics he would look at revising the text of the Strategic Plan, where appropriate.

The members agreed to note recommendations i to iii. The vote was taken by roll call on recommendation iv, and this was approved unanimously.

### **Decision**

The IJB agreed to:

- i. Note the consultation and other processes carried out to develop the 2022-25 Strategic Plan and its Strategic Objectives;
- ii. Note the intention to develop an Annual Delivery Plan for the Strategic Plan and to report on progress;
- iii. Note that the SPG approved the Strategic Plan at its 6<sup>th</sup> September meeting and agreed to recommend it to East Lothian IJB; and
- iv. Accept the 2022-25 Strategic Plan.

## **4. IJB ANNUAL PERFORMANCE REPORT 2020-2021**

The Chief Officer had submitted a SBAR updating members on progress with the IJB's annual performance report 2020-2021.

Claire Goodwin presented the report. She reminded members that requirement for the annual performance report was set out in legislation and that the content of the report was in line with the guidance from the Scottish Government including performance in relation to core indicators, Ministerial Steering Group indicators and financial performance. In addition, it contained a detailed narrative describing elements across HSCP services and highlighting key achievements during the year, illustrated with specific examples and case studies. The guidance required the report to be presented in a way that to non-experts and Ms Goodwin explained that this had been addressed in the report's language and design. Further work would be done to make the report even more accessible and easier to navigate and a summary version would be made available online.

The Chair said the report was a great summary of the activity during the year and clearly demonstrated the hard work of staff and the progress made from previous years and the continuing challenge of COVID.

Councillor Akhtar referred to a number of the achievements highlighted in the report and asked how best to acknowledge the role of staff in these achievements and to pass on the thanks of the IJB.

Jennifer Jarvis said she would be happy to produce press releases highlighting key elements from the report and to help reflect these in the design of the report.

Ms Wilson observed that when talking about the new Strategic Plan it would be important to ensure that staff and communities understood their place in the Plan and their part in the delivery process.

The Chair agreed that the choices made regarding priorities for the Strategic Plan should be reflected in the performance report and the delivery of outcomes within a balanced budget added to the level of achievement seen in the current report.

He thanked officers for their work on the report and agreed with Councillor Akhtar on the need to get the message out to staff.

## **Decision**

The IJB agreed to:

- i. Recognise the achievements of East Lothian HSCP and individual services throughout the year; and
- ii. Commend the contribution made by staff, volunteers, communities and partner organisations.

## **5. EAST Lothian COMMUNITY HOSPITALS AND CARE HOMES PROVISION CHANGE BOARD**

The Chief Officer had submitted a SBAR providing members with an update on the progress of the East Lothian Community Hospitals and Care Homes Provision Change Board.

Ms Kerr presented the report. She referred to previous reports presented in December 2021 and March 2022 and advised that this paper provided a further update. She outlined the progress made by the 3 working groups: Communications and Engagement; Capacity and Planning; and Finance and Capital, and she summarised the key messages drawn from the capacity planning work.

The Chair thanked Ms Kerr for the update and reiterated the importance of the work around intermediate care, timely communications and identifying sources of capital funding to take projects forward to the next stage.

Ms Allan said it was generally recognised that East Lothian was ahead of the curve on a lot of these issues and she welcomed the report. She also commended the hard work and commitment of staff over the past few years.

Dr Jon Turvill thanked officers for producing an excellent report and said he looked forward to having the opportunity to contribute to the future work. He referred in particular to the number of people who were in hospital in the last few months of life and the need to improve opportunities for them to remain in their own homes for as long as possible. He added that there were good services available but there was clearly a need to understand and address why these were not being accessed in some cases.

Ms Wilson concurred with Dr Turvill's comments and said capacity in the workforce would be a key issue, along with strengthening connections between community services and building confidence in services overall. She agreed that significant work had been done but that there remained some distance to travel.

## **Decision**

The IJB agreed:

- i. To note the actions and work to date undertaken by the Change Board in relation to the 3 working groups and the production of the Intermediate Care Paper and our focus upon Home First;
- ii. To note the Summary to date of this work and its key messages; and

- iii. To note the continuing and ongoing pressure on staff as a result of the impact of COVID-19 and service impacts of COVID-19 through high levels of sickness, high vacancies, and staff self-isolating.

## **6. 2022/23 Q1 FINANCIAL UPDATE**

A report was submitted by the Chief Finance Officer laying out the results of the partner's (East Lothian Council and NHS Lothian) quarter one financial reviews and considering how these impacted on the projected financial position of the IJB for 2022/23. The report also provided an update on the work to support sustainable financial solutions as part of the COVID exit planning.

Claire Flanagan presented the report. She set out the results of the Partners' quarter 1 reviews and the IJB's financial position as at end June, including the year end forecast of a £1.1m overspend. She advised that COVID funding continued to be drawn down and that this and further allocations from the Scottish Government meant that the budget position would remain fluid in the months ahead. The largest budget pressure would be seen in Set Aside and the biggest financial uncertainty would be the pay award with the costs of this yet to be built into the budget. Despite further allocations from the Scottish Government, there was likely to be a shortfall in COVID funding for 2022/23 and it would be necessary to use winter funding to support COVID exit planning. Most areas had been realigned against recurring funding sources but four areas were currently without allocated funding beyond 2022/23. Ms Flanagan concluded that work would continue to mitigate financial pressures where possible and regular updates would be provided to the IJB.

The Chair acknowledged that the inability to influence the Set Aside budget was a difficulty and that this lack of flexibility would have to be addressed going forward. He also noted the potential shortfall in COVID costs and the impact on key areas if the IJB was unable to use its Reserves.

Ms Flanagan concurred; explaining to members that the Scottish Government had written to all IJBs seeking the return of COVID funding reserve balances where these were not required to cover COVID costs. She added that she continued to submit regular reports to the Government and that this issue had been highlighted.

Ms Flanagan and Ms Wilson responded to a question from Elizabeth Gordon regarding the potential impact of reduced COVID funding on the arrangements for the vaccination programme. Ms Flanagan advised that the vaccination programme was administered and funded by NHS Lothian. Ms Wilson confirmed that there were challenges resulting from reduced funding and planning work was underway to identify sustainable options for premises going forward. She also acknowledged the need to use the transformation programme to address future challenges resulting from the National Care Service and continued pressure on funding across all services.

In response to further questions from members, Ms Flanagan agreed to provide a more detailed outline of prescribing pressures in future financial update reports and suggested that a presentation from colleagues on the Set Aside budget might provide some useful context for members.

Dr Turvill, Mr King and Mr Hardman discussed some of the reasons for increases in the prescribing budget and alternative options for the management of chronic pain. Ms Wilson suggested that a development session on this issue might also be helpful for members and allow them to better understand some of the key challenges.

Ms Allan observed that while she agreed that GPs must prescribe based on their professional judgement, she questioned the necessity of using public funds to prescribe drugs which were cheaply available over the counter.

Lesley Berry outlined the physio-led service in East Lothian for the management of chronic pain and advised that work was ongoing to expand this to include providers such as Enjoyleisure and to cover prescribing options for GPs. A paper would shortly be presented to the Strategic Planning Group covering these options.

The Chair welcomed this news and said he looked forward to seeing the benefits of these new services coming forward in the months ahead. In the meantime, he thanked members for their contributions to the discussion.

### **Decision**

The IJB agreed to:

- i. Note the quarter one financial review undertaken by partners; and
- ii. Note the COVID exit planning.

Signed

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Mr Peter Murray  
Chair of the East Lothian Integration Joint Board





# Minute

## Edinburgh Integration Joint Board

10.00am, Tuesday 9 August 2022

Held remotely by video conference

**Present:**

**Board Members:**

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, George Gordon, Jackie Irvine, Peter Knight, Jacqui Macrae, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson, Moira Pringle, Judith Proctor and Emma Reynish

**Officers:** Matthew Brass, Jessica Brown, Tony Duncan, Rachel Gentleman, Mike Massaro-Mallinson, Jenny McCann, Rebecca Miller

**Apologies:** Elizabeth Gordon and Allister McKillop

### 1. Deputation – Edinburgh Trade Union Council

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

- The deputation requested that Trade Unions are considered as a key figure in the future public consultation on care home closures within Edinburgh. The use of the Consultation Institute was noted of concern.

- The staffing crisis in social care staffing was highlighted, and the closure of care homes could exacerbate this alongside the growing cost of living crisis.
- The lack of induction and training, poor working conditions and the pay increasing not matching the rate of inflation were examples the deputation gave for the staffing crisis. The deputation requested the EIJB consider these points when moving forward.

## 2. Minutes

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The minute of the Edinburgh Integration Joint Board of 19 April 2022 was submitted for approval as a correct record.

### Decision

- 1) To approve the minute as a correct record.
- 2) To note that the Chair of the EIJB would follow up on the original action to raise funding concerns for MAT 2 with the Scottish Government, as noted under Item 3.

## 3. Rolling Actions Log

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The Rolling Actions Log updated to August 2022 was presented.

### Decision

To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

## 4. Annual Review of Directions – Referral from the Performance and Delivery Committee

---

The Annual Review of Directions was referred from the Performance and Delivery Committee for approval.

### Decision

- 1) To approve the varied Directions provided at Appendix 1 of the report.
- 2) To circulate the Workforce Strategy to all Board members.

(References – Performance and Delivery Committee 6 April 2022 (item 4.3); Report by the Service Director – Strategic Planning, EHSCP, submitted)

## 5. Primary Care Improvement Plan (PCIP) 5.0

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A summary of progress made in 2021-22 against the Primary Care Improvement Plan (PCIP) was presented to the Board.

### Decision

- 1) To note that the whole time equivalent (wte) multi-disciplinary team posts funded from PCIP has risen from c170 to c225 over the course of the year, exceeding expectation (end March 22).
- 2) To note a snapshot estimate of staff in post was taken in mid-April against the figure above; 190wte of c15% vacancy due to turnover.
- 3) To note that turnover continues to affect pharmacotherapy most, with other areas of recruitment relatively stable. Access to pharmacotherapy hubs remains differential across the City, as they become established over 2022 and 2023.
- 4) To note confidence in the efficiency of all areas of PCIP investment, although not all have yet been subject to structured evaluation. (Outstanding initial evaluations will be completed in 2022).
- 5) To note the estimated wte capacity benefit per average practice of a combination of CTAC and Vaccination Transfer of 0.7 wte and acknowledges that access to CTAC services remains differential across the City.

(Reference – Report by the Chief Officer, EIJB, submitted)

## **6. Lothian Strategic Development Framework**

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The progress in the development of the Lothian Strategic Development Framework (LSDF) was presented to the Board for noting.

### **Decision**

- 1) To note progress and support the development of the LSDF.
- 2) To note that a further developmental session on the LSDF is planned for the Autumn and the output of the Integrated Impact Assessment will be provided.

(Reference – Report by the Chief Officer, EIJB, submitted)

## **7. Finance Update**

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The confirmed outturn position for 2021-22 was presented for noting.

### **Decision**

To note that, subject to audit, a surplus of £3.2m is reported for the financial year 2021/22.

(Reference – Report by the Chief Officer, EIJB, submitted)

## **8. 2022/23 Financial Plan**

---

An update on the progress of the 2022-23 financial plan was presented. The latest information included updates on the Scottish Government's Covid Cost Improvement Programme and an updated position on reserves.

### **Decision**

- 1) To agree to transfer £3.2m from reserves to partially offset the in year deficit.
- 2) To note the deficit in the Integration Joint Board's budget for 2022/23 has reduced to £10.8m.
- 3) To note the position with reserves.
- 4) To agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in
- 5) year shortfall.
- 6) To agree to receive an update on progress following publication of the financial results for quarter 1.

(Reference – Report by the Chief Officer, EIJB, submitted)

## 9. Evaluation of Winter 2021/22

---

The Board was presented with the performance of services over winter 2021-22. The challenges were presented, along with an update on the planning that had already started for the 2022-23 winter period.

### Decision

- 1) To note the evaluation of winter 2021/22 contained in this paper.
- 2) To note that a number of winter initiatives are being funded recurrently.
- 3) To note that planning is underway around identified priorities for winter 2022/23.
- 4) To circulate the projections for future delayed discharges.

(Reference – Report by the Chief Officer, EIJB, submitted)

## 10. Appointments to the Edinburgh Integration Joint Board and Committees

---

The Board were presented with a report which informed of changes in membership.

### Decision

- 1) To note that NHS Lothian have agreed to re-appoint Peter Murray as a voting member of the Joint Board, with effect from 27 June 2022.
- 2) To note that NHS Lothian have agreed to appoint Peter Knight as a voting member of the Joint Board, with effect from 1 May 2022.
- 3) To note that NHS Lothian have agreed to appoint George Gordon as a voting member of the Joint Board, with effect from 1 June 2022.
- 4) To note that NHS Lothian have agreed to appoint Elizabeth Gordon as a voting member of the Joint Board, with effect from 1 August 2022.
- 5) To note that The City of Edinburgh Council have agreed to appoint Councillor Tim Pogson as the Chair of the Joint Board, with effect from 26 May 2022.
- 6) To note that The City of Edinburgh Council have agreed to appoint Councillor Euan Davidson, Councillor Max Mitchell, Councillor Vicky Nicolson and Councillor Claire Miller as voting members of the Joint Board, with effect from 26 May 2022.

- 7) To note that Councillor Tim Pogson will take up the position of Vice-Chair of the Strategic Planning Group, with effect from 9 August 2022.
- 8) To appoint Peter Murray as the Chair of the Audit and Assurance Committee and Elizabeth Gordon, Councillor Euan Davidson and Councillor Claire Miller as voting members, with effect from 9 August 2022.
- 9) To appoint Councillor Vicky Nicolson as the Chair of the Clinical and Care Governance Committee and George Gordon, Peter Knight and Councillor Claire Miller as voting members, with effect from 9 August 2022.
- 10) To appoint Councillor Max Mitchell as Chair of the Performance and Delivery Committee and Councillor Euan Davidson, George Gordon and Peter Knight as voting members, with effect from 9 August 2022.
- 11) To appoint Councillor Max Mitchell and Peter Murray as voting members of the Strategic Planning Group, with effect from 9 August 2022.
- 12) To re-appoint Colin Beck to the EIJB as a non-voting member as Co-Chair of the Professional Advisory Group.



# Minute

## Edinburgh Integration Joint Board

10.00am, Tuesday 27 September 2022

Held remotely by video conference

**Present:**

**Board Members:**

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Elizabeth Gordon, George Gordon, Peter Knight, Grant Macrae, Jacqui Macrae, Allister McKillop, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson, Moira Pringle, Judith Proctor and Emma Reynish

**Officers:** Nick Bennett, Matthew Brass, Jessica Brown, Angela Brydon, Anna Duff, Mark Grierson, Jenny McCann, Susan McMillan, Rebecca Miller

**Apologies:** Kirsten Hey

### 1. Minutes

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The minutes of the Edinburgh Integration Joint Board meeting of 9 August 2022 were 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 September 2022 was presented.

### **Decision**

To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

## **3. Innovation and Sustainability Pipeline: Learning Disability Change Proposals**

---

Approval was sought for the proposed development of detailed change proposals for the Learning Disability Services in Edinburgh. In the proposal, the Board were asked to approve the resource requirement to deliver change, and to receive future reports as the project progressed.

### **Decision**

- 1) To note the work completed to identify and develop the change areas for Learning Disability Services in Edinburgh under the Innovation and Sustainability Pipeline.
- 2) To agree to proceed with further development of the identified change areas for Learning Disability Services in Edinburgh.
- 3) To agree to receive detailed future reports that provide detailed plans about how changes would be agreed and implemented.
- 4) To agree the resource requirement to deliver the change areas.
- 5) To agree to present an update to the Strategic Planning Group to review the brief of the project and ensure that members' concerns would be considered moving forward.

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

## **4. Edinburgh Integration Joint Board Audited Annual Accounts for 2021-22**

---

The 2021-22 annual accounts for the Edinburgh Integration Joint Board were presented for approval and adoption.

### **Decision**

- 1) To note the 'amber' rated Internal Audit opinion for the year end 31<sup>st</sup> March 2022.
- 2) To approve and adopt the annual accounts for 2021-22.

- 3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- 4) To authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board.
- 5) To authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

### **Declarations of Interest**

1. Christine Farquhar made a transparency statement in respect of the above item as a parent/carer of someone in direct receipt of payments from the City of Edinburgh Council.
2. Grant Macrae made a transparency statement in respect of the above item as a parent/carer of someone in direct receipt of payments from the City of Edinburgh Council.
3. Bridie Ashrowan made a transparency statement as the Chief Executive of EVOC, an organisation in receipt of grant funding from the Health and Social Care Partnership.

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

## **5. Annual Performance Report 2021-22**

---

The final draft of the Edinburgh Integration Joint Board Annual Performance Report (APR) 2021-22 was presented for approval before publication to the EIJB website. The draft APR had been considered and scrutinised at the Performance and Delivery Committee throughout the year, before being presented to the Board.

### **Decision**

- 1) To approve the final draft of the APR 2021-22 at appendix 1.
- 2) To note that the APR would be published on the website by no later than 31 October 2022.

(Reference – Performance and Delivery Committee, 14 September 2022 (item 6); Report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

## **6. Committee Annual Assurance Report – Referral from the Audit and Assurance Committee**

---

The Audit and Assurance Committee had referred the Committee Annual Assurance Report to the EIJB for noting following the Committee's scrutiny.



## **Decision**

- 1) To note the moderate assurance which followed the review of the committee assurance statements which are stored in the Teams' site for interest.
- 2) To note a paper will be brought back to the Audit and Assurance Committee to discuss how best to present an action plan to address the key outcomes of the assurance process.

(Reference – Audit and Assurance Committee, 20 September 2022 (Item 6 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board); Report by the Chair, Audit and Assurance Committee, submitted)

## **7. Appointments to the Edinburgh Integration Joint Board and Committees**

---

An update to the Board's and Committees' membership was presented for approval.

### **Decision**

- 1) To appoint Laura Henderson to replace Hazel Young on the Strategic Planning Group as the non-voting, non-commercial provider of social housing representative.
- 2) To note that NHS Lothian have appointed Robin Balfour to the Edinburgh Integration Joint Board as the Clinical Director (non-voting), term of office to start 1 October 2022.
- 3) To appoint Robin Balfour to the Clinical and Care Governance Committee as a non-voting member, term of office to start 1 October 2022.

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

## **8. Committee Update Report**

---

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

### **Decision**

To note the work of the committees and the draft minutes.

(Reference – Report by the Chief Officer, submitted)

<b>Meeting Name: Board</b> <b>Meeting date: 7 December 2022</b>
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<b>Title: National Whistleblowing Standards – Quarter 2 2022/23 Whistleblowing Performance Report</b>
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<b>Purpose and Key Issues of the Report:</b>
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DISCUSSION	X	DECISION		AWARENESS	
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The attached performance report covers the key performance metrics on which Boards are required to report to the Scottish Public Services Ombudsman

To note that the number of concerns received in Quarter 2 2022/23, is comparable to the number received in the same quarter in the previous year.

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

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

To note the enhanced scrutiny of whistleblowing via the patient Safety Experience Action Group

<b>Recommendations:</b>
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Note:

The content of the Quarter 2 2022/23 Whistleblowing Performance report and that there have been a further three whistleblowing concerns received this quarter, of which two were recorded as Stage 2 and the other one was raised anonymously.

<b>Author: Lynne Barclay</b> <b>Date: 1 November 2022</b>	<b>Director: Janis Butler</b> <b>Date: 21 November 2022</b>
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**NATIONAL WHISTLEBLOWING STANDARDS – QUARTER 2 2022-23 PERFORMANCE REPORT**

**1 Purpose of the Report**

- 1.1 The purpose of this report is to present to the Board for noting the Quarter 2 Whistleblowing Performance report covering the period 1 July 2022 to 30 September 2022.

**2 Recommendations**

The Board is invited to:

- 2.1 Note the content of the attached Quarter 2 Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 12 October 2022.
- 2.2 Note that the Quarterly and Annual report, in line with the requirements of the Standards, are published on the NHS Lothians Staff pages of the Internet.

**3 Discussion of Key Issues**

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Quarter 2 Whistleblowing Performance report as attached at Appendix 1. Noting that the performance report was discussed and endorsed by the Staff Governance Committee at its meeting on the 12 October 2022.
- 3.2 As previously advised processes are in place to include on a quarterly basis, figures from both our Primary Care and Local Contractors. However, under the Standards, these services only need to report quarterly if they have had any concerns. If no concerns have been received there is no need to report, however good practice would be to inform the Board that no concerns had been received.
- 3.3 During Quarter 2 2022/23, three whistleblowing concerns were received, two Stage 2 and one anonymous concern. During the same period last year, the number and breakdown of concerns were comparable.
- 3.4 During Quarter 2 2022/23 three Stage 2 concern were closed, two of which were received in Quarter 4 of the previous reporting year. The number of days taken to complete the investigation and provide the outcome to the whistleblower was 91 days, this compared to an average of 36 days over the previous reporting year. The average for last year is based on the closure of seven Stage 2 concerns. In line with the Standards the Whistleblower is advised of the need to extend the timescales and is kept up to date, every 20 working days, with the progress of the investigation and when they are likely to receive the outcome.

- 3.5 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Quarter 2 Whistleblowing Performance report (Appendix 1).
- 3.6 In line with the Standards the Quarterly and Annual Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link [Whistleblowing Performance Reports](#)
- 3.7 Due to the comparatively low number of concerns received to date learning, changes or improvements to services are limited. However, it has become clear of the need, following every investigation, that actions are shared and are visible to the staff in a department or team. There is also a need to 'demystify' the term whistleblowing, in relation to what can and can't be shared. Under the Standards there is an obligation to maintain the confidentiality of both the whistleblower and anyone who participates in the investigation, however the actions and learning can be and should be, as appropriate, shared with management teams and ward/service staff, through normal communication channels. During quarter 3 joint sessions with Chief Nurses and Medical Directors is being planned for early 2023.. This will provide the opportunity to share the learning to date and provide context around sharing of both the actions and learning from concerns. In general, however the concerns received to date remain complex, quite service specific and have been overlaid by cultural issues.
- 3.8 The current governance and assurance structure for whistleblowing is through the Staff Governance Committee (SGC). However, following discussion at Patient Safety Experience Action Group (PSEAG) on the 28 July 2022, it was agreed that as whistleblowing concerns may have a direct impact on patient safety and experience, a monthly overview report would be provided to that group also. This additional level of scrutiny will strengthen the current management arrangements. PSEAG will also receive the executive summary from completed investigations and once agreed, the action and learning plans associated with the whistleblowing concerns.
- 3.9 For the concerns closed during Q2 action/improvement plans are in place and monitoring arrangement remain in place for all action plans, through the whistleblowing process, to support the transition from whistleblowing to business-as-usual action/improvement plans.
- 3.10 As previously agreed all quarterly reports now contain information relating to those cases referred into the formal Whistleblowing processes via our Speak Up Service.

#### **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

1 November 2022

[lynne.barclay@nhslothian.scot.nhs.uk](mailto:lynne.barclay@nhslothian.scot.nhs.uk)

## **List of Appendices**

Appendix 1: Q2 Whistleblowing Performance Report



# Whistleblowing Performance Report

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Quarter 2 July to 30 September 2022

**Lynne Barclay**  
**Whistleblowing Programme and Liaison Manager**

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## Whistleblowing Concerns – Quarter 2 (July– September) 2022-23

### Context

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

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

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

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

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

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

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

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

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



## Areas covered by the report

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

## Implementation and Raising Awareness

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

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

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

## Quarter 2 Performance Information July 2022 – September 2022

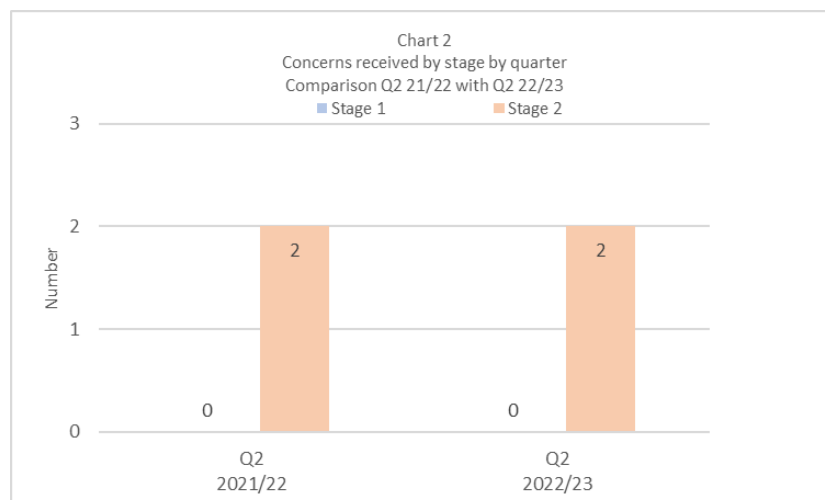
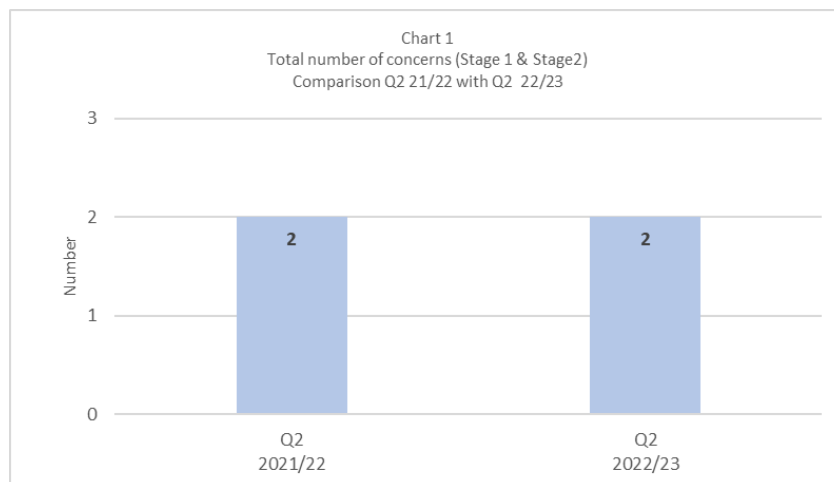
Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

1. Total number of concerns received
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
6. The number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1
7. The number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2

Four concerns received during 2021/22 remained open at the end of the previous reporting year (2021/22). This can be attributed to the timing of the concerns being raised, and/or the complexity of the issues involved, which has resulted in investigations being protracted over an extended period. At the start of quarter 2 2022/23 three stage 2 concerns were still being investigated, at the end of quarter 2 their remains one stage 2 concern open from the previous reporting year.

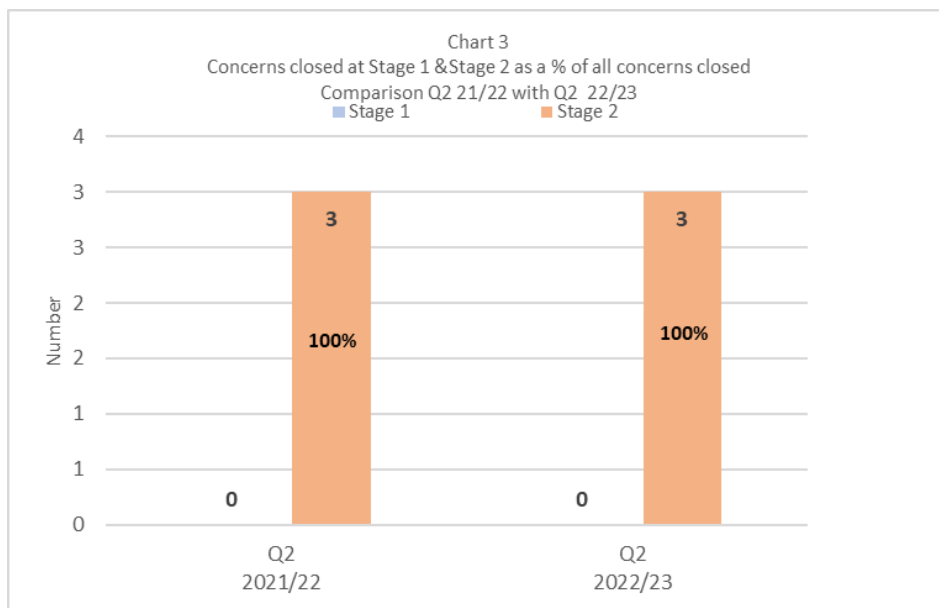
### Indicator 1 - Total number of concerns, and concerns by Stage

During quarter 2 2022/23 two concerns were received, both concerns raised were stage 2. This is comparable with the number of concerns received during the same quarter last year. To date during this reporting year, 6 stage two whistleblowing concerns have been received. No stage 1 concerns have been received. Chart 1 shows the total number of concerns received in Q2 2022/23 compared with Q2 2021/22. No stage 1 concerns were received in this quarter in either year. Chart 2 gives a break down on the number of concerns received at each stage of the whistleblowing process over the same period.



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

During quarter 2, three Stage 2 concern were closed. Of these two had been received in quarter 4 of the previous year, and the other in quarter 1 of this reporting year. As at the end of quarter 2, there remains one stage 2 concerns from the previous year, which has still to be concluded. No stage 1 concerns were received or closed during this quarter. Chart 3 shows the comparisons between quarter 2 this year with quarter 2 of the previous year.



## Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage

**The definition of a stage 1 concern** - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

No stage 1 concerns were received or closed during this quarter; this is comparable with the same quarter last year.

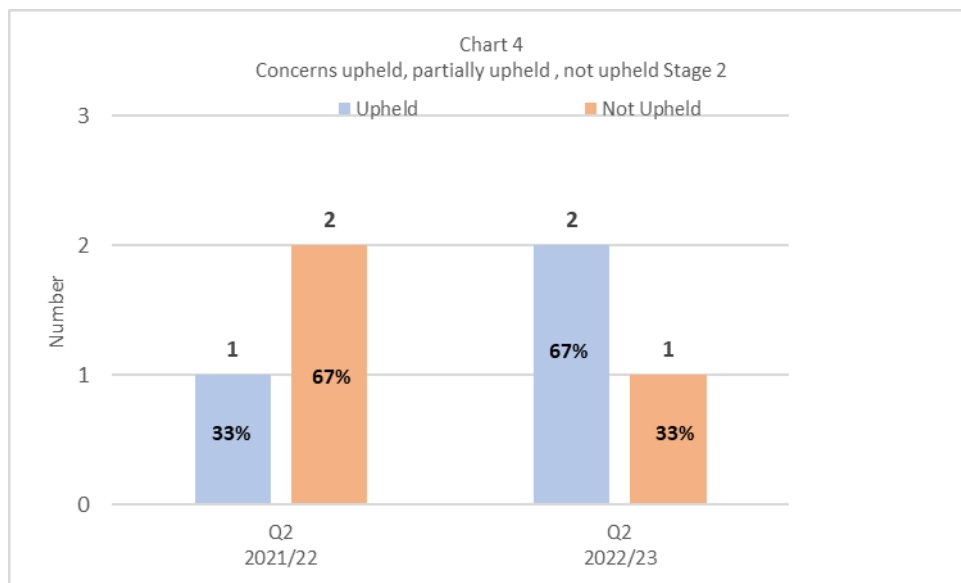
**The definition of a stage 2 concern** – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

During the second quarter of this year, three stage 2 concerns were closed (100%) two of the three concerns were upheld the third was not upheld. When compared to the same

quarter last year, where three stage 2 concerns were closed, two not being upheld, with three other upheld.

There are currently six (6) stage 2 concerns which are subject to ongoing investigations. One (1) of which were received in 2021/22 and five (5) received during this reporting year, two (2) of which were received this quarter.

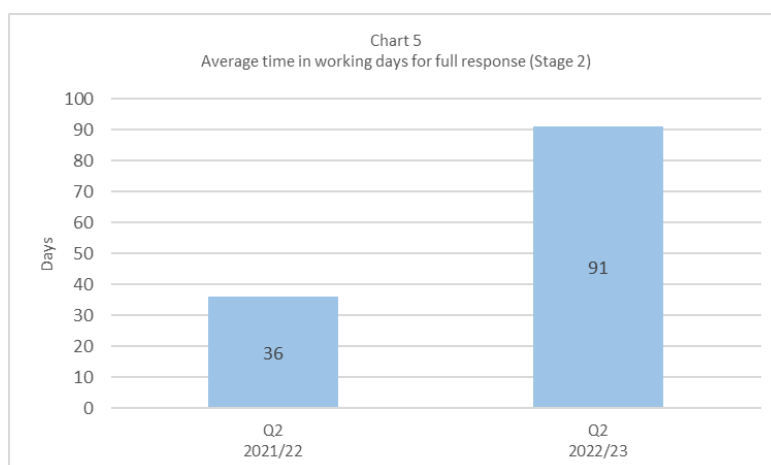
Chart 4 below details the outcome of the three stage 2 concerns which have been closed at the end of quarter 2, compared with the same quarter last year.



#### Indicator 4 - The average time in working days for a full response

During this quarter three (3) stage 2 concerns have been closed the average number of days taken to close the concerns is 91, across Q1 and Q2 the average time based on the closure of 4 concerns is 92, this compares with 36 days based on the closure of 3 concerns, and an average of 27 across the two quarters. There has been a significant increase in the average number of days taken to close the concerns received, this may be attributable to the complexity of the concerns received.

Chart 5 below shows the average time to close concerns in q2 this year compared with the same quarter in 2021/22. No stage 1 concerns were closed during this period in either year.



## Indicator 5 - Number and percentage of concerns closed in full within set timescales

No concerns were closed in this quarter within the set timescales of 5 or 20 working days.

### Concerns where an extension was authorised

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must be provided an update on the progress of any investigation every 20 working days. All stage 2 concerns received during both quarter 1 and quarter 2 (100%) have had extensions authorised. Whistleblowers are advised of the need to extend the timescales and are kept up to date with the progress of the investigation into their concerns throughout the process.

### Primary Care Contractors

Primary care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In total 101 returns were received for quarter 2 in comparison to 96 in quarter 1. Details are outlined in the table below:

	No	%* <sup>1</sup>	Stage 1	Time to respond* <sup>2</sup>	Outcome	Stage 2	Time to respond* <sup>2</sup>	Outcome
GP Practices	59	50	0	n/a	n/a	1* <sup>3</sup>	Investigation ongoing	
Dental Practices	32	18	0	n/a	n/a	0	n/a	n/a
Optometry Practices	5	4	0	n/a	n/a	0	n/a	n/a
Community Pharmacies	5	2	0	n/a	n/a	0	n/a	n/a

No stage 1 concerns were received or responded to in quarter 2, with one stage 2 concern received this quarter and which is currently being investigated.

\*<sup>1</sup> based on the current primary care contractor cohort as detailed below

\*<sup>2</sup> number of days

\*<sup>3</sup> an investigator has been provided by the Health Board to investigate this concern in line with the expectations of the Standards

The figures above are based on the current primary care contractor cohort of:

- 118 GP practices including the challenging behaviour practice
- 173 general dental practices
- 124 optometry practices including domiciliary only
- 183 community pharmacies

### Other Contracted Services – Not part of the wider National Procurement Framework

Under the terms of the Standards', contracted services are only required to submit annually, concern data to the board, even if to report that there were no concerns raised.

On a quarterly basis the requirement is only to report to the board if concerns were raised in that quarter, if no concerns have been raised there is no need to report, although it is good practice to let the Board know.

No information has been received in quarter 2 from any of the 36 local supplies, who are not contracted through the National Procurement Framework.

### Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Lothian has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information'.

We have received one anonymous concern, during this quarter. In total since the implementation of the Standards in April 2021 six anonymous concerns have been received two in quarter 1 and one in quarter 2 (2021/22) and two in quarter 1 and one in quarter 2 (2022/23).

Where appropriate and applicable the outcomes from the investigations into anonymous concerns are shared with the service area.

## Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of whistleblowers. For each complaint that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the identified learning. Learning has also been identified from concerns which from a whistleblowing perspective have not been upheld.

Action plans are agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards, this is principally the Executive Medical or Nurse Directors.

Action plans continue to be monitored via the Whistleblowing Programme and Liaison manager until such time as the Commissioner is satisfied that all actions have either been completed or have moved into a business-as-usual process with supporting monitoring/governance arrangements in place.

In relation to local and system-wide learning, processes are now in place to capture, and during the next quarter a joint session with Chief Nurses and Medical Directors has been planned. This will provide the opportunity to share the learning to date and provide context around sharing of both the actions and learning from concerns.

A summary of learning to date is detailed below:

### System wide learning

- Services providing information via intranet pages need to regularly ensure that any links to materials are kept up to date.
- Learning and actions from whistleblowing recommendations should be visible to the staff in a department or team.
- Whistleblowing recommendations and action plans need to have a greater level of scrutiny and the evidence required to demonstrate the implementation of recommendations need to be agreed and documented.
- Review undertaken of all materials relating to consultant recruitment processes, with guidance packs and authorisation protocol updated. A rolling programme of training to ensure new managers and those needing a refresher on the process has been put in place.

### Service specific learning

- The need for minuted meetings and terms of reference for groups including mechanisms for sharing notes.
- The need to ensure all staff working within a service understand the service pressures and objectives

Concerns received to date, continue to be complex and are overlaid by cultural, relationship and communication issues. All action plans now contain a specific action around communications, and the need to ensure that all staff in the ward/department to which the concern relates are advised of the outcome of the investigation and the actions being taken to address these. Improvement work is underway, for example it has been identified that the current once per year iMatter survey is not sufficient in itself to measure real time staff experience. It has been agreed as part of the Boards corporate priorities for 2022/23 we will explore the development of a tool/platform for capturing data on staff experience real time to augment the annual iMatter staff survey.

As part of the planned process review, of the systems in place to support the Standards during quarter 2 we have identified and are implementing or have implemented the following changes:

- The need to reinforce/enhance the role of the Commissioner.
- Enhancing Scrutiny, with a monthly report on whistleblowing concerns being presented at the Patient Safety Experience Action Group (PSEAG) recognising that whistleblowing concerns may have a direct impact on patient safety and experience.
- Improving our understanding of confidentiality in terms of the requirements of the Standards, especially in relation to sharing information on the identity of the whistleblower, and ensuring they are advised, with whom their identity will be shared, and the reason why this is necessary.

### **Experience of individuals raising concerns**

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. For those raising concerns at stage 2 they are offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process. The Non-Executive Whistleblowing Champion has advised that in general terms feedback from those with whom they have met have advised that their experience was positive in terms of how the investigation was undertaken and being kept up to date with progress throughout the process. They also commented on the positive way in which their anonymity was maintained throughout.

### **Level of staff perception, awareness and training**

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Lothian and how this can be done. Lunch and



Learn sessions will continue twice yearly on an ongoing basis, to allow new managers access to this training resource and for existing managers to refresh their learning. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

## Whistleblowing and Speak Up

Both stage 2 concerns received during quarter 2 were raised through the Speak Up Service, the Board’s identified confidential contacts.

Further work will be undertaken in 2022/23 with the Speak Up Ambassadors to more fully understand the barriers identified by staff about raising concerns through the line management structure, and that they will or may not be taken seriously and how this perception may be changed.

In relation to anonymous concerns, the single anonymous concern received in quarter 2 was received directly or indirectly via the Director of HR & OD.

## Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 1 2021/22 and quarter 1 2022/23. The themes from the anonymous concerns are also included in the table below.

Theme* <sup>1</sup>	Q2 21/22	Q2 22/23
Patient Care and/or Patient Safety	3	5
Poor Practice	1	2
Unsafe working conditions	1	1
Breaking legal obligations	0	0
Abusing Authority	1	0

\*<sup>1</sup> more than one theme may be applicable to a single Whistleblowing concern

\*<sup>2</sup> themes were broadened for reporting post April 2021

## Concerns raised by Division

Division	Number
HSCP’s	*
Acute Hospitals	*
Corporate Services	*
REAS	*
Facilities	*

\* to maintain anonymity where case numbers are lower than 5 actual case numbers have not been included.

<b>Meeting Name: Board</b> <b>Meeting date: 7 December 2022</b>
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<b>Title: Drug Related Deaths Annual Report</b>
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<b>Purpose and Key Issues of the Report:</b>
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DISCUSSION		DECISION		AWARENESS	
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NHS Lothian has had a rolling audit of all likely drug related deaths (DRDs) for the last 10+ years. Each year an annual report is produced and given the seriousness of the issue and its increase a specific report to the Board has been prepared.

Problematic substance misuse is deeply embedded in the country and use of multiple groups of strong drugs (opiates, benzodiazepines, stimulants) carries a high risk for many health harms and sudden death.

The review process hosted by Public Health feeds into service delivery and design. The renewed emphasis on this topic with funding to promote and further develop medication assisted treatment is welcome. A whole system approach is warranted given the nature of the issues involved which are very much framed by inequalities and larger societal trends.

<b>Recommendations:</b>
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Note the continued increase in the number of drug related deaths. 197 drug related deaths were recorded by NHS Lothian compared to 171 in 2020. The five year rate per 100,000 is lower than the Scottish rate (17.1 per 100,000 compared to 22.9 for Scotland as a whole).

Note the instructions from the Minister of Drug Policy emphasising progress reporting on the MAT Standards and the publication of the final report of the Scottish Drug Related Deaths Taskforce which has 10 key principles and 20 recommendations underpinned by 139 actions.

Agree to annual updates on drug related deaths to Healthcare Governance Committee in November each year and the Board will then receive this for information. Quarterly Lothian updates are shared with Alcohol and Drug Partnerships. Official Scottish figures are only released once a year in August.

<b>Author: Jim Sherval</b> <b>Date: 11 Nov 2022</b>
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<b>Director: Dona Milne</b> <b>Date: 01 Dec 2022</b>
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## **DRUG RELATED DEATHS ANNUAL REPORT**

### **1 Purpose of the Report**

- 1.1 The purpose of this report is to update the Board on the confirmed drug related deaths in Lothian for 2021 and related national developments.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

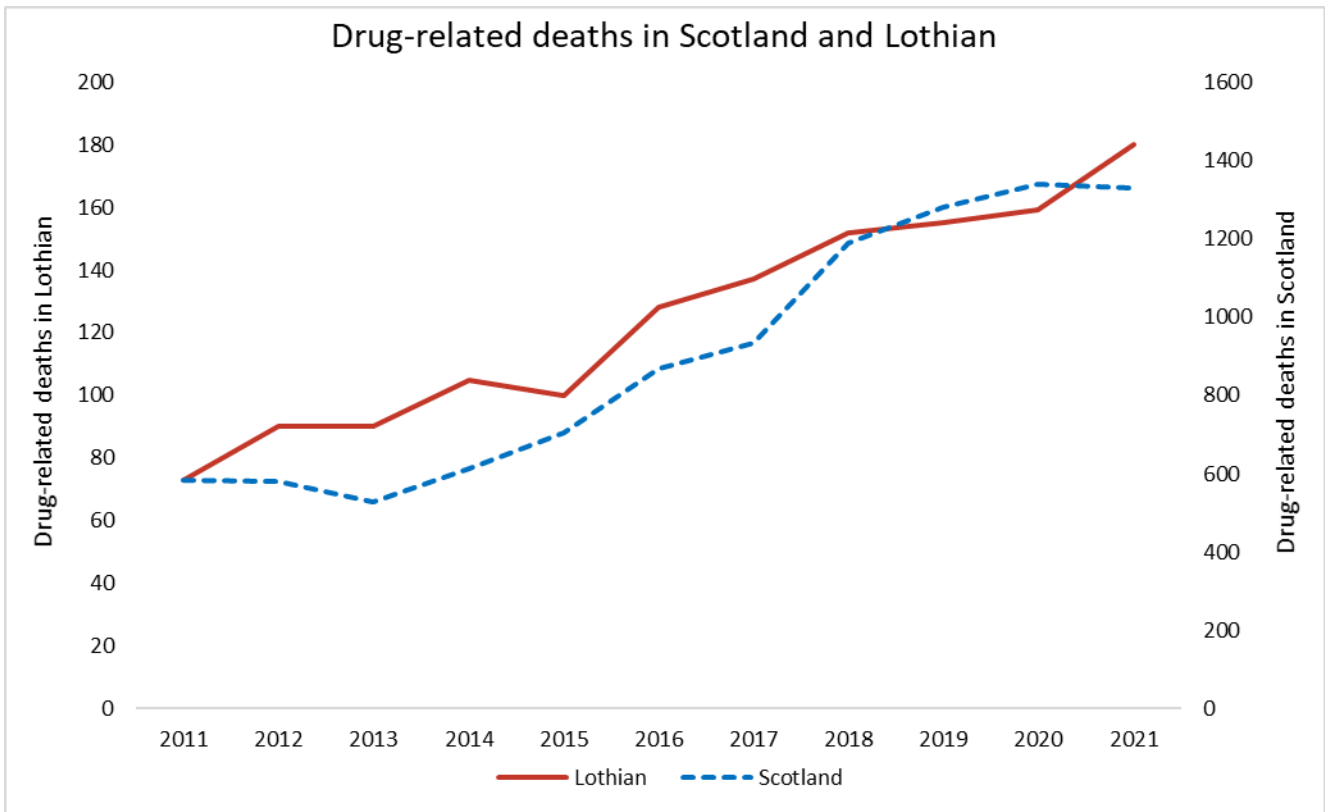
### **2 Recommendations**

- 2.1 The Board is asked to:
  - Note the continued increase in the number of drug related deaths in Lothian in 2021
  - Note the letter from the Minister of Drug Policy emphasising progress reporting on the MAT Standards
  - Note the publication of the Scottish Drug Related Deaths Taskforce Report and its whole system approach
  - Agree that Healthcare Governance Committee receives future annual reports on drug related deaths and the Board will then receive this for information

### **3 Drug Related Deaths in Lothian**

In 2021, 197 drug related deaths were recorded by NHS Lothian compared to 171 in 2020. NHS Lothian's annual report on drug related deaths (DRDs) is attached at appendix 1. The year-on-year increase in the numbers of drug related deaths in NHS Lothian, which had appeared to have slowed in 2020, has returned. According to National Records of Scotland (NRS) data, the 5-year average (2017-2021) of DRDs in Lothian is 17.1 per 100,000, compared to 22.9 for Scotland as a whole.

The number of DRDs rose sharply in the first quarter of 2021 before returning to the level seen in previous years in Lothian later in the year. The median age of those suffering a DRD in 2021 was 43.5 years, compared to 45 years in 2020. In 2021, 63% of all DRDs in NHS Lothian were recorded in those aged between 35 and 54. In 2021, 69% of those experiencing a DRD were male and 31% were female in comparison to 77% male and 23% female in 2020, this reflects a national trend identified by NRS which found DRDs in females to be increasing.



Source: National Records of Scotland (NRS) Drug-related Deaths in Scotland in 2021

Most DRDs were recorded in Edinburgh (118), followed by West Lothian (35), East Lothian (24), and Midlothian (16). According to NRS data, the five-year (2017-2021) average rate of drug-related deaths per 100,000 was 14.7 in West Lothian, 15.5 in East Lothian, 18.3 in Edinburgh and 21.9 in Midlothian. In 2021 the median number of drugs implicated in death was 4, unchanged from 2020.

There were 50 different drugs implicated at least once in a DRD in 2021 compared with 42 in 2020. Opioids remain the most frequently implicated class of drugs; being implicated in 87% of drug-related deaths in 2021. Benzodiazepines are the second most implicated class of drug implicated in 70% deaths and stimulants the third, implicated in 47% of deaths. Etizolam has been increasingly involved in DRDs, implicated in 100 drug-related deaths in 2021 compared to 71 in 2020; this was especially true for the first quarter of 2021.

## 4 Discussion of Key Issues

### 4.1 Scottish Government letter of direction from Angela Constance MSP (23<sup>rd</sup> June 2022)

The letter from the Minister for Drugs notes that Medication Assisted Treatment (MAT) standards had to be embedded by April 2022. An implementation support team led by Public Health Scotland has been established to support the scale up and implementation of the standards.

Funding for the remaining years of the National Drugs Mission (to April 2026) has been increased from £6 million to £10 million per year.

A benchmarking report was released in June 2022 which showed progress with the implementation of the standards in all Board areas. In response to that report Chief Officers and Chief Executives are asked to take shared and visible responsibility for

delivering the standards and signing off improvement plans for implementing the standards.

Chief Officers and Chief Executives must include reports on progress as parts of the regular Board quarterly reporting against annual delivery plans, the first was due in July 2022. Health Boards, Integration Authorities and local authorities must identify a senior leader for each HSCP as a single point of operational responsibility for driving the changes necessary. The Minister will follow up directly with areas where drug deaths remain significantly high.

#### **4.2 Changing Lives: The Drug Deaths Taskforce Final Report (July 2022)**

The report represents three years of work by the Taskforce chaired by David Strang. It sets out an evidence-based strategy for tackling Scotland's drug deaths crisis. It promotes the need for major cultural changes. It includes a call to end stigma, discrimination and punishment creating a system based on care, compassion and human rights.

Themes include the intertwined nature of factors such as poverty and inequality, trauma, mental ill health, alcohol and drug dependency. The report makes the case that addiction is not a crime and you cannot punish people out of addiction. Policy and activity need to address these overlapping issues to better prevent harm from problematic drug use.

The report outlines 10 key principles and 20 recommendations which are underpinned by 139 actions to tackle the drug related deaths crisis. The full report is available here: <https://drugdeathstaskforce.scot/news-information/publications/reports/final-report/>

The transformation outlined in the report relies on key changes to ensure the parity of treatment, respect and regard that would be expected for any other health condition. This means:

- Putting families and people with lived and living experience at the heart of the development and delivery of services;
- Delivering a comprehensive treatment and recovery system which offers quality and choice for those impacted by their own or a family members drug use, including the full implementation of all ten MAT Standards in the next two years;
- Providing treatment at the point of need, including near fatal overdose pathways, emergency and crisis care, all to an agreed minimum standard;
- Developing the most extensive naloxone network anywhere in the world;
- Providing supervised drug consumption facilities, not as a silver bullet, but as one evidence-based tool in a wider system of care;
- Ensuring services are inspected against agreed standards and best practice guidance;
- Making the system easier to navigate for each individual who needs support, providing assertive outreach to make getting support as simple as possible; and
- Fully embedding the public health approach at all stages, including throughout the criminal justice system.

#### **4.3 Clinical Service Delivery**

Local reporting has taken place via Alcohol and Drug Partnerships and Mental Health and Substance Use strategic leads to update their own Integration Authorities on DRDs in their area and local responses. The delivery of Medication Assisted Treatment has

featured prominently as a major part of local responses to reducing drug related deaths amongst other approaches. The Medication Assisted Treatment standards 1-5 were embedded across the country in April 2022 with ongoing work to progress with standards 6-10.

#### **4.4 Data flows and health intelligence**

The Taskforce report specified the importance of surveillance to improve and save lives of people affected by problematic drug use with the objective of effecting change. Lothian Analytical Services (LAS) manage analytical resource funded on a pan-Lothian basis by Lothian's three Alcohol and Drug Partnerships to progress and develop work related to this. The Drug Related Death Review Co-ordinator is hosted within NHSL Directorate of Public Health and Health Policy.

LAS support the implementation of the MAT standards, a key requirement for reporting progress to the Scottish Government. Public Health staff have been working with Information Governance (IG) to update essential documents and data sharing arrangements to fully support the transfers of data required.

A standard operating procedure has been developed in partnership with all health and social care partnerships to ensure that people at higher risk of death, identified via A&E or Scottish Ambulance reports following attendance at hospital or a near fatal overdose from illicit drugs, are followed up by assertive outreach, quickly and consistently. This also helps services to achieve the MAT standards.

#### **4.5 Early intervention and prevention**

Local actions to address stigma remain limited to specific service areas and started with the Emergency Department in September 2022 with facilitation from the Harm Reduction Team. National actions from the Taskforce report will shape a response in Lothian following the development of a Scottish Government national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce stigma strategy. On the back of that all services that support people who use drugs should have a defined, collaborative improvement plan for tackling stigma, based on national and local strategies. It should include a full critical review of their service to identify and proactively counter any systemic stigmatising practices.

The Taskforce report indicated the only way to tackle drug dependency is to see individuals as people with multiple complex needs and address the underlying causes of their dependency. NHS Lothian Public Health is committed to tackling the underlying causes and structural determinants of health that can impact on the likelihood of someone experiencing problematic drug use.

Naloxone is an opiate antidote which can temporarily reverse the effects of an overdose, providing more time for the intervention of the emergency medical services. Naloxone is not considered the solution to drug related deaths alone. However, it is an important intervention among a range of available treatment and support. Harm Reduction continue to engage residents and staff within temporary and homeless accommodation to ensure that naloxone is available as part of a first aid kit, especially in areas where people with multiple and complex needs are frequently accommodated.

Work will begin to evaluate the assertive outreach response tool that was developed to provide a multi-agency response to different levels of drug related harm in temporary and homeless accommodation.

## 4.6 Governance and oversight

Previously it was agreed by the Board for a twice-yearly update on DRD reporting and associated work be presented either to the Board and the Healthcare Governance Committee. Given the increase in reporting on Drug Misuse following the letter from the Minister, we propose to revert to annual reporting to the Healthcare Governance Committee on the review of drug related deaths. Quarterly updates are provided to Alcohol and Drug Partnerships. Reports on the response to substance misuse and by extension, drug related deaths, will be part of the performance framework to Scottish Government.

## 5 Key Risks

- 5.1 The impact of the cost of living and poverty will heighten any risk factors that contribute to risk of drug related harm such as poorer mental health and a sense of hopelessness. This may lead to increased drug use to self-medicate, thereby increasing the chances of poor physical or mental health, requiring increased attendance from emergency services and potential increased attendance at Emergency Departments. There is a high likelihood that the upward trend of drug related deaths continues as health and social inequalities widen.

## 6 Impact on Inequality, Including Health Inequalities

- 6.1 This paper summarises some of the areas where there have been developments but where any service or policy changes are introduced an integrated impact assessment will be carried out in partnership with key stakeholders and include representation from people with lived and living experience.

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

- 7.1 The importance of this has been re-emphasised again in the Taskforce report. Engaging with people with lived and living experience is key in this area of work and is a priority for all alcohol and drug partnerships. NHS Lothian works closely with these partners to ensure the voices and experiences of people with lived and living experience are heard and used to inform projects, services and quality improvement. Experiential evaluation from service users and staff is a major requirement for demonstrating that the MAT standards are being implemented effectively and work is underway to ensure that this is done consistently across the Board.

## 8 Resource Implications

- 8.1 The resource implications are significant, but the actions are supported with additional funding from Scottish Government to fully implement the MAT standards and wider work to address and reduce drug harm and DRDs.

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## Appendices

### Appendix 1: 2021 Lothian Drug Related Deaths Annual Report

## REVIEW OF PLANNING, PERFORMANCE & DEVELOPMENT COMMITTEE TERMS OF REFERENCE

### 1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve revised Terms of Reference for its current Planning, Performance and Development Committee (PPDC).

Any member wishing additional information should contact the Director of Strategic Planning in advance of the meeting.

### 2 Recommendations

- 2.1 The Board is asked to approve the revised Terms of Reference provided at **Appendix 1**, noting that these were discussed and endorsed by the Planning, Performance and Development Committee on 16 November 2022.

### 3 Discussion of Key Issues

- 3.1 Approving the establishment and terms of reference of its committees is a matter formally reserved to the Board, under Standing Order 6.2 b). The Board approved the Committee's current Terms of Reference on 14 October 2020 and these are available within the Board Members' Handbook [here](#).

- 3.2 The main revisions to the current Terms of Reference are summarised below.

#### *Purpose of the Committee*

- 3.3 The *current* PPDC Terms of Reference state:

*"The committee provides all Board members an opportunity to:*

- consider and discuss complex issues which have implications for the whole system of health and social care;*
- develop the medium to long-term direction and plans of NHS Lothian, and the approach to sustainably delivering the associated outcomes; and*
- discuss the continuous development and improvement of NHS Lothian."*

- 3.4 This purpose has not fundamentally changed. However, the appropriate aim of providing non-executive board members with the time required to develop their knowledge and understanding of wider challenges and issues has perhaps led to the Committee's agendas becoming more crowded at times and less focused on the second two bullets above i.e., planning & strategy development and performance monitoring & improvement.

- 3.5 By focusing more specifically on these two areas, the Committee will have a clearer and more focused remit whilst remaining a highly effective vehicle for expanding and deepening non-executive board members' knowledge and understanding of current and future challenges and opportunities and of the system as a whole.



- 3.6 The outputs from the Committee's discussions may also be a key factor in informing the design and content of separate "Board Development Sessions". If planned appropriately, these separate sessions (which include the full Board membership, rather than just the non-executive members) would collectively represent a coherent annual programme of Board Development, informed by the needs of the Board and its committees.

#### *Specific functions required*

- 3.7 The two areas of planning & strategy development and performance monitoring & improvement are described further within the attached revised Terms of Reference. A more specific picture of the type of items and content that we might expect to be considered and discussed by the Committee is provided within Table 1 at the end of this paper.
- 3.8 The additional function of "board development" is also defined in the table below. As noted above, the proposed focus of this Committee is expected to contribute to board development by enhancing the knowledge and understanding of members. However, board development will also be delivered through dedicated face-to-face sessions, involving the full board membership, designed to deliver clear aims and outcomes.
- 3.9 It is suggested that the informal monthly meetings held between non-executive directors can provide an additional forum and focus for Board development (specifically knowledge and understanding), by receiving presentations and Q&A sessions on wider work relevant to the Board's priorities.
- 3.10 For these reasons and to avoid the potential for confusion, it is proposed that the specific remit for board development should not sit with this committee and that its name should therefore be amended to the "**Strategy, Planning & Performance Committee**" or SPPC.

#### *Specific exclusions (what is not within SPPC's remit)*

- 3.11 In addition to providing clarity on how formal board development activity is delivered, it is important to note other areas that sit outwith the remit of the SPPC. This would include anything that is specifically reserved to the Board by Section 6 of the Board's Standing Orders (including the final approvals required for any strategies, the Performance Report, the Annual Operational Plan, the Corporate Objectives, Risk Management Policy, Annual Financial Plans, and more...)
- 3.12 It is proposed that the SPPC should not duplicate or replicate the function of other Board committees (HGC, SGC or F&R), which all monitor and receive assurance on the mitigation plans for the relevant risks present on the Corporate Risk Register. Instead, the SPPC may receive a range of supplementary reports and information that is relevant to the performance or planning issues at hand and required to provide context to discussions. This may include the Mitigation Plans for corporate risks that are "owned" and discussed by other committees.
- 3.13 The SPPC may receive and discuss the details of any risk appearing on the CRR for the first time or any pre-existing CRR risk that has materially worsened and which, in the opinion of the relevant executive lead, is likely to have an immediate impact on an aspect of performance. This will also ensure that all non-executive board members

have the opportunity to familiarise themselves with any new corporate risk, better informing its eventual consideration by the Board.

### **General and Administrative Amendments**

- 3.14 A minor change is proposed to the Committee's quorum requirements. The present requirement to be quorate is that one-third of non-executive Board members should be present and that at least two of them should not be members of staff of an NHS Board.
- 3.15 To ensure that a spread of different categories of non-executive Board members is present, it is proposed that of the one-third required (currently seven, in future eight), at least three should be "publicly appointed" non-executives (in other words, neither a stakeholder member nor likely to be a member of NHS Lothian staff).

## **4 Key Risks**

- 4.1 By failing to keep the remit and responsibilities of its committees under review, the Board does not have a clear understanding of how and from where it receives the necessary assurance to be confident that internal controls are in place, operating effectively and that its objectives are being achieved.
- 4.2 The Board's assurance processes are unnecessarily duplicated or unclear leading to an inefficient use of non-executive and staff resource and creating the potential for inconsistent information being provided to the Board.

## **5 Risk Register**

- 5.1 Ensuring that the Terms of Reference of the PPDC/SPPC are appropriate and clear will indirectly help attend to performance-related risks on the Corporate Risk Register.

## **6 Impact on Inequality, Including Health Inequalities**

- 6.1 No impact assessment has been carried out or deemed necessary.

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

- 7.1 The paper does not relate to the planning or development of health services

## **8 Resource Implications**

- 8.1 There are no resource implications from this report

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Board Secretary

23 November 2022

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## **List of Appendices**

**Table 1:** Definitions and descriptions of functions of SPPC

**Appendix 1:** Draft SPPC Terms of Reference (discussed and approved by the existing PPDC on 16 November 2022)

**TABLE 1**

	FUNCTION	SUMMARY DEFINITION	KEY EXAMPLES	REASONING/OUTCOME
<b>PLANNING AND PERFORMANCE COMMITTEE (SPPC)</b>	<b>Planning &amp; Strategy Development</b>	Focus on the medium to long-term i.e., advising on and informing the development of the LSDF and its associated delivery plans (for later consideration and approval at a Board meeting). This should incorporate: <ul style="list-style-type: none"> <li>Supporting the Board in ensuring an integrated and system-wide approach to strategic planning, objective setting and delivery (i.e., through receipt and scrutiny of IJB plans);</li> <li>Reviewing the “strategic case” for any Initial Agreements to consider and endorse their strategic fit with the LSDF; and</li> <li>Receiving wider Board plans or strategies to advise <b>only</b> on strategic fit and alignment with LSDF (<i>with detailed scrutiny of each Plan reserved to the relevant sub-committee and formal approval reserved to a decision by the Board</i>).</li> </ul>	IJB Strategic Plans	Consideration of external drivers
			IJB Directions	Consideration of external drivers. Consideration of action plans.
			LSDF Annual Report	Supporting LSDF
			LSDF Implementation Plans	Supporting LSDF
			Campus/Unit Masterplans	Supporting LSDF
			“Strategic Case” from capital or IM&T investment cases	Supporting LSDF ( <i>for limits, see Board’s Scheme of Delegation</i> )
			Joint Children’s Plans	Supporting LSDF
			Workforce Plans	Supporting LSDF
			Financial Plans	Supporting LSDF
			Capital Plan	Supporting LSDF
			Scottish Government planning guidance	Consideration of external drivers
			Scottish Government policy (e.g., Cancer, NCS)	Consideration of external drivers
	Engagement Activity	Communication with stakeholders		
	<b>Performance Monitoring &amp; Improvement</b>	Targeted review of specific current performance areas and discussing potential responses/actions. Avoid duplicating the Board’s performance oversight role. Focus specifically on: <ul style="list-style-type: none"> <li>Exploring and discussing <i>specific</i>, targeted areas within the Performance Report (2-3 performance areas each time?), increasing understanding of the relevant activities or challenges that impact upon those areas of performance; and</li> <li><i>Advising</i> on and <i>informing</i> (but not approving) the <b>development, content, and format</b> of the Performance Report, ensuring ongoing alignment with the relevant principles of “Active Governance” and providing functional assurance to the Board in this area.</li> </ul> <p><i>The Committee will receive appropriate reports and information that provide context to specific performance issues or inform planning/strategy</i></p>	Strategic Performance Report	Informing and improving format and presentation of performance information for the Board.
More detailed information on specific aspects of the Strategic Performance Report and the key drivers/challenges faced.			More informed insight on key aspects of organisational performance, contributing factors, and the robustness of improvement plans	
New Risks appearing on the CRR (or materially changed risks) that may impact on performance or inform planning/strategy.			Greater NXD understanding of performance informs scrutiny of Risk Mitigation Plans by HCG, CGC and F&R.	
<b>BOARD DEVELOPMENT SESSIONS (NOT SPPC)</b>	<b>Board Development</b>	Improving overall Board effectiveness, developing skills and knowledge within the Board through planned presentation of information or the facilitation of development/learning. Purpose would be, either: <ul style="list-style-type: none"> <li>Developing Skills – training sessions, facilitated development/learning (informed by the Board’s needs and a detailed Skills Matrix);</li> <li>Developing Knowledge &amp; Understanding – presentations, briefings and Q&amp;A on particular topics relevant to the effective operation of the health and care system or to the Boards’ duties and responsibilities</li> </ul>	Skills: working together effectively, Board culture, financial planning, cyber-security, information governance, etc.	NXD skills and experience developed to address specific needs of the Board
			Knowledge: Work Well strategy, Community Planning agenda, Active Governance/Blueprint, NCS, Integration, System Reform, etc.	Board increases collective knowledge and understanding of the organisation and of wider compliance/governance environment.

## **STRATEGY, PLANNING & PERFORMANCE COMMITTEE**

### **1. REMIT**

The Committee's primary purpose is:

- a) To inform and direct medium and long-term planning and strategy development within NHS Lothian, supporting the continuous improvement of the Board's health and care system.
- b) To review and monitor system performance and improvement, discussing specific performance challenges, exploring contributing factors and considering potential solutions.
- c) To make appropriate recommendations to the Board in each of the areas above.

The Committee, through the delivery of its primary purpose, will provide an environment where all Board members can consider, discuss, and understand complex issues which may have implications for achieving the Board's objectives or the whole system of health and care. In this way, the Committee will contribute to improving knowledge and understanding amongst Board members.

The Committee remains accountable to the full Board and, like other committees, cannot make decisions on matters formally reserved to the Board via the Standing Orders. Additionally, the Committee will not duplicate the assurance, performance or risk management functions assigned to other committees of the Board.

The work of the Committee will inform and support the Board and its committees by taking a whole system view of strategy, planning and performance matters. The Committee may decide to refer specific matters to other committees of the Board, for consideration, and it may, in return, receive requests from other committees to consider such matters on a whole-system basis.

### **2. CORE FUNCTIONS**

The Committee's function will be to seek and provide assurance in the following areas:

- a) **Planning and Strategy Development** – over the medium to long-term, advising on and informing the development of the Board's Strategic Framework and any associated delivery plans (for later consideration and approval at a Board meeting). This should include:
  - i. Supporting the Board in ensuring an integrated approach to strategic planning, objective setting, and delivery (i.e., through review of the LSDF Pillars, ensuring effective engagement activity, and scrutiny/endorsement of IJB Strategic Plans);
  - ii. Reviewing relevant plans or strategies to advise on their fit and alignment with LSDF (with formal approval of any such plan or strategy reserved to a decision by the Board);

## **APPENDIX 1 - Revised SPDC Terms of Reference (approved by PPDC 16/11/2022)**

- iii. Developing and informing annual reports on LSDF progress, for approval by the Board; and
  - iv. Reviewing and endorsing the “Strategic Case” element of any Initial Agreement under the NHS Lothian Capital Programme, prior to approval being sought from the Finance & Resources Committee.<sup>1</sup>
- b) **Performance Monitoring and Improvement** – reviewing current performance levels, exploring the underlying causes, and discussing potential actions in response. To avoid any duplication of the Board’s oversight role, this Core Function should be focused on:
- i. Exploring and discussing *specific*, targeted areas within the Performance Report and understanding the contributing factors (e.g., where it is felt that a particular performance area/issue or underlying factors/context need to be explored and understood more clearly or where potential solutions need to be discussed in detail prior to decision at a meeting of the Board or another committee); and
  - ii. Informing the development, content and format of Board performance reporting, ensuring ongoing alignment with the relevant principles of “Active Governance”. Support Board decision-making by ensuring that performance reports reflect the right information, in the right format, at the right time.

Although the Committee will not duplicate the work of the Board or other committees, it may receive reports and information, from time-to-time, that are formally considered elsewhere in the Board’s Corporate Governance and Assurance structures. The purpose of this will usually be to confirm that any given activity or proposal aligns with the Board’s overall strategic aims or to support increased knowledge and understanding amongst Committee members about particular issues relevant to performance.

The Committee will not assume “ownership” of any individual risk appearing on the Corporate Risk Register (CRR). However, any risk appearing on the CRR for the first time or any pre-existing risk that has materially worsened, may be considered by the Committee in advance of the next public Board meeting where the updated CRR is to be presented. This will ensure that any potential impacts on performance are considered in detail and understood by all, prior to the Board taking a final view.

Whilst some performance-related items may be urgent and time limited, there should be some forward planning of agenda items so that the Committee may explore an appropriate range of performance issues throughout each annual cycle.

### **3. MEMBERSHIP**

All non-executive Board members will be the members of the Committee. The Board will appoint the Chair of the Committee from amongst the Committee’s members.

If the Board-appointed Chair of the Committee is not present at a meeting, then the members present may choose which of them is to preside.

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<sup>1</sup> The NHS Lothian Board’s Scheme of Delegation sets out the appropriate stages and levels of approval required for items included in the NHS Lothian Capital Programme.

## **APPENDIX 1 - Revised SPPC Terms of Reference (approved by PPDC 16/11/2022)**

The five executive board members are not members of the Committee but will be expected to routinely attend. The Chief Officers of the four integration joint boards (IJBs) and other members of the Corporate Management Team will also be expected to routinely attend. Other managers and staff may also be asked to attend, as required.

### **4. QUORUM**

The Committee is quorate when at least one third of the current non-executive Board members is present, including at least three who are publicly appointed members and are not members of staff of the NHS Lothian Board.

### **5. FREQUENCY OF MEETINGS**

The Committee will meet up to five times per calendar year. It may elect to hold further meetings, if required. The Committee will conduct its meetings in line with the Standing Orders of the Board.

### **6. REPORTING ARRANGEMENTS**

The Committee will report to the Board through its Chair, and by submitting its approved minutes to the Board. The Committee Chair will also provide an Annual Report on the Committee's activities to the Audit & Risk Committee, to inform the preparation and review of the Board's Governance Statement.

### **7. REFERENCES**

[NHS Lothian Board's Standing Orders](#)

[NHS Lothian Board's Scheme of Delegation](#)

[NHS Lothian Strategic Development Framework 2022-2027](#)

### **8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE**

TBC

### **9. REVIEW DATE**

Two years from the above date of approval, or earlier if the Board requires.

## REVIEW OF FINANCE & RESOURCES COMMITTEE TERMS OF REFERENCE

### 1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board approve revised Terms of Reference for its Finance & Resources Committee.

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

### 2 Recommendations

- 2.1 The Board is asked to approve the revised Terms of Reference provided at **Appendix 1**, noting that these were discussed and endorsed by the Finance & Resources Committee on 26 October 2022.

### 3 Discussion of Key Issues

- 3.1 Approving the establishment and terms of reference of its committees is a matter formally reserved to the Board, under Standing Order 6.2 b). The Board approved the Finance & Resources Committee's current Terms of Reference on 3 February 2021 and these are available within the Board Members' Handbook [here](#).
- 3.2 The main revisions to the current Terms of Reference are summarised below.

#### *Emphasising the Committee's assurance role in estates management*

- 3.1 In April 2022, during discussion of its Annual Report, the F&R Committee agreed that its Terms of Reference should be amended to include more explicit reference to the responsibility for ensuring the effective, sustainable, and efficient management of the estate.
- 3.2 This responsibility has been more clearly expressed within the revised "remit" section at the start of the Terms of Reference and under the list of "core functions".

#### *Scrutiny of Initial Agreements*

- 3.1 In its previous revision to the F&R Committee's Terms of Reference, the Board approved the transfer of responsibility for the assurance and scrutiny of Initial Agreements (IAs) from F&R to the Planning, Performance & Development Committee (PPDC). Reference to IAs was therefore removed from the F&R Terms of Reference.
- 3.2 In practice, this change has proven difficult to manage. The large membership of PPDC and the crowded nature of its agendas makes it difficult to scrutinise full IAs effectively, particularly when IA documentation may represent hundreds of pages of material. In practice, F&R has continued to receive and scrutinise IAs to assess potential financial, capital and revenue impacts against future plans that are also

reviewed by F&R. This has led to an unnecessary duplication in how assurance is provided to the Board.

- 3.3 At the 7 September 2022 PPDC meeting, it was agreed that efforts should be made not to duplicate assurance arrangements provided by other committees of the Board and, specifically, that PPDC's involvement in the Business Case stages of the Strategic & Investment Planning Process should be limited to considering only the "Strategic Case" element of each proposal, against the aims of the Lothian Strategic Development Framework. It was agreed that, in order to fulfil this function, PPDC would not need to receive a full Initial Agreement. Instead, it should receive a shorter, executive summary that would enable it to assess strategic fit.
- 3.4 On this basis, the review and scrutiny of IAs has been reintroduced to the F&R Terms of Reference, under "core functions". Concurrently, the PPDC's Terms of Reference have been reviewed and updated to reflect its role in reviewing the Strategic Case of each relevant proposal, prior to the detailed review of an Initial Agreement by the F&R Committee.

### **General and Administrative Amendments**

- 3.5 In the addition to the two main areas detailed above, the F&R Committee has taken the opportunity to update wording within the Terms of Reference where it was felt that greater clarity was useful. These areas include:
  - 3.5.1 Explicit description of the Committee's role in scrutinising Risk Assurance and Mitigation Plans for those risks assigned to it from the Corporate Risk Register (this generic description of a core function applies equally to other assurance committees of the Board);
  - 3.5.2 Highlighting more clearly the relationship and dependencies between any focused strategies or plans developed or overseen by the Committee and the overall strategic direction approved by the Board (i.e. the Lothian Strategic Development Framework);
  - 3.5.3 Updated wording to avoid the presumption that the Committee would provide governance oversight of *all* public inquiries with which the Board might be involved, recognising that the subject matter of an inquiry may determine that another committee is more appropriate; and
  - 3.5.4 Clarifying the arrangements for additional attendees at the Committee and introducing some flexibility on the minimum number of annual meetings.

## **4 Key Risks**

- 4.1 By failing to keep the remit and responsibilities of its committees under review, the Board does not have a clear understanding of how and from where it receives the necessary assurance to be confident that internal controls are in place, operating effectively and that its objectives are being achieved.
- 4.2 The Board's assurance processes are unnecessarily duplicated or unclear leading to an inefficient use of non-executive and staff resource and creating the potential for inconsistent information being provided to the Board.

## **5 Risk Register**

- 5.1 Ensuring that the Terms of Reference of the F&R committee are appropriate and clear will indirectly help attend to the Finance risk (3600) on the Corporate Risk Register.



## **6 Impact on Inequality, Including Health Inequalities**

6.1 No impact assessment has been carried out or deemed necessary.

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

7.1 The paper does not relate to the planning or development of health services

## **8 Resource Implications**

8.1 There are no resource implications from this report

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23 November 2022

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## **List of Appendices**

**Appendix 1:** Revised F&R Terms of Reference, discussed and approved by the F&R Committee on 26 October 2022

## **Terms of Reference for the Finance & Resources Committee**

### **1. REMIT**

The Committee's overall remit is to keep under review the financial position of the Board and to seek and provide assurance that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use and management of all financial resources and capital assets.

The Committee will also provide assurance to the Audit & Risk Committee and the Board that:

- there are effective systems of internal control to meet the 'Duty of Best Value in Public Services';
- arrangements for securing financial sustainability and value are embedded within the organisation, supported by a suitable programme of improvement activity;
- strategic financial and capital risks that may lead to future degradation of the Board's services are being appropriately recognised, recorded, and addressed, in accordance with the Board's Risk Management Policy; and
- The Board's annual Financial Plans have been subject to a robust level of scrutiny, prior to their approval by the Board.

### **2. CORE FUNCTIONS**

The Committee will:

- Seek assurance that the organisation can deliver its functions and services within the available resources in the short, medium and long-term, and that it demonstrates effectiveness, sustainability, and efficiency in managing its financial and capital resources, and revenue, to support the agreed strategic objectives of the Board.
- Discharge its assurance remit by providing scrutiny of Risk Assurance and Mitigation Plans for those risks escalated to the Corporate Risk Register and assigned to the Committee.
- Oversee the process of planning for sustainability and the development and implementation of the Board's Sustainable Development Framework and Action Plan.
- Seek assurance that there are arrangements in place to deliver effective procurement, and that associated policies and procedures are fully implemented.
- Seek assurance that any relevant legal requirements are being met in the conduct of the Committee's business.
- Seek assurance that the Board can achieve any financial efficiency targets which the Scottish Government may determine. As part of this, seek assurance from management that there is an appropriate balance between recurring and non-recurring savings, to secure medium to long-term financial sustainability and be

## **APPENDIX 1 - Revised F&R Terms of Reference (approved by F&R 26/10/2022)**

apprised of any potential impact of proposed efficiency programmes on the Board's ability to achieve its agreed outcomes or maintain service delivery levels.

- Within the Board's approved and overarching strategic direction, oversee the development of any supporting strategies, programmes and plans relating to estates, property, and capital investment, including the Board's Property and Asset Management Strategy (PAMS). Scrutinise the implementation and delivery of these plans, seeking assurance that the Board's property and estates are managed in line with Scottish Government requirements and guidance.
- Seek assurance that the Board operates in line with the Scottish Capital Investment Manual.
- Review Initial Agreements and Business Cases (approving these or referring them to the Board, in line with the Board's Scheme of Delegation), seeking assurance that all capital projects have a designated Senior Responsible Officer.
- Seek assurance that all capital projects for which the Committee has previously considered a Business Case, are being delivered in line with the agreed specification, on time, and on budget. The Committee will get this assurance through periodic reports from the Senior Responsible Officer for each project.
- At the direction of the Board, provide governance oversight and direction to the Board's engagement with any relevant public inquiry with which the Board is required to participate, including:
  - scrutinising the expenditure / value of the legal support provided;
  - identifying any key issues that need reporting to the Board; and
  - considering any lessons learned and how they can be adopted in all future developments.
- Commission and consider reports from management, in order to secure assurance on, or take any decisions on business related to its remit, or which the Board may delegate to the Committee

### **3. MEMBERSHIP**

The members will be any five non-executive members of the Board. If the Board-appointed committee chair is not present at a meeting, then the members present may choose which of them is to preside.

The Committee will normally invite the following officers to attend its meetings: Chief Executive, Deputy Chief Executive, Medical Director, Director of Nursing, Midwifery and Allied Health Professionals, Director of Finance, Deputy Director of Finance, and the Director of Capital Planning & Projects.

Other staff and Board members may attend meetings of the Committee, at the discretion of the Chair.

All Board members have the right to access the Committee's meeting papers and minutes.

#### **4. QUORUM**

The Committee is quorate when there are three non-executive Board members present.

#### **5. FREQUENCY OF MEETINGS**

The Committee will normally meet no less than five and up to six times in a year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

#### **6. REPORTING ARRANGEMENTS**

The Committee will report to the Board through its Chair, and by submitting its approved minutes to the Board. The Committee Chair will also provide an annual report on the Committee's activities to the Audit & Risk Committee, to inform the preparation and review of the Board's Governance Statement.

#### **7. REFERENCES**

[NHS Lothian Board Members' Handbook](#)

[NHS Lothian Standing Orders, Standing Financial Instructions, and Scheme of Delegation](#)

[NHS Lothian Risk Management Policy](#)

[Scottish Capital Investment Manual](#), and associated [Scottish Government general guidance](#).

[Scottish Public Finance Manual](#)

**8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE: TBC**

**9. DATE BY WHICH THESE TERMS SHOULD BE REVIEWED: TBC**

## **REVIEW OF STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE**

### **1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board approve revised Terms of Reference for its Staff Governance Committee.

Any member wishing additional information should contact the Director of HR & OD in advance of the meeting.

### **2 Recommendations**

- 2.1 The Board is asked to approve the revised Terms of Reference provided at **Appendix 1**, noting that these were discussed and endorsed by the Staff Governance Committee on 12 October 2022.

### **3 Discussion of Key Issues**

- 3.1 Approving the establishment and terms of reference of its committees is a matter formally reserved to the Board, under Standing Order 6.2 b). The Board approved the Staff Governance Committee's current Terms of Reference on 4 March 2020 and these are available within the Board Members' Handbook [here](#).
- 3.2 The Chair of the SGC and the Director of HR & OD carried out an initial review of the SGC's Terms of Reference, with input from the Board Secretary. Changes were proposed to bring the Terms of Reference up to date and to appropriately reflect developments within key areas under the remit of the Committee, including Whistleblowing, Workforce Strategy, and Staff Governance.
- 3.3 Proposed revisions were discussed in detail by the Staff Governance Committee at its most recent meeting on 12 October 2022. The Committee agreed the revisions, noting also that the Health & Safety Committee should be clearly described as a *management committee* that provides assurance information. Clarification was also agreed on the reporting requirements from the Remuneration Committee, as a direct sub-committee of the Staff Governance Committee.
- 3.4 The Staff Governance Committee agreed to recommend the attached draft to the Board for formal approval.

### **4 Key Risks**

- 4.1 By failing to keep the remit and responsibilities of its committees under review, the Board does not have a clear understanding of how and from where it receives the necessary assurance to be confident that internal controls are in place, operating effectively and that its objectives are being achieved.
- 4.2 The Board's assurance processes are unnecessarily duplicated or unclear leading to an inefficient use of non-executive and staff resource and creating the potential for inconsistent information being provided to the Board.

## **5 Risk Register**

- 5.1 Ensuring that the Terms of Reference of the SGC committee are appropriate and clear will indirectly help attend to staff governance and workforce related risks on the Corporate Risk Register.

## **6 Impact on Inequality, Including Health Inequalities**

- 6.1 No impact assessment has been carried out or deemed necessary.

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

- 7.1 The paper does not relate to the planning or development of health services

## **8 Resource Implications**

- 8.1 There are no resource implications from this report

Darren Thompson

Board Secretary

24 November 2022

[darren.thompson@nhsllothian.scot.nhs.uk](mailto:darren.thompson@nhsllothian.scot.nhs.uk)

## **List of Appendices**

**Appendix 1:** Revised SGC Terms of Reference, discussed and approved by the SGC on 12 October 2022

## **TERMS OF REFERENCE FOR THE STAFF GOVERNANCE COMMITTEE**

### **1. REMIT**

The Staff Governance Committee is a standing committee of the Board. This Committee, together with the Board and its other standing committees, forms the governance framework for the Board. The role of this Committee is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration.

The purpose of the Staff Governance Committee is to monitor and scrutinise performance against the Scottish Government's long established Staff Governance Standard, and the key deliverables required by subsequent Scottish Government workforce strategies relating to health staff; to secure the fair and effective management of staff; to ensure compliance with all legal obligations; and to oversee implementation of all policies and agreements to ensure that staff are:

- Well informed;
- Appropriately trained;
- Involved in decisions which affect them;
- Treated fairly and consistently;
- Provided with an improved and safe working environment.

The Committee is required to provide assurance to the Board on the overall performance of NHS Lothian against the individual elements of the Staff Governance Standard and any subsequent Scottish Government workforce strategies relating to the health workforce. The Committee will ensure that systems and procedures are in place to monitor, manage and improve performance across the whole system, and liaise closely with the other Governance Committees (in particular, Healthcare Governance and Audit and Risk) to ensure appropriate integrated governance. The Committee will also be responsible for monitoring and reviewing the strategic risks relating to staff and workforce issues.

### **2. CORE FUNCTIONS**

The Staff Governance Committee will:

- Agree an annual work plan which takes account of the Board's strategic priorities and risks relevant to the role and remit of the Committee;
- Discharge its assurance remit by providing scrutiny of Risk Assurance and Mitigation Plans for those risks escalated to the Corporate Risk Register and assigned to the Committee;
- Monitor and evaluate strategies and implementation plans relating to people management;
- Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements;
- Provide staff governance information for the statement of internal control;

## **APPENDIX 1 - Revised SGC Terms of Reference (approved by SGC 12/10/2022)**

- Provide assurance that systems and procedures are in place through the Remuneration Sub Committee to manage the issues set out in MEL (1993) 114 and subsequent amendments;
- Monitor governance arrangements around health and safety and in particular staff health and safety related issues and ensure compliance with health and safety law, the Staff Governance Standards and a continuing improvement in health and safety performance. The Staff Governance Committee will also receive the Annual Health and Safety Report;
- Seek assurance regarding the Board's compliance with the relevant requirements of the Health and Care (Staffing) (Scotland) Act 2019;
- Oversee the Board's whistleblowing arrangements, including implementation of the national standards, reviewing trends and learning over time and preparation of performance reports for submission to the Board;
- Develop and evaluate the Board's Workforce Plans, recommending strategy to the Board for approval and monitoring delivery and implementation;
- Approve, oversee and monitor the implementation of plans relating to staff wellbeing, advancing workforce equalities, improving staff experience and any other plans relevant to the role and remit of the Committee;
- Act as a parent governance committee for the Board's Remuneration Committee and receive assurance reports from the Board's Health and Safety Committee, Workforce Planning and Development Programme Board, Staff Experience and Engagement Programme Board and Corporate Education Governance Committee.
- Ensure good communication and relationships with other standing committees of the Board and other stakeholders.

### **3. MEMBERSHIP**

The Board will appoint not less than four and not more than five non-executive members of the Board to the committee. One of the non-executive members must be the Employee Director. The Board will appoint one of the non-executive Board members to be the Chair of the Committee and may opt to appoint a Vice-Chair from amongst the non-executive members of the Committee.

If the Board-appointed Committee Chair is not present at a meeting, then the members present may appoint one of the other non-executive board members present to preside.

The membership will also include:

- Director of Human Resources and Organisational Development
- Executive Nurse Director
- Executive Medical Director
- Deputy Chief Executive
- Two representatives from the Lothian Partnership Forum

#### **In Attendance**

The following officers will normally attend committee meetings:



## **APPENDIX 1 - Revised SGC Terms of Reference (approved by SGC 12/10/2022)**

- Deputy Director of Human Resources
- Associate Director of Organisational Development, Learning and Wellbeing.

Other staff and Board members may attend meetings of the Committee, at the discretion of the Chair. All Board members have the right to access the Committee's meeting papers and minutes.

### **4. QUORUM**

No business shall be transacted at a meeting of the Committee unless at least six members are present of which three are Non- Executive Members of Lothian NHS Board. Any member may be represented by a Deputy at any meeting.

### **5. FREQUENCY OF MEETINGS**

The Committee will normally meet no less than five and up to six times in a year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

### **6. REPORTING ARRANGEMENTS**

The Committee will report to the Board by means of submission of its approved minutes to the next available Board. The Board will have a standing invitation to the Chair of the Committee to report verbally on any key issues which the Committee considers should be brought to the Board's attention and to identify any issues that may require to be addressed in the future.

The Committee Chair will provide an annual report on the Committee's discharge of these Terms of Reference to the Audit and Risk Committee, to inform the Board's annual review of the effectiveness of its systems of risk management and internal control. This will be a source of information and assurance for the preparation of the Board's Governance Statement, published within the annual accounts.

#### **Committee Sub Structure**

The following sub-committees report directly to the Staff Governance Committee:

- **Remuneration Committee** – the main function of this committee is to ensure the application and implementation of fair and equitable pay systems on behalf of the Board, as determined by Ministers and the Scottish Government, and described in MEL (1993) 114 and subsequent amendments.

The following management committees will provide assurance information to the Staff Governance Committee:

- **Health and Safety Committee** – the Health and Safety Committee is established in compliance with the Health and Safety at Work Act 1974, Safety Representatives

## **APPENDIX 1 - Revised SGC Terms of Reference (approved by SGC 12/10/2022)**

and Safety Committees Regulations. It is recognised that the remit of the Health and Safety extends beyond staff into health and safety issues affecting patients, visitors and contractors and links will therefore need to be made with other Committees as appropriate.

Sub-committees and relevant management committees will provide updates to the Staff Governance Committee through presentation of the minutes of their meetings or additional reports as part of the Committee's annual work plan.

The Committee may establish additional sub-committees to support its function as required.

### **7. REFERENCES**

[NHS Lothian Board Members' Handbook](#)

[NHS Lothian Standing Orders, Standing Financial Instructions, and Scheme of Delegation](#)

[NHS Scotland Staff Governance Framework and Standard](#)

### **8. DATE OF APPROVAL OF THESE TERMS OF REFERENCE**

TBC

### **9. DATE BY WHICH THESE TERMS OF REFERENCE SHOULD BE REVIEWED**

Two years from date of last approval

## **LOCAL CHILD POVERTY ACTION REPORTS**

### **1 Purpose of the Report**

- 1.1 The Child Poverty (Scotland) Act 2017 places a duty on local authorities and NHS Boards jointly to produce an annual Local Child Poverty Action Report (LCPAR). The purpose of this report is to present for approval the LCPARs for East Lothian 2020-21 and 2021-22 combined, Edinburgh City 2021-22 and Midlothian 2021-22. The West Lothian 2021-22 report was approved in May 2022.
- 1.2 Thereafter, the Board is requested to allow delegated authority to the Director of Public Health and Health Policy to approve the four LCPARs on an annual basis. The Board will receive an annual report, every December, on progress and impact of NHS-led actions to tackle child poverty across the four LCPARs.
- 1.3 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

### **2 Recommendations**

- 2.1 To approve LCPARs for East Lothian 2020-22, Edinburgh City 2021-22 and Midlothian 2021-22.
- 2.2 To agree to the request to allow delegated authority to the Director of Public Health and Health Policy to approve the four LCPARs on an annual basis and bring an annual report to the Board, every December.

### **3 Discussion of Key Issues**

- 3.1 The East Lothian Child Poverty Action Report in Appendix 1 combines the reports for 2020-21 and 2021-22. It includes the ongoing response to the pandemic and the cost-of-living crisis which have seen work extending across reporting years. The work and plans detailed are coordinated through the East Lothian Partnership Poverty Working Group. The cost-of-living crisis has placed further strain on individuals and families across the county. East Lothian Partnership are intent on managing the present short-term impacts of the cost-of-living crisis without losing sight of our long-term goals to eradicate child poverty in the region.
- 3.2 The Edinburgh Child Poverty Action Report 2021-2022 is produced as part of the overall 'End Poverty Edinburgh' annual report. The report is developed by a range of partners across the City, including NHS, Local Authority and the Third Sector. The report provides an overview of activity in 2021-22 including the establishment of the new Partnership and Place team for Edinburgh within Public Health and Health Policy which is providing additional capacity and leadership around this work. Increased funding for mental health work with children and young people was received, leading to a range of new initiatives, including pilot work on triaging into mental health and wellbeing support. Targeted work on specific populations of young people, including those who identify as LGBT+ and young people with a learning disability has also been delivered, focusing on ensuring services are inclusive and accessible for these, and all, young people, so they can seek support and guidance when required.

- 3.3 The child poverty landscape in Edinburgh is vast and complex and comprises a huge number of partners, working across a range of areas and organisations. This can make it difficult to evaluate where best to engage and be involved in poverty work to have the biggest impact and influence. The Edinburgh Partnership and Place team has also been in a period of development following its establishment. This has meant having to take time to understand this complex landscape and identify clear roles and responsibilities within it, particularly as we engage with our community planning partners.
- 3.4 The priorities for 2022-23 are made clear in the report. These focus on the need to clarify roles and responsibilities across the child poverty landscape to ensure partners are working as effectively as possible and not duplicating existing efforts. The focus on data collection and development will continue, both for use within our own teams, but also to use with partners for planning and evaluation. Edinburgh has just completed a review of all welfare and debt advice services and a priority will be supporting the implementation of the ambitious recommendations set out in the final report over the next year. Work will also be delivered within our acute settings linked to the existing provision of hospital-based welfare advice. We are planning work in the Royal Hospital for Children and Young People which will work with current providers to enhance this offer to include workforce development and awareness raising to ensure staff are able to signpost patients and families quickly and effectively on to services that can offer support to them.
- 3.5 The Midlothian Child Poverty Action Report 2021-22 is produced by a working group, chaired by Public Health and Midlothian Council staff. It sits within the Improving Opportunities in Midlothian Community Planning thematic strand. The report provides an annual update on actions taken to address the three drivers of child poverty and highlights three strategic priority areas for action to be taken forward in the coming year 2022-23. Work undertaken with the Improvement Service to review and improve governance and reporting structures is acknowledged, alongside further work that will be undertaken to develop local strategy, with support from national partners, in the coming year.
- 3.6 The Committee will receive an annual report on progress and impact of NHS-led actions to tackle child poverty across the four LCPARs. These actions are detailed below and feature in all four LCPARs:
- Strengthen financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need
  - Review current provision of income maximisation services to inform future provision, strengthen communication to front-line staff and service users, and improve reach and impact of income maximisation service provision, including in community health settings
  - Ensuring NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland's package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.

## **4 Key Risks**

- 4.1 External factors such as inflation and energy costs are impacting lower income households, as well as increasing the number of households that now require support. The current cost-of-living crisis has resulted in a need for urgent mitigating action at local level, in addition to progressing the actions detailed in this report.

## **5 Risk Register**

- 5.1 None at this stage.

## **6 Impact on Inequality, Including Health Inequalities**

6.1 An impact assessment is not required for this report.

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

7.1 Lived experience is a basic requirement of LCPARs so each report contains testimony from local populations and there are associated actions in each of the reports.

## **8 Resource Implications**

8.1 Availability of Public Health staff to support production of child poverty reports locally, as well as supporting local community planning partnership responses to the cost-of- living crisis. There may be additional training requirements for staff across the system, notably in midwifery and health visiting.

**Philip Conaglen**

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**28 October 2022**

### **List of Appendices**

Appendix 1: East Lothian Combined LCPAR 2020-22

Appendix 2: End Poverty in Edinburgh Annual Report 2021-2022

Appendix 3: Midlothian LCPAR 2021-2022

# Child Poverty Action Report: East Lothian

2020-21

2021-22



This is the third Local Child Poverty Action Report for East Lothian. The Child Poverty (Scotland) Act 2017 places a duty on the Council and NHS Lothian to jointly publish an annual Child Poverty Action Report that sets out how child poverty will be tackled in East Lothian.

This combined report for Years 3 and 4 covers activity from June 2020 to June 2022 and includes the ongoing response to the Covid-19 pandemic and cost of living crisis which has seen work extending between reporting years. This combined approach recognises the fact that much of the work of the partnership is ongoing.

It describes the work to address child poverty carried out by East Lothian Council, NHS Lothian, the East Lothian Partnership and the Third Sector, and our plans for 2021-2023.

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## Introduction

Covid-19 has had a significant impact on our lives and communities. Its effects have hit the most vulnerable in our communities the hardest. There has been significant loss, of lives, of income, and of connection with friends and family.

Throughout the crisis partners across East Lothian have seen ever higher referrals. Our figures show a difficult situation for many families, however the full impact of the virus on society, people's health, the economy and on inequality will not be known for some time.

Compounding these challenges is a cost of living crisis which will see families making increasingly tough financial choices. The insecurity that many people were facing before the pandemic has turned into a long-time crisis, with significant life changes needed to survive the ongoing rises in cost of living.

Many families are being pushed further towards the threshold of poverty who may never have experienced this level of hardship before.

East Lothian Council, NHS Lothian and our partners are meeting this need through targeted support for those most at risk. Throughout the pandemic and ever since, partners across East Lothian have demonstrated how much support can be mobilised as we have done our very best to respond to a changing situation.

The cost of living crisis has placed further strain on individuals and families across the county. We are intent on managing the short-term crisis without losing sight of our long-term goals to eradicate child poverty in our region.



## Poverty in East Lothian

A child is considered to be living in poverty when they are living in a household with an income below 60% of the UK's median average after adjusting for household size. This is the key measure used by the UK and Scottish Governments. Another definition of child poverty is growing up in families without the resources to 'obtain the type of diet, participate in the activities and have the living conditions and amenities' which are the norm in 21st Century Scotland.<sup>1</sup>

Experiencing poverty in childhood can undermine the health, wellbeing and educational attainment of children. Child poverty can often be hidden as parents strive to do the best they can for their children. Poverty impacts the decisions that parents can make on behalf of their children, and parents living in poverty are much more likely to be facing a range of issues other than material deprivation which may affect their parenting. These include low levels of education and qualifications, lack of access to jobs and services, social isolation, mental and physical ill health and domestic violence.<sup>2</sup>

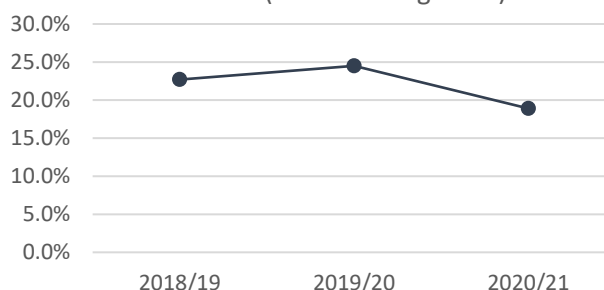
In East Lothian child poverty levels vary across the county and often within ward areas. One key indicator of this is the inequality in life expectancy, which can range from 74.3 years in the most deprived areas to as high as 83.1 years in the least deprived.<sup>3</sup>

The Scottish Index of Multiple Deprivation (SIMD) 2020 shows that East Lothian remains relatively less deprived than other Scottish local authorities, with the majority of East Lothian falling into the least deprived of the SIMD (26 of the 132 data zones in East Lothian are in the least deprived quintile<sup>4</sup>). This is a conservative estimate and many families live in private lets/rented accommodation in higher decile areas, living in hidden poverty and surviving by working multiple jobs.

The number of children and young people aged 0-15 in low income households after housing costs decreased from **24.5%** (or 4,808) in 2019/20 to **18.9%** (or 3,640) in 2020/21 (from 22.7% or 4,392 in 2018/19).

Whilst this 5.6% decrease is a positive sign that interventions including the Scottish Child Payment and Best Start Grants have had a positive impact, wider trends show a mixed picture.

Percentage of children in low income households (after housing costs)



The number of children in P1-P7 registered for free school meals increased from 11.1% in 2019 to 13.4% in 2020 and 13.7% in 2021. See the [East Lothian Data](#) section of this report for the breakdown of these figures by ward.

In 2016, East Lothian Foodbank distributed emergency food provision to 3,417 people including 1,268 children. In 2021, this support has increased to 7,496 people including 2,837 children. Between 1<sup>st</sup> January and 30<sup>th</sup> September 2022 East Lothian Foodbank distributed emergency food to 8,198 people including 3,115 children.

<sup>1</sup> Peter Townsend, 1979. *Poverty in the United Kingdom*. Harmondsworth: Penguin.

<sup>2</sup> Joseph Rowntree Foundation, 2007. The relationship between parenting and poverty. [Online](#).

<sup>3</sup> Females 78.8 to 87.6, Males 74.3 to 83.1. See Health Data page 35 for more detail.

<sup>4</sup> (Quintile 1:-8, 2:-40, 3:29, 4:-29, 5:- 26)

The East Lothian Food Friendly Network brings together the network of food banks, community kitchens and pantries with the East Lothian Partnership and others to share good practice and collaborate to achieve long term food security in East Lothian. The Network’s [Good Food Charter](#) was designed to bring communities and organisations together to create a thriving, food-resilient county.

Areas with the highest deprivation are located in Tranent, Wallyford & Macmerry; Preston Seton Gosford; and Musselburgh. Most of East Lothian’s most deprived data zones are in the west and most of the least deprived data zones are in the east of the county. 70% of Musselburgh’s data zones (19) and 65% of Tranent’s (17) are amongst the 50% most deprived data zones within East Lothian, compared to 6% of North Berwick’s (1). These areas of deprivation require focused intervention, particularly given the impact of stigma for children and families experiencing poverty in affluent areas.

### Universal Credit claimants

Universal Credit levels provide a useful indicator of the levels of employment and in-work poverty across the UK. In East Lothian the Universal Credit claimants increased by 46.8% from 5,842 in February 2020 to 8,577 in August 2022. Across Scotland the increase was 80.5%.

The number of households in East Lothian on Universal Credit with Child Entitlement rose by 33.9% between February 2020 and February 2022 from **2,460** to **3,293**. Across Scotland the increase was 69.5%.

The claimant count peaked in July 2020 at 9,777. North Berwick Coastal ward had the highest percentage increase in Universal Credit claimants at 95.5%.

We estimate that following the March 2020 lockdown over 60% of the increase in Universal Credit claimants was accounted for by people who were previously self-employed, who were applying for benefits because they were not able to work through lockdown.

### Income maximisation

Maximising income for families is a key objective for the East Lothian Partnership’s 2020 and 2021-23 Poverty Plans. More money in families’ pockets and better financial security improves outcomes in every direction.

**Scottish Child Payment:** from 9 November to 31<sup>st</sup> December 2020, 815 applications were received in East Lothian. From 1<sup>st</sup> January 2021 to 31<sup>st</sup> December 2021, 2,075 applications were authorised in East Lothian (out of 2,500 applications received).

**Best Start Grants and Best Start Foods:** in its first year of applications (10<sup>th</sup> December 2018 to 31<sup>st</sup> December 2019) 1,290 payments were made in East Lothian (out of 1,940 applications received), 2% of the total applications received in Scotland. In 2020-2021, 2,460 East Lothian were made (out of 3,690 applications received), 2% of the total applications received in Scotland.<sup>5</sup>



2,075 payments made  
Scottish Child Payment



2,460 payments made  
Best Start Grants and  
Best Start Foods

<sup>5</sup> Scottish Government. [Social Security Scotland statistics: publications](#).

## Population trends

Unlike the population trends faced by other areas of Scotland, East Lothian's population is set to increase by 8.5% (or 8,979 people) by 2030. The population groups expected to see the highest rise are in the 65+ age group (increasing 33.7% from 21,170 in 2018 to 28,309 in 2030). The 25 to 40 group is expected to increase by 8.5% (from 18,874 in 2018 to 20,471 in 2030). Children and young people numbers are expected to decrease by 2.1% (from 19,350 in 2018 to 18,939 in 2030).

East Lothian will see an increase in the health and care needs of its older residents, and an increase in the number of families with young children. There is a risk of higher populations masking the reality of child poverty and we will continue to work closely with our partners to accurately assess the real life levels of poverty in the county.

## Priority families

Any family can face the risk of poverty. However, some groups are at a higher risk than others. In terms of child poverty there are a number of groups in East Lothian who are particularly vulnerable.

- Gypsy/Traveller children and their families: the one official site at Whitecraig for Gypsy/Traveller communities was shared by Midlothian/East Lothian council. During Covid this site was closed, and Gypsy/Traveller children and their families are at higher risk of not receiving the income support and welfare assistance that they are entitled to. We are working with third sector partners to target information, advice and services at Gypsy/Traveller residents.
- Lone parent families: there is strong evidence for the correlation between lone-parent families and poverty. In 2019, there were an estimated 144,000 lone-parent families with dependent children in Scotland, which is 25% of all families with dependent children.<sup>6</sup> We are working to target information to maximise income as well as signposting to support services operating across the county.
- There is a close correlation between women's poverty and child poverty with factors including the gender pay gap and greater reliance on social security having an impact.
- Care experienced young people: Children living in poverty are more likely to come into care than their more affluent peers. Poverty undermines parenting and exacerbates the factors like substance misuse that are associated with maltreatment. East Lothian Council are working to #KeepThePromise and in December 2020 agreed funding to sustain the East Lothian Champions Board. The Board helps to create transformational change to the lives of care experienced young people by ensuring their perspectives, experiences and challenges are considered and actioned in our decision-making. Currently two care experienced young people are employed to work with the Board.
- Families with a disabled family member (adult or child) are more likely to experience poverty. East Lothian Council are again working to maximise income as well as signposting to support services operating across the county.

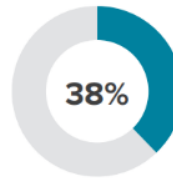
The Scottish Government has set out its priority families for targeted support and ensure that all actions deliver for the families at greatest risk of poverty.<sup>7</sup> Almost 90% of all children in poverty in Scotland live within these six priority family types:

<sup>6</sup> Public Health Scotland, 2020. Child poverty in Scotland: priority groups – lone-parent families. [Online](#).

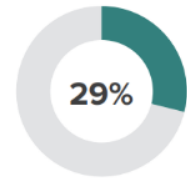
<sup>7</sup> Scottish Government, 2022. Best Start, Bright Futures: Tackling Child Poverty Delivery Plan. [Online](#).

- Lone Parent families - 38% of children in relative poverty
- Families who has someone either child or parent with a disability - 29% of children in relative poverty
- Families with 3 or more Children - 32% of children in relative poverty
- Minority Ethnic - 38% of children in relative poverty
- Families with the youngest child is under 1 - 34% of children in relative poverty
- Mothers Aged under 25 - 55% of children in relative poverty

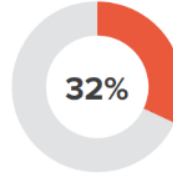
Lone Parents



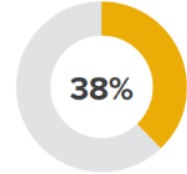
Disabled



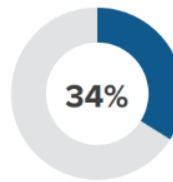
3+ Children



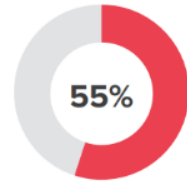
Minority Ethnic



Youngest Child Aged <1



Mothers Aged <25



## Our work in 2020/21

The key priority throughout 2020/21 has been supporting families and communities that faced financial and food insecurity and growing levels of poverty, and protecting families from the harshest impacts of Covid-19 and lockdowns.

Additional funding was made available from the Scottish Government to extend Free School Meal provision over the summer, mid-term, Christmas and Easter holidays and to make hardship payments during these periods for every child in receipt of Free School Meals.

The council also received several one-off funding allocations from the Scottish Government during 2020/21 to support people isolating under Test and Protect; families and households who were vulnerable for other reasons and maybe unable to access food supplies; those experiencing financial insecurity related to, or exacerbated by, Covid-19.

This additional funding was used in innovative ways to have maximum effect in supporting vulnerable people and people in poverty. For example:

- Funding was allocated through East Lothian's six Area Partnerships to support the massive community effort to provide meals, food and other supplies to people who were shielding and an increasing number of people who were facing severe financial difficulty because of the economic impact of the pandemic.

Examples of how this funding has been used include: creating food pantries in each area; supporting Community Kitchens and new Pantries; the provision of meals, or soup and sandwich to hundreds of families and pensioners; and establishing the Fareshare Hub which provides food supplies for over a dozen community food initiatives across East Lothian.

- Creation of a Coronavirus Fuel Poverty Fund that has helped households who are under intense financial hardship during these uncertain times and are struggling to afford to heat their homes and keep the lights turned on. Almost 600 one-off payments of £100 were paid to people who needed help with their gas or electricity bills in the 2020/21 winter.
- The Discretionary Housing Payment Fund received an additional allocation of funding to assist tenants with rent arrears who may be eligible for a DHP award or a top up of an existing award and experienced new/ increased rent arrears in 2020/21.
- Children's Services was allocated funding to support families and young people through emergency payments, and meeting the cost of temporary accommodation for Looked After Young People.
- Adult Social Work received additional funding, which was distributed via third sector partners including Carers of East Lothian as well as through Community Justice and emergency payments to support vulnerable clients in financial difficulty.

This additional funding enabled targeted support for families and households who were most severely impacted by the pandemic. As well as this additional financial support, our work around inclusion has continued to help families like Kirsty's\*, who are entitled to more than they were claiming.

## Financial Inclusion Service

**“She helped me when everyone else said no.”**

Kirsty\* reached out to East Lothian Council’s Financial Inclusion Service when her son Dylan’s\* Scottish Child Disability Payment was turned down. Helen from the Financial Inclusion team felt that they were entitled to this benefit and helped Kirsty to fill in the form again.

Kirsty was successful in her new application but when she was put on the lower rate, Helen felt that she was entitled to more and helped Kirsty to appeal the decision.

Helen helped Kirsty to apply for other benefits that her family were entitled to, and to apply for back payments for the benefits that they should have been receiving by improving journal entries.

Kirsty has seen a big difference for her family. Dylan has flat feet and needs regular replacements of shoes and clothes because he gets through them so quickly. Dylan also overeats so having a lot of healthier options available is essential. Because of Dylan’s condition it is hard to go to places that are busy, so Kirsty has to go at times when it is quieter but more expensive.

The extra income that the Financial Inclusion team have helped Kirsty access make these adjustments more affordable.

Kirsty feels that with Helen she has an advocate, who helps her to keep on track of her family’s finances. Helen helped Kirsty when everyone else said no.

*\*names changed*

## Families affected by parental substance misuse

Circle is a third sector partner which provides whole family support to families in East Lothian, promoting health development and potential. They engage families who face exclusion due to social injustice, poverty and health inequalities and work with East Lothian Council’s Children’s Services team.

Circle has been working with families affected by parental substance use to provide intensive family support. Throughout lockdown Circle had adapted its processes, and in 2021 has been helping families to transition out of lockdown within the context of the rise in cost of living.

The main challenges that families supported by Circle face are poverty and issues related to mental health. Anxiety is a key barrier holding families back from engaging with support.

Circle has provided a flexible service to the families they support throughout the Covid-19 lockdown. This has included delivery of food, helping with rising energy costs, offering wellbeing packs, providing ‘walks and talks’, assisting with health appointments, helping obtain prescriptions, prioritising family time and activities, helping with routines and also with transitions e.g. back to school.

It also includes support to obtain school uniforms, to liaise with nurseries/schools, apply for places, to make requests for additional support, to prepare for child planning meetings. For other families, this has also included support and advocacy to participate in statutory meetings like children’s hearings and child protection reviews.

Many of the children that Circle supports have neuro diversity, so Circle’s work around food and preparation makes a huge difference.

Children benefit from the parenting work that Family Outreach Workers facilitate, as well as practical support to improve living conditions and increase access to resources. Around a third also have benefitted from direct one to one work. This included support to explore and to understand the difficulties they face. E.g. using drawing or playing to explore their experiences, their emotions, their perceptions of safety, their relationships and to develop strategies for expressing themselves, develop their sense of self-esteem and identity, as well coping skills. This has also included fun and interest based activities.

Circle helps families to increase socialisation. When families are faced with the choice between food and a trip, they will always choose food. These choices cut away at social capital and increases isolation. Circle helps families to access social support and trips or experiences and make sure that families have a voice in the activities that include them.

Circle's work benefits from a long term and strengths based approach that families choose to engage with. Circle helps families to engage with and overcome mistrust of services, allowing them to access wider support.

## Child Poverty Actions 2020

The East Lothian Poverty Commission was established in October 2015 to report on how the Council and East Lothian Partnership could reduce inequalities and poverty. The Commission's final report included 56 recommendations which were turned into the Poverty Action Plan 2017-2020.

Both the Council and the East Lothian Partnership adopted the Action Plan 2017-2020 and embedded a strong commitment to tackling poverty and inequality into their plans in order to 'tackle the causes and effects of poverty in East Lothian and reduce the gap between the richest and poorest people'.

The plan is structured around five key drivers and areas of focus:

1. Income from work and earnings
2. Income from social security and benefits
3. Working in partnership at all levels to continue our focus on reducing poverty and inequality
4. Costs of Living
5. Increasing understanding of the impact of child poverty and ensuring child poverty is considered as part of the decision making process

Actions **pertaining to child poverty** are listed below.

	Driver	Who action is carried out by	How impact has/will be assessed	Activity / Progress to November 2020	Timescales for further action
<b>1.</b>	<b>Income From Work and Earnings</b>				
<b>1.1</b>	Develop more sustainable employment and training pathways for all in East Lothian	Connected Economy Group	East Lothian Council Plan Indicators: 1, 2,  East Lothian Plan indicators: 1,2,3 & 4	<b>Workforce for the Future</b> policy - draft paper written – covers MAs, GAs, Traineeships and PWE. Will align with Kickstart Programme (UK Govt) and Young Person's Guarantee (SG).  Post school Employability Action Plan being developed with ELC Web Team to show pathways and provision in EL.	March 2021
<b>1.2</b>	Deliver the 'Disadvantaged Families	City Region Deal Project	To be confirmed	The Musselburgh Family Focus service is now known as 'Our Families – Musselburgh East' and the team which includes posts	Report on outcomes for 1 <sup>st</sup>



	Service' in Musselburgh East alongside the 'Our Families' Project			<p>funded through the Edinburgh and South East Scotland Region Deal is now in place. The service includes family wellbeing and support, money advice, and employability support. The team is working within the 3 local primary schools of Pinkie St Peters, Wallyford and Whitecraig.</p> <p>A multi-agency Oversight Group provides governance and will report on outcomes for 1<sup>st</sup> year in July 2021.</p>	year in July 2021
1.3a	Develop new programmes to tackle in-work poverty	East Lothian Works and partners		<p><b>Parental Employability Support Fund</b> – funding from SG Tackling Child Poverty Fund to alleviate in-work poverty. Funding is split 65% parents in work and 35% out of work. Aim is to support parents to move into work, increasing training opportunities and hourly wage. Programme being developed to provide targeted paid work experience and training for parents to upskill. Funding until March 2022.</p>	Ongoing
1.4	Develop and deliver models to inspire positive career choices including the 'Kidzania Model'	East Lothian Works	Feedback from participants in the programme	<p>East Lothian version – Jobs Kingdom Live, organised by ELW. May 2019 – over 2 days; c1300 P5 pupils attended event at QMU. All primary schools in East Lothian represented.</p> <p>Consideration to be given to further activity post COVID</p>	To be confirmed
1.5	Continue partnership with Edinburgh College to deliver locally based courses in early learning and childcare	<p>East Lothian Works</p> <p>Edinburgh College</p>	Number of participants	<p>18/19– 43 achieved L4 SQA units 19/20 – tbc</p> <p>Development of courses to now include Level 5 course in EL&amp;C and from Jan 2021 a Level 6 unit. Outcomes include moving on to f/t college courses, paid work and volunteering</p> <p>Impacted significantly by COVID and led to drop off as learners struggled to engage online</p>	Completed/ Ongoing

				A new Classrooms Assistant course is being developed	
<b>2.</b>	<b>Income from Social Security and Benefits</b>				
<b>2.1</b>	Scope the development of a new Midwife lead Financial Inclusion Pathway for pregnant women and families	NHS Lothian	East Lothian Plan Indicator: 23 & 24	<p>Midwifery service and Health Visiting service are keen to develop this but progress has been delayed due to ongoing COVID pressures. Discussions to be held with ELHSCP to see if possible to pilot along with their potential Primary Care financial pathway.</p> <p>NHS Lothian has funded a Welfare Advice Service (provided through Community Heal and Advice Initiative) based at the Royal Hospital for Sick Children which started operating in Jan 2020</p>	Completed/ Ongoing
<b>2.2</b>	Develop a new specification for the Advice and Rights Services across East Lothian to ensure appropriate access to income maximisation, and debt and money advice	Corporate Policy and Improvement	East Lothian Plan Indicator: 23 & 24	A new contract was awarded to East Lothian Advice Consortium to run from April 2020 for three years with the option of extension	Completed/ Ongoing
<b>2.5</b>	Increase uptake of Healthy Start/ Best Start grant	NHS Lothian	East Lothian Plan Indicator: 23 & 24	<p>Briefing on the Best Start foods at the</p> <ul style="list-style-type: none"> <li>○ EL Friendly Food Network</li> <li>○ Private Nursery meeting</li> <li>○ ELFIN</li> <li>○ Support from the Start groups</li> </ul> <p>Potential to include information about the Best Start Foods when registering your child for a nursery place.</p>	Ongoing

				There was communication with both Midwives and Health visitors and Social Security Scotland did presentations for the services pre-covid. Further engagement with the services has not taken place due to COVID but further awareness raising and promotion of the new grants will take place over the coming year	
2.7	Continue to link return to work/ training candidates with welfare and benefits advice to ensure a good transition between benefits and work	East Lothian Works with Into Work	East Lothian Plan Indicator 2	Into Work Employability Welfare Rights Officer located within ELC Financial Inclusion team one day per week to assist with into work welfare related advice and support.	Ongoing
<b>3.</b>	<b>Working in partnership at all levels to continue our focus on reducing poverty and inequality</b>				
3.1	Review structures which progress work on different aspects of poverty to ensure a cohesive approach which harnesses collective knowledge and resources	Corporate Policy and Improvement & NHS Lothian	New structures established and operational	New Poverty Working Group has been established with a remit to current Poverty Plan and Child Poverty Action Plan and develop a new combined Plan	April 2021
<b>4.</b>	<b>Cost of Living</b>				
4.1	Implement the 1140 hours of Early Learning and Childcare for East Lothian	East Lothian Council Education Service	East Lothian Plan Indicator 23	Due to Covid-19 the Scottish Government suspended the requirement for Local Authorities to provide 1140 hours of early learning and childcare by August 2020, with no alternative date for implementation given. Whilst this has delayed universal roll out across East Lothian, settings where 1140 hours had been available prior to lockdown is, where safe and practical to do so,	August 2021

				being reinstated. For all other settings 1140 hours will be introduced in a phased for the start of the academic year August 2021.	
<b>4.2</b>	Increase the number of residents from specific target groups accessing local sport and leisure facilities at reduced rates, including a review of peak time access for those with Leisure Cards	Active Schools & Enjoy Leisure	To be developed	The Access to Leisure scheme has been updated to reflect the changes to Universal Credit.	Completed/ Ongoing 2019-2020
<b>4.3</b>	Continue to offer Free Active School activities to those entitled to Free School Meals and all Care Experienced Young People & explore potential to expand this to include young carers	Active Schools Business Unit	Number of free places allocated	Free access to activities for young people in receipt of a free school meal or clothing grant and care experienced young people has been rolled out across programmes.	Completed/ Ongoing
<b>4.4</b>	Support from the Start local initiatives to support the best start in life for children and young people	NHS Lothian, Support from the Start	Monitored on a project and cluster basis	Support from the Strat groups continue to operate across the county but Support from the Start Officer so clarification required on future of Support from the Start	September 2021
<b>4.5</b>	Raise awareness and understanding of the impact of Child Poverty by delivering the 1 in 5 training to head	ELC Education, Corporate Policy & NHS Lothian	Number of Training sessions delivered	Sessions delivered to: <ul style="list-style-type: none"> <li>Community Learning and Development as part of the Capacity Building calendar:</li> <li>EL Children's Social Work</li> </ul>	Ongoing

	teachers, teachers and school based staff		Number of participants  Actions arising from the training – longer term impact	<ul style="list-style-type: none"> <li>Probationary Teachers session (20<sup>th</sup> Nov) – trialling online version which will be added to the CLD Training programme.</li> </ul> <p>Has been offered to all Primary and Secondary schools and PTAs. But no take up to-date. Further communications to be issued in early 2021.</p>	
4.6	<p>Work with Parent Council's and PTA's to raise awareness of the impact of poverty and the cost of the school day including:</p> <ul style="list-style-type: none"> <li>- Considering the cost implications of fund raising activity</li> <li>- Consideration of the impact of other hidden costs of the school day</li> <li>- Taking an innovative approach to reducing the cost of the school day</li> </ul>	ELC Education and NHS Lothian	<p>Number of Training sessions delivered</p> <p>Number of participants</p> <p>Reduction in cost of school day for all parents</p> <p>Equity for all parents and pupils</p>	<p>COVID has restricted opportunity to work with Parent Councils and PTAs</p> <p>To revisit when restrictions are lifted.</p> <p>Parent Councils briefed and provided with Cost of School Day support materials and a request to include annually on agenda when considering fundraising calendar, collaborate and co-ordinate with school</p>	<p>October 2021</p> <p>Revisited annually via ELAPCM usually May/June when planning taking place</p>
4.7	Deliver the recommendations of the Food Poverty and Holiday Hunger Group including the improvement and expansion of holiday	ELC Education and NHS Lothian in partnership with voluntary	<p>Number of weeks of lunch club provision in each area</p> <p>Number of free breakfast club</p>	<p>£30k allocated in 2019/2020 and 2020/21</p> <p>East Lothian Friendly Food Network established to foster better peer support for those working locally to increase access to affordable food.</p>	2019-2020

	hunger provision across the county	sector organisations	places available in each area	<p>The Food Poverty group have now disbanded and there has been an increase in the number of holiday clubs and the places available at holiday clubs. There has been an increase in breakfast club provisions with some schools working with the pupils to run these.</p> <p>The Food Friendly Network (the network should have their own action in the next version of the poverty plan) has a growing number of members and we have developed a range of resources to inform the development of work including a food map.</p>	
4.12	<p>Period Poverty –</p> <ul style="list-style-type: none"> <li>Continue the Red Box scheme in all Secondary Schools</li> <li>Increase access to sanitary products in primary schools</li> <li>Implement plans for community access to sanitary products including products for new mother immediately post birth</li> </ul>	<p>ELC Education and Corporate Policy</p> <p>Partnership with the voluntary sector</p>	<p>Projects will be evaluated by the Scottish Government and at a local level e.g. the number of people accessing free products</p>	<ul style="list-style-type: none"> <li>Products distributed across public buildings in East Lothian</li> <li>Funding given to local voluntary sector organisations to reduce period poverty</li> <li>Targeted groups included young mothers, those with new babies, families with children</li> </ul> <p>There are red box type schemes in each secondary school and starter packs (with period products and information leaflets) have been sent to every primary school. A wide range of community buildings (libraries, ELC receptions, GPs, hospitals) have been supplied with products and a number of 3<sup>rd</sup> sector groups were allocated money to allow them to buy period related products for people who use their services.</p>	Completed/ Ongoing
5.	<b>Increasing Understanding of Child Poverty and ensuring child poverty is considered as part of the decision making process</b>				
5.1	Review and relaunch of the 'Understanding Poverty' E-learning module targeted at all	Corporate Policy	Number of Participants	East Lothian Council has produced a Poverty Awareness e-learning training module which is available to all Council staff and on the e-learning community platform.	Completed/ Ongoing

	staff and available to community groups				
5.2	Keep Elected Members and senior officers informed of the progress with the Child Poverty Action Report	Corporate Policy	Increased understanding of poverty and its impact by elected members and senior officers	Elected Member briefings held in 2019 on <ul style="list-style-type: none"> <li>• Child poverty action report</li> <li>• Period Poverty</li> </ul> Further briefings will be held in 2022	Completed/ Ongoing
5.3	Support for the role of Poverty Champions in Schools and Local Area Partnerships	NHS Lothian and ELC Corporate Policy and other relevant partners	Actions arising / changes happening as a result of this role	Poverty Champions have been appointed in Area Partnerships but not in schools  Further work required post COVID to develop Poverty Champions role in schools	Completed/ Ongoing  December 2021
5.4	Work with the Children's Parliament and local groups including minority groups to identify new issues	NHS Lothian and East Lothian Council	Actions arising / changes happening as a result of this work	Engagement took place with the Children's Parliament on the implementation of the UNCRC but then put on hold awaiting outcome of consultation on new legislation  Further work required to respond to and take account of new duties arising from UNCRC legislation	To be confirmed
5.5	Revise the ELC Integrated Impact Assessment Process to include <ul style="list-style-type: none"> <li>• Care Experienced Young People</li> <li>• Fairer Scotland Duty</li> <li>• Human Rights considerations</li> </ul>	Corporate Policy	Number of IIA's published	New Integrated Impact Assessment in place with greater focus on those vulnerable to falling into poverty including children and care experienced young people  Further work required to explore potential for use of common IIA process or training with NHS Lothian	Completed/ Ongoing





## Our work in 2021/22

Our focus in 2020/21 was on helping children ease through the transition from lockdown to the post-Covid “new normal”. In 2021/22 our focus includes the ongoing response to Covid, as well as the growing impact of the cost of living crisis on families and vulnerable households.

In March 2020 the East Lothian Partnership established a multi-agency Poverty Working Group to review progress of the previous Poverty Action Plan (pages 13-20) and develop a new Plan which takes into account the impact of Covid. The group includes representatives from key council services alongside NHS Lothian, the Health & Social Care Partnership, Volunteer Centre East Lothian and food banks, reviewed progress of the 2017-2020 Poverty Action Plan.

This process showed that most of the actions in the Plan have been completed but much still needs to be done. Poverty has increased as a result of the Covid pandemic and cost of living crisis, which combined have had devastating consequences on our economy, society and health.

A key priority for the East Lothian Partnership has been ensuring that families and other households in East Lothian have the maximum income that they are entitled to. Our actions to improve household incomes is in line with Scottish Government priorities to maximise the support available for families to live dignified lives and meet their basic needs.<sup>8</sup>



East Lothian Council will run a benefits campaign in autumn 2022 to help parents and other groups to maximise their income and ensure they are receiving the correct support from their community.

As well as a social media campaign with updated resources for people to easily access their benefit entitlements, East Lothian Council will provide updated online training for practitioners across the county to ensure consistent understanding of the income support available.

NHS Lothian are presently working with Midwifery and Health Visiting services to map the current approach to linking patients with financial inclusion services. This information will be used to improve the identification of those most in need. Through improved referrals and information sharing between NHS Lothian and their partners this in turn will seek to improve the support they receive.

This and other measures described below are part of East Lothian Partnership’s commitment to improving family income and taking an early intervention approach to child poverty.

### Parental Employability Support

The Parental Employability Support Fund (PESF) is carried out by East Lothian Works as part of our commitment to provide the opportunities and integrated support parents need to enter, sustain and progress in work, which is one of the three key priorities for the Scottish Government set out in *Best Start, Bright Futures*.

PESF offers employability support tailored to the needs of each individual, and can include help to seek and sustain employment, provide support in job searching, applying for jobs by completing

<sup>8</sup> Scottish Government. [Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026](#).

applications and CVs, interview prep, access to work experience placements, exploring and applying for college/university/other courses and any issues which arise.

Parents from the 6 target groups (page 5) are eligible for this which also includes Income Maximisation advice which is offered to all PESF participants and has seen significant improvements in household income, directly benefitting children and young people. In 2021-22 financial gains through PESF totalled £33,907.76 for 49 parents.

As well as general support, PESF is tailored to individual's needs and can help access important work and life skills including driving lessons.

As well as the financial benefits through regular earning and increased benefits income, this employability programme has a positive impact on families in many other ways. For parents who have been out of the workplace for a long time, PESF provides a supported and phased return to the workplace, building confidence and new skills that allow them to flourish.

Participants in the programme have reported improved self-esteem through workplace and placement success. Improvements in financial security and fulfilment in their career have had a positive impact on individual and family wellbeing for many participants.

Work offers a sustainable way out of poverty and as well as material poverty can improve a family's integration and interaction with their community. Access to fair and flexible work opportunities is a key outcome in East Lothian Council's Poverty Plan, where households are working and free from in-work poverty.

### Welfare advice at the Edinburgh Royal Hospital for Children and Young People

In January 2022, NHS Lothian Public Health took over the funding of the welfare advice service located in the Royal Hospital for Children and Young People (RHCYP). This service was established in January 2020 by the Scottish Government's Healthier Wealthier Children Fund to support families living in poverty across Lothian. It offers free, independent, confidential and non-judgemental advice across the hospital (inpatient and outpatient) and includes support on issues such as income maximisation, benefit entitlement, debt, employment and housing.

From 1st April 2021 to 31st March 2022, a total of £189,352.54 has been granted to families with low incomes through direct financial payments as well as non-financial support including suitable housing, food bank vouchers and Young Scot Cards. These Lothian-wide figures include families from East Lothian who have attended the RHCYP site.

Providing a hospital-based welfare service aims to reduce access barriers for families who may not have engaged with community services or who have recently become burdened with financial difficulties as a result of their child's ill health or hospital stay. Following the positive impact of this service within the RHCYP, NHS Lothian Public Health has sought funding to promote welfare advice services in other hospital sites across Lothian, including the East Lothian Community Hospital.

It is expected that the new East Lothian Community Hospital welfare advice service will provide support for both patients and staff. The main focus of the service is promoting income maximisation with aim of reducing the burden of poverty across East Lothian, particularly in the current climate with the rising cost of living and cost of the school day.

These and many other initiatives, projects and examples of good day-to day work exemplify our approach to tackling child poverty as a partnership. Our priorities in 2021 were not only to help families to financially survive and then recover, but to create opportunities for connection and socialisation that children had lost during the pandemic.

The Get into Summer and Pupil Equity Funding projects show some of the work the East Lothian Council and our partners have done to lessen the impact of Covid restrictions on children and young people. This includes their mental health, social isolation, and attainment.

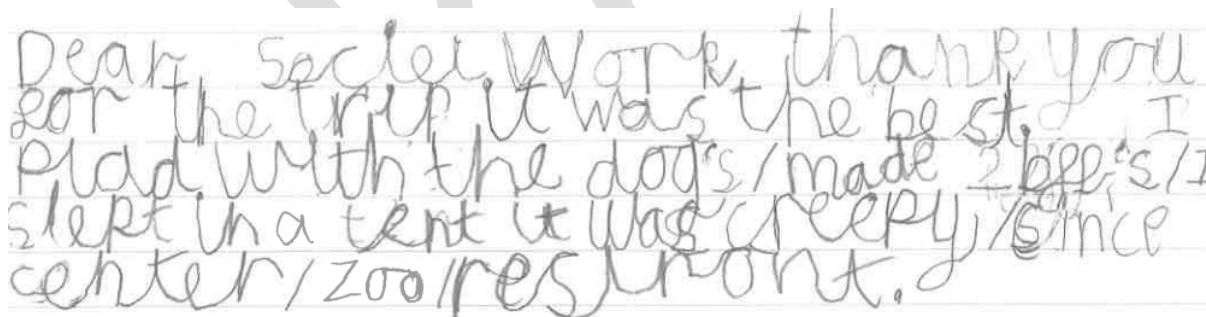
### Get into Summer – summer holiday provision

As part of the national programme of summer holiday provision, East Lothian Council and our partners in the third sector delivered a wide range of activities across communities. Some activities had universal provision and some were targeted at our priority families.

We surveyed young people to inform decisions on what activities to offer, with free swimming consequently being made available to all. Rugby and football were support in all large communities; football was extended into our more rural communities and small local projects provided other sports such as water sports, gymnastics, tennis, walking and rambling.

Other activities included additional pop-up play sessions extending into rural communities, pop-up library and arts which focused on science and computing, music and theatre.

A particular success was East Lothian Council's Social Work department offering a 'Small grant personal budget scheme'. Social workers worked with priority families to access funding of up to £500 to co-create their summer of fun. Examples of these grants included annual memberships (Historic Scotland, Zoos), driving lessons for parents/older children, trips and short breaks to visit relatives, equipment and summer clothing costs, flying lessons and horse-riding lessons, amongst many other fun activities.



Dear Social Work, thank you for the trip it was the best. I played with the dogs / made 2 bff's / I slept in a tent it was creepy / since center / zoo / res / mont.

The estimated reach of Get into Summer was over 4,000 children and young people. Of those approximately 40% would fall into East Lothian Council's priority family groups.

Free swims reached approximately 28,000 children and young people.

This project will be repeated in summer 2022 as part of the Scottish Government's summer holiday provision, with adaptations to specifically target children and young people who are experiencing poverty. As well as provision of free school meals over the summer holiday, activities and fun summer memories will again be created for families.

## Pupil Equity Funding in East Lothian

Staff across schools and educational settings in East Lothian have shown great resolve in managing the long-term challenges of Covid-19. The impact of lockdown has been felt very differently by children. It has been particularly challenging for those children who are vulnerable or have additional support needs.

As children across Scotland returned to classrooms in March 2021, some have found it difficult to engage with learning. Attainment gaps have widened within classrooms, concentration levels have been impacted, and the lack of interaction during the 2020 lockdowns has significantly impacted pupil mental health, with pupils reporting higher anxiety as they return to classrooms.<sup>9</sup>

Sanderson's Wynd Primary School in Tranent has been using its Pupil Equity Funding to adapt its learning environment in the face of these challenges.

Sanderson's Wynd has a mixed demographic with 40.6% of pupils living in Quintile 1 of the SIMD. 33% of the school population have a recognised additional support need.

In 2016 a Nurture Room was created in response to the level of distressed behaviour being seen across the school, and the negative impact this was having on learning and teaching. Some children made progress with the Nurture Room approach and the smaller groups setting, but others continued to show distressed behaviour even within a smaller group environment.

The Senior Leadership Team and staff felt that following a whole school Nurturing approach would have the greatest impact on the learners. All staff (teaching and support staff) undertook learning, supported by the school's Educational Psychologist, to gain a knowledge and understanding of the Nurture Principles and how to apply these in the classroom setting.

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<sup>9</sup> Scottish Government, 2021. Addressing the impact of COVID-19. [Online](#).

## Our plans for 2021-2023

The East Lothian Poverty Plan 2021-2023 has been designed as a key pillar of East Lothian's plan to build back better from the pandemic. It is a two year plan recognising the need to review progress within the timescale, and the possible need to develop and shift priorities in response to the full impact of the pandemic. The Plan includes our outcomes to tackle child poverty.

This timescale will allow us to assess the impact of the Scottish Government's commitments such as the doubling of the Scottish Child Payment, the extension of Free School Meals and the development of wrap around child care and the introduction of a Minimum Income Guarantee to poverty in East Lothian.

The Draft Plan was consulted on extensively during September and October 2021, including taking on the views of people with lived experience of poverty. The final version of the Plan was adopted by the Council and East Lothian Partnership in November 2021.

The Plan includes 49 actions based on seven key outcomes:

- Working and free from in-work poverty
- Financially included – people have access to income maximisation and money advice
- Having a home – a decent, affordable, warm and dry home
- Educated – reduce the attainment gap and raise the attainment and achievement of our children and young people
- Healthy and well – people in East Lothian are enjoying healthier lives and health inequalities are eliminated
- Resilient and well connected – resilient and well connected individuals and communities; connected public services taking a prevention and early intervention approach to tackling poverty
- Empowered and responsible – citizens and communities are empowered to influence policy and the council and partners take responsibility to reduce poverty

Tackling child poverty is a theme across all seven outcomes and all 49 actions will have a positive impact on families' situations. The following actions specifically relate to tackling child poverty. The complete plan is available [online](#).

<b>1. Working and Free From In-Work Poverty</b>				
	<b>Objective</b>	<b>Lead service/ partner</b>	<b>Progress to date</b>	<b>New / Further Actions 2021-2023</b>
1.3	The council will develop a range of options for childcare for working parents and carers including parent led childcare opportunities, social enterprises and other models which support parents to return to or sustain employment/ education.	ELC – Education service	East Lothian Council was working towards implementing the commitment deliver 1140 hours of childcare for 3-5 year olds and eligible 2 year olds from August 2020. The statutory implementation date was delayed until August 2021 due to the pandemic. The council is now providing 1140 hours Early learning and Childcare to all eligible children.	Continue to work with the private and voluntary sector providers to develop innovative ways to deliver Early Learning and Childcare services to meet the needs of our diverse communities and to put in place plans to meet any further requirements to extend Early Learning and Childcare.
1.4	The council and its partners should develop a focused project to improve skills, confidence and opportunities for parents funding to allow them to return to work or education and lead to better long term outcomes for their young families.	East Lothian's Local Employability Partnership	Working with Wallyford Pilot project – employability support for parents ran over two years in partnership with Wallyford Primary. Outcomes included parents moving into work and to FE. Plans developed to roll out to other schools were suspended due to COVID-19.  Implementation of the Parental Employability Support Fund (PESF) with funding from Tackling Child Poverty Fund to support parents into work and to progress in work was delayed due to COVID-19 but started early 2021. Aim is to tackle in-work poverty through upskilling, career progression and increase in hours/ income.	Continue roll out of the Parental Employment Support Fund (PESF), Working With Wallyford pilot and other initiatives to support parents into training and work.  Edinburgh College to develop and deliver short skills boost courses for childcare, Health and Social Care and hospitality with guaranteed interviews.

			Paid Work Experience was opened up to all ages and for part-time positions to increase accessibility for parents.	
<b>2. Financially Included – people have access to income maximisation and money advice</b>				
	<b>Objectives and Actions</b>	<b>Lead</b>	<b>Progress to date</b>	<b>New or Further Actions 2021-2023</b>
2.4	Develop financial inclusion pathways from healthcare services, and increase uptake of Healthy Start/ Best Start grants	NHS Lothian	Midwifery and Health Visiting services were developing a financial inclusion pathway but progress was delayed due to ongoing COVID pressures.  Discussions being held with ELHSCP to explore a possible pilot along with a Primary Care financial pathway.	NHS Lothian will develop a financial inclusion pathway for midwifery and Health Visiting services and increase the uptake of Healthy Start/ Best Start grants by, for example, including information when parents register children for a nursery place.
2.6	Financial education should be included in the curriculum from an early age to ensure that young people, including care experienced young people have the financial capability they need for the future.	Education and Children's / Community Housing / Connected Communities	This is already covered in the curriculum within maths and numeracy. Some schools also organise a 'Money Week'  The Council is working with the Bridges Project who deliver life skills training including a tenancy qualification for young vulnerable people. This project is ongoing offering a range of practical skills development. Recently produced and vocational brochure for client group  Life skills such as cookery classes are provided by several community projects e.g. via Fundamental Foods, The Ridge in Dunbar, North Berwick Kindness Co-	Increase financial education and 'life skills' as part of the curriculum  Put in place a learning and development programme for foster carers/ Kinship carers and residential workers to ensure care experienced young people have the financial capability they need for the future.  Instigate a programme of training around bank accounts, money management and budgeting for foster carers, kinship carers and residential workers



			operative and The Bridges Project in Musselburgh	
2.8	Tackle 'period poverty' by ensuring access to a choice of period products for those who need them	Policy, Improvement and Partnerships/ Education services	Options for delivery of new schemes to provide period products, including a pilot scheme have been put in place	Continue to Implement the preferred scheme to deliver access to period products and promotes choice in Schools and the community

#### 4. Educated – reduce the attainment gap and raise the attainment and achievement of our children and young people

	Objectives and Actions	Lead	Progress to date	New or Further Actions 2021-2023
4.1	East Lothian Education service will develop clear policies to reduce inequality in schools, and develop a whole school approach to raising awareness of the impact of poverty on education and what education can do to mitigate poverty and break the cycle of poverty.	ELC – Education and Children's Service	<p>The Edinburgh guide to poverty has been disseminated to schools. Parent Councils received Cost of School Day support materials and were asked to consider these when planning their annual fundraising calendar with their school. There have been discussions about the introduction of a more generic uniform (with an associated schools badge) for schools in individual clusters.</p> <p>An 'Included, Engaged and Involved' policy is in place that seeks to ensure that all learners are engaged in learning, and have equal access to support them to attend and succeed.</p>	<p>Implement a monitoring / tracking tool for broad general education to help to identify and monitor the attainment gap and to prioritise key improvements required</p> <p>'Poverty, Equality and Inclusion Toolkit' for Early Years Services and related training is being developed. School Reviews and Service level Agreements include a focus on poverty and the use of SIMD and other data to demonstrate school commitment and progress to reducing inequalities in schools.</p>



				Raise awareness and understanding of the impact of Child Poverty by delivering the 1 in 5 training to Head Teachers, teachers and school based staff and deliver briefings and training sessions to Children's Services staff.
4.2	Schools need to develop a real understanding of the way in which poverty affects attainment and work to reduce the poverty related attainment gap	Education and Children's Service	<p>There is ongoing monitoring of attainment by SIMD, and other factors including exclusion rates.</p> <p>Equity and Excellence Officers in the Early Years team are working with eight primary schools and Olivebank to reduce poverty related attainment gap</p> <p>The <b>Raising Attainment Strategy</b>, which aims to provide a relentless strategic focus on raising attainment has four workstreams including <b>the Poverty Related Attainment Gap</b> workstream.</p>	<p>The framework for the implementation of the Pupil Equity Fund (PEF) will continue to support schools to plan interventions that impact positively on outcomes for learners who are affected by poverty.</p> <p>Ensure the recommendations of the Poverty Related Attainment Gap Workstream support schools to reduce the poverty related attainment gap and evaluate the effectiveness of their PEF interventions.</p>
4.3	Expand efforts to address food insecurity and 'morning hunger' for children and young people to improve their overall well-being, their ability to engage and participate and ultimately achieve and attain	Education and Children's Service / Connected Communities	<p>£30,000 of 'Holiday Hunger/ food insecurity' funding has been baselined in the Council's Education budget and is distributed via Connected Communities'</p> <p>Significant developments in providing food for vulnerable children – including Free School Meals, payment of a Free Schools Meals allowance via BACS, and lunch clubs –</p>	Support the implementation and roll out and take of the Scottish Government's initiatives to tackle food insecurity among children and young people including extension of Free School Meal provision throughout the year and to additional age groups, introducing a new Healthy Milk Snack and providing wrap around care, including breakfast and

			have taken place through the COVID pandemic	after school provision for vulnerable children
4.4	Reduce the digital divide and digital exclusion among children and young people, including are experienced young people	ELC – Education and Children’s Service (Schools Digital Group) / Connected Communities	<p>The Education service and Schools Digital Group are developing an approach to the Senior Phase using IT to enhance and support delivery of the curriculum.</p> <p>There have been significant developments in digital learning and provision of chromebooks and other devices to pupils as a result of the pandemic</p> <p>Connecting Scotland initiative has provided children and families (including Care Experienced Young People) with free digital devices and wifi.</p>	<p>Schools will further develop how they use their existing digital resources to support wider engagement and development of digital skills to underpin the curriculum, and support children, young people and their families to engage with learning.</p> <p>Particular focus will be taken of the digital needs of care experienced young people</p>
4.5	Increase the number of residents from specific target groups accessing local sport and leisure facilities at reduced rates, including a review of peak time access for those with Leisure Cards	Active Schools & Enjoy Leisure	<p>The Access to Leisure scheme has been updated to reflect the changes to Universal Credit.</p> <p>Developments being planned include:</p> <ol style="list-style-type: none"> <li>1. Offering Free Active School activities to those entitled to Free School Meals and all Care Experienced Young People and exploring potential to expand this to include young carers</li> <li>2. Recycling sports equipment</li> <li>3. Establishing East Lothian Sports Club Membership Scheme</li> </ol>	<p>Design and promote encompassing “Reducing Barriers to Sport &amp; Activity” booklet</p> <p>Promote, monitor and evaluate impact of the developments of the Access to Leisure Scheme.</p> <p>Review the peak time access for the leisure card (currently can only be used from 9-4 Mon to Thurs).</p>

			4. Establishing Walk With School and Connected Community Access Funds.	
4.6	Support from the Start local initiatives to support the best start in life for children and young people	NHS Lothian, Support from the Start	Support from the Start groups continue to operate across the county. They are being supported by the Parenting and Family Support Co-ordinator	Continue to support 'Support from the Start' groups
4.7	Work with Parent Council's and PTA's to raise awareness of the impact of poverty and the cost of the school day.	Education/ NHS Lothian / Connected Communities	COVID has restricted opportunity to work with Parent Councils and PTAs  Parent Councils have been briefed and provided with Cost of School Day support materials and a request to include annually on the agenda when considering their in collaboration with school staff	Continue to raise awareness of the impact of poverty and the cost of the school day including: <ul style="list-style-type: none"> <li>• Considering the cost implications of fund raising activity and the impact of other hidden costs of the school day</li> <li>• Taking innovative approaches to reducing the cost of the school day</li> <li>• Family and community-based learning and the CLD Plan</li> </ul>
4.8	Provide additional targeted support for those families at particular risk of hardship and vulnerable and disadvantaged children and young people, including those with care experience, and their families, to engage better with education	Education and Children's Services	Six teachers and six family support workers have been recruited on a temporary basis.  The team will comprise the above posts and the Virtual Head Teacher, Principal Teacher GIRFEC, Children's Services Team Leader and the Parenting and Family Support Co-ordinator.	Establish an Inclusion and Wellbeing Support Team for the provision of additional targeted support for those families at particular risk of hardship.  This will involve interventions which will directly support individuals and families to engage effectively with learning, particularly in situations where vulnerability and deprivation are factors. This could include provision for children

				with additional support for learning such as additional or enhanced tutoring and mentoring programmes.
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## 5. Healthy and Well – people in East Lothian are enjoying healthier lives and health inequalities are eliminated

	Objectives and Actions	Lead	Progress to date	New or Further Actions 2021-2023
5.4	Improving children and young people’s mental health and wellbeing.	East Lothian Children’s Strategic Partnership	One of three priorities in the Children & Young People’s Services Plan (2020–23) is “improving children and young people’s mental health and wellbeing”. This includes a range of actions related to workforce development, intervention and prevention and the development of community based support and services to support children and young people’s mental health and wellbeing.	Implement the Children & Young People’s Services Plan (2020–23) to improve children and young people’s mental health and wellbeing.

## 6. Resilient and Well Connected – resilient and well connected individuals and communities; connected public services taking a prevention and early intervention approach to tackling poverty

	Objectives and Actions	Lead	Progress to date	New or Further Actions 2021-2023
6.2	Review delivery of family support across East Lothian to improve co-ordination and links with other relevant services	Children’s Services	The Musselburgh Family Focus service is now known as ‘Our Families Project and the team which includes posts funded through the Edinburgh and South East	Deliver the ‘Intensive Family Support Service’ in Musselburgh East alongside the ‘Our Families’ Project

			Scotland Region Deal is now in place. The service includes family wellbeing and support, money advice, and employability support. The team is working within three primary schools of Pinkie St Peters, Wallyford and Whitecraig.	Implement the re-design of inclusion and family support services and the closer links with other Children's services, Education and East Lothian Works
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# East Lothian Data

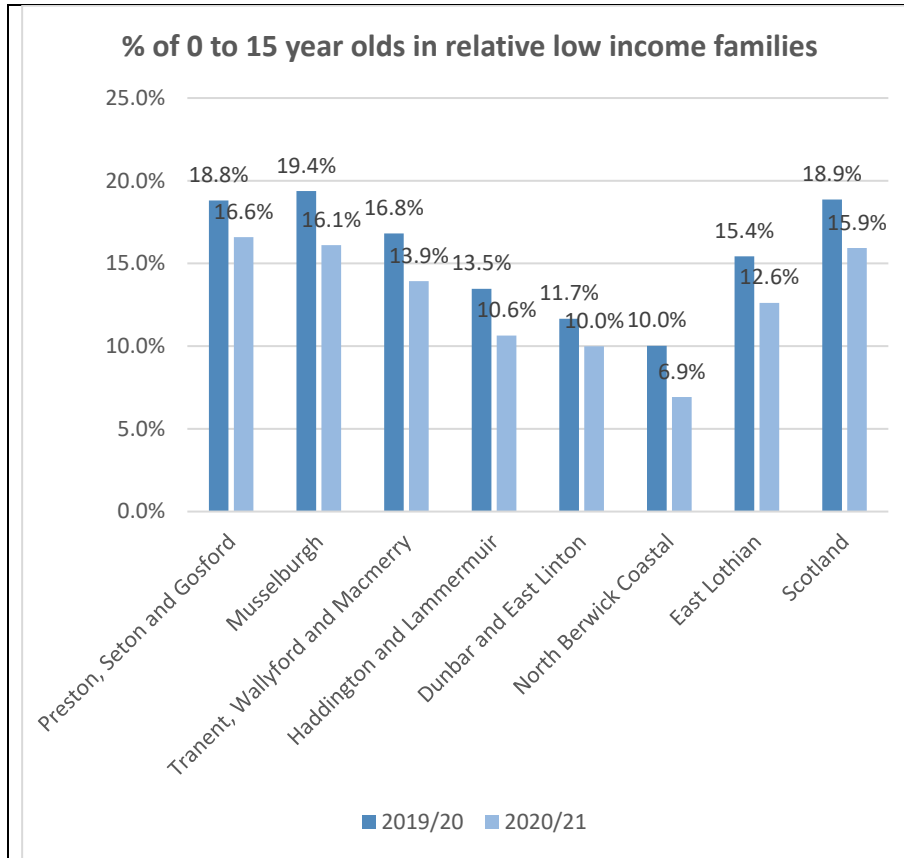


Figure 1: % of 0 to 15 year olds in relative low income families  
Source: East Lothian Council, 2022. Before housing costs.

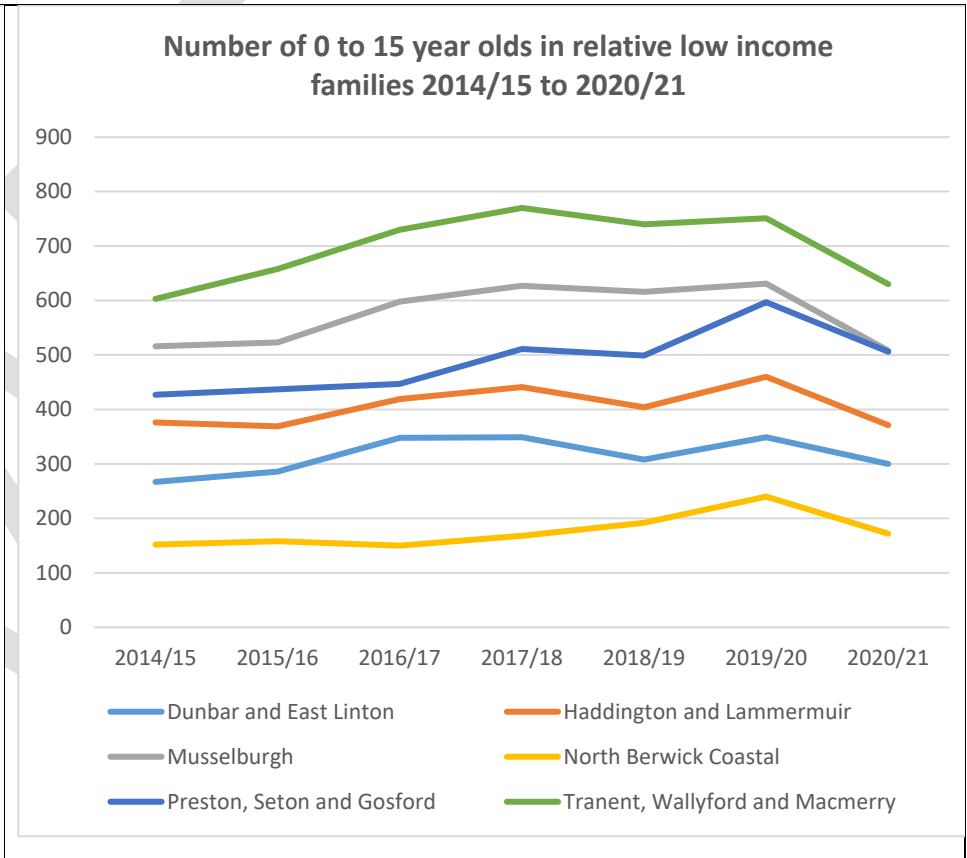


Figure 2: Number of 0 to 15 year olds in relative low income families 2014/15 to 2020/21  
Source: East Lothian Council, 2022. Before housing costs.

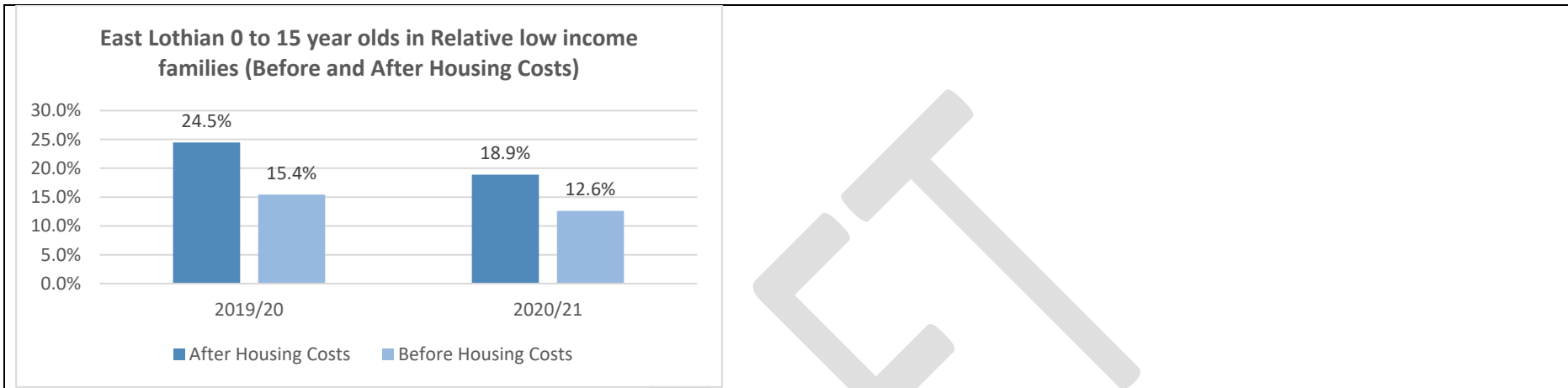


Figure 3: East Lothian 0 to 15 year olds in relative low income families (Before and after housing costs)  
 Source: East Lothian Council 2022.

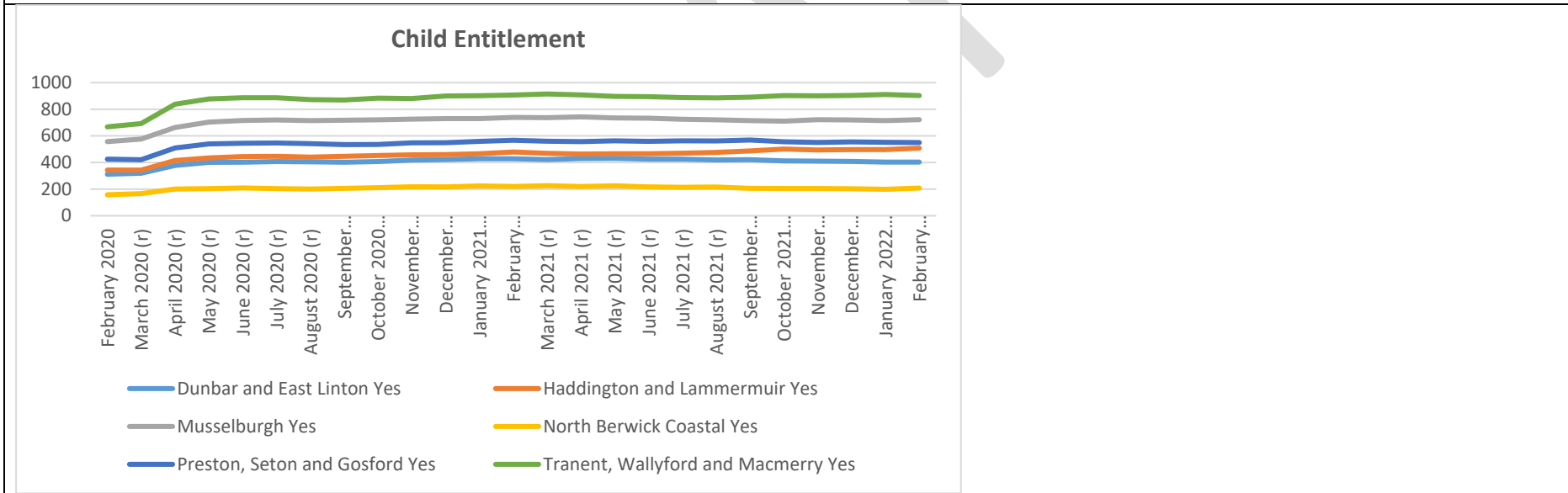


Figure 4: Universal Credit claimants with child entitlement by ward area  
 Source: East Lothian Council, using DWP data

Education data

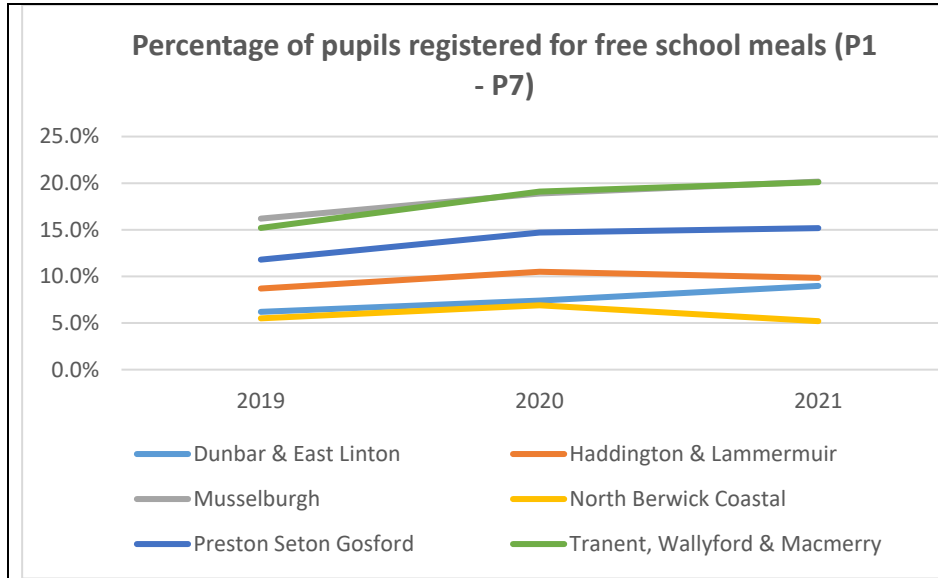


Figure 4: Percentage of pupils registered for free school meals (P1-P7)  
Source: East Lothian Council

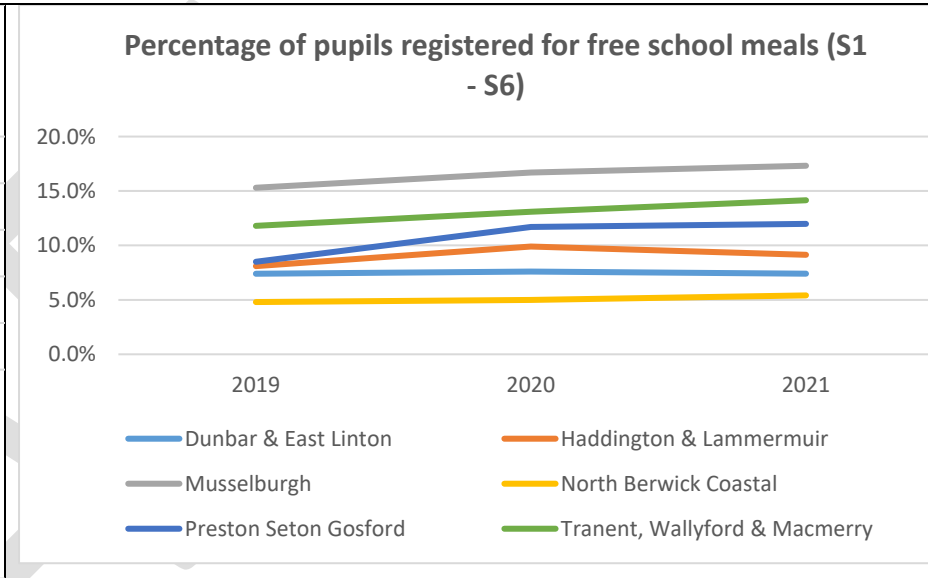


Figure 5: Percentage of pupils registered for free school meals (S1-S6)  
Source: East Lothian Council



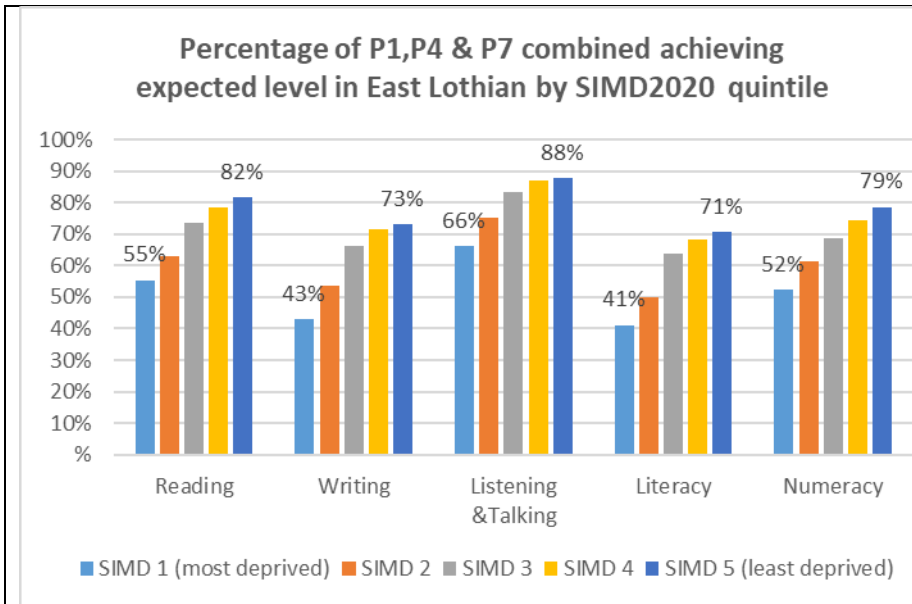


Figure 6: Percentage of P1, P4 & P7 combined achieving expected level in East Lothian by SIMD 2020 quintile  
Source: East Lothian Council

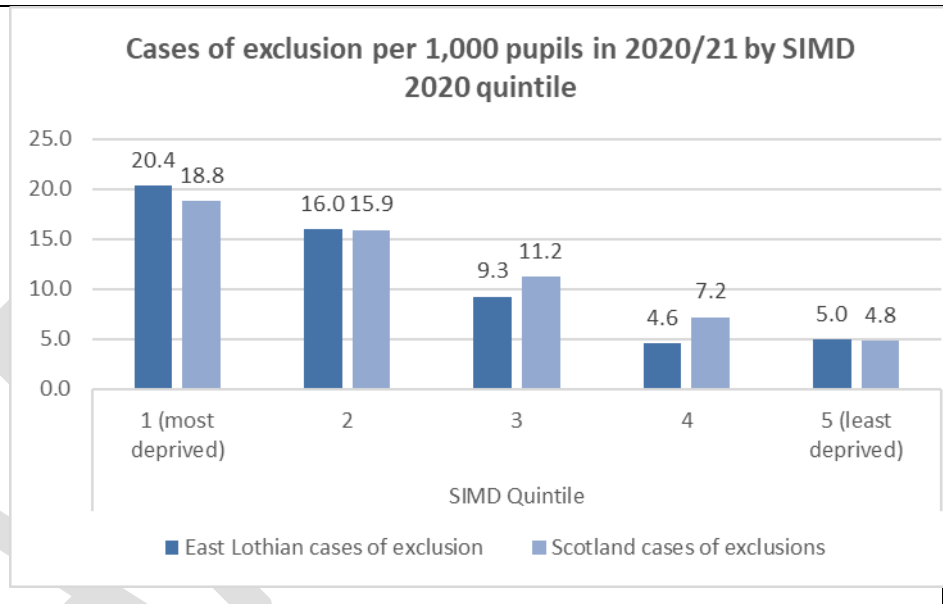


Figure 7: Cases of exclusion per 1,000 pupils in 2020/21 by SIMD 2020 quintile  
Source: East Lothian Council

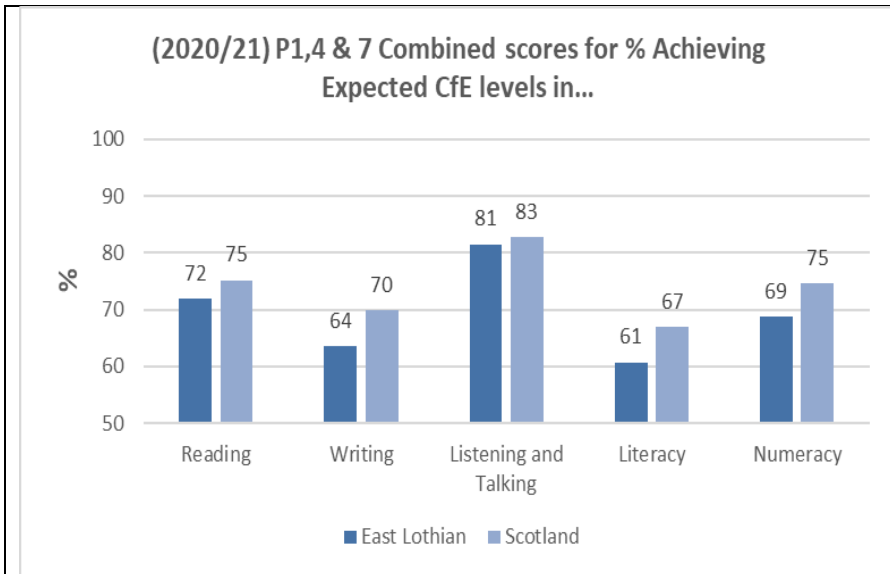


Figure 8: (2020/21) P1, 4 & 7 Combined scores for % achieving expected CfE levels in...  
Source: East Lothian Council

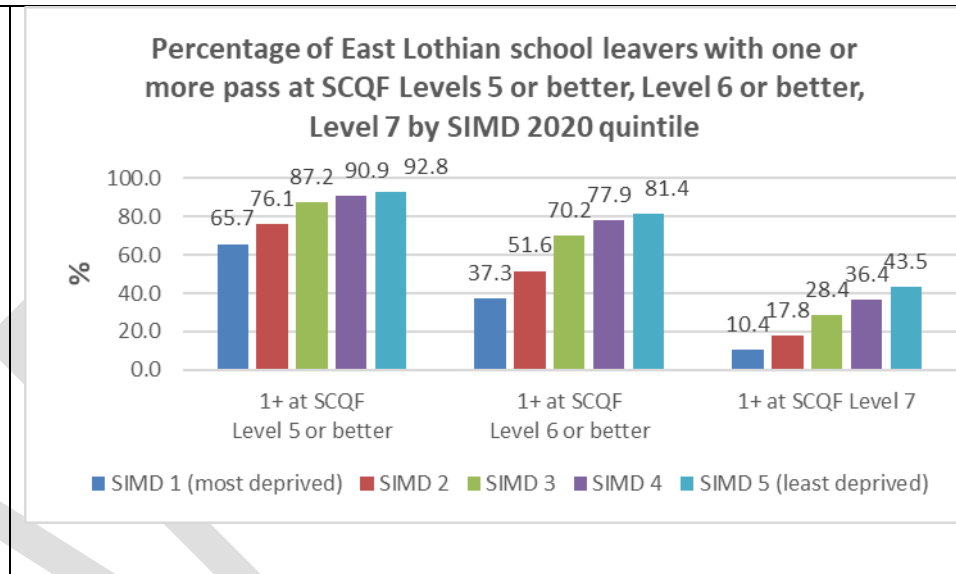


Figure 9: Percentage of East Lothian school leavers with one or more pass at SCQF Levels 5 or better, Level 6 or better, Level 7 by SIMD 2020 quintile  
Source: East Lothian Council

Health data

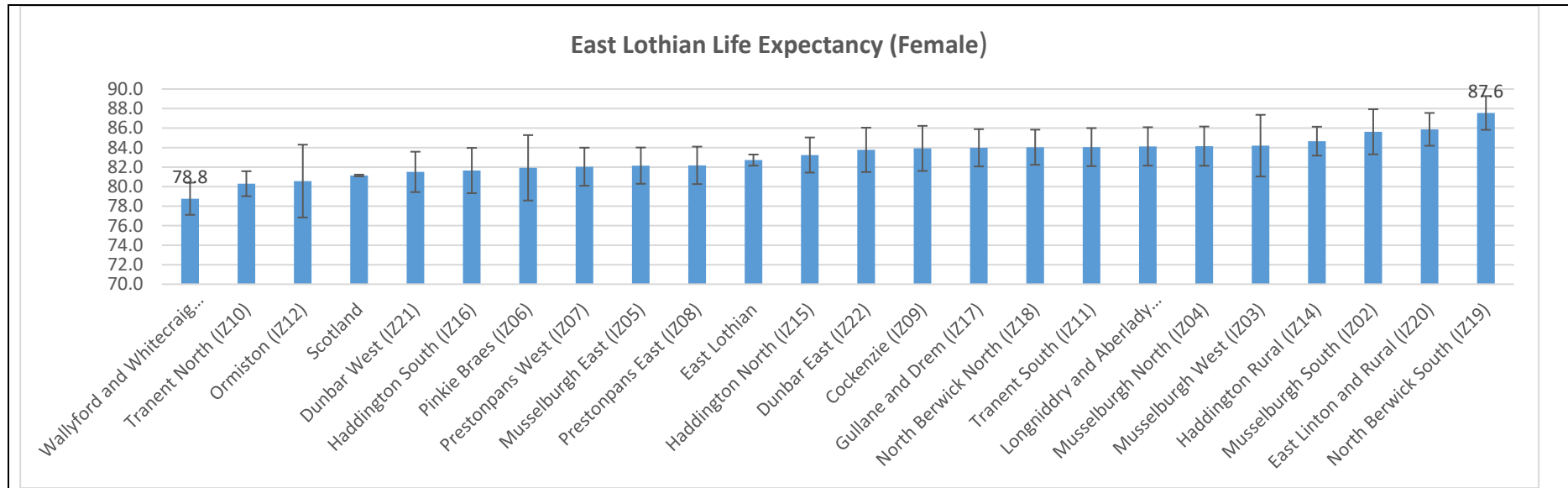
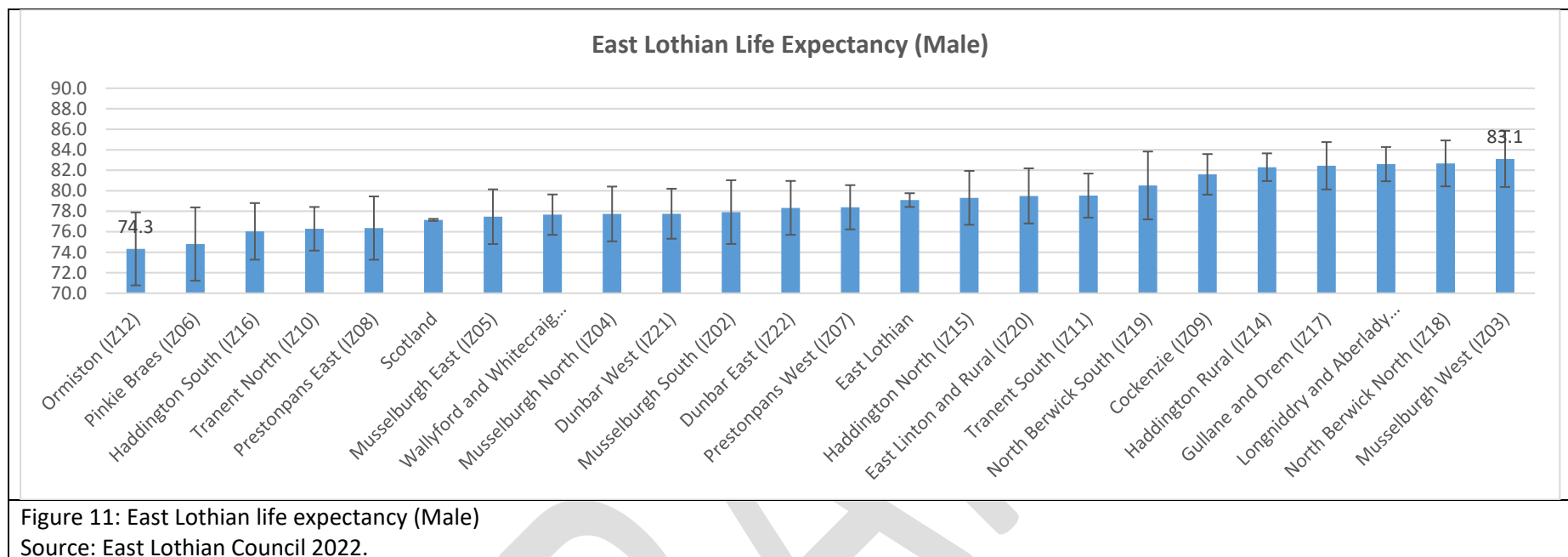


Figure 10: East Lothian life expectancy (Female)  
Source: East Lothian Council 2022

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If you have any questions about the content of this report please contact [policy@eastlothian.gov.uk](mailto:policy@eastlothian.gov.uk).

# End Poverty in Edinburgh – Annual Progress Report

November 2022

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## Foreword

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*To follow*

**Cammy Day**, City of Edinburgh Council Leader, and Edinburgh  
Partnership Chair

&

**Dona Milne**, Director of Public Health and Health Policy, NHS  
Lothian

## Executive Summary

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In September 2020, the Edinburgh Poverty Commission published a call to action for the city, laying out the steps and commitments needed to end poverty in Edinburgh within this decade.

This is the second annual report on the citywide response to that challenge. It provides an overview of progress made by the City of Edinburgh Council, NHS Lothian, third sector and other partners against the specific actions set by the Commission, including a specific focus on child poverty actions.

In doing so, this report fulfils statutory requirements for the Council and NHS Lothian to co-produce an annual Local Child Poverty Action Report setting out partners contributions towards meeting Scottish Government Child poverty targets.

### Actions to end poverty in 2022

This report outlines a wide area of actions delivered during 2022 by partners working to meet the calls to action set by the Edinburgh Poverty Commission. Within this, key achievements which will have the most direct impact on the lives of people in poverty in the city have included actions to:

- Respond to the cost of living crisis in Edinburgh providing immediate lifeline support for people at risk of poverty
- Help people in Edinburgh access fair work that provides enough to live on
- Address the housing and homelessness crisis in Edinburgh

- Continue the city's recovery from covid and its impacts on health inequalities, and
- Continue to build a strong foundation for the long-term actions needed to change ways of working and prevent poverty in Edinburgh

### *Cost of living crisis responses and lifeline support*

During 2022/23, City of Edinburgh Council invested a total of £8m in actions to support low income families struggling to manage through the cost of living crisis facing the UK. This has included providing one off direct cash payments to over 31,900 people (including specific additional cash support for over 8,000 children in receipt of free school meals), additional investment in crisis grant support, additional funding for food crisis projects, support with energy costs, and cancellation of school meal related debt.

In Autumn 2022, city partners launched a new campaign to raise awareness of support available in the city to help people deal with money worries. This campaign augmented existing work to improve money advice and income maximisation support in the city – such services helped Edinburgh citizens gain around £20.5m of financial gains through improved access to benefits entitlements and reduced living costs.

### *Helping people in Edinburgh access fair work that provides enough to live on*

In November 2021 Edinburgh was successfully accredited as a Living Wage City, with a target to encourage at least 100 new employers to become living wage accredited each year. During its first year the

project has successfully exceeded this target with 116 new accreditations and 1,400 workers directly benefitting from pay increases.

Work has continued to make sure that employability services in Edinburgh meet the needs of all priority groups. Progress included reconfiguration of the Council's employability services, which supported 3,755 people into work or learning during the year, and the implementation of the Whole Family Equality Project for people from minority ethnic backgrounds.

### *Addressing the housing and homelessness crisis in Edinburgh*

Local Authority rents in Edinburgh have been frozen for two years, with the Council consider further extensions to this policy.

A dedicated multi-disciplinary team has been established to reduce the number of people who become homeless from the private rented sector and successfully supporting 240 households to avoid homelessness in 2022.

During 2022 Edinburgh established Scotland's first city-wide Short Term Lets control area, with an aim to improve availability of private rented accommodation in the city.

At the same time £64.8m of Council funds were invested in building new homes and improving existing homes and neighbourhoods, with 247 new social rented homes built.

### *Continuing recovery from covid and its impacts on health inequalities*

NHS Lothian led work during 2022 to continue to respond to the Covid pandemic alongside the longer term work needed to address health inequalities. Community Link Workers, embedded in GP surgeries, provide vital non-medical support including financial issues, while Mental health services have received increased funding and improved access routes for people, with Thrive taking a no wrong door approach.

### *Continuing to build a strong foundation for the long-term actions*

In addition to these actions, key strategic responses continued during 2022 which will be critical to city's ability to make the long-term system wide changes needed to end poverty in the city. These include:

- Securing long term funding needed to support **End Poverty Edinburgh**, an independent group of citizens with lived experience of poverty working to influence decision-making on measures to tackle poverty in the city
- Continuing to invest in capacity and resources to develop the **prevention-based service models** critical to meeting the Commission's long-term calls to action for reform in the way people in Edinburgh access and experience support to escape and avoid poverty
- 
- Continuing **The Edinburgh Pact** - a programme which aims to radically transform the way that Edinburgh delivers its health



and social care services to prevent crisis and support people to manage their health and personal independence.

### Priority actions needed for 2023 to 2024

The data presented in this report confirms that the risk of poverty and severe hardship are increasing in Edinburgh, and across the UK, during late 2022, driven by the increasing cost of living.

Within this context, it will be challenging over the next two years to remain on track to meet targets for the city (set by Edinburgh Poverty Commission and the Scottish Government) to reduce poverty rates for adults and children to 10% by 2030.

Scottish Government have suggested that national policy interventions already in place have the potential to take 90,000 children in Scotland out of poverty by 2024 (including an assumed 6,000 children in Edinburgh). If realised, this alone would be sufficient to meet Edinburgh's local targets. These estimates, however, were made prior to the cost of living crisis and ongoing economic uncertainty facing the UK, and their consequent increasing impacts on poverty risk.

In order to meet the challenge and continue to help people in Edinburgh escape or avoid the impacts of poverty, independent analysts such as the Joseph Rowntree Foundation and other bodies suggest that both **UK and Scottish Governments** will need to go beyond their existing policy commitments in the next few years and:

- **Ensure that social security systems provide an effective lifeline for people who are struggling to get by** - Including protecting

low income families from rising energy costs, raising the value of core benefit payments, and investing in crisis funds

- **Increase grant funding to support delivery of new affordable and social rented homes in Edinburgh.**

In tandem with these national actions, meeting Edinburgh's poverty targets will need **continued delivery of local calls to action set by the Edinburgh Poverty Commission** by city-wide partners, including City of Edinburgh Council, NHS Lothian, and Edinburgh Partnership. In the short term, this includes prioritising actions to make sure:

- People can access fair work and the support they need to prevent and stay out of poverty
- People have decent, energy efficient, climate proofed homes they can afford to live in
- Attainment, achievement, and positive destinations are improved for all with a particular focus on those in poverty, and
- Public Health and NHS Lothian led partnership and services to reduce poverty and its effects are developed and enhanced

More details on these priority actions and their delivery is provided throughout the main body of this report.

# 1. Introduction

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In September 2020 the Edinburgh Poverty Commission published its final report with a call to action for the steps the city needs to take to **End Poverty in Edinburgh by 2030**<sup>1</sup>.

Following the most extensive process of inquiry into poverty, its causes, consequences and solutions ever undertaken in a Scottish local authority, the Commission identified 6 areas for focused action by city partners – **fair work, a decent home, income security, opportunities to progress, connections and belonging, health and wellbeing** - and one cultural challenge to remove stigma and improve the experience people in Edinburgh have when seeking help to escape from poverty.

## Reporting on progress

This report provides the second annual review of progress towards meeting Edinburgh Poverty Commission calls to action.

The Commission's final report set clear expectations for delivery stating that:

- The first 12 months (the year 2021) should be a period of delivering actions that can be implemented immediately, and building the foundations for future action
- 2022-24 should focus on delivery and acceleration of progress, and
- 2025-30 should be a period of sustained and measurable impact.

In line with recommendations made by the Commission, this report will combine annual reporting on end poverty delivery plans, with the statutory duty for all Councils and NHS boards to produce an annual Local Child Poverty Action Report.

In doing so, this report will review progress against all 7 elements of the End Poverty in Edinburgh call to action, including specific focus on those actions and challenges related to the scale and impact of child poverty in the city.

The report covers the period from October 2021 to the end of September 2022 and includes the ongoing response to the Covid-19 pandemic and the emerging cost of living crisis.

## Strategic responses in the last 12 months

In this second year since the Poverty Commission published their recommendations, the City of Edinburgh Council, NHS Lothian and the Edinburgh Partnership have continued to develop the strategic responses needed to meet this challenge:

- [The Council Business Plan](#) with 'End Poverty in Edinburgh by 2030' as one of the three core priorities, underpinned the Council's response to the emerging cost of living crisis, including the allocation of £7.535m of funds in actions towards easing the cost of living crisis for low income citizens
- **NHS Lothian** restructured its Public Health and Health Policy team to create new 'Partnership and Place' teams to address child poverty, embedded Community Link Workers within GP surgeries to provide vital non-medical support with personal, social, emotional and financial issues; and Increased funding

across a range of mental health work streams, including the development of a single point of access to mental health support for children, young people and their families

- Through delivery of its [Local Outcome Improvement Plan](#), the **Edinburgh Partnership** has commissioned and overseen the review of city-wide advice services, the continued embedding of the Edinburgh Guarantee for All, supporting employment and training for people, and the development of a strategy to end poverty-related hunger in Edinburgh.
- **The Edinburgh Children's Partnership's [Children's Services Plan](#)**, covers the period to 2023, with three priorities: **Best Start in Life** (ensuring appropriate support is provided at the right time to children and their families), **Bridging the Gap** (ensuring that regardless of the challenges their circumstances may bring, every child will have the same chance to live a healthy, happy and fulfilling life), and **Be Everything You Can Be** (promoting and supporting every child's aspirations, so that every child has the right to have all their needs met and be able to shape and live a fulfilling life).
- [Edinburgh Learns for Life](#), is the strategic plan for education to meet long term city priorities and makes a specific response to the findings of the Edinburgh Poverty Commission, with a focus on the poverty-related attainment gap and inequitable pathways, and culture change needed to remove the stigma of poverty.
- Within this plan, the work of the **Edinburgh Learns for Life Equity Board** plays a clear role in ensuring alignment of all

functions – estates, curriculum, and inclusion – towards goals to end poverty.

### **Building Partnership Working across the City**

The Edinburgh Poverty Network is a new informal group set up in late 2021 open to all organisations and projects working in the city of address poverty.

Meetings are held monthly and take a themed approach focusing on areas of common challenge, and common interest.

Topics over the last year have included:

- Housing and homelessness
- The city-wide advice services review
- The poverty-related attainment and achievement gap
- Supporting people in priority groups
- Ending poverty related hunger in Edinburgh
- Providing income security that provides a lifeline
- Showcasing good practice

Meetings include presentations from topic specialists, evidence from citizens to highlight lived experience. Breakout sessions, then give attendees the chance to reflect, discuss, share experiences and challenges, and build connections between the many strands of work progressing in the city toward the shared goal of ending poverty in Edinburgh.

## 2. Data and Evidence

*“Ending poverty does not mean Edinburgh becoming a city in which no one ever loses a job or experiences a period of their life on low income.”*

*To end poverty by 2030, Edinburgh should aim to be a city in which:*

- Fewer than 10% children and fewer than 10% of adults are living in relative poverty at any given time
- No one has to go without the basic essentials they need to eat, keep clean and safe, and stay warm and dry
- No-one lives in persistent poverty, and
- No one feels stigmatised, abandoned, or treated with less respect by the city as a result of their income

### Edinburgh Poverty Commission

The Edinburgh Poverty Commission set the city a challenge to end poverty in Edinburgh by 2030.

In doing so, the Commission identified four specific targets which would define success against this goal. These targets align with, and build upon statutory targets for the city set out in the Child Poverty (Scotland) Act.

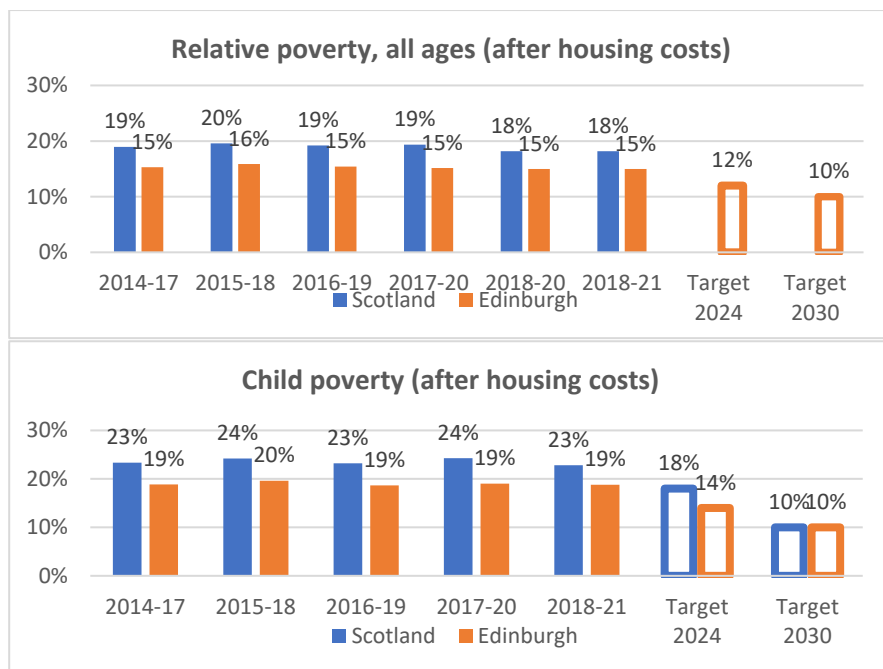
Appendix 1, and associated figures provide an overview of current progress towards these (and other Scottish Government) targets, using the most up to date information available at the time of publication.

For most data points, it should be noted that the latest official estimates – in part due to data collection difficulties during the covid pandemic – still relate to 2020 or the period to Spring 2021 at latest and do not yet tell a clear and full picture about the impact on poverty of the pandemic and more recent cost of living challenges.

For this analysis, then, data on headline targets is augmented with information from a range of sources, national and local, to provide an overall picture on progress to date towards meeting Edinburgh Poverty Commission targets, the challenges ahead, and evidence behind the recommended priorities for action noted in this report.

### *Trends in headline poverty rates remain steady...*

- An estimated 15% of people in Edinburgh were living in poverty in 2021, accounting for over 78,000 individuals.
- These included almost 15,000 children, or 19% of all children in the city
- 10% of all Edinburgh residents had been living in persistent poverty (in poverty for three of the past four years)
- These data indicate a steady trend despite the early impacts of covid, with the immediate income effects of the pandemic significantly mitigated by short term UK Government measures such as furlough and the £20 Universal Credit weekly uplift.



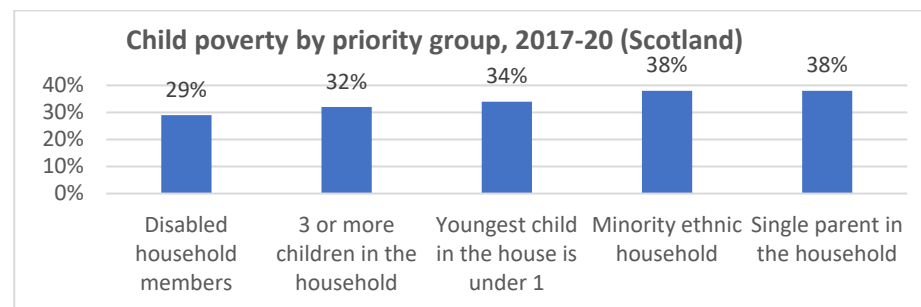
*...but an increasing number of families are going without basic essentials...*

- An estimated 19,000 Edinburgh citizens regularly went without basic essentials such as food and shelter, even before the current cost of living crisis
- During 2022, rising costs of food and energy have led 73% of low income families in Scotland to go without essentials such as food or heat
- 10% of low income families in Scotland have had to use a food bank during 2022, while some estimates show that 44% of people in deprived areas are taking on new debt just to pay their bills

- Advice providers in Edinburgh and across Scotland show increasing financial anxiety among clients and substantial increases in need for support with energy costs (up 61% year on year) and immediate food crisis (up 21%)

*...and families in priority groups are most at risk of increasingly severe poverty during the current crisis*

- More than 80% of all children in poverty come from households in Scottish Government identified priority groups
- Such families are at a far higher risk of poverty than the population at large – with poverty rates as much as double the average for all household types
- 55% of all disabled adults in the UK, and 69% of Black or Black British Adults report finding it difficult to pay their energy bills in September 2022
- Reports suggest such families are overall less likely than even average low income families to have access to resources – such as savings, family and friends, ability to work extra hours – needed to help avoid severe poverty during periods of crisis.



*The outlook for poverty and living standards in the medium term is extremely challenging...*

- Even with current Government price caps in place, average home energy bills in late 2022 will be up to twice as high as the previous year
- Inflation for all households in the UK reached over 10% in 2022. For poorer households, whose consumption is more heavily weighted towards high inflation items, inflation rates of as high as 15% were estimated in autumn 2022.
- Average wages are not keeping pace with inflation. Analysis from Fraser of Allendar analysis notes that the lowest paid workers in the UK have seen a drop in year-on-year *nominal* earnings in 2022, even before inflation effects are considered
- And the UK social security system is under pressure too. Even if normal policy is followed for the uprating of benefits, the real value of Universal Credit in April 2023 will still be lower than it was in late 2021
- In these circumstances, Resolution Foundation projections estimate that average incomes for poorer families are likely to drop by 10% in real terms in the next few years
- These trends represent worst two year drop in real average household incomes in the UK since 1961.

*...and the underlying long term structural challenges of poverty in Edinburgh remain stubborn and hard to shift.*

- Edinburgh's labour market is very tight, with high employment and low unemployment. But work is not always enough to keep people out of poverty

- 61% of people in poverty are in working households, while a total of 13,900 people in Edinburgh are in employment but still reliant on Universal Credit
- 8,700 people remain unemployed in Edinburgh in Autumn 2022 – 2,000 more than the pre-pandemic level
- And housing costs remain high - average private rents in Edinburgh for a 2 bedroom home rose by 18% in 2022
- Homelessness is rising too, though numbers remain below pre-covid levels – 660 households were assessed as homeless in the three months to June 2022
- Data from schools show increasing levels of poor school attendance, and a widening attainment gap in 2020-21, and
- Health inequalities remain stark - males in the most deprived areas of the city live around 12 years less than those in the most affluent

### 3. Priority actions for 2023 to 2024

#### Can we meet our poverty targets?

Against these headwinds of falling incomes and rising costs of living, the challenge meeting Edinburgh’s poverty goals may never have been more daunting.

For the city to be on track to meet interim target levels set by the Commission and by Government:

- **All age poverty rates in Edinburgh need to fall by 3 percentage points by 2024, and**
- **Child poverty rates need to fall by 5 percentage points.**
- **This means lifting almost 15,000 people, including 3,900 children out of poverty over the next three years.**

Despite the challenges, the latest data published by the Scottish Government remains optimistic, suggesting that Scotland as a whole is on track to meet interim child poverty targets by 2024.

Taken together, the Scottish Government models estimate that policies such as Scottish Child Benefit Payment, mitigation of the Benefit Cap, and the extension of universal free school meals (alongside local initiatives such as outlined in this report) could have a cumulative effect of lifting 90,000 children out of poverty by 2024, compared to the counterfactual of no intervention.

On a pro-rata basis, this would account for the lifting of over 6,000 children in Edinburgh out of poverty by 2024, more than enough to meet local targets outlined in this report.

Other independent bodies – such as Joseph Rowntree Foundation, Save the Children, and the Fraser of Allander Institute – challenge these data, but do agree that the mix of policies in place in Scotland (national and local) have the potential to make a significant medium term contribution towards meeting poverty targets.

Moreover, both Government and independent modelling all note that external effects – including the long term impacts of the covid pandemic, continuing war in Ukraine, rising inflation and interest rates, and the risk of economic recession through 2023 – are all likely to have a serious impact on family incomes in the medium term, significant upside risk for poverty trends, and that further action, local and national, will be required to meet targets and mitigate the impacts on people in Edinburgh.

#### Priority actions needed during 2023 to 2024 to meet interim end poverty targets in Edinburgh

UK and Scottish Governments will need to ensure that:	UK-wide social security systems provide an effective lifeline for people who are struggling to get by	Scottish Government increases funding to support delivery of new affordable and social rented homes in Edinburgh
City-wide partners – including City of Edinburgh Council, NHS Lothian, and the Edinburgh Partnership - will need to ensure that:	People can access fair work and the support they need to prevent and stay out of poverty	Attainment, achievement and positive destinations are improved for all with a particular focus on those in poverty
	People have decent, energy efficient, climate proofed homes they can afford to live in	NHS Lothian and public health led partnership and services to reduce poverty and its effects are developed and enhanced



## Priorities for action in 2022/23

To meet the interim and 2030 targets set for the city, will need **UK and Scottish Governments to go beyond existing policy commitments by:**

- **Increasing Scottish Government funding to support delivery of new affordable and social rented homes in Edinburgh, and**
- **Ensuring that social security systems provide an effective lifeline for people who are struggling to get by:**
  - This means UK Government committing to increase the value of recurring welfare payments and removing the benefits cap which blocks households from getting the support they need and are entitled to, and
  - It means Scottish Government committing to make a boost to the Scottish Welfare Fund, along with additional funding to enhance administrative capacity
  - It means both UK and Scottish Governments working to increase efforts to promote entitlements and take up of welfare benefits across the UK. According to some estimates a total of £15bn of UK Government benefits are left unclaimed by citizens every year.

Alongside national led actions, meeting Edinburgh's poverty targets will need continued delivery of local calls to action set by the Edinburgh Poverty Commission by city-wide partners, including City of Edinburgh Council, NHS Lothian, and Edinburgh Partnership. In the short term, this includes prioritising actions to make sure:

- **People can access fair work and the support they need to prevent and stay out of poverty,** including actions to

- Reform Money and Welfare Advice services to prevent crisis escalation, increase the number of citizens fully accessing benefits entitlements, and reduce the number of families experiencing problem debt
- Design and roll out a new whole-family support model across the city, embedded in community settings to support early intervention and prevent poverty
- Deliver the Edinburgh Guarantee and employability programmes, supporting more citizens into sustainable, fair work, and helping to tackle in-work poverty
- Deliver actions within the NHS Lothian wide child poverty action plan to strengthen financial wellbeing pathways, improve the reach and impact of income maximisation services in community health settings and support staff to increase take-up of Social Security Scotland's five family benefits and Early Learning and Childcare places for eligible two-year-olds.

- **People have decent, energy efficient, climate proofed homes they can afford to live in,** including actions to
  - Increase supply of affordable housing in partnership with Registered Social Landlords and private developers
  - Deliver efficient regulation of short term lets to increase access to housing
  - Deliver improvements to the council housing repairs service
  - Continue to invest in ensuring that all Council owned homes are brought up to climate-ready and modern standards



- **Attainment, achievement, and positive destinations are improved for all with a particular focus on those in poverty, including actions to:**
  - Ensure children have the best start in life through expanding the uptake of early years care and support
  - Deliver inclusive education that supports children to find their passion, with equality of esteem that promotes positive destinations
  - Deliver community based support that builds resilience and promotes life-long learning
  - Invest in actions we know work to improve equity and reduce the cost of the school day
- **Develop and enhance Public Health and NHS Lothian led partnership and services, including actions to:**
  - Establish the Edinburgh Partnership and Place team within public health, with clear roles and responsibilities across the whole child poverty agenda
  - Further develop NHS Lothian as an Anchor Institution
  - Embed youth work in the work of the Edinburgh Partnership with strong links with the emerging Youth Work Strategy for the City
  - Further develop the use of public health data with community planning partners, this includes data sets focused on children and young people

## 4. Citizen's Voices – End Poverty Edinburgh

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### Introduction

End Poverty Edinburgh is an independent group of citizens with lived experience of poverty, formed in 2020 during the latter stages of the Edinburgh Poverty Commission. Their role is to raise awareness of poverty and influence decision-making on measures to tackle poverty in the city.

The group have been very active over the past year, building relationships and making their voices heard with senior leaders. They have met the Edinburgh Partnership, formed a deputation to full Council, and met with the convenors of the Council's Transport and Environment Committee and Housing, Homelessness and Fair Work Committee.

Members have contributed directly to several initiatives, working with:

- Council officers to shape its cost of living campaign, giving advice on what information to include and how to present it
- Council officers and EVOC to inform the End Poverty-Related Hunger in Edinburgh draft strategy and commissioned research
- Local organisations including Turn to Us and the SPFL Trust, helping to shape and inform their approaches

### Input from End Poverty Edinburgh Members

Over the last 12 months, we have continued to work extremely hard to highlight the causes and impact of poverty which are affecting an ever-increasing number of Edinburgh citizens. We don't claim to speak on behalf of everyone who is impacted by poverty, but each of our members brings their own personal wealth of knowledge and experience to try to address as many aspects of poverty as we can.

Unfortunately, a lot has changed since last year's report and today, we are all concerned about the cost of living crisis. This is undoubtedly affecting people who have never experienced poverty before, bringing the fear, anxiety, and stigma that often accompanies falling into such a position. With circumstances constantly changing and uncertainty lingering for so many, we welcome this progress report on ending poverty in our city at a time when progress is most needed.

The current crisis is not new for those already living in poverty, but it is impacting harder on the most vulnerable in our communities. People with disabilities, senior citizens, migrant communities, low pay workers, and so many others are hit harder than most. With the term 'poverty' becoming increasingly visible, we fear it has become a throwaway norm. If this is so, we need to de-normalise poverty immediately, and re-emphasize the impact it has on families, not just in monetary terms, but also on physical and mental health.

Spreading awareness and battling stigma is something we've done since our group first formed and we are happy to report that we have taken several small steps of progress. For one, we have successfully ensured the voices of lived experience were included

and listened to in a variety of efforts to address poverty, by many organisations and individuals. This included a variety of 3<sup>rd</sup> sector organisations and working in partnership with the Edinburgh Voluntary Organisations Council (EVOOC) including on ending the need for food banks.

We believe that including those with lived experience - or living experience - in addressing poverty is essential, for local and central government as well as 3<sup>rd</sup> sector organisations. That is why we have reached out to and met with several councillors, as well as presenting a deputation to the city council in August 2022, sharing our experiences of the reality of poverty to help shape the policies and actions to end it.

While we acknowledge the success of our efforts so far, the willingness of others to listen, and we greatly welcome the progress made, we must reemphasize the urgency of continuing to push ahead and get momentum going. Now more than ever, **action is needed**. The cost of living crisis and Scottish winter is almost upon us. We knew of people struggling to pay energy costs last year, only able to heat one or two rooms. This was before the near vertical rise in fuel prices that have already hit, and soon to strike again. **Many will not be able to heat any part of their homes this winter.**

It is blindingly obvious, then, that the cost of living crisis is aggravating every aspect of poverty, making survival ever more difficult for those trapped in its cycle. With that in mind, as part of our ongoing mission, we have identified three priorities for us to focus our efforts on next year:

- Equality in health and wellbeing: including physical and mental health, and social care
- Connections in a city that belongs to us: continuing to form relationships with organisations, individuals and unions etc, growing our allies in our journey to end poverty in Edinburgh
- Affordable and accessible housing

No-one goes to a food bank by choice - it's through desperation and necessity - and with many more reaching desperation, food insecurity, and food bank use is surely set to rise even more. The stigma and shame associated with foodbanks will likely impact people's mental and physical health, or put them off reaching for help altogether. **We need to find a way of reaching those most in need and removing the bureaucracy and stigma that deters people from asking for much needed help.**

This winter is going to be tough, and the number of cold weather deaths is inevitably going to increase without more support from the council, and the governments at Holyrood and Westminster.

So, to reiterate, we wholeheartedly welcome this report on the progress made to end poverty in our city at a time where progress is needed most, and we continue to offer to share the knowledge and experiences that our members have, whilst simultaneously calling on our nation's governments to support the people who voted them to serve us.

## 5. Responding to the calls for action

*“This is not a menu of options the city can pick and choose from, they represent a single set of inter-connected, actions that need to be delivered if Edinburgh is to end poverty... Most importantly, this is a call to action for the whole city and everyone who has a stake in its future – public sector, employers, third sector organisations, and citizens all have critical roles to play.”* **Edinburgh Poverty Commission**

This chapter provides a summary of action taken in the period October 2021 to September 2022 to continue to implement the calls to action made by the Edinburgh Poverty Commission.

The analysis is structured around each of the Commission’s 7 calls to action and draws out specific actions and impacts on child poverty in the city, and specific actions to support people in priority high risk groups.

A full assessment of progress against all actions and target measures is provided in Appendix 1 to this report, including progress against the priority actions highlighted for delivery in the second twelve months following publication of the Commission’s report.

Where possible the analysis is illustrated with case study and other evidence on projects and initiatives implemented by partners across the city.

### Edinburgh Poverty Commission Calls to Action



### Edinburgh's Promise

Edinburgh's Promise is a multi-agency transformation programme that is co-ordinated through the Edinburgh Children's Partnership. It aims to deliver the vision that Edinburgh's children and loved, safe and respected.

It is the way Edinburgh will 'keep the Promise' connected to the National Care Review and is a decade long programme ending in 2030.

Over the last year, work has continued on the 2021-23 plan, the first of three, three-year national plans. Actions include:

- The power of language: production of a guide asking colleagues to consider the language used in day-to-day work
- The 5 Fundamentals, core to the Promise, have been unpacked and turned into behaviours which all of us can undertake when working with others
- A Trauma Informed Practice approach has also been created and rolled out across the children's sector
- All Edinburgh schools have received input on loved, safe and respected

Edinburgh's Promise will continue to look at strategic and operational changes that are required to keep the Promise. This will include embedding Children's Rights in all activities, developing and establishing Whole Family Support and making sure that people who use children's services can help shape and design those services.

## 5.1 The right support in the places we live and work

*“To end poverty, the pre-condition and the single biggest transformation Edinburgh could achieve would be to make the experience of seeking help less painful, more humane, and more compassionate.” -  
Edinburgh Poverty Commission*

In 2021, City of Edinburgh Council and Edinburgh Partnership committed to a long-term programme of work to significantly improve the way public services across the city are accessed and experienced. This was a direct response to the Edinburgh Poverty Commission’s expectations that 2021 should be a year of building the foundations for changes needed to end poverty. The work to build foundations continued into 2022 as the city continued to return to normal following the pandemic and responded to the cost of living crisis.

A key development has been the appointment of the Council’s **Poverty Prevention and Transformation Team**, to help build the foundations for getting the right support to people at the right time, in places that feel safe and are familiar to them. The team will play a key part in building a culture of respect and understanding among staff so that they can build trust with people and work with them to address the risk of poverty at an early stage. This will span all of the Council’s services, supporting children, families, and adults.

During their first year, the team have focused on:

- Working with colleagues in the voluntary sector to **map the current provision** of universal, targeted and crisis services, identifying gaps and duplication, to make the most effective use of resources, with prevention central.
- **Building a multi-disciplinary approach** with colleagues from the Council and voluntary sector, identifying and learning from existing prevention approaches. Existing models include the Council’s Transformation and Homelessness Service and the Family and Household Support Service (see “a decent home” section for more details). Having staff with a range of skills allows the team to support all aspects of the person or household’s needs. Other examples which involve wider partners including the voluntary sector are [Locality Operational Groups](#), [Playbase](#), [Discover](#) and Stronger Edinburgh
- Working alongside colleagues involved in **20-minute neighbourhoods** and Local Outcome Improvement Plans (LOIPs) to develop ‘Citizen Space’ pilots. This work is identifying council assets which could form neighbourhood-based *Hubs, Centres and Places* and developing ways of delivering services which are responsive to the needs of the communities. This is work in progress and is starting with identified test sites in several parts of the city.

- Linked to the above is being part of a working group exploring how to **make the experience of seeking help easier and more compassionate** by:
- introducing a “no wrong door” approach, engaging with people to identify the services and supports they need to prevent poverty
- making recommendations about what types of staff should be in multi-disciplinary teams and what staff training is needed to make integrated services a reality
- making use of technology by giving customer contact staff mobile devices so that they can provide support to people wherever they happen to be, giving them basic advice and linking them into appropriate services
- looking into options for providing digital access in a range of public spaces so that people can access their own advice and support.
- **Building an understanding of need** across the city by using data from Social Care Direct linked to postcodes, helping to inform where resources should be aligned.
- Working with colleagues across the Council to **develop our existing volunteer service**. Some of these volunteers would be recruited to provide specific support to children and their parents to help them in accessing school and extra-curricular activities. Others would support the work on *Hubs, Centres and Places* described above.
- **Delivering Money Counts training**, starting in October 2022, targeting customer contact staff, volunteers and key staff including electricians, joiners and plumbers who have regular

access to people’s houses and so can help reach the “hidden” households who might tend not approach Council services, but may be at risk of falling into poverty.

- **Raising awareness** by launching a cost of living campaign and webpages with information and support for people who are worrying about the cost of living crisis. This includes where to get help for debt, housing and homelessness, benefits and grants and mental wellbeing.

### Priorities for 2023

Continue to develop and improve the evidence base needed to implement actions to end poverty, including evidence on poverty related stigma, the impact of budget decisions on people in poverty, and ensuring that appropriate integrated impact assessments are in place for all elements of the End Poverty in Edinburgh Delivery Plan.

Design and roll out a new whole-family support model across the city, embedded in community settings to support early intervention and prevent poverty

Design a single programme of family and community-based activity that builds on the end to end approach to advice and joins up:

- Family support services
- Poverty prevention and
- Homelessness prevention

## Case study

### Collaborating Against Poverty in Edinburgh<sup>ii</sup> (CAPE).

CAPE is committed to shifting power to the people and communities in Edinburgh who are experiencing financial hardship to tackle its causes, so that all decisions about the funding and the wider programme will include them. CAPE aim to develop routes out of poverty through effective local action and a programme of investment, designed with communities most impacted by financial hardship.

CAPE will work across sectors to design and deliver radical solutions to ending poverty in Edinburgh, prioritising areas to which we can add the most value, to extend the reach and impact of solutions known to work, and to support innovation.

What might this look like?

- Collaboration on a shared agenda – connect the dots between different sectors and antipoverty interventions
- Building networks across sectors
- Coproduction of service design and decisions with people who have direct experience of poverty

Bringing the stories and experiences of local change to the national decision makers

Edinburgh Trust will align and coordinate the work of this collaboration.

## Case study

### The Regenerative Futures Fund<sup>iii</sup>

This new initiative is built on learning from the Covid pandemic, where community organisations moved fast and knew how best to support local people. This was possible because these organisations were embedded in neighbourhoods, and because funding processes were relaxed with money distributed both expediently and with trust. Trust was key to enabling community organisations to do this work.

The first phase is to codesign a new ten-year fund for community-based organisations to contribute to the outcomes of End Poverty and Net Zero by 2030. This will be underpinned by a set of principles and approaches:

- Collective, long-term transformational change
- Shifting power so that decisions are made in a participatory way by people with lived experience
- Unrestricted funding for 10-years on the basis that community-led organisations are best placed to know what needs done in their communities
- Aiming to bring new money into the system that can't currently be accessed directly by organisations
- Administratively light, to get as much money out into communities as possible with a minimum overhead cost

Over the next year, the project will be led by EVOG, aiming to launch a fund in 2023.



## 4.2 Fair work that provides dignity and security

*“Edinburgh has the most successful economy in Scotland, but even here work is not necessarily the effective pathway out of poverty that it should be.”* **Edinburgh Poverty Commission**

### The challenges

- Rising costs of living impacting on household costs, rent and travel costs
- The number of people claiming Universal Credit remains higher than the 2019-20 baseline (32,423 compared to 14,425)
- 8,835 people claiming out of work benefits in July 2022, a third higher than in July 2019, before the pandemic

### Progress in 2022

- Target met for 100 new Living Wage accredited employers
- 3,755 individuals were supported by the Council’s employability services in Edinburgh
- 266 young people supported through No One Left Behind

### Priorities for 2023

- Continue to deliver the **Edinburgh Guarantee** and our employability programmes, supporting more citizens into sustainable, fair work
- With the Edinburgh Living Wage Action Group, promote **fair work and living wage accreditation** among Edinburgh businesses

Actions to address in work poverty, low and insecure employment were core to the Edinburgh Poverty Commission’s call to action. The focus this year has been to continue to promote fair work and make Edinburgh a Living Wage City, and to reconfigure and consolidate support for employment, so that it provides effective support to everyone who needs it.

In November 2021 Edinburgh was successfully accredited as a Living Wage City, with a target to encourage at least 100 new employers to become living wage accredited each year. During its first year the project has successfully exceeded this target with 116 new accreditations and 1,400 workers directly benefitting from pay increases.

The support available for people to gain, retain and progress in employment is designed to address the needs of people of all ages, priority family groups and people who experience specific challenges.

**The Edinburgh Guarantee** continues to support people of all ages to access fair work, education and training, with a network developed of supportive employers. Scottish Government funding was secured to run a Long-Term Unemployed Job Creation Scheme, focused on supporting people aged over 25 with barriers to employment, while people under 24 years were supported into a 6-month placement via the Young Persons Guarantee.

The City of Edinburgh Council has reshaped employability support into four main projects addressing a range of needs:

- **Next Step** offers local support to people living in areas of deprivation and is delivered with a housing association to ensure that people can sustain their tenancies.
- **Encompass** works with people with an offending history, drug and alcohol use or homelessness, offering a 'mini college' for people to access qualifications.
- **All in Edinburgh** delivers the Scottish Supported Employment Model for people with disabilities and long-term health conditions to help people sustain and retain their employment.
- **Advance** offers ongoing support to people in work to reskill, upskill and sustain their employment. The focus is on achieving fair work and increasing hours and wages to lift low-income households out of poverty, all projects include embedded money advice to clients.

**A Young Person's Guarantee** team was set up to co-ordinate support for people leaving school without a positive destination and has worked:

- With young people to co-design services to better meet their needs
- With Edinburgh College and the city's Universities to support people who leave early or who are disappointed in their first choice of course
- To integrate services with community mental health provision, in response to the impact of the pandemic
- With employers to help them understand the support available to them when hiring young people.

There have been a number of interventions this year to support people who have never worked or been away from the job market for a long time. Our **Edinburgh Employer Recruitment Incentives** offer a range of supports to individuals and their employers with a focus on fair work and paying the real living wage.

**Employment Support for Parents** has been brought together under the banner of **Joined up for Families** with its own new website. A key focus has been helping parents gain vital IT and data skills to gain and sustain work.

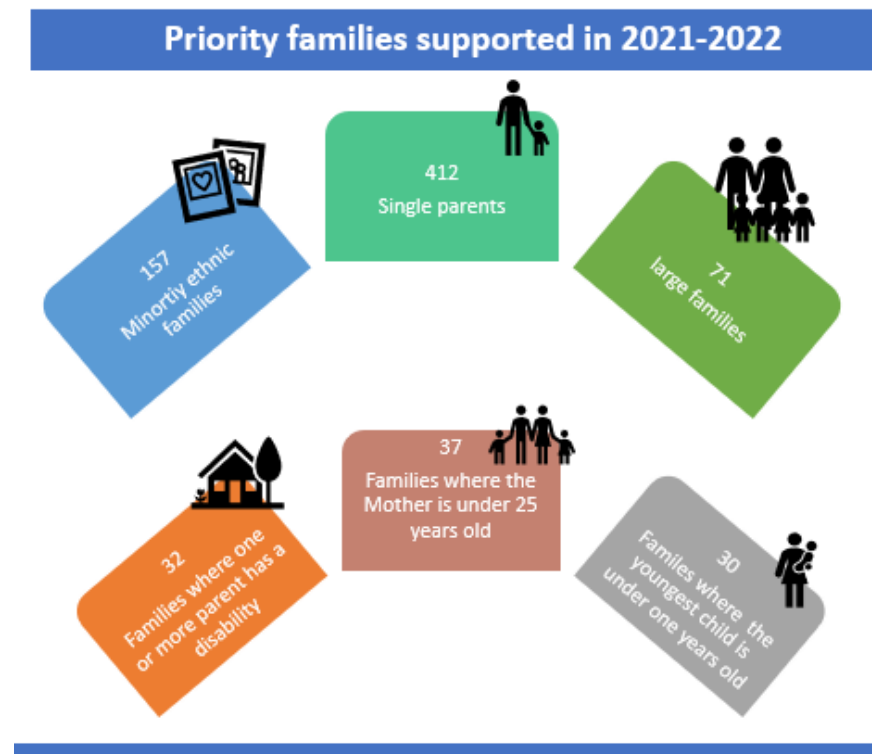
Recognising the higher risks of poverty faced by families from minority ethnic communities, for example, because of large family sizes, the **Whole Family Equality Project**<sup>iv</sup> has been launched. It combines family support, money advice, progression support and youth work to lift 200 families from minority ethnic communities out of poverty.

The project is underpinned by a Citizen's panel, consisting of members from Edinburgh's diverse communities to lead, scrutinise and develop policy for minority ethnic families in poverty.

Out of a sample of nine families supported:

- 8 were lone parents – one of whom was male
- 3 were large families
- 3 included someone with a disability
- 7 were unemployed
- 4 had been victims of violence
- 4 were in temporary accommodation

Building the evidence base for employability services, a new management information system, Helix, was launched in April 2022 and will support reporting on activity and outcomes for the six priority family groups, and **understanding the impact of support**. A baseline of the groups supported is shown below.



## Case Study

### NHS Lothian as an Anchor Institution

The Lothian Health and Care System has a combined spending power of £2 billion, employs roughly 30,000 people, and serves a population of nearly a million. As a health care provider we will continue to prevent ill-health through delivering our health services, but we know that preventing ill health needs to go beyond this and include the social, economic and environmental factors that contribute to good health and wellbeing.

A key element of being an Anchor Institution is recognising how our health and care system can directly impact on the local economy of Edinburgh through its spending power, recruitment processes and how we work with partners to maximise our economic 'weight' for social good. NHS Lothian seeks to be a good neighbour, a good consumer and a good employer by using its power in purchasing and procurement of goods and services, its assets and facilities such as buildings and its importance as a key employer to impact positively on the health and wellbeing of the local population.

## 4.3 A decent home we can afford to live in

*“There is no pathway to ending poverty in Edinburgh without resolving the city’s housing crisis.”*  
**Edinburgh Poverty Commission**

### The challenges:

- Increasing cost of house building
- Demand for social housing - around 140 bids per home
- Increasing homelessness levels - up 24% since 2021-22 <sup>v</sup>
- Increasing fuel costs

### Progress in 2022

- £64.85m investment in building new homes and improving existing homes and neighbourhoods
- Delivery of 247 new social rented homes including 70 Council homes
- Homelessness prevented for 240 households in private rented sector
- £177k secured by multi-disciplinary team to pay off rent arrears
- Energy Advice Service secured savings of more than £196,000 - around £192 for each tenant

### Priorities for 2023

- Increase the supply of affordable housing
- Work with Scottish Government to increase grant funding to support delivery of new affordable homes
- Deliver efficient regulation of short term lets

- Continue to improve the council repairs service, increase tenant satisfaction, and improve operational efficiency.
- Work towards net zero and modern standards for Council homes

Edinburgh is a growing city and one of the most highly pressured housing markets in the country. Edinburgh Poverty Commission estimated that 22,600 people in Edinburgh are pushed into poverty by the cost of housing alone.

The response is to increase the capacity, quality and affordability of housing in the city and to prevent homelessness through extensive preventative/early intervention work and progress is summarised below.

### Housing availability and quality

**Increasing the supply of affordable housing** - in 2017, the Council committed to a programme to build at least 10,000 social and affordable homes by 2022, and 20,000 homes by 2027. At 31 March 2022 7,500 homes had been approved for site start and 5,696 affordable homes had completed.

**Affordable Housing Contributions** - work is ongoing to increase the minimum affordable housing contributions from developers from 25% (the nationally recommended level) to 35%, in recognition of the unique pressures on housing in Edinburgh.

**Short Term lets** - continuing to respond to the challenge of short term lets (involving an estimated 14,000 properties in Edinburgh) and

preparing to introduce a licensing scheme for properties operating as short term lets, including public consultation.

**Improving housing quality** - significant progress including external and internal fabric improvement work (May and Gunnet Court), and health and safety upgrade works (six Moredun high rise blocks). Over 80 Council homes and more than 250 private homes benefitted from the Scottish Government's Energy Efficient Scotland: Area Based Schemes (EES:ABS) 2021/22 and received a combination of insulation and renewable energy measures that help to reduce the energy demand and costs to the households.

**The Mixed Tenure Improvement Service** a 3-year pilot is underway in 84 homes of mixed tenure across 11 blocks involving external wall insulation, new roof covering, new common windows and doors.

The Council's **Housing Service Improvement Plan** for its on stock includes: developing an online Housing Application and Housing Options Tracker; a continuing focus on improving repairs service for tenants; staff development and development of a new tenant engagement and survey tool to provide real-time tenant feedback.

### **Homelessness prevention**

An **Income Maximisation Capacity Building Officer**, introduced in 2020 has so far delivered training to over 465 internal and external staff to improve their understanding of the welfare benefit system so that they can promote income maximisation with their clients

The **Private Rented Service (PRS) Team** aims to prevent people becoming homeless from the private rented sector and achieved this for 240 households in the last year

**A Multi-Disciplinary Team** continues to support Council tenants at serious risk of court/eviction action who are not engaging with their locality Housing Officer. The team includes a dedicated housing / homelessness specialist, a debt advisor and income maximisation officer with input from colleagues across the Council including housing, family and Household Support, adult protection and children and families social work services. Over the last year, team have had 92 referrals, with 45 (49%) households engaging and remaining in their home.

RentSense has been introduced to **support people in rent arrears** by providing information and analysis to help Housing Officers identify tenants who are struggling to pay their rent so that they can make sure they get the early help and support they need.

Early intervention to prevent homelessness is also provided by the third sector on behalf of the Edinburgh Health and Care Partnership, with EHAP, ARCHIE and Melville services supporting 435 people who had housing issues or debt (a total of **£1,665,5301** debt across 186 people).

## Case Study:

### **A Single parent struggling with fuel debt and supplier dispute**

Ms R is a single parent of 3 children under 10. Her new Council tenancy began in Winter 2020. She set up her energy accounts upon moving but the supplier did not bill her electricity. When Ms R realised, she contacted the supplier to set up a payment plan, but they failed to confirm her outstanding debt amount. This resulted in Ms R self-rationing her energy use, due to concern about debt. Her home was cold, and she worried about the effect it was having on her children. Ms R felt alone with her money worries and the pressure to provide for her family. She contacted Home Energy Scotland for support and was referred to the Energy Advice Service (EAS) which supports City of Edinburgh Council tenants.

The advisor contacted the supplier on Ms R's behalf, confirming that the debt was approximately £800; made successful applications for funding to reduce the fuel debt, and the advisor negotiated an affordable repayment plan to address the remaining arrears as well as giving her advice to help her save money on her fuel bills and to help her manage her debt repayments. In total, the funding and advice helped Ms R to save £825.

Ms R feels a huge burden has been lifted and is now able to devote her energy to caring for her children. She is in control of her finances and better able to cope with the challenges that lie ahead.

## 4.4 Income security that offers a real lifeline

*“Too many people in poverty in Edinburgh are not aware of, or able to access all the support to which they are entitled.”* **Edinburgh Poverty Commission**

### The challenges:

- The growing cost of living crisis driven
- 52% of people saying ‘I don’t know where to go to get help’
- The growing gap between demand and capacity

### Progress in 2021/22:

- Welfare rights, debt and income maximisation services supported around 21,500 Edinburgh citizens to gain over £20.5m
- The Council provided one off payments to 31,900 families totalling £5.6m in response to the cost of living crisis
- Review of city-wide advice services commissioned

### Priorities for 2023

- Reform money and welfare advice services across sectors to prevent crisis escalation, increase the number of citizens fully accessing benefit entitlements and reduce the number of families experiencing problem debt
- Review resources and support available to people including online benefits calculators and affordable credit services and raise staff awareness of these resources
- Extend Maximise! to 5 more Early Years Centres in South Edinburgh

This rise in the cost of living is resulting in significant difficulties for many families in Edinburgh. While the tools to make the most

effective direct solutions are largely in the hands of national governments, the Council and partners have provided additional assistance to people:

- £5.6m additional Council one off payments to 31,900 families
- £750k additional crisis grant support
- £300k food crisis support
- £600k energy cost support
- £1m for a £100 one off payment to all free school meal recipients and cancellation of school meal debt

More generally, services to support people through debt and benefits advice and income maximisation are an important way of helping people to avoid or move out of poverty.

The Edinburgh Partnership commissioned a review of these services so that everyone in Edinburgh has access to high quality income support where and when they need it. The review was undertaken during 2021-22 and the findings published in October 2022.

An overview of the support provided to people over the last year is shown below and illustrates the range of universal and targeted services available. The overall amount of financial gain achieved by these services for people exceeded £20.5m.

### General money, debt and welfare advice

- The Council’s Advice Shop helped around 3,720 people make 1,585 claims for benefits, dealt with over 500 disputes about benefit decisions, £581,788 of personal debt and achieved



£6.97m in financial gains for people. The Advice Line takes over 900 calls and over 430 email enquiries in a month.

- Citizen Advice Edinburgh's (CAE) advice service in the Royal Infirmary and Western General hospitals supported 564 people, generating £598,975 for them.
- Edinburgh Food Project's new Money Advice Service has supported 621 people, achieving £126,852 for them, £3,732 of which is renegotiated debt.
- The Edinburgh Consortium (CAE, CHAI, GIC), supported 13,913 people resulting in over £8m in financial gains. Their support in community mental health or recovery hubs supported 700 people, renegotiated £486,633 debt and resulted in just under £2.9m financial gains.

'In the past I was just going in the same circle all of the time but I'm now seeing light at the end of the tunnel. It feels like personal support, I'm not just a number.' **Parent**

### Support for families

- Granton Information Centre's (GIC) Family Friendly Advice Project worked with **110** new individual clients, referred from midwives creating **£63,626** financial gains.
- During its first year Growing Families<sup>vi</sup>, for families supported by Health Visitors, supported **77** families leading to financial gains of over **£100,000**.
- The Royal Hospital for Children and Young People Welfare Advice Service<sup>vii</sup>, supported **93** families across the Lothian area with advice and support on issues such as income maximisation, benefit entitlement, debt, employment and housing resulting in

financial gains of **£189,353**. Non-financial gains included support to find alternative housing, foodbank vouchers and Young Scot Cards.

- Maximise! was extended to reach across the city wide service for families of school age children and developed to better meet the needs of Black and Ethnic Minority Communities through the Whole Family Equity project; during the year, it provided advice to **396** families (211 were care experienced) and achieving **£1,000,501**
- **Maximise!** our award-winning intensive family service, continues in five early years centres in the north of the city, and has expanded to include another 5 EYCs in the South-West of the City. It offers family support and giving parents/carers the opportunity to access money advice, training and employability.
- **Intensive Family Support Services** - Maximise! Early Years service provided intensive support to **54** families attending 5 Early Years Centres in the North of Edinburgh, gaining **£153,132**.
- **FAIR, The Action Group, LCiL Grapevine Service and VOCAL** combine expertise on informal carer and welfare benefits, and aim to prevent crises and maximise the positive impact on people by connecting them to a range of support and resources for disabilities. The Action Group's Black and Ethnic Minority Advice Service (BEMAS) is dedicated to BAME carers with disabled children. Together, these services generated £3,298,555 for 2,240 households



## **Case Study:**

### **The Edinburgh Trust**

Since its inception in 2011, the Edinburgh Trust team has made over 4,000 new grant awards to help people experiencing poverty in the city, as well as providing ongoing financial support to several hundred regular grant recipients.

In April 2022, we re-launched the Edinburgh Trust grants programme with a redeveloped referral model that shifts focus and power away from the Trust and into the communities in which we deliver support.

The model prioritises the preservation of dignity of grant applicants, building collaborative and trusting relationships with local organisations, and enables us to better understand who we are reaching through our grant-making.

It removes burdensome administrative processes and supports building a single point of trusted relationships in local communities so those experiencing financial insecurity can access support where they live and work and on their own terms.

## 4.5 Opportunities that drive justice and prospects

*“Inequality in Edinburgh is most apparent in the way that the availability of opportunities to progress in life depend on your income and where you live in the city.”* **Edinburgh Poverty Commission**

### Challenges

- Increasing levels of poor school attendance
- Widening attainment gap in 2020-21
- Homelessness - 20 to 30 school age children move into temporary accommodation each week

### Progress in 2021-22

- Continued staff development to close the poverty attainment gap via Leadership for Equity and the Teachers’ Charter
- Increased capacity of early years services in areas of deprivation

### Priorities for 2023

- Expand the uptake of early years care and support
- Deliver inclusive education to promote positive destinations
- Deliver community-based supports to build resilience and promote life-long learning
- Invest in actions to improve equity and reduce the cost of the school day
- Develop the education workforce
- Target investment in the school capital programme in areas of deprivation to provide modern places for learning

Edinburgh Learns for Life aims for a fairer, healthier, greener future for everyone, where learning for life happens at home, in school, in the wider community, and in the workplace and provides the framework for these actions. Central to this is building communities around learning, taking a holistic approach to supporting the whole family, and making sure that opportunities are available and accessible for all.

The focus over the last year has been to continue the long term the long-term work needed to change the culture, build effective practice and reshape the way that services are delivered to make sure that these ambitions can be achieved.

The actions over the last year span priority groups and are summarised below.

- **Early years support:** since August 2021, all eligible children aged between 2 and 4 have received 1,140 hours of high-quality learning and childcare in their chosen locality, benefitting child learning and development, helping to narrow the attainment gap, and giving parents the chance to work, train or study.
- Continued roll out of **Leadership for Equity** training which was delivered to around 30 school leaders and 20 classroom practitioners, giving them the understanding, attitudes and skills needed to improve outcomes for learners facing poverty-related barriers
- **Addressing the poverty-related attainment gap:** focusing on involving parents in deciding what actions are needed and how funding should be used, and family learning

- **Addressing low attendance:** responding to a significant reduction in attendance over a 20 month period, a review of current practice and challenges was carried out, which will support the development of an attendance strategy.
- **Equalities:** The key focus areas for Equalities work in 2021-22 were preventing and responding to bullying and prejudice; revising and decolonizing the curriculum; and increasing diversity in the workforce.

## Case Study

### Restless Natives

Inter Cultural Youth Scotland's Restless Natives project provides one to one support in two of Edinburgh's secondary schools, giving the extra support needed for students of colour to discuss their concerns, aspirations and sign-post extra services that might be needed:

Dev looks after 3 brothers and sisters while their mum worked long hours, and was disengaging in lessons, late and truanting. He came to the practitioner for support and someone to talk to and it became apparent that he was bright, creative and had a real passion for history and writing. Much of this had fallen under the radar. The practitioner helped signpost financial support and assistance and worked with him to find a pathway to reach his goals, including time management, potential degree courses for Classics and work experience at a museum to help build his university application. They are currently working on his UCAS statement and will go together to open days.

**PEEP**, the family learning programme continues to give parents and carers opportunities to be involved in their children's learning through everyday play experiences, with 160 trained practitioners developing their practice to include transition, adventure, and outdoor sessions.

The **Discover** programme continues to offer families support during school holidays, through referrals from schools. Families attend Hubs during the school holiday which include cooking and activities to support learning, development and family wellbeing, as well as a weekly family trip. A focus this year has been to encourage take up by offering through introductory sessions at weekends and evenings. Work is underway to evaluate the impact of Discover on attainment.

Implement the Scottish Government **Holiday Activity and Food** programme (reducing the age range 5-14 and sharpening the focus on priority groups and food

**Supporting children in temporary accommodation:** the Council's Homelessness services inform schools and early years services of any families with children who become homeless, so that support can be given to minimise disruption to children's learning and wellbeing. Around 20-30 families are referred each week.

A full-time child poverty co-ordinator has been appointed to support work on 1 in 5, Discover, free period products and with homeless household which involves a child

## Lifelong learning and opportunities for all

The review of the **Lifelong Learning** and Wider Achievement Service was started, with the aim of making sure **that** staff have a clearer focus on actions that reduce poverty and inequality, targeting children, young people and families living in poverty and/or with protected characteristics.

A number of initiatives were planned or started during the year:

- **Multiply:** to support adult numeracy and literacy, particularly for those with low skills and confidence
- **Outdoor learning:** developing opportunities for all young people for adventure learning outdoors
- Working with the third sector to implement the Youth Work Strategy, working with teams around the learning community.
- Arts and music, creativity, culture, sport and physical activity: ensuring the focus is sharpened on no poverty of opportunity and on extra-curricular activities that are low/now cost as much as possible

## Case Study

### Council Early Years Service

M, moved to Edinburgh from London in September 2021 with her three children – a girl aged 4 years and twin boys aged 14 months. They fled domestic abuse and literally had a couple of rucksacks with belongings. She was really keen to get her daughter into a nursery, which I arranged. In the meantime I gave three bags of books and toys for the children. M was delighted as they had very few toys.

Although Mum felt she was doing okay she was very isolated and had a history of post-natal depression. I ensured they had a Health Visitor and, with her agreement, secured places at an Early Years Centre for the boys. M has now secured a place at college to improve her career opportunities and the college was able to provide a nursery placement for the boys.

She said the kindness shown to her by our team made her feel so welcome in Edinburgh and the first step in securing the nursery place gave her confidence that things would be okay and she would make a good life for her family.

## 4.6 Connections to a city that belongs to us

“To end poverty in the city, Edinburgh needs to address the way the city’s future development is planned, provide support to tackle social isolation and enable connections within and between communities.”

**Edinburgh Poverty Commission**

### Challenges

- Increase in online access to support and services, excluding people without digital resources
- Cost and accessibility of public transport is a barrier to employment, learning opportunities for people in poverty.

### Progress in 2021-22

- Embedding the concept of 20 minute neighbourhoods and the use of hubs as key to developments
- Higher than national average take up of the Scottish Government’s free bus travel for under 22s – 49% of eligible young people in Edinburgh compared with 30% across Scotland by May 2022.

### Priorities for 2023

- Improve access to and co-location of services by embedding the 20-minute neighbourhood approach in all council building and public realm projects
- City Mobility Plan – deliver investment increases in active travel, street design and local mobility systems

The actions to make the city and people more connected span making services and supports more readily available to people in their local area, making sure that people can access the internet for learning, work and for keeping in touch with people; and getting around the city easily and affordably.

[The 20-Minute Neighbourhood Strategy](#) is about living well locally, so that people can meet most of their daily needs from within their own community. This would include such as shopping, leisure activities, access to schools, local services such as a GP practice and, ideally, access to work, where local business communities are supported.

A dedicated team was formed in early 2022 to support implementation in partnership with local communities and partner organisations. Over the past year, 19 areas across the city have been identified as the starting point, including 11 areas prioritised because of gaps in the services available or through high levels of deprivation.

### Libraries

Libraries are an example of local, trusted places where people can access information and resources or to find out where to go for help. Over the last year, all library computer hardware and infrastructure has been upgraded, giving enhanced access for everyone. Library services and resources include:

- Access to computers, free wifi, printers and a place to study
- Activities for children and families including Bookbug sessions; STEM activities, a Saturday breakfast club for

children in some libraries, and a musical instrument library, in collaboration with Tinderbox

- Free period products, hearing aid batteries with plans to provide on-site hearing aid maintenance, saving people a monthly visit to the centre of town
- A book collection on eco-craft, growing and preparing food, money management etc

With libraries open between 32 and 51 hours a week, they will provide a key part of the Council's response to the cost of living crisis, in partnership with the third sector. The Council's Prevention Team will deliver Money Counts training for library staff and give them an overview of the Council's cost of living webpage so that staff can raise money concerns with people and support them/signpost them to help.

## Digital

Digital connectivity is increasingly becoming part of everyday life, socially, for learning and work, and for accessing services including banking and utilities. The Council has continued to provide support to improve connectivity over the last year:

- The Empowered Learning project is on track to deliver around 41,000 iPads by December 2022 to school pupils, including all of the children from Ukraine.
- Working in partnership with CityFibre and Openreach to provide super-fast fibre broadband to all Council owned homes; to date, 15,449 homes have been connected.

- Teachers have been supported to develop their digital skills through the development of 10 professional learning courses, accessed so far by 804 teachers.
- A range of pupil/carer-focused digital skills videos (23 to date) have also been created and shared

## Transport

After housing, transport costs are the single biggest household expenditure in the UK. The City Mobility Plan was approved in February 2021 and sets the Council's approach to sustainable, safe and effective movement of people and goods around Edinburgh up to 2030. Implementation is underway through a series of action plans, several of which are relevant to people experiencing poverty:

- Developing active travel options to improve health and the affordability of moving around the city
- Road safety, recognising the higher level of pedestrian injuries in areas of deprivation<sup>viii</sup>, particularly for children
- Improving air quality: some of the areas of deprivation in the city are near major traffic routes, leading to air pollution
- Making transport more affordable through the development of flexible and more affordable ticket options e.g. potential for a monthly ticket to be shared among the family
- Improving accessibility by reviewing bus routes and the frequency of buses; and exploring options similar to the Uber model, bringing "transport to you"

## 4.7 Equality in our health and wellbeing

*“Covid has shown more clearly than ever the causal link between poverty, ill health and premature death. ... services everywhere will need to respond as we expect to see a rising tide of poverty.”*

**Edinburgh Poverty Commission**

### Challenges

- The trend of increasing life expectancy has stalled
- In Edinburgh, males in the most deprived areas live around 12 years less than those in the least deprived areas
- Covid response and recovery
- Changes in the way people access Primary Care post-pandemic
- Responding to the cost of living crisis while continuing longer-term focus on health inequalities
- Increase in mental health problems across all populations

### Progress in 2021-22

- Continued focus on covid recovery and response
- Recruitment to multi-disciplinary Primary Care teams
- Community Link Workers within GP surgeries providing vital non-medical support, including financial
- Increased support for mental health, including a new single point of access for children, young people and their families

### Priorities for 2023

- Strengthened public health response to child poverty
- NHS Lothian wide child poverty action plan focusing on the agreed national drivers
- Develop partnership and services to support youth work within community planning, and public health intelligence to support partnership work:
- Inclusive approach to covid recovery strategies
- Mental health recovery

The Edinburgh Poverty Commission recognised that to end poverty in the city, Edinburgh needs to tackle structural issues impacting on health inequalities and redesign services, support and systems of care to enable wellbeing, from the earliest years through to old age.

The Covid pandemic has continued to have a significant impact over the past year, with service recovery across NHS needing huge focus and attention. The pandemic has also created an ongoing public health crisis from the issues it has either led to or exacerbated, and these have been worsened by the cost of living crisis.

This presents major challenges to the NHS in managing immediate care needs, whilst retaining a focus on the broader determinants of health and taking a longer-term view on prevention. While the pandemic has affected the whole population, some groups have been more affected than others, so a universal, as well as more targeted approach, is needed to address inequalities more effectively.



**The Children and Young People Public Health Group (CYPPHG)** produced a [paper on the impact of covid on children](#), young people and their families. It states that the impact of the pandemic is more significant for those already experiencing inequalities, and in particular, single parent families, those living with children with a disability or serious illness, families affected by substance use and those with a parent in prison. The paper recommends actions to support children and young people and their families across the spectrum. These include access to child health services, child development, mental health, attainment, poverty and current and future health and wellbeing needs.

Recognising that continuing in employment is key to tackling poverty, NHS Lothian implemented **Community Asymptomatic Testing (CAT)** in Edinburgh, which ran from January 2021 to May 2022 across testing sites and mobile units. This approach to testing is a key part of the focus on keeping people well and in good health, so that they can continue to work. It helped to ensure that positive individuals were aware of their status and so avoid the workplace and social settings, limiting the spread of the virus.

**Primary Care** saw recruitment across a range of multi-disciplinary teams with posts such as pharmacists, physiotherapists, Advance Nurse Practitioners and Practice Mental Health Nurses, bringing much needed capacity into practices over the next few years. A number of Community Link Workers are embedded within GP surgeries and provide vital non-medical support with personal, social, emotional and financial issues. Mental health will continue to be a focus, as will improving vaccine uptake in the under 5s.

**Mental health** has continued to be a key priority. This year has seen increased funding for Child and Adolescent Mental Health Services, and the development of a single point of access for children, young people and their families. The Thrive programme continue to develop, providing a crucial 'no wrong door' approach to mental health support and wellbeing.

The NHS Lothian Health Improvement Fund funds and supports **health improvement activities** across Lothian. This focused on supporting community-based organisations who lead programmes of work around mental wellbeing and resilience in children and young people, and parenting and attachment in the early years with a focus on inequalities.

Work has been developed focusing on **young people from specific groups** who are known to have poorer health and wellbeing outcomes, and who can struggle to access services. This includes young people who identify as trans and non-binary, and those who have a learning disability and/or additional support needs. This work has focused on the development and delivery of inclusive and accessible information for young people themselves, and workforce development to ensure young people are made welcome and feel they can access the services safely and appropriately.

Holistic approaches to health and wellbeing, as well as targeted welfare advice have been delivered across acute hospital sites. The Youth Navigator service has provided support to young people aged 12-16 with some of the complex social issues that can bring them to hospital and is based at the RHCYP and St John's Hospital.



**Dads Rock** is delivered by NHS Lothian's Maternity and Neonatal Psychological Interventions service. Dads Rock is a charity which aims to improve outcomes for children by inspiring dads and families. Responding to a gap in support for dads who have or had babies in neonatal or special baby care in NHSL Lothian, it will run weekly online sessions over the next 2 years.

### Priorities for 2023

- Fully establish the Edinburgh Partnership and Place team within Public Health, with clear roles and responsibilities across the whole child poverty agenda
- Support financial wellbeing and income maximisation through NHS' Lothian wide child poverty action plan, in line with agreed national drivers (see section 4.4)
- Develop and enhance partnership and services:
- NHS Lothian as an Anchor Institution
- Embed youth work in the work of the Edinburgh Partnership with strong links with the emerging Youth Work Strategy for the City
- Further develop the use of public health data with community planning partners, this includes data sets focused on children and young people



### Case Study

#### Top Tips (transgender young people)

We know from evidence that trans and non-binary young people are much more likely to experience bullying, discrimination and exclusion more than other young people. Research shows that transgender people are more likely to experience unemployment, poverty and poor mental health.

A partnership of NHS and third sector agencies worked on producing a resource of practical 'Top Tips' to enable services to be more inclusive and accessible for young transgender people. A poster was developed alongside some awareness raising training. Young people's voice shaped and influenced the development of this resource throughout the process.

The resource was well received by both young people and professionals.

## 5. Case studies

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### 1. Support from the Early Years and Childcare (EYC) Team

Case 1. Having been identified as a child living in temporary housing, the child started attending the centre on an eligible 2s placement (for 2 year olds who have an entitlement to early learning and childcare) in the summer of 2020 following the first lockdown. The family had moved from another city in Scotland to due to domestic violence and were housed in temporary accommodation. They did not know Edinburgh and were all very distressed by the situation when they joined us. The child had very little speech and although he had some words at home did not speak with us. He was very quiet at the centre and took a long time to settle. The mother was coming to terms with what she and her children had experienced and there continued to be a level of fear of being found and also trauma from their experiences. She also had older children to settle at school.

The child continued to have difficulty separating from his mother but as the year progressed he became happier to come to the centre and although still very quiet did start to speak in the centre. He also seemed to enjoy particularly outdoor learning.

In summer 2021 the mother asked if we could offer a placement that would allow her to attend college. We were able to accommodate this and over the last year we have seen the child and his mother grow in confidence. The family continue to live in temporary accommodation.

The child is now due to start his pre-school year with us. He is confident within the centre, comes happily each day, he is meeting his developmental milestones and is very much part of the pre-school group with established friendships and showing real interest in his learning.

Case 2. Family VA were referred to us in October 2021. They had come from Syria, moving through different countries in Europe until arriving into Milton Keynes and then Edinburgh. We contacted them by email to introduce ourselves, and got a reply in Turkish. Using Google translate, we established the dates of birth given for the children were incorrect and that the son should have started P1 in August 2021. Their daughter was almost 3 years of age. They spoke no English. They moved multiple times in the first few weeks from B&Bs until finally an address in the City.

We ensured the children received a bag of toys and books including a teddy and fleecy blanket to enhance emotional wellbeing. We secured a placement in the local primary school, supporting the Mum to complete the application. Although a translator had been booked, they had to cancel at the last minute, and so again, we used Google translate to communicate with her. We also supported them to get a nursery placement for their daughter, and also gave them information and advice to allow them to register with a GP, suggesting they use Google translate again on their phone to support the process.

VA sent us an email to say her son had started P1. It was an emotional day for them.

## Homeless Multi-Disciplinary Team

AJ was referred after he had served an 8-year prison sentence. He had no income, was living in temporary accommodation, had physical and mental health concerns and substance dependency. His family relationships were strained and there was little support in place.

CHAI helped him apply for Universal Credit (UC), requesting a work capability assessment and applied for Personal Independence Payments(PIP). While waiting 5 weeks for UC to come into payment they applied for various grants to help him deal with day-to-day essentials. Housing support was enlisted to help manage tenancy bidding and to open a bank account. He was identified as suitable for a housing first tenancy, and they worked together to help AJ set up and manage his bills as well as other supports.

He was awarded the Standard rate of Daily Living Component rate of PIP and initially only awarded the Limited Capability for Work element of Universal Credit. CHAI challenged this and took it to appeal which he won. His overall financial gain for that first year was £10,141. This means he does not have the stress of having to do work-related activity for his UC and can focus on recovery and adjusting to his new life.

Delivering grants via referral partners also ensures that they are provided alongside other support and advice, in order to make a greater, longer-term impact. 39 organisations in the city are currently our referral partners, and 35 of these organisations have made applications with us since April 2022.

We want to continue developing this work to shift power within our grant making from ourselves towards those communities most impacted by poverty. It is important to note that exploring more participative approaches to grant-making does not mean a reduction in direct financial support we are able to give to individuals in the immediate term. Our goal in transforming our grant making is to ensure that support available in the city is evidence-based and informed by deeper and more equal relationships with community groups who are part of our referral partners' network.

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<sup>i</sup> [https://edinburghpovertycommission.org.uk/wp-content/uploads/2020/09/20200930\\_EPC\\_FinalReport\\_AJustCapital.pdf](https://edinburghpovertycommission.org.uk/wp-content/uploads/2020/09/20200930_EPC_FinalReport_AJustCapital.pdf)

<sup>ii</sup> Voluntary and community organisations (initially EVOG, Cyrenians, The Poverty Alliance, Edinburgh Trust), the Scottish Government, and the City of Edinburgh Council

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<sup>iii</sup> Partners are City of Edinburgh Council, Corra Foundation, National Lottery Community Fund, The Robertson Trust, Turn2Us & Edinburgh Trust, William Grant Foundation and Scottish Government.

<sup>iv</sup> The Whole Family Equality Project is funded by the Robertson Trust Partners in Change Fund, the National Lottery Young Start Fund, Scottish Government and City of Edinburgh Council.  
<sup>v</sup> 1,934 to 2,399

<sup>vi</sup> A project developed between NHS Lothian, Community Help and Advice Initiative (CHAI), Edinburgh Health & Social Care Partnership in collaboration with the Improvement Service to improve outcomes for children and families who are supported by Health Visitors

<sup>vii</sup> delivered in partnership with NHS Lothian and CHAI

<sup>viii</sup> <https://www.rospa.com/media/documents/road-safety/factsheets/Pedestrian-safety-in-areas-of-deprivation.pdf>

DRAFT

# Local Child Poverty Action Report Year 4 (21/22)

Midlothian Council and NHS Lothian



August 2022

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## Introduction

The Child Poverty (Scotland) Act 2017 places a duty on Local Authorities and NHS Boards to jointly develop and publish an annual Local Child Poverty Action Report (LCPAR). This progress report provides an update on actions taken locally to reduce child poverty in Midlothian in the year 2021-22.

## Governance

The Child Poverty Working Group reports to the Improving Opportunities in Midlothian thematic group within Midlothian Community Planning structure. The working group is led jointly by Midlothian Council and NHS Lothian, working alongside key services such as Housing, Education, Social Security Scotland, DWP and Third Sector partners. Steps have been taken this year to review the membership of the working group and to improve the strategic direction, ownership and embedding of actions to address child poverty in Midlothian. We have been supported by the Improvement Service to review and improve our governance and reporting structures and will continue to work with them and national partners over the coming year as we further develop our strategy and respond to the cost-of-living crisis.

Midlothian Community Planning Partnership outcomes for 2019-22 are focused on:

- Reducing the economic circumstances gap
- Reducing the gap in learning outcomes
- Reducing the gap in health outcomes
- Reducing Midlothian carbon emissions to net zero by 2030

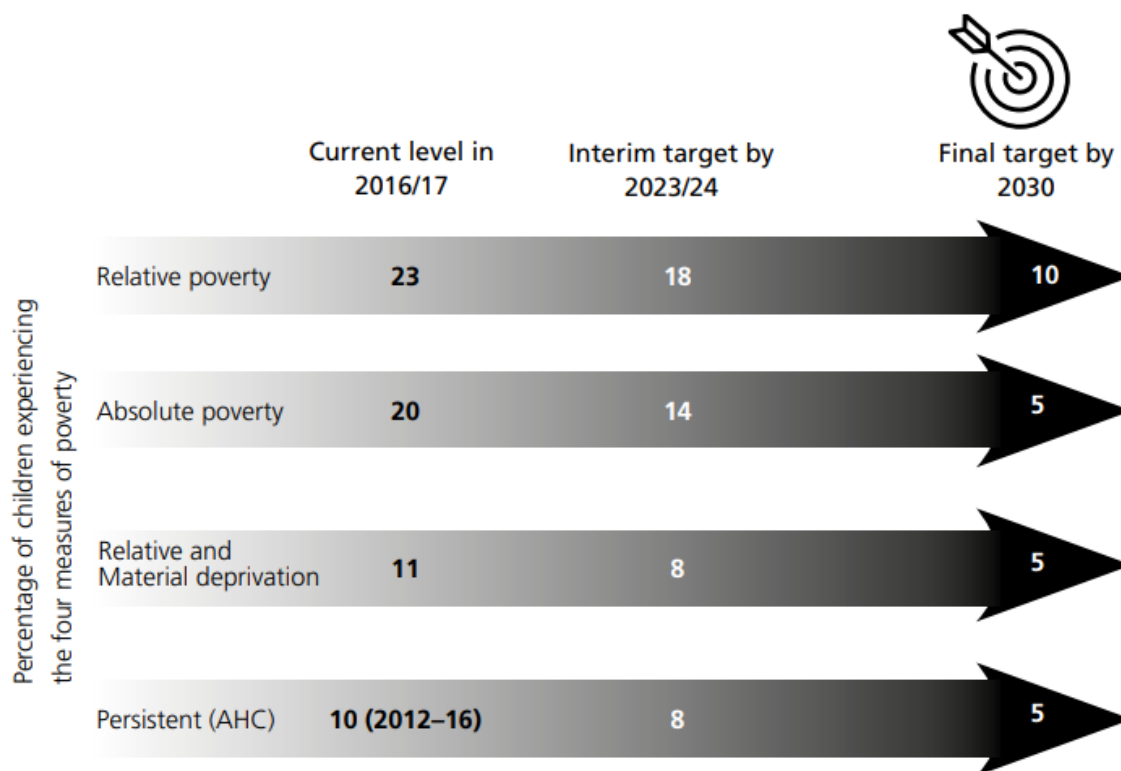
Working towards these outcomes through the actions contained in our Service Plans allows us to focus on actions to address child poverty. Developing strategic engagement with areas such as procurement, housing, transport, revenues and economic development continue to be viewed as crucial to further developing this work.

## Our vision

In Midlothian we are supporting work towards achieving the Scottish Government targets to eradicate child poverty and by 2030 to have made significant progress that results in:

- less than 10% of our children living in relative poverty
- less than 5% of our children living in absolute poverty
- less than 5% of families unable to afford the basic necessities of life
- less than 5% of our children living in persistent poverty

The Child Poverty (Scotland) Act 2017 sets out interim targets for Scotland to reach by 2023/24 if the ambitious 2030 targets are to be achieved. The image below displays interim and final targets alongside levels of child poverty at development of the 2017 Act.



Source: Child Poverty (Scotland) Act 2017

To help Scotland achieve these aims we have focused actions in Midlothian on the three drivers of child poverty:

Driver 1	Increasing income from employment
Driver 2	Reducing the costs of living
Driver 3	Increasing uptake of social security and benefits in kind



## Midlothian profile

### Child Poverty rates

Local Authority	Percentage of children in poverty 2014-15	Number of children in poverty 2014-15	Percentage of children in poverty 2020-21	Number of children in poverty 2020-21	Percentage point change 2015-21
Midlothian	21.8%	3562	20.0%	3539	-1.8%
East Lothian	21.9%	4130	18.9%	3640	-3.0%
West Lothian	21.3%	7499	21.1%	7263	-0.2%
City of Edinburgh	18.6%	13948	17.2%	13358	-1.4%
Scottish Borders	20.9%	3985	19.5%	3592	-1.3%
Scotland	22%	0.2 m	21%	0.2 m	-1.0%

Source: End Child Poverty local child poverty estimates - <https://endchildpoverty.org.uk/child-poverty/>

The above data is produced by End Child Poverty and is an estimate of children living in poverty, below 60% median income after housing costs. This calculation gives a more accurate measure of how much families have to live on than before-housing-cost data and is the measure used to establish progress towards meeting Scotland's statutory child poverty targets.

### Notes on how the data should be interpreted

- The figures are based on the Department for Work and Pensions Children in low-income families: local area statistics which estimates the poverty rate before housing costs. A statistical model is used to estimate child poverty after housing costs which draws on household survey data alongside local area statistics on private rent levels.
- Local estimates of poverty are subject to small statistical fluctuations from year-to-year. Users are advised to treat annual variations in the data with a degree of caution and instead focus on the longer-term trend.
- These statistics are calibrated to regional 3-year averages from Households below Average Income for the financial years 2018/19 to 2020/21. **Caution should be used in interpreting HBAI statistics for 2020/21 due to sampling issues related to the pandemic. The data for individual local authorities and parliamentary constituencies are subject to small statistical fluctuations year-on-year and should be considered within the context of the regional or the longer-term local trend."**

Source: End Child Poverty press release, 12<sup>th</sup> June 2022

## SIMD 2020

The most recent SIMD data, published in 2020, shows that Midlothian has three datazones in the most deprived 10% nationally, of which all are located in the Dalkeith Ward. Ten datazones fall within the most deprived 20% nationally, a reduction from eleven in 2016. In addition to Dalkeith, these are found in the wards of Midlothian East, Midlothian West and Midlothian South.

<b>Midlothian datazones in the most deprived 10% nationally</b>			
<b>Datazone reference</b>	<b>Intermediate Zone</b>	<b>Population</b>	<b>Ward</b>
S01011010	Dalkeith - 01	578	Dalkeith
S01011011	Dalkeith - 02	802	Dalkeith
S01011012	Dalkeith - 03	688	Dalkeith

<b>Midlothian datazones in the most deprived 20% nationally</b>			
<b>Datazone reference</b>	<b>Intermediate Zone</b>	<b>Population</b>	<b>Ward</b>
S01010965	Straiton - 04	529	Midlothian West
S01011010	Dalkeith - 01	578	Dalkeith
S01011011	Dalkeith - 02	802	Dalkeith
S01011012	Dalkeith - 03	688	Dalkeith
S01011022	Easthouses - 02	593	Midlothian East
S01011024	Easthouses - 04	793	Midlothian East
S01011026	Mayfield - 02	527	Midlothian East
S01011027	Mayfield - 03	946	Midlothian East
S01011038	North Gorebridge - 02	1005	Midlothian South
S01011044	Gorebridge & Middleton - 05	658	Midlothian South

Poverty Profile – Local Authority level data on child poverty

Code	PI	Baseline	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Data Source
			Value	Value	Value	Value	Value	Value	
CP.01	HMRC - % Children in low-income families	18.6%	12%	N/A	15%	16%	16%	14%	HMRC, Personal Tax Credits: Children in low-income families local measure
CP.02	End Child Poverty - Estimates of children in poverty	21%	21.1%	23.4%	23.8%	22.5%	23.9%	20%	End Child Poverty, Children in poverty estimates
CP.03	% Households managing well financially	45%	60%	56%	60%	58%	N/A	N/A	Scottish Government, Scottish Household Survey - Local Authority tables
CP.04	% Children in working households	66.6%	61.2%	72.1%	72.4%	74.1%	61.9%	N/A	ONS, Workless households for regions across the UK
CP.05	% Employees (18+) earning less than the Living Wage	17.5%	17.2%	13.8%	16%	15.1%	N/A	15.4%	ONS, Annual Survey of Hours and Earnings - Scotland analysis
CP.06	Underemployment of 16+ population (%)	4%	10%	7%	7%	8%	N/A	N/A	Regional employment patterns in Scotland
CP.07	Adults with no savings	15%	N/A	20%	N/A	23%	N/A	N/A	Scottish Government, Scottish Household Survey - Local Authority tables

Code	PI	Baseline	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Data Source
			Value	Value	Value	Value	Value	Value	
CP.08	P4-P7 pupils registered for free school meals	20.3%	17.8%	16.2%	15.3%	14.9%	15.5%	N/A	Scottish Government, Healthy Living Survey
CP.09	Employment in "lower paid" occupations	27%				27%	31%	9%	ONS, Annual Population Survey
CP.10	Median full-time gross weekly earnings	6.2%				6.2%	8.2%	7.4%	ONS, Annual Survey of Hours and Earnings
CP.11	Jobs density	0.62		0.62	0.63	0.62	N/A	N/A	ONS, Jobs density dataset
CP.12	% Adults reporting a limiting long-term physical or mental health problem - household with children	11%	5.7%	7.8%	13.4%	18.3%	N/A	N/A	Scottish Government, Scottish Surveys Core Questions
CP.13	% Single parent households	7%	8%	9%	5%	4%	N/A	N/A	Scottish Government, Scottish Household Survey
CP.14	% Large family households	7%	6%	5%	5%	5%	N/A	N/A	Scottish Government, Scottish Household Survey
CP.15	Children (under 16) - Population estimates	19.1%	19.1%	19.1%	19.3%	19.4%	19.4%	N/A	NRS, Mid-year Population Estimates
CP.16	Children (under 16) by SIMD16 quintile	11%				11%	N/A	N/A	SIMD16

Code	PI	Baseline	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Data Source
			Value	Value	Value	Value	Value	Value	
CP.17	First time mothers aged 19 yrs and under (% of all first-time mothers)	16%	11%	10%	8%	5%	N/A	N/A	ISD, Age of First Time Mothers
CP.18	Non-white minority ethnic - % of total population				2.8%	3%	2.4%	N/A	Scottish Government, Scottish Survey Core Questions

The information contained in this profile continues to be reviewed and development of an updated poverty profile is highlighted as an action for 2022/23.

## **Mitigating the impact of the Covid-19 pandemic**

### **Food, Fuel and Financial Insecurity**

Throughout 2021-22 we have continued action to mitigate the effects of the Covid-19 pandemic and work is underway to support families impacted by the cost-of-living crisis.

Scottish Government flexible funding to tackle financial insecurity over Winter 2021-22 enabled our Winter Flexible Fund partners to provide over 850 instances of support to Midlothian residents. 76% of the funding supported residents with food and fuel costs, including dealing with fuel poverty. Other costs included provision of white goods, petrol, outdoor clothing for school camp, a bed, bedding, warm clothing and job-related expenses.

2089 families benefited from a £40 additional payment to the Child Bridging Payment to support with the increased cost of living and Midlothian residents on low incomes accessing the Scottish Welfare Fund were able to get funding to support with food, heating and unexpected costs to cover an emergency.

Midlothian Financial Inclusion Network hosted an energy advice and discussion event in January 2022 with speakers from Changeworks, Home Energy Scotland and Dalkeith CAB. A leaflet detailing local and national energy funds and support services was developed and work will be undertaken to keep this up to date to assist people through the cost-of-living crisis.

Research was commissioned by Midlothian Financial Inclusion Network to gain a better understanding of how and where people can access affordable food in Midlothian, with oversight from a Steering Group comprising Council, Health, Third Sector and community partners. Drawing on the findings of the research report, partners are working to identify priority actions to improve access to affordable food for Midlothian residents. This work will continue to develop throughout 2022-23, with engagement events helping to ensure that local needs are being met.

### **Cost of the School Day**

Pupil Equity Funding (PEF) is additional funding allocated directly to schools and targeted at closing the poverty-related attainment gap. The Scottish Government has committed to this funding as part of the Scottish Attainment Challenge (SAC) programme from 2017/18 up until 2025/26. The PEF national guidance supports schools to make use of PEF to mitigate the impact of poverty on learning and access to all educational opportunities.

## Local Child Poverty Action Plan Update 2021-22

Strategic Planning to address child poverty in Midlothian		
Action	Progress	Future plans
Review and develop governance and strategic leadership of policies and actions to address child poverty.	A Strategic Poverty Prevention Group (SPPG) has been agreed for 12 months initially to accelerate the focus on reducing poverty in Midlothian and remove barriers to taking forward actions identified by the Child Poverty Working Group. It is anticipated that this group will be established in Autumn 2022 by Senior Leaders in Midlothian Council and NHS Lothian.	At the Council meeting on 28 June 2022 the setting up of a cross party Cost of Living task force was approved. Work will be undertaken to ensure that the SPPG links closely with the task force and the child poverty working group.
Undertake a Child Poverty Self-assessment session with Midlothian Community Planning partners.	A self-assessment session, facilitated by the Improvement Service with input from national partners, is recommended to identify strengths and areas for improvement in relation to our work to tackle child poverty (particularly around development and delivery of our Local Child Poverty Action Plan and Report). Delivery of the session is anticipated once the new Strategic Poverty group/s are in place in Autumn 2022.	It is hoped that the session will bring partners together to identify priorities, establish governance, and develop ways of working together to tackle poverty across Midlothian. The outcomes of the session will inform the development of the Midlothian Child Poverty Action Plan and reporting.
Develop the Midlothian Child Poverty Action Plan.	Midlothian Child Poverty Leads have engaged with the Improvement Service and national partners through the Poverty Lead Peer Support Network and have met with the Improvement Service to discuss feedback on child poverty reporting. This has allowed the working group to establish identify areas for improvement.  The Child Poverty Working Group have identified 3 priority areas for action that will be taken forward in the year 2022-23.	The longer-term Child Poverty Strategy and Action Plan will be developed collaboratively between the Strategic Poverty Prevention Group and the Child Poverty Working group and will be informed by the Self-assessment session, Midlothian's poverty profile, and the voices of people with lived experience.
Listening to the voices of lived experience.	Feedback from Get Heard Scotland community conversations has been collated to identify common themes and areas for action. Further engagement with families with lived experience	In 2022 collaborative work between Communities & Lifelong Learning, Education, Third Sector and NHS Lothian will commence in Gorebridge, Penicuik and

### Strategic Planning to address child poverty in Midlothian

Action	Progress	Future plans
	of poverty is planned as part of our work to address the Cost of the School Day.	Dalkeith to address the cost of the school day for families living in these localities.
Midlothian Poverty Profile	The content of the Midlothian poverty profile is currently being reviewed by the Child Poverty Working Group to assess the availability and use of the data. Data from Public Health Scotland and local data will be used to inform an updated poverty profile for Midlothian to assist strategic planning.	Work will continue in 2022-23 to bring relevant partners and data together to develop a profile that can be used to inform poverty actions and monitor change.

### Costs of living are reduced

Action	Progress	Future plans
Advice and support for families to address utility costs and fuel efficiency - Changeworks (part of the Aim Hi project)	58 families were supported in the year 2021-22 resulting in total financial savings of £11,509 and carbon savings of 1,215kg. Savings were made up from energy advice, fuel billing savings, Fuel Bank vouchers and applications to the Home Heating Fund.	The Aim Hi project has been awarded extended funding from the Health Improvement Fund until March 2023. A project evaluation report to evidence the impact the project and assist future planning is in progress and will be delivered in September 2022.
Homelink Outreach Family Opportunities Coordinator recruited to support families to access benefits, housing, energy and debt advice to make real and sustainable changes.	In the year 2021-22 the following outcomes were achieved:  53 families supported to maximise their income 26 families supported to minimise their outgoings 12 families supported into training/employment opportunities  70% of families supported are single parent households 50% of families supported are in fuel poverty 100% of families referred to the service were offered a fuel assessment and referral to Changeworks for energy advice.	Received continuation funding for 3 years from the Midlothian Council Large Grants Programme for 2022-2025.



### Income from employment is maximised

Action	Progress	Future steps
<p>Increase uptake of Good Time To Be 2 (GTTB2) ELC places</p>	<p>238 children received a place</p> <p>Online application form now available to families to improve the accessibility of the application process. Continuing to develop links with key partners to encourage take up of the entitlement. Discretionary funding application route now embedded. This will need to be reviewed as the take up of families who are eligible under the financial criteria develops. Communication strategy in place and has helped increase the take up through social media advertising etc.</p>	<p>SG is currently developing a Data Sharing agreement following the agreement to introduce legislation to allow for the sharing DWP information with local authorities in order to support the take up of the two year old funding. Midlothian will be working with the Improvement Service to see how this data can be used and to maximise its potential. It is expected that the first lists of eligible families may be available to local authorities in April 2023. This will allow the Council to establish the eligible population as we are currently working to estimates. We hope that the lists can be used for other purposes such as increasing the take up of the best start grant etc. and can also support other data processes that are developing such as the sharing of information from the health visitor pathway</p>
<p>Parental Employability Support</p>	<p>181 parents have received/are receiving 1:1 intensive keyworker support at present through Midlothian Council from a PESF lead worker and four keyworkers within the Communities Lifelong Learning and Employability service (CLLE). A spilt of 72 employed/ 109 unemployed. This is steadily increasing due to publicity and word of mouth.</p> <p>19 courses/ groups have taken place over the 2021-2022 period ranging from LVG training, Paediatric first aid, REHIS, wellbeing, animal handling, cake decorating, additional support needs and first aid to name but a few.</p> <p>81 sector based and SQA qualification have been achieved through this period.</p>	<p>Four PESF keyworkers will continue to provide targeted flexible and "whole person" tailored pre-employment support pathways for all parents identified as being at most risk of experiencing poverty by providing pre-employment, holistic, 1:1 support around financial advice, income maximisation, careers guidance, literacy and numeracy, targeted employability support, transport, affordable childcare, health and wellbeing, managing anxiety, soft skills, SVQ qualifications and confidence building. Signposting to other local partnership agencies and organisations for support when appropriate.</p>

Income from employment is maximised		
Action	Progress	Future steps
	38 parents have secured full time, part time employment, increased income or self-employment.	
Together for Positive Change Intensive Family Support Service - Barnardos	<p>19 families have entered into an action agreement, the majority are lone parents.</p> <p>8 participants are no longer affected by debt as a barrier to social inclusion and 8 participants achieved positive outcomes (Employment and Education).</p> <p>We have carried out financial health and benefit checks for all of our families, three of which we supported to claim for free school meals and school uniform clothing allowance and one application for PIP. We have been able to improve the financial circumstances for those families maximising their financial situation by helping them to manage their finances, planning and budgeting which in turn has increased household income and improve the quality of life for those families and created more financial security.</p> <p>We are supporting and maintaining 26 children to attend school on a regular basis and access an education and reach their full potential. For some of the young people, returning after the lockdown period was very challenging and in three cases it involved a phased return with them now attending full time.</p> <p>Often once we support a return to School or where we can improve regular attendance at School parents can begin to consider engaging with training and work or resume employment as the family situation is more stable.</p>	Increase the number of referrals and ensure that referrals continue to fit the revised criteria. Continue to have regular fortnightly allocation meetings to support this process.

<b>Income from social security and benefits in kind is maximised</b>		
<b>Action</b>	<b>Progress</b>	<b>Future plans</b>
Income maximisation advice and support in Midlothian Sure Start centres – Aim Hi project	In the year 2021-22, a total of 582 advice contact sessions were provided to families, with advice provided on 1419 issues. Of these issues, 63% of enquiries related to benefits and 16% to housing issues. In addition to support to access benefits, clients received financial support to purchase essential items and to obtain repairs or move to more suitable accommodation. This made a crucial difference to the lives of the clients and their families. Over the year, 62 families who accessed the project were a total of £162,096 better off (increase of 109% from 2020-21).	The Aim Hi project has been awarded extended funding from the Health Improvement Fund until March 2023. A project evaluation report to evidence the impact the project and assist future planning is in progress and will be delivered in September 2022.
Midwife/Health Visitor referral pathway to welfare advice	Progress towards the implementation of an automated referral pathway from Midwifery, Family Nurse Partnership and Health Visiting services to Aim Hi was paused in 2021-22 due to uncertainty around future funding for Aim Hi and plans to review income maximisation services.	A sub-group of the Child Poverty Working Group has been established to take forward action to review income maximisation service access, funding and delivery across Midlothian. Implementation of automated referral pathways to welfare advice is recommended as part of this review and will be progressed during 2022-23.
Increase uptake of Best Start Grants and Best Start Food Payments	NHS Lothian are progressing work to ensure that NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland's package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.	The Child Poverty Working Group in partnership with the locality Population Health Team, Social Security Scotland and Midlothian Early Years community planning sub-group will work to develop and deliver actions to improve uptake of Best Start grants, Best Start food payments and Good Time to be Two early learning and childcare places across Midlothian.
Work with Revenues and Integrated Service Support (ISS) to achieve aim of automation of free school meals and clothing grants	Midlothian Council proposal to introduce an 'apply once' system so that on contacting the council the person/family is assessed for all areas – free school meals, council tax reduction etc. This will involve data sharing agreements and redesign of systems.	Review 22/23

<b>Income from employment is maximised</b>		
<b>Action</b>	<b>Progress</b>	<b>Future steps</b>
Embed welfare advice provision in NHS settings	In the year 2021-22, 93 new families across Lothian, Fife and the Scottish Borders received advice and support from the Royal Hospital for Children and Young People welfare advice project, realising financial gains of £189,352.54 (this figure shows totals for the first year of benefit awards only and client financial gains will increase over time from benefit awards beginning in this period). During this period, 12 families resident in Midlothian received new or further advice. Non-financial gains were also made including foodbank vouchers, Young Scot cards and housing support. A summary report is provided in Appendix 1.	The project within the Royal Hospital for Children and Young People has informed planning for the expansion of welfare advice services across Lothian hospitals including, amongst others, a new service to be introduced to Midlothian Community Hospital in late 2022. At the time of writing this report a procurement process is underway to establish the new services.
Children's Services GIRFEC income maximisation work	In September 2020 an income maximisation worker was commissioned via Penicuik CAB with a remit to work with families where children were either on the child protection register or subject to a Compulsory Supervision Orders at home. This post was extended throughout 2021/22. To date, this worker has supported 24 families with a total client financial gain of £234,330. The work has extended to signpost families on to other services for additional support i.e. fuel poverty, employment etc. We plan to commission this service for a further year.	Review the audit that was completed in January 2022 to evidence improved outcomes for the children within the families' school attainment.
Children's Services Early Intervention income maximisation work	Funding has been approved to introduce an additional income maximisation worker with a remit for earlier intervention. This will initially be a one-year pilot commencing in September 2022 and the post will be based in Hawthorn Family Learning centre. The aim of this post is to improve the financial circumstances of	Children's Services Early Intervention income maximisation work to commence Sep 2022.

Income from employment is maximised		
Action	Progress	Future steps
	the families supported by Hawthorn Children and Family Centre. The worker will support families with children with placements at Hawthorn Children and Family Centre and parents attending family group work at Hawthorn Children and Family Centre .	
Income maximisation - Dalkeith CAB	<p>Client Financial Gain £3,062,381.96</p> <p>3 main areas of advice:</p> <ul style="list-style-type: none"> <li>• Benefits</li> <li>• Foodbank/Charitable Support</li> <li>• Debt</li> </ul> <p>49% of client seeking advice was women</p> <p>Most common ages ranges seeking advice:</p> <ul style="list-style-type: none"> <li>• 45-59 years</li> <li>• 25-34 years</li> </ul> <p>Points of interest:</p> <ul style="list-style-type: none"> <li>• 25% of clients are council tenants</li> <li>• 20% home owners</li> <li>• 39% clients with disabilities</li> <li>• 29% clients are married/cohabiting</li> <li>• 11011 – client contacts</li> <li>• Postcodes seeking most advice: EH19, EH22, EH32</li> <li>• 32% clients with children</li> </ul>	Continue to provide further Income Maximisation Support and information sessions based within the community.

Income from employment is maximised		
Action	Progress	Future steps
Income maximisation – Penicuik CAB	<p>Client Financial Gain £2.6 million</p> <p>15% increase in demand compared to 2020-21 and 33% compared to pre-pandemic levels.</p> <p>The main issues were benefits 49% (especially universal credit and PIP), debt, financial assistance with housing and utility advice.</p> <p>Top age range seeking advice was 45-59 years.</p> <p>64% of those seeking advice were women.</p> <p>Penicuik CAB has a freephone telephone advice line and receives enquiries from across all Midlothian postcodes.</p> <ul style="list-style-type: none"> <li>• 42% of all clients had children</li> <li>• 24% were single parents</li> <li>• 7% had a child under 1 year old</li> <li>• 37% were married/co-habiting</li> <li>• 47% living in Social Housing</li> <li>• 6% were homeless or in temporary accommodation</li> <li>• 10% were in private rented accommodation</li> <li>• 27% owner occupier</li> </ul>	<p>Development of AIM HI project.</p> <p>Income maximisation for families on the at-risk register or subject to home supervision continued for another year.</p> <p>Development of income maximisation advice for families using Hawthorn Children and Families Centre.</p> <p>Outreach provision at Penicuik Hub (Food Fact Friends Foodbank)</p>

## Child Poverty Working Group Priority Actions 2022-23

Child Poverty Working Group Priority Actions 2022-23	
<b>Priority 1</b>	<b>Undertake a mapping and review of existing income maximisation services across Midlothian</b> , including referral criteria and funding streams (building on the previous mapping done by MFIN). Gain understanding of user journeys through services, touchpoints and gaps in service provision.
<b>Priority 2</b>	<b>Review and update the Midlothian Poverty Profile</b> to ensure that we are accessing, gathering, analysing and using relevant data to inform actions to reduce poverty.
<b>Priority 3</b>	<b>Support actions to address the Cost of the School Day</b> by developing tailored support to schools that is informed and developed in collaboration with families with lived experience of poverty.

Home Link Family Support – Family Opportunities Worker	
Priority Group(s):	Lone parents
Child Poverty Outcome(s)	Income from social security and benefits in kind
Description/Background	
<p>Single case study highlighting the outcomes for one family supported by the project.</p> <p>Home Link Family Support (HLFS) approached by a single parent of 2 primary aged children who is struggling to make ends meet and wants to return to work.</p> <p>HLFS help to identify the barriers to returning to work and other financial and housing issues and assign a Family Opportunities Worker (FOW) to support.</p>	
Key achievements/outcomes	
<p>HLFS supported the parent to:</p> <ul style="list-style-type: none"> <li>• Apply to Connectivity Scotland for an iPad and access to data</li> <li>• Connected parent to CLLE to support the search for a job</li> <li>• Get Cash for Kids and other financial support</li> <li>• Get referral to Changeworks to help with fuel and meter issues</li> <li>• Get referral to CAB for Benefits check</li> <li>• Tackle housing situation resulting in a new, in-budget tenancy including a Discretionary Housing payment to help with deposit and rent.</li> </ul>	
Future plans	
<p>HLFS continue to give parental support in regard to son becoming involved in low level anti-social behaviour resulting in son joining Scouts and making a successful transition to secondary school.</p>	



Children’s Services Early Intervention – income maximisation	
Priority Group(s):	Lone parents, 3+ children, Mothers aged <25
Child Poverty Outcome(s)	Increasing uptake of social security and benefits in kind
Description/Background	
<p>Single case study highlighting the outcomes for one family supported by the project.</p> <p>Parent approached Children’s Services Early Intervention (CSEI) when they had been disallowed Child Tax Credit (CTC) and then Universal Credit (UC) for her third child, born as part of a multiple birth. The parent was referred to an Early Intervention Income Maximisation (EIIM) worker.</p>	
Key achievements/outcomes	
<p>The EIIM worker supported the parent to:</p> <ul style="list-style-type: none"> <li>• Request a Mandatory Reconsideration of the Universal Credit based on the multiple birth exception</li> <li>• Supported the parent to make this claim within the 5-year period of the initial claim</li> <li>• Supported the parent to appeal to HMRC regarding the disallowed Child Tax Credit</li> </ul> <p>Both appeals were successful and the parent received a payment of approx. £15,000 arrears.</p> <p>The parent is now in receipt of on-going Child Tax Credit for the third child of £244.58/month.</p> <p>Parent was able to clear debts with these payments. Parent also reports improvements in mental health and life at home for the children. Parent now taking driving lessons and hopes this will lead to employment in the care profession.</p>	

Midlothian Council Parental Employability Support Service	
Priority Group(s):	All priority groups
Child Poverty Outcome(s)	Increasing income from employment
Description/Background	
<p>MC is 53 years old. He attended an online learning course with the adult team through CLLE and had signed up for 2 Highers and a Nat 5 but unfortunately this was too much too soon and he did not manage to achieve all of these. They then referred him to PES as this was an appropriate service to support him to build confidence, look at financial security and enhance his qualifications so he can secure employment. With the support of his keyworker he attended a 3 day first aid course which he really enjoyed.</p> <p>Barriers Identified</p> <ul style="list-style-type: none"> <li>• Recent spouse bereavement</li> <li>• Long term unemployed</li> <li>• Financial pressures</li> <li>• Low skilled</li> <li>• Confidence and self-belief</li> </ul> <p>In December 2021, after chatting with his key worker, it was clear that he was keen to work following personal challenges which left him unemployed. They spoke about the Transferrable Skills Academy in partnership with City Deal and felt this was a good fit and a way to get out and meet new people as well. He thoroughly enjoyed his time on the course and made the most of his time there. As a result of this he opened his mind to new opportunities and did not narrow his job opportunities due to his age which he had done previously. This in itself was a massive learning curve for him and he was enthusiastic about working and has applied for a few positions he would not have considered before. He secured a couple of interviews which he was proud of and is looking forward to the future. He enjoys learning and has been doing some online courses to improve his chances of employment and his enthusiasm is obvious.</p>	
Key achievements/outcomes –	
<p>PES supported the parent to:</p> <ul style="list-style-type: none"> <li>• Connected parent to Transferable Skills Academy course to achieve customer service award SQCF level 5</li> <li>• Achieved Elementary food and hygiene certificate</li> <li>• Achieved First Aid certificate</li> <li>• Support with CV building, interview techniques and search for a job</li> <li>• Get referral to Changeworks to help with fuel and meter issues</li> <li>• Get referral to CAB for Benefits check</li> <li>• Building of Soft skills- team building, confidence building, work ethic, communication</li> </ul>	

### Key priorities moving forward

He is currently on the Long Term Unemployed Programme (LTU) doing a 6 month paid placements in admin. He will continue to receive support via PES and LTU keyworkers to gain more qualifications and hopefully secure employment at the end of the placements.

### Feedback or evidence

- Having never been in a position where I hadn't worked I didn't know where to start, I didn't know what I was doing and what was out there having worked since I left school and became unemployed due to a family situation. It gave me a regular contact and they helped me to look at the qualifications I had and what I could do to build on that and bring it up to date to increase my prospects.
- I felt because of my age it would be harder to find work but after going on the Transferable Skills Academy I realised that this was not the case and I could follow any path I wanted to. I was given the chance to re-think my priorities and looking for something with less of a commute. I had started my AAT course as I had previously enjoyed accountant work when I had left school.
- PES has helped me because I am now working towards gaining some current office experience that will help my employment prospects in the future. It has also given me a sense of purpose, not being stuck in the house, good for my mental health. This has been possible on a six month contract under the Long Term Unemployed scheme.

[https://youtu.be/9Zp\\_u9leL7U](https://youtu.be/9Zp_u9leL7U)

## Appendix 1

### NHS Lothian – Royal Hospital for Children and Young People Welfare Advice Service

#### 2021-2022 summary report

In Lothian the Scottish Government Healthier Wealthier Children Fund (Jan 2020 – Jan 2022) was used to establish a hospital-based welfare advice service at the Royal Hospital for Children and Young People (RHCYP) in Edinburgh. Latterly, from January 2022, funding has been provided by NHS Lothian Public Health. The service benefits families experiencing poverty across the four local authority areas within Lothian and is available to any family attending or attached to the hospital. The service compliments the existing welfare advice provision within the adult hospitals.

Having a hospital-based service promotes access for those families who may struggle to engage with community based services and/or who may find they are experiencing financial difficulties as a result of their child's illness or hospital stay. The service offers free, independent, confidential and non-judgemental advice across the hospital (inpatient and outpatient) and includes support on issues such as income maximisation, benefit entitlement, debt, employment and housing. This not only supports vulnerable families at a time when they may be experiencing additional stress with a child in hospital, but also supports the work of clinical staff and lessens the burden on them potentially freeing up time.

NHS Lothian work in partnership with the Community Help and Advice Initiative (CHAI) to provide this service.

The intention had been for the welfare advice service to be fully embedded within the RHCYP and for the project worker to have a physical presence in the hospital. Unfortunately given the circumstances surrounding the COVID-19 pandemic and subsequent restrictions from March 2020, the welfare adviser has not been able to work from the hospital and has been operating remotely offering telephone-based support. The project worker's physical presence in the hospital has also been affected by the relocation of the hospital where desk space at the new site is extremely limited. This has impacted CHAI's ability to develop the project in the way it had initially been planned. Taking a flexible approach and utilising every opportunity to link with hospital staff however, has allowed the project to develop and every effort has been made to ensure the delivery of a successful welfare advice service.

## NHS Lothian – Royal Hospital for Children and Young People Welfare Advice Service

From 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022

Referrals (New)	93
Appointments	712
Financial gain	£189,352.54 <i>(this figure shows totals for the first year of benefit awards only so client financial gains will increase over time from benefit awards beginning in this period)</i>

93 new families across Lothian, Fife and the Scottish Borders received advice and support from the project during 2021-22 (this marks a significant increase from 2020-21 when the project worked with 32 new families) and to date financial gains of £189,352.54 have been recorded. This amount includes benefit awards and grant payments. The total first year of benefits awarded to service users in this period is £187,550.54. The grants paid to service users was £1802.00. During this period, 712 appointments were offered to families and various types of follow-up work completed. Non-financial gains included suitable alternative housing being attained for one family whilst others received foodbank vouchers and Young Scot Cards.

In addition to the 93 new families supported in this period there were also 69 instances of clients receiving ongoing support or families returning for further advice, the local authority breakdown is as follows:

Local Authority	Number of Referrals
Edinburgh	113
East Lothian	5
<b>Midlothian</b>	<b>12</b>
West Lothian	7
Fife	18
Scottish Borders	7
Total	162 (93 new + 69 ongoing or returning)

Links have been made with local authority housing staff, housing associations, grant organisations and clothing charities. It has become increasingly apparent that the cases being referred are incredibly complex and require a significant amount of time and expertise to resolve multiple issues.

The project worker continues to promote the service and build referrals pathways and contacts across the hospital. The adviser now attends regular multiagency meetings with RHCYP clinicians and as a result, more hospital departments and organisations based within the hospital are becoming aware of the service and referrals are increasing.

## Further information

Aim Hi

<https://www.changeworks.org.uk/projects/aim-hi>

[https://www.penicuikcab.org.uk/sites/penicuikcab.org.uk/files/pdfs/AIM%20HI%20leaflet\\_0.pdf](https://www.penicuikcab.org.uk/sites/penicuikcab.org.uk/files/pdfs/AIM%20HI%20leaflet_0.pdf)

A Good Time to be 2

[https://www.midlothian.gov.uk/info/851/early\\_learning\\_nurseries\\_and\\_childcare/135/early\\_learning\\_nurseries\\_and\\_childcare/3](https://www.midlothian.gov.uk/info/851/early_learning_nurseries_and_childcare/135/early_learning_nurseries_and_childcare/3)

Best Start Grants and Best Start Foods

[Best Start Grant - Social security - gov.scot \(www.gov.scot\)](#)

Changeworks

[Home | Changeworks](#)

Child Poverty (Scotland) Act 2017

[https://www.legislation.gov.uk/asp/2017/6/pdfs/asp\\_20170006\\_en.pdf](https://www.legislation.gov.uk/asp/2017/6/pdfs/asp_20170006_en.pdf)

End Child Poverty

<https://www.endchildpoverty.org.uk/>

Home Link Family Support Family Opportunities

<https://www.homelinkfamilysupport.org/midlothian-family-opportunities-worker/>

Midlothian Sure Start

<http://www.midlothiansurestart.org.uk/>

Parental Employability Support

[https://www.midlothian.gov.uk/info/1084/jobs\\_and\\_training/676/parental\\_employability\\_support](https://www.midlothian.gov.uk/info/1084/jobs_and_training/676/parental_employability_support)

Poverty Alliance – Get Heard Scotland

<https://www.povertyalliance.org/get-involved/get-heard-scotland/>

SIMD

<https://simd.scot/#/simd2020>

**BOARD EXECUTIVE TEAM REPORT – DECEMBER 2022**

**Purpose of the Report:**

DISCUSSION		DECISION		<b>AWARENESS</b>	<b>X</b>
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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

**Recommendations:**

The Board is asked to receive the report.

<b>Authors: Executive Team</b> <b>Date: 25.11.22</b>	<b>Director: Calum Campbell</b> <b>Date: 25.11.22</b>
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# NHS Lothian

Board Meeting  
07 December 2022

Chief Executive

## BOARD EXECUTIVE TEAM REPORT – DECEMBER 2022

### Aim

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

### 1. Chief Executive

- 1.1 A meeting with the Minister of Mental Health, Kevin Stewart was held on Thursday 24 November 2022 to discuss amongst other things, the CAMHS and Psychology improved performance across the Board.
- 1.2 NHS Lothian's CAMHS longest waits (53+ weeks) have reduced from 24% (547) in December 2021 to 7.9% (123) in September 2022.

Waiting Period	NHS Scotland	NHS Lothian
0 – 18 Weeks	58.1%	63.6%
19 – 35 Weeks	17.4%	16.7%
36 – 52 Weeks	9.5%	11.8%
53+ Weeks	15.0%	7.9%

- 1.3 NHS Lothian's Psychology Therapies longest waits (53+ weeks) have reduced from 24% (1,256) in July 2021 to 11% (455) in September 2022.

Waiting Period	NHS Scotland	NHS Lothian
0 – 18 Weeks	61.8%	67.5%
19 – 35 Weeks	19.2%	15.4%
36 – 52 Weeks	6.4%	6.1%
53+ Weeks	12.6%	11%

- 1.4 There is clear evidence that NHS Lothian's waiting list profile is rapidly improving versus the Scottish national indicators as shown above.
- 1.5 NHS Lothian met with the Members of the Scottish Parliament (MSPs) for the Mid-Year Review on Monday 21 November 2022. A formal letter outlining the detail of the outcomes is expected and once received will be circulated to the NHS Lothian Board.



- 1.6 The Elmer Murray Wallace report looking into the delayed discharges within Edinburgh City is ongoing and good progress is being made.
- 1.7 In the capacity as the Employer Chair of Scottish Terms and Conditions Committee (STAC), there has been ongoing engagement with Trade Unions and Government to prepare and mitigate for potential industrial action within the health services.

## 2. Deputy Chief Executive

- 2.1 Cancer Centre - A comprehensive review was undertaken by the Health and Social Care Directorate's Capital Investment Group on 27th October 2022. To date, positive informal feedback has been received regarding the strategic context of the IA and the professional and expert input demonstrated by the NHS Lothian team. At the time of drafting, we await the formal outcome letter. Despite the operational challenges facing the Western General Hospital and Cancer Services Leadership and Clinical Teams, there has been commendable focus and commitment on this project.
- 2.2 Lothian National Treatment Centre (NTC) - In October, the Chair of the Scottish Government's Capital Investment Group accompanied by the Deputy Chief Operating Officer of NHS Scotland and a number of SG advisors, visited St John's Site (SJH) and met with me and members of our Project Board to review progress with this NHS Lothian project. During that visit, a detailed briefing was given on the outputs being delivered by NHS Lothian. The NHS Lothian team detailed how West Lothian Council's planning department has recently been contacted ahead of a planning application in relation to a multi-storey car park. This forms part of necessary enabling works, along with a new southern access road and a more resilient high voltage electrical supply. Through discussions, the complexities that exist in managing this priority project were highlighted again by NHS Lothian, including the emerging requirements from NHS Assure and continued volatility in construction market. We highlighted again that we continue to wait for feedback on the process for approving phased workforce plan funding.
- 2.3 Strategic Review of Analytics across NHS Lothian - Since the last update in August, this programme of work has involved substantial cross-system engagement including with all of the Directorates of NHSL, the four HSCPs and other stakeholders including DataLoch. Each sequential element of the review has been outlined below:
  - an initial desk-based scoping review,
  - context setting interviews,
  - Stakeholder interviews with multiple representatives for each theme/ directorate area,
  - Stakeholder surveys open to stakeholders and teams not directly interviewed,
  - A data asset review
  - Workforce skills mapping exercise
  - A series of workshops framed around: '*Priorities for Advancing Analytics*', '*Wiring & Mapping, Data assets, data workflow and connectivity*' and finally '*Developing the emerging themes from the review with senior leaders*'.

A series of draft recommendations are currently being reviewed by the Programme Board and a final report will be available in early 2023.

### **3. Executive Director of Nursing, Midwifery, & AHPs**

- 3.1 This is likely to be the most challenging winter that any of us will have managed within the Health Service and nursing is the largest part of the workforce. Staffing shortages due to sickness, COVID-19 related absences and vacancies are adding to the pressure despite the actions taken to date to address this.
- 3.2 We are also facing the potential for industrial action this winter. We respect the rights of staff to take industrial action and I know that every nurse and midwife will put patient safety as the priority, and we will continue to work with Trade Unions to enable them to take any specified action whilst trying to ensure that emergency and essential services are not put at risk.
- 3.3 There are a number of actions being established to mitigate risk. Across the whole organisation the rate of vacancies is twice what we would aim for but in some areas the establishment gap is significantly higher than that. At this time of year the newly qualified registered nurses and midwives are welcomed into teams across Lothian, and this usually provides us with a good workforce profile for moving into Winter. Regrettably this year we know that we are carrying a high number of vacancies despite recent recruitment activity.
- 3.4 We are looking therefore at different ways to deliver safe, effective and person-centred care through a number of initiatives described below.
- 3.5 Local Deployment of Staff - We recognise that on some shifts there will be a requirement to move staff between wards / departments or sites / teams to balance out the risks. We appreciate that this isn't always ideal and indeed that people don't like being moved. These decisions on how best to deploy the staff that are available are taken with the best of intentions and always with the aim of ensuring that delivery of patient care is maintained to the best of our ability. We expect managers to ensure that this is being done on a risk-based approach and on a fair and equal basis.
- 3.6 Band 2 / 3 - National work to re-band nonregistered colleagues who undertake clinical tasks is being rolled out. Whilst this does not increase the workforce numbers it may be helpful in some areas where the delegation of appropriate duties to band 3 colleagues will better ensure the delivery of safe effective and person-centred care.
- 3.7 Extra Band 4 Roles - We have recently offered our final year nursing and midwifery students across our 5 universities a fixed term band 4 post 11.5 hours max a week to aid in helping our clinical areas and to date have had a very positive response.
- 3.8 Newly Qualified Registered Nurses and Midwives - I am also delighted that we have welcomed a number of newly qualified registered nurses and midwives to NHS Lothian, we will support their transition as much as possible.
- 3.9 Training - Even with the current pressures and the desire expressed to support patients/colleagues, at this time, we are trying not to pause training. However, we recognise that at times we may have to pause certain training given the pressures on the workforce and patient care. This is managed through a risk framework, and we do recognise that this will lead to some anxiety, however, be assured our aim is to retain all our education opportunities.

- 3.10 International Recruitment- We have looked to international recruitment and our hope is to continue to offer Edinburgh and the Lothians as an attractive place to live and work to both international and more local recruits.
- 3.12 Professional Response - In the event the staffing situation deteriorates we have a Nursing and Midwifery Workforce Escalation framework. One aspect of this framework is the ability to put plans in place which would, in a staged way, discontinue some training activity to ensure that staffing in patient areas is the priority. Similarly nurses (and other staff) who are deployed into non patient facing roles would in a staged way be deployed into the workforce to support patient care. The senior Nursing team have also agreed an on-call rota over the winter months to ensure there is always professional advice available to managers or staff who may require it.

#### **4. Medical Director**

- 4.1 We were pleased to host Dame Anna Dominiczak, the Chief Scientist, and members of her team at the Bioquarter for a visit with the NHS and University of Edinburgh to discuss our joint work in Innovation.
- 4.2 We were able to discuss our approach across [South East Scotland to NHS Health Innovation](#) and the development of Dataloch and showcase a selection of projects. I would be happy to share the slides with any Board members on request.

#### **5. Director of Finance**

- 5.1 The financial position continues to challenge health boards across NHS Scotland. Uncertainty remains around several key areas, including pay awards and allocations which remain outstanding, and which may be the subject of review following the Scottish Government's emergency budget announcement at the start of November.
- 5.2 We are in close dialogue with Scottish Government on a range of financial issues as we work to reduce the projected year-end forecast deficit. Some allocations have now started to flow, significantly additional funding to support in-year COVID-19 pressures. Importantly, this is non-recurring resource and not available in future years.
- 5.3 As well as the focus on the financial targets for the current year, we have undertaken a high-level assessment of the financial outlook for 2023/24. Based on assumptions and limited available information, the financial challenge for the forthcoming year (and beyond) is likely to be even more challenging than for the current year.
- 5.4 Capital Planning and Projects continue to support the development of a range of business cases, including that for Hospital Sterilisation and Decontamination Unit and Primary Care. Projects under construction include those at St Johns, Western General Hospital and for Community. In addition, resources are allocated to progressing responses for the Scottish Hospitals Inquiry, assurance framework as well as the rolling programmes for Medical Equipment Replacement and smaller development projects from the services. It is anticipated that the SG emergency budget will confirm a tightening of the availability of capital funding, which will subsequently impact on the Board's ambitious capital programme.

- 5.5 As a result of the outcome from the Dispute Resolution Process (DRP) and enhanced contract monitoring on the Royal Infirmary Edinburgh (RIE) site, we have been able to increase our application of contract measures to incentivise improved performance by Consort at the RIE. Since our last update progress has also been made by Consort, in dialogue with NHS Lothian, on the development of a schedule of planned maintenance which will include a lifecycle programme for the RIE. Further challenges will result from the requirement to free up ward space on the site to enable maintenance and lifecycle work to progress. An option appraisal is underway to review all feasible options.

## **6. Director of Human Resources and Organisational**

- 6.1 Winter Workforce - NHS Lothian established a winter workforce planning group to scope and implement potential solutions to increase staff capacity. One of the key workstreams identified was the opportunity to recruit final year nursing students into a Band 4 Assistant Practitioner role for one shift/week around their studies which would provide winter and ongoing cover as well as bringing them into the workforce in advance of them graduating and being eligible for qualified Band 5 posts. To date c400 students have noted interest and are at varying stages of onboarding and deployment.
- 6.2 Industrial Action - In view of the revised pay offer made by Scottish Government the planned industrial action in SAS has been suspended and Trade Unions are taking the revised offer through their membership structures.
- 6.3 Cost of Living - A group was convened early in September to scope our response to the cost-of-living situation. Membership of the group includes HR, Staff Wellbeing, Public Health, Partnership, Finance, Communications, and the NHS Charity. We have developed a response entitled: 'responsible leadership in the cost-of-living crisis' that sets out our position and responsibility as a compassionate employer. Key actions have been establishment of a cost-of-living response fund via the NHS Charity, this will enable increased access for staff to income maximisation services. We have developed an internet page that curates a huge range of financial resources and categorises this under key titles such as: in crisis, it's not safe to talk about money, energy costs.

We are working with key leaders to get these resources printed and distributed for those not digitally connected. We have a communications plan that spotlights different elements of financial wellbeing and are featuring topic regularly in communications. We have run sessions via our leadership network and our managers network, the latter was recorded for dissemination. We are running on-site financial wellbeing roadshows to reach as many staff as possible.

- 6.5 Leadership Event - On the 26th of October we delivered our 4th annual leadership event. For 2022 we took the best of our learning from the pandemic and hosted a hybrid event, over 130 people attended in-person at the O2 Academy and 461 accessed the day via live stream.

The theme for the day was 'All Teach, All Learn' and we delivered a mix of external keynote speakers and sessions delivered by our own in-house talent. The undoubted showstopper was a session titled 'I am Just a.....' in which we brought together a previous TEDXNHS speaker who is a healthcare support worker and a receptionist

from East Lothian Community Hospital to speak about the importance of leadership at all levels and the impact we can all have on the lives of others. Early evaluation suggests that the event was uplifting, inspirational, and made staff feel valued.

## **7. Director of Public Health and Health Policy**

- 7.1. Inclusive Immunisation - A Health Inequalities Impact Assessment was conducted on the Autumn/Winter COVID-19/Flu 2022/23 programme and the Shingles & Pneumococcal programme for older adults. The approach included collecting existing equalities evidence, producing a stakeholder briefing and an online workshop held on 11 October with 42 individuals and representatives from equalities groups and organisations representing communities with low uptake. A report with recommendations has been produced to inform the design and delivery of the winter vaccination programmes and has been shared with the Lothian Immunisation Delivery Group. A Short Life Working Group on Inclusivity has been set up to explore and take forward these recommendations.
- 7.2. Population Health update - The Public Health Intelligence Team has developed the first internal draft of the new Population Health Indicator Dashboard. This is the first of a series dashboards presenting key indicators pertinent to health outcomes and health inequalities of the Lothian population. The purpose of the dashboard is to fulfil a public health surveillance function by presenting key information on the health of the Lothian population, and the upstream determinants of health, in a structured and accessible way. These indicators are not intended for monitoring service provision or delivery, rather they help crystallise focus on fundamental health outcomes and the drivers of these health outcomes that are amenable to change or mitigation. A particular focus is placed on upstream determinants of health to emphasise the importance of preventing poor health outcomes before they emerge. Ultimately the dashboard aspires to facilitate the development of policies and practice which improve the health of the Lothian population and reduce health inequalities. Following the completion of procurement and roll-out of specialist R-server software and hardware these dashboards will be made more widely available. NHS Lothian is responding to the cost-of-living crisis in a variety of ways.
- 7.3 Cost-of-Living: Support for patients and families - As part of ongoing work linked to the Anchor Institution agenda, NHS Lothian recently recommissioned welfare advice services across a number of their acute hospital sites (funded by the NHS Lothian Charity 2022-2027). These services are available to any patient, carer/family member or NHS Lothian staff on these sites who require financial information or advice. Whilst these services would have been commissioned anyway, their contribution to addressing the cost-of-living crisis for those accessing hospital care, and the staff working there, cannot be underestimated. The Charity has also released additional funding to the Hardship Fund which – after a successful pilot scheme earlier this year – is now administered via the welfare advice services.

Welfare advice services are also a part of the Board's approach to providing enhanced support for staff during the cost-of-living crisis. The cost of living working group ensures that communication, practical assistance such as outreach sessions to ensure wider access across staff groups and locations to welfare advisers and the Work Well programme are co-ordinated effectively.

Work is also underway to offer staff training on financial wellbeing and raising the issue of money worries within the acute hospital settings. This training has been developed in partnership with the City of Edinburgh Council and will initially be offered to staff working at the Royal Hospital for Children and Young People in conjunction with partners in the third sector.

## **8. Chief Officer Acute Services**

- 8.1 Acute services remain under significant pressure with high occupancy, front door crowding and queues for admission. Further detail on pressures and improvement actions are within the performance paper.
- 8.2 The remobilisation of inpatient and day cases remain constrained due to workforce and bed pressures. Since last report Scottish Government has confirmed non recurrent funding of £5.3m and actions are progressing to allocate capacity focused on long waiting patients. Further detail on performance and improvement actions are within the performance paper.
- 8.3 Outpatient modernisation continues to make good progress with 36 Acute and AHP specialties having now progressed through the Outpatient Redesign programme to 'Go Live'. Three specialties are actively in the programme and the next 10 specialties started to enter the programme from 7th November onwards.
- 8.4 There have been a number of leadership changes - Aris Tyrothoulakis started as Site Director at RIE on 21 November. Andrew (Andy) McKay starts as Site Director at SJH on 5 December. Andy joins us from NHS Fife and brings a wealth of experience. At RIE - Emer Shepherd – General Manager (GM) for Emergency Acute and General Medicine; Sarah Archibald – Clinical Service Manager (CSM) for Emergency Medicine and Michelle Amourdedieu - CSM for Medicine of the Elderly and Stroke Services are all in post.
- 8.5 The Clinical Nurse Management team at SJH has been expanded by 3 whole time equivalents to enable the SJH team to introduce an out-of-hours rota (evening and weekends) to strengthen on-site leadership presence, and provide dedicated time to focus on recruitment, retention and staff health and wellbeing. At WGH Claire Palmer as Associate Nurse Director in November, replacing Geraldine Marsh. Zoe Starrett and Jo Henderson commenced in posts from late October as CSMs for Cancer. Gillian McAuley has also been seconded two days a week to work in Corporate Nursing, to lead on Strategic Nursing Developments, and Jane McNulty will cover the Acute Nurse Director role during these days.
- 8.6 Healthcare Improvement Scotland (HIS) published the Safe Delivery of Care report following their unannounced inspection of WGH in October. It details 9 areas of good practice, one recommendation and four requirements (two of which had already been actioned). This was a positive report which recognised the hard work of the staff and leadership team within the hospital, noting the visibility and openness of leaders and a culture of compassionate care. It also noted the approach to nursing care assurance was innovative and the approach to managing safe staffing and workforce challenges was highlighted as an area of good practice.

- 8.7 NHS Lothian's 'Kindness is the Secret' Programme which supports the development of person-centred cultures has been referenced in <https://www.alliance-scotland.org.uk/blog/resources/effecting-change-evidencing-culture-change-on-person-centred-care/>
- 8.8 This was launched at the Scottish Parliament on the 16th of November, which Gillian McAuley attended.
- 8.9 In collaboration with Workforce Development colleagues WGH have set-up an apprenticeship programme, with the aim to recruit four Medical Secretaries (who will complete SVQs in Business Administration) on Annex 21 contracts. This is the first trial of administrative and clerical apprenticeships, and if successful are intended for development into annual activity.
- 8.10 Capital Planning projects – the next phase of the oncology enabling ward works has started and will last till end of 2023.
- 8.11 Finally, NHS Lothian Celebrating Success Awards winners for Acute included Young Achiever – Thomas Faulkner, and for the Best Example of Quality, Innovation and Productivity – the Visible Haematuria One Stop Clinic Team.

## **9. Director of Strategic Planning**

- 9.1 The Directorate continues to work on developing and delivering the LSDF. Since the last report I have been heavily involved in national planning work, both specialist commissioning and by involvement in the plan for the nation. In terms of the latter, I have met several times with the SGHSCD Director of Planning to discuss what the planning approach for next year and the long-term will be, and how these can be mutually reinforcing between the two elements. I have also been involved in national contingency planning for the winter ahead and how the impacts can be modelled through.
- 9.2 As Board members are aware, I am currently also carrying the role of Interim Director of Regional Planning, and a regional event is planned for 30th November to map out what the East Region - broadly, Fife, Borders, and the Lothians - wish to collaborate and focus on over the next 3-5 years, considering what the common principles, assumptions, and fixed points can be to improve sustainability and performance.
- 9.3 I have also worked closely with the Director of Finance to restart the capital prioritisation process for NHSL. Board members may recall that this well-developed and refined process worked to underpin our capital planning approach between 2016 and 2020 and was paused due to the pandemic and the remobilisation process. This process will be overseen by a panel comprising myself, the Executive Nurse Director, the Executive Medical Director, the Director of Finance, and the Director of Public Health. We anticipate that we will have a first draft prioritised plan will be produced for early in the New Year. Clearly the national economic position will influence this.
- 9.4 Finally, I would wish to thank Peter McLoughlin for his excellent work in preparing the Annual Review session for the Chair and Chief Executive, and for handling the ADP Q2 update process. I'd also like to welcome Beth Mullen to the post of Strategic Programme Manager for Diagnostics, Anaesthetics, Theatres, and Critical Care. The next BET report will include details of three further appointments to the team.

## 10. Director of Primary Care

- 10.1 Workforce pressures continue in primary care, like all health and social care services. There continue to be difficulties in the Southeast of Edinburgh for new patients wishing to register with a GP practice. These challenges are also affecting the boundary between Edinburgh and Midlothian. My last update outlined that we had formally agreed for two practices to formally close their list to new patients, and we have now agreed that six practices will close their list to new patients. This measure has not been taken lightly but is essential to ensure these practices can maintain safe delivery of care and will be reviewed every three months. This situation is not widespread across the 118 general practices in Lothian but is due to new patient demand from housing developments or an influx of students, combined with sustained difficulty in recruiting sufficient GP cover or constraints with existing premises.
- 10.2 Patients should continue to try to register with their local practice where lists are open, although in some cases it may take longer than usual to register. A primary care enquiry inbox ([loth.primarycareenquiries@nhslothian.scot.nhs.uk](mailto:loth.primarycareenquiries@nhslothian.scot.nhs.uk)) has been created to offer advice and potentially assign patients who are struggling to register with a practice. By following the contractual framework of open or closed lists for new patients, the aim is that it will be easier for patients to know where to register.
- 10.3 In the immediate term, patients may be assigned to practices that are not as close to their home address as we would like, but this will ensure they have access to GP Services. We will be closely monitoring the number of queries to the primary care inbox and the number of assignments to better understand the scale of the number of residents who are unable to directly register with a general practice.
- 10.4 Three public consultations are currently underway for proposed applications for new community pharmacies at Ormiston, Pumpherston and Linlithgow and can be found here [Joint Consultations – Pharmacy Application Process \(nhslothian.scot\)](#)
- 10.5 I continue to work with the communications team to develop resources to help patients understand where to access the right care in the right place. Video resources are now available for general practice (in and out-of-hours) and community pharmacy on the NHS Lothian Right Care Right Place website [Right Care Right Place – NHS Lothian | Our Services](#). Further development of resources are planned for optometry and dental services.

## 11. Director of Communications, Engagement and Public Affairs

- 11.1 Winter Comms - As well as Right Care, Right Place signposting the public to the various routes to urgent treatment or care, our winter comms this year will aim to increase awareness and understanding of the importance of speedy discharge when patients are medically fit to leave hospital. This work has already begun with a series of four TV feature pieces broadcast on STV and BBC news early in November which explained the collaborative work of the discharge teams in Acute and Community. Additional media work is being planned to highlight Hospital at Home services which aim to prevent avoidable admission and support earlier discharge.



- 11.2 Internal Comms Review - The team has been carrying out a major review over the last 3 months of the effectiveness of our internal communications. As well as a digital survey, a series of focus group sessions and 1:1 interviews have been carried out across all staff groups in acute and community. The evidence gathering stage is now closed and we are collating and analysing the findings to inform an action plan to be brought to Staff Governance Committee
- 11.3 Campaigns - We have been developing campaigns to aid staff understanding of NHS Lothian's financial challenge and to publicise new regulations on smoking in hospital grounds. We are also represented on a national group developing a campaign to discourage violence and aggression towards our staff.
- 11.4 Celebrating Success - The first in-person staff awards event in 2 years was held at the Ghillie Dhu in Edinburgh in early October. The event is an important opportunity to reflect on the achievements of staff. It was an inspiring evening, very much appreciated by the staff who attended and well worth the months of prep and planning that go into it.

## **12. Services Director – REAS**

- 12.1 We have successfully recruited 6 CAMHs Consultants/Speciality Doctors which will have a significant positive impact on the CAMHs service as a whole. We have onboarded approximately 80 new staff in October and November. These are a mix of newly qualified staff (65) and those within the Open University pilot. (17 so far). There were over 100 applicants for the 20 posts through the Open University and those who were successful are working through induction just now. The Chief Nurse has extended induction to support staff and she has also said no new recruit should be on nights for three months so that they have more senior support on site as required.
- 12.2 A Band 6 Clinical Educator was recruited to support the Assistant Practitioners (band 4 roles) in their academic studies, clinical competency development and supervision. The Clinical Educator also supports Registered Nurses in understanding the professional and clinical scope of the role and matters of delegation. A further 12 Assistant Practitioners are due to start in the New Year. There was a newly qualified pilot last year which introduced the Clinical Educator role as a pilot. A review of this has indicated an 89% retention rate after one year which is much higher than previous years. The Clinical Educator role has now been made permanent.
- 12.3 Inpatient services remain under pressure in acute adults, acute old age and acute young people with an expectation that this will continue due to the impact on people's MH of the COVID-19 pandemic. Occupancy remains over 100% in all areas. Delayed discharges in adult and old age Psychiatry continue to have an impact on flow. Discharge without delay is being rolled out across the acute wards with a focus on daily rapid rundowns and real-time decision making.
- 12.4 CAMHs and Psychological Therapy performance remain on escalation and under close review by the Performance Oversight Board and Corporate Management Team. CAMHs are ahead of agree trajectory, Psychological Therapies are slightly behind mainly due to recruitment challenges but continue to improve. There is a meeting with the MH Minister in November to discuss escalation status

### 13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 System Pressures – Ongoing system pressures but signs of improvement and we are performing better than the national rate on all of the SG targets for delays.

- On 7 November 2022, we had 144 standard delays compared to 227 on the corresponding date in 2021 (a 37% decrease); While we continue to improve with our delayed discharge position, the Scottish position is deteriorating.
- On 7 November 2022, we reported 474 people waiting for a package of care compared to 737 on the corresponding date in 2021 (a 37% decrease); When looking at the figures nationally as the rate per 100,000, we are not an outlier in Scotland.
- On 7 November 2022, we had 1,338 outstanding assessments; We have been reviewing our waiting list so are unable to compare to 2021 or nationally at this point.

Nonetheless we continue to focus significant resources toward actions to continue and where we can, accelerate this improvement and we work to implement the recommendations set out in the Edinburgh Assistance Programme. Given the costs of delivering these are beyond the IJB's core budget we are in discussion with the Scottish Government in relation to this.

Discharge Without Delay went live at the RIE and WGH in October with dedicated EHSCP Home First staff in MoE wards. We are seeing early improvements as a result with a reduction in the number of people delayed and reduced number of occupied bed days. While still in early stages, this initial improvement is promising.

We continue to face challenges in relation to workforce across the entire partnership and these gaps compound our ongoing performance issues. We have work in place to try and mitigate and are working with our Employability Partners - the Capital City Partnership and are focussing on hyper local recruitment fairs to try and increase the number of people working in home care. We also have funded HR initiatives designed to reduce sickness absence and optimise current resource.

13.2 Primary Care - Primary Care continues to increase capacity and improve service delivery through additional investment. Despite this progress, a combination of the sustained population increase, a national shortage of medical staff and additional pandemic/cost of living related workload, has begun to cause some signs of instability again. In south-east Edinburgh there are now four medical practices closed to new registrations in the same area, including one which has resigned the GMS contract.

13.3 Cost-of-Living Crisis and Preparing for Winter - The HSCP values its work with its 3rd sector and community partners, and we have a number of new winter initiatives being delivered by our partners that will support us in addressing our winter pressures as well as helping us focus, as a Community Planning partner, on the cost-of-living crisis and helping people prepare for winter.

On 10 November we held two public information events '*The nights are fair drawn in*' at Hearts and Hibs football stadiums. We had a great response from 3rd sector and statutory services and the event provided an added networking opportunity. Public attendance was patchy across the 6-hour session and our learning would be to host shorter events at different times of the day.

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

14.1 Endoscopy Services - East Lothian Community Hospital (ELCH) - The Joint Advisory Group for GI Endoscopy (JAG) accreditation visit to the Endoscopy Department on 10th November went well, with compliments from the assessors regarding the site, environment, patient dignity and respect. Staff said they felt well supported and enjoyed working within ELCH. The direct feedback to assessors from service users was also very good.

- Following the visit, accreditation has been deferred for 6 months, which is the normal result from a first JAG visit and is not a failure, as confirmed by the lead assessor.

Those areas needing further work/evidence are:

- Approaches to address NHS Lothian endoscopy Waiting lists/times. As ELCH is part of the NHS Lothian health system, area-wide waiting times and their management need articulated in a 'recovery plan'.
- Lothian-wide Clinical Governance arrangements, to provide greater clarity on corporate structure, and how sites interlink.
- Improvements to patient-facing websites, involving patients in design/functionality.
- Local action on DNAs. JAG's acceptable level is 5%. ELCH ran between 2% and 9% over the last 12 months. The Department is developing approaches to improve rates.

The full JAG report will arrive within two months. A repeat inspection visit can be carried out remotely, if the required improvements can be evidenced.

14.2 Mental Health Beds - Over recent months, East Lothian has addressed the issue of commissioned acute beds at REAS regularly being full, with patients having to be admitted to St John's acute beds instead. The HSCP has implemented an action plan to reduce unnecessary bed use at REAS and to improve patient flow. Key to improvements has been staff attendance at daily ward huddles, more timely medical and multidisciplinary team reviews, oversight and co-ordination by the East Lothian Clinical Nurse Manager and community-based huddles, involving the CWIC Primary Care Mental Health, Intensive Home Treatment and Community Mental Health Teams. As a result, East Lothian now has fewer admissions and a reduction in length of stay from a high of over 20 days to 9 days.

14.3 East Lothian Rehabilitation Service (ELRS) In-reach Project - A new Monday to Friday in-reach service on the RIE site, managed by ELRS, commenced at the end of October. This is delivered by an East Lothian team comprising Clinical Lead Occupational Therapist (OT) and Physiotherapist (PT) Specialist OT & PT and an Assistant Practitioner. The team produces twice daily patients reports for inpatients and A&E and monitors and tracks East Lothian patients, ensuring they receive enhanced support to avoid admission and to speed up discharge.

To date the East Lothian In-reach Team has seen 46 patients across 8 specialties and 21 wards within the RIE.

The team has discharged 34 patients - 12 home, 15 home with D2A and 7 to ELCH. Within the first 3 weeks of the project, 43 patients seen by the team were from a variety of inpatient wards as well as 3 patients in AMU. As the project progresses

and staffing capacity allows the aim is to increase the team's presence at the front door (A&E and AMU) with a focus on prevention of admission.

An Evaluation Matrix developed in collaboration with LIST (Local Intelligence Support Team) is assessing the outcomes of the project using a range of activity data.

## **15. Director/Chief Officer, Midlothian Integration Joint Board**

### **15.1 Community Respiratory Team - Midlothian HSCP has invested significantly in the Community Respiratory Team seeing the team grow from 1 clinician in 2017 to a small multidisciplinary team of 11 in 2022.**

The team have enabled more people to be managed at home for their respiratory symptoms - with key performance indicators demonstrating reduced bed usage in the Royal Infirmary. They have also enabled a redirection of workload from General Practice into CRT.

The team have had a successful funding application to the Scottish Government to establish a pathway from CRT into Community treatment and assessment centres (CTAC). This collaboration brings nursing expertise into the team and will enable better long term condition management, freeing the team up to focus on the more specialist, more acute respiratory workload.

The team are also currently trialling a digital platform to enable supported self-management of COPD symptoms, working alongside digital colleagues, eHealth and the Scottish Government.

The HSCP Performance Team have linked with CRT to create a Data Dashboard, which has been showcased nationally and described as an "exemplar piece of work".

### **15.2 Long COVID-19 Pathway Project - Across NHS Lothian, a trial group of 26 GP Practices have been able to refer to the Long COVID-19 Pathway beginning with the Tailored Talks / POGO digital self-management platform. From here, people have been invited to register with the platform and complete a self-assessment questionnaire, through which they are provided with tailored health information to help them to manage their symptoms. The pathway also provides access to a 12-week programme of support from Chest Heart and Stroke Scotland's (CHSS) advice line, after which they can be referred into the CHSS Long COVID-19 Peer support group or the CHSS Long COVID-19 physical activity group.**

The next stage / scale-up of the Long-COVID-19 supported Self-Management Pathway is being implemented in Midlothian HSCP where all GP practices will be able to refer to the Long COVID-19 Pathway including the digital self-management tool and CHSS advice line and other resources. Learning from this phase of the pathway will inform the next stage to implement the pathway across all partnership areas of East Lothian, West Lothian, and the City of Edinburgh.

### **15.3 Midlothian Neurological Wellbeing Pathway - Midlothian Health and Social Care Partnership received Scottish Government funding to implement a system-wide project to improve outcomes for people living with neurological health conditions. The initial scoping of the project has now concluded, and the implementation stage is now underway. Engagement with people living with neurological conditions through the**

project highlighted that the support they benefit from is not limited to medical concerns and requires to encompass all aspects of their health and wellbeing. On that basis, the implementation phase of the project focuses on a supported self-management approach. Building on the existing and embedded Midlothian HSCP Wellbeing Service, we hope to target those living with Neurological conditions in Midlothian. We have produced a specific *Midlothian Neurological Wellbeing Pathway* (see below), commissioned the additional resource of a Lead Wellbeing Practitioner (Neurological Conditions) and produced a range of resources to support the approach.

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

- 16.1 Mental Health - Addictions Drop Ins: West Lothian's Community Addictions service opened the 5<sup>th</sup> of its daily drop-in clinics on 3 November and marks a complete remobilisation of the clinics which were suspended during the pandemic.

Anybody in West Lothian seeking treatment from the Addiction Care Partnership for harmful use of drugs or alcohol can attend the drop ins. The clinics are in range of locations across West Lothian and now operate 5 days a week. The drop ins have been redesigned in the light of the Medication Assisted Treatment (MAT) standards and are now staffed with prescribers, usually non-medical prescribers in the form of 2 ANPs. in addition to NHS nurses and third sector addictions services.

Where it is safe and necessary to do so, opiate substitute therapy can be prescribed that same day. MAT standards require that people are given a choice of appropriate medications such as methadone, and oral or injectable buprenorphine and that the full range of harm reduction measures such as Naloxone and BBV testing are offered.

- 16.2 Home First Work - Unscheduled Care - Integrated Discharge Hub: WLHSCP is developing a new service delivery model for the Integrated Discharge Hub (IDH) team at St John's Hospital, which will focus on early identification and community assessment at the earliest point of an acute pathway to prevent unnecessary delays in hospital discharge.

The new model will see greater visibility of IDH teams at each of the daily ward rundowns, ensuring early identification, triage of need and discharge decision-making in real time, without the need for multiple referrals to the IDH team. Reablement assessors and specialist Technology advisors will have a daily presence in Medical Assessment Unit (MAU) and the inpatient wards to support frailty and Social Work teams with early identification of people who may require support on discharge.

Reablement assessors will focus on adults over the age of 18 who had no previous care support/care package in place. The community assessment will take a strength-based approach where discharge plans are person centred with individuals, families and carers. This new IDH service delivery model is due to commence on 6 December 2022 and will complement the Assessment and Review team in the community.

- 16.3 Primary Care & Community Services - Delayed Discharges: WLHSCP remains committed to improving patient experience by reducing unnecessary delay to discharge. Recent weeks and months have been challenging with Delayed Discharge numbers increasing from around 20-25 to above 30, and very recently above 40. These figures include delays across all hospitals. There are multiple factors contributing to hospital delayed discharges including but not exclusively:

- complex cases involving patient mental capacity and guardianship which require lengthy legal processes to progress cases and
- challenges in the availability of Care at Home packages and Care Home places

The IDH maintains a Patient Tracker which is updated daily, monitoring around 100 patients at time, to balance the work between the delayed list and the pro-active actions associated with preventing delay. The Hub works closely with Acute colleagues, in particular the Discharge Coordinators, who coordinate the acute aspects of discharge planning and offer additional liaison into the acute ward environment.

There are a number of initiatives in place across the HSCP which aim to improve the delayed discharge position including the:

- development of a community-based Assessment and Review team, to monitor community support packages and explore innovative alternative methods of support including the use technology.
- ongoing engagement with external Care at Home and Care Home providers and
- implementation of the Assessment and Review team principles into the Integrated Discharge Hub
- working with Acute colleagues to progress the national directives of improving Planned Date of Discharge (PDD) and Discharge without Delay (DwD)
- In addition to the above, the HSCP has been tasked with developing a set of trajectories outlining an improvement strategy for the reported Delayed Discharge figures. Early conversations regarding this work have commenced and will be updated as progress is made.

**17. The Board is asked to receive the report.**

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

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

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

<b>Meeting Name: Board</b> <b>Meeting date: 7 December 2022</b>
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<b>Title: NHS Lothian Mid-Year Review: 21 November 2022</b>
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<b>Purpose and Key Issues of the Report:</b>
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DISCUSSION	X	DECISION		AWARENESS	X
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This report is to present the outcome of the Cabinet Secretary's Mid-Year Review of the Board's performance, which was carried out on 21 November 2022. It is normal practice for the Cabinet Secretary to issue letters to NHS Boards setting out the outcome of such reviews.

The letter attached summarises issues that were discussed at the Mid-Year Review, the broad substance of which Board members will already be aware of. The overarching focus of discussions was the resilience and recovery of services during an ongoing, multi-year period of extreme and sustained pressure. The letter recognises the complex, multifaceted and cumulative nature of the challenges that the Board faces. Within this context, areas where the Board has achieved progress are highlighted and recognised. The letter also acknowledges that significant and sustained efforts are being applied to achieve the recovery of services.

As with previous reviews, the Cabinet Secretary formally records the Scottish Government's "deep appreciation to all local health and social care staff for their consistent dedication, under largely unrelenting pressures over the last three years" and gives assurance that the Scottish Government will continue to support them. The Cabinet Secretary concludes the letter by reiterating his sincere thanks to the Board and its staff for their sustained professionalism and commitment.

<b>Recommendations:</b>
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Accept this report as a source of significant assurance that the Scottish Government has carried out a Mid-Year Review of the Board's performance.

Note that the Mid-Year Review Letter may be published on the NHS Lothian website, alongside previous Annual Review letters.

<b>Author: Darren Thompson</b> <b>Date: 30 November 2022</b>
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<b>Director: Prof. John Connaghan CBE</b> <b>Date: 30 November 2022</b>
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# NHS Lothian

Board

7 December 2022

Chair of the Board

## NHS Lothian Mid-Year Review: 21 November 2022

### 1 Purpose of the Report

- 1.1 The purpose of this report is to inform the Board of the outcome of a recent **Mid-Year Review** conducted by the Cabinet Secretary for Health and Social Care.
- 1.2 The latest round of NHS Board Annual Reviews commenced in late October 2021 and was suspended at the half-way point in early December 2021, due to the significant pressures facing boards at that time. Annual Reviews resumed in March 2022 and concluded in July. It is expected that the next round of NHS Board Annual Reviews will return to their traditional summer/early autumn slot in 2023.
- 1.3 In the interim period, the Cabinet Secretary is undertaking a series of Mid-Year Reviews, conducted remotely with Board Chairs and Chief Executives via MS Teams in order to minimise the burden upon boards.
- 1.4 The core purpose of both Annual and Mid-Year reviews is for NHS Boards to be held to account for their performance. Following a Review, the Cabinet Secretary writes to the Board setting out the outcomes and key action points. The Mid-Year Review of 21 November 2022 was carried out virtually, via MS Teams and the Board Chair and Chief Executive attended it. Any member wishing additional information should contact the Chair in advance of the meeting.

### 2 Recommendations

The Board is recommended to:

- 2.1 Accept this report as a source of significant assurance that the Scottish Government has carried out a Mid-Year Review of Lothian NHS Board's performance.

### 3 Discussion of Key Issues

- 3.1 The letter summarises a range of issues that were discussed during the Mid-Year Review, covering the topics of:
  - Finance
  - Workforce
  - Resilience
  - Unscheduled Care & Delayed Discharge
  - Planned Care Waiting Times
  - Cancer Waiting Times
  - Mental Health
  - National Drugs Mission
  - Paediatric Audiology
  - Local Strategy

## **4 Key Risks**

- 4.1 The scope of the review is the performance of the whole organisation. However, in common with the 2021 Annual Review, the letter particularly highlights the continued impact of delayed discharges on the delivery of unscheduled care and operational capacity within acute hospitals. The Scottish Government notes the Board's engagement with the national unscheduled care programmes of work but reiterates the need to reduce delayed discharges and address A&E performance as a matter of priority.
- 4.2 The letter states that the NHS faces a significantly challenging winter period and that the Scottish Government will continue to keep local activity under close review and provide as much support as possible.

## **5 Risk Register**

- 5.1 The letter discusses risks which are already reflected within the Corporate 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 The Board publishes the outcome from Annual Reviews on its website: [Annual Reviews \(nhslothian.scot\)](https://www.nhs.uk/about-us/annual-reviews/).

## **8 Resource Implications**

- 8.1 The letter does not refer to any specific new funding commitments. However, it does include recognition NHS Lothian's longstanding concerns about the impact on the Board of the NRAC funding formula. The Scottish Government has made a commitment to review the funding formula.
- 8.2 The Scottish government will continue to work with the Board to monitor its financial position and will look for assurance on the delivery of its savings programmes.

Darren Thompson  
Board Secretary  
30 November 2022  
[darren.thompson@nhslothian.scot.nhs.uk](mailto:darren.thompson@nhslothian.scot.nhs.uk)

Appendix 1: NHS Lothian Mid-Year Review 2022 (Letter from Cabinet Secretary, 29 November 2022)



E: [cabsechsc@gov.scot](mailto:cabsechsc@gov.scot)

Professor John Connaghan CBE  
Chair  
NHS Lothian

Via email: [john.connaghan@nhslothian.scot.nhs.uk](mailto:john.connaghan@nhslothian.scot.nhs.uk)

29 November 2022

Dear John

## **NHS Lothian Mid-Year Review: 21 November 2022**

1. Thank you for attending NHS Lothian's Mid-Year Review with Calum Campbell, the Board's Chief Executive, on 21 November via video conference. I was supported in the discussion by Caroline Lamb, Director General, Health & Social Care and Chief Executive, NHS Scotland. The focus of the agenda was the resilience and recovery of local services, in the context of the ongoing Covid-19 pandemic, and I am writing to summarise the key discussion points.

### **Finance**

2. You confirmed that, in 2021-22, the Board delivered a balanced financial outturn, following the receipt of support for Covid-19. £1.9 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2021-22 to meet Covid-19 pressures. NHS Lothian received £229.5 million of this, of which £124.3 million was delegated to the local Health and Social Care Partnerships.

3. For 2022-23, NHS Lothian's baseline resource budget has increased to £1,639.3 million with the Board's initial financial plan from March 2022 forecasting an end-year deficit of £28.4 million. As at month 6, the forecast end-year deficit had reduced to £19.6 million. Whilst this improvement on the initial plan was welcome you assured us that the Board remains focused on the need to further improve on the position. We also recognised the significant, ongoing pressures on the Board's finances: in addition to Covid, risks carried over into future years include pay pressures, the waiting times backlog and prescribing costs; alongside the impact of inflation. The Government will continue to work with the Board to monitor your financial position and assist with longer term financial planning. It will be important that you are able to assure us in relation to the savings programmes that you have in place and how you are continuing to monitor delivery against these.

4. We also briefly discussed the NRAC funding formula and noted the Board's concerns about its application to NHS Lothian. The approach taken by the Government has been to move Boards towards parity gradually over a number of years. In-year revisions to NRAC shares in 2022-23 will be considered as part of the 2023-24 budget process. We have also committed to a review of the funding formula and this will support vital work to reduce health inequalities; ensuring that we continue to allocate funding according to the relative need for healthcare in each Board area.

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## Workforce

5. I would want to, once again, formally record our deep appreciation to all local health and social care staff for their consistent dedication, under largely unrelenting pressures over the last three years; and to give them an assurance that we will continue to do all we can to support them.

6. You confirmed that the Board has continued to experience significant challenges across both planned and unplanned activity, with staffing issues across the system directly impacting on admission and discharge from acute settings. As at 10 November, the Board's workforce risk rating was profiled as red with nursing being the key pressure area. You confirmed that a number of areas across the system are working to reduced staffing levels or a reduced skills mix. Particular hot spots are in mental health, transplant retrieval, theatres; and at St John's and East Lothian Community Hospitals.

7. As at June 2022, the Board reported a significantly lower vacancy rate than the national average for consultants; but, as noted above, a higher vacancy rate for nursing/midwifery (12.5% vs 8.6%), and this was also reflected in significant bank and agency costs. The Board is offering final year nursing students Band 4 roles on a fixed term contract as per recent guidance and promoting the *Retire and Return* scheme. As the newly qualified nurses start to come into post this should make a positive impact. You also confirmed that international recruitment activity is underway but, whilst the City of Edinburgh offers opportunities in its attraction as a vibrant world heritage site, we noted that the relative availability and affordability of local accommodation also remains a key issue. We will keep the Board's plans to improve the position under close review.

8. At the national level, the Government's recently published [Winter Resilience Overview](#), backed by £600 million of funding, includes supportive measures for recruitment and retention; such as the recruitment of 1,000 additional staff over the course of this winter, including £8 million to recruit up to 750 nurses, midwives and allied health professionals from overseas, as well as 250 support staff across acute, primary care and mental health; and flexibility for Health Boards to offer 'pension recycling', where unused employer contributions can be paid as additional salary, to support the retention of staff. As referenced above, we have also recently published the National Interim Arrangement on *Retire and Return*, which makes it easier for experienced staff to take up part-time work once they have retired.

9. We remain very conscious of the cumulative pressures on the health and social care workforce and recognise the full range of actions NHS Lothian is taking in terms of the wellbeing and resilience of local staff. You confirmed that the Board has established a range of support measures for staff in order to promote personal resilience, help prevent mental health issues developing, and to promote overall wellbeing in the workplace, not least in light of the current cost of living crisis; e.g. the local *Energise You* programme; including monthly staff sessions (e.g. exercise, quality sleep, financial wellbeing) and further peer support training for 48 staff commissioned, to build on the existing 170 supporters across all sites and services. These measures will also be material in terms of the local staff recruitment and retention efforts. Further to this, we had previously noted the positive engagement and contributions of the local Area Clinical and Partnership Forums. The Board will need to continue to harness this, maximising staff support and engagement through winter and into the longer term recovery and renewal phases.

## Maintaining Covid and other resilience

10. Given the scale of the escalating cost crisis, combined with the continued challenge and uncertainty posed by Covid, and a possible resurgence of seasonal flu, this winter is likely to be one of the most difficult our NHS has ever faced. We also remain conscious that most NHS Boards, including NHS Lothian, have already faced a sustained period of unprecedented pressures on local services, particularly at the main acute sites. As noted above, there have been high attendances coupled with increased acuity, alongside limited staffing and bed capacity.

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11. It was reassuring to hear the Board's ongoing commitment to working collectively with planning partners to effectively manage and respond to Covid and other challenges; ensuring the safe management of local demand and capacity, as far as possible. You provided assurances that good practice and lessons learned from last winter have been embedded into local systems and processes; and that robust arrangements are in place underpinning the local approach to staffing, modelling, communications, service resilience, escalation and surge planning; in line with the recently published national Winter Resilience Overview, as noted above. We have jointly agreed a number of overarching priorities with COSLA which will help guide our services this winter, and these measures will support resilience across our health and care system, ensuring people get the right care they need in the most appropriate setting.

12. One of our key lines of defence this winter, protecting both vulnerable individuals and the system against further pressures, is the vaccination programme for seasonal flu and Covid-19. This builds on the existing programme which has delivered more than 12.6 million Covid vaccines nationally to date. You confirmed that the local programme began on 5 September, focusing initially on care homes, frontline health and social care workers and home visits. Appointments for the general public had begun shortly after and the Board is currently exceeding modelled estimates for both COVID-19 and seasonal flu boosters with a large proportion of vaccinations being co-administered. Local staff are to be commended for their tremendous efforts in this respect. You also agreed to share the details of a potential route to electronic consent with Caroline Lamb.

### Unscheduled Care & Delayed Discharge

13. As noted above, NHS Lothian has been experiencing sustained pressures across services. Local A&E standard performance remains extremely challenged. The position over recent months is unprecedented and the reasons are complex, including significant workforce pressures, limited bed capacity, delayed discharges and increased acuity.

14. 12-hour breaches of the A&E standard are a significant issue for the Board: for the week ending 13 November, the Board had 232 12-hour breaches (the second highest in Scotland and 22% of the national total) compared to 388 the previous week; 154 in the equivalent week in 2021, and 40 from the equivalent, pre-Covid week in 2019. You explained that the week on week drop in these longest breaches had likely been the result of a fall in the number of delayed discharges in the Edinburgh Partnership, which emphasised the importance of making sustained progress in this area. Against the 4-hour standard, the Board reported 64.3% for the week ending 13 Nov - 44.4% for the Royal Infirmary of Edinburgh (RIE) - against the national average of 65.5%. The Board reported 58.9% the previous week; 71.4% in the equivalent week in 2021, and 83.4% pre-Covid performance in the equivalent 2019 week.

15. The national unscheduled care improvement team are providing more intensive, tailored support at the RIE, including a focus on the Acute Medical Unit, non-admitted flow, discharge planning and supporting improvement in home care within the Edinburgh Partnership. We continue to work with all Boards, including NHS Lothian, to reduce pressure on hospitals and improve performance; not least via the £50 million Urgent and Unscheduled Care Collaborative programme, which supports further development of Flow Navigation Centres to ensure rapid access to a clinician and scheduled appointments; offers alternatives to hospital, such as *Hospital @ Home*; and directs people to the most appropriate urgent care settings. You also confirmed that the Centre for Sustainable Delivery had been invited to review operations at the RIE and advise on potential improvements, including patient flow.

16. Whilst we noted that the Board and its planning partners are fully engaged with the national unscheduled care programmes of work, we agreed that the current level of performance against the A&E standard is not acceptable, particularly in relation to the longest delays, and has to be addressed as a matter of priority. We will keep progress under close review.

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17. You were clear that one of the most significant pressures on local performance is delayed discharge, particularly in the Edinburgh Partnership, which had the second highest number of standard delays in Scotland as at 17 November. Improvement on the position will be essential in order to re-establish better A&E standard performance (not least in the area of the longest breaches), as well as the sustainable delivery of planned care and cancer targets.

18. You confirmed that the Board had opened additional beds, and equipped additional *Hospital @ Home* places, to help cope with these pressures. In order to try and achieve sustainable improvement the Board leadership is actively engaging with the Chief Officers of the Health & Social Care Partnerships with performance monitored closely. I offered Ministerial assistance, if that would be helpful, in supporting your discussions with Partnerships about exploring potential solutions and embedding sustainable improvements in terms of the local delayed discharge position; in addition to the work underway via the Ministerial Assurance Group to try and secure additional capacity. We will keep the local position under close review and are clear that delayed discharges must be reduced as a matter of priority; not least for the benefit of local patients and to maximise unscheduled care performance.

### **Planned Care Waiting Times**

19. We recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-Covid health and wellbeing harms, alongside a significant and growing backlog of non-urgent, planned care. We continue to assist NHS Boards with plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August 2021; and the recently published [annual progress update](#).

20. We recognised that, in comparison to other Boards, outpatient performance in Lothian has been good, despite persistent workforce and other challenges. In July 2022, I announced targets to eliminate long waits for planned care across Scotland. Most local outpatient specialties achieved the outpatient target (no patients waiting more than two years) for the end of August, with the exception of a small number, primarily in dermatology and urology. For inpatients and day cases we once again recognised the progress made and the significant impact of workforce pressures; in particular, affecting staffing and activity in theatres. The Board had not met the target of most specialties with no waits over two years at the end of September with around 1,100 patients; the main pressures being in the general surgery, orthopaedics and urology specialties.

21. At the national level, and as noted above, the Centre for Sustainable Delivery continues to work with NHS Boards to introduce new and innovative ways of delivering care that will create additional capacity for inpatient, day case and outpatients, building on the success of initiatives such as the *Near Me* programme, which regularly delivers around 40-50,000 consultations per month nationally.

22. You confirmed that work continues to maximise available capacity on local sites with independent sector and locum capacity secured for various specialties. All available external additional capacity for radiology is being maximised, including the installation of a CT pod at St John's Hospital and utilisation of the Golden Jubilee National Hospital. Weekend initiatives to support flexible cystoscopy are ongoing and will continue for the rest of the year, alongside implementation of the 'qFit' pathway which has reduced endoscopy demand. Whilst recognising that the current pressures are significant across the local health and care system and may be exacerbated over winter, we were assured by the Board's continuing commitment to sustained improvement in elective waiting times performance; particularly in relation to the longest waits, which we will keep under close review.

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## Cancer Waiting Times

23. The management of cancer patients and vital cancer services has remained a clinical priority during the pandemic. Nonetheless, we noted that local performance has been deteriorating against both 31 and 62 day targets, especially within the highest volume specialties: urology, colorectal and breast. You confirmed that the Board has established a Cancer Recovery Board (CRB) and available capacity is prioritised within outpatients, diagnostics and theatres to support patient pathways. The Board's CRB also continues to embed the Framework for Effective Cancer Management with action plans focused around 8 priority areas. A comprehensive update is provided to the Government's cancer team on a monthly basis. An informal visit from the National Cancer Performance Lead and officials took place in August and a formal visit will be arranged in due course. The Government's cancer team will continue to provide tailored support and keep progress under close review.

## Mental Health

24. The Board remains at Stage 3 of the Performance Escalation Framework in respect of mental health waiting times. For Child and Adolescent Mental Health Services, latest performance (April to June 2022) against the standard was 65.3% (below the national average of 68.4%); though an increase from 63.1% in the previous quarter. In terms of Psychological Therapies, local performance against the waiting standard in the quarter ending June 2022 was 77.2% (below the national average of 81.4%); an increase from 74.5% in the previous quarter.

25. One of the main pressure areas has been staffing and recruitment; however, progress is being made and we noted the Child and Adolescent Mental Health Services workforce establishment increased 36.7% (74.5 WTE) from the quarter ending March 2021 to quarter ending June 2022, whilst the Psychological Therapies workforce establishment increased 16.3% (39.2 WTE) over the same timeframe. Local staff are to be commended for the progress made; in particular, reducing the Psychological Therapies treatment list over 18 weeks from around 3,500 to 1,500. You also confirmed that the Board has been engaging with Helios, a private sector provider, to further help with clearing the longest waits. We were assured that sustained progress in this area remains one of the Board's key priorities. The Minister for Mental Wellbeing and Social Care is due to meet the Calum Campbell in late November to more fully discuss the progress made over the last year, following which we will carefully consider any potential for de-escalation.

## National Drugs Mission

26. We recognise that the level of drug deaths across Scotland remains unacceptably high and are leading a National Mission to reduce deaths and save lives, supported by an additional £250 million of investment by the end of the current Parliamentary session. You confirmed that developing ways to address problem substance use is one of the most significant public health challenges in Lothian. Overall, the number of drug deaths in 2021 went up slightly in Lothian against an overall slight decrease across Scotland. There were 197 drug related deaths in Lothian last year, which is the highest recorded.

27. We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards, to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland. We noted the progress made since April with the local Integration Authorities submitting plans to implement MAT standards 1-5 by next April. We also received an assurance that the Board and its planning partners remain fully committed to actively addressing local performance against the 90% target to wait under 3 weeks to access treatment for alcohol and drugs; where Midlothian, in particular, appear to have seen a drop from 92.9% to 58.2% over the last 4 quarters. As with all priority areas, we will keep progress under close review.

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## Paediatric Audiology

28. In December 2021 the Board was escalated to Stage 3 of the Performance Escalation Framework on receipt of the Independent Audit and Governance Review into local paediatric audiology services carried out by the British Academy of Audiology; and having considered the report and the seriousness of the failures, the significant impact on patients and the systemic failures outlined.

29. NHS Lothian has made significant progress against each of the review recommendations, with a particular focus on ensuring that sustainable working practices are in place. I particularly commended the engagement of Tracey Gillies, the Board's Medical Director, in leading this work. The Board has progressed the vital work around communications with families; noting that a dedicated helpline was opened on 15 December 2021 for families to make direct contact with the Health Board about any audiology concerns and that this remains open. The Board has also taken forward individual meetings with professionals as well as the development of a staff briefing document, which was widely circulated across key networks. As part of this process, those working with children who had any concerns about a child's hearing were encouraged to contact the audiology department directly or to refer the child through the normal referral route (e.g. Health Visitor, Speech and Language, GPs). It is essential that NHS Lothian maintains this level of communication.

30. Given the significant progress made against the report recommendations during this year, alongside the improvements in local governance and culture, a meeting of the National Planning & Performance Oversight Group later this month will consider potential de-escalation.

## Local Strategy

31. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. It was therefore pleasing to note that NHS Lothian is making progress on your strategic outlook and priorities over the next five years, through the Lothian Strategic Development Framework. I was happy to note your intention to invite me to participate in your associated Board session in the new year and would be happy to attend, diary permitting.

## Conclusion

32. I hope that by the time of the next Board Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS continues to face one of the most difficult periods in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep local activity under close review and to provide as much support as possible. I want to conclude by reiterating my sincere thanks to local staff for their sustained professionalism and commitment, in the face of unprecedented and unremitting pressures, for the benefit of local people.

Yours sincerely



**HUMZA YOUSAF**

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Meeting Name: Board  
Meeting date: 07 December 2022

**Title: NHS Lothian Board Performance Paper**

**Purpose of the Report:**

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

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

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

**Recommendations:**

This report is being provided to;

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

**Author: Wendy MacMillan**  
**Date: 24/11/2022**

**Director: Jim Crombie**  
**Date: 24/11/2022**

## 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, National Standards and Remobilisation Plans.
- 1.2 The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Planning, Performance and Development Committee (PPDC) which will report into the NHS Lothian Board.

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

### 2 Recommendations

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

### 3 Executive Summary: Key Messages

- 3.1 Noting the severe pressure NHS Lothian is facing as described in this paper, a System Pressures response group has been established with the Executive and Corporate Leadership Teams to identify vulnerabilities, provide clear leadership and accurate up-to-date and far reaching communication.
- 3.2 **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. Ongoing issues with staff vacancies and absence have affected our capacity to work through the scheduled care backlog. Our sickness absence rate in September was 6.07%, which represents an increase of 0.43% on the same period in the preceding year. Looking forwards, we are also anticipating potential disruption from industrial action, both from the health and care sector and from other sectors including education.
- 3.3 **Primary Care:** In General Practice, face-to-face consultations continue to increase since the initial onset of the pandemic, with more consultations taking place face-to-face than remotely since May 2022 and this trend has continued. Practices are still

working on the optimal balance of mode of consultation to provide safe and effective care, however the changes implemented due to the pandemic have resulted in more ways to access care more quickly through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor ailments.

- 3.4 **Flow:** Due to pressures across the whole health and care system, the ability to treat, discharge or admit patients from our Emergency Departments/ Front Doors continues to be compromised, linked significantly to high hospital occupancy. Pressure and lack of capacity in other areas of the patient pathway, including in social care, has added to challenges for patient flow through hospitals. The system is struggling to move people on to their next care setting, with 283 patients across Lothian's acute hospitals medically fit for discharge remaining in a hospital bed in October. This has been a constant throughout the winter and 2022 so far. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard which was 61% in October. Across Scotland the 4-hour figure has remained below 70% since May and reached its lowest point of 62.9% at the end of October.
- 3.4.1 In addition, a significant portion of Mental Health Acute Beds continue to host patients delayed in their discharge. These difficulties remain due to a lack of appropriate placements and staffing availability in the community. All areas are above 90% occupancy and the overall site occupancy is 96.9% for September 2022. It is a concern that this level of delayed discharges generally across the system has become the norm and is a sign that our local system is under significant strain in terms of capacity. Tackling delayed discharges continues to be a key priority for the Board.
- 3.5 **Scheduled Care:** Despite the challenges faced in unscheduled care, most of our outpatient services continue to exceed planned activity levels, giving more people access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits that accrued during the pandemic; in line with the Scottish Government targets to eliminate long waits referenced in the previous Board paper. The overall number waiting over 104 weeks has decreased further in September, and all patients that are, or will be waiting over 104 weeks by the end of December, have a date for their outpatient appointment booked. The next Outpatient milestone target is to have no patients waiting over 78 weeks by the end of December 2022. Most specialties are currently on track to meet this target.
- 3.5.1 The number of people awaiting 'routine' treatment/operations, and the length of wait for treatment continues to increase in the absence of access to sustainable capacity to meet demand. Our current activity remains below pre-pandemic levels ~ 67-70% and from our trajectories and activity forecasts it is anticipated we will continue to see a deterioration in TTG performance, which has resulted in the inability to meet the Scottish Government milestone to eliminate two year waits in most specialties by the end of September 2022 in some of our specialties.
- 3.5.2 NHS Lothian 62-day cancer performance remained below the trajectory of 82.0% and the 95% national standard with performance at 72.4% in September 2022. Scotland's performance was 72.1%. Cancer 31-day performance remains below the 95% standard; however, we continue to exceed the 86.9% trajectory agreed with 92.6%

performance in September. We are working to recover this position through the improvement actions and remobilisation plans detailed in this report. Diagnostic radiology services continue to access additional capacity, which continues to positively impact on all waiting times.

### **3.6 Mental Health:**

3.6.1 For CAMHS (Child and Adolescent Mental Health Services), the Improvement Plan continues to be implemented, although the pace of improvement has been impacted by the challenges around recruitment and staff retention. The percentage of CYP (Children & Young People) starting treatment within 18 weeks was 68.5% (September 2022) compared to 70.5% (April 2022). Despite this drop, the service remains in line with the trajectory for reducing patients waiting over 18 weeks for treatment.

3.6.2 For Psychological Therapies, the service remains behind the target trajectory. It has not proved realistic due to recruitment challenges. The revised trajectory reflects more expected staff numbers and increasing treatment duration for Matrix 3 patients. The number of patients waiting over 18 weeks for treatment is decreasing but slower than expected; there was 394 more people waiting over 18 weeks in October 2022 than anticipated in the trajectory. The total number of patients waiting for assessment and treatment in Lothian is reducing however, and our focus remains on reducing the longest waits. The current assumptions underlying the trajectory have been considered and reviewed at the Performance Oversight Board with the revised pathway suggesting achievement in early 2024.

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

## **4 Key Risks**

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

## **5 Risk Register**

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

## **6 Impact on Inequality, Including Health Inequalities**

6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

- 7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.
- 7.2 Patients are kept informed by their clinical care teams.

## **8 Resource Implications**

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

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## **List of Appendices**

Appendix 1: Performance Metrics Summary



# NHS LOTHIAN BOARD PERFORMANCE

DECEMBER 2022

APPENDIX I

# UNSCHEDULED CARE & FLOW

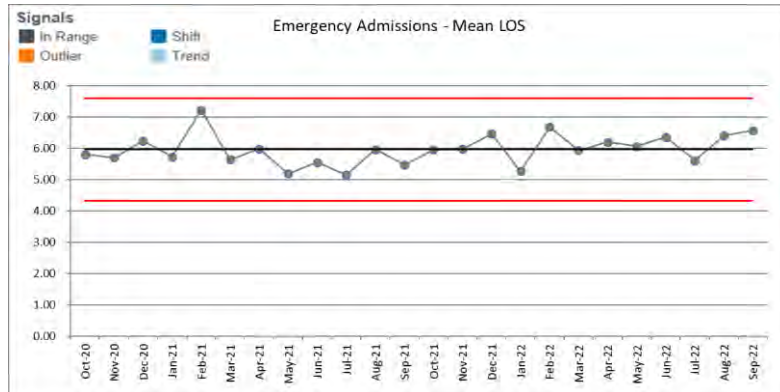
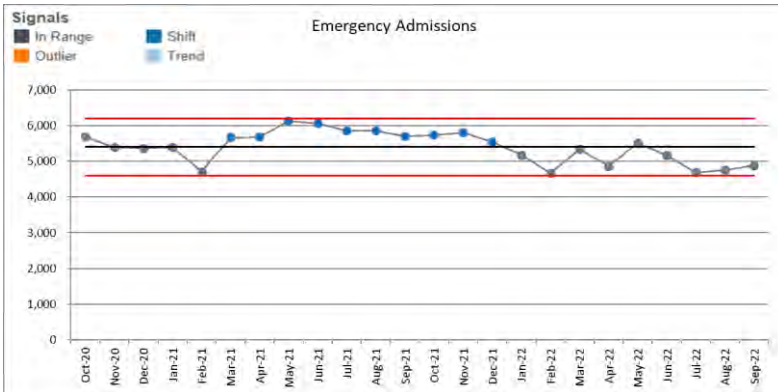
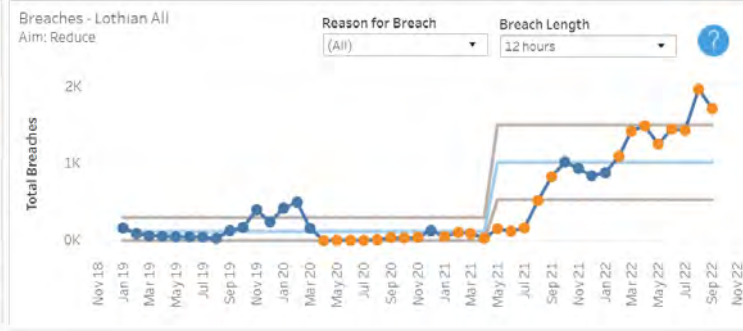
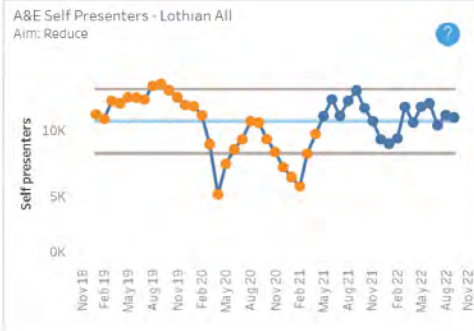
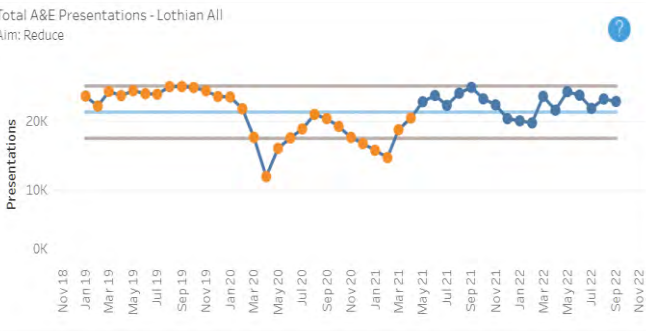
<b>Reporting Month:</b>	September/October 2022	<b>Oversight Mechanism:</b>	Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.
<b>Responsible Director(s):</b>	Fiona Wilson– Chief Officer Jacquie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

## Unscheduled Care & Flow - Environment & Context

A&E Attendances

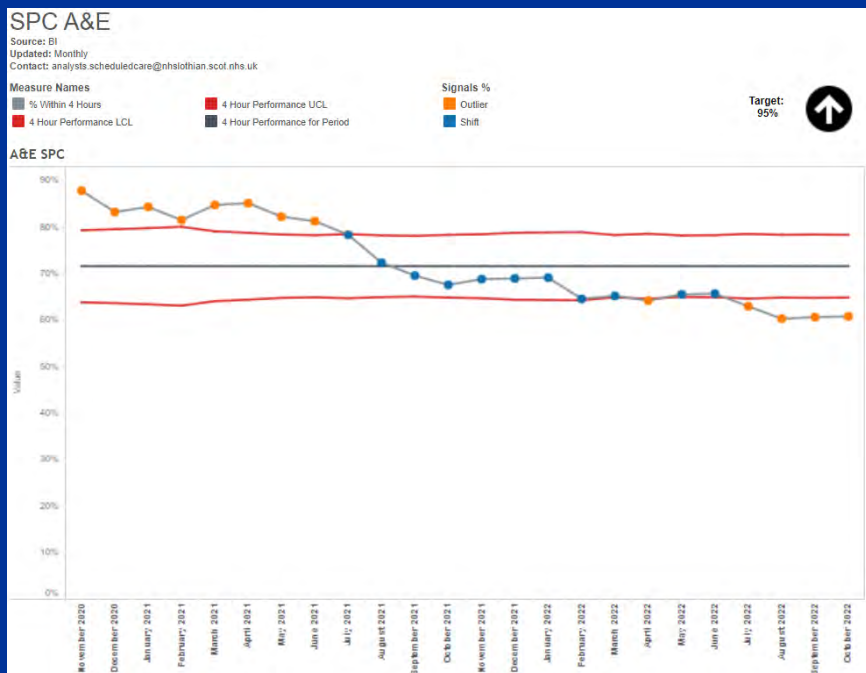
A&E Attendances (self presenters)

12 Hour Breaches



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

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (October 2022)	Data Source
Not Met	95% Standard	61%	Management Information



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

- There continues to be significant challenges in delivering the 4-hour emergency access standard, with performance remaining below standard at 61% in October 2022.
- Data is showing special cause variation, with the four most recent data points for 4-hour performance remaining below the Lower Control Limit, now a signal of a deteriorating trend. The data has an Upper Control Limit which is below the 95% standard, therefore we recognise the current system has not been capable of meeting the 95% standard in the last 2 years. Through improvement actions and plans we are working to recover this position.
- NHS Lothian's overall Emergency Department (ED) attendances have remained within control limits, with some common cause variation, as on the previous slide.
- NHS Lothian has previously seen increases in the number of ED 4, 8 and 12 hour breaches.



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

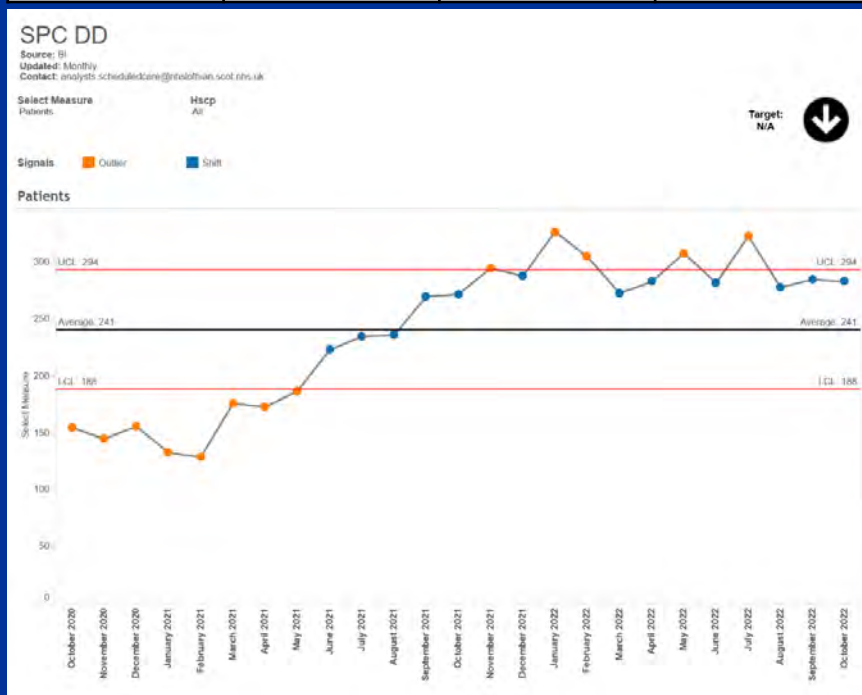
Action	Due By	Planned Benefit	Actual Benefit	Status
Phase 1 Redesign of Urgent Care (RUC) Pathway:- Maximise reduction and scheduling of self-presenter attendance	March 23	Patients receive timely access to the right care in the right place, avoiding delays anywhere in the system.	Early implementation 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.	Implementation of RUC phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post Covid. A pathway evaluation has been undertaken with patient feedback obtained, which forms part of the end of a phase 1 report to transfer to business as usual. Recommendations have been approved by the Unscheduled Care Programme Board. These include a review of the clinical model within the Lothian Flow Centre to reduce unplanned attendances by increasing opportunities for the Flow Centre to schedule patients to alternative routes.
Continue robust local communication plans to optimise stakeholder understanding of accessing urgent care.	Ongoing	Ensure clear consistent information to patients and key stakeholders regarding urgent care access.		Local communications and stakeholder engagement are continuing in line with national communications plan of urgent care access and pathways.
Schedule all minor injury attendances across NHS Lothian.	Ongoing	Improve patient safety by all scheduling Minor Injury Attendances and avoiding waits in busy A&E departments.		The scheduling of all adult minor injury presentations across NHS Lothian was implemented in June 2022. All adult minor injury presentations continue to be scheduled by calling NHS 24. However, the scheduling of self-presenters is not currently active across all 3 acute adult sites as we work through a number of process changes to ensure the revised service is efficient for staff and provides optimal patient care and experience.
Develop, implement and embed an NHS Lothian Signposting Policy at Acute Emergency Departments that is consistent with all entry points to healthcare (including primary care), to ensure patients are seen by the right person, in the right place at the right time.	Ongoing	Ensure clear consistent approach to ensure patients are seen by the most optimal service, first time		Following publication of the national Signposting Framework, an NHS Lothian ED policy has been developed, circulated for consultation and approved by the Policy Approval Group. The ED signposting policy has been piloted and embedded within SJH ED and plans are progressing for this to be implemented within the RIE ED.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
<p><b>Phase 2 Redesign of Urgent Care (RUC) – Professional to Professional Urgent Care Referral Pathways and Interface Care</b></p> <p>-ensure clear referral pathways for GPs, SAS, AHPs to Interface Care Services i.e. 'Hot' clinics, MIA, SDEC.</p> <p><b>Develop Pan Lothian Same Day Emergency (SDEC) Care model</b></p>	March 23	Patients receive timely access to the right care in the right place avoiding delays anywhere in the system.	Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission.	<p>Referral pathways in place for GP, community pharmacy and SAS referrals to schedule minor injury appointments. GP and AP SAS referral pathways in place to SDEC (WGH and SJH), surgical and medical hot clinics. Ongoing monitoring of these pathways is continuing to establish whether a reduction of unscheduled attendances to ED is being achieved.</p> <p>Currently undergoing an evaluation of the current SDEC model at WGH to inform service planning for SDEC expansion across Lothian. The evaluation is looking to capture the benefits the SDEC model has delivered to patients, how efficient the model is, how it compares to pre-SDEC in terms of costs and patient admission rates, and how SDEC has impacted system-level performance indicators. The evaluation is due to conclude in October and the findings will inform future delivery models of SDEC.</p>
<p><b>Optimising enabling services for Respiratory care and Outpatient Parenteral Antibiotic Therapy (OPAT) services</b></p>	March 23	Reduce ED attendances for ACSC (COPD and Cellulitis) by enhancing interface care services by 10%.		<p>Work to enhance NHS Lothian OPAT and Respiratory enabling services to reduce attendances, admissions, and overall length of stay. Short Life Working Groups (SLWGs) have been established, current service provision has been mapped with areas for enhancement identified and prioritised. An expansion proposal has been developed and approved by the Unscheduled Care Tactical Committee and plans are currently progressing to recruit to and expand these services.</p>

# UNSCHEDULED CARE & FLOW – DELAYED DISCHARGES

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (October 2022)	Data Source
Not Met	228 (RMP4*)	283	Management Information



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

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

- Data is showing normal cause variation, however two of the last 6 data points exceeded the Upper Control Limit.
- With the continued challenges in reducing delayed discharges tackling this performance continues to be a key priority for the Board - it should be noted this remains a critical focus with Edinburgh Health & Social Care Partnership (EHSCP) to deliver resilient improvement plans to relieve pressure both in the short, and longer term.
- HSCP delays have failed to recover in recent months, attributable to Package of Care (POC) capacity. There also continues to be a challenge with the ability to recruit within the care sector, due to the competitiveness of the local Health and Social Care recruitment market.

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

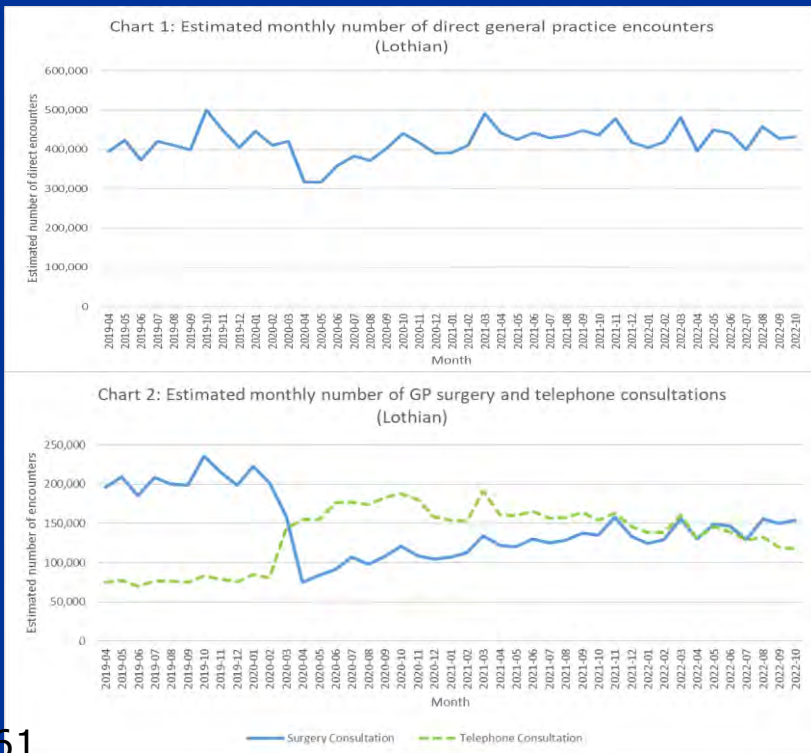
Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Implement a Discharge without Delay (DwD) approach from the Scottish Government Expert Guidance Paper on Optimising Flow</p> <p>Develop a Pan Lothian Discharge and Transfer Policy</p>	<p>Ongoing</p> <p>March 2022</p>	The DwD approach aims to reduce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

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Increasing bed base	December 2022	To support the care of patients waiting on a package of care or a residential care home of choice. Reduce delayed discharges. Reduce occupancy at Acute Sites.		NHS Lothian Director of Strategic Planning will be charged with identifying and overseeing project management of feasibility assessment and project delivery, if feasibility confirmed.
Increase overall system capacity in Hospital @ Home (H@H) Services.	December 2022	Provides alternative care to Acute hospital admission. Supports people to stay at home, thus reducing potential harm of an extended hospital admission.		Lothian Hospital at Home teams were successful in obtaining further funding to further enhance and expand service provision with the aiming of doubling each teams capacity by March 2023.
Discharge without Delay – NHS Lothian and Edinburgh HSCP working together to provide targeted improvement support for Elderly Frail patients, with an initial focus on Medicine of the Elderly specialties RIE & WGH.	June 2022 - March 2023	Supports hospital sites by preventing admission, improves flow and reduces occupancy.		Key focus for both high impact changes for RIE & WGH working collaboratively with EHSCP is to reliably implement and monitor standardised processes to support early discharge planning, reduce length of stay and reduce occupancy levels across Acute sites.
	June 2022 - March 2023	Reduce average number of Occupied Bed Days for Edinburgh HSCP residents in Medicine of the Elderly wards within WGH. Reduce delayed discharges in this patient cohort.		Work has commenced within both RIE and WGH sites with the introduction of Home First Coordinators and Social Workers working with teams across a defined number of MoE wards. Continuation of collaborative working between Health and Social Care Teams with the emphasis on implementing reliable processes directly linked to the 'rapid run downs' and 'MDT' meetings. There is a newly establish DwD Data Measurement Group focussing on analysing performance directly aligned to the agreed programme measurement framework.
Redesign of Urgent Care Phase 2 - Professional to Professional Pathways - Reduce unplanned attendances by increasing opportunities for the Flow Centre to schedule care.	March 2023	Reduce the average number of Occupied Bed Days for Edinburgh HSCP residents in Medicine of the Elderly wards within the Royal Infirmary of Edinburgh. Reduce delayed discharges in this patient cohort. Reduce avoidable ED attendances by 10% by increasing opportunities for the Flow Centre to schedule care.		The programme team has mapped all existing alternative and direct to speciality pathways to confirm what is in place. An urgent care referral pathway audit has been completed, and identified which urgent care pathways are working well and which could be improved and / or developed. A Clinical Review Board is being developed to plan and prioritise improvement of urgent care pathways. A survey is currently in progress to obtain feedback from key NHS urgent care pathway stakeholders.

# PRIMARY CARE

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



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

- Charts 1 and 2 provide an indication of General Practice in-hours (8am-6pm, Monday-Friday) activity across Lothian based upon a sample of 32 practices where data reporting is robust. This data shows that activity has returned to pre-pandemic levels following a drop in activity between April and October 2020. In October 2022 there was an estimated 433,000 patient consultations across the 118 General Practices in Lothian, the equivalent of around 20,600 consultations a day.
- Chart 2 demonstrates the significant shift in the mode of consultation due to the pandemic, with more consultations taking place by telephone than face-to-face in surgery in order to minimise the risk of COVID-19 infection for patients and staff. Chart 2 shows that face-to-face consultations have continued to increase since the onset of the pandemic and more consultations have taken place face-to-face than remotely since May 2022, and this trend has continued. Practices are still working on the optimal balance of mode of consultation to provide safe and effective care, however the changes implemented due to the pandemic have resulted in more ways to access care more quickly through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.

**Note:** Direct encounters are defined as a direct contact with a patient: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. These figures for Lothian have been estimated based on general practice activity from a sample of 32 GP practices. Please note this sample represents only approx. 29% of the Lothian GP practice registered patients. Chart 1 includes activity across all GP clinical staff groups. Chart 2 includes telephone and surgery consultations for GPs only. Figures should be interpreted with caution and only used as a general indication of level of activity. (Note we have increased the sample size for this report from 7% to 29% of registered patients).

# PRIMARY CARE (2)

WEEKLY LUCS ACTIVITY - ALL



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

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

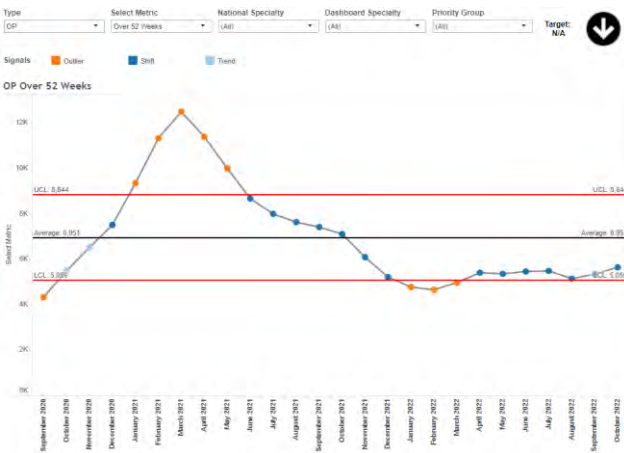
- Chart 3 shows the Lothian General Practice Out-of-Hours service (LUCS) activity, which provides urgent general medical services when in-hours General Practices are closed. The peaks in activity in chart 3 correlate to public holidays as would be expected with the three recent peaks representing the Easter weekend, May and Jubilee public holidays. LUCS experienced an initial dip in activity levels when COVID-19 restrictions were first put in place in March 2020, however, as the service supported the community COVID-19 pathway from the end of March 2020 overall activity has remained broadly similar but with more variation post-pandemic which likely reflects public behaviour relating to changes with COVID-19 restrictions. In July 2022 the average weekly activity was around 2,400 patient consultations.
- Please note that due to the outage of the clinical management system (Adastra) from 4 August until 12 October 2022, this chart has not been able to be updated with August - October data. This should be resolved for the next reporting period. The service have access to local management data to support operational delivery.



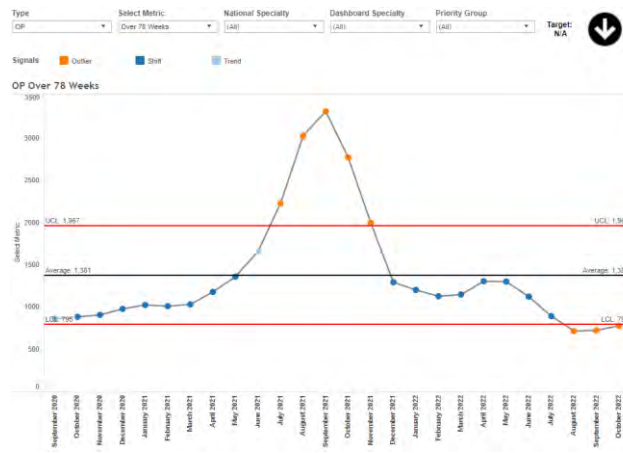
# SCHEDULED CARE & DIAGNOSTICS

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

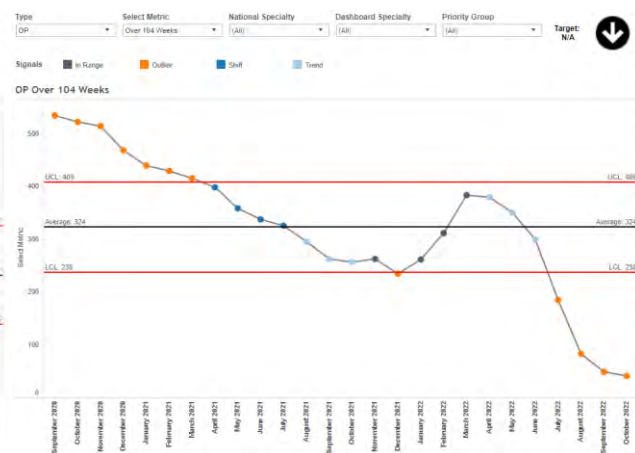
## Scheduled Care & Diagnostics – Outpatients Environment & Context



OP > 52 weeks



OP > 78 weeks



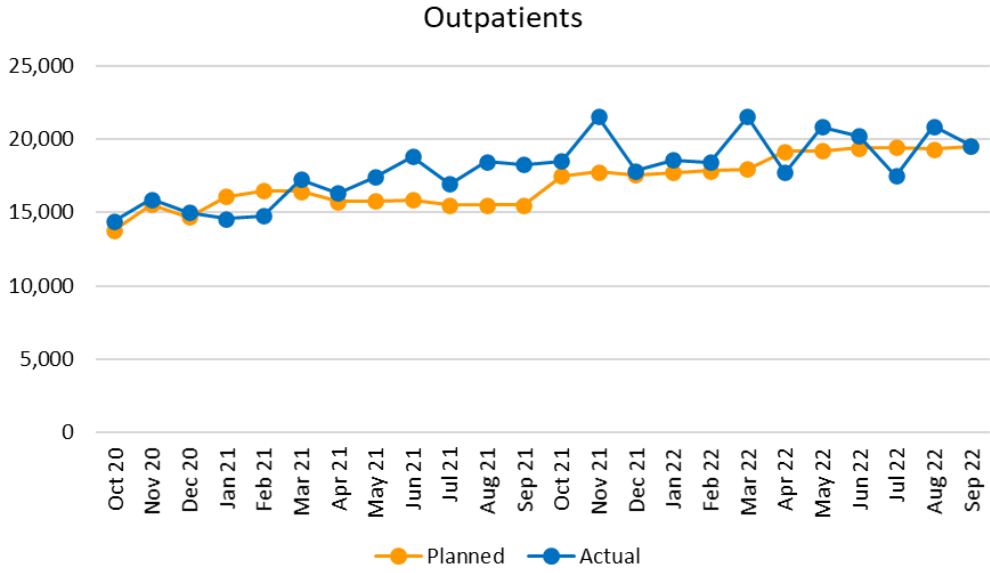
OP > 104 weeks





# SCHEDULED CARE & DIAGNOSTICS

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



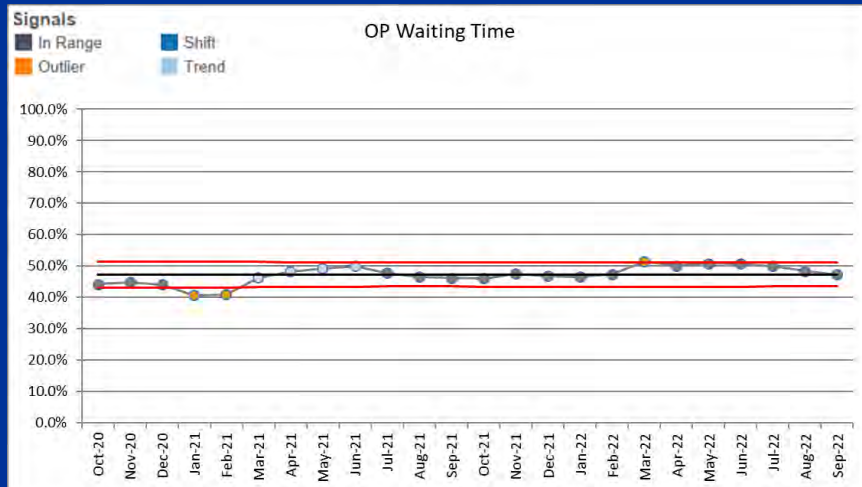
OP Planned vs Actual Activity



USOC OP > 4 weeks

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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (September 2022)	Data Source
Not Met	95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment	47.3%	Management Information



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

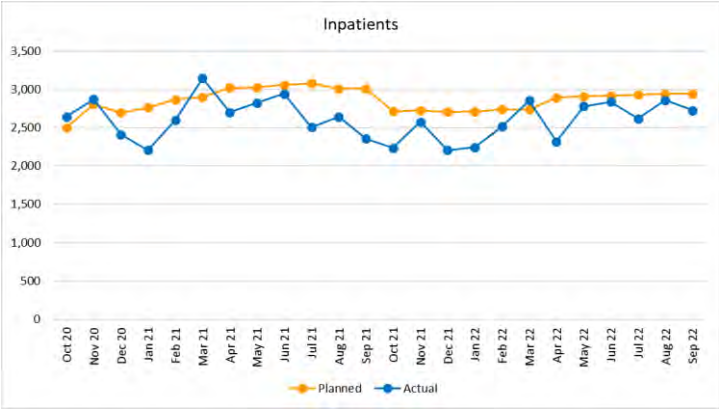
- 12-week Waiting Time performance (%) has remained relatively unchanged over the last four months – 47.3% patients were waiting within 12 weeks at the end of September 2022.
- Most services continue to focus on reducing the backlog of long waits accrued during the pandemic.
- Long waits continue to decrease overall. The few patients who are waiting over two years now have appointments booked and we anticipate that no patients will be waiting over two years at the end of December 2022.
- The next Outpatient milestone target is to have no patients waiting over 18 months by the end of December 2022. Most specialties are currently on track to meet this target. However, Dermatology and Ophthalmology are not likely to meet the target, given their current Routine activity levels. The number is projected to increase in Ophthalmology.
- The period from July to September saw a deterioration in performance for Urgent Suspicion of Cancer (USoC) patients waiting over 4 weeks. This was primarily in Dermatology, and due to a seasonal increase in demand, and loss of some External Provision due to factors outside of NHS Lothian's control.
- Additional capacity has been allocated from October onwards, and numbers waiting have therefore decreased.

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

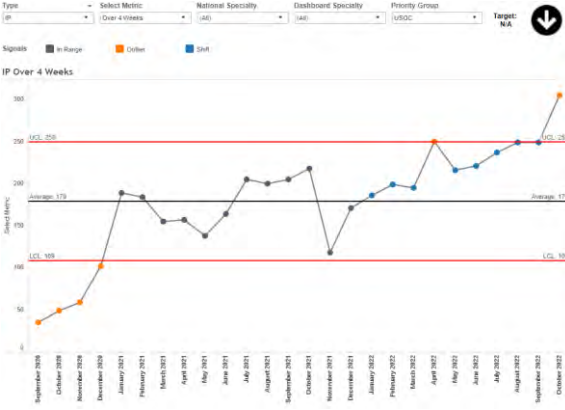
Action	Due By	Planned Benefit	Actual Benefit	Status
<p>A Board-wide Outpatient (OP) Redesign is Programme underway. All OP specialties will be engaged in the programme on a rolling basis, based on priority as agreed by the Outpatient Recovery Board, and advised by Site Directorate Groups.</p> <p>We are collaborating with the National Centre for Sustainable Delivery (CfSD) to support our programmes of Remobilisation, Recovery, and Redesign (RRR). This collaboration facilitates specialty networks to bring together colleagues from across Scotland to share best practice.</p>	Ongoing, and continuing throughout 2022/23.	<p>Active Clinical Referral Triage streams patients to appropriate advice, virtual or face-to-face appointments.</p> <p>Patient Focused Booking (PFB) to support patient choice of a suitable appointment, whereby patients are sent an appointment letter. This can improve 'Did Not Attend' (DNA)/ cancellation rates.</p> <p>Patient Initiated Follow Up (PIFU) gives patients flexibility to arrange follow-up appointments when they need them, and so reduce demand.</p>	Completed specialties have functionality for virtual appointments, PFB, text reminders and PIFU embedded.	<p>36 Acute and AHP specialties have now gone through the programme and reached Go Live status. Some of those specialties are still receiving post "Go Live" support as they have very recently completed the programme.</p> <p>There are 3 specialties actively in the programme and the next specialties agreed by Acute Senior Management group (SMG), started to enter the programme from 7<sup>th</sup> November onwards.</p>
Increasing capacity in Dermatology.	Ongoing, and continuing throughout 2022/23.	<p>Focus External Provision activity at longest waits</p> <p>'Hot' clinics in place every 4-6 weeks as required to provide addition capacity for Urgent/USoC patients.</p>	The patients waiting longer than 2 years in Dermatology have an outpatient appointment booked.	<p>Future scope of 'Hot' clinics being reviewed to model the impact of including additional capacity for long waiting patients.</p> <p>New Insource Provider contract in place from October 22 to September 23, providing 7,000 new patient slots in total, which is an increase of 1,000 new slots.</p> <p>Hand &amp; Foot Phototherapy equipment testing and staff training underway, with no patients waiting over 78 weeks by end of December for this treatment</p> <p>There are now no patients waiting over 104 weeks.</p>
Procurement of External Provision.	Ongoing, and continuing throughout 2022/23.	Increase capacity to reduce backlog.		Additional external capacity options identified but procurement will be dependent on further funding from Scottish Government.

# SCHEDULED CARE & DIAGNOSTICS

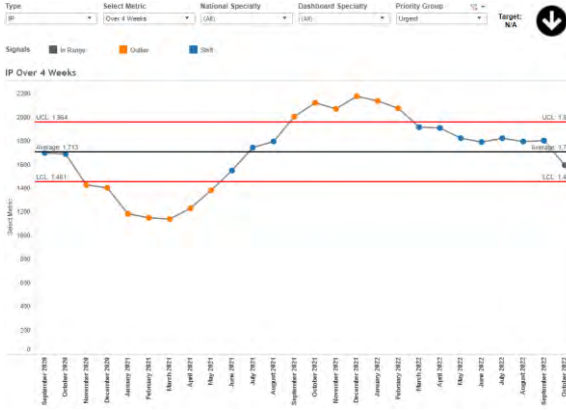
## Scheduled Care & Diagnostics – Inpatients/ Daycases (TTG) Environment & Context



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



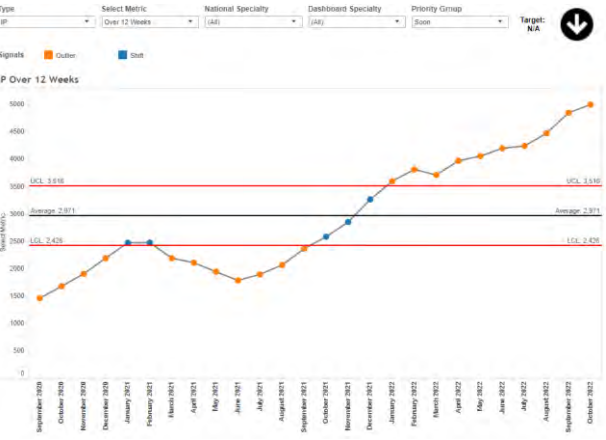
TTG USOC > 4 weeks



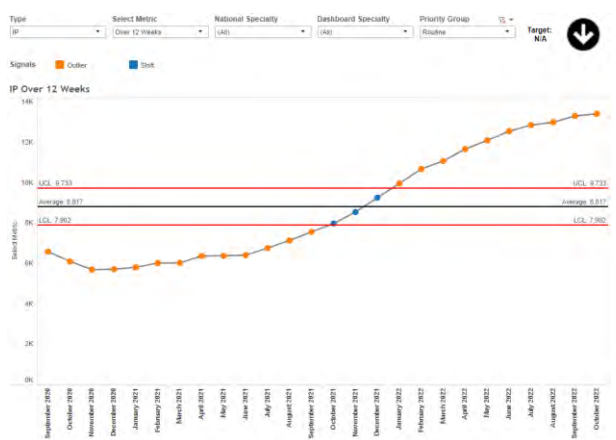
TTG Urgent > 4 weeks

# SCHEDULED CARE & DIAGNOSTICS

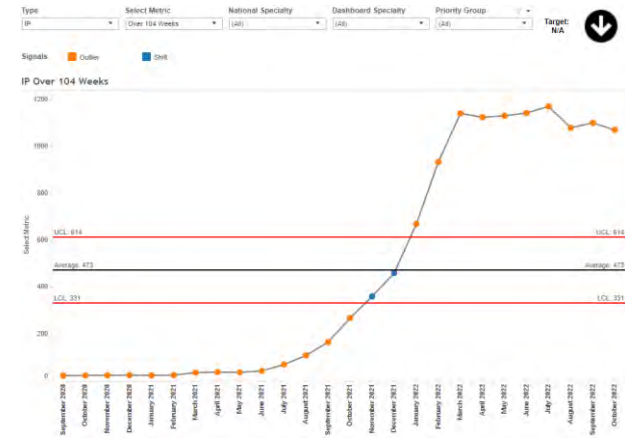
## Scheduled Care & Diagnostics – Inpatients/ Daycases Environment & Context (cont'd)



TTG P3 > 12 weeks



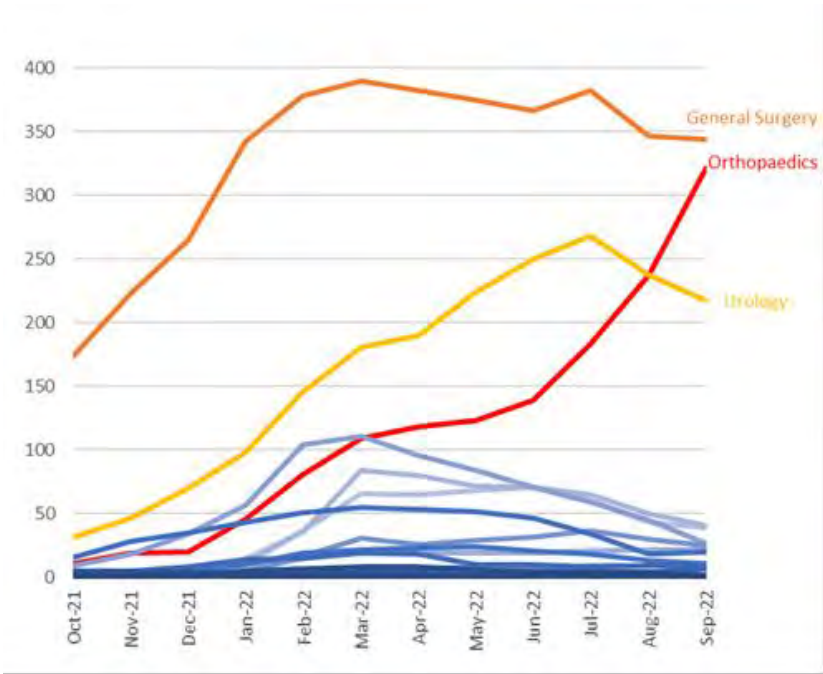
TTG 'Routine' > 12 weeks



TTG (all) > 104 weeks

# SCHEDULED CARE & DIAGNOSTICS

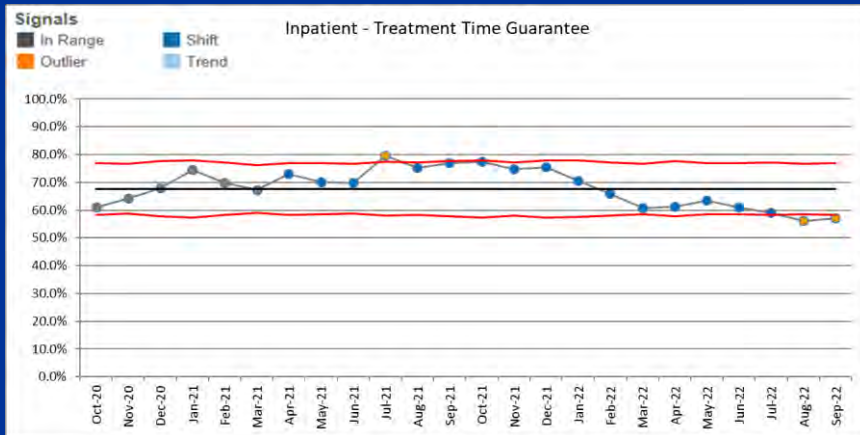
## Scheduled Care & Diagnostics – Inpatients/ Daycases Environment & Context (cont'd)



TTG Top 3 Highest Volume Specialties > 104 weeks

# SCHEDULED CARE & DIAGNOSTICS – INPATIENT TREATMENT TIME GUARANTEE

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (September 2022)	Data Source
Not Met	Treatment Time Guarantee (100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).	57.2%	Management Information



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

- The recovery of Treatment Time Guarantee (TTG) is more challenging than for Outpatients, with our current activity remaining below pre-pandemic levels; activity in September 2022 was 70% of that in September 2019.
- We continue to focus our limited capacity on our most clinically urgent patients as our waiting list continues to rise.
- There has been an increase in suspected/confirmed cancer referrals waiting over 4 weeks in Breast Surgery and Urology, with Breast Surgery seeing a spike in demand in August and September. It remains a challenge in Urology to balance the demand for these patients, and the volume of long waiting patients with complex co-morbidities, and a deterioration in quality of life. It should be noted that the number of confirmed cancers remains fairly stable despite increasing referrals.
- The majority of long waiting patients are within General Surgery, Orthopaedics and Urology. The numbers waiting over 2 years are decreasing in General Surgery, Urology and other specialties with the exception of Orthopaedics, which is projected to further increase significantly based on activity levels.

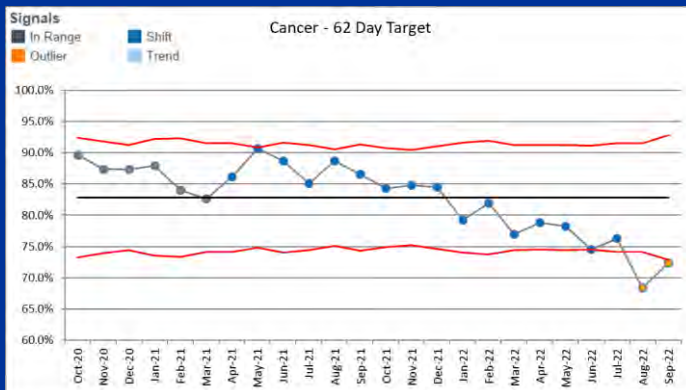
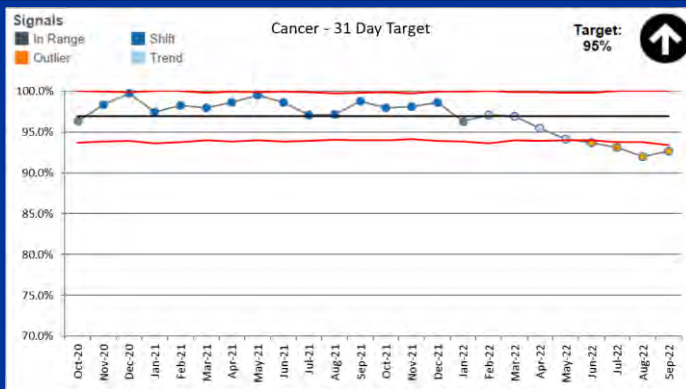
## Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
To maximise theatre efficiency and productivity. Implementing theatre scheduling tool.	Ongoing	Increase Day-case and Inpatient activity.	Priority services identified; operational plans.	Site groups formulating action plans for General Surgery, Ophthalmology, Orthopaedics, Plastic Surgery and Urology as a priority, in line with being the services with the highest volumes of longest waiting patients.
Procurement of External Provision.	Continuing throughout 2022/23	Increase capacity to improve backlog.	Increased capacity procured at Spire and Nuffield hospitals for Orthopaedics and Urology.  Patient cohorts identified and streamed for booking.	Additional external capacity options identified but procurement will be dependent on further funding from Scottish Government.



# SCHEDULED CARE & DIAGNOSTICS – CANCER 31 & 62 DAY STANDARD

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (September 2022)	Data Source
Not Met (62d)	95% Standard (agreed trajectory 82.0% (62d))	72.4%	Management Information
Not Met Standard (31d) but met local trajectory	95% Standard (agreed trajectory 86.9% (31d))	92.6%	



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

- Data from the latest reporting period (Q1/Q2 2022) is showing outlier data points in the last 4 months, which have remained below the Lower Control limit. The 6 most recent data points for 31 Days were below the mean, although this is not yet a signal of deterioration, the data has an Upper Control limit of 92.3%, therefore we recognise the current system has not been capable of meeting the 95% goal in the last two years. Through the improvement actions and remobilisation plans, we are working to recover this position.
- NHS Lothian 62-day cancer performance remained below the trajectory of 82.0% in September 22, with performance at 72.4%. Scotland's performance was 72.1%.
- 31-day cancer performance remained below the target of 95% but was above the trajectory of 86.9%; NHS Lothian's performance was 92.6% and for Scotland was 93.6%.
- 62-day pathways continue to be impacted by increased USOC demand, staffing pressures across OP, diagnostics and theatres and bed pressures.
- Waiting times for OPD appointments, Endoscopy and Radiology continue to be over 2 weeks but are under review to support improvement.

**Note** - red lines on charts are 'responsive control limits' – will be labelled going forwards. OP & TTG chart red lines are straight as these are a different kind of chart (where control limits are fixed). This is in line with the active governance principles adopted by the Board.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
1. All tumour groups (TGs) to review and update timed cancer pathways; Breast, Colorectal, Head and Neck, Lung, Gynae (Cervical & Ovarian), Melanoma, Urology, Upper Gastrointestinal (GI) and Breast	All TGs up to end Oct 2022	Up-to-date understanding of opportunities for improvement in pathways, to support attainment of the National Cancer Standards and encourage effective escalations.	As right.	All services are engaged.  10/10 Tumour Groups have been contacted.  15/15 Updated Timed Cancer Pathways have been drafted.  3/15 Timed Cancer Pathway Completed (Breast, Ovarian and Lymphoma).  6/12 Timed Cancer Pathways awaiting sign off (Oesophageal, Gastric, Prostate, Cervical, Head and Neck and Melanoma).
2. Urology  Pathway improvement and development work	Various up to end June 2022 (excl. Nephrectomy recovery plan)	Prioritise actions to reduce timings across various stages of the cancer pathway	As right. Also positive patient feedback on one-stop clinic.  Additional Flexible Cystoscopies and surgical capacity.	One-stop Bladder clinic commenced in Dec 21. Reduction in median time from referral to diagnosis from 50 days to 13.8 days.  Demand, Capacity, Activity & Queue (DCAQ) improvement plan for Nephrectomy approved Dec 21. Service now maintaining 4 week wait.  In house capacity for Robot Assisted Radical Prostatectomy (RARP) at St John's Hospital (SJH) commenced 10 May 2022. Overall, the move from Spire to SJH has resulted in a slightly deteriorating position.  Additional PSA clinics have been carried out which has reduced waiting time for patients to be added to a waiting list. Significant Quality Improvement (QI) is work underway reviewing the prostate cancer pathway, initially focused on the pre-diagnosis stage.
3. Endoscopy:  Wait List Initiatives (WLIs) will be used for USoC patients in January.  Endoscopists now adding 'Stop Tracking' to Pathology order if low suspicion of cancer.	End Jan 2022	Spread demand across Bowel Screening, Colonoscopy, and Flexible Sigmoidoscopy to provide extra capacity for patients.  Patients to be closed off as Non-Cancer more quickly, reducing number of patients needing to be tracked on a 62/31-day pathway for an extended period.	Providing extra capacity for patients and spread of demand across Bowel Screening, Colonoscopy, and Flexible Sigmoidoscopy.	Endoscopy waiting times and volume of patients have decreased significantly over the last few months due to:- <ul style="list-style-type: none"> <li>Increased capacity with the reduction of Infection control measures</li> <li>Increased housekeeping</li> <li>Implementation of QFit – less colon cases being added to waiting list</li> <li>Addition of Golden Jubilee capacity for OGD patients</li> <li>Increased uptake at Regional Endoscopy Unit</li> <li>Clinical validation of waiting lists</li> <li>Patient focussed booking</li> <li>Keep in touch letters to long wait patients</li> </ul> Ongoing

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

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>4. Dermatology:</p> <p>Trialling 'Hot Weeks', incl. for Melanoma patients, when only new USoC patients will be seen.</p> <p>Bespoke letter being sent to GPs when patients are re-graded from USoC to Urgent.</p>	Ongoing throughout 2022	Reduce waiting list for USOC OP appointments.	Reduced waiting list for USoC OP appointments.	<p>The profile of Hot Weeks has changed, and the week has not been exclusively given over to USoC patients for the last 2 sessions as a result of a change in booking methodology. Patients are now booked in within 2 weeks, reduced from 4. This has been achieved through triaging of tumour patients to an external provider.</p> <p>GPs are asked to submit photos with referrals.</p>
<p>5. Gynaecology: new consultant</p> <p>Recruitment of Medical Secretaries</p>	As soon as possible	<p>Reduce backlog of patients due to additional resource, improving overall performance for service.</p> <p>To reduce delays in write-up of reports.</p>	<p>Waiting times for Rapid Access clinics dropped to less than 1 week from around 14 days and surgery is currently around 3.5 weeks from 10 weeks.</p> <p>Reduction in breaches in Q2 of this year.</p>	<p>Consultant started in May 2022.</p> <p>Band 3 recruited however, due to internal promotion, post will need to be re-advertised.</p>
<p>6. Pathology</p> <p>New GI Consultant Pathologist</p> <p>Requested licenses for voice recognition</p>	Started 5 <sup>th</sup> July, 3 days p/week	<p>Improve turnover time of samples.</p> <p>To improve turnaround time for pathology reporting due to challenges in recruitment of medical secretary (band 4s)</p>	GI has reduced turnaround of specimens.	<p>As left.</p> <p>The department is currently procuring licenses for Pathologists' PCs- 17/20 licenses are now installed.</p>

# SCHEDULED CARE & DIAGNOSTICS – RADIOLOGY ACTIVITY

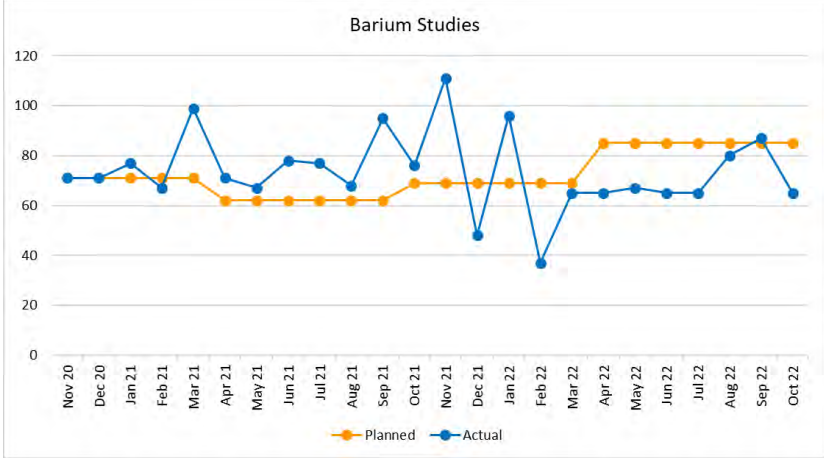
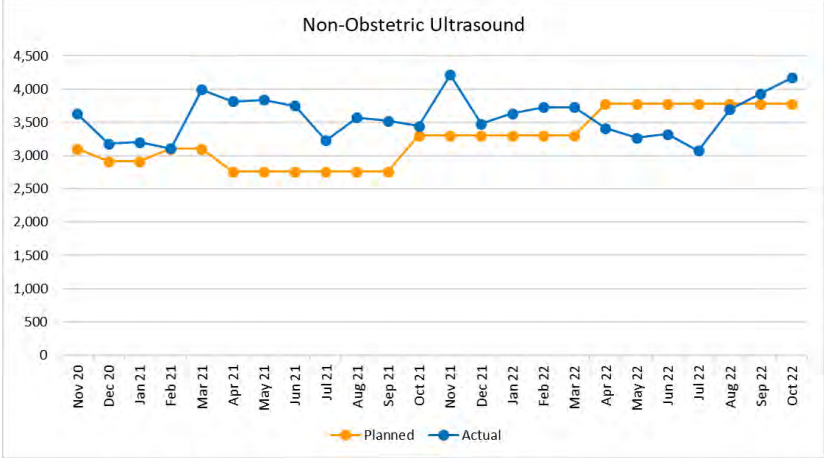
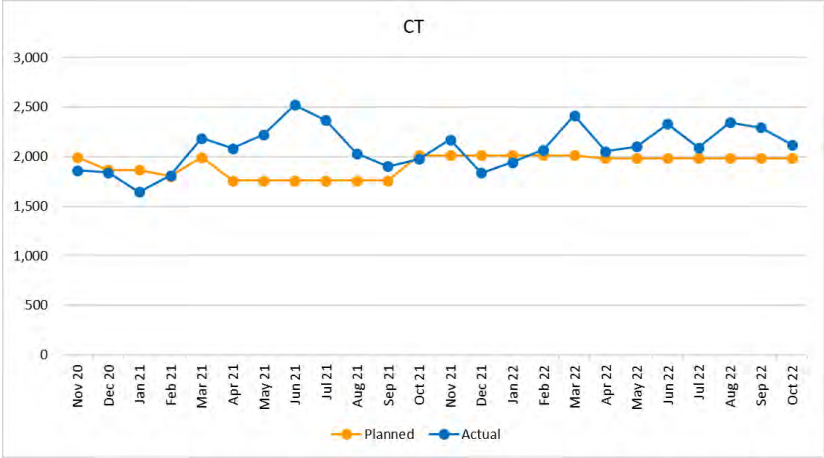
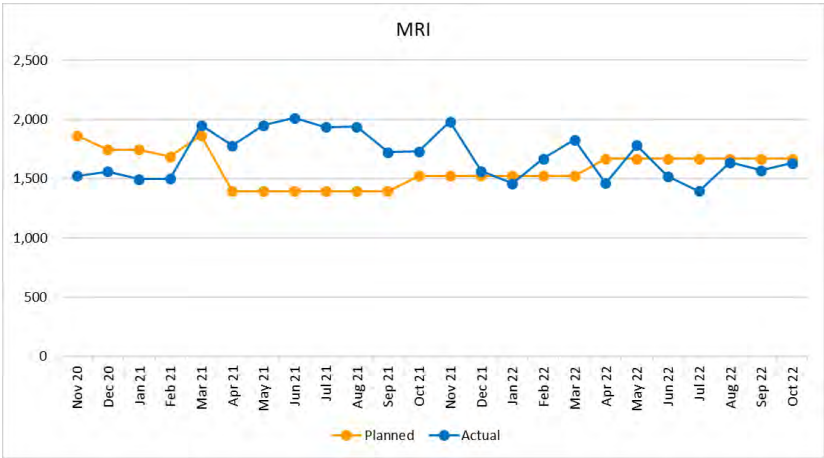
Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (October 2022)	Data Source
Not Met	Diagnostics: MRI Activity Variance (Planned Versus Actual)	-38	Management Information
Met	Diagnostics: CT Activity Variance (Planned Versus Actual)	136	
Met	Diagnostics: Non-Obstetric Ultrasound Activity Variance (Planned Versus Actual)	392	
Not Met	Diagnostics: Barium Studies Activity Variance (Planned Versus Actual)	-20	

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

- Magnetic Resonance Imaging (MRI) – Recent monthly activity has fallen slightly short of planned activity. This is attributable to loss / lack of external capacity on public holidays, and infrequent equipment fault / planned maintenance. However, the baseline level of planned activity has increased – this represents a positive longer term trend of increasing levels of service provision for delivery of MRI scans.
- Computed Tomography (CT) - Activity has exceeded the plan primarily due to increased availability of external capacity. Increased internal capacity has further been secured through continued availability of CT Pod (situated at SJH).
- Non-Obstetric Ultrasound - Activity levels have been maintained and significantly improved through continued support from additional Radiologist scanning sessions (through flexing job plans / additional waiting list initiative (WLI) scanning sessions). Increased weekend scanning lists for East Sector sonography services has further improved activity rates. Though the Ultrasound service remains reliant on Sonographer availability (which has been impacted by COVID-19 sickness, isolation, vacancies and maternity leave), the general outpatient waiting list for US is now falling, with 900 fewer patients on the general list at the end of October than had been recorded in late August.
- Barium Studies - patient numbers remain low and volumes are manageable within current service provision.

# SCHEDULED CARE & DIAGNOSTICS

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



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

Action	Due By	Planned Benefit	Actual Benefit	Status
Increase mobile MRI capacity from 15 days per month to 18/19 days per month.	Commenced in April 2022	Approximately 60 additional MRI appointments per month.	Dependent on scan type but will be monitored.	Ongoing - utilisation limited to non-contrast patients
It is proposed this be replaced by a relocatable CT Pod unit on SJH site. (Funded by SGHD Diagnostics).	July 2022	Total of 100 scans per week up to October 2022.	Total of 100 scans per week up to October 2022. Continued availability of CT Pod until March 2023, with possibility of continuation thereafter. Reduced CT waitlist for CT OP.	Ongoing - CT Pod being maintained at SJH for remainder of 2022/23
CT capacity to be provided by Golden Jubilee National Hospital	From April 2022	Capacity for 200 scans per year will be provided	On course for 200 per year. Monthly scanning capacity of 20 CTs.	Ongoing
Additional Radiographer and support staff to be recruited to increase internal MRI and CT capacity	Recruitment during Jan/ Feb 2022  Additional capacity from May 2022 once induction and training completed	Increased scanning capacity of in the region of 300-500 CT scans per month.	Current activity levels (Sept - Oct) tracking at 150-200 per month, pending full completion of staff training and running of maximum number of available scanning sessions.	Ongoing
Re-advertise to recruit to Sonographer vacancies	July 2022	Seek to recruit up to 6 Sonographers though will be particularly challenging due to National shortage of trained staff.	East Sector Lead Sonographer appointed.  Contributing to reduced US OP waitlist from Sept 2022 to Nov, at average of c. 400 fewer patients per month.	Behind Schedule  Limited success in appointing to full complement due to unavailability of suitable workforce/applicants.
Flex Radiology jobs plans to replace some CT/MRI reporting sessions with Ultrasound scanning	Jan 2022 onwards	Increased US scanning / reduced US wait lists	Also contributing to the reduced US OP waitlist from Sept 2022 to Nov, at average of c. 400 fewer patients per month.	Ongoing
Provide evening and weekend WLI Ultrasound scanning sessions	Ongoing	Variable as this is dependent on staffing being available to work additional hours	Also contributing to the reduced US OP waitlist from Sept 2022 to Nov, at average of c. 400 fewer patients per month.	Ongoing  Continuation of evening lists in West Sector, and introduction of weekend lists in East Sector at RIE from September 2022.
Work between the three acute sites to optimise the use of Fluoroscopy equipment and workforce to increase Barium capacity. Patients will be asked to move from one site to another.	Sept 2022	Increased fluoroscopy capacity will reduce waits	Being monitored	Ongoing

# SCHEDULED CARE & DIAGNOSTICS – GI DIAGNOSTICS INCL. CYSTOSCOPY ACTIVITY

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (October 2022)	Data Source
Met	Upper Endoscopy	45	Management Information
Not Met	Lower Endoscopy	-21	
Not Met	Colonoscopy	-84	
Met	Cystoscopy	1	

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

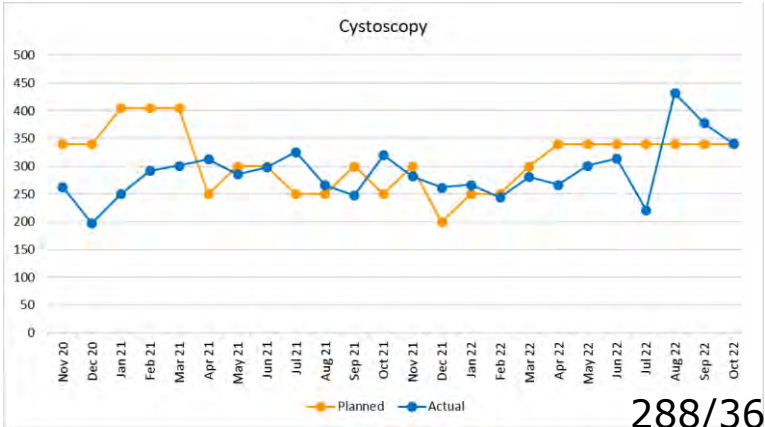
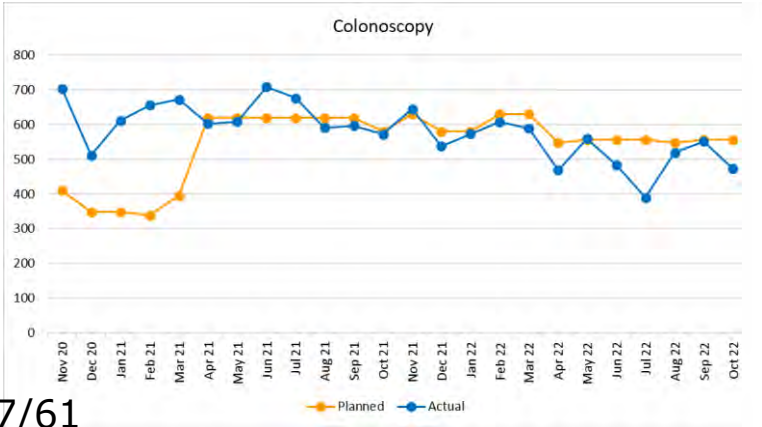
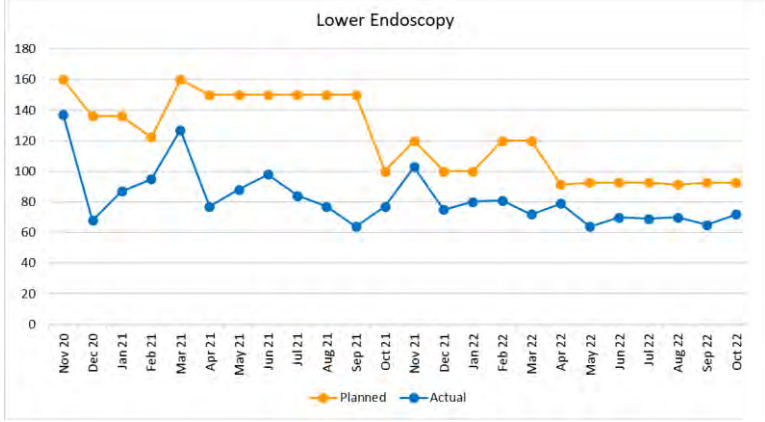
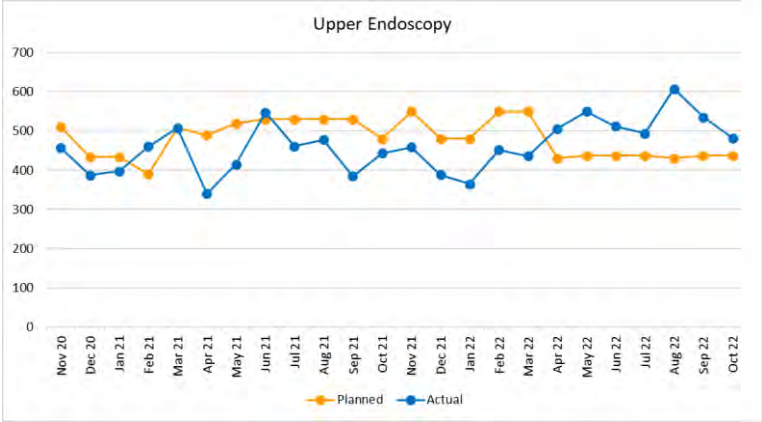
- Overall, the new and repeat activity within endoscopy has increased since February 2022. Workforce pressures and recruitment of nursing staff and endoscopists continues to impact the activity we are able to deliver.
- Appointment slot prioritisation remains in place for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high-risk surveillance patients, irrespective of diagnostic test. In order to ensure new, genetically high-risk patients are receiving their diagnostic investigations in a timely manner, ring-fencing of slots has been established. There is on-going clinical validation of high risk ulcer patients by the clinical team as well as new Inflammatory bowel disease (IBD) diagnosis colonoscopy patients.

- USoC demand remains high, therefore 'new' upper and lower urgent and routine endoscopy waits remain extended. The demand for USoC colon is decreasing due to Qfit pathway implementation - a process that effectively identifies USoC referrals that require an Endoscopy, reducing demand and freeing up capacity for other patients. This has allowed for patient-focussed booking to be switched on for urgent colon patients, reducing the long waits for this cohort. Attendance at the regional Endoscopy Unit has increased by 15% since the need for Covid-19 PCR testing was discontinued at the end of January 2022 and is being monitored on a regular basis. Increased capacity for weekend activity has been initiated following the reduction in social distancing. On-going housekeeping of waiting lists is undertaken and local policies for patient cancellations and 'Did Not Attends' (DNAs) have been updated and are being implemented. Telephone reminder calls are being undertaken to assist with reducing DNA episodes. Longest waiting patients are being reviewed and clinically validated to be booked or removed on a weekly basis. Additional capacity is being delivered at Golden Jubilee Hospital for 55 Oesophago-Gastro-Duodenoscopy (OGD) patients per month. Since commencing on 16<sup>th</sup> May 2022 254 OGD procedures have been undertaken.
- Utilisation of cytosponge for Barrett's surveillance patients has demonstrated a reduction in waiting times for these patients. Patients suitable for this procedure are triaged accordingly, which is now allowing them to be booked within their target dates if they meet the clinical criteria. Capacity for patients who do not meet this criteria is also ring-fenced on a weekly basis so that they are not further delayed.
- Gaps in the Urology trainee rota have now been resolved. Flexible Cystoscopy lists have therefore been reinstated to baseline volumes.
- Short term theatre agency support has been sought, and staffing prioritised to maintain cystoscopy capacity.
- Staffing challenges within the local WGH scope decontamination team presents a potential risk to Flexible Cystoscopy and endoscopy capacity. However, this is being monitored closely.



# SCHEDULED CARE & DIAGNOSTICS

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





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

Action	Due By	Planned Benefit	Actual Benefit	Status
Recruitment to Nursing vacancies within endoscopy	Recurring advert for Band 5 nurses within endoscopy.	Improve nursing capacity within main sites.	Ability to utilise and improve capacity for endoscopy procedures, thereby reducing waiting times.	Ongoing – Western General Hospital (WGH) and Royal Infirmary Edinburgh (RIE) recruitment ongoing, posts advertised. Workforce paper and actions for Performance Oversight Board (PSOB). SBAR submitted to assist with recruitment issues. Endoscopy posts visible on generic B5 adverts, with limited uptake of posts.
Increase capacity at East Lothian Community Hospital (ELCH) to 20 sessions per week	Was due March 21 – have incrementally increased capacity but on-going nursing issues at ELCH - unable to confirm date nursing will be in place to facilitate capacity but likely Summer 22.	Increased endoscopy capacity by 10 sessions per week (approx. 48-50 patients, scope-type dependent).	Have now increased capacity to 15. Increased number of patients being scoped, thereby reducing waiting times.	Ongoing recruitment to open remaining sessions - 2 posts currently at advert. ELCH converting 2 x B5 nursing posts to B3 posts to assist with recruitment process and difficulties in recruiting B5 registered nursing. B3 posts now in place with induction training on going at ELCH.
Utilisation of Room 4 WGH	Was due by Mid-2021	Increased capacity for endoscopy procedures (approx. 50-60 patients per week, scope-type dependent).	Will increase capacity, thereby reducing waiting times.	Room ready and posts being recruited to – see above for recruitment.  Currently no staff engaged for B5 posts despite active recruitment.
Recruit to current Nurse Endoscopist vacancies	Ongoing as previous adverts have not been successful	Increased ability to cover capacity - 6 scope lists per week (approx. 30-40 patients).	Reduction in waiting times as capacity will be increased.	Ongoing review of vulnerability of Nurse Endoscopist workforce Trainee Nurse Endoscopist posts with academic component (through NHS Education for Scotland) filled from end September.
Long wait urgent Colon patient re-triage via telephone consultation and Qfit.	Commenced November 2021 – will continue until waiting list validated	Abnormal Qfit patients will be expedited and booked. Patients who no longer require it will be removed from the waiting list.	Only patients who require colonoscopy will be scoped. Decreases clinical risk and improves waiting times.	This is ongoing. A total of 547 urgent colonoscopy patients reviewed and 13.7% expedited, 16% removed. Clear guidelines in place, patients are being expedited and booked if high Qfit or removed if they no longer meet criteria for colonoscopy.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Implementation of Qfit to determine need for colonoscopy	Now in place	Patients will only be triaged to colonoscopy if they have abnormal Qfit result.	Additions to waiting list for colonoscopy have decreased by average 70 per week. This allows additional capacity for high risk queues, surveillance and urgent colonoscopy backlog and reduced waiting times.	Qfit pathway established in April 2022 and now colorectal team and Gastrointestinal (GI) clinical team implementing Qfit pathway and integrating into triaging practice, prior to decision being made to refer for scope. Standard Operating Procedure circulated to GI Clinicians.
Review of clinician templates	Commencing week beginning 24 <sup>th</sup> January.	Maximising use of time, capacity and throughput. Potential to increase capacity. Approximately 100 templates to be reviewed.	Increased capacity	Ongoing  RIE – further increase in patient capacity on templates where able, small numbers. A number of sessions are training lists therefore ability to increase is limited.  ELCH AM sessions to increase – templates built and in place to accommodate this (increase from 8 patients on an upper endoscopy list to 10).  SJH, WGH & RIE small increase in patient numbers where able. Leith Community Treatment Centre (LCTC) templates also built and in place with increased capacity – incrementally adding a slot each month over the next couple of months and reviewing at each step (increased this time from 7 to 8.)
Roll out Cytosponge diagnostic procedure, an alternative to upper endoscopies – Cytosponge added to Triage	Now in place.	Cytosponge diagnostic procedure to reduce the number of upper endoscopies. Decrease number of referrals to Upper endoscopy for patients presenting with specific symptoms.	Decreased waiting time for Barrett's surveillance endoscopy.  Decreased waiting times for Upper endoscopy for specific group patients triaged with Gastro-oesophageal reflux disease (GORD).	Ongoing – to date only small numbers of new patients are meeting the criteria for cytosponge with symptoms of GORD and are booked as soon as they are referred.  Decreased trajectory sent to NSS, Cytosponge for 50 procedures per month agreed.
Review feasibility of insourcing external provider for weekend activity within main site	To commence as soon as possible. – On hold for ELCH due to staffing	Maximise use of endoscopy room availability and increase capacity. This would potentially increase capacity by 10 patients per day if one operator undertaking a full day list.	Increased capacity within NHS Lothian for endoscopy thereby reduce waiting times/ waiting list.	To commence feasibility and initiate discussions.  Discussions commenced with ELCH for weekend working for this once staffing in place.  Further Demand, Capacity, Activity & Queue (DCAQ) work to be undertaken following Performance Oversight Board request and paper now submitted showing additional capacity that could be achieved by insourcing of External Provider.  On hold due to staffing currently for ELCH.
Recruitment to vacant Urology fellow posts and specialty doctor post, who will also provide Cystoscopy activity.	1 <sup>st</sup> April 2022	Return to capacity levels quantified in trajectories	Established core capacity can be converted to activity.	Complete
Additional short term Flexible Cystoscopy capacity to manage long waiting patient	April – June 2022.	Additional 10 Flexible Cystoscopies per week.	Additional 10 Flexible Cystoscopies per week	Complete.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Additional capacity via weekend Waiting List Initiatives (WLIs)	Ongoing	Additional 20 Flexible Cystoscopies per week.	Additional activity	Ongoing.
Recruitment of nurse cystoscopist	Ongoing/ June 2022.	Additional Flexible Cystoscopy lists.	Additional Flexible Cystoscopy lists but no immediate impact as extensive training is likely to be required.	Appointed 2 people to build additional capacity within the team. Course start date delayed until January 2023
One-stop visible Haematuria clinic	Implemented	Improves patient pathway by reducing need for second patient attendance.	Improves patient pathway by reducing need for second patient attendance.  Data suggests reduced time from referral to diagnosis from a median of 50 to 13.8 days - a significant improvement for patients in terms of timely access to diagnosis and subsequent treatment.	Implemented.  Actions in place to fully utilise available Radiology capacity within pathway.
Additional Flexible Cystoscopy clinic implemented in out patient setting	Ongoing	Additional session of 8 Flexible Cystoscopies	Increased activity of 6 Flexible Cystoscopies per week	Implemented.
Test of change underway to deliver Flexible Cystoscopies in an outpatient setting.	End 2022	Release of trained theatre staff to support general anaesthetic theatre lists.  Improved patient experience	Awaited	Ongoing.

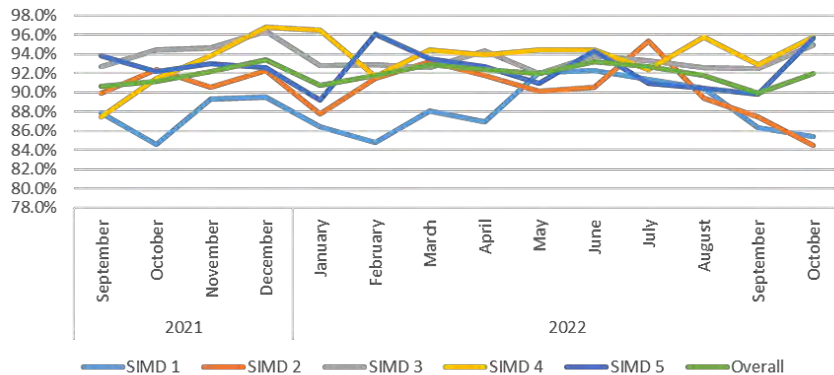
# PREGNANCY SERVICES

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

# PREGNANCY SERVICES – ANTENATAL CARE

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (October 2022)	Data Source
Met	At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.	SIMD 1 (most deprived): 84.51% SIMD 2: 94.92% SIMD 3: 95.73% SIMD 4: 90.83% SIMD 5: 95.65% Overall: 91.97%	Management Information

Booking by 12 weeks - SIMD Category



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

- 80% standard achieved for all SIMD categories in each of the 12 months for the year to October 2022.
- Those in SIMD categories 1 and 2 continue to be less likely to book by 12 weeks gestation than others.
- Late booking may lead to issues with accessing early interventions and screening such as smoking cessation, in terms of fetal alcohol syndrome, dietary advice, screening tests for congenital abnormalities and other public health interventions. In turn this may lead to poorer birth outcomes for mother and baby.

NB. Post code SIMD categorisation updated from prior reports, due to availability of new dataset.

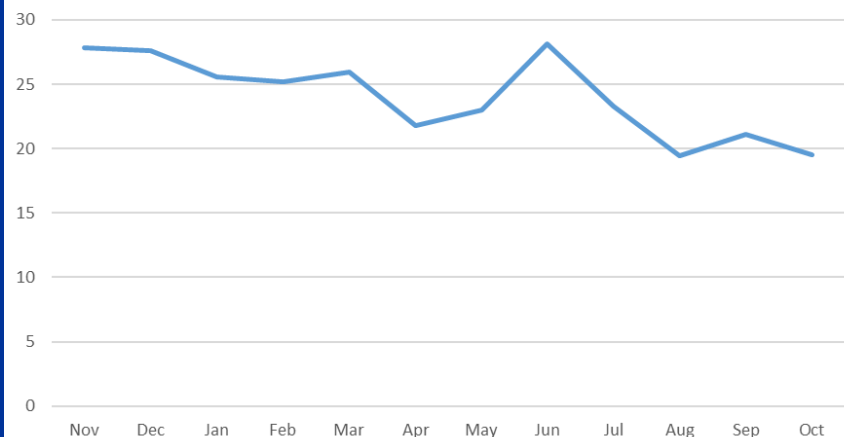
## Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Review of care pathways for those experiencing complex social factors to ensure comprehensive support in place.	March 2023	Improved understanding of epidemiology and support currently available. Development of improved support for pregnant people and improved inter-agency working.	Published report sets out key recommendations and areas for improvement.  To be realised.	Review undertaken by public health department and report now published.  Response under development based on the recommendations within the report. This will involve working from a wide group of stakeholders across NHS Lothian and beyond.
Targeted rollout of midwifery continuity to deprived communities.	March 2023	Continuity evidenced to have positive impact upon outcomes for mother and baby, particularly for those who are experiencing deprivation.	To be realised.	Programme for delivery of targeted expansion of continuity of carer being developed, with focus on deprived communities.

# PREGNANCY SERVICES – IN-VITRO FERTILISATION (IVF) ACCESS

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

Average IVF Waiting Times



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

- The service currently meets the 52 week target for IVF treatment and has done so throughout the last 12 months.
- Edinburgh Fertility Clinic (EFC) received additional funding from Scottish Government for an additional 70 cycles in FY 22/23 to maintain the waiting time of six months.
- To continue to maintain a waiting list under six months in 2023/24, EFC will need funding for another 80 cycles but there is uncertainty as to the likelihood of this level of funding being available. The service management team are reviewing capacity for FY 2023/24 to develop plans to mitigate against the impact of funding shortfalls.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Review of IVF pathway underway to ensure efficient capacity management.	August 2022	Streamlined pathways and more effective use of resource.	To be realised.	Changes to IVF pathways being piloted at present. Anticipate this will lead to a more efficient, streamlined appointment schedule and improved patient experience.

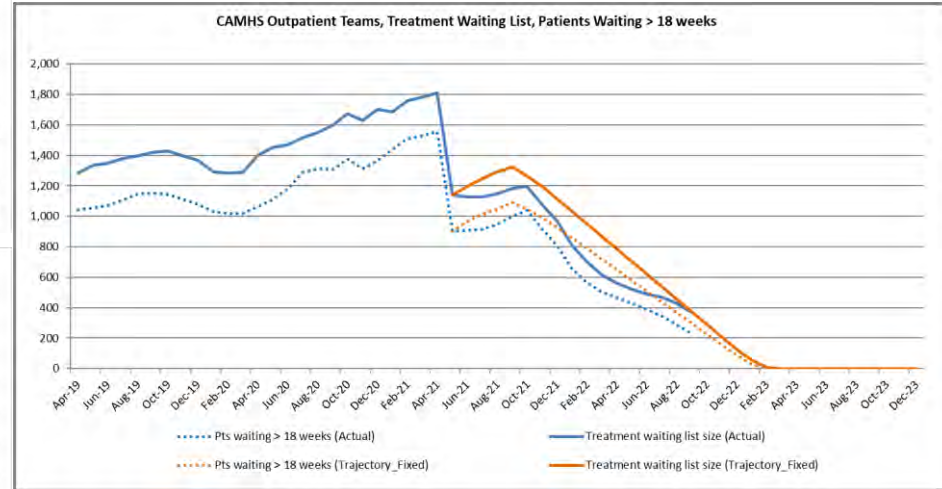
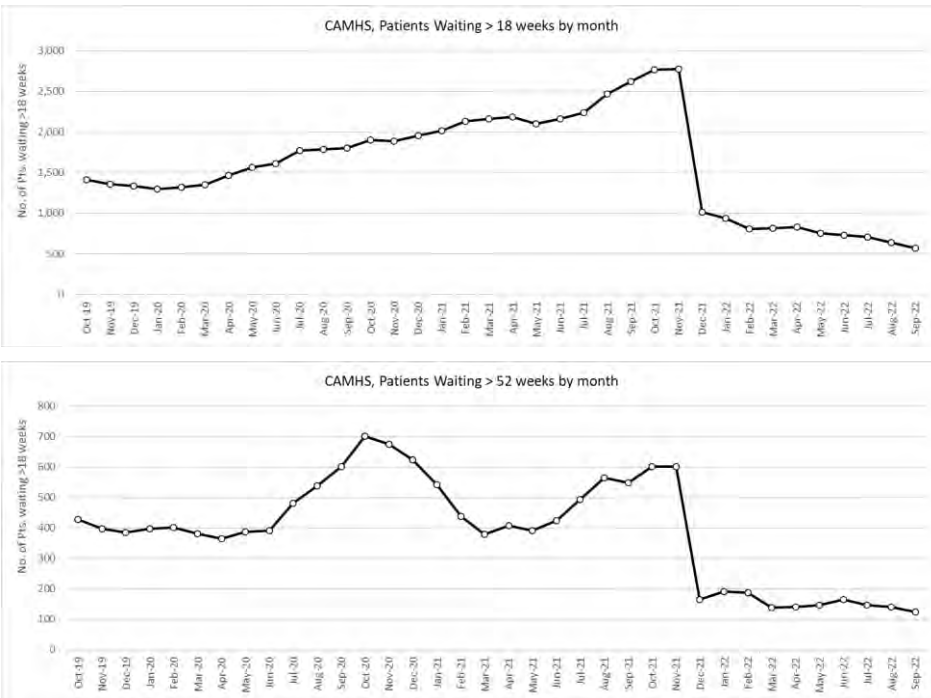


# MENTAL HEALTH SERVICES

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

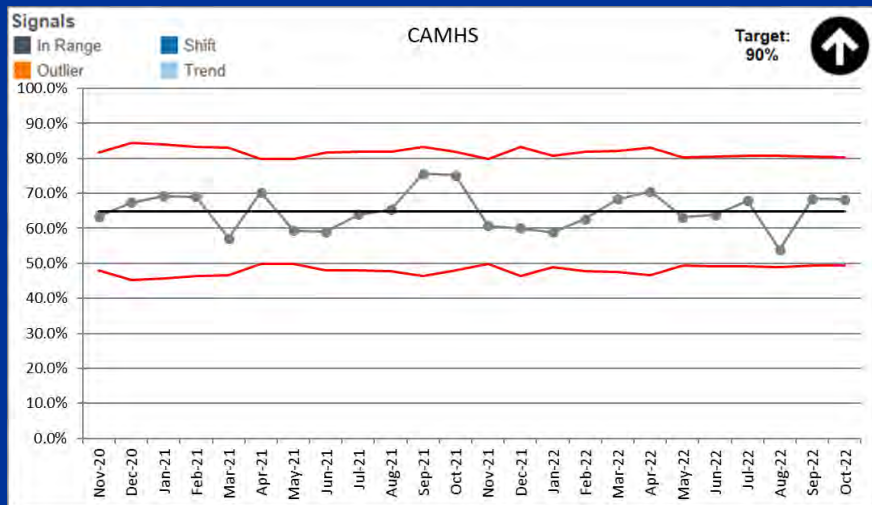
# MENTAL HEALTH SERVICES

## CAMHS - Environment & Context



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

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (September 2022)	Data Source
Not Met	90% Data is showing special cause variation but no recent signals of change. CAMHS are currently ahead of trajectory of reducing patients waiting >18 weeks for treatment by February 2023.	68.5%	Validated internal management information



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

- The Data is showing a slight dip in the % of CYP starting treatment within 18 weeks in the month of August 2022; this was expected as the service is seeing the longest waiting patients as part of the recovery plan. We have since returned to previously improved levels in September 2022.
- The total number of CYP waiting continues to decrease each month. The number of patients waiting >18 weeks waiting fell from 730 in June to 568 in September 2022. Of that number the number of >52 weeks continues to fall from 193 in June 2022 to 123 in September 2022.
- The CAMHS Tier 3 trajectory model for September 2022 indicated a trajectory treatment waiting list size of 373 and a trajectory of 298 patients waiting >18 weeks. However, we are ahead of trajectory on both these aspects with an actual waiting list of 369 and 229 patients waiting >18 weeks.
- The improvement in performance can be contributed to several factors. This includes the ability of the services to increase staffing establishment; a continued focus on CAPA implementation, increased new treatment appointments booked in line with job plans; and the utilisation of the Healios.
- East Lothian was the first team to move into full booking (CAPA implementation) on the 4th October for current core mental health. Full booking extends our capacity by moving clients into anticipated capacity (planned Core Partnership appointments). As the numbers in each of the teams are reducing, we are able to plan for full implementation. This is an excellent step forward in our recovery. The waiting list in East Lothian is 27 patients with 5 waiting >18 weeks. We no longer use Healios for core mental health assessment or treatment in East Lothian.
- Case holding staffing levels by October 2021 were expected to be 136.28 WTE for Core MH and ND. The case holding staffing count in September 2022 was 96.88 WTE – this represents a deficit of 39.4 WTE against planned recruitment.
- We have progressed with the workforce growth as per our renewal plan, bringing in additional new workforce and skills sets such as Nurse Consultant, Advance Nurse Practitioners, Clinical Pharmacists, Community Clinical Support workers and Physician Associates

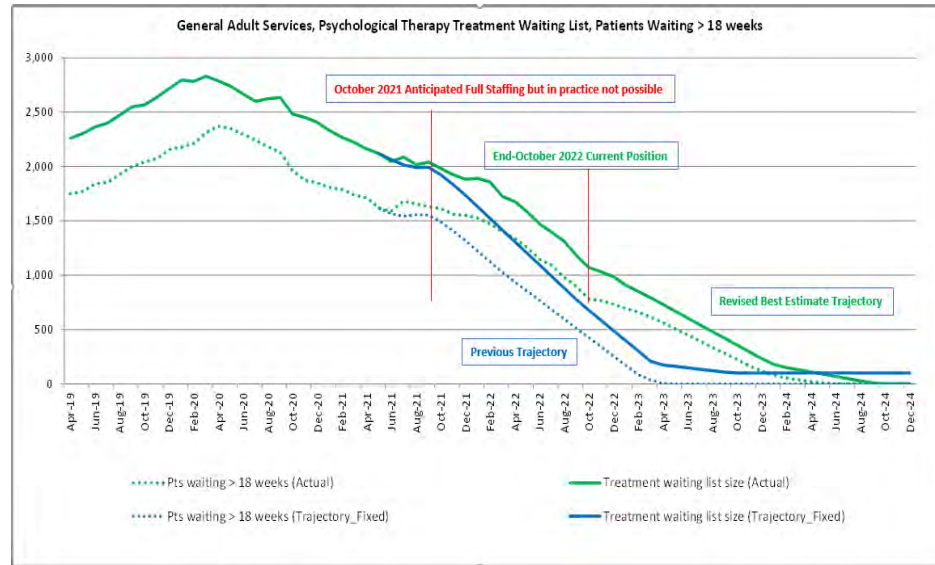
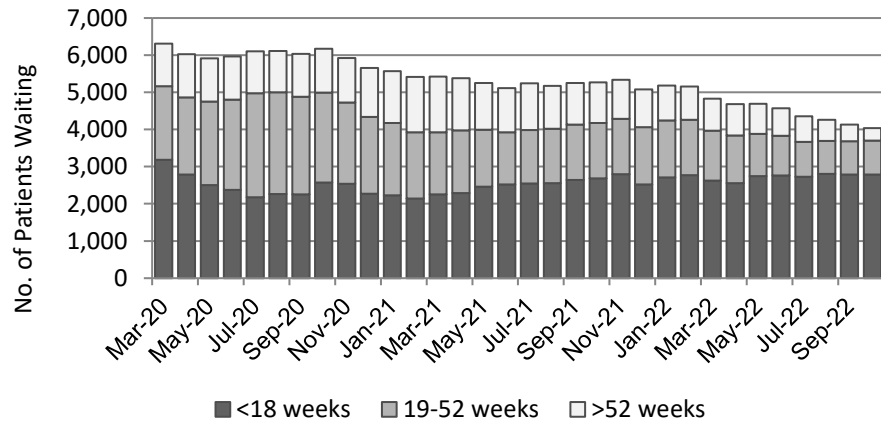
## Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
<b>Current/Ongoing Actions</b>				
Implementation of Healios to aid in the delivery of Neurodevelopmental Assessments.	Ongoing	Reduction in the number of patients waiting for assessment	Reduction in the number of overall waits for assessment	Work is ongoing to develop the Neurodevelopmental pathway within NHS Lothian. A large percentage of waits is contributed to ASD & ADHD assessments. Additional contract - Healios have been contracted to deliver up to 450 ASD & 100 ADHD assessments and further treatment appoints A new multi-agency pathway for young people who require support with ND is required.
Additional support and recognising the challenges faced in North Edinburgh	December 2022	To provide enhanced locality support in North Edinburgh to provide valuable learning and inform the development of future operational management roles	Reduction in the number of overall waits for treatment and assessment within North Edinburgh Outpatient team.	North Edinburgh has seen significant improvement in CAMHS waiting times over the previous quarter as a result of clear operational management. There still remains a vacancy within their leadership team, this should be in place for Dec 2022. They team are still having enhanced support from CAMHS SMT during this time.
<b>Completed Actions</b>				
Implementation of individual job plans and team capacity models on CAPA.	Completed	Utilisation of current capacity to deliver service within all Lothian Outpatient Teams.	Reduction in the number of overall waits for treatment.	All 5 outpatient teams have team capacity plans in place, this predicts the new patient capacity for Core CAMHS MH and also ND. The service is currently planning for Q3 Oct-Dec. East Lothian have started full booking from the start of October, this means patients will be booked straight into treatment (Core MH) following initial assessment. Planning in place for Implementation of full booking with Mid and South for January 2023

# MENTAL HEALTH SERVICES - PSYCHOLOGICAL THERAPIES

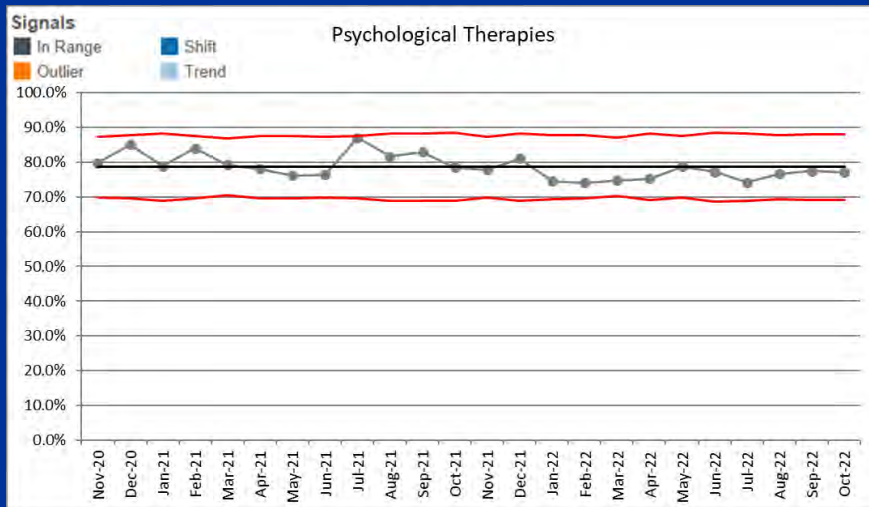
## Psychological Therapies - Environment & Context

Psychological Therapies: Patients Waiting at Month End



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

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (October 2022)	Data Source
Not Met	Data is showing a decrease in the number of patients waiting >18 weeks, however this is slightly behind trajectory.	77.1%	Validated internal management information



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

- The Percentage of patients starting treatment within 18 weeks has remained stable.
- The number of patient waiting >18 weeks has continued to decrease from 1806 in June 2022 to 1252 in October 2022.
- Total of new patient appointment offers made across Adult AMH teams in October was 310 which was higher than the predicted trajectory number of 229.
- The trajectory had predicted that there would be a total of 677 people waiting for psychological treatment in Adult Mental Health General Services in October 2022, the actual number is 1,071; this is higher than expected.
- In October 2022 the AMH Teams had 67.8 WTE Staff (inc. 7.2 Agency Staff) compared with the 75.8 WTE projected as required from October 2021 and 78.8 from December 2021 to deliver the Trajectory. Overall, there has not been a sustained and significant increase in staffing in AMH General Adult Psychology services.
- The Target Trajectory (in blue on previous page) was set in early 2021. It has not proved realistic due to recruitment challenges. The revised trajectory (in green) reflects more expected staff (temporary locum input and some growth with recruitment) and increasing treatment duration to 12 (from an average of 11) for Matrix 3 patients.
- There are many variables making exact projections difficult, with our revised pathway suggesting achievement in early 2024 and not March 2023.
- The current assumptions underlying the trajectory (future staffing levels, duration of treatment now defined by SG, realisation of theoretical capacity) have been considered and reviewed by the Oversight Board.
- SG have been involved in the revisions and are supportive of our approach. Recommending other Boards use similar approaches.



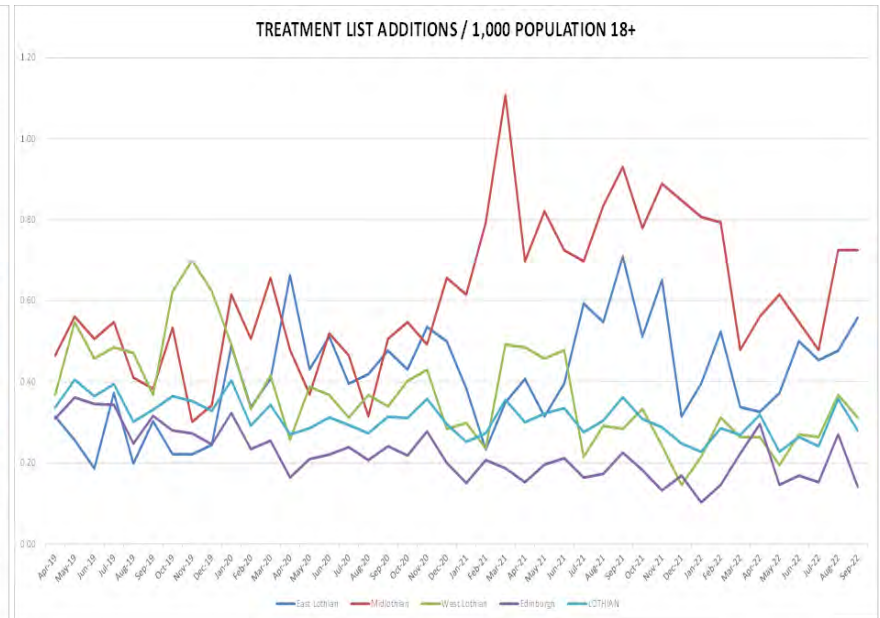
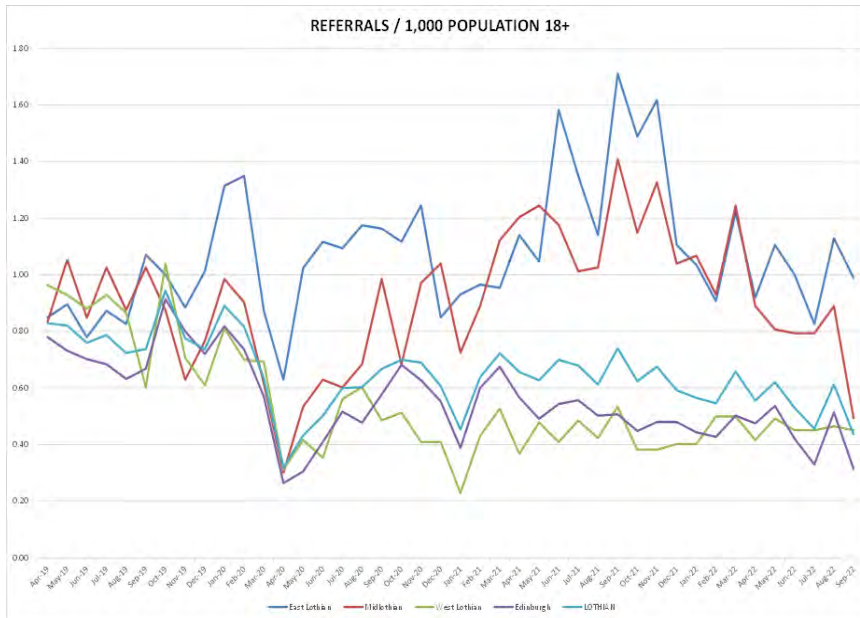
# MENTAL HEALTH SERVICES – PSYCHOLOGICAL THERAPIES

Similar rates of referral Pre-Covid across HSCP's of 0.6-1.00/1,000 population.

Much higher referral rates to PT in Midlothian (ML) and East Lothian (EL). Differences associated with local stimulation of demand with primary care developments and variation in local provision.

Management of demand and additions to the treatment waiting list a key focus in ML. QI project to be implemented in ML and EL with a focus on the triage and acceptance criteria for PT.

Cost of living crisis may lead to higher demand levels to MH across all HSCP's.



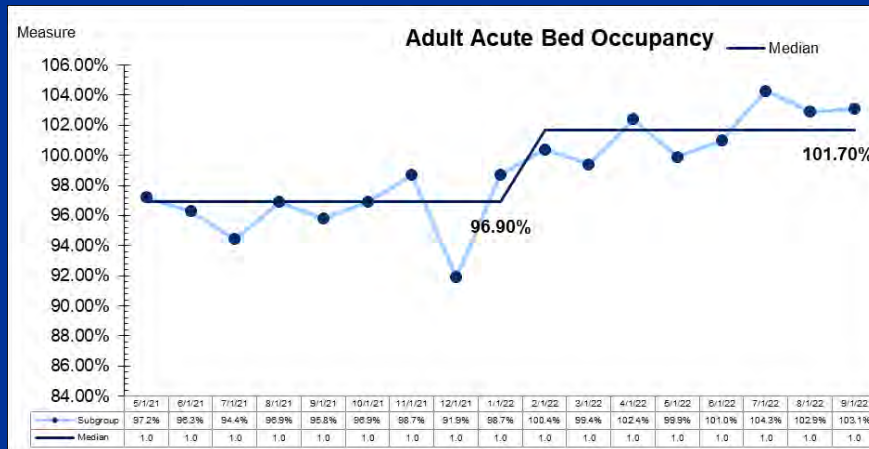
## Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of recruitment of additional staffing	Implemented and ongoing	To reach the trajectory to eliminate >18 week waits by March 2023.	Meeting this trajectory is dependent on the success of recruitment to these posts	Recruitment to the supervisory positions remains the focus, as well as recruitment of vacancies at Band 8A, to replace experienced staff who are retiring or leaving the service. Recruitment in place for locum staff to all AMH PT Teams to compensate for reduced levels of recruitment.
Uplift in new patient appointments by 20% across all Adult Mental Health General Teams	Implemented and ongoing	To contribute to the reduction of patients waiting by accounting for an average 20% non-attendance rate	New patients pick up rates increased by 20% for each staff member, reflected in job plans	This has been implemented across all Adult Mental Health General Teams
Implementation of Digital Cognitive Behavioural Treatment packages for those with mild-moderate presentations as an alternative to psychological treatment.	Implemented and ongoing	Alternative evidence-based treatment offers following triage and assessment	Reduction in the number of additions to treatment waiting list	Approximately 700 referrals a month are made to these CBT packages mainly by GP's, this is managed and governed through psychology. Increased range of treatment offers available
Use of management reports across all services to show individual and team activity, in terms of new and return appointments, caseload size and average treatment duration. Personalised reports provided to all staff for monitoring.	Implemented and Ongoing	To provide support to line managers with caseload management	To monitor performance levels commensurate with job plans. Increased transparency has contributed to reduction in the number of overall waits for treatment and assessment	Promoted transparency of individual targets and current performance. Line managers are accountable for monthly case management to support job planned activity with each individual. 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	Implemented and Ongoing	To generate consistency in new patient allocation according to the agreed job plans	To date, manualised version of PFB in place, automated version expected to lead to greater efficiency	Changes to Trak are being undertaken to support this. This was expected to be completed by February 2022. Implemented to date has been difficult for a variety of reasons, E-Health Teams have proposed a temporary fix, as is used in other services, but e-health recognise that more testing is required and there needs to be a solution with Interstate agreed. Manualised version of PFB in place has led to increased access.



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

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (September 2022)	Data Source
Not met	85-90%	101.7%	Validated internal management information



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

- The percentage occupancy for REAS Adult Acute (graph opposite) remains high. This has been a slight decrease from a high of 104.3% noted in July 2022 to 101.7% in September 2022.
- The data does not include any admissions of REH patients residing in St John’s Hospital or the use of contingency beds in REH.
- In summary – there are 80 funded Acute Adult Admission beds and 10 IPCU beds. Additional beds in use include:
  - 6 beds opened / funded through COVID-19 in Braids ward
  - 9 Unfunded beds opened in Braids ward pre-Covid
  - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)
- There is continued bed pressures across all adult mental health wards in the REH (including Adult Acute, Rehab, Older People Mental Health (OPMH), and Intellectual Disabilities (ID)). The total occupancy figures for each service is representative in the table below and will be presented in graph trend format in subsequent reports (similar to graph opposite).
- OPMH closed Pentland Ward recently due to staffing pressures across OPMH areas. The patients require HBCCC care and will continue to wait until this becomes available.
- For reference: 97% in ID equates to one empty bed.

Month	REH Site	Adult Acute	OPMH	Rehab	ID
September 2022	96.9%	103.5%	91.1%	98.4%	94.5%

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment	Completed	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	Occupancy remains very high. Daily reports have been set up on Business Objects and sent to relevant members of staff to highlight the number of patients admitted and discharged. This now includes patients residing in St John's Hospital who should have been admitted to REH. Also broken down by HSCP.
Programme of change and improvement has been established to improve patient flow	Ongoing (approx. 12 months)	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve patient flow through Acute Mental Health and reduce delayed discharges. Workstream 1 (Discharge without Delay) aims to increase our level of patient centred discharges to 25 per week, with Workstreams 2 & 3 having the potential to feed into and support in realising this immediate goal.	There are 3 workstreams that have been identified. This group will report into, and be governed, by the Lothian Mental Health and LD Operational Group (chaired by Tracey McKigen). Project Management will be supported by a Management Trainee (Callum Cowan) who is supporting the introduction of all 3 workstreams. The main focus will be Discharge without Delay (DwD), Unscheduled Care (UC), and Ways of Working.  A Programme Board has been set up, with 2 meetings being held (14/09 & 07/11/22), with chair Mike Reid (General Manager - East Lothian HSCP) receiving updates on the progress made against all 3 workstreams.
Workstream 1 – Discharge without Delay (DwD)	Ongoing	To ensure that patients are discharged from Acute Sites on their Planned Date of Discharge (PDD, the date by which they are expected to be <i>clinically</i> ready for discharge) by identifying and removing any barriers across the health and social care system.	To improve patient flow through Acute Mental Health by taking a person-centred approach to the discharge and increase discharges to 25 per week by the end of March 2023.	Workstream 1 – A project plan is being worked through in order to monitor the workstream's progress against the 3 main objectives of: 1. Set up and communication, 2. Improving discharge processes, tools and documentation, and 3. Improving optimal flow. Solid progress being made against all 3 of these objectives, with a target date for full implementation by m/e December 2022.  DwD has now been rolled out across 5 acute wards, with a presentation outlining the principles of DwD and the changes that the MDT will see as a result of it's implementation delivered to staff after RRDs and to the medical team at GAP. This momentum will be maintained by highlighting the progress made against our objectives, along with any successes and challenges, to our clinical teams through the use of hospital-wide communications.  An updated SOP around Rapid Run Downs reflecting the action-driven approach required of these meetings for the programme's success has been circulated reflecting the use of Planned Date of Discharge, with inpatient consultants and senior charge nurses collaborating with Callum Cowan to tailor this for IPCU and Braids respectively.  Initial uptake and level of engagement from staff appears high, with PDD and actions to remove impediments to discharge being discussed during RRDs and Patient Flow Meetings.  A data dashboard is currently being created to measure the impact that these actions are having on level of discharges, and a patient experience survey has been formulated with the aid of the patient council in order to gather qualitative data as to how the implementation of the principles of DwD supports our patients' recovery.

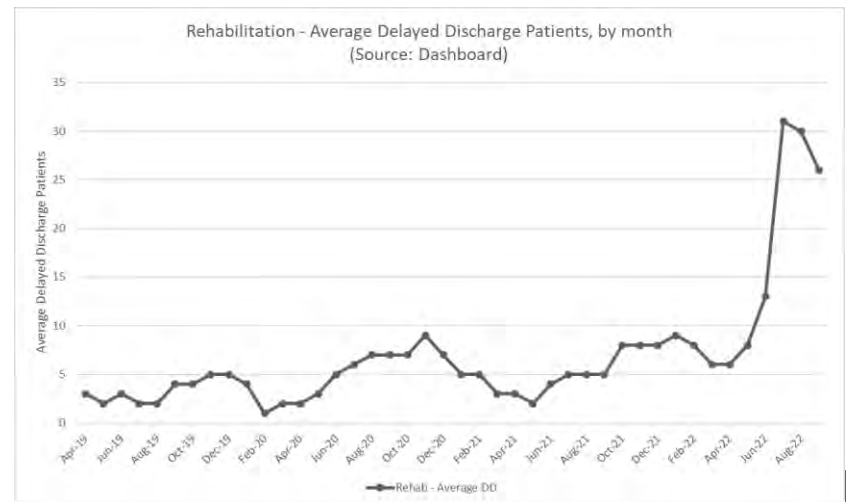
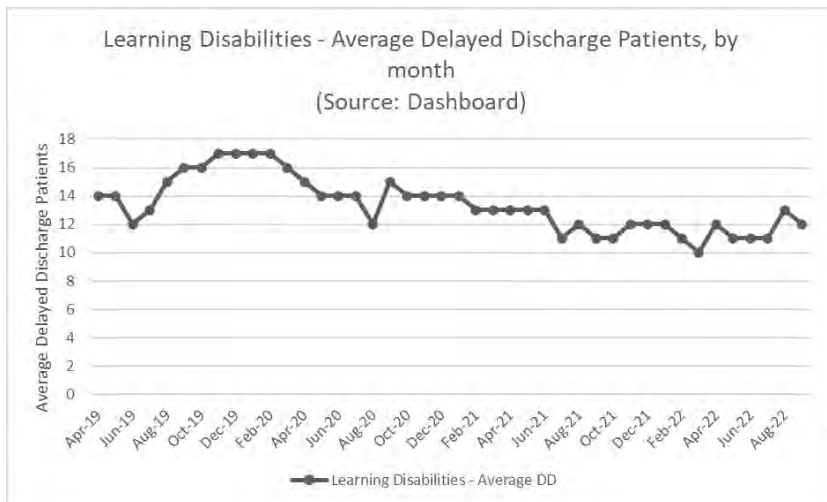
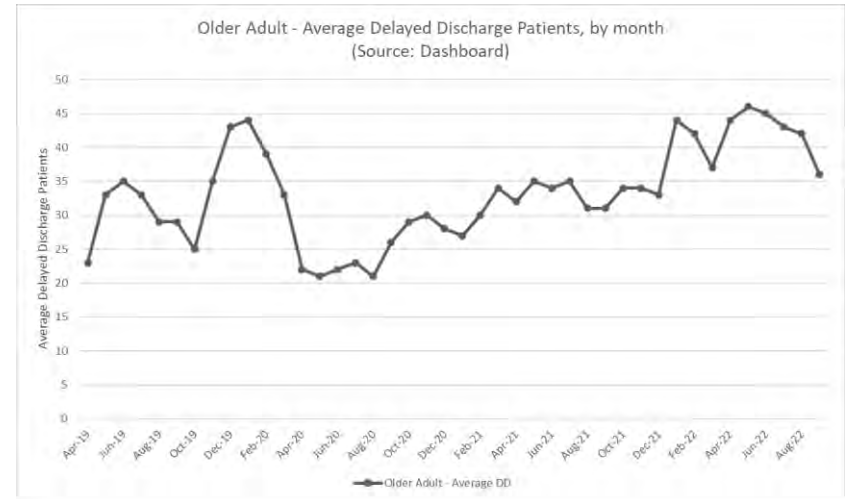
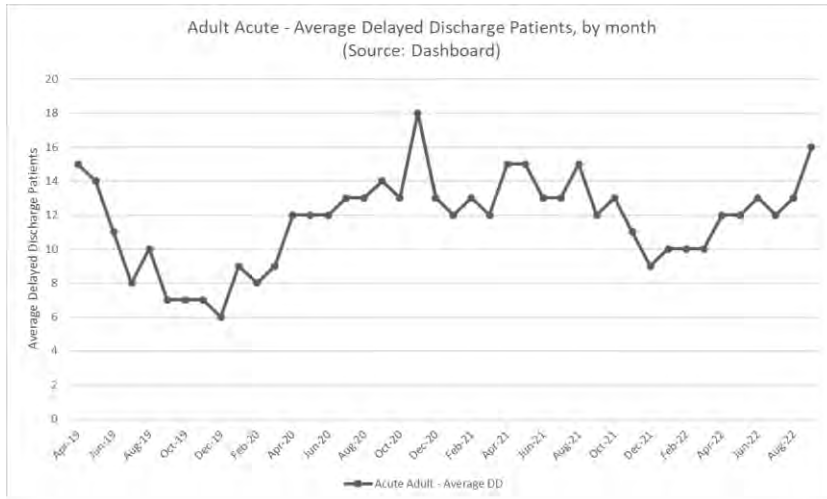
## Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Workstream 2 (Unscheduled Care)	Ongoing	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve patient flow through Acute Mental Health, ensure patients are treated in the most appropriate care setting, and reduce delayed discharges by robustly reviewing the unscheduled care admissions and discharge policies and procedures.	<p>Workstream 2 – Unscheduled Care (Karen Ozden – Lead). This workstream is still in the early/planning stage, with project goals being finalised and a project plan being drawn up.</p> <p>Mike Reid (GM – East Lothian HSCP), Callum Cowan and Jamie Martin (Patient Coordinator) will carry out a day of care audit on the IHTT and CMHT teams to gauge their current workload to ascertain whether there is any scope for them to aid in stimulating patient flow.</p> <p>Furthermore, a review of the current admissions process for IHTT will be carried out to ensure that they are still currently fit for purpose considering increased demand on our acute inpatient services.</p>
Workstream 3 (Ways of Working)	Ongoing	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve the level of patient flow in Acute Mental Health, improve the quality of patient care across all wards, and reduce delayed discharges by reviewing the current ways of working across Adult Acute Services.	<p>Workstream 3 – Ways of Working (Dr Sharon Smith – Lead). This workstream is likewise still in the early/planning stage, and is composed of 3 distinct parts:</p> <p>Firstly, assessing whether the current model of consultant care (ie inpatient, community, or mixed) provides the best possible health outcomes for patients. Karen and Callum to meet with the consultants at the next GAP H meeting to launch this review and seek insight and gauge appetite for change from our consultants.</p> <p>Secondly, the current sectorised approach to admissions will be reviewed to ensure that our patients are receiving the highest possible standards of care regardless of whether they are admitted to their social care locality's ward or not.</p> <p>For both of these elements of workstream 3, we will make use of data on Tableau to test whether any changes to the consultant model can be implemented across REAS effectively, and ensure that current/up-to-date medical literature supports the implementation of any changes.</p> <p>Finally, we will seek to determine whether moving to a Seven-Day Working pattern for members of the OT team would offer support better patient outcomes as well as value for money for NHS Lothian. Once again this will involve the use of data and collaboration with the Sustainability and Value team to perform a cost/benefit analysis of any such changes.</p>
Minimising the use of contingency beds	Ongoing	Safer patient care as staff will not be expected to look after more patients without additional resource.	Reduced staff stress and workload	Contingency beds continue to be used regularly but there is a focus on reducing and then eliminating their use.

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

Acute & Community Partnership Interface Meetings	Ongoing	Promote collaborative working between Acute & Community Services.	To improve working relationships and collaborative working to promote patient flow and ensure our patients are receiving high standards of care throughout their journey through the health and social care system. Increased levels of collaboration will aid in achieving the goals of the DwD programme, as this is key in identifying and removing barriers to discharge when a patient is clinically fit,	Interface meetings are currently being revisited by Anna Duff (Locality manager for N. Edinburgh) and Terez Burrows as part of the DwD workstream.  Callum Cowan is to meet with Calum Collingwood (CNM in East Lothian) to ascertain whether any learning from their success in reducing the amount of bed use from an average of 27 per week to 9 can be brought to bear in REAS.
Afternoon Huddle Redesign	November 2022	To ensure there are timely bed huddles which allow sufficient time for actions to be taken to promote patient flow.	Staff will be able to leave the afternoon huddle and have sufficient time to follow through on actions which should promote patient flow.	Adult Services are in the final stages of redesigning the afternoon bed huddle. This involves moving the meeting from 3pm to 1pm so that we can be more efficient in the use of time of actions identified.

# MENTAL HEALTH SERVICES – DELAYED DISCHARGES



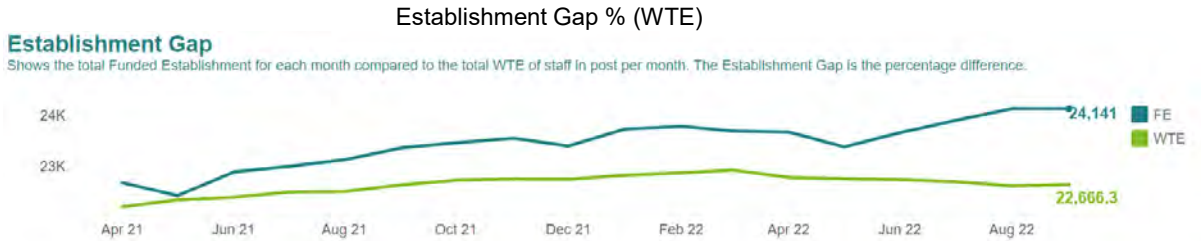
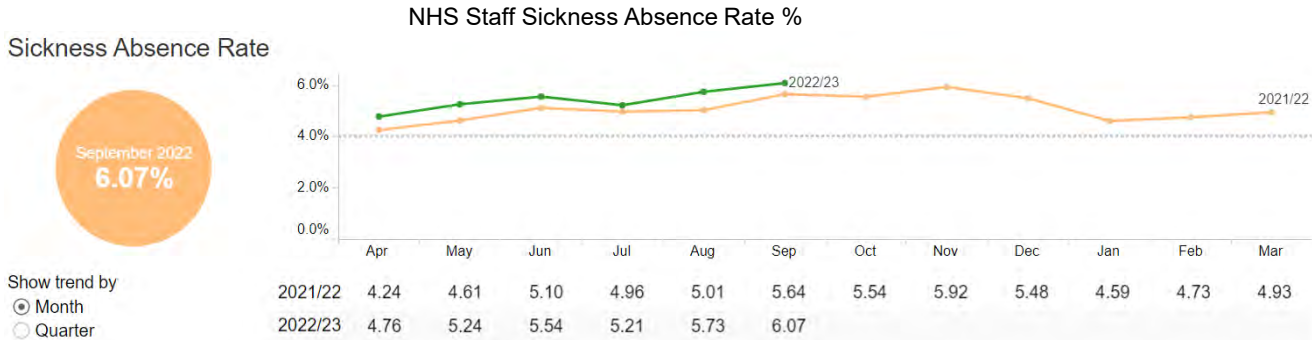
# MENTAL HEALTH SERVICES – DELAYED DISCHARGES

- Delayed Discharges are being managed by new workstreams and will be mainly influenced by the Discharge without Delay (DwD) programme of work, however the other two workstreams (unscheduled care and ways of working) also have the potential to stimulate patient flow and promote a patient centred approach to earlier discharges in the longer term.
- The aim of the DwD programme is to reduce Delayed Discharges within Acute Mental Health services and promote the use of Planned Date of Discharge (PDD). We have the stated goal of increasing our level of discharges to 25 per week by March 2023, while promoting a patient-centric approach and culture when discussing discharges across our 5 acute adult inpatient wards, IPCU, and Braids.
- The 3 main initial focus' of the implementation plan for REAS will be:
  - Planned Date of Discharge – Planning for a patients discharge from the moment they are admitted to hospital facilitates preventing any delays through early and effective planning. A key aim of the PDD and the wider programme of work is to limit hospital stays to what is clinically and functionally essential; getting patient home at the earliest and safest opportunity. We aim to achieve this by working with community services and teams (i.e., social work) to ensure that packages of care etc. are in place for the date that the patient is expected to be clinically ready for discharge.
  - Rapid Rundown (RRD) – Meetings that will take place daily and be focused on patient status at a glance and will be action led. A new SOP has been written with input from our consultants and senior charge nurses to embed the principles of DwD and PDD within these meetings, as well as providing guidance as to how a successful Rapid Run Down meeting should be held. Hospital Management will support the MDT in ensuring that these meetings are productive, time bound, and action driven through the use of a Rapid Rundown Daily Collection Sheet as well as visiting RRDs in person. Specific guidance for our IPCU and Braids wards is being formulated with the assistance of their Consultant Psychiatrist and Senior Charge Nurse respectively to ensure that they are fit for use on these wards.
  - Standardised Whiteboards – These are being redesigned within ward areas to support PDD and RRDs so that relevant information is readily available at a glance to our MDT. The redesign has been through a QI process which has involved all members of staff within ward areas as to what should be included and what would make this user friendly. We have now rolled out the use of these standardised whiteboards to 3 of the 5 adult acute wards, with the final 2 to be completed next week.
- The feedback received from our MDTs after being presented with the changes that the DwD programme seek to implement suggests a high level of engagement, with PDD being discussed during RRD and patient flow meetings. Furthermore, we are seeking to keep up this momentum by communicating our success and any areas which may require continued focus through the use of hospital-wide communications.
- We are currently building a dashboard which will allow us to see the impact our actions have on the measures laid out in our measurement plan, with patient questionnaires being formulated with the help of the patient council to ensure that our every action is in line with promoting a safe and patient-centred approach to discharges.

# WORKFORCE

<b>Reporting Month:</b>	September 2022	<b>Oversight Mechanism:</b>	The 'Workforce Report' is received by the Staff Governance Committee, who consider the workforce position at the most recent reportable month, providing high level information with further details available through the Tableau Workforce Dashboards. The report shows the current position and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern.
<b>Responsible Director(s):</b>	Janis Butler – Director of HR/OD	<b>Corporate Objective(s):</b>	PARAMETER ONE – OUR WORKFORCE (no. 49, 55) On track Corporate Activities- Improving Staff Experience (no. 108)
<b>Corporate Risk Grading:</b>	3828 – Very High (20)	<b>Corporate Risk(s):</b>	Risk 3828 – Nursing Workforce Corporate Risk (Staff Governance Committee)

## Workforce - Environment & Context



	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
WTE	22,231	22,363	22,416	22,516	22,530	22,600	22,749	22,775	22,768	22,845	22,892	22,945	22,801	22,779	22,760	22,720	22,640	22,666
FE	22,699	22,447	22,909	23,017	23,150	23,381	23,478	23,566	23,414	23,745	23,799	23,706	23,684	23,397	23,677	23,914	24,142	24,141
Establishme..	2.06	0.38	2.15	2.17	2.68	3.09	3.10	3.36	2.76	3.79	3.81	3.21	3.73	2.64	3.87	5.00	6.22	6.11

# WORKFORCE – STAFF SICKNESS ABSENCE RATE %

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (September 2022)	Data Source
Not Met	4%	6.07%	NHS Lothian Tableau Absence Dashboard

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

- The funded establishment represents the agreed and funded requirement for a given department/ward to provide sufficient staffing to fully provide a service. This is compared against the in-post staffing on the payroll in a given month to provide the percentage establishment gap i.e. the difference between what we want as an organisation and what we can get.
- The overall level of establishment gap in September has reduced slightly from 6.22% in August to 6.11%, however this is almost double September 2021 position (3.09%). The reduction is primarily driven by a reduction in registered nursing gaps from 11.78% (938wte) in August to 10.89% (868wte) in September, however this is in turn an 87% (414wte) increase on September 2021 (5.06%). The volume of supplementary staffing to cover gaps has increased to 487wte in September 2022. The increase in establishment gap within registered nursing in the year to date has been driven by the 607 leavers exceeding starters of 424.
- From the 1st of September only those staff with a positive COVID test have been treated as special leave in line with national guidance, whilst all other COVID related reasons are now coded as sickness absence under the single reason of 'COVID-related illness'. Consequently, overall sickness absences have increased from 5.73% in August to 6.07% in September. Absence associated with a positive COVID test was 0.45% in September. However, within registered nursing there is only 21.5% predictable absence built into establishments for all forms of absence and current levels are running at 28.6%.
- The combination of substantial establishment gaps, insufficient supplementary staffing fill rates and high absence levels mean that services and their workforce, in particular registered nursing, continue to be under extreme pressure. Four large services with the greatest overall pressures in terms of establishment gaps are St John's Hospital 26%, REAS 23%, Edinburgh HSCP 18.49% and the RIE 16.5%. The impact of working under this level of pressure is also showing in both REAS (28%) and St John's (30%) who are well in excess of the 21.5% planned allowance.

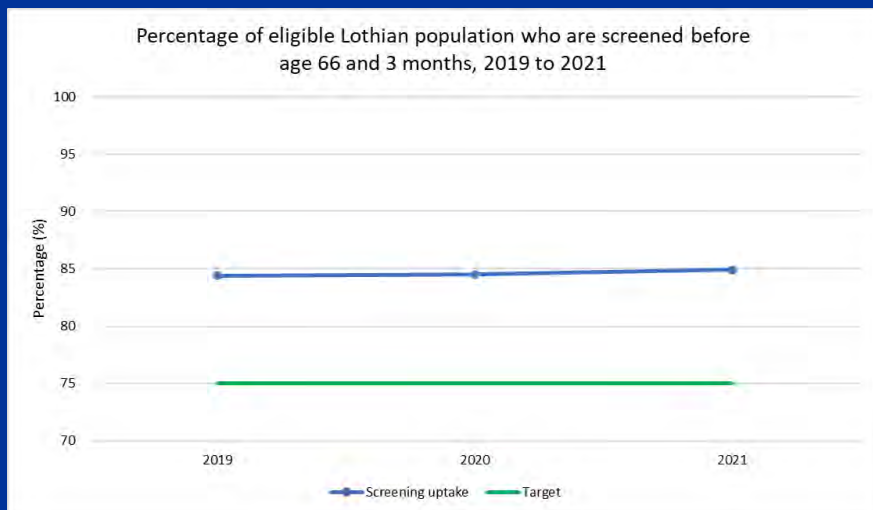


# PUBLIC HEALTH

<b>Reporting Month:</b>	December 2021- March 2022	<b>Oversight Mechanism:</b>	Public Health and Health Policy Core Senior Management Team
<b>Responsible Director(s):</b>	Dona Milne, Director of Public Health and Health Policy	<b>Corporate Objective(s):</b>	LSDF Pillar One – Improving the Public's Health Corporate Activities – Reputation Management (Objectives 8, 9, 120) <span style="float: right;">On track/Delayed</span>
<b>Corporate Risk Grading:</b>	N/A	<b>Corporate Risk(s):</b>	N/A

# PUBLIC HEALTH - ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (December 2021)	Data Source
Met	75% per month	84.9%	PHS



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

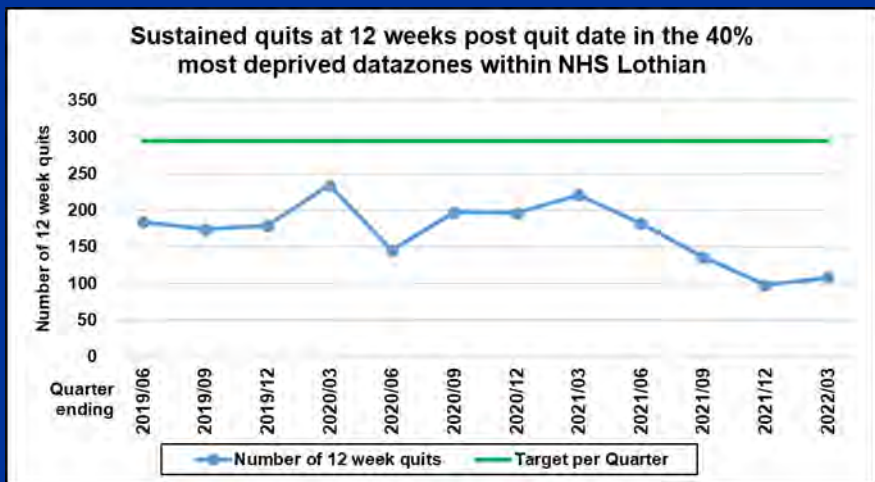
**No new data since previous report.**

The percentage of men who are undergo AAA screening remains high and above the national target of 75% between 2019 and 2021.

The uptake of screening for Abdominal Aortic Aneurysm (AAA) is based on the number of males who are offered screening and are tested before the age of 66 and three months.

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

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (January – March 2022)	Data Source
Not Met	295 per month	108 in quarter	PHS National Smoking Cessation Database



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

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

The quarterly 12 week quits seen between April-June 2019/20 and October-December 2021/22 range from a high of 234 people in January-March 2019/20 to a low of 98 people in October-December 2021/22 with a slight downwards trend overall. There has been a slight improvement in January-March 2021/22.

# PUBLIC HEALTH – IMMUNISATION (I)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (June 2022)		Data Source
5-in-1/6-in-1	Met	95%	5-in-1/6-in-1	96.7%	PHS – updated quarterly
Rotavirus	Not met		Rotavirus	94.3%	
PCV	Met		PCV	96.5%	
MenB	Met		MenB	95.6%	

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

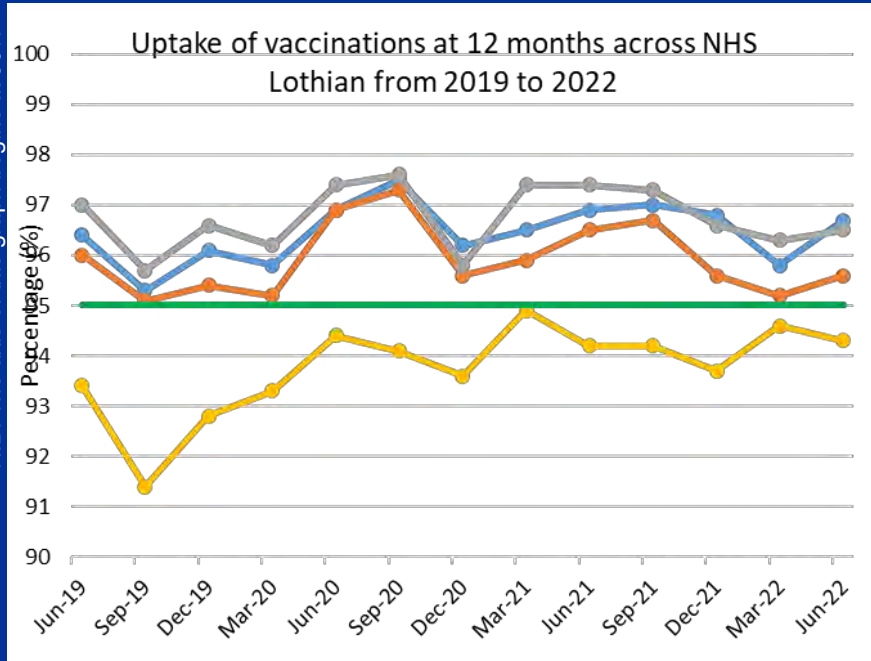
## Background, what the data is telling us, underlying issues and risks:

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

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

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

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



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

## PUBLIC HEALTH – IMMUNISATION (2)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (June 2022)		Data Source
Hib/MenC	Not Met	95%	Hib/MenC	94.6%	PHS – updated quarterly
MMR1	Not Met		MMR1	94.6%	
PCV	Not Met		PCV	94.1%	
MenB	Not Met		MenB	94.2%	

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

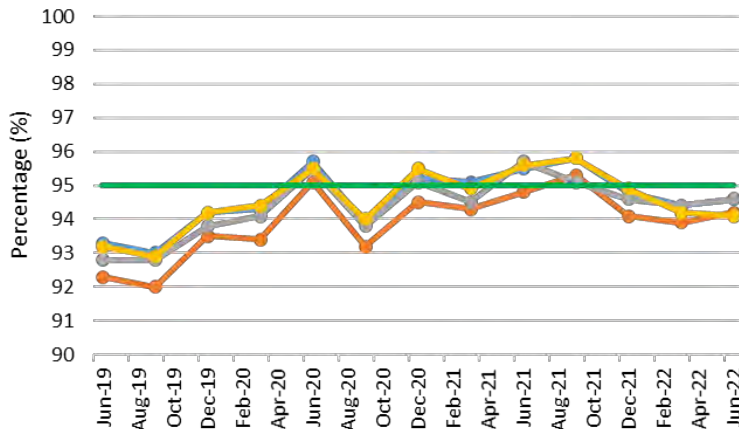
### Background, what the data is telling us, underlying issues and risks:

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

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

All vaccinations show the same broad pattern over the reporting period with some fluctuation over time. The latest data points in June 2022 identify that a slight recovery in uptake three of the four vaccinations, and is between 0.4 and 0.9 percentage points below the WHO recommendation of 95%.

Uptake of vaccinations at 24 months across NHS Lothian from 2019 to 2022



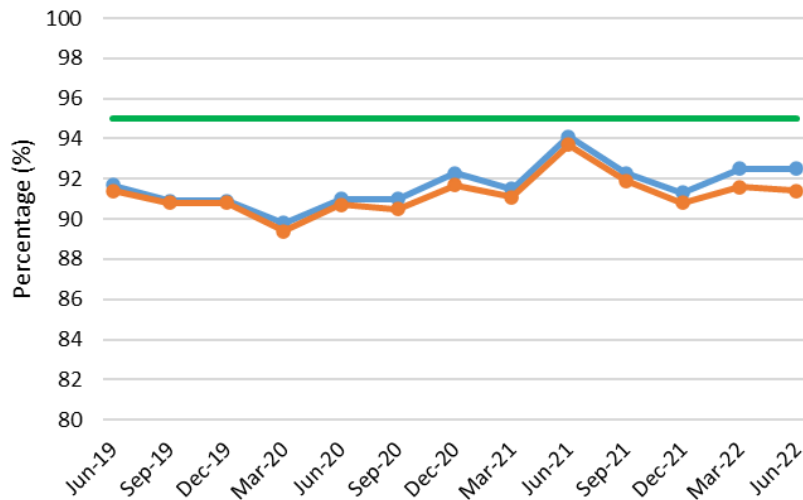
N.B. The axis of this graph begins at 90%

## PUBLIC HEALTH – IMMUNISATION (3)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (June 2022)		Data Source
MMR2	Not Met	95%	MMR2	91.4%	PHS – updated quarterly
4-in-1	Not Met		4-in-1	92.5%	

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

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



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

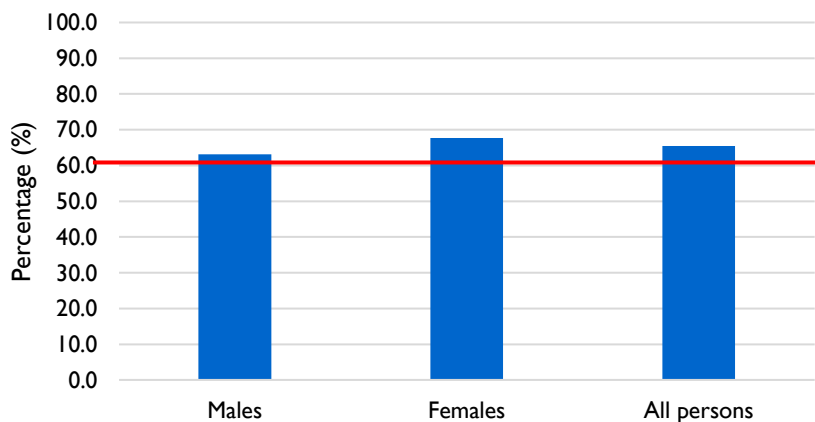
The data above represent the percentage of the eligible population who have taken the offer of vaccination. MMR2 is the second dose of measles, mumps and rubella vaccine. 4-in-1 is the diphtheria, tetanus pertussis and polio vaccine.

The trend in both MMR2 and 4-in-1 is very closely aligned. Trend data are broadly stable during the reporting period with some fluctuation. Uptake rates for MMR2 decreased slightly and the 4-in-1 stayed constant since the previous quarter but remain below the WHO recommendation of 95% (MMR2 at 91.4% and 4-in-1 at 92.5%).

## PUBLIC HEALTH – BOWEL CANCER SCREENING

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (May 2019 to April 2021)	Data Source
Met	60%	65.4%	PHS

Bowel cancer screening coverage by sex, NHS Lothian, May 2019 to April 2021



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

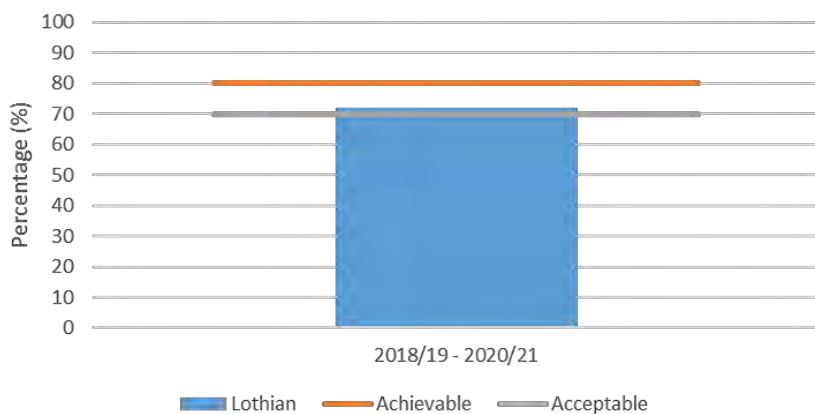
These data represent the percentage of people who are invited to bowel screening who have a final outright screening test result available. These data (published in February 2022) are the most recent available and represent people invited to be screened in the two-year period from the 1st of May 2019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

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

## PUBLIC HEALTH – BREAST CANCER SCREENING

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (March 2019 to March 2021)	Data Source
Met	Acceptable: $\geq 70\%$ Achievable: $\geq 80\%$	72.0%	PHS

Uptake of breast cancer screening in females aged 50-70 across NHS Lothian in 2018/19 to 2020/21



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

**No new data since previous report.**

This metric refers to the percentage of those invited to breast screening who attend. These data refer to females between the ages of 50 to 70 years old. The data is presented as three-year periods.

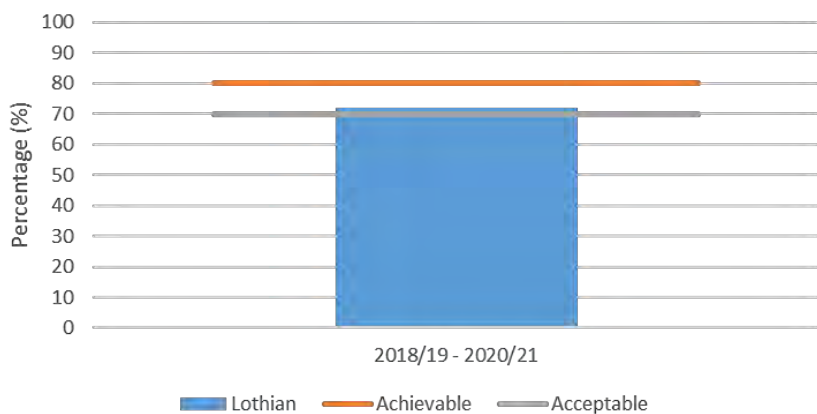
In the latest three-year period of data presently available (2018/19-2020/21) the uptake was 72.0%, which is a slight increase from the previous three-year period (71%) just above the acceptable threshold of 70%.



## PUBLIC HEALTH – CERVICAL CANCER SCREENING

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (October 2020 to March 2021)	Data Source
Not Met	80%	66.2%	PHS

Uptake of breast cancer screening in females aged 50-70 across NHS Lothian in 2018/19 to 2020/21



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

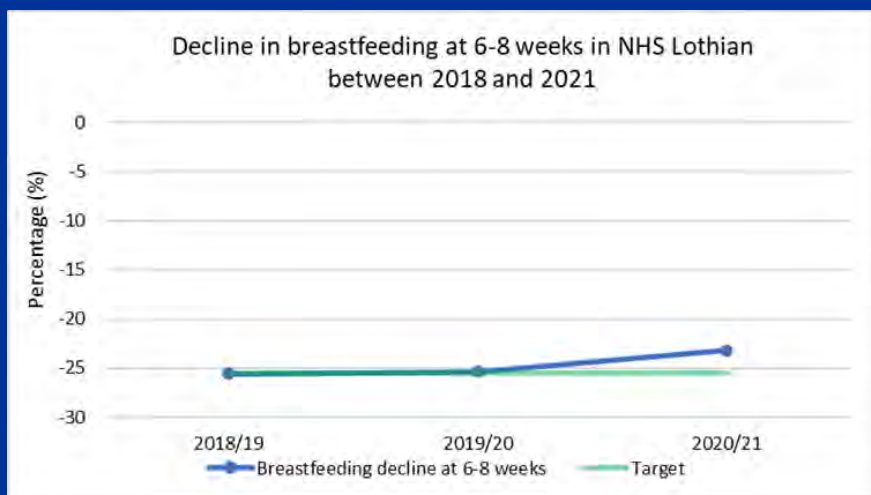
**No new data since previous report.**

These data refer to the percentage of women who participated in the cervical screening programme within the agreed time intervals out of the eligible population.

The percentage uptake of cervical screening in Lothian has shown a slight decline from 70.4% in 2018/19 to 66.2% in 2020/21. The national target of 80% has not been reached during this period.

## PUBLIC HEALTH – MATERNAL & INFANT NUTRITION: DECLINE IN BREASTFEEDING AT 6-8 WEEKS

Performance Against Standard/Trajectory	Standard/Trajectory	Latest Performance (2020/2021)	Data Source
Met	-25.5% by 2024/2025	-23.2%	PHS – Updated twice annually



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

**No new data since previous report.**

These data show the number of babies who were no longer being breastfed at 6-8 weeks, as a percentage of those babies who were ever breastfed.

There has been a small improvement in this measure, with a change of -25.6% in 2018/19 to a change of -23.2% in 2020/21. NHS Lothian is already achieving the national target set for 2024/25 of -25.5%.

Director of Finance

OCTOBER 2022 FINANCIAL POSITION

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 7 for NHS Lothian.
- 1.2 This paper also sets out the financial impact from Covid-19 to date and provides an update on the SG allocation for this year.
- 1.3 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
  - **Note** the Quarter 2 year-end forecast has been maintained at a projected £19m overspend, as presented to the Finance Resources Committee at its October meeting;
  - **Accept** that based on information available at this stage, NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2022/23, based on assumptions around additional funding.

3 Discussion of Key Issues

**Financial Position as at October 2022**

- 3.1 At Period 7, NHS Lothian reported a year to date overspend position of £12.6m against the Revenue Resource Limit. Detailed information is shown in Appendix 1 and by operational unit in Appendix 2.
- 3.2 The main pressures are principally driven by drugs spend beyond available budget and Medical and Dental pay costs, both anticipated pressures within the Financial Plan. There are also now some emerging increases in levels of other non-pay expenditure being incurred, particularly relating to property costs, driven by inflationary pressures. The impact of this will be monitored over the coming months to review if expenditure exceeds forecast amounts.
- 3.3 £4.7m of reserves flexibility has also now been phased into the overall position. This equates to a pro-rata share of reserves flexibility identified as part of the Q1 review available to offset operational pressures.

- 3.4 The £12.6m overspend to date excludes any financial consequences associated with Covid. The SG has now issued a £47.2m funding allocation to the health board for Covid and a further £7.2m for Test and Protect. £31.5m of funding has been released ytd to meet Covid costs incurred by both the Board allocation, with IJBs also releasing Covid reserves for costs within delegated services. The breakdown of these Covid costs to date are shown in Table 1 below.

**Table 1: Summary Breakdown of Covid-19 Costs Incurred**

Covid Costs	YTD £'000	22/23 Covid Expenditure	YTD £'000
Covid-19 Vaccination	8,051	Board Covid Costs	£26,665
Other Additional Staff Costs	5,998	Partnership NHS	£4,815
Additional Bed Capacity/Change in Usage	3,321	<b>Total Covid Costs Incurred</b>	<b>£31,480</b>
Other	3,243		
Testing	2,656	SG Allocation	£26,665
Additional FHS Prescribing	2,285	IJB Earmarked Reserves	£4,815
Contact Tracing	1,655	<b>Total Covid Allocations</b>	<b>£31,480</b>
Additional Equipment and Maintenance	1,253		
Additional Infection Prevention and Control Costs	1,137		
Loss of Income	1,001		
Scale up of Public Health Measures	592		
Payments to Third Parties	266		
Community Hubs	20		
Remobilisation -Digital & IT costs	3		
<b>Total</b>	<b>31,480</b>		

- 3.5 The largest element of Covid spend to date relates to the ongoing Covid Vaccine programme, with £8m incurred for this financial year so far. Significant costs remain relating to additional staffing to support services with Covid pathways and staff absence.
- 3.6 Forecast Covid expenditure is currently estimated at £63m and is broken down:
- £47.8m of Board Covid costs;
  - a further £6.1m of costs relating to Testing and Test and Protect services, and;
  - £9m of NHS Partnership covid costs.
- 3.7 In addition to this, £18m of confirmed Local Authority costs is anticipated by year end, impacting on IJBs.
- 3.8 Managing Covid costs with a view to reducing them via Covid exit arrangements is part of the ongoing review work through the Financial Improvement Group (FIG). We do expect however that limited additional resource will be available in 23/24 to support ongoing Covid costs around Testing, PPE and the Vaccination programme.

## Efficiency & Productivity

- 3.9 A total of £25.7m of savings schemes have been identified for delivery in year. To date, £14.4m was estimated for delivery with £13.1m achieved so far, leaving a shortfall of £1.3m. Covid-19 continues to affect our ability to progress and deliver identified savings plans and schemes.

## 4 Quarterly Review

- 4.1 Following submission of the Quarter 1 position, all health boards received formal communication from the SG in relation to expectations on outturn financial positions. The letter requested that health boards, as a minimum, returned to their projected outturn position from the start of the year. For Lothian, we are projecting a £19m overspend compared to a £28m value at the start of the year and are therefore already meeting that requirement.

- 4.2 The letter also requested that where Boards are unable to achieve financial balance by year-end, funding support required from the SG to deliver breakeven may be provided in the form of brokerage which would be repayable in future years.
- 4.3 At this stage, we continue to work through opportunities to reduce the £19m gap to a breakeven position. On this basis we have not currently notified the SG of a brokerage requirement and continue to provide limited assurance on the achievement of financial balance at year end. Quarterly review meetings with service teams continue with Quarter 2 meetings starting in December. These meetings will be key to identifying options to improve on our £19m projected overspend in order to achieve a balanced financial outturn position and avoid any brokerage requirements.
- 4.4 An ongoing review of reserves and any in-year flexibility generated allows for additional resources to be allocated to support the operational overspend position. This includes a review of allocations anticipated for the year. Critical information is still awaited in terms of the value of allocations expected. This brings with it a level of financial risk and impacts on our ability to give greater assurance on delivering a break-even position. We continue to assess the financial risk around the allocations position.
- 4.5 Notification has been received that the allocation in relation to improving access has been reduced from an assumed £16.1m to £11.3m. Expenditure plans will now be subject to review to ensure they are delivered within the available resource, impacting on overall capacity. There is ongoing discussion with the SG in relation to the impact this reduction will have on reported activity performance.

## **5 Update on 2022/23 Baseline Uplift Allocation**

- 5.1 Within the £28m Financial Plan gap approved at the beginning of this financial year was additional uplift on baseline resources, equating to 2%. This was an interim allocation, with an adjustment to this expected following conclusion of pay award negotiations.
- 5.2 Since that time, the SG have offered a flat rate of £2,205 for Agenda for Change staff but this has not been accepted. A 4.5% increase for Medical and Dental staff was paid in September with arrears paid in October. It is still anticipated that any additional costs associated with increased pay agreements will be fully funded by the SG. Failure to receive this in full is a further risk to the board.
- 5.3 Overall, the challenge of delivering financial balance in the current year is adversely affected by a series of financial issues including:
- The challenge to balance the financial priorities with service delivery and operational challenges;
  - No additional resource available to support non-pay cost growth in a year of on-going and unpredictable inflationary pressure. There is significant additional spend forecast from medicines (particularly Cancer) and higher charges from contractual commitments such as PFIs;
  - The legacy of a reduced recurring delivery in the efficiency programme in 21/22 has an ongoing impact in 22/23.
- 5.4 As well as those challenges in the current financial year, many of those issues identified are recurring in nature and will impact beyond 22/23. Understanding the extent of the recurring impact is a priority over the coming months as we plan for 23/24 and beyond.
- 5.5 Work will continue to be progressed to understand ongoing risks and opportunities to deliver financial balance this year, including the quarterly discussions with Business Units.

## 6 2023/24 Outlook

- 6.1 The Outlook for 2023/24 was presented to the Finance and Resources Committee at its October meeting and presented an increasingly challenging financial position moving into 23/24 based on assumed percentage uplift estimates and funding options. The Board is now waiting on more targeted assumptions which will be based on details from the budget due on 16<sup>th</sup> December.

## 7 Risk Register

- 7.1 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)*

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

## 8 Impact on Inequality, Including Health Inequalities

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

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

- 9.1 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.

## 10 Resource Implications

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

Craig Marriott  
Director of Finance  
24th November 2022  
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Appendix 1 - NHS Lothian Income & Expenditure Summary to 31<sup>st</sup> October 2022

Appendix 2 - NHS Lothian Summary by Operational Unit to 31<sup>st</sup> October 2022

## Appendix 1 - Lothian Income & Expenditure Summary to 31<sup>st</sup> October 2022

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	323,531	189,644	197,446	(7,803)
Nursing	522,302	302,181	301,306	875
Administrative Services	149,637	81,154	83,522	(2,367)
Allied Health Professionals	96,769	56,484	54,999	1,484
Health Science Services	45,925	27,082	28,569	(1,487)
Management	8,202	4,694	4,403	292
Support Services	80,997	46,407	49,207	(2,800)
Medical & Dental Support	15,225	9,367	9,673	(306)
Other Therapeutic	53,207	31,957	30,311	1,646
Personal & Social Care	2,819	1,540	1,443	97
Other Pay	(12,149)	(12,431)	(12,219)	(212)
Emergency Services	0	0	15	(15)
Vacancy Factor	(496)	(289)	0	(289)
<b>Pay</b>	<b>1,285,969</b>	<b>737,790</b>	<b>748,674</b>	<b>(10,885)</b>
Drugs	117,819	68,125	82,845	(14,720)
Medical Supplies	93,660	56,418	62,403	(5,985)
Maintenance Costs	5,843	3,416	6,664	(3,248)
Property Costs	44,584	21,704	23,653	(1,950)
Equipment Costs	33,479	21,436	22,875	(1,438)
Transport Costs	8,796	4,956	6,250	(1,294)
Administration Costs	215,858	(11,031)	(30,039)	19,008
Ancillary Costs	11,972	7,037	8,998	(1,962)
Other	(10,809)	(23,348)	(24,096)	748
Service Agreement Patient Serv	34,805	24,182	24,671	(489)
Savings Target Non-pay	(364)	(217)	0	(217)
Resource Trf + L/a Payments	113,892	85,346	86,456	(1,109)
<b>Non-pay</b>	<b>669,535</b>	<b>258,025</b>	<b>270,681</b>	<b>(12,655)</b>
Other Payments/reimbursements	0	0	(5)	5
Gms2 Expenditure	127,415	85,788	86,909	(1,121)
Ncl Expenditure	(72)	(42)	518	(560)
Other Primary Care Expenditure	87	51	45	6
Pharmaceuticals	159,628	91,183	93,179	(1,996)
<b>Primary Care</b>	<b>287,057</b>	<b>176,979</b>	<b>180,645</b>	<b>(3,666)</b>
<b>Other</b>	<b>(1,338)</b>	<b>(769)</b>	<b>(282)</b>	<b>(487)</b>
<b>Income</b>	<b>(337,758)</b>	<b>(205,340)</b>	<b>(215,739)</b>	<b>10,399</b>
<b>Extraordinary Items</b>	<b>0</b>	<b>0</b>	<b>(3)</b>	<b>3</b>
<b>CORE POSITION</b>	<b>1,903,466</b>	<b>966,685</b>	<b>983,975</b>	<b>(17,290)</b>
Additional Reserves Flexibility	4,667	4,667	0	4,667
<b>TOTAL</b>	<b>1,908,133</b>	<b>971,352</b>	<b>983,975</b>	<b>(12,623)</b>

## Appendix 2 - NHS Lothian Summary by Operational Unit to 31<sup>st</sup> October 2022

Description	Acute Services Division (£k)	Reas (£k)	Directorate Of Primary Care (£k)	East Lothian Partnership (£k)	Edinburgh Partnership (£k)	Midlothian Partnership (£k)	West Lothian Hsc Partnership (£k)	Facilities And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Research + Teaching (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
<b>Annual Budget</b>	<b>849,392</b>	<b>113,561</b>	<b>19,847</b>	<b>84,425</b>	<b>347,675</b>	<b>75,792</b>	<b>135,538</b>	<b>134,659</b>	<b>213,121</b>	<b>7,317</b>	<b>(10,509)</b>	<b>(150,654)</b>	<b>87,970</b>	<b>1,908,133</b>
Medical & Dental	(7,006)	(53)	(314)	(124)	(511)	(52)	6	0	328	0	(77)	0	0	(7,803)
Nursing	(933)	(145)	(3,440)	1,771	3,997	5	594	(36)	(773)	209	(375)	0	0	875
Administrative Services	769	(30)	(1,566)	50	346	40	27	10	(1,748)	189	(450)	(2)	0	(2,367)
Allied Health Professionals	(1,098)	36	(40)	398	710	829	443	30	169	0	7	0	0	1,484
Health Science Services	(1,502)	(4)	(39)	0	268	(7)	7	(6)	(268)	0	63	0	0	(1,487)
Management	(142)	6	(11)	5	7	13	0	(1)	165	246	4	0	0	292
Support Services	42	24	(514)	(8)	(53)	14	(1)	(2,113)	(276)	61	25	0	0	(2,800)
Medical & Dental Support	(820)	(35)	434	96	(9)	(8)	(2)	0	39	0	0	0	0	(306)
Other Therapeutic	32	862	(99)	25	75	103	66	0	587	0	(4)	0	0	1,646
Personal & Social Care	(19)	(17)	9	6	35	0	0	0	83	0	0	0	0	97
Other Pay	17	9	28	(6)	16	20	2	33	(332)	0	0	0	0	(212)
Emergency Services	0	0	0	0	0	0	0	(15)	0	0	0	0	0	(15)
Vacancy Factor	(13)	0	(19)	0	(257)	0	0	0	0	0	0	0	0	(289)
Savings Target Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Pay</b>	<b>(10,672)</b>	<b>653</b>	<b>(5,570)</b>	<b>2,214</b>	<b>4,622</b>	<b>955</b>	<b>1,141</b>	<b>(2,098)</b>	<b>(2,027)</b>	<b>706</b>	<b>(806)</b>	<b>(2)</b>	<b>0</b>	<b>(10,885)</b>
Drugs	(12,865)	(374)	(270)	(214)	(447)	(120)	(159)	(8)	8	(272)	0	0	0	(14,720)
Medical Supplies	(3,097)	(59)	(206)	(159)	(604)	(31)	(228)	(1,287)	(313)	(0)	(0)	0	0	(5,985)
Maintenance Costs	(368)	(93)	(459)	(37)	(86)	(12)	(67)	(1,282)	(839)	(1)	(4)	0	0	(3,248)
Property Costs	(48)	(41)	(493)	(10)	16	103	99	(1,585)	7	1	0	0	0	(1,950)
Equipment Costs	(3,197)	(353)	72	(376)	(466)	(178)	(228)	215	(420)	3,492	(0)	1	0	(1,438)
Transport Costs	(564)	(4)	(226)	(108)	(16)	(68)	18	(370)	35	13	(1)	(3)	0	(1,294)
Administration Costs	142	39	98	(58)	837	(71)	487	(581)	(3,980)	21,975	102	17	0	19,008
Ancillary Costs	(329)	11	(198)	(30)	9	(17)	(1)	(977)	(430)	(0)	0	0	0	(1,962)
Other	19	2	(0)	0	0	0	(1)	128	599	0	0	0	0	748
Service Agreement Patient Serv	(1,123)	480	(12)	14	28	(1)	(4)	14	(65)	0	(0)	179	0	(489)
Savings Target Non-pay	(246)	0	(0)	0	0	0	0	0	29	(0)	0	0	0	(217)
Resource Trf + L/a Payments	(79)	(7)	0	(2)	(989)	(16)	(8)	0	(8)	0	0	0	0	(1,109)
<b>Non-pay</b>	<b>(21,753)</b>	<b>(399)</b>	<b>(1,694)</b>	<b>(981)</b>	<b>(1,716)</b>	<b>(412)</b>	<b>(90)</b>	<b>(5,732)</b>	<b>(5,377)</b>	<b>25,208</b>	<b>96</b>	<b>193</b>	<b>0</b>	<b>(12,655)</b>
Other Payments/reimbursements	5	0	0	0	0	0	0	0	0	0	0	0	0	5
Gms2 Expenditure	(3)	(7)	25	(307)	(278)	(381)	(156)	6	(19)	0	0	0	0	(1,121)
Ncl Expenditure	0	0	(560)	0	0	0	0	0	0	0	0	0	0	(560)
Other Primary Care Expenditure	6	0	0	0	0	0	0	0	0	0	0	0	0	6
Pharmaceuticals	0	0	(73)	(250)	(789)	(151)	(733)	(0)	(0)	0	0	0	0	(1,996)
<b>Primary Care</b>	<b>8</b>	<b>(7)</b>	<b>(609)</b>	<b>(557)</b>	<b>(1,067)</b>	<b>(532)</b>	<b>(889)</b>	<b>6</b>	<b>(19)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(3,666)</b>
<b>Other</b>	<b>1</b>	<b>0</b>	<b>(0)</b>	<b>0</b>	<b>(12)</b>	<b>0</b>	<b>(21)</b>	<b>(64)</b>	<b>(1)</b>	<b>0</b>	<b>0</b>	<b>(389)</b>	<b>0</b>	<b>(487)</b>
<b>Income</b>	<b>1,582</b>	<b>7</b>	<b>(27)</b>	<b>0</b>	<b>(97)</b>	<b>1</b>	<b>44</b>	<b>1,259</b>	<b>38</b>	<b>337</b>	<b>182</b>	<b>7,073</b>	<b>0</b>	<b>10,399</b>
<b>Extraordinary Items</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
<b>CORE POSITION</b>	<b>(30,835)</b>	<b>254</b>	<b>(7,900)</b>	<b>677</b>	<b>1,731</b>	<b>12</b>	<b>184</b>	<b>(6,629)</b>	<b>(7,385)</b>	<b>26,254</b>	<b>(527)</b>	<b>6,875</b>	<b>0</b>	<b>(17,290)</b>
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	4,667	4,667
<b>TOTAL</b>	<b>(30,835)</b>	<b>254</b>	<b>(7,900)</b>	<b>677</b>	<b>1,731</b>	<b>12</b>	<b>184</b>	<b>(6,629)</b>	<b>(7,385)</b>	<b>26,254</b>	<b>(527)</b>	<b>6,875</b>	<b>4,667</b>	<b>(12,623)</b>



**Meeting Name: Board**  
**Meeting date: 7 December 2022**

**Title: NHS Lothian Corporate Risk Register**

**Purpose of the Report:**

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

**Recommendations:**

1. Review the updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1
2. Approve the CMT recommendation, to accept onto the Corporate Risk Register, the Royal Edinburgh Hospital Bed Occupancy risk.

**Author: Jo Bennett**  
**Date: 15/11/2022**

**Director: Tracey Gillies**  
**Date: 15/11/2022**

## **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. Review the updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1
- 2.2. Approve the CMT recommendation, to accept onto the Corporate Risk Register, the Royal Edinburgh Hospital Bed Occupancy risk.

### **3. Discussion of Key Issues**

#### **3.1. Role of the Corporate Management Team**

- 3.1.1. It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper.
- 3.1.2. The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHS Lothian risk management system including our assurance system.

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

3.2.1. Understanding the very high and high risks at divisional and corporate level is a key component of Lothian's risk management system and an area identified for improvement in the Risk Management Internal Audit 2021. The current very high and high risks at Acute, REAS and HSCP level were reviewed at the July 2022 CMT for consideration and in November 2022.

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

### 3.3. Proposed Change – Royal Edinburgh Hospital Bed Occupancy Risk

#### Context

The Royal Edinburgh Hospital is continuing to operate above 100% capacity. There are controls in place such as standard operating procedures for use of contingency beds plus patient and environmental risk assessments, however higher activity and acuity in acute admission wards and a significant number of delays are magnifying this risk. As a result of the current situation, the Board is being asked to accept the following risk onto the corporate risk register.

#### Risk Description

There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose.

#### Governance

Healthcare Governance Committee is the governance committee for this risk receiving assurance through a scheduled annual report on governance and quality arrangements with additional reporting on specific issues as required.

#### Management

- A local operational group is in place with membership from REAS and the HSCPs.
- Performance and plans are reviewed every 2 weeks at REAS SMT.

#### Measures

- Length of Stay
- Bed Occupancy
- Number boarded and out of area patients, within REAS and out with
- Adverse Events
- Complaints

#### Adequacy of controls and Grading

**Inadequate** as primary care capacity made available through a range of partners and requires building.

Grading – Very High 25

#### **4. Key Risks**

- 4.1. The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.
- 4.2. The Director of HR and Employee Director are in discussion concerning how to enable staff to pursue their legal right to take industrial action, whilst also working to maintain patient safety. It is recognised that in the event of industrial action, service disruption is inevitable.

Once we are clear on any specific industrial action, business continuity arrangements for the affected areas will be reviewed.

#### **5. Risk Register**

- 5.1. Will positively impact on the CRR and associated risk system.

#### **6. Impact on Inequality, Including Health Inequalities**

- 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.

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9 November 2022  
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#### **List of Appendices**

Appendix 1: Risk Assurance Table

**Risk Assurance Table – Executive/Director Updates**

Datix ID	Risk Title & Description	Committee Assurance Review Date
5360	<p><b>Covid-19</b></p> <p>There is an ongoing significant risk to the health of the population, particularly those who are clinically vulnerable, if we are unable to protect the population through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, leading to increased morbidity and mortality.</p> <p>New public health risk added April 2022.</p> <p>Executive Lead: Dona Milne</p>	<p><u>Healthcare Governance &amp; Risk Committee (HCG)</u></p> <ul style="list-style-type: none"> <li>• May 2022 – Healthcare Governance – accepted moderate assurance.</li> <li>• July 2022 - Healthcare Governance – accepted moderate assurance.</li> </ul> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>SG have provided funding and guidance for a VAM (Variants and Mutations) team to continue from Test and Protect. Work is underway to identify the staff that will be retained, and this new small team will be located within health protection and be part of a national response team.</b></li> <li>• <b>HCG accepted moderate level of assurance on the risk mitigation plan at July meeting and requested that the SG plan be confirmed and implemented and that is underway</b></li> <li>• <b>Continue to participate in the National IMT and to follow Scottish government guidance that emerges from this.</b></li> <li>• <b>Cases have levelled off, but it is some time since some people have been vaccinated. The vaccination programme for priority groups begins again soon and that will provide added protection, however, we do not know if we will have the same level of uptake as before. It is likely we will see a new variant or another wave this winter.</b></li> </ul> <p><b><u>October 2022 update</u></b></p> <ul style="list-style-type: none"> <li>• <b>National IMT continues to meet monthly and PHS provides weekly surveillance reports</b></li> <li>• <b>NHS Lothian Health Protection team continues to monitor outbreaks in high risk settings</b></li> </ul>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> <li>The new VAM (variants and mutations) team joined the health protection team in October. Their role will be to identify, investigate, risk assess and respond to new SARS-CoV-2 VAMs) of COVID-19 and be part of a national response team</li> <li>Autumn booster doses to priority groups offered, however, uptake may well be lower than previous due to vaccination fatigue and lower perceived risk. There is also a risk of a new variant and mutation.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>August 2022 Board</b>
		High 15	High 15
<b>3600</b>	<p><b>Finance</b></p> <p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is because of a combination of the level of resource available both capital and revenue and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Craig Marriott</p>	<p><u>Finance &amp; Resources Committee</u></p> <ul style="list-style-type: none"> <li>November 2020 – F&amp;R continued to accept limited assurance on the management of this risk.</li> <li>March 2021 – significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021. Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22.</li> <li>January 2022 – F&amp;R accepted limited assurance.</li> <li>Paper submitted to the August F&amp;R Committee setting out the risk and risk mitigations plans- Limited assurance accepted.</li> <li>The Board is also aware of the finance risk increase in grading and rationale.</li> </ul> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>Gap in acute prescribing reduced</li> <li>Actively progressing with business units COVID exit plans</li> <li>S&amp;V programme has identified SRO's to progress 1% efficiencies saving by December 22 across a range of thematic workstreams.</li> </ul> <p><b><u>October 2022 Update</u></b></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> <li>The financial deficit remains, particularly related to pay and non-pay costs and the broader impact of inflation and demand.</li> <li>Currently NHS Lothian is in a better position re projected deficit, compared to other boards, however the deficit remains significant and any year end deficit will require SG brokerage, which will require to be repaid.</li> <li>Work remains ongoing to manage COVID exit costs and realise efficiency savings.</li> <li>The potential impact of industrial action will be associated with enhanced funding for recovery plans, particularly around extended patient waits.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		Very High 20	Very High 25
<b>5186</b>	<p><b>4 Hours Emergency Access Target</b></p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> <p>New risk created from previous risks 3203 &amp; 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care_</u></p> <ul style="list-style-type: none"> <li>November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED</li> <li>Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021</li> <li>Scheduled for review as part of acute service report at November 2022 meeting.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>June 2021 – Board agreed downgrade of risk from Very High to High</li> <li>December 2021 – Board agreed upgrading from High to Very High</li> <li>Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</li> <li>September 2022 - Limited assurance accepted.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>The Scottish Government Urgent and Unscheduled Care Collaborative launched in June 2022 with ambitious milestones. Improvement aims for the 3 priorities</b></li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>have been agreed by PSOB and Unscheduled Care Programme Board and presented to the strategic CMT meeting in August.</p> <ul style="list-style-type: none"> <li>○ Targets which have been agreed:</li> <li>○ Reduce rate of occupancy for EHSCP from 400 to 200 by March 2023 – equates to 38 beds per day freed up across NHS Lothian</li> <li>○ Urgent care – aim to reduce avoidable ED attendances by 10% by March 2023 – increased opportunities for flow centre to scheduled care</li> <li>○ Undertaken an evaluation of WGH SDEC model and report this to the Unscheduled Care Tactical Committee on 2 September.</li> </ul> <ul style="list-style-type: none"> <li>• Note increase in population, particularly over summer months which has been supported by creation of additional GP practice capacity.</li> <li>• The RIE Improvement Group has been paused with a number of site-specific actions/improvements progressed through the site Emergency Access Group which meets fortnightly.</li> <li>• Mitigation plans are to be presented to PPDC September meeting for assurance.</li> </ul> <p><b>October 2022 update</b></p> <ul style="list-style-type: none"> <li>• PPDC accepted limited assurance on the risk mitigation plan at September meeting</li> <li>• A high-level plan is now agreed, and a Project Initiation Document has been developed to support delivery and implementation.</li> <li>• Gold stepped back up at beginning of Oct and shorter term action plans being considered as well as continued work with HSCPs</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b> Very High 20	<b>Board August 2022</b> Very High 20
<b>3726</b>	<p><b>Hospital Bed Occupancy</b></p> <p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> <li>• September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted.</li> <li>• November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge.</li> <li>• Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021.</li> </ul>	



Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>elective procedures and NHS Lothian's capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> <li>• Scheduled for review as part of acute service report at November 2022 meeting.</li> <li>• HSCPs contribution to mitigation to be picked up as part of service report in September 2022.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>• June 2021 – Board agreed to downgrade risk from Very High to High</li> <li>• April 2022 – Board agreed re-framed risk (previously timely discharge) with grading very high (20)</li> <li>• September 2022 - Limited assurance accepted.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Scottish Government Urgent and Unscheduled Care Collaborative launched in June 2022 with ambitious milestones. Improvement aims for the 3 priorities have been agreed by PSOB and Unscheduled Care Programme Board and presented to the strategic CMT meeting in August.</b></li> </ul> <p><b>Targets which have been agreed:</b></p> <ul style="list-style-type: none"> <li>○ <b>Reduce the rate of occupancy for EHSCP from 400 to 200 by March 2023 – equates to 38 beds per day freed up across NHS Lothian</b></li> <li>○ <b>Urgent care – aim to reduce avoidable ED attendances by 10% by March 2023 – increased opportunities for flow centre to scheduled care</b></li> <li>○ <b>Undertake an evaluation of WGH SDEC model and report this to the Unscheduled Care Tactical Committee on 2 September.</b></li> </ul> <ul style="list-style-type: none"> <li>• <b>A detailed measurement plan has been developed for discharge without delay. We are currently collecting baseline data and mapping processes to identify priorities for improvement (Quality planning for priorities).</b></li> <li>• <b>The group is looking at pathways through flow centre and plans progressing to undertake a 'day of care' audit.</b></li> <li>• <b>Mitigation plans are to be presented to PPDC September meeting for assurance.</b></li> </ul> <p><b><u>October 2022 update</u></b></p> <ul style="list-style-type: none"> <li>• <b>PPDC accepted limited assurance on the risk mitigation plan at September meeting.</b></li> </ul>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> <li>• A high-level plan is now agreed, and a Project Initiation Document has been developed to support delivery and implementation.</li> <li>• Gold stepped back up at beginning of Oct and shorter term action plans being considered as well as continued work with HSCPs</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		Very High 20	Very High 20
<b>3829</b>	<p><b>Sustainability of Model of General Practice</b></p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> <li>• July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda.</li> <li>• Update paper went to HCG May 2021 - No assurance level of assurance proposed or agreed as paper setting out the current position.</li> <li>• May 2022 – HCG accepted moderate assurance</li> <li>• September 2022 – HCG accepted moderate assurance on LUCs and all HSCP annual reports, with the exception of EHSCP which was limited</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Work on the NHSL Primary Care Strategic Initial agreement is progressing though timescales have slipped. The programme board meets monthly.</li> <li>• The contribution of HSCPs and LUCS to mitigate this risk will be included in their annual reports which will be presented to September HCG.</li> </ul> <p><b><u>October 2022 update</u></b></p> <ul style="list-style-type: none"> <li>• All HSCP annual reports received moderate assurance, apart from EHSCP which received limited assurance due to the continued challenge with number of patients who are delayed in their discharge from acute hospitals</li> <li>• Moderate assurance was also accepted for the LUCs annual report</li> <li>• Strategic IA for GMS infrastructure programme is progressing with aim to present to LCIG by end of this calendar year</li> <li>• Directions from SG to support delivery of CTACs, pharmacotherapy and urgent care services still awaited</li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> <li>• Vaccination transformation programme (VTP) was completed in May 2022</li> <li>• Three Edinburgh practices have now formally closed their lists to new patients, with conversations ongoing with 2 others which are likely to result in formal list closure. Primary care services are being provided to all affected patients, but possibly further from home</li> <li>• PCIP trackers continue to be 'on track'. SG funding has been constrained for implementation, with a requirement for IJBs to use primary care reserves before new funding to flow from SG.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 12	High 12
<b>5185</b>	<p><b>Access to Treatment</b></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 &amp; 4191. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care_</u></p> <ul style="list-style-type: none"> <li>• November 2020 – HCG accepted moderate assurance on the Clinical prioritisation plan.</li> <li>• 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 &amp; Winter.</li> <li>• 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.</li> <li>• March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>• 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 &amp; Winter.</li> <li>• September 2022 – paper delayed to allow discussion of plans at the Scheduled Care Recovery Board (SCRB) in October.</li> <li>• Paper planned for November 2022.</li> </ul> <p><b>Outcome of Executive Lead Discussions</b></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Annual Delivery Plan has been submitted to Scottish Government.</li> <li>• All routine (P3 and P4) Inpatients/Day cases are now being booked from longest wait first. This means P3 patients should now not be booked in advance of P4 longest wait patients.</li> <li>• Processes are being developed to return clinical priority classifications P2-4 back to Urgent/Routine on the Patient Administration System and guidance to clinical teams has been agreed.</li> <li>• Acute SMT continues to monitor progress against achieving long wait targets weekly.</li> <li>• Focusing available capacity on the longest waiting patients has reduced the number waiting over 104 weeks in Outpatients.</li> <li>• Continued deterioration in TTG long wait patients.</li> <li>• Mitigation plans are to be presented to PPDC September meeting for assurance within the context of the new long wait targets.</li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Risk assurance paper now going to November PPDC meeting to allow discussion of plans at the Scheduled Care Recovery Board (SCRB) in Oct.</li> <li>• Most Outpatient specialties achieved the 104 weeks target by end August, with the exception of Dermatology and Urology</li> <li>• Gap analysis highlights eight most challenged TTG specialties – ENT, General Surgery, Gynaecology, Orthopaedics, Paediatrics, Plastic Surgery, Urology, Vascular Surgery which did not achieve the 104-week target by end September.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		<b>Very High 20</b>	<b>Very High 20</b>
<b>5388</b>	<p><b>HSDU Capacity (New Risk)</b></p> <p>There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of</p>	<p><u>Finance and Resources Committee</u></p> <ul style="list-style-type: none"> <li>• Will be presented to F&amp;R in October 2022 for assurance.</li> <li>• Submitted but not considered due to re-prioritisation of agenda</li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience.</p> <p>New risk accepted onto CRR by June Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Additional machine now up and running with a further machine to be installed and operational by December 2022 taking total number to 6.</b></li> <li>• <b>Work is being scoped to look at additional staff shift patterns, when all machines are operational (weekends) to increase productivity and maximise capacity of the unit to support any increase in IPDC procedures.</b></li> <li>• <b>A project has now commenced regarding a replacement HSDU facility within NHS Lothian. A Programme Board has been established and is currently going through the early stages of an IA.</b></li> <li>• <b>The capacity created by additional machine will be monitored and included in F&amp;R update.</b></li> <li>• <b>Mitigation plans are to be presented to October F&amp;R for assurance.</b></li> <li>• <b>Initial grading presented to Board v high 20 – will be re-visited as part of F&amp;R update in October. The recent shutdown of Unit due to a water leak emphasises the vulnerability and risks not solely related to staffing or machinery, but the physical infrastructure of the building and the single point of failure this creates for NHS Lothian.</b></li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Risk mitigation plan submitted to F&amp;R October 2022, however, was not considered due to re-prioritised agenda</b></li> <li>• <b>IA for replacement HSDU facility currently being developed and expected to be complete by end December 2022</b></li> <li>• <b>Risk mitigation dependent on financial support for plan by SG and Board.</b></li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
<b>5187</b>	<p><b>Access to Psychological Therapies</b></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,</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> <li>• New risk pertinent to HCG. Approved at June 2021 Board.</li> <li>• Scheduled for review HCG in January 2023.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board.</u></p> <p>Executive Lead: Calum Campbell</p>	<ul style="list-style-type: none"> <li>• Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</li> <li>• Risk mitigation plan to report in September 2022 PPDC.</li> <li>• Assurance and risk mitigation plan to be submitted to the November 2022 PPDC.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Positive meeting with the SG and currently refreshing the trajectory. Performance continues to improve.</b></li> <li>• <b>Recruitment remains a key challenge and the vacancy gap remains a risk to delivery.</b></li> <li>• <b>We continue to provide eCBT, funding allocation letter remains outstanding.</b></li> <li>• <b>Escalation status to be reviewed following Autumn meeting with SG.</b></li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Waits continue to reduce and Lothian are improving faster than most other Boards in Scotland</b></li> <li>• <b>New trajectory agreed at PSOB</b></li> <li>• <b>Meeting with MH Minister to review progress and escalation status 24<sup>th</sup> November. The risk grading will be reviewed once de-escalation has been confirmed by SG and providing that performance continues to improve.</b></li> <li>• <b>Finance allocation not confirmed yet for this financial year.</b></li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		<b>Very High 20</b>	<b>Very High 20</b>
<b>5188</b>	<p><b>Access to CAMHS</b></p> <p>There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <ul style="list-style-type: none"> <li>• CAMHS Medical Workforce paper went to March 22 HCG and moderate assurance accepted. Paper also planned to go to the Staff Governance committee.</li> <li>• New risk pertinent to HCG. Approved at June 2021 June.</li> <li>• 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.</li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Calum Campbell</p>	<ul style="list-style-type: none"> <li>• An assurance paper was considered in February 2022 moderate assurance accepted with respect to clinical workforce plan and implementation as sustainable service provision.</li> <li>• Scheduled for review HCG in January 2023.</li> </ul> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <ul style="list-style-type: none"> <li>• Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</li> <li>• To report on risk mitigation plans in September 2022</li> <li>• Assurance and risk mitigation plans to be submitted to the November 2022 PPDC.</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Performance continues to improve with successful recruitment to consultant posts</li> <li>• General workforce remains a challenge</li> <li>• Escalation status to be reviewed following Autumn meeting with SG</li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Continues to improve as per trajectory</li> <li>• Monthly performance against 80% target looks low because we are focussing on longest waits but that will start to shift as those are taken off</li> <li>• First service (East Lothian) has moved to booking appointment for treatment at assessment appointment rather than moving to a different treatment waiting list. Other areas will follow as the size of waiting list reduces</li> <li>• Meeting with MH Minister to review progress and escalation status 24<sup>th</sup> November. The risk grading will be reviewed once de-escalation has been confirmed by SG and providing that performance continues to improve.</li> <li>• Finance allocation not confirmed yet for this financial year</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date
3828	<p><b>Nursing Workforce</b></p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p> <p>Executive Lead: Alison MacDonald</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> <li>• July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce.</li> <li>• 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.</li> <li>• October 2020 – verbal update provided no new level of assurance agreed.</li> <li>• 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.</li> <li>• May 2021 – Staff Governance accepted grading reduced from Very High to High.</li> <li>• 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.</li> <li>• December 2021 – Staff Governance accepted Moderate Assurance.</li> <li>• March 2022 – Staff Governance accepted Moderate Assurance.</li> <li>• The June 2022 Staff Governance accepted moderate assurance.</li> <li>• The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high.</li> </ul>
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>August 2022 Update</u></p> <ul style="list-style-type: none"> <li>• <b>Nursing and Midwifery Programme Board is being established to bring together a range of work taking place to mitigate this risk across Lothian and will report to the Workforce Planning and Development Board. The first meeting is to take place in September.</b></li> <li>• <b>Rolling out of Safe Care live which can be accessed through a range of devices. This will provide more timely, easily accessible data, to manage the service on a daily basis including escalation of issues and inform future planning.</b></li> </ul> <p><u>October 2022 Update</u></p>



Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>There are a range of plans to mitigate this risk, including the Board 3 year Workforce Plan and those presented to the October Staff Governance Committee, these include:</p> <ul style="list-style-type: none"> <li>In the short term, using supplementary staffing, recruitment to the first cohort of trainee nurses programme in mental health and pursuing options to employ student nurses, which has a range of benefits</li> <li>Aligning a range of initiatives to address this risk through the Nursing and Midwifery Programme Board. Many of the actions being progressed through this group are medium term in nature</li> <li>NHS Lothian continues to deploy a range of systems to support monitoring and oversight of staffing profiles, at a service and system level including agreed escalation criteria.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		Very High 20	Very High 20
<b>5020</b>	<p><b>Water Safety and Quality</b></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&amp;S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk –approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> <li>October 2020 – limited assurance accepted.</li> <li>May 2021 - Limited assurance was agreed by the NHS Lothian H&amp;S committee</li> <li>March 2022 - Staff governance committee accepted limited assurance</li> <li>July 2022 - Limited assurance accepted</li> <li>Staff Governance Committee July 2022 accepted limited assurance and requested list of premises</li> <li>Verbal update provided to October 2022 Staff Governance Committee</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>Letter to be issued to those occupying premises with 3<sup>rd</sup> party provider setting out responsibilities.</b></li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li><b>Paper due in December clarifying position of 3<sup>rd</sup> parties in terms of responsibilities and compliance.</b></li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> <li>• Now established that tenants are responsible for premises as all have full maintenance leases</li> <li>• Letter ready to send for phase 1 (General practices, where we have NHSL staff working and therefore have a duty of care)</li> <li>• A more robust testing programme is in place for owned premises which allows timely identification and remedial action.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 12	High 12
<b>5189</b>	<p><b>RIE Facilities</b></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"> <li>• Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases)</li> <li>• Water quality and management of water systems (flushing, temperature control, periodic testing)</li> <li>• Window safety and maintenance</li> <li>• Wire Safety</li> </ul> <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 &amp; Resources Committee</u></p> <ul style="list-style-type: none"> <li>• New risk approved by Board June 2021</li> <li>• Paper due to go to F&amp;R August 2022.</li> <li>• October 2022 - Limited assurance accepted.</li> </ul>	<p><b>Outcome of Executive Lead Discussions</b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>DRP 2 judgement has now been provided and the outcome is currently being considered by NHS Lothian in discussion with Scottish Government. The next steps are to be agreed.</b></li> <li>• <b>Consort are required to provide a detailed maintenance plan for agreement by NHS Lothian.</b></li> <li>• <b>Additional plans are currently being developed to mitigate residual risk.</b></li> <li>• <b>Window safety and maintenance issues have now been resolved and progress made on electrical safety.</b></li> <li>• <b>Risk mitigation plan is now to be presented for assurance to October F&amp;R committee.</b></li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>F&amp;R accepted limited assurance on the risk mitigation plan at October meeting and have asked for a further update on the SFRS action plan / response to be brought back for December meeting</b></li> </ul>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> <li>• It is anticipated that, upon agreement of the life cycle programme, there will be a significant reduction in risk as work progresses. This is unlikely to be resolved in the short term</li> <li>• Balance required between managing risks in clinical delivery and the infrastructure/facilities, given potentially disruptive nature of remedial works required</li> <li>• Action plans and investigatory works are underway for critical systems on a risk based and financial prioritisation.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 15	High 15
<b>3455</b>	<p><b>Violence &amp; Aggression</b> (Reported at H&amp;S Committee)</p> <p>There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Alison MacDonald</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> <li>• October 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions.</li> <li>• 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.</li> <li>• May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.</li> <li>• December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings.</li> <li>• March 2022 – verbal update provided to Staff Governance.</li> <li>• June 2022 - Staff Governance – accepted Moderate Assurance</li> <li>• Staff Governance Committee in October 22 accepted that across the breadth of this risk there was over all limited assurance, however when you consider the component parts set out in the risk mitigation plan they acknowledged the following: <ul style="list-style-type: none"> <li>○ Policy development- Medium assurance</li> <li>○ Purple pack- Medium assurance</li> <li>○ Training – limited assurance-</li> <li>○ Lone working- Moderate assurance</li> <li>○ Roles and Responsibilities- limited assurance</li> <li>○ Data/assurance- Moderate assurance.</li> </ul> </li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Programme Board has been established to develop a proportionate risk-based approach based on harms for the management of V&amp;A underpinned by policy, procedures, training and data including clear roles and responsibilities. This is due to meet next on 6<sup>th</sup> September 2022.</li> <li>• Cohort one of the lone worker devices programmes is due to complete by the 31<sup>st</sup> of August. Findings from cohort one will be used to inform cohort two and this will be discussed at the September programme board.</li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• All the above six workstreams are underway and progressing, this includes policy development, training needs analysis and the production of a minimum data set.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 15	High 15
<b>3328</b>	<p><b>Roadways/Traffic Management</b></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><b><u>Staff Governance Committee</u></b></p> <ul style="list-style-type: none"> <li>• October 2020 – limited assurance accepted regarding safe traffic management at the acute sites.</li> <li>• December 2020 – limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.</li> <li>• June 2021 Board – Governance and Management remain the same as does grading and adequacy of controls</li> <li>• March 2022 -accepted following levels of assurance accepted: <ul style="list-style-type: none"> <li>○ Moderate – Astley Ainslie hospital, East and Midlothian premises</li> <li>○ Limited – Little France site, REH, WGH, St John's</li> </ul> </li> <li>• July 2022 - limited assurance accepted</li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• The risk mitigation plan addresses 3 key controls: <ul style="list-style-type: none"> <li>○ Site specific traffic management and the mitigation and control of risks</li> <li>○ Assurance &amp; Compliance</li> <li>○ Traffic Management Staffing and Competent Persons.</li> </ul> </li> <li>• A number of projects are underway at WGH led by the capital planning team, estates team and the University. This has resulted in an increase in construction traffic on site.</li> <li>• At the Little France Campus mitigation plans are being considered for the remaining risks but the risk remains high due to the layout of the roads, despite more controlled traffic due to the re-introduction of staff permits.</li> <li>• Staff governance committee accepted limited assurance at July meeting. Paper requested for every second meeting and a verbal update at alternate. Next paper due December 2022.</li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Verbal update given to Staff governance committee at October meeting</li> <li>• Local projects continue within constraints of monies available</li> <li>• A paper to request capital funding will be presented to LCIG in Q4 of 2022/23</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 12	High 12
<b>1076</b>	<p><b>Healthcare Associated Infection</b></p> <p>There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment and environment where care is provided is inadequate or has inconsistent implementation and monitoring of HAI prevention and control measures and the threat of emerging and novel pathogens including</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> <li>• January 2021 - Moderate assurance accepted. Standing item on HCG agenda.</li> <li>• March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres.</li> <li>• May 2021 – HCG accepted Moderate Assurance against plans in place to deliver the standards.</li> <li>• July 2021 and January 22 – HCG accepted Moderate Assurance against plans in place to deliver the standards.</li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>Covid-19 leading to potential harm and poor experience for both staff and patients.</p> <p>Executive Lead: Alison MacDonald</p>	<ul style="list-style-type: none"> <li>• August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report.</li> <li>• March 2022 – HCG accepted moderate assurance with respect to plans to mitigate this risk.</li> <li>• July 2022 – HCG accepted moderate assurance.</li> <li>• The risk mitigation plan is to report to HCG in the new year (23), with routine HAI reporting continuing to take place as per schedule.</li> </ul> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Work to review risk description and development of specific risk mitigation plans progressing</li> <li>• Timescale for presentation to HCG for assurance to be agreed.</li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• The organisational processes for monitoring, reporting and responding to HAI are currently under review which also includes risk management.</li> <li>• The risk description is also under review to ensure it captures the residual risk that cannot be managed at an operational level.</li> <li>• A paper is going to the October ELT concerning HAI and the built environment and this will inform the risk description review.</li> <li>• Controls through site infection and control groups, Health and Safety groups/committee and adverse event reporting continue to be in place, plus Board reporting.</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 16	High 16
<b>5322</b>	<p><b>Cyber Security</b></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</p>	<p><u>Finance and Performance Review Committee</u></p> <ul style="list-style-type: none"> <li>• Paper now planned to go to F&amp;R May 2022 and for Board discussion May 2022.</li> <li>• Paper presented to F&amp;R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed.</li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>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><b><u>Outcome of Executive Lead Discussions</u></b></p> <p><b><u>August 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Implementation of risk mitigation plans continue</li> <li>• PPDC update due Jan 2023</li> </ul> <p><b><u>October 2022 Update</u></b></p> <ul style="list-style-type: none"> <li>• Risk mitigation plans in place.</li> <li>• Plans on target with progress regularly reported and monitored through management and governance structures and evidenced by updates to risk KPIs</li> <li>• NIS Audit completed July 2022 – results available</li> <li>• ICO audit scheduled for Oct/Nov 2022 – audit evidence being collated</li> <li>• Advanced Healthcare Cyber attack impacting Adastra systems across NHS Scotland – Impact Managed and mitigated At NHS Lothian level</li> </ul>	
	<b>Risk Grading:</b>	<b>Board June 2022</b>	<b>Board August 2022</b>
		High 12	High 12

	<b>Associated Plans</b> <ul style="list-style-type: none"><li>• Capital Plans</li></ul>	•	•
	<b>Grading</b> tbc		



**Meeting Name: Board**  
**Meeting date: 07 December 2022**

**Title: NHS Lothian Pharmaceutical Care Services Plan: Update December 2022**

**Purpose of the Report:**

DISCUSSION		DECISION		AWARENESS	x
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The NHS Lothian Pharmaceutical Care Services Plan (PCSP) was approved by the Board in December 2021. The accepted time frame for delivery of the recommendations within the plan were within the context of a 3 year strategic planning cycle.

The PCSP contains 16 recommendations and three were agreed as priorities in line with COVID renewal and recovery.

The update on progress of the recommendations is noted within this paper together with development of a workplan to support monitoring and implementation. Progress has also been made on update of the Pharmaceutical List in development of a live database that provides comprehensive overview of services. Further work has seen development of a robust process to support services in the event of short notice closures.

**Recommendations:**

The Board is asked to

- Note the development of a workplan to support ongoing implementation.
- Note progress to date on three priority recommendations. Further detail on the wider recommendations can be found in appendix 2
- Note that it was agreed in December 2021 that the PCSP would be updated and brought back to the Board every three years, and so this will be due in 2024
- Note that the annual monitoring process will take place through existing management arrangements

**Author: Katherine Davidson**  
**Date: 22 November 22**

**Director: Dona Milne**  
**Date: 25 November 22**

**NHS Lothian Pharmaceutical Care Services Plan: Update December 2022**

**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board note the progress and development of a work plan to support implementation of the recommendations within the Pharmaceutical Care Services Plan. The update is focussed on three priority areas as discussed and agreed by the Board in December 2021.

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

**2 Recommendations**

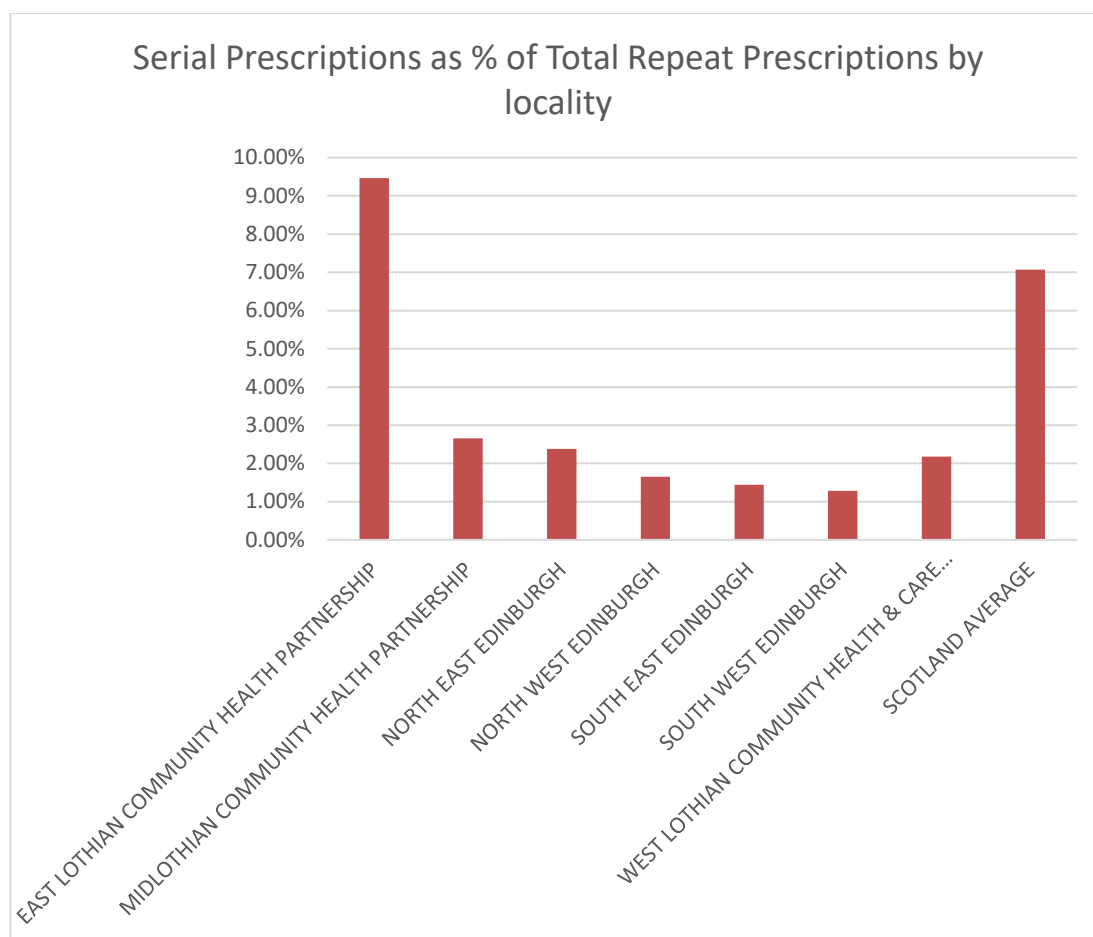
- 2.1 Note that the Pharmaceutical Care Services Plan (PCSP) was accepted by the Board in December 2021 and published via NHS Lothian internet (Appendix 1). The plan contained 16 recommendations.
- 2.2 Note that in December 2021, it was accepted that the time frame for delivery of the recommendations within the plan were within the context of a 3 year strategic planning cycle.
- 2.3 Note the progress made and development of a work plan to support delivery of recommendations over the next 2 years.

**3 Discussion of Key Issues**

- 3.1 In December 2021, the PCSP for NHS Lothian was accepted by the Board for publication. It was agreed, that delivery of the 16 recommendations would be over a 3 year time period, in line with strategic planning cycles and the next full iteration would be expected in 2024.
- 3.2 However, to maintain progress and ensure continued alignment with the strategic objectives across NHS Lothian and the HSCPs, and in line with the pharmaceutical services regulations which set out the PCSP, it was agreed that progress against the plan would be reviewed annually. The Board is asked to note progress to date and the development of a workplan which will support implementation of the recommendations in full.
- 3.3 Within the PCSP, 16 recommendations were made, however three areas were identified as priorities aligned with COVID recovery and renewal priorities:
- 3.3.1 **Medication Care and Review service including serial prescribing.** All GP practices and community pharmacies are enabled to provide this service. Increasing the use of serial prescribing is likely to reduce medicines waste and over-ordering of medication, by providing enhanced prescribing review opportunities during the treatment period. Additionally, serial prescribing will create more efficient prescribing processes in general practice, by negating the need to order, authorise, print, sign and disperse the prescription every 28 or 56 days as in traditional chronic disease prescribing; and allowing the whole process to be undertaken once per 56 weeks.

Serial prescribing also allows for a more efficient dispensing process in community pharmacy by allowing pharmacy teams a degree of control over their dispensing workload, which is not possible with traditional repeat and walk-in dispensing.

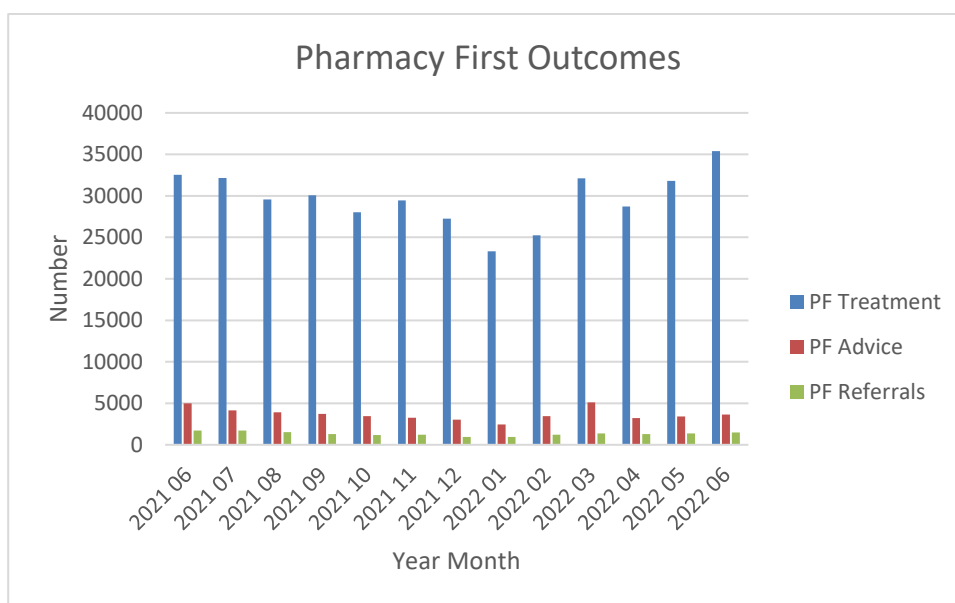
GP and pharmacy teams have worked together in many localities across Lothian to develop serial prescribing systems over the last 12 months. The percentage of all repeat prescribing in Lothian being undertaken as serial prescribing has increased from 1.85% to 3.29% within a 12 month period. The following figure shows uptake of serial prescriptions across localities within Lothian.



**3.3.2 Implementation of local Care Home Community Pharmacy Service.** A locally negotiated service level agreement was launched in April 2022. The development of this SLA is an example of good collaborative working between the Community Pharmacy Development Team, Primary Care Contracts Team and Community Pharmacy Lothian, supported by the Pharmacy Core Group. The aim of this service is to increase pharmaceutical care provided to care homes and reduce medicines waste. Further guidance regarding medicines waste was issued in August 2022 to support good practice in terms of minimising medicines waste. To date 14 pharmacies covering 69 care homes are participating in this service. As this is a new service, an evaluation process is in place to determine if this is delivering on the aim before determining a scale-up plan.

**3.3.3 Pharmacy First and Pharmacist Independent prescribers to support out of hours services and urgent care.** Pharmacy First is provided from all pharmacies in Lothian and is available to access by all patients residing in Scotland. Pharmacy First allows access to healthcare without the need for an appointment, thereby supporting Urgent Care, Out of Hours care and reducing footfall to other parts of the health service such as General Practice. Outcome data for Pharmacy First shows activity has been maintained with increase in treatment provided from community

pharmacy. The number of Pharmacist Independent Prescribers (PIPs) across Lothian community pharmacies has increased from 16 to 22 over the last 12 months. A pharmacy with a PIP can offer Pharmacy First Plus services, which provides enhanced assessment skills with the ability to prescribe a greater range of treatments to patients, again without the need for an appointment. Developing Pharmacy First Plus is a key focus over the coming year and will support access to healthcare for patients. Actions for Pharmacy Services include support for training and peer review, developing systems of governance and monitoring activity. Training of a PIP requires mentoring from an experienced prescribing clinician known as Designated Prescribing Practitioner (DPP). Feedback from community pharmacists suggests that securing a DPP can be difficult and may be a rate-limiting factor in growing the number of PIPs in community pharmacy



- 3.4 A workplan has been developed to identify actions and key leads for implementing the recommendations. This workplan is intended to be a dynamic document and will support monitoring of progress of the recommendations. The review process provides a forum for future considerations and alignment with IJB strategic plans as we move forward and look to the next iteration of the PCSP.
- 3.5 Progress has been made with the update of the Pharmaceutical List which has now been completed. This update provides a comprehensive overview of available services from community pharmacy (including wheelchair accessibility, induction hearing loop, and private consulting rooms) throughout NHS Lothian and a process is in place to maintain this. Consideration will be given as to how this large dataset is presented as part of PCSP in future iterations, however the live document is maintained and available via the Primary Care Contracts Team.
- 3.6 Workforce challenges and sustainability have resulted in short notice closures of community pharmacy. This was particularly acute over summer 2022 and the position has improved since then. While any pharmacy closure can impact on accessibility and patient care, it should be noted that working hours lost to short notice closures as a percentage of overall core hours are relatively very small. Data from October 2022 shows 2.06% of core hours were lost due to short notice closures. The occurrence of these at weekends or in evenings can impact on accessibility to out of hours healthcare. Work has been undertaken by the Primary Care Contracts Team and the Community Pharmacy Development Team to provide a forum for supportive dialogue with contractors to understand these challenges. This dialogue includes LUCS and HSCPs to identify population need and solutions to sustain patient care in event of closure. This new process aims to allow for planning with Community Pharmacy

Lothian to ensure that independent contractors have robust business continuity plans in place. Again consideration will be given as to how this activity is captured and used in the future iteration of the Pharmaceutical Care Services Plan to ensure optimum services can be provided across the geographical area.

#### **4 Key Risks**

- 4.1 Inability to implement the recommendations made in the Pharmaceutical Care Services Plan 2021.
- 4.2 To mitigate this risk a number of actions will be undertaken. This include the development of the workplan together with taking a risk based approach to assessing the priority of the recommendations and associated actions within the PCSP.
- 4.3 The pressures on pharmacy workforce across Scotland may impact on the ability of community pharmacies to undertake the recommendations made in the PCSP.
- 4.4 Issue with the current regulations for entry to the pharmaceutical list which means we cannot commission services based on population need but instead have to assess each application on its own merit through a complex and complicated process as set out in the regulations. A number of discussions have taken place with Board Chief Executives and Scottish Government colleagues about the need to reform the pharmaceutical services regulations, which was a commitment in the Chief Pharmaceutical Officer's 2016 report, however this seems unlikely to happen in the near future.

#### **5 Risk Register**

- 5.1 The previously noted risk of failure to comply with the requirement to monitor and publish a pharmaceutical care service plan was identified in 2021 and the PCSP was published with a process in place to monitor and review.

#### **6 Impact on Inequality, Including Health Inequalities**

- 6.1 An impact assessment was carried out in 2017 and is an update to previous published documents with the material content remaining the same. Action was taken to address communication with service users for whom English is not their first language and those with other communication difficulties such as loss of sight or hearing. For example, work was undertaken by Community Pharmacy Development Team April 2022 to strengthen awareness of translation services and materials to support healthcare needs of the Ukrainian refugee population [[weblink](#)]. The PCSP also looks to recommend increasing accessibility for those with hearing and mobility concerns through hearing loops and wheelchair access by 2025.

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

- 7.1 Patient and public involvement was undertaken around public knowledge of services provided from community pharmacy. A draft report has been produced and the outputs of this report will be utilised to help inform services planning.
- 7.2 A number of stakeholders were consulted in the preparation of the 2021 document including Lothian Area Pharmaceutical Committee, Community Pharmacy Lothian, HSCPs, Primary Care Joint Management Group, Pharmacy Practices Committee and Primary Care Contractor Organisation.
- 7.3 These groups will continue to be consulted. The operational implementation of the recommendations will be lead in most instances by HSCP Lead Pharmacists working with management and strategic planning teams to ensure support mechanisms for delivery are in place in alignment with strategic priorities. Other teams such as the Community Pharmacy Development Team will be key in implementation. Ongoing

engagement with NHS Lothian Primary Care directorate will be essential for operational aspects as well as continuing to look forward and identify unmet need.

## 8 Resource Implications

8.1 There are no new resource proposals for discussion at this time.

Katherine Davidson

Consultant in Pharmaceutical Public Health (interim)

24 November 2022

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### List of Appendices

Appendix 1: NHS Lothian Pharmaceutical Care Services Plan (PCSP) 2021 [\[weblink\]](#)

[Appendix 2: Summary of recommendations and progress to date](#)

	Recommendation	Progress
<b>Pharmacy Provision</b>		
1	Opening hours outwith core hours are likely to remain fluid and a local process for agreement of any opening hour changes should be retained involving local pharmaceutical (LAPC) and general practice (LMC) committees.	Primary Care Contracts Team have an existing process for agreement of opening hour changes. To note that contractually only core hours (9am-6pm, Monday to Friday, and 9am-1pm Saturday) are required from Community Pharmacies, and there are limited levers to secure out of hours provision. An action has been identified in our workplan to determine the minimum community pharmacy provision in the out of hours period to support patients requiring access to Pharmacy First, palliative care, substance misuse services and medicines prescribed by the GP Out-of-Hours Service. This will be progressed over 2023, and potential solutions developed in conjunction with Community Pharmacy Lothian.
2	Premises facilities information should be gathered to provide an accurate level of current provision and determination of improvements required to achieve 100% of pharmacies with private consulting area, wheelchair accessibility and an induction hearing loop by 2025.	The first part of this recommendation is now complete and a process in place to keep updated. An action has been identified in our workplan to work with contractors to achieve the targets set out by 2025.

3	20 minute neighbourhoods, Scottish Government and NHS Lothian sustainability objectives should be considered as part of the process in determining where community pharmacies are sited in the future.	This is considered as part of the Pharmacy Practices Committee hearings for new pharmacy applications. An action has been identified for our workplan to explicitly define where and how 20 minute neighbourhoods apply for community pharmacy provision across Lothian e.g. within a 20 minute walk in central Edinburgh, and a 20 minute drive in rural West Lothian?
<b>Essential Core Services</b>		
4 (Priority 22/23)	Based on the number and distribution of pharmacy contracts across each HSCP there should be capacity to meet needs for the acute medication service, but further effort is needed to actively progress the Medicine Care and Review service by increasing the number of active GP practices and community pharmacies engaged	There has continued to be a significant increase in uptake of serial prescribing in community pharmacy, with more than 140 community pharmacies (out of 182) currently engaged. Uptake in general practice has also increased but at a slower rate and currently about 70 (out of 118) practices are currently engaged. Ongoing work to increase engagement will continue into 23/24.
5 (Priority 22/23)	As all patients registered with a GP or living in Scotland can access the NHS Scotland Pharmacy First service there is no unmet need in the provision of treatment for common clinical conditions from a community pharmacy as an alternative to a GP practice appointment. However unmet need will arise in urgent care provision where pharmacy opening hours do not offer full weekend and extended opening hours in a local area. Local mitigations should be considered by the multidisciplinary teams.	The Pharmacy First activity data shows this service has been maintained and the amount of treatment provided has increased.  This links with recommendation 1 and the action described there.
6	Support public awareness of access to Pharmacy First as part of the provision of urgent care through use of national promotional materials for pharmacy first	A number of communications campaigns have been supported by NHS Lothian as part of the right care, right place national campaign. In addition a number of in-house Pharmacy First videos have recently been created and

		are scheduled across November and December 2022 through our social media channels, as well as the development of a wider pharmacy toolkit which was circulated to community pharmacy and general practice colleagues in November 2022.
7	Support the planned opportunities for the community pharmacy smoking cessation service to work closely with specialist Quit Your Way services and pharmacy champions to achieve improved quit rates.	NHS Lothian has recorded a low number of quit attempts in comparison to other Boards in data reported via PHS. This is an area of focus and working structures within Quit Your Way specialist team and community pharmacy development team have been revised with plan for collaborative working to improve this.
8	Support opportunities and new models of delivering additional sexual health services in community pharmacy as detailed in the Scottish Government Sexual Health and Blood Borne Virus Recovery Plan and the NHS Recovery Plan 2021-2026.	Community Pharmacies have expanded existing sexual health services from emergency hormonal contraception (EHC) to include bridging contraception service (Nov 21), treatment of STIs (Chlamydia, Jan 22). A pilot is underway with a number of pharmacies provide a service for referral/support for sexual assault survivors requesting EHC. Evaluation is awaited.
9	Undertake local assessment of need and potential mitigations where there are limited numbers of pharmacies open late, full and half day Saturday and Sunday opening. This may lead to unmet need in some HSCP localities when NHS Lothian's GP Out-of-Hours Service (LUCS) recommend care which is provided by Community Pharmacy	This links with recommendation 1 and the action described there.
10	Community pharmacy to have access to clinical records to help improve patient care when GP practice is closed and to support pharmacotherapy service element of Medicine Care and Review.	Community Pharmacy access to Emergency Care Summary has been subject to potential withdrawal relating to issues around local Information Governance agreement. However Community Pharmacy Development Team are



		supporting individual contractors to implement the updated IG agreement to ensure community pharmacies continue to have access to support safe patient care.
<b>Additional Services – Substance Misuse</b>		
11	Key areas to be developed are increasing availability of take-home naloxone from community pharmacy and a test of change of long-acting injectable buprenorphine (LAIB) administration from community pharmacy. Both are desirable to support reducing drug related deaths.	LAIB pilot has been established in 4 pharmacies and evaluation data awaited. Take Home Naloxone service has issued 332 kits across city of Edinburgh over the last 12 month period. Capacity of community pharmacy to provide same day access to OST is being monitored and links to wider capacity issues as described in recommendation 1.
12	Undertake local reviews of injecting equipment and naloxone provision to ensure local needs are being met effectively post pandemic.	In previous 12 months, 14000 IEP kits issued (20 pharmacies across Lothian). Review of service provision working with PH intelligence data is planned for 2023 to meet needs of population is ongoing. Again there are links to issues as described in recommendation 1.
13	Injecting equipment provision is not a specific pharmacy only scheme. As pharmacies can often offer longer opening hours than drop in centres, pharmacy-delivered needle exchange adds capacity to the harm reduction team	
<b>Additional Services - Palliative Care Services</b>		
14	The Palliative Care Service is annually reviewed to ensure best coverage for the population of NHS Lothian by a small number of local experts for provision of palliative care medicines and advice both in and out of hours.	The Palliative Care Service was reviewed and agreed for continuation in November 2022. Longer term sustainability of provision of this service, links with recommendation 1 and the action described there.
<b>Additional Services Pharmaceutical Advice to Care Homes</b>		

15 (Priority 22/23)	Progress implementation of the locally agreed Community Pharmacy Care Home service to increase pharmaceutical care provision and reduce medicine wastage across Health and Social Care Partnerships and NHS Lothian to meet the sustainability action plan.	The new Service Level Agreement for the Community Pharmacy Care Home Service was implemented in April 22. Uptake has been low and evaluation of impact is currently underway to determine next steps.
<b>Additional Services - Immunisation</b>		
16	<p>As part of the Vaccine Transformation Programme, Community Pharmacy should be considered in the future development of a range of NHS vaccination services by HSCPs to maintain and improve uptake of vaccinations including.</p> <ul style="list-style-type: none"> <li>➤ COVID vaccination</li> <li>➤ Flu vaccination</li> <li>➤ Pneumococcal vaccination</li> <li>➤ Shingles vaccination</li> <li>➤ Travel vaccination</li> </ul>	Community pharmacy was considered in the 22/23 COVID and 'flu vaccination programme and has been utilised according to service capacity and need. Over 12000 citizens have received co-administration of COVID and 'flu vaccination in the 22/23 programme to date.