NHS Lothian Board

Wed 08 February 2023, 09:30 - 12:00

Carrington Room, Inverleith Building, Western General Hospital
EH4 2LF

Agenda

09:30 - 09:35
5 min

1. Welcome

Verbal *John Connaghan*

09:35 - 09:37
2 min

2. Apologies for Absence

Verbal *John Connaghan*

09:37 - 09:40
3 min

3. Declaration of Interests

Verbal *John Connaghan*

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

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

Items for Approval or Noting

09:40 - 09:45
5 min

4. Items proposed for Approval or Noting without further discussion

Decision *John Connaghan*

4.1. Minutes of Previous Board Meeting - 07 December 2022

For Approval *John Connaghan*

4.1 07-12-22 Public Board Minutes (draft to meeting).pdf (10 pages)

4.2. Healthcare Governance Committee Minutes - 29 November 2022

For Noting *Fiona Ireland*

4.2 Healthcare Governance Committee Minutes 29 November 2022.pdf (8 pages)

4.3. Finance and Resources Committee Minutes - 26 October 2022

For Noting *Angus McCann*

4.3 Finance and Resources Committee Minutes - 26 October 2022.pdf (5 pages)

4.4. Staff Governance Committee Minutes - 12 October 2022

For Noting *Bill McQueen*

4.4 Staff Governance Committee Minutes 12 October 2022.pdf (11 pages)

4.5. Midlothian Integration Joint Board Minutes - 13 October 2022

For Noting *Val de Souza*

4.5 Midlothian IJB Minutes 13 October 2022.pdf (9 pages)

4.6. West Lothian Integration Joint Board Minutes - 08 November 2022

For Noting *Bill McQueen*

4.6 West Lothian IJB Minutes 08 November 2022.pdf (5 pages)

4.7. East Lothian Integration Joint Board Minutes - 27 October 2022

For Noting *Peter Murray*

4.7 East Lothian IJB Minutes 27 October 2022.pdf (6 pages)

4.8. Edinburgh Integration Joint Board Minutes - 18 October 2022

For Noting *Angus McCann*

4.8 City of Edinburgh IJB Minutes 18 October 2022.pdf (6 pages)

4.9. Appointments to Members of Committees and Integration Joint Boards

For Approval *John Connaghan*

4.9 Board Appointments Report (08.02.2023).pdf (3 pages)

Items for Discussion

09:45 - 09:50
5 min

5. Board Chair's Report - February 2023

Verbal *John Connaghan*

09:50 - 10:05
15 min

6. Board Executive Team Report - February 2023

Discussion *Calum Campbell*

6. Board Executive Team Report Paper (08.02.2023).pdf (14 pages)

10:05 - 10:10
5 min

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

Verbal *John Connaghan*

10:10 - 10:20
10 min

8. Director of Public Health Annual Report 2022

Discussion *Dona Milne*

8. Director of Public Health Annual Report Board Paper (08.02.2023).pdf (2 pages)
8. Appendix 1 - NHS Lothian Public Health Annual Report 2022.pdf (33 pages)

10:20 - 10:40
20 min

9. Capital Prioritisation Process

Discussion *Colin Briggs*

- 9. Capital Prioritisation Board Paper (08.02.2023).pdf (4 pages)
- 9. Appendix 1 - Vision Principles Assumptions Fixed Points.pdf (2 pages)
- 9. Appendix 2 - Prioritisation Scoring and Weighting.pdf (1 pages)
- 9. Appendix 3 - revised capital prioritisation process.pdf (4 pages)
- 9. Appendix 4 - categorisation.pdf (2 pages)
- 9. Appendix 5 - long list.pdf (6 pages)
- 9. Appendix 6 - process table.pdf (1 pages)

10:40 - 10:50
10 min

BREAK

10:50 - 11:15
25 min

10. NHS Lothian Board Performance Paper

Discussion *Jim Crombie*

- 10. NHS Lothian Performance Paper (08.02.2023).pdf (62 pages)

11:15 - 11:30
15 min

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

Discussion *Craig Marriott*

- 11. December 2022 Financial Position & Year 5 Financial Outlook Board Paper (08.02.2023).pdf (12 pages)

11:30 - 11:45
15 min

12. Corporate Risk Register

Discussion *Tracey Gillies*

- 12. Corporate Risk Register Board Paper (08.02.2023).pdf (25 pages)

11:45 - 11:50
5 min

13. Any Other Business

Verbal *John Connaghan*

11:50 - 11:55
5 min

14. Reflections on the Meeting

Verbal *John Connaghan*

11:55 - 12:00
5 min

15. Future Meeting Dates

For Noting *John Connaghan*

- 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 07 December 2022 at The Royal College of Surgeons of Edinburgh, Nicolson St, Edinburgh, EH8 9DW.

Present:

Non-Executive Board Members: Mr J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Ms N. Akta; Cllr S. Akhtar; Mr P. Allenby (from 10:15am); Prof. S. Chandran; Mr M. Connor; Mr J. Encombe; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Miss F. Ireland; Cllr S. Jenkinson; Ms K. Kasper; Mr P. Knight; Mr A. McCann and Cllr D. Milligan.

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 J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning)(until 11:45am); 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 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); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Mr B. McQueen (Non-Executive Board Member); Ms T. A. Miller (Non-Executive Board Member); Ms V. de Souza (Non-Executive Board Member); Cllr H. Cartmill (Non-Executive Board Member); Ms A. MacDonald (Executive Nurse Director); Ms A. White (Chief Officer, West Lothian IJB) and Ms J. Mackay (Director of Communications and Public Engagement).

62. Declaration of Interests

62.1 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.

63. Chair's Introductory Comments

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

ITEMS FOR APPROVAL OR NOTING

64. Items proposed for Approval or Noting without further discussion

64.1 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.

64.2 Minutes of Previous Board Meeting held on 05 October 2022 – Minutes were approved, subject to two non-material amendments approved by the Chair:

- Addition of Ms N. Akta to those present.
- Rewording of paragraph 50.11 to the following:
  - *Vaccinations*

    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 annual flu and COVID-19 booster vaccinations, including the establishment of staff drop-in clinics. The Director agreed to provide further information out with the meeting in response to a question from Mr Fleming about Monkeypox and the relevant control measures in place within Lothian.

64.3 Audit and Risk Committee Minutes – 22 August 2022 – Minutes were noted.

64.4 Healthcare Governance Committee Minutes – 27 September 2022 – Minutes were noted.

64.5 Finance and Resources Committee Minutes – 17 August 2022 – Minutes were noted.

64.6 Staff Governance Committee Minutes – 27 July 2022 – Minutes were noted.

64.7 Midlothian Integration Joint Board Minutes – 25 August & 15 September 2022 – Minutes were noted.

64.8 West Lothian Integration Joint Board Minutes – 20 September 2022 – Minutes were noted.

64.9 East Lothian Integration Joint Board Minutes – 15 September 2022 – Minutes were noted.

64.10 Edinburgh Integration Joint Board Minutes – 09 August & 27 September 2022 – Minutes were noted.

64.11 National Whistleblowing Standards - Quarter 2 (2022) Performance Report – Quarter 2 Performance Report for July-Sept 2022, was noted.

64.12 Drug Related Deaths Annual Report – The Board noted the continued increase in the number of drug related deaths in Lothian in 2021; noted the letter from the Minister of Drug Policy emphasising progress reporting on the Medication Assisted Treatment (MAT) Standards and noted the publication of the Scottish Drug Related Deaths Taskforce Report and its whole system approach. The Board also agreed that the Healthcare Governance Committee would receive future annual reports on drug related deaths with the Board receiving them after this for information.

64.13 NHS Lothian Strategy, Planning & Performance Committee Revised Terms of Reference – The revised Terms of Reference were approved, noting that these had been discussed and endorsed by the Planning, Performance and Development Committee on 16 November 2022.

64.14 NHS Lothian Finance and Resources Committee Revised Terms of Reference - The revised Terms of Reference were approved, noting that these had been discussed and endorsed by the Finance and Resources Committee on 26 October 2022.

64.15 NHS Lothian Staff Governance Committee Revised Terms of Reference – The revised Terms of Reference were approved, noting that these had been discussed and endorsed by the Staff Governance Committee on 12 October 2022.

64.16 Child Poverty Action Reports, East Lothian, Midlothian, and City of Edinburgh – The Board agreed to approve the Local Child Poverty Action Reports (LCPARs) for East Lothian (2020-22 and 2021-22), Edinburgh City (2021-22), and Midlothian (2021-22). The Board also delegated authority to the Director of Public Health and Health Policy to approve the four LCPARs on an annual basis, bringing a single, collated annual report to the Board each December.

ITEMS FOR DISCUSSION

65. Board Chair's Report – December 2022

65.1 Mr J. Encombe - valedictory comments

65.1.1 The Chair noted that this would be Mr Encombe's final Board meeting before stepping down from the Board from 01 February 2023. Mr Encombe had served as a Non-Executive Member of the Board since January 2021 and had been an active and valued member of both the Healthcare Governance Committee and the Midlothian IJB. Mr Encombe had also chaired the Organ Donation Sub-Committee and the Trustee Board of the NHS Lothian Charity, providing oversight and leadership in both these important areas.

65.1.2 On behalf of the Board the Chair offered thanks to Mr Encombe for his contribution to the work of the Board and wished him well for the future.

65.2 Reflections on the past year

65.2.1 The Chair wished to note the significant contribution of all NHS Lothian staff over what had been a challenging year. The Chair also acknowledged the continued positive leadership provided by executive and corporate directors in dealing with national challenges.

65.2.2 The continued dedication of staff had also been highlighted and acknowledged during the Board's "Celebrating Success" Awards Ceremony held in October.

65.3 Board Development Session 08 February 2023

65.3.1 The Chair informed Board members that the programme for the next Board Development Session was being developed through a sub-group, led by the Vice-Chair, and informed by a number of non-executive members. The focus would be on transformation and innovation.

66. Board Executive Team Report – December 2022

66.1 The Board noted the Board Executive Team report for December 2022. In response to questions from Board members, the following points were discussed and noted:

Impacts of potential industrial action

66.2 The Board noted that trade unions were required to provide advance notice of any areas targeted for action and to maintain the safe delivery of key and emergency health services. The Director of Human Resources and Organisational Development confirmed that resilience planning was well advanced.

66.3 The Chair reminded the Board that the document "Employers' Planning Guidance for Industrial Action" had recently been circulated to non-executive members, for information.

CAMHS Performance

66.4 Recent improvements in CAMHS performance trajectories were acknowledged by the Board, following successful recruitment efforts. Further detail on this was available in the Board Performance Report.

66.5 The Services Director for REAS confirmed that the Board remained at Stage 3 of the Scottish Government's Performance Escalation Framework for mental health waiting times. However, this position was under review with an outcome expected in February 2023. The announcement of financial allocations was also awaited.

66.6 The Board noted that recruitment for Psychological Therapies represented new staff, whilst efforts were being made to minimise any impacts that recruitment for CAMHS staff might have on other parts of the system.

Strategic Review of Analytics

66.7 The Board was informed that the Strategic Review of Analytics Report would be finalised and available in early 2023. This would be shared with Board members.

East Lothian Rehabilitation Service (ELRS) In-reach Project

66.8 The Chief Officer for East Lothian Integration Joint Board confirmed that the ELRS In-reach Project would be run through the winter. Data and outcomes would be shared across partnerships to promote shared learning about working with acute teams and understanding hospital site pathways.

Delayed Discharges Review

66.9 The Chief Officer for Edinburgh Integration Joint Board provided an update on the ongoing review of delayed discharges within Edinburgh City, led by Elma Murray Wallace. Good progress was being made, with any key recommendations adopted and implemented without undue delay. There was regular contact with the Scottish Government and an oversight board was in place. Immediate performance improvements included a 69% reduction in the number of people waiting in hospital for a package of care. Work was ongoing and winter challenges may impact the scale and sustainability of performance improvements.

Primary Care Provision South East Edinburgh

66.10 The Director of Primary Care confirmed that, following the agreement for six GP practices in South East Edinburgh to close their lists to new patients, discussions were being held with the Scottish Government and that relevant primary care infrastructure needs and priorities were being clearly communicated.

Lothian National Treatment Centre (NTC)

66.11 The Deputy Chief Executive confirmed there had been very positive engagement with Scottish Government officials and advisors on this project, during a recent site visit to St John's Hospital. Although the situation remained fluid, the progress achieved so far was in line with the project's expected development trajectory.

66.11 In response to continuing uncertainty about the role of NHS Assure and its emerging requirements, NHS Assure representatives had been invited to speak to the Board's Finance and Resources Committee at its next meeting on 21 December.

Group A Streptococcal activity (StrepA)

66.12 The Director of Public Health and Health Policy explained that work with UK colleagues was ongoing, and a watching brief was in place. The latest Public Health Scotland Protection Alert brief would be shared with Board members.

DM

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

67.1 Healthcare Governance Committee

Miss Ireland reported that the Committee had considered a paper on Acute Adult Services on 29 November and had specifically discussed the impacts of treatment delays and longer stays on patient outcomes. The Committee had accepted moderate assurance, overall, in relation to NHS Lothian's Acute Services.

67.2 Finance and Resources Committee

Mr McCann reported that the Committee had accepted limited assurance on the Board's ability to achieve a breakeven financial position in 2022/23, amongst wider and ongoing financial uncertainty. He noted also that the Committee had been assured about ongoing efforts to achieve the best possible outcome for the RIE in relation to negotiations with Consort.

68. NHS Lothian Mid-Year Review: 21 November 2022

68.1 The Chair introduced the report informing the Board of the outcome of the recent Mid-Year Review conducted by the Cabinet Secretary for Health and Social Care. He noted that this had been a positive engagement in which both recent successes and ongoing challenges had been discussed and recognised. He welcomed in particular the acknowledgement of improved performance in areas which currently remained on the Scottish Government's Performance Escalation

Framework, and he hoped to see the outcome of a review of this position in early 2023.

68.2 The Chief Executive shared his own reflections on the Mid-Year Review, noting that it had provided an opportunity to highlight again the specific issues impacting on NHS Lothian in regard to the National Resources Allocation Committee (NRAC) funding allocation formula. This had also been presented in the context that the significant majority of Scotland's projected population growth over the next 20 years was expected to occur within Lothian.

68.3 The Chief Executive had agreed to prepare and provide to the Cabinet Secretary's office an updated assessment of the Board's future capital investment needs and priorities, reflecting the need to serve an increasing population and respond to demographic change. The Board welcomed this opportunity to provide clarity on its future funding and capital needs and looked forward to seeing the report.

68.4 The Board reflected upon the Lothian Strategic Development Framework (LSDF) and its aim to support a whole system approach. The Director of Strategic Planning confirmed that the LSDF was sensitive to future demographic change, for example accounting for primary and community care needs over the next 10-15 years. He and the Director of Public Health & Health Policy had recently presented on this matter and the slides would be circulated to Board members for information.

CB/DM

68.5 The Mid-Year Review had also recognised and highlighted workforce challenges, prompting a question from the Board about whether improving the local training and development of staff would help to mitigate workforce attrition and improve retention? In response, it was reported that an apprenticeship nursing model in mental health had been piloted and was a highly popular route. The potential to replicate this for adult nursing was being explored but nursing intake numbers were tightly controlled by Scottish Government and access to apprenticeship funding was restricted. Volunteers were noted as another route of support but could never fully replace paid, trained staff.

68.6 The Board agreed to accept this report as a source of significant assurance that the Scottish Government had carried out a Mid-Year Review of Lothian NHS Board's performance.

69. NHS Lothian Board Performance Paper

69.1 The Deputy Chief Executive introduced the reformatted Board Performance Report, inviting the Board to discuss and review the current performance position and key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans. In presenting the report, he highlighted that:

69.1.1 There were examples of improved or sustained performance, despite extremely challenging situations.

69.1.2 The main restricting factors on performance continued to be sustained pressures within emergency departments, flow issues, high occupancy levels, continued prevalence of Covid within the population, and workforce challenges.

69.1.3 A weekly CMT Systems Pressures Group had been established to improve flow, minimise congestion at front doors and reduce high levels of occupancy. The option to convene “Gold Command” was reserved for significantly escalated situations.

69.1.4 CAMHS and Psychological Therapies waiting times had improved, as discussed earlier in the meeting. Good performance in screening and immunisation programmes was also highlighted.

69.1.5 In scheduled care, there had been positive performance in outpatient services, exceeding planned activity levels. There was a continued focus on reducing long waits, through optimisation of activity and service redesign, informed by engagement with the Centre for Sustainable Delivery.

69.1.6 Meeting TTG targets continued to present challenges, although access for urgent care and cancer care remained protected and resilient.

69.2 The Chair welcomed the layout of the Performance Report which highlighted areas of critical risk to the Board and offered clarity on related performance. He invited discussion and questions from Board members.

69.3 During discussions, the Board considered the following matters:

69.3.1 Without precise timescales for achieving improvement, it could be challenging for Board members to identify quickly what interventions were most effective. However, it was acknowledged that there was significant management and clinical oversight in each area of performance.

69.3.2 The reasons for TTG activity remaining at around 70% of pre-Covid levels were explored and acknowledged. Whilst Covid remained a contributing factor, workforce issues and increased demand from trauma and unscheduled care were particularly prevalent, with the impacts varying across different specialties.

69.3.3 Balancing unscheduled and scheduled care demands was important, and evidence indicated that the ability to achieve this balance was best supported by ensuring protected space for scheduled and elective care, through the creation of National Treatment Centres (NTCs). The Board noted that, on this basis, the delivery of the planned Lothian NTC was critical to an effective recovery and protecting future services.

69.3.4 The outlook for and impact of Flu over the winter period was challenging to determine but it was anticipated that it would bring significant pressure on children’s services as well as challenges for staff with young children.

69.8 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.

70. October 2022 Financial Position

70.1 The Director of Finance presented a paper updating the Board on its current financial position, the financial impact from Covid-19 and the Scottish Government's 2022/23 funding allocations.

70.2 The update covered the current financial position; inflation and property costs; the expected reduction and future removal of Covid funding; NHS pay settlement implications; the Board's sustainability and value programme; the balancing of the financial position against service delivery over winter; operational challenges; drug cost pressures and the target of achieving a break-even position at the end of the financial year without the requirement for any brokerage.

70.2 The Director of Finance also reminded the Board that the Scottish Government's 2023/24 budget position was expected to be announced on 15 December. Following this, funding for health and social care would be clearer and individual Board allocations for 2023/24 would be determined.

70.3 The Chair asked how key aspects of planning, including financial and workforce elements, would be incorporated, and reflected within the Board's Annual Delivery Plan (ADP) and the wider, multi-year LSDF. The Director for Strategic Planning confirmed that an update would come to the Strategy, Planning and Performance Committee in March 2023 with a final and fully integrated plan to be considered by the Board after that.

70.4 The Board reiterated the importance of achieving clarity on its budgetary position before the beginning of the 2023/24 financial year and on ensuring a joined up strategic and financial planning approach with integration partners. The projected gap in local authority funding requirements was acknowledged as a challenge and a potential restrictor for health and social care ambitions.

70.5 The Board noted that the previous Q2 year-end forecast had been maintained at a projected £19m overspend, as presented to the Finance and Resources Committee in October.

70.6 The Board agreed that its aim remained to achieve a breakeven financial position for NHS Lothian in 2022/23. However, it accepted that, at this stage and based on assumptions about additional funding, it was able to take only limited assurance on the ability to do so.

71. Corporate Risk Register

71.1 The Medical Director introduced the report reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure the CRR remains fit for purpose.

71.2 There was discussion on the Royal Edinburgh Hospital Bed Occupancy Risk discussed by CMT in November, that was now here for the Board to approve its addition to the CRR.

71.3 The Board also discussed the sustainability risk with GP registration and how a risk such as this would be differentiated in the CRR if it only applied to one area of the Lothians, as was the case. The Medical Director explained that the GP risk on the CRR related to the provision of GMS through independent practitioner services. The Chief Executive added that should actions taken by the Director of Primary of Care or by Health and Social Care partners be unable to prevent the risk becoming high or very high it would then be escalated on to the CRR, as part of the agreed system that was in place.

71.4 There was also discussion on the whole system acknowledgement, adoption and sharing of risks. The Board Secretary would arrange for a note to be prepared for Board members on arrangements for agreeing and managing shared risks.

DT

71.5 The Board reviewed the updates provided by the leads concerning risk mitigation, as set out in the assurance table in the appendix to the Report and agreed to approve the CMT's recommendation to accept onto the Corporate Risk Register the Royal Edinburgh Hospital Bed Occupancy Risk.

72. NHS Lothian Pharmaceutical Care Services Plan (PCSP) Update

72.1 The Director of Public Health and Health Policy updated the Board on progress and development of a work plan to support implementation of the recommendations within the Pharmaceutical Care Services Plan. The update focussed on three priority areas as discussed and agreed by the Board in December 2021.

72.2 The Board discussed the level of public awareness around the Pharmacy First initiative and how communication campaigns might be improved. It also considered issues around serial prescribing uptake; GP signposting; primary care improvement plans; and community pharmacy access to clinical records to help improve patient care.

72.3 The Board took particular note of the challenge it faced because of an inability to determine and commission community pharmacy provision based on population need. Instead, current Regulations required that all applications to establish a pharmacy service be considered by the Board on their own merits, through an inefficient and complex process. The need to reform the statutory Regulations had been highlighted to the Scottish Government and the Primary Care Team would continue to pursue this.

72.3 The Board recognised the progress made in delivering the recommendations of the current PCSP and that monitoring was in place through existing management arrangements and via an annual report to the Board. It was noted that an updated version of the PCSP would be presented to the Board for approval in December 2024.

73. Any Other Business

73.1 No other items of competent business were identified.

74. Reflections on the Meeting

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

75. 2023 Board Meeting Dates

75.1 The Board meeting dates for 2023 were noted:

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

Chair's Signature ……

Date ……

Prof. John Connaghan CBE
Chair – Lothian NHS Board

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 29 November 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.

In attendance: Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer Acute Services; Ms M. Carr, Service Director, Diagnostics, Anaesthetics, Theatres and Critical Care; Ms J. Clark, Partnership Representative; Ms J. Corcoran, Talent Management and Succession Planning Programme (observing); Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr M. Dolan, Head of SMART Services (item 45.2); Mr S. Garden, Director of Pharmacy; Ms S. Gibbs, Quality and Safety Assurance Lead; Ms T. Gillies, Medical Director; Ms S. Gossner, Talent Management and Succession Planning Programme (observing); Ms J. Long, Director of Primary Care; Mr D. Low, Talent Management and Succession Planning Programme (observing); Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Dr D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms L. Rumbles, Partnership Representative; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Ms C. Swift, Talent Management and Succession Planning Programme (observing); Ms H. Tait, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership (item 45.2); Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms T. Miller, Employee Director; Mr P. Murray, Non Executive Board Member.

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.

40. Patient story

40.1 Ms McAuley gave a summary of a case where a patient with severe learning difficulties, non verbal communication and autism, whose first language was not English had an emergency admission to hospital and was treated in critical care before being discharged home. The team had not been experienced in treating patients with learning disabilities and engaged with the family and adult learning disability services.

40.2 A review had been carried out after the event with the patient and family and produced a themed outcome report which was shared with the Acute Clinical Management Group and with the Nurse Directors Group. Learning points included making better use of services available earlier, including interpretation services and the specialist nursing resources available for looking after patients with learning disability.

41. Minutes from Previous Meeting (27 September 2022)

41.1 The minutes from the meeting held on 27 September 2022 were approved as a correct record.

42. Matters Arising

42.1 Prescription Locker Box

42.1.1 Mr Garden gave a verbal update. He advised that the Scottish Government advice had previously been that prescription locker boxes were lawful in their interpretation of medicines regulations, that this had later been disputed by a community pharmacy group. NHS Lothian had one prescription locker box supplier.

42.1.2 On 27 October 2022 NHS Lothian received a letter from the solicitors working for the community pharmacy group, with an accompanying petition advising that they would be seeking a judicial review challenging NHS Lothian's position, which was served on 9 November.

42.1.3 CLO solicitors acting for NHS Lothian and NHS Fife had advised against opposing permission for the judicial review as there was a low threshold to overturning the decision.

42.14 The senior solicitor had instructed the Advocate to prepare answers on behalf of both Lothian and Fife Boards and these have been shared with the Senior KC before lodging.The decision from the review was expected around February 2023.

42.1.5 A further update would be submitted to the Committee at the meeting in March 2023.

TG

43. Emerging Issues

43.1 Blood Transfusion Significant Adverse Event and Blood Transfusion Annual Report

43.1.1 Ms Gillies gave a verbal update. A significant adverse event (SAE) had taken place where a patient was given the wrong unit of blood and subsequently died. This kind of blood transfusion incident was extremely rare and the case was being reviewed under the SAE review process.

43.1.2 The Blood Transfusion Annual Report had been previously circulated. Ms Gillies advised that this gave assurance of the context of robust processes and policies in place for use, storage, tracking, checking and giving blood. It was noted that the Blood Transfusion Policy was due for review but Ms Gillies advised that this was not relevant to the areas of practice that went wrong in the incident.

43.1.3 A paper would be submitted updating the Committee on the outcome of the review and the review of the Blood Transfusion Policy, offering a level of assurance. **TG**

44. Assurance Focus

44.1 Acute Service Annual Assurance

44.1.1 A paper had been previously circulated and Ms McAuley gave a presentation. It was noted that in spite of the increasing workforce and patient flow pressures adverse events with major harm had not increased in the last three years, although there had been an increase in adverse events of moderate and minor harm.

44.1.2 The complexity of the situation and the importance of a whole system approach was noted, also noting the Health and Social Care Partnership reports at the previous meeting where the drivers for delayed discharge affecting capacity were discussed. Ms Campbell advised that Acute Services was working closely with the Edinburgh Health and Social Care Partnership and the other Partnerships in all the pieces of work described for improving the service.

44.1.3 Members noted that despite the challenges, the report demonstrated that positive work was continuing and improvements had been made.

44.1.4 The risk of increased risk to patients waiting more than twelve hours in the Emergency Department and the work being done to mitigate this was noted. The main barrier for this was delayed discharge reducing the number of beds available for patients to be admitted.

44.1.5 Ms McAuley advised that work to mitigate workforce risks including changing the skill involved long term culture change and support from all staff and it would be likely to be in the next year that this would start to become embedded and any impact or improvement on services could be measured.

44.1.6 It was noted that medicines management showed the biggest decline in the LACAS standards over the period. Ms McAuley advised that this related to errors and omissions and focussed work was being done in the areas with the highest error rate.

44.1.7 In response to a question about whether LACAS could be used to share areas of success and good practice between departments, Ms McAuley advised that a Celebrating Success event had been held specifically on this, but that there was regular sharing through the Clinical Management Group.

44.1.8 In response to a question about the need for LACAS to move to more outcome based measures, Ms McAuley advised that this was being considered in the Patient Outcomes Group. It was noted that outcomes measures were collected as part of the Scottish Patient Safety Programme and other work. It was agreed that these outcomes would be included in the next report.

44.1.9 In response to a question about indicators for the number of unnecessary admissions or admissions with a non specific diagnosis, Ms Gillies advised that these instances would be difficult to define as it was not necessarily clear at the time of admission while engaging with the patient and their family and all the individual factors, whether

a patient could have been managed in a different way. Ms Ireland advised that it was possible to provide data on the number of patients who had been directed to alternative services although it was noted that there was not a measure for patients where an alternative had been considered but was not available. This discussion would be more suited to the Planning and Performance Committee.

44.1.10 In response to a question on the risks associated with the introduction of the electronic prescribing system HEPMA, Dr Whitworth advised that these were minor familiarisation and integration issues which were being dealt with as they came up. A piece of work had begun to look back at the benefits identified in the business case for HEPMA and where these were being met.

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

44.2 External Providers Annual Report

44.2.1 Ms McAuley presented the previously circulated paper. Ms Campbell confirmed that no significant adverse events had been reported from the external providers.

44.2.2 It was noted that the governance process for external providers was long established and had been built up with experience over the twelve years of use.

44.2.3 External providers were used to provide extra capacity, usually in less complex groups of patients.

44.2.4 Members accepted significant assurance on the clinical governance assurance process.

45. Person Centred Care

45.1 Riverside Medical Practice Review

45.1.1 Ms Long presented the previously circulated paper. There were four actions from the review for East Lothian Health and Social Care Partnership and one for NHS Lothian, but NHS Lothian had overall responsibility for all of these. The remaining actions were for the Riverside Medical Practice which was an independent contractor.

45.1.2 A further update on progress with actions would be brought to the Committee in six to nine months. **JL**

45.2 SMART Centre – patient prioritisation process

45.2.1 Ms Proctor and Ms Tait presented the previously circulated paper. Mr Dolan advised that in the monthly Healthcare Improvement Scotland NHS Lothian had reported and improvement in the number of patients seen within four weeks over the last year, from 29% in October 2021 to 48% in October 2022. This was in the context of an increase of patient numbers of 62%. This compared well with the overall figures for Scotland where the number of patients seen fell from 37% in October 2021 to 33% in October 2022 with only a 9% increase in patients overall.

45.2.2 Mr Dolan advised that the aim was to have an ISO quality system in place by March 2023 which would be audited against.

45.2.3 The Strategic Improvement Plan for the SMART Centre was on track to be submitted to the East Region Board in December 2022 and to the Healthcare Governance Committee in January 2023. It would also go to the NHS Lothian Corporate Management Team for agreement.

45.2.4 It was agreed that regular performance reporting for the service would be to the Edinburgh Health and Social Care Partnership and clinical assurance and standards would be reported to the Healthcare Governance Committee as part of the Edinburgh Health and Social Care Partnership annual report.

45.2.5 Regarding the 14,000 wheelchair users using wheelchairs older than the manufacturers' guidelines as reported at the previous meeting, Mr Dolan advised that this would be addressed as part of the strategic plan. The Scottish Government recommendation was that no more than 50% of wheelchairs should be older than the manufacturers' guidance; NHS Lothian currently had 58%, amounting to 2,000 wheelchairs to be replaced.

45.2.6 It was noted that item 5.1 in the paper should read 'no implications for the NHS Lothian Risk Register'.

45.2.7 Members accepted the recommendations laid out in the paper.

46. Safe Care

46.1 Paediatric Audiology Update

46.1.1 Ms Gillies gave a verbal update. A response had been sent to the detailed questionnaire on children's and adults audiology processes from the Scottish Government as part of their review.

46.1.2 A meeting was scheduled with the audiology team to reconcile the numbers in the first report and the extension report and ensure all the children had been reviewed or their families contacted. This would be brought to the Committee at the next meeting in January 2023 and then would be discussed at the Board. Currently there were an additional sixteen children not previously identified as having hearing loss. **TG**

46.2 Infected Blood Inquiry

46.2.1 Ms Gillies gave a verbal update. The Inquiry had been running for three to four years and was reviewing a large amount of evidence. As NHS Lothian was a regional haemophilia centre the Board would feature in this review, which was likely to report in the first half of 2023.

46.2.2 Ms Gillies proposed that in advance of this she would submit a paper to the Committee describing the current structure of haematology services and including the results of a review that took place in 2019 measuring the service against UK standards and the resulting action plan and progress with this. The process for review of these standards had now been stood down, but this would demonstrate

how services had improved since the period in the 1980s that the Inquiry report would relate to.

46.2.3 Members accepted this suggestion. **TG**

46.3 Review of Microsoft Access Databases

46.3.1 Ms Gillies presented the previously circulated paper. In response to a question regarding the additional databases added to the list, Ms Gillies advised that the original list identified included databases which were on the information asset register and were high risk because they were used as part of a process which impacted on patient treatment. Other databases that contained patient information were considered low risk if they did not impact patient appointment recall. The Access and Governance Group was overseeing the response and following up areas which did not respond with information on databases used.

46.3.2 The work done had been shared nationally as part of the discussion following the breast screening incident where problems with a Microsoft Access databases lead to some patients not being invited for appointments.

46.3.3 Members accepted the recommendations laid out in the paper and a further update would be brought to the Committee in six months' time when the process was near completion. **TG**

46.4 Healthcare Associated Infection Update

46.4.1 Ms MacDonald presented the previously circulated paper. In response to a question on *legionella* monitoring, Ms Gillies advised that statutory compliance with *legionella* testing and mitigation reported to the Staff Governance Committee as it was managed by the Health and Safety Team. Although there had been an increase in positive samples, there had been no corresponding link to patient infections and mitigations were in place.

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

46.5 Management and Learning from Adverse Events

46.5.1 Ms Gillies presented the previously circulated paper. In response to a question about shared practice, Ms Gillies advised that all Boards based their significant adverse events reporting and review policies from the same Scottish Government guidance, but a variety in interpretation and implementation made it difficult to compare. Healthcare Improvement Scotland was looking to introduce standardised reporting but had set a timescale for this. Level one events had been reported since 2020 but the data had not yet been used.

46.5.2 An increase in moderate harm significant adverse events due to high occupancy and longer length of stay was noted, as discussed as part of the Acute Services report.

46.5.3 Members accepted the recommendations laid out in the paper and accepted significant assurance that processes were in place to comply with national reporting,

and moderate on processes for management of significant adverse events and safety alerts.

47. Effective Care

47.1 Stroke Care

47.1.1 Ms Gillies presented the previously circulated paper. It was noted that the report was based on the published 2021 data while also drawing conclusions from the unpublished 2022 data. The 2022 data showed a reduction in access to the stroke unit and some reduction in thrombolysis. Ms Gillies advised that the level of occupancy on site may affect performance but noted that the introduction of thrombectomy now had more impact on outcome than the stroke bundle which performance was measured against.

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

48.2 Safe and Effective Cancer Care

48.2.1 Ms Gillies presented the previously circulated paper. Members commended the level of detail in the report and the improvement methodologies described.

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

48.3 Physiology Services Measurement Framework

48.3.1 Ms Gillies presented the previously circulated paper. In response to a question about reporting, Ms Gillies advised that while the system was maturing reporting would go to the Senior Management Team, Acute Clinical Management Group and Healthcare Governance Committee together so that all groups could be kept up to date with progress. It was expected to take two or three years for the process to become robust.

48.3.2 It was noted that, using this template, in order to offer significant assurance a service would require external review or accreditation and that there may not be a means for smaller services to gain accreditation but they may be delivering a robust governance process.

48.3.3 It was noted that other small services operating independently which were not physiology services would also benefit from the proposed Quality of Care template which would be applied in physiology services as a starting point.

48.3.4 Members accepted the recommendations laid out in the paper and accepted significant assurance for the Echocardiography service and moderate assurance for the Cardiac Rhythm Management Service.

49. Exception Reporting Only – reports provided

Members noted the following previously circulated papers:

49.1 Diabetic Retinopathy Screening Annual Report;
49.2 Organ Donation Annual Report;
49.3 Tissue Governance Annual Report;

50. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

50.1 Clinical Management Group, 13 September 2022, 11 October 2022;
50.2 Area Drug and Therapeutics Committee, 5 August 2022;

51. Corporate Risk Register

51.1 Ms Gibbs presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

52. Reflection on the Meeting

52.1 Ms Ireland agreed to highlight to the chair of the Staff Governance Committee the discussion on the impact of workforce challenges on safe, effective and person centred patient care. Members were aware that the Staff Governance Committee was addressing this in a number of ways.

52.2 Ms Ireland agreed to highlight at the Board the discussion on 12 week delays and the connection between length of stay and level of harm discussed as part of the Acute Services Report.

53. Date of Next Meeting

53.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm** on **Tuesday 24 January 2023** by video conference.

54. Further Meeting Dates

54.1 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.

Agreed by Committee 24.01.2023

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 26 October 2022 by videoconference.

Present: Mr A. McCann, Non Executive Board Member (chair); Ms S. Akhtar, Non Executive Board Member; Mr A. Fleming, Non Executive Board Member.

In attendance: Mr B. Barron, PPP Programme Director (item 28.4); Mr N. Bradbury, Capital Finance Manager (item 28.2); Mr C. Campbell, Chief Executive; Ms M. Campbell, Director of Estates and Facilities; Ms M. Carr, Service Director, Diagnostics, Anaesthetics and Critical Care; Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Programme Director; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms B. Pillath, Committee Administrator (minutes); Mr D. Thompson, Board Secretary.

Apologies: Mr P. Allenby, Non Executive Board Member; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Mr G. Gordon, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member.

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.

25. Minutes and Actions from Previous Meeting (17 August 2022)

25.1 Members accepted the minutes from the meeting held on 17 August 2022 as a correct record.

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

26. Consent agenda

Members approved the items laid out in the following previously circulated papers without discussion:

26.1 Assurance, Quality and Business Case Framework;
26.2 Annual Procurement Report;
26.3 Public Sector Reform Act Disclosures;
26.4 Energy Costs and Management;
26.5 Scottish Hospitals Inquiry Update;
26.6 Climate Energy and Sustainability.

27. Committee Business

27.1 Review of Committee Terms of Reference

27.1.1 Mr Thompson presented the previously circulated paper. It was suggested that it could be made explicit in the core functions list that the Committee was responsible for achieving financial balance while allowing the Board to deliver an agreed programme of work. Mr Marriott agreed to consider a minor change in wording. It was agreed that the Scottish Public Finance Manual be added to the list of references.**CM**

27.1.2 The relationship between the Finance and Resources Committee and the Planning, Performance and Development Committee (PPDC) was discussed. It was noted that the PPDC was not an assurance committee, so approval and assurance updates must be considered at the Finance and Resources Committee even if there was discussion at the PPDC. If there were any problems in assurance in a particular area this should go back to the management team.

27.1.3 Members approved the Terms of Reference subject to the changes agreed and agreed to recommend them to the Board.

28. Capital

28.1 Property and Asset Management Investment Programme

28.1.1 Mr Graham presented the previously circulated paper. It was noted that three major projects were projected to be running simultaneously and suggested that a decision should be made on priorities in the event that the Scottish Government was not able to fund all three. Mr Graham advised that the projects were all currently resourced in the capital planning team in terms of project managers and project teams.

28.1.2 Mr Bradbury advised that the Scottish Government had agreed to commit reasonable funds for the National Treatment Centre and the Eye Pavilion reprovision but the question would be whether they could fund these within the timescales needed. Mr Marriott advised that the case would be presented to the Scottish Government that due to the growth in population in the area and the need for recovery following the reduction of activity during covid restrictions these projects were critical to NHS Lothian's ability to deliver services now and in the future.

28.1.3 It was noted that the anti-ligature work previously discussed had not progressed since July 2022 and was awaiting a paper specifying the detailed breakdown of the requirements which required clinical risk assessment in each area. Mr Graham advised that there had been difficulties in getting access to clinical areas to carry these out.

28.1.4 In response to a question regarding the timescales for Drumbrae Care Home planning, Mr Campbell advised that he had asked for an update from the Chief Officer of Edinburgh Health and Social Care Partnership. Drumbrae had been closed as part of planning for the Edinburgh bed based review, but since that date more information had been received and clarity was needed as to whether the original planning was going ahead. Six months were needed for Drumbrae to be recommissioned, but the work could not be commissioned until the plan had been agreed.

28.1.5 Mr Graham advised that the intellectual disabilities project was waiting for a decision from the Scottish Government Capital Investment Group. There was regular communication with the Scottish Government regarding updates on projects with them for consideration.

28.1.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance on achievement of the programme.

28.2 Royal Infirmary of Edinburgh Emergency Department Modular Unit – Initial Agreement

28.2.1 Mr Bradbury presented the previously circulated paper. The current modular unit was not fully used due to the layout and the distance from the Emergency Department, but the Emergency Department was too small for the number of patients and additional space was needed. As the current unit was under used it could be removed in the short term before a new solution was found. Mr Bradbury agreed to clarify this in the risk profile in the paper.

28.2.2 It was noted that the Elma Murray Wallace review did not include patient flow in the Emergency Department in the Terms of Reference and so would not be considering this issue.

28.2.3 The project would not be classed as 'major change' in terms of Scottish Government guidelines as it would be an expansion of the size of the existing service.

28.2.4 The options laid out in the paper were not directly comparable in terms of improvement metrics, this should be revised in the business case.

28.2.5 An 11 week period had been included in the project timescale to allow Consort to complete required works. This had been included when the previous unit was installed but there may consideration of a different way of engaging with Consort for this project; this would be laid out in the business case.

28.2.6 It was noted that an improved Emergency Department environment would make this a more attractive option for staff, but would not be enough to resolve overall workforce shortages.

28.2.7 Members accepted the recommendations laid out in the paper and approved the initial agreement.

28.3 Royal Infirmary of Edinburgh Facilities Risk (5189) Risk Assurance and Mitigation Plan

28.3.1 Ms Campbell presented the previously circulated paper. She advised that actions required by the Fire and Rescue Service were 73% complete. The remaining 27% required ward areas to be decanted for access above the ceiling. Consort had agreed to provide the resource, but this was dependent on NHS Lothian's decant plan. With current pressures this may be delayed.

28.3.2 A formal response from the Fire and Rescue Service was expected on the timescales of the mitigation plan which would determine the priority given to these works. In the meantime evacuation plans had been revised to mitigate the decompartment risk.

28.3.3 Regarding electricity back up plans, Ms Campbell advised that the generators had been reviewed and plans were in place.

28.3.4 Members accepted the recommendations laid out in the paper and accepted limited assurance. They agreed to receive an update in at the meeting on 21 December 2022 following the formal response from the Fire and Rescue Service. **JCr**

28.4 Royal Infirmary of Edinburgh Commercial Update

28.4.1 Mr Marriott and Mr Barron presented the previously circulated paper. The Scottish Government Executive Steering Group was fully updated on the situation and supported NHS Lothian's position.

28.4.2 Members discussed the challenge of negotiating with a commercially focused organisation and the skills required to do this. There was a need to progress as urgently as possible. Mr Marriott advised that the Board's actions were based on the Dispute Resolution Process and the financial and legal advice received.

28.4.3 The amount of remedial action required to the building was a risk to the Board and a satisfactory resolution with Consort was needed to resolve this.

28.4.2 Members accepted the recommendations laid out in the paper.

28.5 Transfer of Royal Infirmary of Edinburgh Car Parking to NHS Lothian

28.5.1 Dr Hopton presented the previously circulated paper. Members accepted the recommendations laid out in the paper and agreed in principle to progress the actions laid out. A further update would be brought to the Committee before the final decision was made. **JH**

28.6 HSDU Capacity Risk (5388) Risk Assurance and Mitigation Plan

28.6.1 This item was deferred to the next meeting due to a shortage of time for discussion. **JCr**

28.7 HSDU Temporary Closure and Recovery – cost impact

28.7.1 This item was deferred to the next meeting due to a shortage of time for discussion. **JCr**

29. Revenue

29.1 Financial Position August 2022

29.1.1 Mr McCreadie presented the previously circulated paper. He advised that the pay award amount was not yet known as the RCN and Unison unions were negotiating with the Scottish Government. The Scottish Government had been clear that a higher pay offer would result in funding having to be found from other areas of the health budget.

29.1.2 Mr McCreadie advised that the funds received from the Scottish Government to cover covid costs was divided into different components, including the funding allocated to the Board, the additional testing funding and the funding allocated to the Integration Joint Boards. The team was working on updating the request to ensure that these elements covered all costs across health and social care.

29.1.3 Members accepted the recommendations laid out in the paper and accepted limited assurance on the ability to achieve a breakeven position in the financial year 2022-23.

29.2 Financial Outlook and Financial Plan 2023-24

29.2.1 Mr McCreadie presented the previously circulated paper. The budget included a number of assumptions that may change, including the pay uplift and the pay award. In previous years the budget gap had been worked down and a balance achieved, but numbers continued to increase each year. Mr Marriott noted that currently pay awards could take up any efficiency savings or uplift achieved. Efficiency savings remained important – although 5% efficiency may not be achievable, there was still scope to improve the current position of 2%.

29.2.2 Mr Campbell noted that the Board had a statutory duty to operate within the budget, and therefore a plan to achieve breakeven must be put into place which may mean making difficult decisions about services provided and performance. A radical reform of the system was required in order to provide the services required.

29.2.3 Members accepted the recommendations laid out in the paper.

29.3 NRAC Update

29.3.1 This item was deferred to the next meeting due to a shortage of time for discussion.

CM

30. Date of Next Meeting

30.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 21 December 2022**.

31. Meeting Dates in 2023

31.1 Meetings in 2023 would take place on the following dates:
- Tuesday 7 February 2023;
- Monday 20 March 2023;
- Wednesday 7 June 2023;
- Wednesday 9 August 2023;
- Wednesday 18 October 2023;
- Wednesday 20 December 2023.

Committee Approved 21.12.22

NHS LOTHIAN

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 12 October 2022 via Microsoft Teams.

Present:
Mr W. McQueen, Non-Executive Board Member (Chair); **Mr J. Encombe**, 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 N. Akta,** Non-Executive Board; **Ms J. Clark**, Partnership Representative

In Attendance:
Mr J. Crombie, Deputy Chief Executive; **Mr J. Conaghan,** Chairman; **Mr A. McCann,** Non-Executive Board Member; **Ms Alison MacDonald**, Executive Nurse Director; **Ms H. Monaghan,** Consultant, Labatory Medicine; **Ms A. Langsley**, Associate Director of OD & Learning; **Ms L. Barclay**, Business Manager Human Resources; **Mr D. Thompson**, Board Secretary; **Mr A. Short**, Director of Women and Children's; **Mr S Haddow**, Head of Medical Workforce Planning, Human Resources; **Ms N. Clancy,** Head of Employee Relations; **Mr A, Leckie,** Director LOHS, Occupational Health; **Ms M. Campbell**, Director of Facilities; **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 11.4); **Ms J. Balkin,** Regional Workforce Planning Manager; **Mr. A Ritchie,** Telecoms Project Manager; **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;

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.

26. Declaration of Interests

26.1 No interests were declared.

27.0 Minutes and Action Note of the Previous Meeting held on 27th July 2022

27.1 The Chair welcomed a number of guests to today's Committee including the Chair of the Board, Non-Executive Board Members, and Talent Management colleagues.

27.2 The Chair commented upon his enjoyment at attending the Celebrating Success Awards the previous week, which he described as a heart-warming event. He acknowledged in particular the Chair's award that was presented to Ms Rakiya Suleiman, Equality and Diversity Adviser; and the Tom Waterson Support Services Award which had been presented to Mr Santosh Rauniyar, Porter at Pennywell All Care Centre. The Chair thanked the HR and Communications Teams for their organisational efforts and noted that Tom's wife and sister had appreciated their invitation to the event and the opportunity to meet the recipient of the award in Tom's name..

27.3 The Chair noted one correction from the previous meeting under 20.3.1.1, that 7.5 WTE should be corrected to 750 WTE. The minutes of the meeting were otherwise approved.

28.0 Matters Arising

28.1 There were no further matters arising.

29.0 Revised Terms of Reference for the Staff Governance Committee

29.1 The Chair and Director of Human Resources and Organisational Development commented that they have reviewed the terms of reference (TOR) and have attempted to modernise and reflect the expanding roles now falling within the remit of the Committee, including whistleblowing, workforce and governance.

29.2 The Director of HR and OD said the suggested changes to the TOR will go to the board meeting for approval and noted the Committee will continue to see the Annual Report from the Remuneration Committee

29.3 The Medical Director highlighted that the Health and Safety meeting needs to be confirmed as a management committee. The Chair agreed that it would be sensible to see minutes of the Health and Safety meeting and recognised this as a management committee. **TAM/JB/BM**

29.4 The Employee Director confirmed that she was happy to provide a staff side representative to join the Health and Safety meeting if required. **TAM/TG**

30.0 Staff Experience

30.1 Advancing Equalities Action Plan 2022/23 – update

30.1.1 The Director of HR and OD presented an update on the Advancing Equalities Action Plan that was agreed at the meeting in May. She said a number of actions have been taken forward, but whilst some actions are 'off track', timelines and mitigation actions are in place to bring them back on track. It was noted that progress has been made with revalidating Disability Confident Employer Level 2 but further work is required with external sponsorship to reach Level 3 status by December.

30.1.2 The Chair highlighted the good progress, but asked if we were confident of securing an external sponsor? The Director of HR and OD said that external sponsor is required as part of the application and standards to reach Level 3 and scrutiny of the application to attain a higher level. The action plan is building the foundations and strengthening the work we do to move forward and progress for 2022/23.

30.1.3 A Non-Executive Board Member asked how do we encourage women to sign up to groups and what are the strategies, assurances and communication in place with the Staff Networks to reach out to different communities. The Director of HR and OD said there are well established staff network groups including BME, Carers and Disability Groups but these are not management run and are managed by staff on behalf of staff. Over the last year we have allocated 'time' to attend network meetings, to promote the meetings through inductions and communicate network events throughout the year.

30.1.4 The Women's Network is a new group and this group meets later this month with the terms of reference to be set out at the first meeting. The Deputy Chief Executive has and continues to attend network meetings, but network groups have their own local communication channels.

30.1.5 The Chair noted that the Committee had established a practice that, once established properly, each network group would attend a future committee to provide an update and asked for plans to be set for the Women's network to present in 2023. **JB**

30.2 Whistleblowing Report

30.2.1 The Director of HR and OD presented an update on whistleblowing and advised this is a standard monitoring report which sought to give the up-to date position at each SGC meeting. Since the last meeting there have been three stage 2 concerns raised.

30.2.2 In August 2022 there were new steps introduced to whistleblowing standards set by the Independent National Whistleblowing Officer (INWO). It was noted that if a whistleblower is unhappy with the board's response to stage 2, they can raise concerns with the Independent National Whistleblowing Officer. The Director of HR and OD noted this as an interesting process and advised that it will be helpful to improve learning to implement future standards but we need to be clear about handling and confidentiality.

30.2.3 The Director of HR and OD confirmed that she has been actively involved in setting up investigations and investigator packs for the Medical and Nurse Director who are normally the Commissioning Manager for cases that are raised and regular progress reports are presented at this Committee, PSEAG meeting (monthly) and at the Board meetings.

30.2.4 The Committee highlighted the importance of protecting whistle-blowers' identities but to share appropriate information and learnings widely to show the actions that we have taken. The Committee noted the evolution process and success to date but considered that we should want to be more transparent in order that more information is shared when an investigation moves to a next stage. They also recognised the importance of instilling a cultural perspective that allows people to speak up.

30.2.5 ACAS will also be running investigation training for managers starting in November on how to undertake a good investigation, not just specific to whistleblowing, and it was hoped this will improve the 'pool' of managers able to undertake effective investigations.

30.2.6 The Chair asked if there would be an opportunity to engage with INWO during the current follow up and confirmed that he was in favour of information presented at PSEAG to come to this Committee to better understand the issues that affect people and to take some assurance.

30.2.7 A Non- Executive Board member highlighted the encouraging information but highlighted cross reference of information including triangulate data such as staff retention, iMatter data and to identify hotspots.

30.3 Speak up Report

30.3.1 The Speak Up team presented an updated report covering the last two quarters and confirmed there has been a year-on year increase in contact numbers and whistleblowing contacts. During April the number of small concerns in Q1 rose by 30% due to increased awareness of the speak-up campaign, and pressures in the system. Speak-up support members have decreased to 18 staff with a number of staff leaving their roles, often as a result of career progression to more senior jobs.

30.3.2 The Committee noted the concerns raised by the Speak Up team in terms of resources and the impact on their time it takes for each whistleblowing concern that is raised. Due to this current workload, a third speak-up ambassador will join the team with recruitment to begin in the next few months as part of a similar role but linking to the Equality, Diversity, Inclusion, and Human Rights Lead.

30.3.3 Speak-up week took place in England and Wales during August and the first Speak Up week in Scotland took place on 3 October 2022 with support from senior team, communications, RIE Site Director, DATCC Director and the Employee Director.

30.3.4 The Chair thanked the team for the progress made and for putting forward new initiatives, but sought reflection on the fact that 30% of whistleblowing concerns had been escalated to stage 2. He asked if there was always mutual agreement between the lead speak up ambassador and whistle-blower about whether a move to stage 2 was the correct action in each case. The process for reporting was explained;
• Staff contact us through a confidential mailbox
• Conversation is then offered to meet and ask questions to make an assessment if this is grievance or whistleblowing.
• Offer advice if it is whistleblowing or grievance, but suggest staff members speak to their union and to come back and/or to reconnect with their manager.
• If staff are able to raise the concern with their manager this would sit under stage 1 whistleblowing, if staff do not feel able to do this and wish to raise at the next level this would be stage 2. Anonymous concerns are also raised at level 2.

30.3.5 The Director of HR and OD congratulated the speak up team for their achievement. She explained that we are the only board to have had a speak-up in place for the last three years. She also confirmed that the Lothian speak-up team have helped other boards set up campaigns when the new standards were set and praised the infrastructure in place for creating a safe space for staff.

30.4 <u>iMatter Board Report – Presentation and update</u>

30.4.1 The Head of Medical Workforce Planning presented a brief update and summary for iMatter including the background and history of staff surveys with an overview of key areas:

- Lothian rolled out iMatter in 2015, and in 2017 all NHS staff participated in the cycle, 2021 iMatter added four 4 health and social care partnerships into the improved model that supports improved engagement and openness about teams and values.
  A series of events have taken place with training for 1500 managers and material produced so managers are able to take ownership of iMatter and so this becomes routine with success monitored through response rates.
  iMatter is focused on good staff experience, staff components and governance standards, and the survey is anonymous and can be completed through email or SMS
  The Questionnaire is completed annually and team reports are generated the next day if completed electronically or 2 weeks if written completion. Directors and boards see aggregated reports based on their level within the organisation.
- KPI's are measured against the staff governance process at a National level and can target aspects of support and development that teams may require.
  Overall, the EEI score has remained consistent despite the pandemic and the number of teams completing reports has increased with the 60% threshold (proportion of staff completing a response) removed. Action plans that have been agreed have fluctuated over this period.

30.4.2 A Non-Executive Board Member asked if iMatter could be used across other services and highlighted the low response rate for the 'lack of visibility in the board'. This may be something we want to highlight and see changes year to year. The Head of Medical Workforce Planning explained the tool was developed for NHS Scotland boards but we have received requests to use the tool from a children's hospital in Montreal and information on demographics for different staff groups including midwives is available.

30.4.3 The four questions around visibility of the board have always scored low in these ratings, but this is a similar picture for other NHS Scotland boards. We have 5 years of data that we can look at to compare trends. The Director of HR and OD said often the answer is we don't see the board members being visible but within a large complex organisation staff would be more interested in local managers rather than the board presence.

30.4.4 The Head of Medical Workforce Planning confirmed information in the report shows a combined board report; only 9 teams were marked red, 24 in yellow from a response of over 2,000 teams; we receive the EEG scores from the teams in red and this provides reassurance.

30.4.5 The Chair thanked the Head of Medical Workforce Planning for the overview and where iMatter sits within the organisation. He said one issue is that higher up the chain of management the less amount of detail is given, he said he would be interested in 5 year trends and suggested it would be appropriate for a development session to look further at this information.

30.5 Agile Working update

30.5.1 The Head of Employee Relations provided an update on Agile working and confirmed NHS Lothian have progressed since the last report with signed principles agreed through the Lothian Partnership Forum (LPF). She said the trials will take place at Waverley Gate and Comely Bank sites, although it was noted that some clinical work during the pandemic was supported.

30.5.2 The Head of Employee Relations commented that we will evaluate the trial but there has not been much change between home working and agile working or hybrid working and that this paper was more a recommendation on suitable, flexible approaches to working that balanced the needs of the organisation with the reasonable aspirations of employees coloured by the Covid working experience..

30.5.3 Training for managers and staff will take place for any issues around consistency of approach, but each team will be different in their approach and how they take this forward.

30.5.4 The Chair commented that through these pilots we will see how teams come to a view and whether there is agreement or disagreement across the organisation.

30.6 Joy in Work – Improving Staff Experience

30.6.1 The Associate Director of OD & Learning, Training & Development provided an update for Joy in Work and confirmed we joined a global learning network in March 2020 that was led by Dr Simon Edgar to improve methodology for healthy happy people. She said the programme has coached 40 people across 9 teams and had some success even through the pandemic.

30.6.2 Phase 2 of the programme was to develop the quality improvement and our own curriculum, but due to system pressures impacting on progression of this work we have decided to pause the cohort until Spring 2023.

30.6.3 The Committee approved the recommendations for moderate level of assurance that progress has been made in establishing this approach over the last two years and the programme is committed to continue to spread and scale as appropriate

30.7 Cost of Living Crisis – Organisational Response

30.7.1 The Associate Director of OD & Learning, Training & Development provided an update on the cost of living and confirmed she is working with colleagues in communications, public health and staff wellbeing teams to set up a group to focus the limitations and response to four areas of work including:

- Curation of resources;
- Financial wellbeing and support;
- Digital and print;
- In person roadshows including:
    - Education and support for managers;
    - Reducing stigma;
    - Income maximisation.

30.7.2 The Associate Director of OD & Learning, Training & Development said a NHS leadership network and information went out last week with staff communications and weekly brief with early advice to staff.

30.7.3 A cost-of-living crisis response fund of £150,000 has been approved that will be used primarily to increase income maximisation access for staff with short term resources to progress this work and to seek reoccurring support.

30.7.4 The Committee accepted the actions are in place in responding to the cost-of-living crisis and supported a moderate level of assurance that support is available to staff. A further verbal update on progress will be given at the next and future meetings of the Committee.

JB

31.0. Assurance and Scrutiny

31.1 Corporate Risk Register

31.1.1 3455 – Management of Violence and Aggression

31.1.1.1 The Nurse Director presented an update on Violence and Aggression risk but asked the Committee to note the overall limited assurance for the risk. She said there has been significant work undertaken with internal audit that has identified the following work streams:

1. Policy review – A review of the extant policy, programme board formed and focus on wider policy for violence and aggression for December deadline and broaden scope by end of March 2023.
2. Purple pack - NHS risk assessment for violence and aggression and documented evidence for V&A. Overhaul of the electronic system MEG trialled across nine areas across NHS Scotland to allow team training and manager review training.
3. Training (limited assurance) - significant amount of discussion with a workshop held but without agreed actions, programme board to achieve outcome steps.
4. Lone working- rolled out but significant issue around the learning, training and development of devices, work ongoing to manage the outcome and process to roll out across Lothian.
5. Role and responsibility – input required from management and Health and Safety for appropriate 'buy in' to process in place.
6. Conversation for stratification of risk. – How MEG will put information into context for violence and aggression so staff can be trained to mitigate the risk and allow us to target the areas of greatest risk. This remains limited risk but significant work ongoing to progress by end of March 2023.

31.1.1.2

The Chair thanked the Director of Nursing and Deputy Nurse Director for the update and for providing six measurable pieces of work to take forward in reaching targets.

31.1.1.3

The Committee highlighted that we will not achieve significant assurance under 3.4.8 without Q1 Health and Safety Audit and demonstration of compliance. Health and Safety hold an overview and all 12 key risks are discussed each Quarter and are the management team's responsibility. The Chair confirmed this Committee and Audit and Risk will likely want to reach a considerd decision on whether this level of scrutiny would be deemed sufficient or whether it might require independent assessment.

31.1.1.4

The Chair said that NED colleagues had asked whether involving Central Legal Office or Police Scotland in devising policies or protocols for staff who are assaulted would be appropriate and send good signals of NHSL's serious intent. The Nurse Director confirmed there is a mixture of parties involved in framing policy, but we would take advice from experts advising on the specific policy and current legislation. If it were staff who had been assaulted, we had clear procedures on this and NHSL promoted adverse events to the police and staff would be supported by NHSL. It was well understood, especially in REAS and similar places, that Violence and Aggression may be part of the patient's medical condition, which is why training and support was so vital and that we had the systems in place to mitigate the risk to staff.

31.1.1.5

A Non-Executive Board Member highlighted the training capacity risk and that violence and aggression arising from neurodiversity challenges where staff can be provoked was a potential issue, and asked where is the joint governance for this?

31.1.1.6

The Medical Director confirmed where there is an adverse event to staff who are harmed, we have obligations to report as a RIDDOR and follow through Health and Safety minutes. She explained that staff must be trained, but deliberate harm to patients will be managed under staff conduct. If harm is caused to patients under care for moving/ handling or restraint, this is investigated, but it's important that the right training is offered and that it is meaningful to their areas. Adverse events are followed through the Healthcare Governance Committee with twice-yearly reports.

31.1.1.7

The Nurse Director mentioned that Police are more likely to be engaged in relation to incidents with the wider public rather than patients, but some staff in the community may have issues in a patient's home. It is important to tailor the risk to the situation and the importance of lone working alarms for these circumstances.

31.1.1.8

The Committee accepted the recommendations and noted the progress made under the findings of the internal audit.

31.2.0 <u>3828 – Nurse Workforce – Safe Staffing Levels</u>

31.2.1 The Director of Nursing presented an update on Safe Staffing Levels and confirmed there is a significant risk to nurse staffing levels with the establishment gap at 10.39% against the 5% target. She said there has been an increase in funding establishment of 1,000 vacancies for support with wards and care homes but there is pressure across the system within acute, ED and community hospitals.

31.2.2 The Nurse Director explained there are initiatives to increase access to nursing and to support band 2 to 4 roles through working with the Open University for mental health training. This is working well but numbers of nurses are mandated by the Scottish Government. International nurse recruitment has had some success but due to the complexity of the programme training has been limited, but there is an agreement with universities to support.

31.2.3

Lothian has made final year offers to nurses that were supported through Corporate Management Team, with nurses appointed at band 4 level as a non-registered member of staff. There has been enthusiasm from student nurses with around 100 applications and 400 newly qualified nurses coming into the system. She mentioned that we are using a lot of bank and agency staffing due to nurses leaving work to join agency with flexible working but a programme of work is underway to reverse this trend and to ensure we do this consistently and safely, with a Scotland-wide approach required to push back on agency.

31.2.4 A Non-Executive Board member asked if we are looking at volunteering in a strategic way. The Director of HR and OD said we do look at volunteering but this can't replace paid employment; there has been success with youth volunteers and we are often inundated with requests to begin volunteering, but the risk around staffing levelsremains high as we are not able to achieve staffing levels that are we required.

31.2.5 The Committee accepted the recommendations and acknowledged the useful update, but highlighted concerns with the trajectory for teams at SJH with an aging profile of staff.

31.3.0 <u>5020 – Water Safety</u>

31.3.1 The Medical Director provided an update on water safety and confirmed this item is a statutory obligation under health and safety legislation to ensure that the water within our facilities is safe and does not contain high levels of Legionella that can lead to ill health.

31.3.2 Due to a reduction in footfall and the use of premises within the community, there is a risk of colonization and turnover of water systems and that documentation and evidence that we produce would not be adequate should there be any issues.

31.3.3 The Medical Director said that progress by the Director of Facilities has been made to obtain documentation and that testing is underway in community premises that have provided higher counts of legionella as a result of taking action. Work is underway to address the issues of high counts and so fit-for purpose documentation is in place. A further update will be provided at the December meeting. The Chair reminded the Committee that the update should be in the form of a document which summarised for each NHSL location which named individual held the statutory obligation to certify that water safety standards were being monitored, what was the most recent date at which they had been measured, and the result.

31.4.0 <u>3328 – Traffic Management</u>

31.4.1 The Director of Facilities provided an update for traffic management across the sites, indicating there are six red rated risks for traffic:

- REH - Confirmation from Edinburgh Council who have raised parking concerns for accessing the building in the event of a fire.
- New barrier and location agreed with work progressing, with the red risk to decrease.
- WGH – A number of construction work/projects are ongoing for the site; the risk will remain red until building work is completed.
- Whitburn – Work has taken place to identify who has the land and proposals will go forward through the relevant committee with an appetite to buy the land for a safe delivery area. It has been accepted that this risk will remain red if we don't buy the land.
- RIE – Three risks on site and a subject matter review of the site and what we can do to mitigate and close the risks.

31.5.0 <u>Health and Safety Assurance</u>

31.5.1 The Medical Director reported that the report follows the standard update with minutes included as an appendix. She mentioned a minor change to the recommendations and the level of assurance to reflect discussions at the Health and Safety Committee. The group is collecting evidence through the electronic system (MEG) to avoid paper-generated work and to allow for more meaningful discussions.

31.5.2 The Committee accepted the recommendations and accepted moderate assurance against the following risks for Q1: Violence and Aggression; Safe Bathing, Showering and Surface Temperatures; Control of Substances Hazardous to Health (COSHH) Review.

31.5.0 Occupational Health Annual Report

31.6.1 The Director LOHS, Occupational Health presented the annual report and confirmed more of a focus on main objectives and evidence across different disciplines. A lot of the detail has been removed but is included at the end of the report through web links based on feedback received last year with the 'ask' for progress to be tracked against agreed objectives. The plans and developments for this year have been included and prioritised for the organisation.

31.6.2 The Chair commented that the information is very digestible, but asked if quarterly visits and high referrals are coming through in the numbers. The Director LOHS said the 'hotspots' within the report show the referrals or investigations and departments for referrals including muscular injuries or computer on wheels (COWS) when people had to fit themselves to the machines rather than the other way around, and there is evidence of these visits.

31.6.3 A Non-Executive Board Member asked if Occupational Health are focused on diet for staffing, healthy eating and exercise and asked if the charity sector is used for support staff. The Director LOHS, Occupational Health said he would be interested in hearing more about charities but diet and exercise information is collected and we have exercise classes including Pilates, 'shake up to wake up' and weight management classes.

31.6.4 The Committee noted progress with the objectives and agreed on the development and delivery over the next year.

32.0 Sustainable Workforce

32.1 3-Year Workforce Plan – Scottish Government Feedback and progress with Action Plan

32.1.1 The Director of HR and OD provided an update on the three year workforce strategy and advised that it was helpful to get feedback from the Scottish Government. She said that we are now in the process of producing 12 month action plans for years 1, 2 and 3 and these are around 80% complete. The plans will go to the CMT meeting on 25th October and will be shared at the December Committee.

32.1.2 The workforce plans will be published by the Head of Workforce Planning and HR are working on a synopsis and a breakdown of service areas under LSDF for progression against the corporate enablers.

32.1.3 The Director of HR and OD commented that we are still waiting for feedback from the Scottish Government on issues raised for workforce and training.

32.2 Workforce Report

32.2.1 The Director of HR and OD presented the workforce update and advised that this is a standard report that was amended earlier in the year to allow one 'spotlight' to be the focus of each committee with bullying and harassment in today's report.

32.2.2 The Head of Employee Relations mentioned data has been provided for a number of years on employee relations cases. She said there is a small number (0.33%) of bullying and harassment cases within the organisation, but this does not take into account any informal discussions.

32.2.3 From the evidence highlighted within the report; 98 cases have been closed; 8 cases went to disciplinary and 48 cases not considered to be taken further but can still be considered as interpersonal but recorded under the bullying and harassment policy.

32.2.4 The Head of Employee Relations mentioned that we are doing a lot of work to early resolution, if we are able to have early conversations this helps and resorts to going through a formal process.

32.2.5 The Committee noted the high level of sickness absence within facilities, the lower than expected mandatory training and low staff appraisal in July at 39%. The Head of Employee Relations said that a team has been appointed in facilities to support managers for strategic cases and work is ongoing.

32.2.6 The Director of HR and OD said mandatory training was paused during the pandemic but there have been some improvements but it is taking time to get to where we need to be. Appraisals have been discussed at CMT and there have been agreed actions to push in this area with appraisal champions across the services for necessary improvements against increasing pressure.

32.2.7 The Committee noted the importance of capturing the balance of quality against quantity, so this does not just become a tick exercise. The Committee accepted the updated report and actions being taken to address issues.

32.3 <u>Additional COVID Workforce – update</u>

32.3.1 The Director of HR and OD confirmed the corporate objectives continue to track the Covid workforce and work continues to increase the workforce by 700 circa staff. She said that Test and Protect was 'stood down' in September, with a number of staff redeployed to new roles.

32.3.2 Work is ongoing with the finance team to match vacancies against the Covid money, but funding has been cut with ongoing costs now considered a system pressure and a financial risk.

32.4 <u>Framework for CMT Succession Planning</u>

32.4.1 The Director of HR and OD presented an updated on succession planning to cover current gaps and roles, corporate priorities and key actions for talent management.

32.4.2 It was noted that talent management sits in National space and leadership development for UK and Scotland and there is difficulty in filling executive posts in Scotland. The Committee noted the desire to have one internal candidate for each recruitment opportunity.

32.4.3 The Chair asked if the Director of HR and OD and Chair of the board were made aware of departure dates of senior staff in the organisation. She responded and confirmed that she and the Chief Executive were aware to a certain extent.

32.4.4 The Medical Director confirmed that progress has been made in appointing a deputy RO with experience in this area.

33.0 For Information and Noting

33.1 Staff Governance Work Plan 2022-23

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

33.2 Staff Governance Assurance Statement 2022-23

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

33.3 Staff Governance Monitoring Framework Return – Feedback from 2020-21 and Return for 2021-22

33.3.1 The Committee accepted the monitoring framework return for 2020-21 and 2021-22.

34.0 Reflections on meeting

34.1 **Matters to be highlighted at the next Board meeting**

34.1.1 There were no further matters arising.

35.0 Matters to be highlighted to another Board Committee

35.1 The Committee agreed to update the Audit and Risk Committee on the work undertaken by the Executive Nurse Director and Deputy Director.

36.0 Date of Next Meeting

36.1 The next meeting of the Staff Governance Committee would take place at 9.30am on Wednesday 14 December 2022.

Agreed by Committee 14.12.22

Midlothian Integration Joint Board

Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 13 October 2022	1.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):		
Val de Souza (Chair)	Nadine Akta	Cllr Colin Cassidy
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 (Union Representative)
Keith Chapman (User/Carer)	Wanda Fairgrieve (Staff side representative)	Claire Flanagan (Chief Finance Officer)
Rebecca Green(Clinical Director)	Joan Tranent (Chief Officer Children's Services, Partnerships and Communities)	Miriam Leighton (Volunteer Midlothian)
Fiona Stratton (Chief Nurse)		

In attendance:		
Nick Clater (Head of Adult Services)	Emma-Jane Gunda (Assistant Programme Manager)	Gill Main (Integration Manager)
Cllr Stuart McKenzie	Elouise Johnstone (Programme Manager)	Claire Yerramasu (Advance Practice Physiotherapist and Team Lead Physiotherapist)
Mike Broadway (Democratic Services Officer)	Andrew Henderson (Clerk)	

Midlothian Integration Joint Board

Thursday 13 October 2022

1. Welcome and Introductions

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 submitted.

4. Minute of Previous Meetings

4.1 Minutes of the MIJB held on 25 August 2022

The minutes of the meeting of the MIJB of the 25 August 2022 were approved as correct record.

4.2 Minutes of the Special MIJB held on 15 September 2022

The minutes of the meeting of the MIJB of the 15 September 2022 were approved as correct record.

4.3 Minutes of Audit and Risk Committee held on 29 June 2022

The minutes of the Audit and Risk Committee of the 29 June 2022 were noted.

4.4 Minutes of the Strategic Planning Group held on 3 of August 2022

The minutes of the Strategic Planning Group of 3 of August 2022 were noted.

Midlothian Integration Joint Board

Thursday 13 October 2022

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update By way of a Chair's update Val de Souza made reference to the NHS Scotland awards in which the Partnership from Midlothian had performed the best nationally and further highlighted that the partnership had been nominated for two awards including two nominations including for the voluntary sector and care home support. Members then took the opportunity to congratulate and thank staff for their efforts. Val de Souza continued to reference service pressures and provided an update in relation to the reclamation of unspent Scottish Government COVID funds given to the MIJB throughout the pandemic.	a) Members noted the chair's update.	All to note.	
5.2 Chief Officer's Report – Morag Barrow, Chief Officer Morag Barrow provided a brief overview of the chief officer's report making reference to ongoing discussions regarding future arrangements for Internal Audit. Morag Barrow then took the opportunity to respond to members questions. In response to a questions on increased capacity of Older Peoples Care, Morag Barrow referenced the aim to increase capacity of the hospital at home service from 21 to 30 beds and acknowledged that	a) Increase in prevalence of younger dementia patients to be considered in directions and; b) 'Matter of focus' to be added to list of future development session topics and; c) To otherwise note the Chief Officers report.	Chief Officer. Chief Officer All to note.	

Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
recruitment is a potential risk. A brief discussion ensued in relation to age bracketing for services and further comments were raised in relation to the number of people being diagnosed with dementia and Morag Barrow agreed to look at factoring this into the directions going forward. Gill Main provided an update in relation to 'matter of focus' and it was agreed that this topic would be added to the list for future development sessions. Responding to comments on system pressures, Morag Barrow confirmed that as of the 13th of October 2022, there are 16 delayed discharges with 8 awaiting a package of care work being done to ensure these cases are addressed. Morag Barrow further clarified that both traditional and innovative methods of advertisement are being used to attract new staff.			
5.3 Appointment of Audit and Risk Committee Member – Morag Barrow, Chief Officer In providing an overview of the report Morag Barrow sought approval from board members to appoint Nadin Akta to the MIJB Audit and Risk Committee and also took the opportunity to advise board members of the recent resignation of the Independent member of the Audit and Risk Committee and further advised board members that she would begin the process of recruiting a new independent member.	a) Board Members approved the appointment of Nadin Akita as a member of the MIJB Audit and Risk Committee and; b) Board members thanked Pam Russell for her work as independent member of the MIJB Audit and Risk committee and;	Chief Officer. Board Members.	

Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Board members then approved the appointment of Nadin Akta to the MIJB Audit and Risk Committee and members took the opportunity to thank Pam Russell for her work as the Independent member of the audit and risk committee.	c) Noted and endorsed the Chief Officers intention to start the process to recruit a new independent member for the Audit and Risk Committee.	All to note.	
5.4 Annual Performance Report 2021-22 - Gill Main, Integration Manager. Gill Main provided an overview of the report highlighting that board members were being asked to grant the Chief Officer the delegated authority to publish the Annual Performance report and continued to highlight an anomaly in the 21/22 performance target data. After a brief discussion members granted the Chief Officer the delegated authority to publish the Annual Performance Report.	a) Board members granted delegated authority for Morag Barrow, Chief Officer, to publish the Annual Performance Report by 31st October 2022 and; b) Noted an anomaly in the 2021/2 performance target data for the MSG target for Delayed Discharge and Occupied Bed Days.	Chief Officer All to note	
5.5 IJB Board Meeting Options - Roxanne Watson, Executive Business Manager With reference to the report Roxanne Watson made reference to the recommendation that the MIJB continue to meet virtually over the winter period and continued to outline the possible options for future meetings of the MIJB including virtual and hybrid forums. After some discussion board members agreed that continuing in the virtual forum over the winter period would be beneficial and that following this a virtual solution would be preferred to allow better access, visibility and transparency. Board members also	a) Board members agreed to the recommendation of continuing to host the IJB Board Meeting virtually throughout winter and; b) Agreed to proceed with a hybrid solution, the associated cost and; c) Agreed to test the hybrid system at a development session in advance of it being used at a board meeting.	Board members Chief Officer Chief Officer	

Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
suggested that any hybrid system could be initially tested at a development session in advance of being used at a full board meeting.			
5.6 IJB Draft Performance Framework (Phase 1) - Elouise Johnstone, Programme Manager for Performance Elouise Johnstone provided an overview of the IJB Draft Performance Framework Report, reassuring board members that going forward scrutiny would sit with the new Performance and Assurance Group. A discussion ensued in relation to the level of operational tasks within the IJB directions and acknowledgement was given that in certain cases directions may be too operational and could be tweaked whilst others where operational for a reason. Following comments in relation to recruitment and risk, Elouise Johnstone confirmed that vacancies generally appeared all over and that this generally applied to smaller highly specialised teams and that recognising gives the opportunity to ensure that the appropriate measures are place to retain staff wherever possible. In response to comments relating to a lack of a safe data warehouse Elouise Johnstone confirmed that exploratory work was being conducted around data lock with work also being conducted by partner organisations.	a) Board members noted the IJB Draft Performance Framework.	All to note.	

Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.7 The CRT Dashboard: informing Practice and Improving Outcomes Presentation (Verbal Update) from Claire Yerramasu, Advance Practice Physiotherapist and Team Lead Physiotherapist Claire Yerramasu and Eloise Johnstone spoke to the presentation making reference to the Midlothian CRT, CRT activity, service specific feedback and the monitoring, activity and incites of the Community Respiratory team. A brief discussion ensued and Claire Yeramassu responded to comments in relation to risk factors in relation to hospital at home and the CRT. Val de Souza requested that the presentation be brought to an NHS board meeting in the future.	a) Board members noted the CRT Dashboard presentation and; b) CRT Dashboard presentation to be brought to an NHS board meeting in the future.	All to note. Claire Yeramassu	
5.8 IJB Improvement Goals - Elouise Johnstone, Programme Manager for Performance Elouise Johnstone provided a brief overview of the IJB Improvement goals referencing the data outlined in appendix 1 as validated by the data support team. Following comments in relation to on the cost of living crises and impact on fuel poverty, Morag Barrow confirmed that health would determine the demand increases and that she had also engaged with Midlothian Council's cost of living task force.	a) Board members noted the performance against the IJB Improvement Goals for 2022/23.	All to note.	

Midlothian Integration Joint Board

Thursday 13 October 2022

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.9 Integrated Care Assurance Report - Fiona Stratton, Chief Nurse Fiona Stratton provided a brief overview of the integrated Care Assurance Report and continued to open to members questions. In response to comments around reporting for hosted services, Fiona Stratton clarified that certain services would adopt the AHP framework and Morag Barrow confirmed that the lack of standardised reporting across hosted services was being picked up as part of the performance reporting review.	a) Noted the assurance measures in place across MHSCP and; b) Noted, and support planning in place for Winter 2022/23.	All to note. All to note.	
5.10 Implementation of Medication Assisted Treatment Standards in Midlothian - Nick Clater, Head of Adult Services Nick Clater provided a brief overview of the report making reference to the MAT standards implementation plan and continued to provide a brief overview of the MAT standards. Nick Clater then opened to members comments. Val da Souza commented that MAT standard 10 should also take into account the trauma of children who were living with effected parents.	a) Noted this report on the implementation of Medication Assisted Treatment Standards in Midlothian in relation to appendix 1.	All to note.	
5.11 Finance Update – end of August 2022 - Claire Flannagan, Chief Finance Officer In providing the finance update for the end of August 2022 Claire Flanagan made reference to the financial	a) Noted the end of August 2022 financial forecast position for the IJB and;	All to note. All to note.	

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
forecast position at the end of August 2022, Claire Flanagan highlighted the Scottish Governments previous correspondence in relation to unspent COVID funding and highlighted that the report outlined official receipt of the letter from Scottish Government.	b) Noted the COVID correspondence from Scottish Government		

6. Any other business

On behalf of the board Val de Souza extended further thanks to Pam Russell for her work as Independent member on the MIJB Audit and Risk Committee and the MIJB as a whole.

7. Private Reports

No private reports were submitted for consideration.

8. Date of next meeting

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

- Thursday 17 November 2022 2.00pm Development Session (Public Protection)
- Thursday 15 December 2022 2.00pm MIJB Board

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

The meeting terminated at 16:00

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 8 NOVEMBER 2022.

Present

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

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

Apologies – Damian Doran-Timson

Absent – Karen Adamson, Lesley Cunningham

In attendance – Robin Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Karen Love (Senior Manager, Adult Services), Mike Reid (General Manager for Mental Health and Addictions Services), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager) and Kerry Taylor (Project Officer)

1 DECLARATIONS OF INTEREST

Agenda Item 13 – *Older People Day Care Provision*

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

2 MINUTES

The IJB approved the minutes of its meeting held on 20 September 2022 as a correct record.

3 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board Development Session held on 29 September 2022.

b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 20 October 2022.

c The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 1 September 2022.

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

Health and Care Governance Group held on 5 October 2022.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised that the council was in the process of appointing a voting member and this would be communicated to the IJB at its January meeting. The IJB would then be asked to make an appointment to the Audit, Risk and Governance Committee.

5 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.

Members agreed that Board member information on the West Lothian Health and Social Care Partnership website should include names, photograph and a paragraph about each member (option 3 under 6.3 in the report).

Discussion followed on A&E usage due to pressures on the health system. Fauldhouse-specific cases were then raised and it was noted that further investigation would take place offline.

Decision

1. To note the terms of the report.

2. To agree the third option under 6.3 of the report (Names, photograph and a paragraph about each member).

6 2022/23 QUARTER 2 FINANCE UPDATE

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 latest 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 Board meetings.

Decision

To note the terms of the report.

7 WEST LOTHIAN ADULT PROTECTION COMMITTEE 2020-2022 ADULT PROTECTION BIENNIAL REPORT

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services informing members of the West Lothian Adult Protection Committee 2020–2022 Adult Protection Biennial Report.

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

Decision

To note the terms of the report.

8 PUBLIC SECTOR CLIMATE CHANGE REPORT

The IJB considered a report (copies of which had been circulated) by the IJB Project Officer advising members of the IJB's statutory duties under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015; and asking the IJB to agree the contents of the draft submission.

It was recommended that the IJB:

1. Note the Board's statutory requirement to report on climate change on an annual basis and no later than 30 November each year; and

2. Agree the contents of the draft 2021/22 submission to the Scottish Government and the proposed improvement actions.

Decision

To approve the terms of the report.

9 RISK MANAGEMENT

The IJB considered a report (copies of which had been circulated) by the Chief Officer advising members of the risks in the IJB's risk register.

It was recommended that the IJB:

1. Consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact; and

2. Make recommendations it thought appropriate to the Chief Officer in relation to those risks, controls and actions.

The risk score of risk IJB004 *Inadequate funding to deliver the Strategic Plan* was specifically discussed, and the IJB agreed to invite the Audit, Risk and Governance Committee to consider whether the risk should be updated in the next three to four months in relation to the next Strategic Plan. The Chief Officer and senior team were also to consider and advise through the Audit, Risk and Governance Committee whether a specific risk on the cost of living should be added to the register and referenced in the Strategic Plan. A potential new risk on delayed discharge and care would be added in due course if required.

Decision

1. To note the terms of the report.

2. To consider whether the risk score of risk IJB004 *Inadequate funding to deliver the Strategic Plan* should be updated and to invite the Audit, Risk and Governance Committee to consider this in the next three to four months in relation to the next strategic plan.

3. Chief Officer and senior team to consider and advise through the Audit, Risk and Governance Committee whether a specific risk on cost of living should be added to the risk register and be visible in the Strategic Plan.

4. To investigate potential new risk on delayed discharge and care in due course.

10 HSCP WORKFORCE PLAN 2022–25

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance advising members that feedback had been received from the Scottish Government on the West Lothian Health and Social Care Partnership's (HSCP) Workforce Plan 2022–2025 and that the plan had been updated to reflect those comments.

It was recommended that the IJB note the updated West Lothian Health and Social Care Partnership's (HSCP) Workforce Plan 2022–2025.

Decision

To note the terms of the report.

11 OLDER PEOPLE DAY CARE PROVISION

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Older People informing members of the Older People

Day Care provision, including current contract performance and proposed future contractual arrangements to achieve Best Value.

It was recommended that the IJB:

1. Note the contents of the report and reduced uptake of available commissioned placements at Older People Day Centres; and

2. Note proposed contractual arrangements for Older People Day Centre provision.

Eligibility criteria for day care services in relation to a changing demographic was then discussed. Despite the reduction in referrals, officers assured members that any referrals received were being progressed without delays. Further alignment of contractual arrangements with the revised Strategic Plan would be considered in due course.

Decision

To note the terms of the report.

12 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

13 NEXT MEETINGS

The IJB noted that the next meetings would take place as follows:

- Tuesday 10 January 2023, 2pm, virtually via MS Teams
- Tuesday 21 March 2023, 2pm, location TBC
- Tuesday 18 April 2023, 2pm, location TBC
- Tuesday 27 June 2023, 2pm, location TBC

East Lothian
Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 OCTOBER 2022
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:
Councillor S Akhtar
Councillor L Bruce
Ms F Ireland
Councillor L Jardine
Councillor C McFarlane
Mr P Murray (Chair)

Non-voting Members Present:

Mr D Binnie	Dr P Conaglen
Ms L Cowan	Ms C Flanagan
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	Ms J Jarvis
Mc C Johnston	Mr M Kennedy
Ms L Kerr	Ms G Neil

Clerk:
Ms F Currie

Apologies:
Ms E Gordon
Ms V de Souza
Mr I Gorman
Dr W Hale
Dr C Mackintosh
Ms J Tait

Declarations of Interest:
None

1. MINUTES OF THE MEETING OF THE EAST LOTHIAN IJB ON 15 SEPTEMBER 2022 (FOR APPROVAL) AND MATTERS ARISING

The minutes of the meeting on 15th September 2022 were approved. There were no matters arising.

2. CHAIR'S REPORT

The Chair informed members of a letter dated 12 October 2022 from the Cabinet Secretary for Health & Social Care, Humza Yousaf, which had been sent to all Local Authority Leaders, Chairs & Vice Chairs of IJBs and Health Board Chairs. The letter asked for all Local Authorities, Health & Social Care Partnerships and Health Boards to renew their focus on several key areas to reduce the number of delayed discharges and support health and social care services in their plans for winter preparedness. It also set out details of additional funding to address actions in key areas.

Fiona Wilson advised that she was collating actions on the areas identified in the letter, and others, and meetings had been arranged to discuss progress and provide the required information to the Scottish Government. In the meantime, she assured the IJB that while East Lothian was excelling on all pathways there would be no easing off and they would continue to look at ways to expand and improve services.

The Chair echoed Ms Wilson's remarks adding that officers were giving this the appropriate level of attention, as required by the letter, and that many of the areas highlighted were already priorities for the IJB. However, where additional information or reassurance was required, this was being sought.

In response to a suggestion from David Binnie, Ms Wilson agreed that a development session on palliative care/end of life care would be useful for IJB members and that this topic might be covered as part of a session on wider services.

Dr Jon Turvill commented that palliative care and end of life care was often not well understood until families had a loved one requiring this care. It was widely recognised that staff from all services wanted to be able to support people in their own homes for as long as possible and he thought that this would be a good topic for a development session.

Councillor Lyn Jardine said she was confident that East Lothian was well ahead in many of the areas highlighted in the Cabinet Secretary's letter and that Ms Wilson and her staff would continue to progress work in these and other areas. She was also heartened by the comments from Mr Binnie and Dr Turvill and welcomed the proposal of a development session.

Lorraine Cowan informed members of the Palliative Care Strategy Group which included representation from local hospices to foster links between internal and external services. The Group met quarterly to consider options such as extensions to the hospital to home service, in-house care packages and introducing a single point of contact to ensure that individuals were receiving the right care while remaining in their own homes. She said she would be happy to expand the remit and membership of the Group as required.

The Chair also reported on the recent meeting of the Community Hospitals and Care Homes Provision Change Board which was making good progress. He advised that details would be circulated soon outlining the next steps in the process.

Ms Wilson confirmed that a report on the Change Board's progress would be brought to a future meeting of the IJB and added that there was a great deal of enthusiasm within the group to see evidence-based decisions delivering change for the right reasons.

3. IJB's AUDITED ANNUAL ACCOUNTS FOR 2021/22

The Chief Finance Officer had submitted a report presenting the IJB's annual accounts for 2021/22.

Claire Flanagan presented the report. She reminded members that the 2021/22 accounts had been considered and approved by the Audit & Risk Committee in September alongside the external auditor's report but that it was important for the IJB to have sight of both documents. She drew members' attention to the annual governance statement within the accounts including the improvement actions identified. She also advised that there were no issues arising from the external auditor's report and that of the two recommendations for action: the first, relating to medium term financial planning, was already in hand and the second, relating to the annual performance report, had been completed.

In response to a question from Councillor Akhtar, Ms Flanagan explained that the IJB had previously prepared a five year financial plan but that this work had been paused during the pandemic. She had now begun to review and develop a new plan which she intended to present to the IJB at its December meeting. She added that while this was five year plan, some other IJBs chose to produce three year plans.

The Chair thanked Ms Flanagan for her report noting that the forthcoming autumn statement from the UK Government would likely have an impact on any future financial plans.

Decision

The IJB agreed to:

i. Note the IJB's Audited Annual Accounts for 2021/22; and
ii. Note the External Auditor Annual Report for East Lothian IJB for 2021/22.

4. 2022/23 FINANCIAL UPDATE – END OF AUGUST 2022

The Chief Finance Officer submitted a report laying out the most recent financial forecasts from Partners and the projected financial position of the IJB for 2022/23. The report also updated the Board on the recent correspondence from Scottish Government regarding IJB COVID reserves.

Ms Flanagan presented the report. She provided a brief summary outlining a slight deterioration in the forecast outturn position due to further pressures within social care and Set Aside budgets. The next report to the IJB would include the Q2 financial reviews from the Partners and updated forecasts. She also provided details of the recent correspondence from the Scottish Government regarding recovery of COVID reserves. While further guidance was awaited, she confirmed that currently there was no impact on the IJB's financial position. She agreed to share the letter with members.

In response to a question from Councillor Akhtar, Ms Flanagan provided details of the IJB's COVID-related reserves and the cost projections for 2022/23. She also confirmed that providers were aware that sustainability payments would cease as of 31 March

2023 but that currently there were few areas where providers could still claim. In relation to the Scottish Government's intentions on reclaiming of COVID reserves, a number of bodies had already sought further advice, including legal advice, and Ms Flanagan said she would continue to tap into all available networks and to follow the advice provided by professional networks.

Councillor Jardine asked about avenues to try to influence further guidance from the Scottish Government. Ms Flanagan reported that the Chair of the Chief Finance Officers group regularly met with government colleagues to ensure that the guidance that was being developed worked for IJBs, local authorities and Health Boards alike. In terms of COVID costs, she confirmed there would be no additional costs incurred this year. Winter funding was being used to support non-bed based resources to put additional capacity into the system and support alternative models of care.

In response to further questions from Fiona Ireland, Ms Flanagan confirmed that the costs for Set Aside were calculated on a percentage basis. She said that NHS Lothian had been moving towards charging for costs based on actual activity but that the pandemic had halted this work. However, the process was re-starting and the HSCP was working to better understand activity across acute services and to share this information with NHS Lothian.

Ms Wilson advised that there was a lot of work taking place to understand occupancy and commissioning of beds in mental health services and to understand how to develop alternative services if the IJB is not using beds. Part of this work would involve Direction-setting.

Ms Ireland agreed that there was a need to consider how to structure Directions to lever some of that funding and to target it where it was needed.

The Chair asked if the increase in the Set Aside costs was influenced by the increased activity to deal with the backlog following the pandemic. Ms Flanagan advised that much of the increase was related to the impact of high vacancy levels and the use of locums and agency staff to fill these gaps. However, she accepted that the IJB needed to better understand what was driving the figures and that this information would come from the Partners.

Decision

The IJB agreed to:

i. Note the end of August 2022 financial reviews undertaken by Partners; and
ii. Note the correspondence from Scottish Government regarding IJB COVID reserves.

5. MEDICATION ASSISTED TREATMENT (MAT) STANDARDS

The Chief Officer had submitted a report updating the IJB in relation to the Medication Assisted Treatment Standards and the requirement to embed and implement these standards to 'enshrine a rights based approach to immediate, person centred treatment for problem drug use, linked to primary care, mental health and other support services'.

Gillian Neil presented the report. She began by outlining the background to MAT Standards which had been drawn up in response to the high levels of drug related deaths across Scotland. She summarised the standards and explained how services had been developed to ensure that individuals who met the standards could access

assessment and treatment on a same day basis, five days a week from 31st October, either through self-presenting at MELDAP or GP referral. This service would include involving a named person to encourage engagement with services over the longer term.

Ms Neil informed members that MELDAP colleagues and third sector providers would work with them to develop a communications strategy to publicise the service and engage with those at highest risk.

Ms Neil then to set out the recommendations contained in the report brought before the IJB which sought approval of a plan to implement the MAT standards by April 2023 and to monitor progress in line with Scottish Government requirements. She detailed some of the monitoring arrangements being put in place and advised that funding from the Scottish Government and MELDAP had allowed them to recruit nursing staff to support the service.

Dr Turvill thanked Ms Neil for her excellent report and the work that lay behind it. He said that knowing people could access same-day assessment and treatment was crucial as people often needed immediate help when they were ready to present. He also noted the development of the substance misuse service, particularly within primary care, which was helpful for clients. He said he looked forward to the work being reflected in reduced deaths and improved outcomes.

The Chair observed that people with substance misuse issues were often judged and that this could also be a barrier to treatment. He echoed Dr Turvill's point about the importance of people being able to access the treatment they needed at the time when they felt able to seek help.

Councillor Akhtar agreed with the trauma based approach and echoed the remarks of her colleagues. She wished to pass on her thanks to MELDAP for stepping in to cover the shortfall in funding and suggested that they be invited to the IJB, as had been done previously, to provide an update on their work. She also asked if there had been any issues with recruitment.

Ms Neil advised that while they had recruited the necessary nursing staff, MELDAP colleagues had struggled to recruit to their posts and if they were not successful it may be necessary to look at alternative service models.

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

Decision

The IJB agreed to:

i. Note the specific responses, actions and oversight arrangements required by the Scottish Government to achieve implementation of the MAT standards;
ii. Approve and sign the MAT Standards Implementation Plan; and
iii. Note the quarterly progress update against the delivery of the MAT Standards Implementation Plan.

6. IJB DIRECTIONS POLICY

The Chief Officer had submitted a SBAR presenting the draft Directions Policy for approval by the IJB.

Claire Goodwin presented the report. She informed members that the draft policy updated the previous version produced in 2015 and reflected changes in the IJB's approach to Direction-setting in the intervening period, as well as the discussions at the development session in June 2022. She remarked that the introduction of a new policy was timely given the recent adoption of the IJB's new Strategic Plan and the work currently taking place to review all existing Directions and to develop a Delivery Plan. The new policy would help to inform the review of Directions as well as reflecting good practice and ensuring compliance with statutory requirements and Scottish Government guidance. Ms Goodwin outlined the key principles underpinning the approach in the draft Directions policy and drew members' attention to the process diagram and templates included in the appendices to the policy.

The Chair agreed that there had been significant developments in the way the IJB used Directions and it would be important to work closely with Partners to ensure these were successful. He added that monitoring progress was also very important and it would be useful to have more clarity on this.

Ms Goodwin responded to questions from Councillor Akhtar confirming that the Delivery Plan would be outcome-based, mapping strategic objectives alongside performance indicators, and would link into the work already being done by the Partners to avoid unnecessary duplication.

The recommendations were approved unanimously by roll call vote.

Decision

The IJB agreed to:

i. Consider the content of the appended Draft Directions Policy; and
ii. Approve adoption of the Draft Directions Policy.

Signed .....

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

Edinburgh Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 18 October 2022

Dean of Guild Court Room, City Chambers Edinburgh and remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Elizabeth Gordon, George Gordon, Rose Howley, 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: Angela Brydon, Jon Ferrer, Jenny McCann and David Williams.

Apologies: Robin Balfour and Elizabeth Gordon.

1. Deputations

Two deputations were heard in relation to agenda item 6.2 - System Pressures Update.

a) Edinburgh Trade Union Council

The deputation made the following key points:

- Problems in recruitment and retention of social care workers had been ongoing for years – the current crisis was an accumulation of years of Local Authority underfunding.
- The additional support noted in the report would not mitigate the crisis.
- It was requested that social care staff should be offered HND or HNC courses or alternatives, as well as appropriate rates of pay, sick pay and pensions.
- Concerns were noted on the proposed Triage Team and their ability to make meaningful change in consultation with key stakeholders.
- The threat to service provision was of concern and the deputation urged the EIJB to invest in in-house provision.

b) UNISON

The deputation made the following key points:

- The deputation noted concern regarding the lack of engagement and consultation with staff and managers when identifying pressures and the actions needed to resolve.
- The report focused on long term resolutions to the crisis but there were no proposals for the immediate challenges and upcoming winter pressures.
- The deputation supported the proposals to increase the pay rates for social workers, however, suggested this increase should be extended to social care assistants.

2. Minutes

The minutes of the Edinburgh Integration Joint Board meeting of 27 September 2022 were submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Rolling Actions Log

The Rolling Actions Log updated to October 2022 was presented.

Decision

1) To agree to close Action 2 – System Pressures Update Briefing.

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

4. Preparations for Winter 2022-23

An update was presented on preparations being made for winter 2022-23 and advising the winter allocation funding was £170,000.

Decision

1) To note progress with the preparations being made for Winter 2022/23 through the use of additional allocated funding of £170,000, along with slippage from previous years.

2) To note that the preparations for Winter 2022/23 were interlinked with other aligned system pressures actions (see item 5 below).

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

5. System Pressures Update

An update on system pressures and performance within the Edinburgh Health and Social Care Partnership (EHSCP) was presented.

Decision

1) To note the current pressures on the Edinburgh Health and Social Care Partnership and mitigating actions being taken.

2) To agree the EIJB would receive regular reports on system pressures.

3) To agree the regular reports would include further detail on the actions being taken to address the system pressures including timescales, progress against these and the impact actions were having.

4) To request a briefing note on the budget setting process between the IJB and the Council specifically addressing timescales, how the IJB could make representations to CEC and NHSL on staff pay and conditions ahead of the budget setting to ensure these views were taken into account, a further briefing note to also provide information on the social care structure and job roles within NHSL and CEC and where responsibilities lie for each service.

5) To hold a development session to discuss the workforce strategy in more detail with members.

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

6. Edinburgh's Medication Assisted Treatment (MAT) Standards for Drug Users Implementation Plan

Information on Edinburgh's Medication Assisted Treatment (MAT) Standards implementation plan was presented. Alongside the plan, the proposed governance arrangements and details on the plan's development were also presented.

Decision

1) To approve the Edinburgh MAT Standards Implementation plan and commit to supporting it.

2) To request that the Chief Officer sign the plan on behalf of the Edinburgh Integration Joint Board as requested by the Scottish Government.

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

7. Chief Social Work Officer Annual Report 2021-22

The Chief Social Work Officer Annual Report for 2021/22 was presented.

Decision

1) To note the Chief Social Work Officer's (CSWO) Annual Report for 2021/22 attached at Appendix 1 to the report.

2) To agree an update would be provided on the actions being taken to address the increase in the number of emergency detention orders.

3) To agree the next CSWO update report would include more detail on the steps being taken to improve supervision, awareness and recording.

4) To confirm by email the data in Table 1 (p.16) which was noted as "N/A".

(Reference – Report by the Chief Social Work Officer and Service Director for Children's and Criminal Justice Services, submitted)

8. Finance Update

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

Decision

1) To note the financial position for delegated services to 31 July 2022.

2) To note the position with covid reserves outlined in paragraphs 10 and 11 of the report.

3) To note ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

Declarations of Interest

Bridie Ashrowan made a transparency statement as the Chief Executive of EVOC, an organisation in receipt of funding from the HSCP.

Grant Macrae made a transparency statement as a parent/carer of a person in direct receipt of payments from the City of Edinburgh Council and as Governor of St Columba's Hospice.

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

9. Membership Proposal for the Strategic Planning Group

A proposal to invite a representative of the Edinburgh Association of Community Councils (EACC) to sit on the Strategic Planning Group was presented for approval.

Decision

1) To approve the proposal to invite an EACC representative to join the SPG as a member with immediate effect.

2) To amend the SPG Terms of Reference accordingly.

3) To agree to review the membership after one year.

Declarations of Interest

George Gordon made a transparency statement as a Community Councillor in Edinburgh.

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

10. Revised Edinburgh Integration Joint Board and Committee Dates

A revised Edinburgh Integration Joint Board diary for 2023 was presented. The amendments followed from meeting clashes that had occurred as a result of membership turnover.

Decision

1) To agree the proposed EIJB dates for 2023.

2) To agree the proposed Development Session and Budget Working Group dates for 2023.

3) To agree the proposed Committee dates for 2023.

4) To note meeting dates would be reviewed to ensure clashes with CEC and NHS meetings are avoided and to revise the IJB meeting date during the CEC Easter Recess.

5) To note meeting dates after August 2023 would be kept under review until CEC confirms its meeting calendar to avoid clashes with affected members.

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

11. EIJB Consultation Response – National Care Service

The EIJB's consultation response on the National Care Service Call for Views was presented.

Decision

To note the EIJB consultation response which had been approved by the Chair and Vice Chair of the EIJB and submitted to the Scottish Parliament. This approach was in line with the agreed consultation protocol agreed by the EIJB in May 2021.

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

12. 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 minute of the Audit and Assurance Committee was submitted for noting.

Decision

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

(Reference – Report by the Chief Officer, submitted)

13. Edinburgh Assistance Programme

The Board resolved that the public be excluded from the meeting during consideration of the item of business on grounds that it involved the disclosure of exempt information as defined under Standing Order 5.9.

The EIJB was presented with an update on the Edinburgh Assistance Programme (EAP).

Decision

1) To note the briefing and the Initial Report from the EAP Team.

2) To note the actions being taken to address the recommendations.

3) To note that further updates and related decision making would be provided to future EIJB meetings.

4) To agree that any decisions to be made in response to the recommendations would be brought to the Board and if urgent decisions were required to be taken that these were reported to Board members as soon as possible.

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

NHS LOTHIAN

Board
08 February 2023

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

1 Purpose of the Report

1.1 Lothian NHS Board's Standing Orders reserve certain matters to the Board, including decisions on the appointment of members to its committees (6.2a). Under the Public Bodies (Joint working) (Scotland) Act 2014 and its supporting Orders and Regulations, the Board is also required to appoint certain voting and non-voting members to its four integration joint boards (IJBs).

1.2 This report has been prepared so that the Board may consider recommendations on any committee or IJB appointments arising. Recommendations on committee and *voting* IJB member appointments will be made by the Chair. Recommendations on any *non-voting* IJB member appointments will normally be based on the advice of one of the Board's "Executive Clinical Directors".[1]

1.3 Any member wishing additional information should contact the Chair or the Board Secretary in advance of the meeting.

2 Recommendations

The Board is recommended to:

2.1 *Note* the reappointment of Martin Connor as a Non-Executive Member of the Board for a further two-year period, from 1 September 2023 to 31 August 2025.

2.2 *Note* the reappointment of Angus McCann as a Non-Executive Member of the Board for a further one-year period, from 1 September 2023 to 31 August 2024.

2.3 *Approve* a minor adjustment to the end of Angus McCann's term as Lead Voting Member of the Edinburgh IJB, from 30 June to 26 June 2023.

2.4 *Appoint* Katharina Kasper as the Lead Voting Member of the Edinburgh Integration Joint Board with effect from 27 June 2023.

2.5 *Appoint* Andrew Fleming as a Voting Member of the Midlothian Integration Joint Board with immediate effect.

2.6 *Appoint* George Gordon as Chair of the Organ Donation Sub-Group with immediate effect.

2.7 *Approve* the removal of George Gordon from the Pharmacy Practices Committee with effect from 1 April 2023.

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

3 Discussion of Key Issues

Non-Executive Board Member Reappointments

3.1 Following a process led by the Scottish Government's Public Appointments Team and informed by the skills and experience requirements of the Board, Martin Connor and Angus McCann have both been reappointed as non-executive board members by the Cabinet Secretary for Health and Social Care. An announcement on these reappointments is available here: Public appointment: Members reappointed to Lothian NHS Board - gov.scot (www.gov.scot)

Integration Joint Boards

3.2 Angus McCann's term as Lead Voting Member of the Edinburgh IJB ends on 30 June 2023, coinciding loosely with the date (27 June 2023) on which the chairing responsibility is scheduled to transfer from Edinburgh City Council to NHS Lothian (switches every two years). For administrative convenience, it is proposed to bring the end of Mr. McCann's term forward by four days to precede this date of transition and to appoint Katharina Kasper as the new Lead Voting Member for NHS Lothian from 27 June. At the same time, Ms. Kasper will assume the role of Chair of the Edinburgh IJB.

3.3 Ms. Kasper's current term as a Voting Member of the West Lothian IJB will end on 11 August 2023. Further consideration will be given to identifying a replacement member for Ms. Kasper from 12 August 2023.

3.4 Jock Encombe's recent resignation from the Board created a vacancy for a Voting Member on the Midlothian IJB. It is proposed that Andrew Fleming be appointed to replace Mr Encombe as a Voting Member of the Midlothian IJB with immediate effect.

Organ Donation Sub-Group

3.5 Mr Encombe's resignation also creates the need for a replacement Chair for the Board's Organ Donation Sub-Group (ODSG). In NHS Lothian, this role has traditionally been undertaken by a non-executive member of the Board. The Chair of the ODSG works closely with other principal members of the Group, including clinical leads and senior nurses, to promote organ donation, establish effective working relationships and provide constructive challenge to organ donation barriers. It is proposed that George Gordon be appointed to this role with immediate effect.

Pharmacy Practices Committee

3.6 The volume and frequency of Pharmacy Practices Committee (PPC) required during 2023 are expected to be lower than originally forecast, meaning that less non-executive resource is required in this area. George Gordon has been a member of the PPC since April 2019 and since this time an additional four non-executive board members have been appointed. To support a more equitable spread of duties and efficient use of non-executive member resource, Mr Gordon will step down from the PPC in April.

Future considerations

3.7 Board members will be aware that a live public appointment process is underway to identify two new non-executive board members. Once these appointments are confirmed, any further committee membership changes will be considered to ensure an equitable distribution of roles and responsibilities.

4 Key Risks

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

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Darren Thompson
Board Secretary
01 February 2023

LOTHIAN NHS BOARD

8 February 2023

BOARD EXECUTIVE TEAM REPORT

Aim

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

1. Chief Executive

1.1 The Executive Leadership Team (ELT) has planned a system engagement process with the intention to communicate awareness of the current challenges and seek to maximise on the skills and experience from the broader management teams. Four one-hour sessions over the next two weeks have been scheduled to enable as many colleagues as possible to participate in the open discussions.

1.2 In the capacity as the Employer Chair of Scottish Terms and Conditions Committee (STAC), there has been a positive outcome and conclusion to the 2022/2023 negotiations with the process for the 2023/2024 period underway led by Scottish Government.

1.3 Michelle Carr has been appointed to the role of Chief Officer of Acute Services in NHS Lothian. Michelle will succeed Jacquie Campbell and will take up the post when Jacquie retires in May.

2. Deputy Chief Executive

2.1 Little France Campus Estates Lead - I am pleased to announce that an appointment to the Senior PFI / NPD Estates Lead post has been made and the successful candidate is due to start in Spring 2023. The post holder will be a member of the Estates and Facilities Senior Management Team (SMT) with professional accountability for contractual compliance in terms of technical Hard FM services on the Little France Campus. This is a critical step forward in the establishment of an in-house team. They will be responsible for leading strategies and programmes directed towards the effective and efficient delivery of Estates Operational Services on Little France Campus. They will also work closely with the PPP Programme Director in the Finance Directorate if gaps or deficiencies are found.

2.2 Strategic Review of Analytics across NHS Lothian - Since the last update in December, the recommendations have been shared with the Executive Leadership Team and are soon to be discussed in depth at an upcoming Strategic CMT session, where the establishment of an Implementation Board will be explored. The Reports' recommendations are not solely training or development requirements for analysts and data handlers across the system, they cite a board wide review and requirement

for a cultural shift from leaders and managers (decision makers) across the system in how intelligence/data is used in both strategic and operational processes.

The review followed an agreed methodology which saw significant engagement with stakeholders across our health and social care system.

- Initially a desktop review of existing documents and strategies was carried out, in addition to some Executive and Senior level context setting interviews.
- Over 20 wider stakeholder interviews were then undertaken, alongside surveys which were open to all teams across the board and HSCPs (over 150 stakeholders received invitations directly from us).
- Alongside this, workforce skills mapping and asset mapping was undertaken.
- Three workshops were then held with over 100 different stakeholders across a 6-week period to sense check what had been heard and begin framing the recommendations

2.3 Little France Shuttle Bus - I am pleased to confirm that the NHS Lothian Staff Little France Shuttlebus Service has been extended to September 2023. All staff can travel on the shuttlebus, free of charge, between Sheriffhall Park and Ride and the Little France campus. The free shuttlebus service complements the existing and extensive public transport options provided by Lothian Buses on this route. Staff are also reminded that they can continue to access Car Park 2C from 11.30am each day without needing a parking permit. The continuation of the NHS Lothian Staff Shuttlebus Service beyond September 2023 remains under review, noting the significant financial challenges facing the Board, however any changes to the service will be communicated to all staff in advance.

3. Executive Director of Nursing, Midwifery, & AHPs

3.1 Nursing teams across the system continue to experience staffing shortages due to sickness, COVID-19 related absences and vacancies adding to the pressure despite the actions taken to date to address this and mitigate risk. We have seen a slight improvement in the vacancy gap following the recruitment of newly qualified registered nurses and final year students as band 4 assistant practitioners.

3.2 NHS Lothian nursing has an establishment gap across all sites that sits between 5%-13%. There is also a projection of a 10% turnover of nursing and midwifery staff this year alongside some areas of service having an aging demographic. The allocated number nurses provided by SGHD to universities for nursing and midwifery shows a small 7% increase nationally (2022/2023). This will leave us with a shortfall in the nursing workforce, at a time when there is a requirement to significantly grow our workforce to meet the current and future needs of the population and at a time when there are growing challenges in securing adequate workforce supply through traditional channels.

3.3 NHS Lothian has a successful band 2-4 framework, with a development pathway which enables our current workforce entry onto registered nursing programmes, however with the current situation we need to consider and are working towards a solution to increase the workforce whilst supporting staff to a registered qualification within 3 years.

4. Medical Director

4.1 Within clinical governance we have been working with clinical colleagues to strengthen the links between assurance processes and improvement processes. This will help ensure we focus our energy on improvement in areas where we can reduce avoidable harm.

4.2 As the Infected Blood Inquiry reaches its closing stages, a good deal of work has gone into considering the points to be made in the final submissions and I will attend the oral submission being made on behalf of NHS Scotland's territorial health boards on 31st January.

5. Director of Finance

5.1 The updated financial position continues to challenge NHS Lothian as well as all boards across Scotland. Inflationary pressures are incrementally impacting on our financial results and the health board has seen higher costs emerging in recent months.

5.2 The Agenda for Change pay award will be included in salaries from January, however, uncertainty remains around the level of funding distribution from the Scottish Government (SG). Confirmation has been received by the SG on extra funding in relation to new drugs funding which will support the board's ambition to deliver financial balance this year.

5.3 Work is continuing to refine the Financial Outlook for 23/24. Based on latest assumptions and available information, the financial position for the forthcoming year will be increasingly more challenging. We are working with colleagues from the SG and other boards to develop cost reduction initiatives to mitigate the forecast opening deficit for next year.

5.4 We have continued to increase our application of contract measures to incentivise improved performance by Consort at the Royal Infirmary Edinburgh. In response Consort has begun to address a number of contractual shortfalls and is expected to respond on additional escalated issues in the coming weeks. A schedule of planned maintenance has been submitted by Consort which includes a lifecycle programme of works for 2023/24. This is currently being reviewed by NHS Lothian in accordance with the contract

6. Director of Human Resources and Organisational

6.1 Cost of Living Crisis - We have done a significant amount of reactive work in partnership with colleagues in public health, finance, partnership. This has included access to income maximisation via welfare officers, financial wellbeing roadshows, curation of extensive information hosted on our external internet site to maximise accessibility and a communication plan. In addition to this UNISON have established food pantries across most sites supported by NHS Lothian Charity. We are now going to review all activity and benchmark this against recommendations in Public Health Scotland's Population health impacts of the rising cost of living in Scotland A rapid health impact assessment.

6.2 Talent Management and Succession Planning - One the 18th of January we launched cohort 3 of our talent management and succession planning programme in partnership with the University of Edinburgh Business school. This cohort continues to focus on aspiring Heads of Service and General Managers.

6.3 Modern Apprenticeships - We have developed several specific new educational pathways aligned to key regional and national workforce priorities. These include, medical secretaries, dental nursing, pharmacy technician/pharmacy support and orthotics and prosthetics. At the end of year reporting our retention rate for MA's is averaging 93%.

6.4 Pay Negotiations - The majority of the Trades Unions have accepted the 2022 pay offer and Scottish Government issued a circular to Health Boards at the end of December enabling the pay uplift to be made to staff during January and February. RCN, RCM and GMB rejected the offer and continue to have a mandate for strike action. Pending an intensive period of negotiations on the 2023 pay deal all three trades unions have agree to put strike action on hold.

7. Director of Public Health and Health Policy

7.1. Respiratory update - The incidence rate of influenza across Scotland has decreased to moderate activity, with 452 influenza cases reported week of 16th January, compared to 1,393 laboratory confirmed cases reported during the first week in January 2023. The hospitalisation rate for influenza peaked at 26.9 per 100,000 at the end of December 2022 (week 51) and has gradually reduced since then to 13.2 per 100,000 in the first week of January 2023. The highest hospital admission rate for confirmed influenza was in patients aged seventy-five and over (54.7 per 100,000). Influenza vaccination uptake in adults across Lothian is 64.1% compared to 63.3% in Scotland (uptake on 1st January 2023).

In the week ending 31st December 2022, around 1 in 25 people in Scotland (4.17% of the population) were estimated to test positive for COVID-19. In the week ending 15th January 2023, there was a 11.6% decrease from the previous week in the average number of patients in hospital with COVID-19. COVID-19 vaccination uptake across Lothian is 72.9% compared to 71.7% in Scotland (uptake on 1st January 2023).

7.2. Maternal and Infant Nutrition: UNICEF Accreditation - Over the past six months, the pan-Lothian Maternal and Infant Nutrition Service has been leading work to support the maintenance of UNICEF Baby Friendly accreditation within Maternity Services and supporting the Neonatal Unit to achieve UNICEF Baby Friendly accreditation for the first time. The UNICEF accreditation process consists of an external review of training and audit processes, with in-depth interviews with staff, management and patients.

In November 2022, the Neonatal Unit met UNICEF accreditation standards for all but two criteria - the preparation of infant formula milk and supporting mothers to express breastmilk. Improvement plans for these areas have already been agreed. The Neonatal Unit is required to submit these improvement plans to the UNICEF Baby Friendly team and complete an internal audit in May 2023 to demonstrate impact of improvement work. Providing improvement is evident, the Neonatal Unit will then be accredited as UNICEF Baby Friendly.

In January 2023, Maternity Services were reassessed for UNICEF accreditation. There was significant improvement from previous visits, and we anticipate reaccreditation as UNICEF Baby Friendly by summer 2023.

Following accreditation/reaccreditation across Maternity, Community and Neonatal Services, work will begin on UNICEF Sustainability or 'Gold' accreditation.

8. Chief Officer Acute Services

8.1 Acute services continue to remain under significant pressure with high occupancy, front door crowding and queues for admission. As part of our response, we are testing an escalation process with revised triggers at the Royal Infirmary of Edinburgh to support improvements to flow. Scheduled Care is covered within the Performance paper.

8.2 There have also been several leadership appointments within Acute

- Michelle Carr has been appointed as the next Chief Officer for Acute Services and will take up post in May 23, when Jacquie Campbell retires.
- Gordon Mills has commenced as Deputy Associate Nurse Director for Diagnostics, Anaesthetics, Theatres & Critical Care (DATCC).
- Janine Gowans, Strategic Programme Manager, is now in place covering RIE.
- Within the Flow Centre, Arlene Robertson has been appointed as Lead Advanced Nurse Practitioner - this is a crucial post as the Flow Centre evolves further towards becoming a Flow Navigation Centre.

9. Director of Strategic Planning

9.1 The Directorate has continued to work on the implementation of the LSDF. Board members saw the first two Implementation Books at the Strategy, Planning, and Performance Committee, covering Children and Young People and Unscheduled Care. We have also worked with colleagues from Finance on the revising of the Capital Prioritisation process, and on the development of a planning cycle to bring together Corporate Objectives, financial and strategic planning, and our Annual Report. I continue to carry the role of Director of Regional Planning alongside my core responsibilities and a very helpful series of meetings took place in late November and December to rethink how regional planning is undertaken in the South-East of Scotland.

9.2 Finally, after quite some time carrying multiple vacancies, I am delighted to report that the team is now at full-strength. Tracey Rapson has taken up the role of SPM for St John's Hospital, joining us from PHS, while Janine Gowans has joined us from British Columbia, via HIS, to take up role as SPM for RIE. Andrea MacDonald starts in February where she will have a key role in supporting the Capital Prioritisation Process as SPM for Master planning.

10. Director of Primary Care

10.1 Workforce pressures continue in primary care, like all health and social care services. General practice experienced increased demand over December and January, particularly due to concerns from families about Strep A and due to the high prevalence of respiratory viruses circulating. Our General Practice Out-of-Hour's service (LUCS) successfully managed the significant demand over the festive public holiday weekends, with care provided for 3,560 patients over the Christmas four-day weekend, and for 3,652 patients over the New Year four-day weekend. This was an increase in activity compared with recent years and most comparable to demand seen in 2016/17 when we last had a similar winter in terms of levels of respiratory viruses.

10.2 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 six practices to formally close their list to new patients. Two of these lists will re-open at the end of January/beginning of February, with a further list anticipated to open in the next month. We are closely monitoring the situation and 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) can provide 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 New arrangements have been put in place for both Danderhall Medical Practice and Gracemount Medical Practice from 1 February 2023 to ensure the safe and effective ongoing care of registered patients following return of the General Medical Services contracts by previous partners. The medical practices will both remain open as usual, the majority of staff will continue to work there, and patients do not need to take any action – they should continue to contact their practice as normal. Letters explaining this have been sent to all registered patients directly.

10.4 Four public consultations are currently underway for proposed applications for new community pharmacies at Pumpherston, Linlithgow, Calderwood and Eskbank, and can be found here Joint Consultations – Pharmacy Application Process (nhslothian.scot)

11. Director of Communications, Engagement and Public Affairs

11.1 Winter Comms and Pressures - The Right Care, Right Place signposting advertising campaign which was carried out over December and January when system pressures were at some of their highest levels has come to a close on radio streaming services, buses and online. The vital messaging is continuing across our social media channels, online and during any media work. We are also working closely with partners organisation to push messaging and extend reach and engagement where possible. Evaluation work of the campaign is underway, but initial figures are encouraging, with the bus ads alone estimated to have been seen by 708, 830 people, with some seeing it as least five times, providing a total number of views of 4,156,700 times across the six-week duration of the campaign. This evaluation will help to better target comms in the future. Work to increase awareness and public

understanding of the importance of speedy discharge when patients are medically fit to leave hospital is also continuing, as well as highlighting the vital programmes and projects which aim to prevent avoidable admission and support earlier discharge.

11.2 Internal Comms Review - An action plan is being created following the major engagement exercise between to better understand how staff view NHS Lothian communications. The engagement sessions included a series of focus groups, 1:1 interviews and a digital survey accessible on any device. All of the data is being worked through to create a plan which will be actively communicated with staff to help show how we have used feedback to drive improvement.

11.3 Vaccination - Work is continuing to promote the winter vaccines programme, both internally and externally as well as H&SCPs, to increase uptake and provide greater levels of community protection. This was especially important over the months of December and January when cases of COVID and Flu were increasing and placing extra strain and pressure on the acute and primary care systems. Social media, encouraging people to get their Flu and COVID jabs, performed particularly well throughout the period with above average engagement.

11.4 Website Development - The project to move the NHS Lothian public facing websites from SharePoint 2013 to the WordPress platform is in its final stages, with a view to complete by Summer. All our services and departments which have a web presence are now on WordPress and this has given them access to a wealth of modern functionality and features on a website that can be updated easily by our staff and accessed by the public from any device. Work to create short video tutorials for our staff on how to further develop their websites will begin soon and this will enhance the experience for our website visitors.

12. Services Director – REAS

12.1 Inpatient services remain under pressure in acute adults, acute old age and acute young people with an expectation that this will continue due to the impact on people's MH of the COVID-19 pandemic. Occupancy remains over 100% in all areas. 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. Planned date of discharge has been introduced and will be rolled out across the sites

12.2 The acute wards have introduced a patient safety climate too. This tool is designed to enquire about environmental, relational, medical, and personal safety. It assesses different aspects of ward safety and is a way for staff, of different disciplines, to feedback about how they feel working in their area.

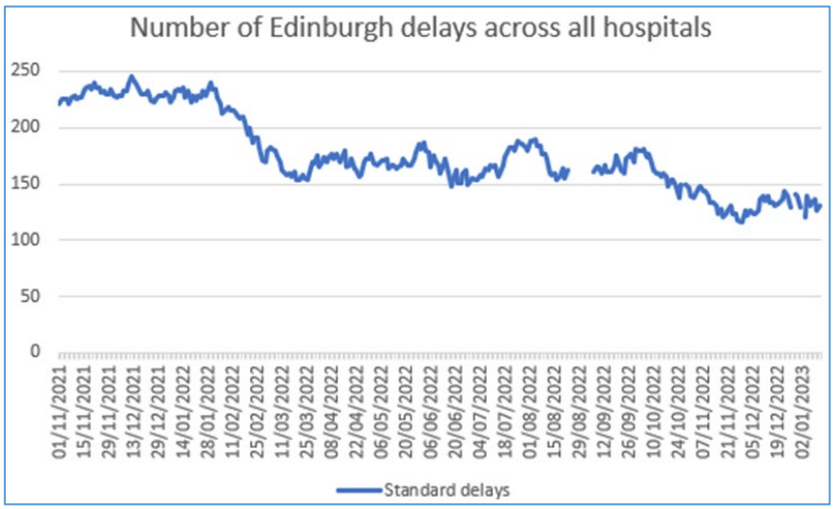
12.3 This is then used to implement change and demonstrates a management commitment to changing culture (if found to be needed). The tool is considered a reliable measure for this. Once tested in acute it will be rolled out across other REAS areas.

12.4 CAMHs and Psychological Therapy performance remain on escalation and under close review by the Performance Oversight Board and Corporate Management Team. It is anticipated that we will hear about escalation status in February. CAMHs

are ahead of agree trajectory, Psychological Therapies are slightly behind mainly due to recruitment challenges but continue to improve.

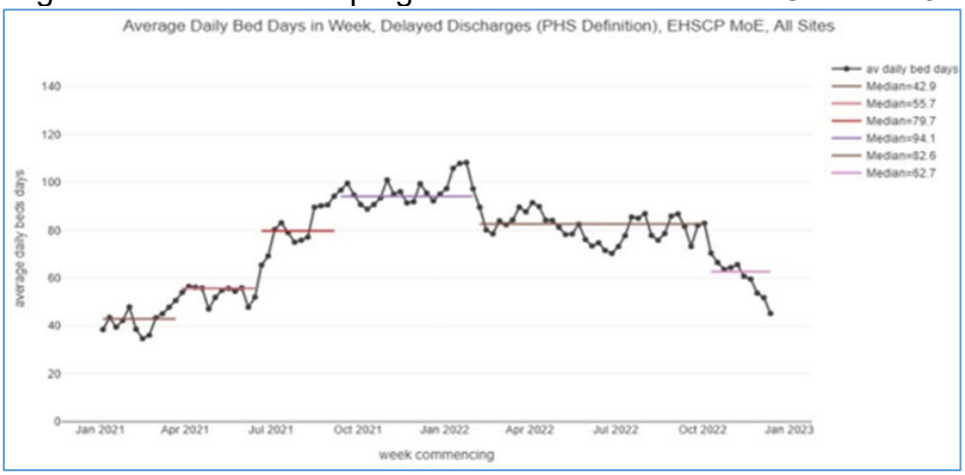
13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 System Pressures - There remains significant pressure on the Health and Social Care system. Despite this, the Edinburgh delayed discharge position has seen a continuing trend of improvement with a 33% decrease from the same time last year as demonstrated in the chart below. This significant improvement, against a backdrop of rising delays elsewhere in Scotland, has been recognised by the Scottish Government, nationally.



Throughout the festive period, usually one of the Partnership's most challenging periods of the year, the number of people delayed in hospital remained fairly stable against challenging conditions. Teams, internal and external, worked over the festive period, including through the daily Command Centre (One Edinburgh), to create flow and minimise the impact of the public holidays.

13.2 Progress continues to be made within the Discharge Without Delay (DwD) programme introduced within 2 MOE wards within the RIE and WGH. While it still remains early in its implementation, there is evidence of reduced occupied bed days and a reduction in length of delays across all delay codes. The following table shows the progress made since the programme was introduced in October 2022.



13.3 The Partnership continues to focus significant staffing and financial resources toward actions to sustain this improvement. The main challenge remains the number of people waiting for a dementia and nursing care home placement. Given the costs of delivering these are beyond the IJB's core budget we continue to escalate the financial implication to the Scottish Government in relation to this.

13.4 Workforce challenges, particularly within Social Work and Nursing with higher levels of vacancy and sickness absence continue to limit improvements that can be made, for example through increased earlier assessment or through increasing intermediate care beds at Liberton. We continue to work with our partner organisations and professional leads to retain and increase recruitment of staff while also monitoring the impact of funded HR initiatives designed to reduce sickness absence and optimise current resources.

13.5 Primary Care continues to increase capacity and improve service delivery through additional investment (PCIP New GMS Contract fund 2018). 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 instability again. In south-east Edinburgh there are now five medical practices closed to new registrations in the same area, including one which has resigned the GMS contract.

13.6 Cost of Living Crisis and Preparing for Winter - In November 15,000 copies of the "Nights are fair drawn in" magazine was distributed to health social care settings, libraries, community centres and other public spaces across Edinburgh. The magazine provided a wider range of information on resource available to people to support them through the cost-of-living crisis.

In December 8,000 "Corie in for Winter" booklets were distributed across the city giving information on a range of activities, tips and resources to support people's mental health and wellbeing during the winter months in addition to the wide dissemination of digital copies. 115 community and 3rd sector organisations were awarded grants to support side range initiatives to combat social isolation and loneliness this winter. The grants ranged from £200 to £3.500 providing over 38,000 opportunities for people to be involved in a wide range of activities across communities of place, identity and intertest. A significant number of these programmes are now included in the City of Edinburgh's Warm and Welcoming Initiative web page.

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

14.1 Medication Assisted Treatment (MAT) - East Lothian HSCP remains on track to fully deliver the MAT standards 1-5 by end March 2023. Same-day access for assessment and treatment is available 5 days a week through self-presentation, the Mid and East Lothian Drugs (MELD) contact service, triage or via external referral.

Substance Use Service staff continue to raise awareness with key stakeholders re MAT standards and access pathways, this will continue into 2023.

MELD has from 12th January developed a low threshold café model, to engage with and support people at risk of harm in Tranent and Prestonpans, as areas of high drug-related deaths/non-fatal overdose.

14.2 Interim Care Beds - In December 2022, East Lothian HSCP contracted an additional 12 interim care home beds across two local care homes, both of which were seeking self-funding clients. These beds were fully occupied by mid-January and are available to individuals waiting in hospital either to return home with a package of care where none is available, or individuals waiting for a permanent social work funded nursing home placement. This brings the total number of interim care home beds in the HSCP to 23 across internal and external care homes. During the period December and early January, 5 individuals were discharged from interim care beds.

14.3 Vaccinations - East Lothian HSCP's vaccination programme operates from 3 community locations in Haddington, Musselburgh and North Berwick, which flex provision to meet demand. The vaccination bus, home visiting and outreach programmes were used to good effect in vaccinating hard to reach groups and rural communities. Further community outreach was achieved through eight Community Pharmacies providing flu and COVID-19 vaccinations services to over 75's.
The East Lothian Care Home team delivered a successful programme with clinical support from PCVT when required. The programme had a mop up period due to eligibility timings, movement of residents and processes for consent in some care homes. Cumulative performance is shown below.

COVID-19 COHORTS	NUMBER VACCINATED	% UPTAKE
Over 65	24, 370	90
50-64 years	25, 639	66
16-64 years at risk	15671	59
5-11 years	535	11
Pregnant women	196	24
Care Home Residents	501	87

FLU COHORTS	NUMBER VACCINATED	% UPTAKE
Over 65	21, 521	88
50-64 years	15,361	60
6m-64 years at risk	10,273	63
Pregnant Women	560	69
Care Home Residents	435	87

The vaccination team continues to plan and adapt provision to respond to the inherent challenges arising from delivery of a comprehensive programme across a broad range of client groups.

15. Director/Chief Officer, Midlothian Integration Joint Board

15.1 Systems Pressure - The Health and Social care system continues to be under pressure. Despite demand and workforce challenges, Midlothian HSCP have continued to maintain patient flow throughout the winter (and Festive) period to date, supporting community referrals for urgent assessment, palliative care support for people within their own homes and supporting discharge from hospital. Continued review work is underway for those receiving care packages to ensure that the care delivered is meeting their assessed need, with a focus on reablement for those supported out of hospital or experiencing crisis in the community.

Medical colleagues across HSCP services continue to collaborate to reduce avoidable admissions where possible and treat patients back in the community at the earliest opportunity. Midlothian Hospital at Home team have continued to work to a higher capacity, with local GPs supporting the care of patients in interim facilities.

Investment into the HSCP Hospital at Home team has resulted in capacity moving from 13 beds to 21 beds. Admissions to the virtual ward has increased from 35 patients in September 2022 to 68 patients in October 2022. This has been sustained at this level over the following months. The increased capacity means that more people are now receiving safe, acute health care provision within their home.

15.2 Performance and Governance - Work is continuing around the preparation for an anticipated joint adult inspection this year. In December 2022. the HSCP gave a renewed system-wide commitment (after 3 test pilots sites - Midlothian Community Hospital, Social Work Duty Team and Musculoskeletal Physiotherapy) to using 'OutNav' (designed by Matter of Focus). This is a digital outcome mapping tool that allows teams and services to collate and review outcomes. The OutNav tool supports teams and services to measure progress against the nine National Health and Wellbeing Outcomes as well as personal outcomes for people and communities.

Going forward, OutNav will be pivotal to the IJB performance framework. In recognition of streamlining self-evaluation and recording outcomes, a significant amount of work has gone into ensuring that the Care Inspectorate and Health Improvement Scotland's inspection criteria can be mapped into the OutNav tool. This will allow teams and services to analyse and review outcomes against a range of key measures, thus demonstrating the impact their service area has on people, staff and communities. Learning Disabilities and Mental Health will be supported over the coming months to work alongside Matter of Focus to begin to collate evidence to review, analyse and evaluate their own performance.

15.3 Medicated Assisted Treatment (MAT) - Implementation of the 10 MAT standards Individuals in Midlothian have the right to access, through Midlothian Substance Use Services (SUS), high quality treatment/intervention and recovery support that meet their individual needs.

This will be achieved through the successful implementation of the national MAT standards that are designed to:

- improve access by making getting the help you need easier and quicker by reducing barriers to treatment and making treatment immediately accessible by providing medication on the day that people ask for help and ensure there is outreach to people who are not in treatment.
- provide choice to people in treatment – reducing stigma, providing choice on treatment decisions.
- offer people support – ensuring people can stay in treatment for as long as they want and offer them the support, they need including the right to have family involved in a person's treatment.

15.4 In 2022-23, Midlothian HSCP have successfully developed and approved the implementation plan of all MAT standards 1 to 10. Within the year 2022-2023, Midlothian SUS services were to work towards embedding all 10 standards, but for this reporting year there was to be a focus on full implementation of MAT 1-5 and have these 5 standards implemented by March 2023.

Each quarter Midlothian HSCP presents their updates to the Scottish Government. A final review and sign off meeting with the SG will take place mid-February 2023, where Midlothian HSCP will present and provide evidence to demonstrate the full implementation on MAT 1-5.

Midlothian SUS services held an initial meeting in January 2023 with representative of the Scottish Government where the services presented progress and evidence. Midlothian SUS services are pleased to report the outcome from this meeting was very positive and the predicted outcome for the February 2023 meeting is Midlothian SUS will have implemented MAT Standards 1-5 ahead of March 2023.

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

16.1 System Pressures - Significant challenges continue across the West Lothian health and social care system as reported to the Integration Joint Board in January 2023. Delayed discharges have risen, mainly because of system pressures and are primarily related to a shortage of care at home services and increasing pressure on care home provision. Recruitment and retention of staff continues to be problematic across most service areas. Weekly oversight meetings take place to monitor care at home and care home services and senior managers hold twice weekly resilience meetings to provide scrutiny and support. Mental health services have experienced significant pressure because of demand for beds and staffing challenges.
As part of the partnership's winter plans, a new assessment and review model was implemented in acute medical and rehabilitation wards for people requiring community support on discharge. The approach involves community teams attending daily ward rounds and making real time assessments to identify people quicker and ensure that assessments are focused on discharge to assess principles. The revised approach is complemented by a daily, multi-disciplinary meeting which takes place to plan and review all discharges, including delays. Evaluation of the impact of the revised approach is ongoing.

16.2 Vaccination Update - The Scottish Government has extended the Autumn/Winter Vaccination Programme in recognition of the limited engagement in the programme by the 50-64 year old cohort. The extension to the programme will allow additional time to encourage eligible cohorts to attend for vaccination. Four main West Lothian sites now provide drop in provision. Pop-Up Drop-In clinics have also been held in outlying towns and villages across West Lothian, supported by GP Practices with everyone on the practice list being texted regularly to promote the date and time of the available clinics. The Pop-Up Drop-In Clinics have been successful and have resulted in an increased uptake of the vaccination. Work is ongoing to ensure hard to reach groups are supported to access clinics. Planning and preparation are also underway to mitigate the impact of potential industrial action.

16.3 East Calder Update - The West Lothian HSCP is working collaborative with Capital Planning, East Calder Practice and the community stakeholder group to progress the development of an Outline Business Case (OBC) for a new build for East Calder Medical Practice. East Calder currently has 13,900 patients within their catchment following previous house building with further building projected. The patient list size has increased by 17% over 4 years amounting to an additional 2,100 patients since 2018.

16.4 Home first Update - The West Lothian HSCP's transformation programme, 'Home First, continues to report good progress, with expansion of the 'Single Point of Contact' to all GP practices and the Lothian Unscheduled Care Service. In addition, the bed-based review is progressing with initial work being done to map existing provision and understand baseline data which will inform future decision making. A further workstream was added to the programme to support the development of a new contract for care at home services to focus on supply and ensure the future delivery model underpins the transformation programme.

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	Kizzy Taylor on behalf of 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
Jacquie Campbell	Chief Officer Acute Services	Alison White	Director/Chief Officer West Lothian IJB/HSCP

NHS LOTHIAN

Board Meeting
08 February 2023

Director of Public Health and Health Policy

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2022

1 Purpose of the Report

1.1 The purpose of this report is to recommend that the Board takes note of the Director of Public Health's Annual Report 2022.

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

2 Recommendations

2.1 Board members are asked to note that life expectancy in Lothian, similarly to the rest of Scotland, has stalled since 2013. They should also note that health inequalities have widened in recent years driven mostly by declining life expectancy within our most deprived communities. The Board is asked to support continued engagement across NHS Lothian with mitigation focusing on alleviating the immediate impact of the cost of living crisis as well as ongoing focus on anti-poverty work. Support for early years and child poverty work is particularly important to protect the most vulnerable members of our population.

3 Discussion of Key Issues

3.1 The Director of Public Health has a responsibility to ensure that the needs of the population are considered regularly as part of local and national policy developments. The annual report informs this work by describing who our population are, what affects their health and what the evidence tells us that we should do to improve health outcomes.

3.2 This report is the first since 2011. It highlights a decline in overall population health over the last ten years. The COVID-19 pandemic and the cost of living crisis have amplified these negative health trends with particularly deleterious impacts for the most vulnerable members of the Lothian population.

3.3 Average female and male life expectancy and healthy life expectancy figures have stalled in Lothian since 2013. Outcomes are worst for people living in our most deprived communities. This pattern has been observed across Scotland and the rest of the UK. There is also evidence of negative health trends throughout people's lives. The report provides detail on a number of indicators throughout the lifecourse with explanations about premature mortality, cancer, drug deaths and early years as well as analysis of the burden of disease for males and females and across different age groups.

3.4 Research emphasises that these worsening health trends and particularly inequalities are driven by social and economic factors. The impacts of austerity have been identified as a significant driver of poor health. The evidence shows that work to address the causes of poor health and inequalities needs to focus on social and economic policies and programmes that create better housing, better education, stable incomes and decent jobs. This means working with our public and voluntary and community sector partners across Lothian. Although financial shortfalls and demand across the public sector are huge challenges, an emphasis on prevention and long-term change is important to change these drivers of poor health.

3.5 The report highlights two key areas of partnership work for NHS Lothian, and its public health teams in particular. The cost of living crisis is an immediate concern which requires action to ensure people have money and resources to survive week to week. NHS Lothian has worked with the NHS Lothian Charity to expand its income maximisation provision at major hospitals and provide support for staff during this period. NHS Lothian public health teams continue to work – and will need to maintain this focus on poverty alleviation for the foreseeable future – with community planning partners develop a range of anti-poverty responses.

3.6 There is also a focus on work that seeks to protect children and reduce the likelihood of adverse childhood experience. NHS Lothian has a statutory role to produce annual child poverty reports. This work continues to be a significant focus for public health teams alongside a wider programme involving many parts of the Lothian health and care system of children's activity that supports the most disadvantaged young people in the area.

4 Key Risks

4.1 Declining population health leads to more demand for health and care services. Understanding what drives poor population health will help identify appropriate responses.

5 Risk Register

5.1 Not applicable

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 Not applicable

8 Resource Implications

8.1 Not applicable

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02 February 2023
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List of Appendices
Appendix 1: NHS Lothian Director of Public Health Annual Report 2022

NHS Lothian

Director of Public Health Annual Report 2022

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Dona Milne
Ross Whitehead

Introduction

Austerity, a pandemic and a cost of living crisis

The Director of Public Health has a responsibility to ensure that the needs of the population are considered regularly as part of local and national policy developments. One of the ways in which this is done is through the production of an annual report that explains who our population are, what affects their health and what the evidence tells us that we should do to improve health outcomes.

It is important that all of us working to improve health understand the issues facing our local population. We want our public health teams locally, and the public and voluntary and community sector partners that we work with, to share our understanding of population health needs and for us all to work together to prevent future ill health and reduce inequalities. Shared understanding of need and what can make a difference is the first step in focusing our efforts on actions that will achieve real change and a positive impact.

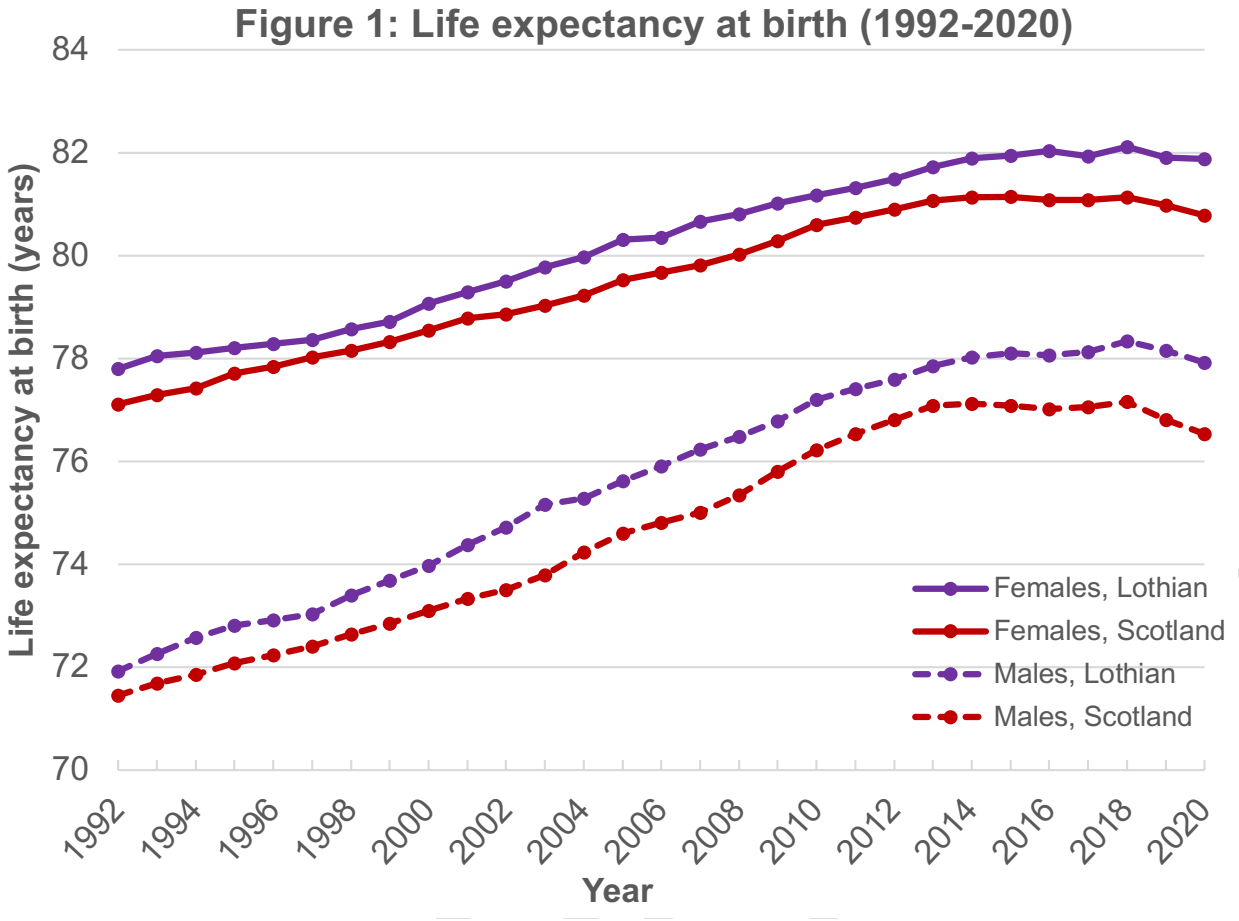
As a Public Health department, our responsibility is to improve and protect the health of everyone living in Lothian. Some people live long, largely healthy lives. But a significant number of people live more difficult lives, have poor health and die younger than they should. We know the things that people need to be healthy: a nurturing, safe, secure childhood, enough money, a decent home, a decent job, a good education and a sense of control and belonging. It is public health specialists' role to recognise what everyone needs for good health and to identify what needs to happen to make a difference for the people whose health is poor.

Unfortunately, the last decade has seen disruption to the lives of people within the UK: the negative impacts of austerity, EU Exit, a pandemic and a cost of living crisis have led to a period of instability and uncertainty for us all. These social and economic trends were evident even before the onset of the COVID-19 pandemic and the associated health impacts have been exacerbated since. These have had a significant impact on people's physical and mental health and these impacts are likely to be seen for some time. There has been a disproportionate impact on those who are socioeconomically disadvantaged and who subsequently bear a higher burden of ill health.

Average life expectancy in Scotland has stalled since 2013,[17] a phenomenon driven mostly by declining life expectancy among the most deprived communities in the country.[21, 22] In Lothian, the trends are broadly similar to what has been happening across Scotland as Figure 1 shows.

Although life expectancy in Lothian is typically slightly above the Scottish average, aggregate figures mask wide inequalities in life expectancy (see Figures 11-14), particularly for males. For instance, in the City of Edinburgh, males living in the most deprived areas live an average of 12 fewer years than those living in the least deprived areas (2016-2020 averages of 71.3 vs 83.1 years respectively).

These outcomes are the result of 'systematic, unfair differences in the health of the population that occur across social classes or population groups'. People from lower socio-economic positions, ethnic minority populations, people living with disabilities, care-experienced people



and other vulnerable populations more commonly experience poor health.[23] The causes of stalling life expectancy have been associated with a number of explanations including a cohort effect relating to drug related deaths, high winter mortality[24] and most compellingly, the impacts of the UK government's austerity programme.[25, 26]

Research highlights that social circumstances rather than behavioural choices are the most influential determinants of health inequalities and are therefore the most promising levers for change. An accumulation of positive and negative effects on health and wellbeing contribute to widening inequalities across the life course.[27] In particular, early years are crucial to health later in life and it is now apparent that adverse childhood experience manifests as multiple negative adult health impacts.[28, 29] The impacts of chronic stress, precipitated by poor quality employment or poverty for example, create many physical and mental health problems. Being homeless also increases the risk of poorer health; during 2021/22, more than 4,200 people in Lothian were assessed as homeless or at risk of homelessness.[30-33] The intersection of different experiences and life circumstances drives inequality and poverty at an individual and population level. This results in differences in individual experiences of, for example, discrimination, prejudice, stigma, low income, and opportunities. We need to move away from perceptions that these circumstances are based on lifestyle choices: they are not and the people most affected have the least control over these circumstances.

COVID-19 pandemic impacts

COVID-19 exacerbated existing health and social inequalities in Lothian and Scotland.[1-4] Those in insecure employment, unable to work from home, experiencing digital exclusion, lacking financial and other resources such as their own transport, were worst equipped to follow isolation and distancing guidelines. In turn this meant they were more exposed to and more susceptible to the negative social and health impacts associated with COVID-19.[5-7] Males, people aged 70 years and older, people working in lower paid jobs [8] and people from some ethnic minority groups are more likely to die from COVID-19 than other population groups.[9-14] The impacts of institutional racism – poorer housing conditions, lower paid jobs, more unemployment – manifest themselves in terms of greater risk from COVID infection and a harder financial and social impact associated with loss of income and unemployment. Crucially, the higher mortality risk for people from ethnic minority groups is not explained by biological differences but social determinants.[2, 9, 10, 15, 16]

National Records of Scotland data indicate that people from the most deprived communities are 2.4 times more likely than the least deprived to die from COVID-19; the size of this gap widened from 2.1 to 2.4 as the pandemic progressed.[18] There is also evidence of longer-term health complications from Long COVID.[19, 20]

This report provides a summary of key demographics of the Lothian population, some key health outcomes and their social determinants. We intend this report to be a useful source of demographic information for public, voluntary and community sector partners in Lothian to shape local policy and service discussions. We have deliberately chosen to focus on inequalities and deprivation at this time as they are the biggest influences on population health. This annual report also has a particular focus on what we can do to reduce inequalities through our immediate response with our partners, to the cost of living crisis and our longer term efforts to improve children's early years and to reduce child poverty as examples of work underway in Lothian to address inequalities and improve population health.

Of course, the work of public health in Lothian spans many more areas of work than we have featured here. We have responsibility for the oversight of significant population health initiatives such as all immunisation programmes, pharmaceutical and dental public health, national screening programmes, delivery of an effective health protection function alongside services such as Healthy Respect, Maternal and Infant Nutrition and Quit Your Way, our smoking cessation service.

There are reports for all of these services available separately.

Those of you that are interested in finding out more about the work of the Public Health Department in Lothian, should visit our webpages at **https://weare.nhslothian.scot/publichealth**.

Dona Milne
Director of Public Health and Health Policy,
NHS Lothian

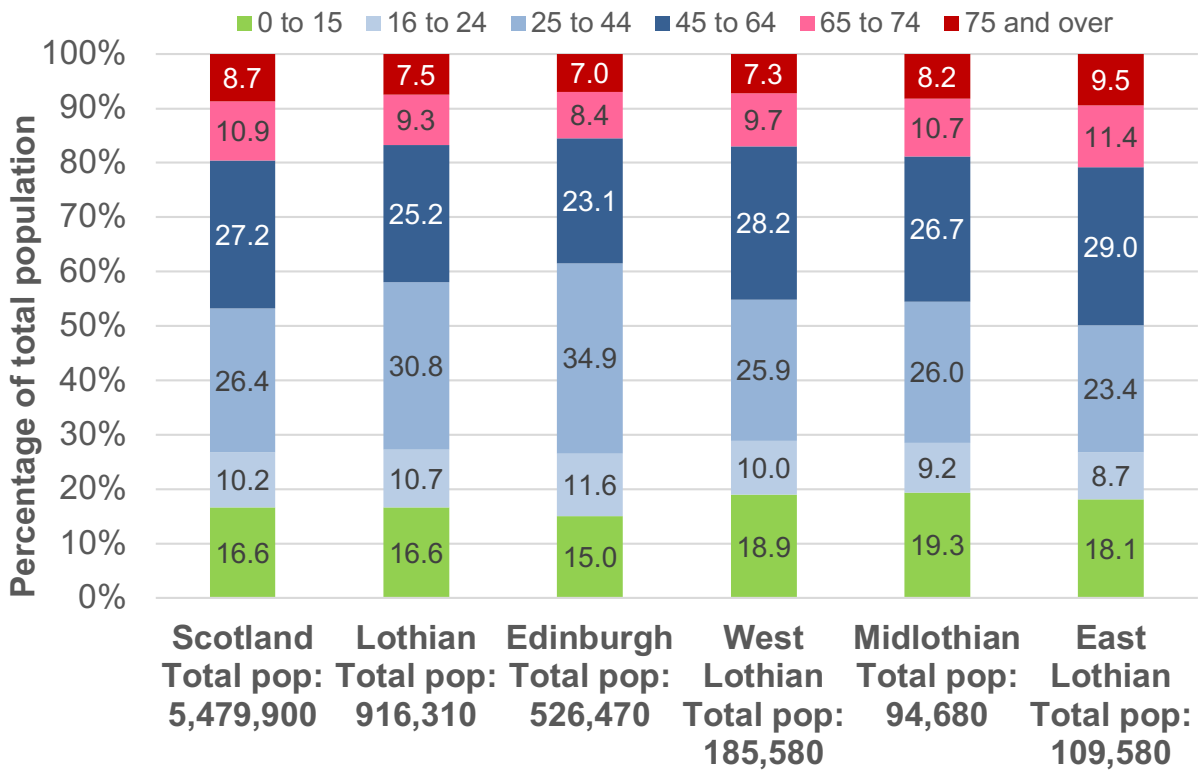
Health and social inequalities in Lothian: understanding the needs of our population

Demography

As of mid-2021, Lothian has a total population of 916,310, representing an increase of around 17.6% since mid-2001.[34] Figure 2 presents a breakdown of Lothian's population by age and local authority.

Lothian has a similar proportion of under 16-year-olds as the rest of Scotland (16.6%), but the population aged 16-64 is slightly larger than seen in Scotland, largely due to the working-age population in and around Edinburgh. The proportion of the population over 64 years old is slightly smaller than seen nationally.

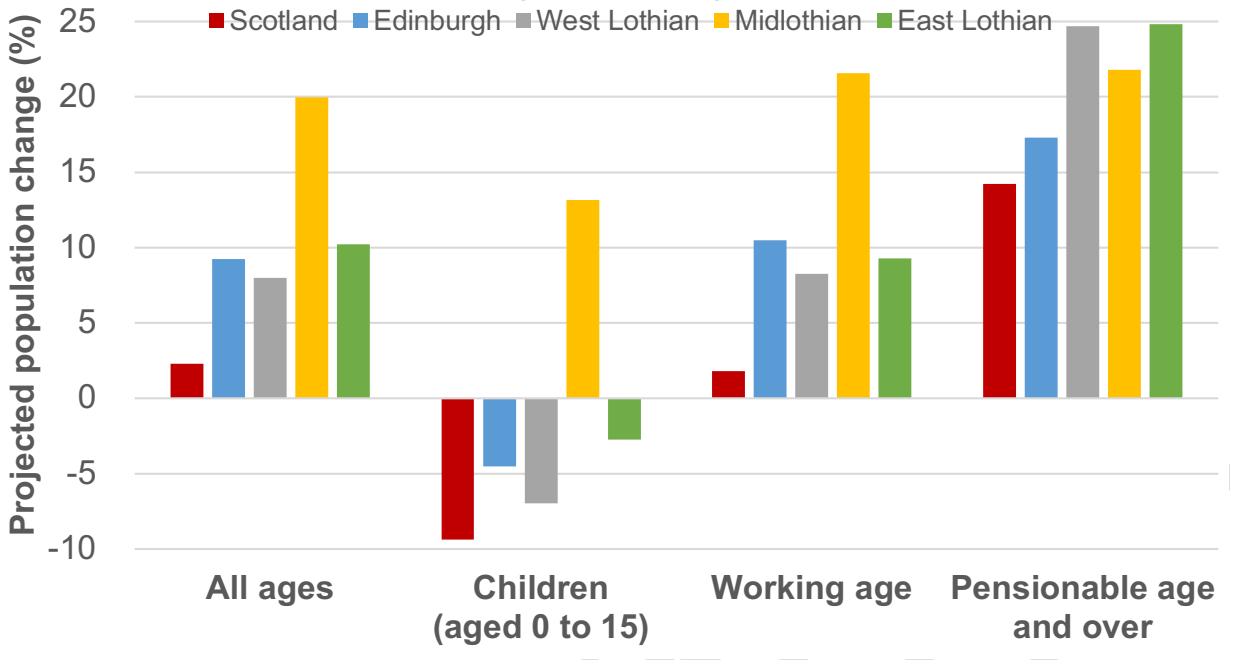
Figure 2: Population age distribution (2021)



National Records of Scotland (NRS) projects that by 2033, the population of Lothian will have risen to 989,285, a rise of 8% compared to 2021.[35] 80% of the population increase in Scotland as a whole between 2021 and 2033 is projected to happen in Lothian. Across Lothian, a small reduction in the under 16 population is projected (-2.8% between 2018 and 2033), with increases in the working age[1] and pensionable age groups of 11.0% and 20.4%, respectively. Figure 3 presents a breakdown of these projected population changes between 2018 and 2023 by age group and local authority.

1. Working age is defined as from the ages of 16 until pensionable age. From 2020, pensionable age will be defined from as 65 years for both men and women. A further rise in pension age to 67 years is expected to take place between 2026 and 2028.

Figure 3: Projected population change, by age (2018-2033)



These projections highlight potential reductions in the under 16 population (owing to reductions in birth rate) for most of Lothian's local authority areas except Midlothian, where the proportion of this age group is expected to rise by 13%. The proportion of the population that is working-age is not expected to rise considerably across Scotland; however, the size of this age group is projected to rise by 11% across Lothian. This reflects migration to the region for study and work, particularly from overseas (NRS projects net migration of 57,379 into Lothian between 2018 and 2028, of which 45,523 are expected from overseas). Across Lothian's local authority areas, increases of at least 17% are projected in the proportion of the population aged 65 and over. These projections highlight ongoing change in the demographic profile of Lothian, and a shift in the ratio of economically active to economically inactive individuals. This will necessitate adaptation of health and social care services and increased focus on the prevention and management of long-term illnesses.

People experiencing deprivation in Lothian

In comparison with the rest of Scotland, Lothian has proportionately fewer areas classified among the most deprived in the country. Around 11% of Lothian's population, just over 100,000 people, live in areas categorised as among the 20% most deprived in Scotland. The greatest number of these areas are located within Edinburgh (approximately 62,000 individuals) but proportionately West Lothian has the highest share of its population (26,500) living in the most deprived communities (14.3%).

Table 1. SIMD 2020 datazones by population share in Lothian (2021)[36]

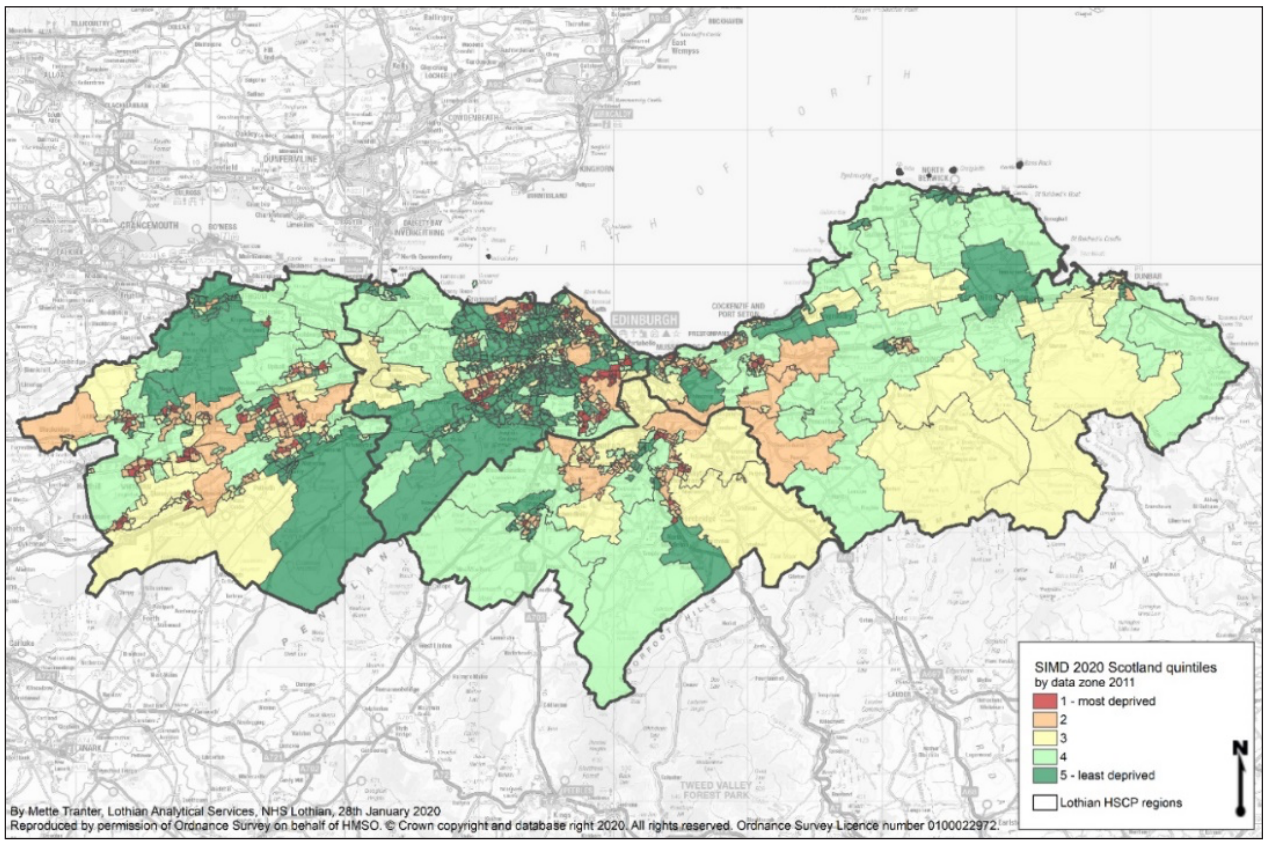
	SIMD 1 (Most Deprived 20% data zones)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (Least Deprived 20% data zones)
Edinburgh	11.8	14.3	14.3	17.5	42.0
East Lothian	4.8	28.1	22.3	25.5	19.3
Midlothian	7.5	32.8	23.9	21.4	14.4
West Lothian	14.3	27.8	18.9	20.6	18.4
Lothian	**11.0**	**20.6**	**17.2**	**19.5**	**31.7**

Although area-level deprivation is helpful for understanding how concentrations of disadvantage or need can occur, it is important to note that the majority of people experiencing socio economic disadvantage in Lothian live outside areas categorised as the most deprived communities, which are shaded dark red in Figure 4, which maps Scottish Index of Multiple Deprivation (SIMD)[2] in the region.[37]

2. The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as 'deprived', this can relate to people having a low income but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. SIMD is an area-based measure of relative deprivation: not every person in a highly deprived area will themselves be experiencing high levels of deprivation.

SIMD ranks data zones from most deprived (ranked 1) to least deprived (ranked 6,976). People using SIMD will often focus on the data zones below a certain rank, for example, the 5%, 10%, 15% or 20% most deprived data zones in Scotland. Deciles (10%) and quintiles (20%) are common units of analysis. (Scottish Index of Multiple Deprivation 2020 - gov.scot (www.gov.scot))

Figure 4: Scottish Index of Multiple Deprivation 2020 quintiles for Lothian

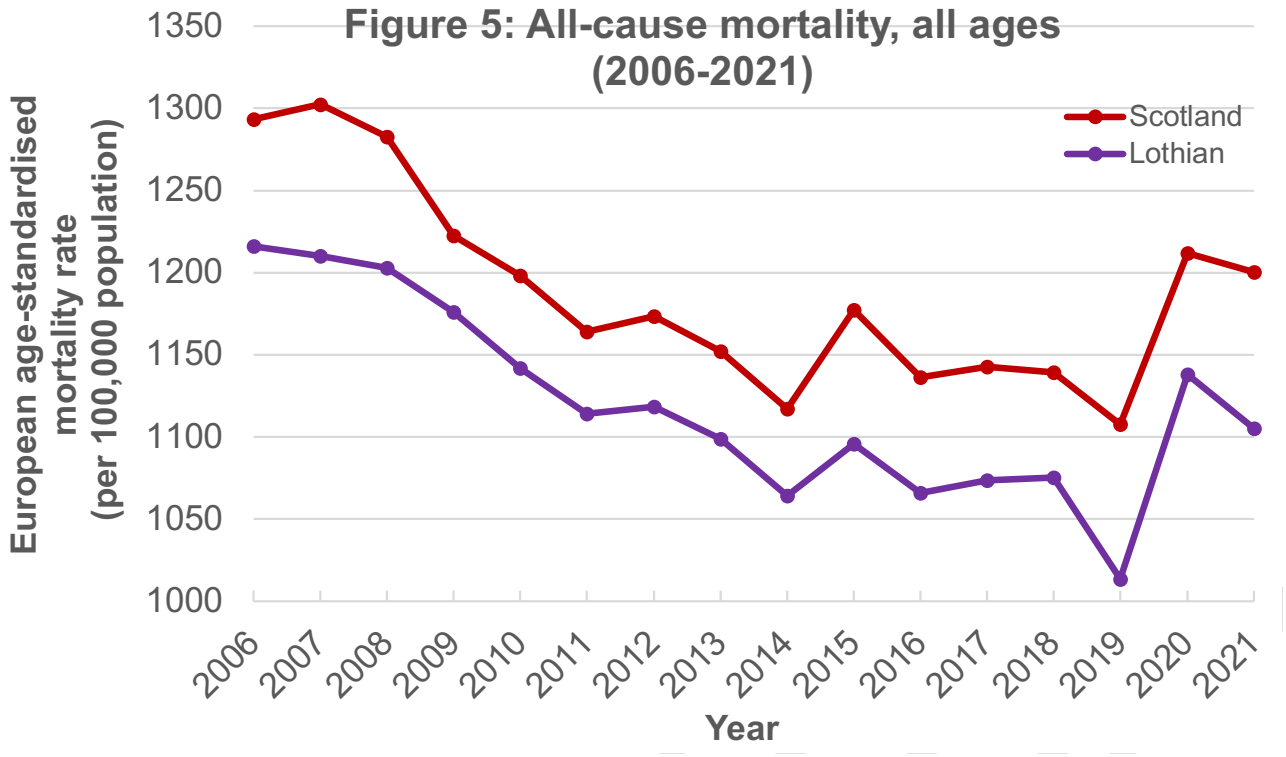


Mortality

In 2021, 8,595 people died in Lothian[38] (there were 8,426 births).[39] Figure 5 shows the age standardised mortality rate for Lothian and its constituent local authority areas between 2006 and 2021. Lothian's all-cause mortality rates are typically around 5-10% lower than national rates. In 2021, Scotland's rate was 1,200 deaths per 100,000, whereas Lothian's was 1,105 deaths per 100,000.

Mirroring the national picture, the all-cause mortality rate in Lothian had seen reductions in the 13 years after 2006. This downward trend was interrupted by a spike in mortality in 2020 across Lothian's constituent areas. This reflects the direct and indirect impacts of the COVID-19 pandemic, and was particularly the case in West Lothian which saw its all-cause mortality rate increase by nearly 20% between 2019 and 2020, potentially reflecting a larger proportion of socioeconomic deprivation in this local authority area.

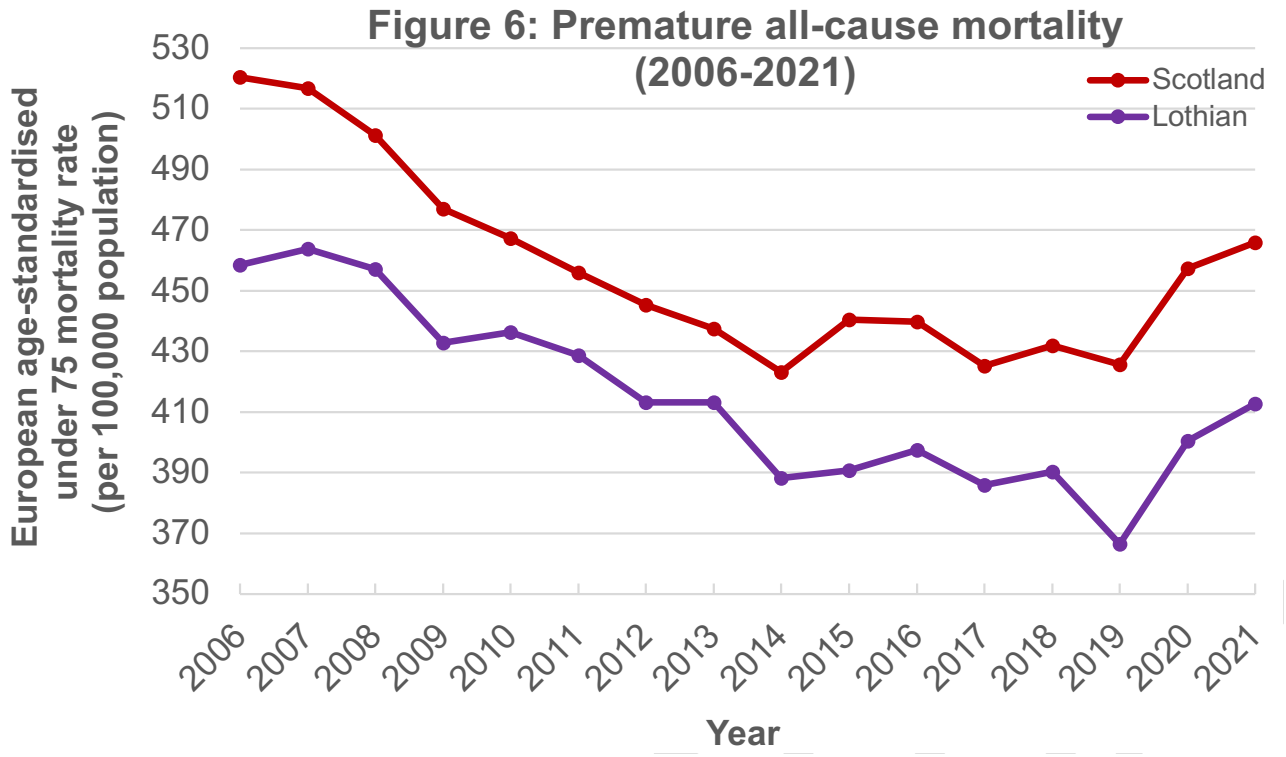
In 2021, the leading causes of death in Scotland were ischaemic heart disease, dementia, COVID-19, lung cancers and cerebrovascular disease (stroke), together accounting for around 40% of all deaths nationally. In Lothian, instances of these common causes of death are approximately equivalent to national rates, or slightly lower, likely reflecting that Lothian's population as a whole is less deprived than the national average.



Premature All-Cause Mortality

Over a third (38%) of the deaths in Lothian in 2021 occurred among those aged under 75 years.[38] Each of the 3,213 deaths in Lothian occurring before the age of 75 constitute early mortalities, reflecting unfulfilled life expectancy. A substantial proportion of these premature mortalities are due to what some authors call 'deaths of despair' (suicide, alcohol- and drug-related mortality) which are heavily patterned by age, sex and socioeconomic status (see below for examples of health outcomes by the Scottish Index of Multiple Deprivation).[24, 40] Males aged 35-54 are, for instance, particularly likely to experience a drug-related death, with 44% of all deaths involving drugs occurring among this group. The number of deaths from such causes has increased sharply in recent years with a 98% increase in drug-related deaths in Lothian since 2014. Lothian recorded 197 drug-related deaths in 2021, its highest ever total.

Figure 6 shows, similarly to overall mortality, that premature mortality rates in Lothian are around 5-10% lower than those observed nationally most likely due to the higher proportion of people in Lothian living in less deprived communities. Also mirroring overall mortality, the early mortality rate reduced in the decade after 2006, but this trend reversed following the onset of the COVID-19 pandemic. In 2020 and 2021 there were a total of 1,565 deaths from COVID-19 in Lothian, of which 24% (381) were amongst those aged under 75.



Morbidity

While mortality data represent a useful objective barometer of population health, the role of public health professionals is to improve and protect the health of Lothian's population in its broadest sense. We want people not just to live longer, but to live longer, healthier lives. Fuller definitions of health go beyond the ultimate endpoint of death and encompass individual's subjective experience, mental health and wellbeing.

> Health is defined by the World Health Organisation as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity".

Similarly to the observed stagnation in overall life expectancy, there is evidence that the number of years we live in good health is not improving over time. Figures 7 and 8 below present trends in Scotland's and Lothian's healthy life expectancy[3], for females and males respectively.

3. Healthy life expectancy is estimated by combining objective mortality records with subjective assessments of individuals' self-rated health. Stagnation in healthy life expectancy therefore reflects a combination of stalling life expectancy and reductions in the number of people self-assessing their health as "very good" or "good".

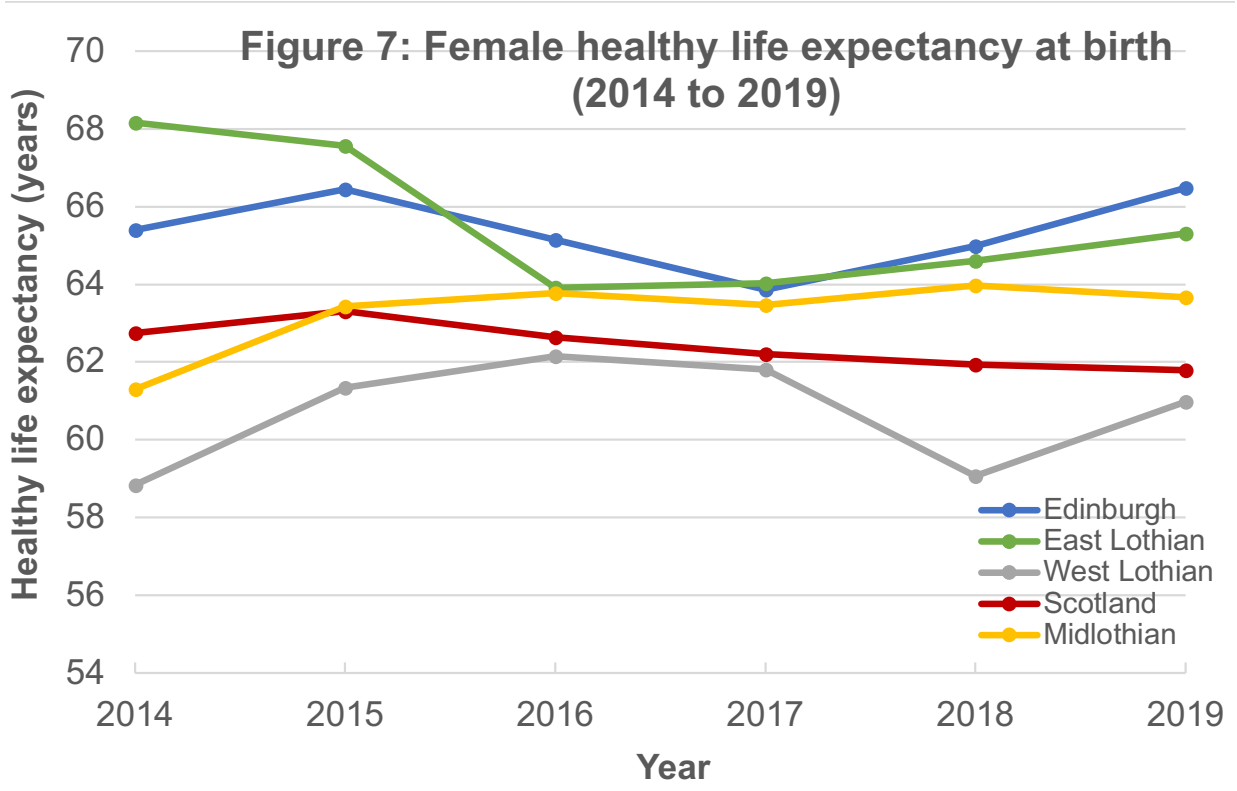


Figure 7: Female healthy life expectancy at birth (2014 to 2019)
Healthy life expectancy (years)
70
68
66
64
62
60
58
56
54
2014
2015
2016
2017
2018
2019
Year
Edinburgh
East Lothian
West Lothian
Scotland
Midlothian

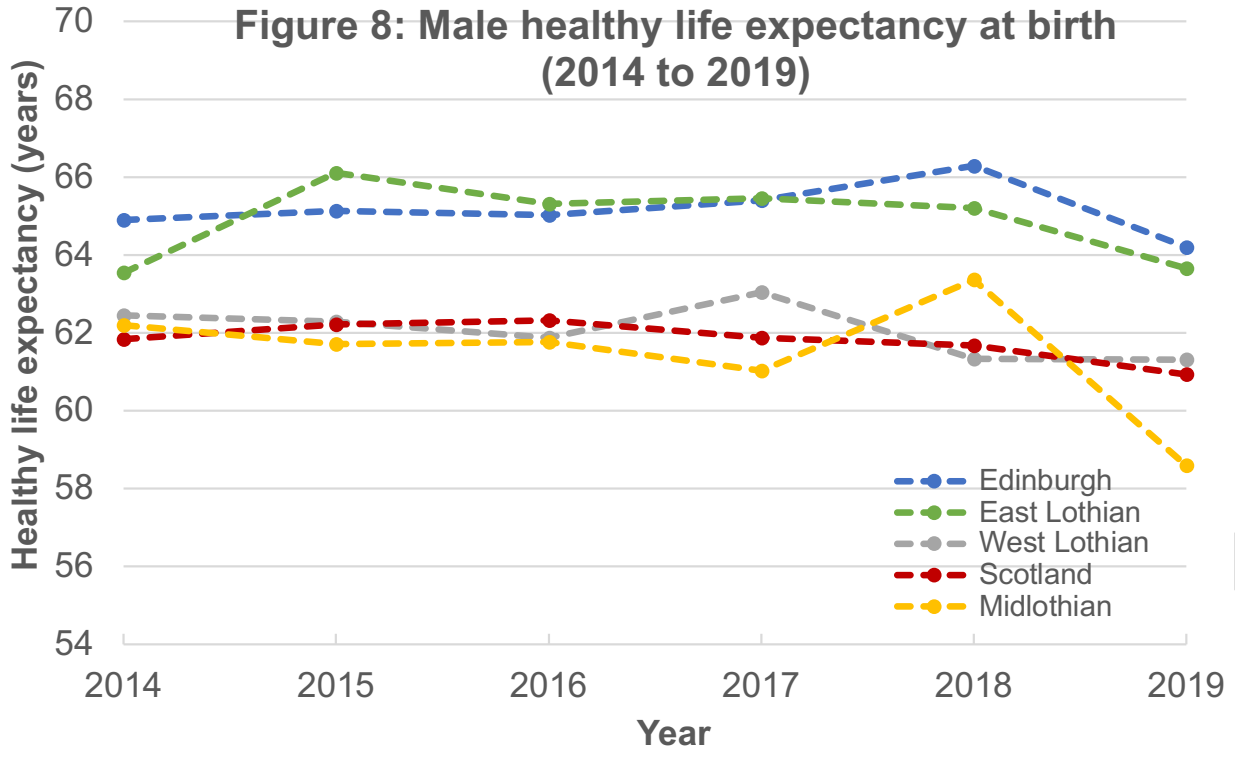
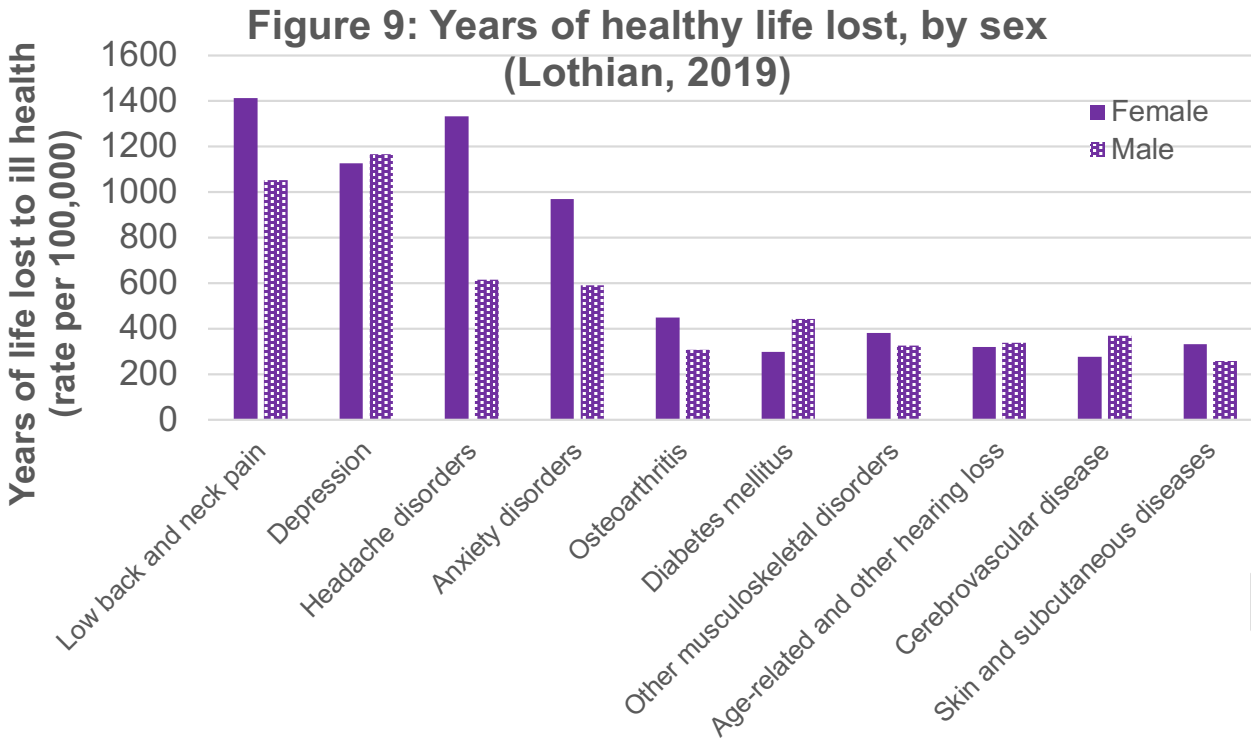


Figure 8: Male healthy life expectancy at birth (2014 to 2019)
Healthy life expectancy (years)
70
68
66
64
62
60
58
56
54
2014
2015
2016
2017
2018
2019
Year
Edinburgh
East Lothian
West Lothian
Scotland
Midlothian

Figure 9 shows the rate of healthy years of life lost to illness[4] for the top 10 causes in Lothian in 2019, by sex.[41] While males typically have lower life expectancy and higher mortality rates, Figure 9 also demonstrates that females have a higher burden for many of the leading causes of ill health. This is particularly true for headache disorders and anxiety disorders, where females' rate of years lost to ill health is over double that experienced by males. Males have a higher burden for relatively few of the top causes of ill-health, with the most notable exception being for diabetes where males' rate of years lost to ill health is around 1.5 times that experienced by females.



The total burden of illness increases with age, and the nature of ill health changes qualitatively throughout the life course. In Lothian in 2019, the estimated total amount of healthy years of life lost for those under 15 is a rate of 2,805 years per 100,000. This increases around ten times among those aged 85 and older (24,253 years of healthy life lost per 100,000). Figures 10a and 10b present data on healthy years of life lost, presenting the top five causes within each age and sex group for Lothian in 2019. The figures highlight a high and persistent burden of mental health disorders (depression, anxiety disorders) from a relatively early age in both males and females. Indeed, collectively, mental health disorders were estimated to be responsible for over 19,431 years of healthy life lost in Lothian in 2019, around 20% of the total burden of ill health.

The figures also highlight a gendered burden of ill health due to drug use for males between the ages of 15-44, which is not captured fully within drug-related death statistics.

4. (YLDs: years lost to disability)

Figure 10a: Years of healthy life lost, top causes by age (Lothian females, 2019)

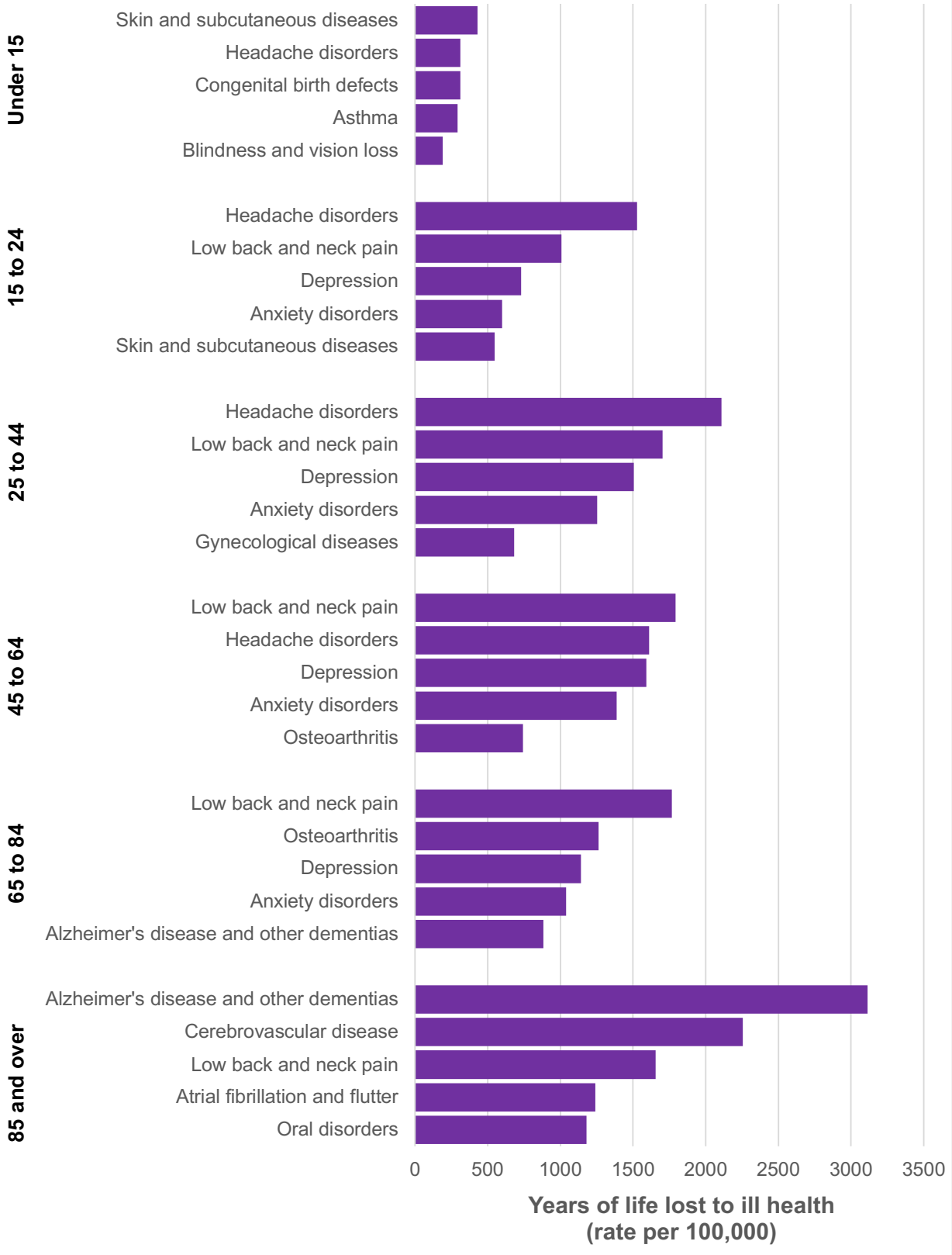
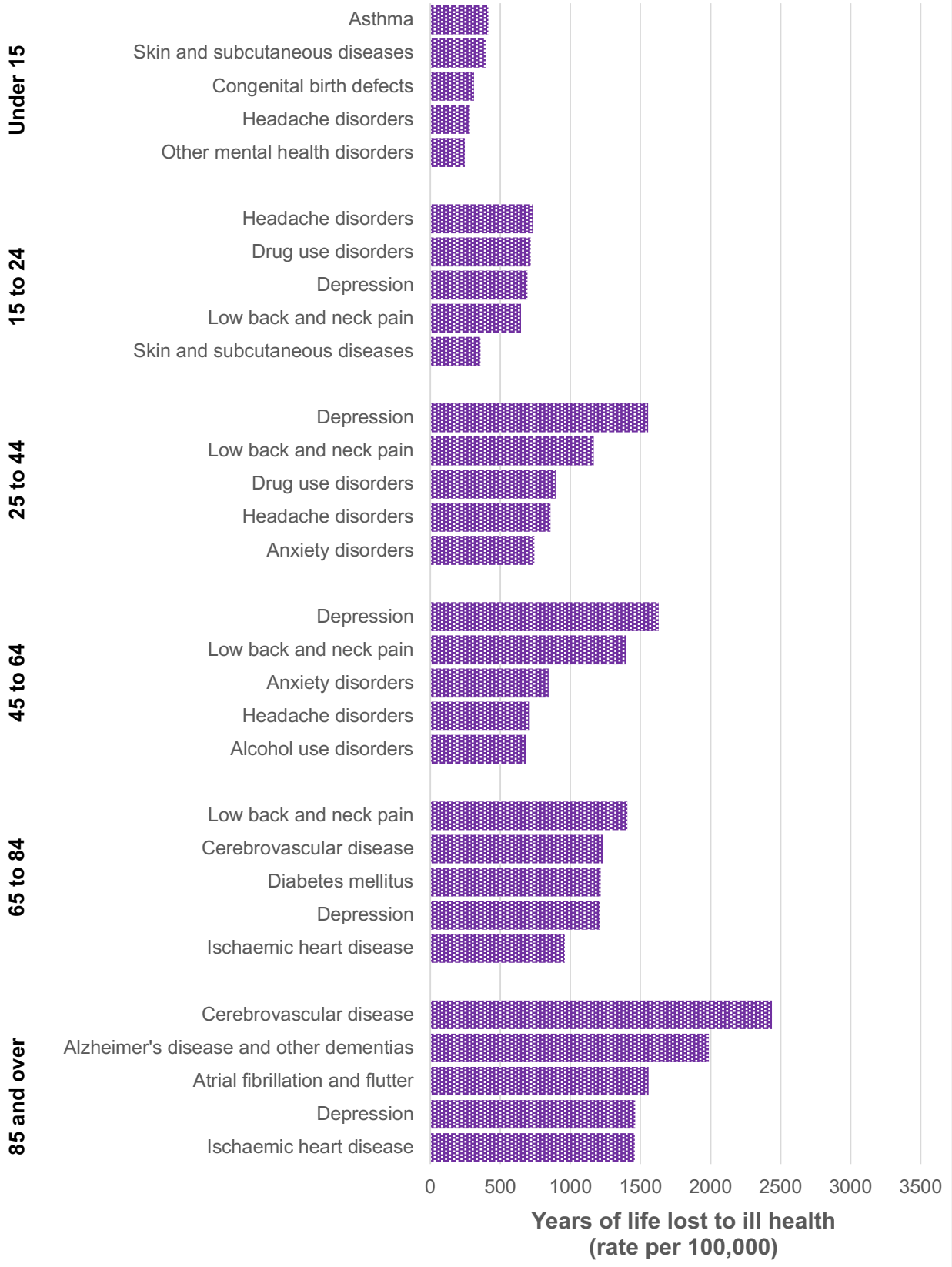


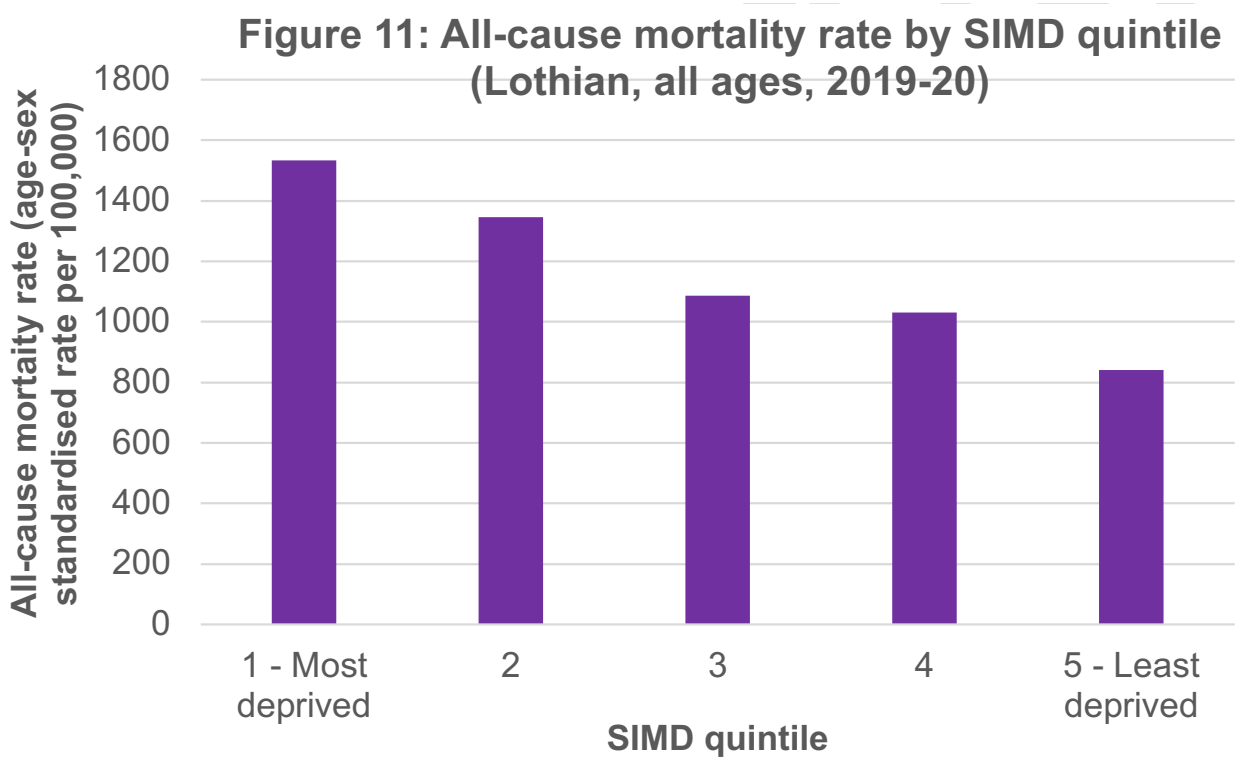
Figure 10b: Years of healthy life lost, top causes by age (Lothian males, 2019)



Inequalities in mortality and morbidity

The above aggregate figures mask significant socioeconomic inequalities in mortality and morbidity. A wide range of health outcomes are patterned by socioeconomic status, with people living in more deprived communities consistently experiencing worse outcomes than those living in less deprived areas, for practically any conceivable health-related outcome. Figures 11-14 below present examples of these outcomes by deprivation quintile. Figures 12 and 13 highlight particularly steep inequalities in premature mortalities, with premature deaths in those aged 15-44 being 4.5 times more likely in the most deprived areas compared to the least deprived.

Figure 14 highlights that steep inequalities in health-related outcomes are evident from as early as infants' 27-30 month review. Concerns raised in the development of speech, language and communication skills reiterates that socioeconomic disadvantage can precipitate impairment in the skills that young people need to thrive socially, professionally, and academically, reinforcing cycles of deprivation.



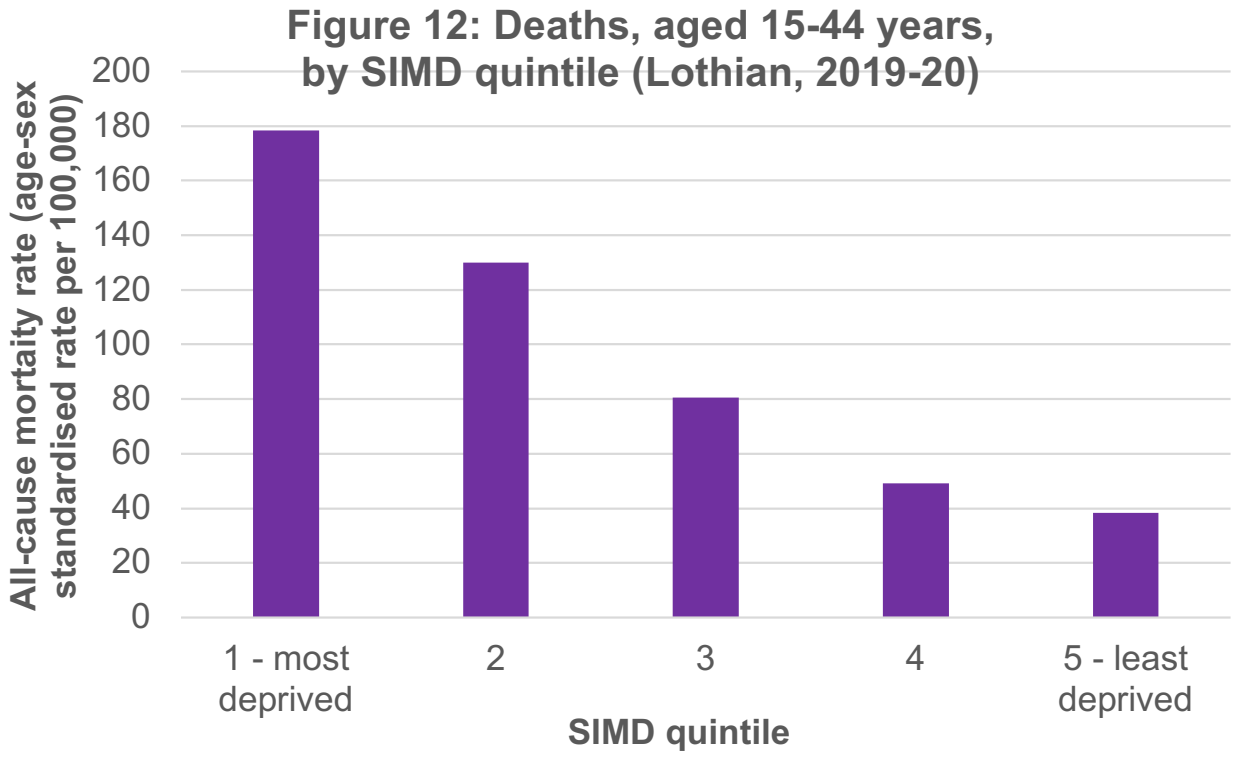


Figure 12: Deaths, aged 15-44 years, by SIMD quintile (Lothian, 2019-20)
All-cause mortaity rate (age-sex standardised rate per 100,000)
200
180
160
140
120
100
80
60
40
20
0
1 - most deprived
2
3
4
5 - least deprived
SIMD quintile

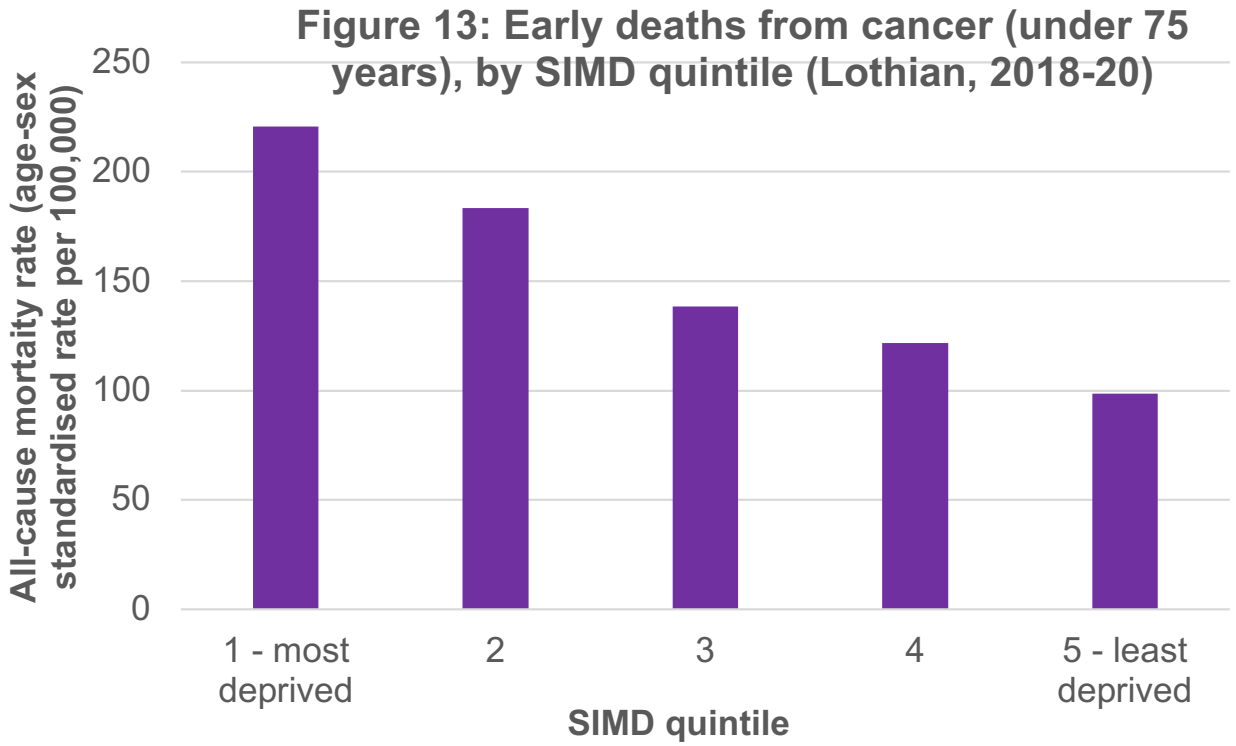


Figure 13: Early deaths from cancer (under 75 years), by SIMD quintile (Lothian, 2018-20)
All-cause mortaity rate (age-sex standardised rate per 100,000)
250
200
150
100
50
0
1 - most deprived
2
3
4
5 - least deprived
SIMD quintile

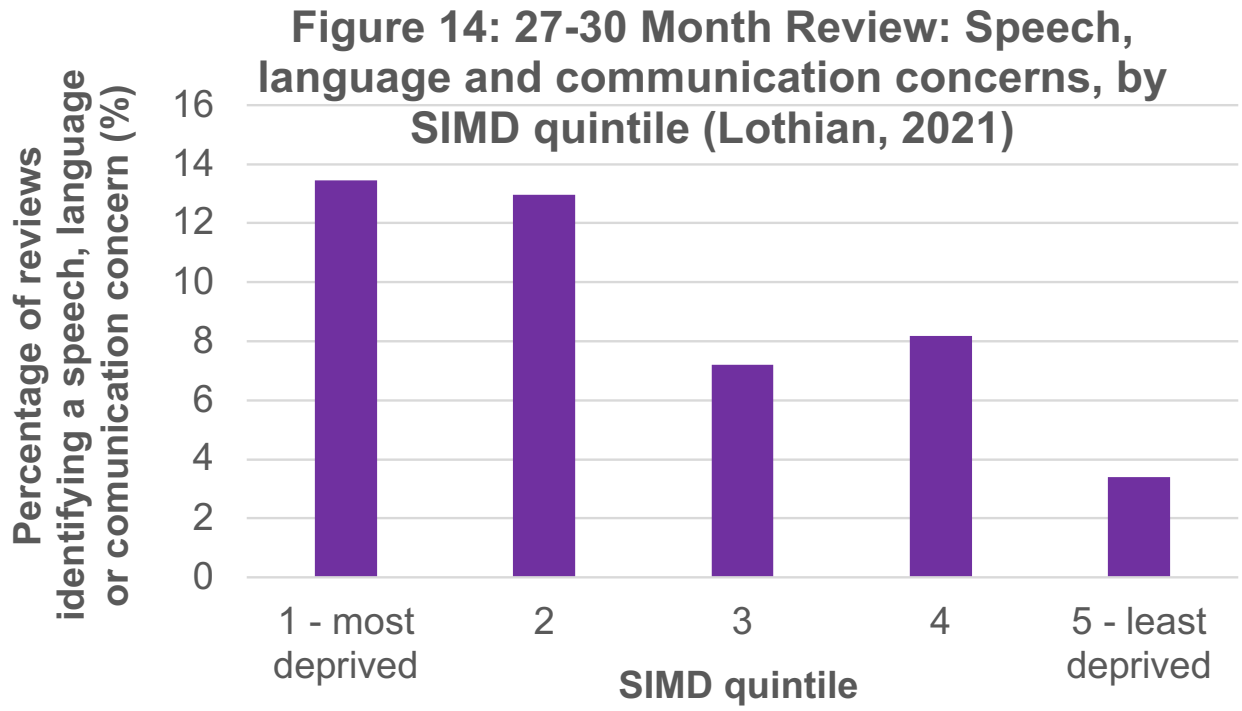


Figure 14: 27-30 Month Review: Speech, language and communication concerns, by SIMD quintile (Lothian, 2021)
Percentage of reviews identifying a speech, language or comunication concern (%)
16
14
12
10
8
6
4
2
0
1 - most deprived
2
3
4
5 - least deprived
SIMD quintile

The role of public health partnerships in improving population health and reducing inequalities

The impacts of austerity, the COVID-19 pandemic and the cost of living crisis have made life even more difficult for many people and has reinforced the need to challenge existing inequalities. The pandemic highlighted the continued risks from infectious and communicable diseases. A strong, co-ordinated response to new or emerging diseases is essential. The design and delivery of health and care – and other public services – should reflect levels of need in populations and should be focused on improving the health of the most disadvantaged groups as well as reducing the entire social gradient of health outcomes across the population.[42] There is a large body of evidence that shows that allocation of resources is not always determined by population health need.[43, 44]

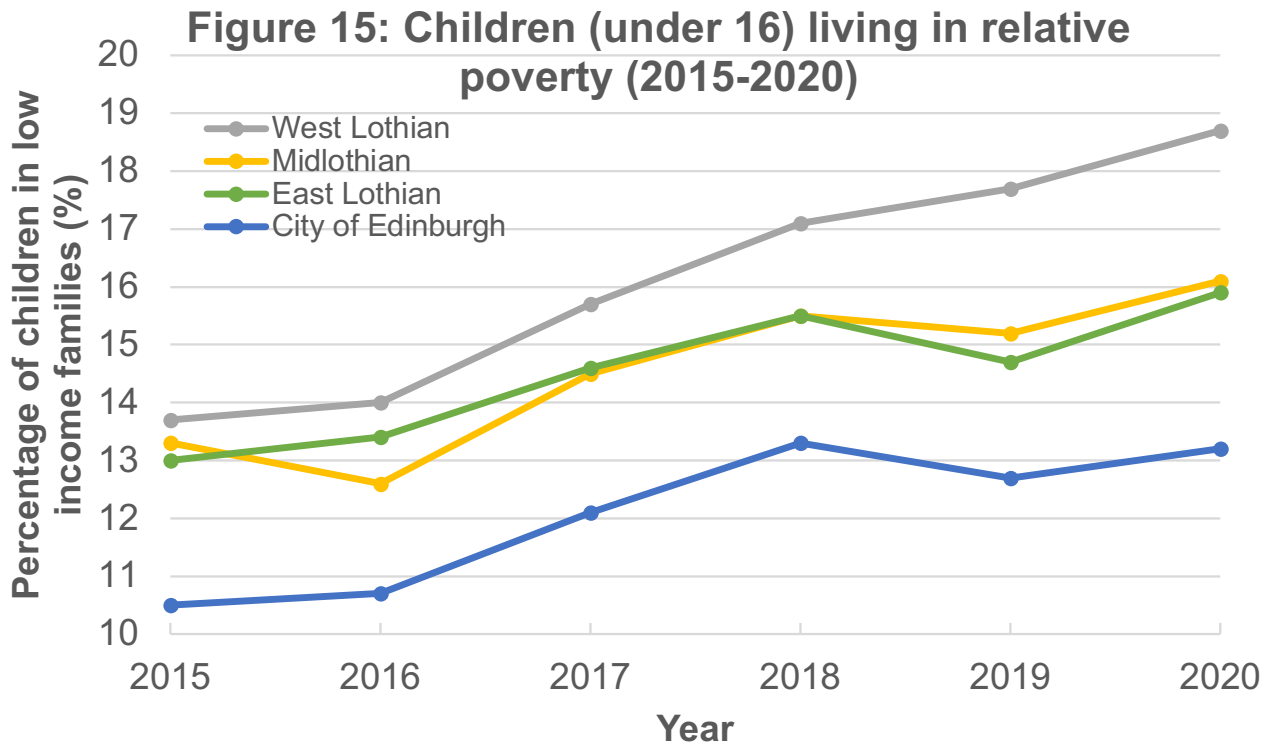
But population health improvement and measures to reduce inequalities is a task extending beyond the public health department and the wider NHS – it requires coordination of effort across the public and voluntary and community sectors. The fundamental causes of health inequalities such as power and wealth affect the distribution of wider environmental influences such as the availability of jobs, good quality housing, education and learning opportunities, access to services and social status.[45] But it is necessary to tackle social causes of ill health such as low income, homelessness, poor housing, in-work poverty, unemployment, worklessness, and poor education to improve overall health and, especially, to tackle health inequalities. The old adage that prevention is better than cure still holds true.

> "Why treat people and send them back to the conditions that made them sick?"
>
> **Michael Marmot, The Health Gap (2015)**

Public, community and voluntary sector agencies must work closely with local communities to focus on these determinants to improve health. And during an ongoing period of social, economic and political change, there are some issues that present an urgent challenge. Work with our community planning partners must focus on short-term mitigation of the cost of living and child poverty crises while also focusing on preventative policy solutions that have greatest potential to change longer-term trends in health inequalities. The rest of this report focuses on actions that need to be taken by all of us to tackle the cost of living crisis and work we can do to support children and young people in Lothian facing some of the most severe challenges.

Cost of living crisis: a partnership response

The last fifteen years have seen a series of economic shocks as well as a pandemic and now a cost of living crisis; each of these have caused stresses to the labour market and the housing market as well as individuals' resilience. Cumulatively, the impacts on health have been devastating. As poverty levels in Scotland – and in Lothian – have increased in recent years so too health inequalities have increased. At least 13% of children in Lothian now live in relative poverty, rising to nearly one in five in West Lothian (Figure 15).[5] The most disadvantaged people are those who have experienced the worst outcomes. Research into the causes of health inequalities highlights many contributory factors. But having enough money, good quality affordable housing and secure, fairly-paid jobs are the foundations of good health; without these, people's ability to live a long and healthy life will continue to decline.



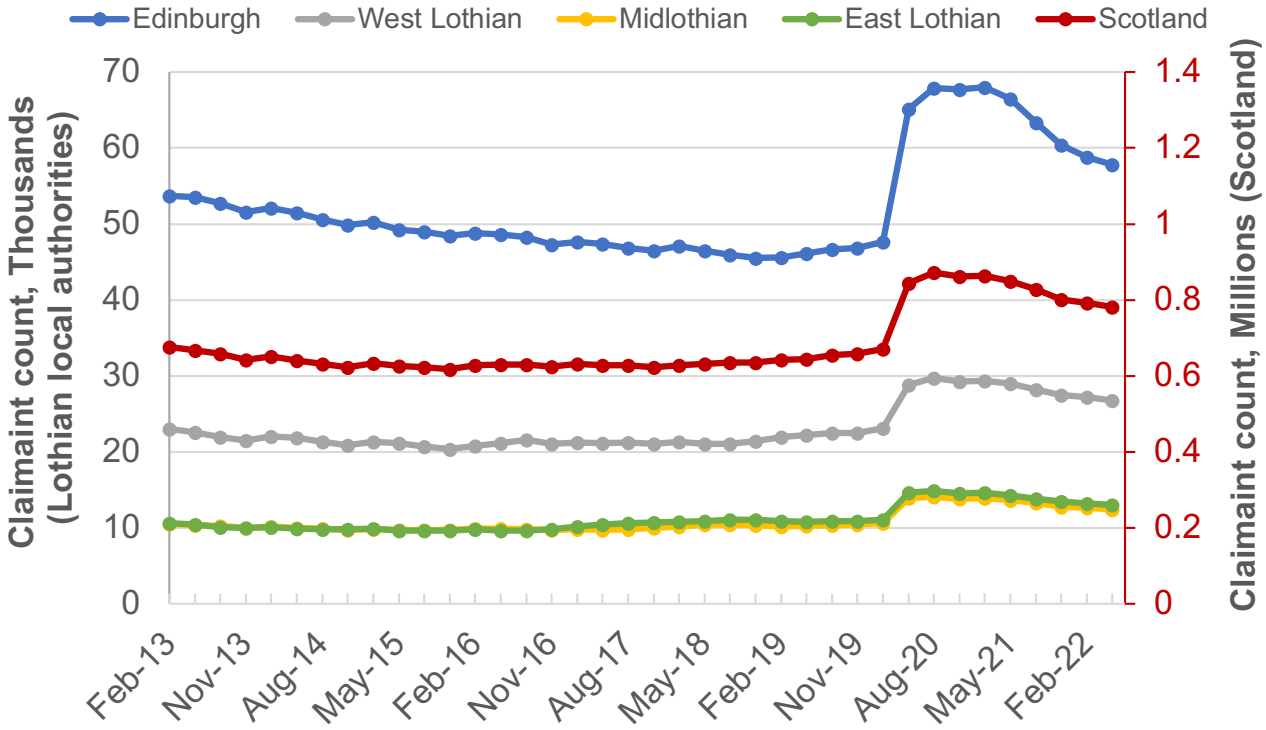
Background

Work by the Poverty Commissions in East Lothian and Edinburgh has highlighted the extent of poverty in each area. More recently, anti-poverty groups in each Community Planning Partnership have championed actions to counter the impacts of poverty. The pandemic and the cost of living crisis are notable for the greater proportion of the population affected by

5 Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. NB Figure 15 omits provisional data from 2021. Given that housing costs are a substantial and growing contribution to household expenditure, it is important, where possible, to consider estimates of child poverty after housing costs. The University of Loughborough's estimates of child poverty rates after housing costs in 2019/20 are around 10% higher than the equivalent estimates before housing costs (West Lothian: 25%, East Lothian: 25% , Midlothian: 24%, City of Edinburgh: 20%) - https://www.jrf.org.uk/data/child-poverty-rates-local-authority.

daily and weekly struggles to pay bills and provide food. Community resilience was tested throughout the pandemic and the cost of living crisis is another major threat to population health. The increase in emergency Scottish Welfare Fund payments and the ongoing demand for food banks were other manifestations of extreme poverty.

Figure 16: Working age benefit claimants (Feb 2013-May 2022)



The number of people experiencing in-work poverty has increased even since the height of the pandemic. By October 2022 the number of people in Lothian claiming Universal Credit while working has more than doubled since February 2020 from 11,320 to 26,462. This increase in claims has been happening at the same time as the unemployment rate has declined, inflation has been rising and job vacancies are high. Figure 16 shows that the number of working-age benefit claimants increased by at least 25% in each of Lothian's council areas between February and May 2020. These increases reached as high as a 43% increase (in City of Edinburgh) relative to levels immediately prior to the pandemic and as of May 2022 had not returned to pre-pandemic levels (remaining at least 16% higher than levels in February 2020).

What does a public health partnership response look like?

There is consistent evidence that shows the relationship between lower income and poor health outcomes.[46] Although cash transfers do not address the range of economic factors that contribute to people's levels of income inequality, immediate assistance is an effective way to help people in greatest need. This does not prevent long-term poverty but it mitigates against the worst outcomes.

Most British anti-poverty groups are now supportive of direct payments and measures that increase the amount of money in people's pockets rather than alternative ways of providing cash. In recent years, research has highlighted that conditional and unconditional cash transfers are effective ways of providing control and ownership for recipients of funds to determine their own essential spending.[47, 48] The moral economy of social security has in the past framed poor people as undeserving and careless with money resulting in high levels of stigma being experienced by those most in need. But there is minimal evidence that people choose to spend their money on luxuries instead of essentials and we should stop treating people in this way as it is discriminatory, unfair and unwarranted. In Scotland, existing systems such as The Scottish Welfare Fund or Child Poverty Payment have provided effective channels for getting money to people in greatest need during lockdown. Cash payments also avoid the stigma associated with other forms of welfare support.

Welfare advice, debt advice, support for social security claims and income maximisation are all important forms of short-term support. The immediate purpose of these types of intervention is basic survival. More preventative work – budgeting, support around employment and education and so on - is important to help people once basic needs have been secured and must be part of our anti-poverty strategies. But meeting basic needs is now a priority during this cost of living crisis. So, we need to do both.

The expertise around income maximisation exists in specialist teams based in local authorities, the Department of Work and Pensions, Social Security Scotland and the voluntary and community sectors[6]. These teams can provide full support for their clients and link them to other forms of support such as food banks or pantries and advice about housing, childcare and employment and training. Our Public Health Partnership and Place teams are supporting statutory and voluntary and community sector colleagues to deliver these services by providing some funding, supporting training programmes and contributing to wider anti-poverty work of which income maximisation is a core activity.

NHS Lothian has also secured five years of funding from the NHS Lothian Charity for income maximisation services based in six hospitals across the region. Our services will operate at the Western General Hospital, Royal Infirmary of Edinburgh and Royal Hospital for Children and Young People, an expansion of the service at St John's Hospital and new services at Midlothian Community Hospital and East Lothian Community Hospital.

These services are delivered by voluntary and community sector partners due to the expertise they have to support our patients and their families and carers. Hospital Income Maximisation can also have benefits for patient care by releasing trained clinical staff to do vital patient care. There is evidence that welfare issues contribute to delayed discharges. For patients, financial stress may increase recovery time and may be the root cause of readmission to hospital.

Hospital Income Maximisation services puts money in people's pockets

- At our adult hospitals in Edinburgh during 2020-21, each contact identified entitlement to an extra £1,800 per person
- £1,600 per contact was achieved for people accessing the service at The Royal Hospital for Sick Children.

NHS Lothian Charity

6 For example, Citizens Advice Edinburgh, Citizens Advice West Lothian, Penicuik Citizens Advice, Musselburgh Citizens Advice, Haddington Citizens Advice, Granton Information Centre

Child poverty and early years

Since the Fair Society Healthy Lives, Marmot Review in 2010, health inequalities research in the UK has consistently emphasised that cognitive, social and emotional development in the early years is a priority for public health. The reasons why are straightforward:

> "Such is the strength of evidence linking experiences in the early years to later health outcomes that this was the priority area for the 2010 Marmot Review, for three main reasons. Firstly, inequalities in the early years have lifelong impacts, secondly, it is the period of life when interventions to disrupt inequalities are most effective, and thirdly and related to the first two points, interventions in the early years have been shown to be cost-effective and to yield significant returns on investment."

It has also become evident that adverse childhood experiences play a major constraining role in shaping adults' abilities to cope with later life. Early life trauma is increasingly recognised as a factor in adverse outcomes in adulthood. Care experienced children in particular are among the most vulnerable of all our populations.[49] Getting childhood right means better lives for everyone.

Background

One of the more troubling trends of the early twenty first century has been data showing decline in indicators of health and growing health inequalities among children. Since 2000, we have seen

- an increase in mental health concerns for children[50]
- increasing inequalities in child overweight and obesity[51]
- low child physical activity rates[52]
- declining infant mortality rates and still birth in the most deprived communities[53]
- poor health outcomes for mothers and babies from ethnic minority communities;[54] and
- evidence that social deprivation is affecting babies' speech and language development systematically by 30 months (see Figure 14).[55]

Although COVID-19 did not affect children directly to the extent of older population groups there is emerging evidence of longer-term impacts associated with lockdown and mitigation necessitated by the pandemic.

Furthermore, austerity and the cost of living crisis mean that there have been increases in the number of households across Scotland and Lothian where children experience poverty (see Figure 15).

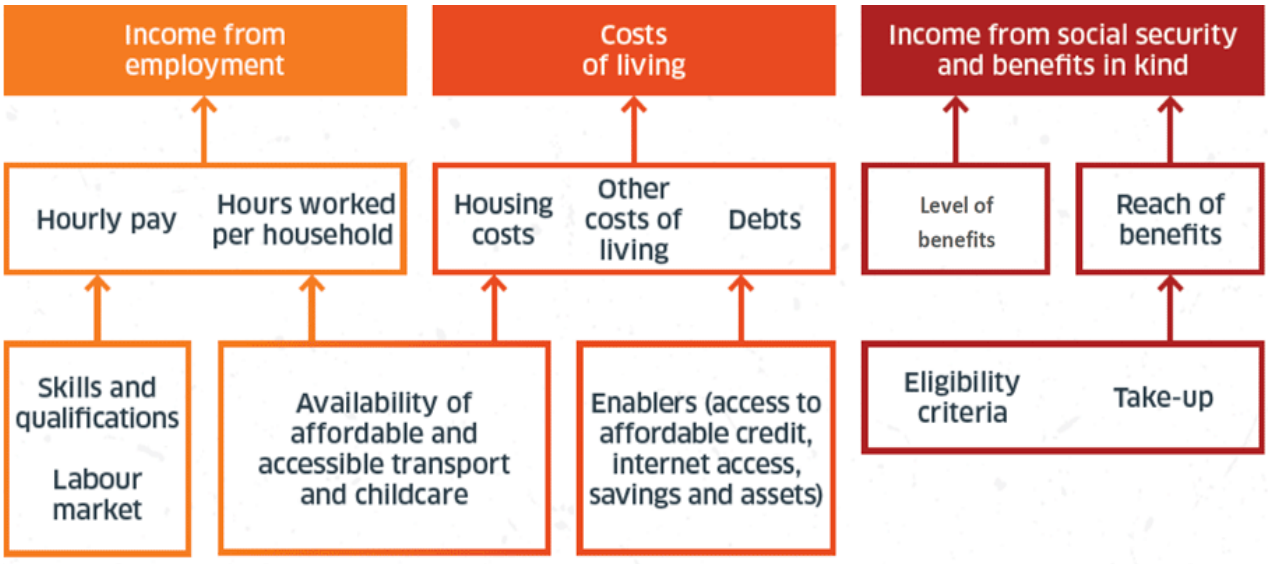
What does a public health partnership response look like?

Public Health teams support work in Children's Partnerships alongside NHS, local authority and Voluntary and community sector colleagues to ensure that children across Lothian are given the best start in life. In particular, teams work to support initiatives focusing on reducing child poverty, improving early years linguistic, cognitive, physical and emotional outcomes, building children's confidence and wellbeing, investing in maternity services, early years education (including parenting) and delivering the commitment encapsulated by The Promise to all children who have experience with the care sector.

Child poverty

NHS Lothian's child poverty work is part of a wider commitment to tackling inequalities and the effects of poverty with partners. The Child Poverty (Scotland) Act 2017 requires each local authority and NHS Board partnership in Scotland to produce annual Local Child Poverty Action Reports. The legislation includes targets for reducing child poverty. Work across Scotland should focus on three key drivers of poverty: income from employment, costs of living, and income from social security and benefits in kind as illustrated in the diagram below.

Figure 17: Drivers of Child Poverty (The Scottish Government)



Partners in Lothian have committed to a series of poverty focused measures to support families in the region. Public Health teams are working with the NHS and local partners to support a more consistent approach to delivery of these actions in each Lothian local authority area:

- Strengthening financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need
- Reviewing 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.

Early Years

NHS Lothian's Maternal and Infant Nutrition Service is based in Public Health. This allows our teams to link more effectively with midwives and health visitors to deliver the preventative approach that underpins the universal health visiting pathway. The team provides expert advice and support for preconception and early pregnancy health, breastfeeding (including support for UNICEF Baby Friendly accreditation) and infant nutrition. The HENRY (Health, Exercise, Nutrition for the Really Young) training programme to increase staff knowledge, confidence and skills has been shared with community learning and development, education, children and family centres, health visiting teams, and community-based food projects through 2021 and 2022 as an aid to support early intervention and prevention of childhood obesity.

No Wrong Door

Public Health teams are working with Children's Partnerships to expand the No Wrong Door Approach. This approach is based on a single point of access which simplifies the referral process for support for children and young people with mental health and wellbeing related needs and ensures that they are being matched with the most appropriate service for them. The approach ensures that children and young people are able to access the right support, at the right time, and in the right place, be that through universal services such as school nursing or youth work, community health or voluntary and community sector services, or where more specialist input may be required.

Conclusion

The importance of acting on common partnership goals

The lives of Lothian's population are being cut short, with some dying over a decade earlier than others, owing to the circumstances in which they live.

We can, and must, create a society where everybody has an opportunity to thrive by making sure the necessary building blocks for health are in place. More than ever, it is important that people have jobs that are secure and rewarding, an affordable, comfortable home, a nurturing upbringing and a good education, as these elements set the foundation for good health outcomes.

NHS Lothian is working closely with local communities and the voluntary and community sector to ensure that more people have these building blocks, and we are doing so with a focus on early years, child poverty and the cost of living. We are using our role as an Anchor organisation to reduce inequalities through ensuring all our contractors pay the living wage, that we provide local employment opportunities, that we procure local services and use our land and estates well for the common good.

Local partnerships can address local population health needs through combining our efforts across the public and voluntary and community sectors and beyond to invest in local areas, but we also need Scottish and UK Governments to address the factors that are outwith our control. We need to see rates of benefits maintained to cope with increased inflation to protect and increase incomes for low income households. We would like to see the real living wage and the minimum wage uprated for those under the age of 22 to ensure that younger adults receive equal pay for equal work. And we would like to see wellbeing prioritised in national and local economic policies and strategies.

Improving and protecting the health of the people of Lothian

The Role of the Public Health Department in Lothian

Approximately 200 people are employed in the department. We operate four divisions as illustrated below. We provide specialist advice and leadership to NHS Lothian, the four Lothian local authorities and the voluntary and community sector to shape services and create healthy communities for everyone.

- **Health Care Public Health**

  The Health Care Public Health team provide:
  > Leadership and oversight across the pathways of the six National Screening Programmes (breast cancer, bowel cancer, cervical cancer, diabetic eye screening, abdominal aortic aneurysm, pregnancy and new-born)
  > Dental Public Health expertise to assess and improve the oral health needs of the population
  > Strategic leadership and assurance for Immunisation Programmes
  > Professional expertise on pharmaceutical public health

- **Business and Administration**

  The Business and Administration team provide flexible administrative and clerical support across the Department. They play a critical governance role ensuring that the Department has robust processes and business procedures to meet strategic and operational objectives and priorities. The team also monitor and track workforce performance.

- **Health Protection**

  The Health Protection team work to protect the health of the local population from communicable and infectious diseases and environmental hazards. The team provides specialist public health advice, direction and operational support to NHS Lothian, local authorities and other agencies.

- **Population Health**

  The Population Health division includes:
  > Partnership and Place teams for each of Lothian's four local authority areas focusing on tackling inequalities and improving population health

  Other population health functions cover the whole of Lothian:
  > a Public Health Intelligence Team providing high-quality, rigorous evidence and data for public health strategy and policy
  > Maternal and Children's Public Health, including the Maternal and Infant Nutrition team and Child Health Commissioner.
  > a Sexual Health Improvement team (Healthy Respect) and
  > a Tobacco Control team which includes NHS Lothian's Quit Your Way smoking cessation service.

- **Board wide hosted programmes**

  Public Health and Health Policy hosts three services that deliver Board-wide remits: (i) Resilience (ii) Equalities and Human Rights, and (iii) Safe Haven.

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NHS Lothian

NHS LOTHIAN

Board meeting
8th February 2023

Director of Strategic Planning
Director of Finance

CAPITAL PRIORITISATION

1 Purpose of the Report

1.1 The purpose of this report is to restart the capital prioritisation process for the healthcare components of the Lothian Health and Care System.

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

2 Recommendations

2.1 The Board is recommended to;

- **Note** the composition of the panel to oversee the prioritisation process.
- **Note** the process for prioritisation, and that this is restarting the prioritisation process used up to 2020.
- **Note** the refreshed criteria for this prioritisation and that this mirrors the Scottish Government's Capital Investment Manual (SCIM).
- **Note** the categorisation of projects process, and that this will be reviewed six-monthly in the first year and annually thereafter.
- **Note** the process for seeking Board agreement.
- **Note** that the long-list for projects is being reviewed by the Corporate Management Team to ensure it is comprehensive.
- **Note** that the Strategy, Planning, and Performance Committee reviewed and discussed the process in depth at its January meeting.
- **Agree** to this process.

3 Discussion of Key Issues

Background

3.1 Board members are aware of the broad economic position of the United Kingdom, and of the impacts that this has had on the fiscal policy position of Scotland and the public sector as a whole.

3.2 This is expected to be replicated in the capital investment position for NHS Scotland, with consequent impacts for the resource available for both new projects and replacement and backlog maintenance projects. The Scottish Government's Health Finance Directorate (HFD) has written to Health Boards to clarify that, as of even date, all investment is paused, and that only projects which are legally committed will be funded for the financial years 23-24, 24-25, and 25-26.

3.3 Further, it has been made clear that the assumption for the 15 years from 26-27 is that capital will be in shorter supply and that the Scottish Government will not be able to fund all projects currently identified by the service. HFD has been meeting with Health Boards to therefore request that they prioritise their capital requests for this period.

3.4 NHS Lothian is well-set to be able to meet this request, as it has both a system-wide Strategic Development Framework (LSDF) with its Integration Joint Board partners, and a capital investment prioritisation process.

3.5 CMT members are well-versed in the structure of the LSDF, with its six pillars, five parameters, and its clear vision, principles, and assumptions (appendix 1). The LSDF also has a clear set of "fixed points" outlining what it will prioritise and this is also included in appendix 1.

The process for prioritisation

3.6 Membership of the NHS Lothian Board has changed considerably over the last 3 years, and so members may not recall the prioritisation process that was developed and in place between 2016 and 2020. This process was overseen by a panel of senior organisational leaders with a good understanding of the clinical, financial, and strategic positioning of the organisation.

3.7 All projects were assessed against the Scottish Capital Investment Manual criteria, with the addition of a sixth criteria, "strategic fit". These criteria are revised and are stated at appendix 2.

3.8 Each major business unit of the organisation annually reviewed its capital priorities and this was then reviewed in the most appropriate context – that is, acute services reviewed and prioritised its complete list, the four HSCPs reviewed all HSCP priorities, etc. These lists were then brought together by the panel described in 3.6 and a prioritised list brought together. This then fed the capital plan for the organisation. This first stage will be retained.

3.9 The previous process is described in appendix 3.

3.10 Additions and alterations to this previous process are;

- All references to preceding documents to be superseded by Lothian Strategic Development Framework vision, principles, assumptions, and fixed points.
- Refreshed panel to be the Chief Executive, Director of Strategic Planning, Executive Medical Director, Executive Nurse Director, Executive Director of Finance, Executive Director of Public Health.
    - Support for this panel will be co-opted as required, but at a minimum will include the Director of Estates and Facilities, Director of Digital, Director of Capital Planning, SPM – Masterplanning, Head of Capital Finance
    - SROs will not sit on the panel as this could create the perception of a conflict of interest

3.11 This panel will explicitly reflect on the timescales for projects and split projects into three categories, which are outlined in detail in appendix 4. This constitutes the second stage of four. This work will take a risk-based approach considering impact and likelihood of risks crystalising.

- Category A – essential and required within 5 years
- Category B – either can be delayed to a 5-10 year timescale or long lead-in times
- Category C – can be delayed to a 10-15 year timescale and contingency planning should be undertaken

3.12 This categorisation will reflect that all projects reaching the panel are expected to be considered “necessary”, but that there are gradations depending on the precise nature of the project. Projects currently in work-up are good answers to difficult questions, but the changed context requires different answers which are more in line with what the organisation and system need, as opposed to what may be wanted.

3.13 This categorisation will also need to take into account the “lead-in” for some projects, where significant investment of time or money may need to be in place for some time before the main spend involved in the project. So, for example, the Edinburgh Cancer Centre has a total estimated cost of £1.2bn, but only c.£85m is required for the next four years.

3.14 This also explicitly learns from previous organisational experience with, for example, the Department of Clinical Neurosciences and the old Royal Hospital for Sick Children. These services were caught up in a process which was delayed on multiple occasions and where these delays led to organisational-level planning blight. Given the financial position, it is likely that Category C projects will be delayed, and so contingency planning and exploration of alternatives needs to be taken forward at pace.

3.15 The third stage to this work will then be for the panel to prioritise within the categories using the SCIM proforma (appendix 2).

3.16 Given the importance of capital investment to all of our activities, the categorisation will be reviewed at least annually, and the process to undertake this is the key role of the Strategic Programme Manager – Masterplanning, housed within the Directorate of Strategic Planning.

Board approval

3.17 Clearly this process is crucial to the implementation of the system’s agreed vision and strategic direction of travel, and so ultimately the categorisation will need to be presented to the Board in public session.

Full list

3.18 A full list of capital projects as understood by LCIG is at Appendix 5. CMT have been asked to review and update the Director of Strategic Planning and Director of Finance with any projects they are aware of that need to be included and so as of the date of this writing the list must be considered provisional only.

4 Key Risks

4.1 Capital investments are inherently related to risk management across the system, whether these are health and safety, clinical, access, or financial.

4.2 There is a risk that capital availability over the period is so significantly reduced that these risks are magnified and that contingency plans need to be put in place.

5 Risk Register

5.1 The prioritisation plan is intended to help manage risks on the risk register.

6 Impact on Inequality, Including Health Inequalities

6.1 The Lothian Strategic Development Framework has included an equalities impact assessment, and each project will need to have appropriate consideration of these impacts.

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

7.1 The Board has in place a commitment to continuous engagement. This engagement commenced with the LSDF and the vision, principles, assumptions, and fixed points were all part of this engagement, and remain so.

8 Resource Implications

8.1 No specific implications for undertaking the process.

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30th January 2023

Appendices

1 – Vision, principles, assumptions, and fixed points for the Lothian Strategic Development Framework
2 – Prioritisation scoring and weighting
3 – NHS Lothian Capital Prioritisation Process 2016-2020
4 - Draft Investment Criteria to underpin refreshed process
5 – Long list of projects
6 – process summary

Lothian Health and Care System Vision

- People in the Lothians live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the people of the Lothians in their homes
- We improve performance across our system, with better experiences for the people of the Lothians and those who work for and with us

1

Assumptions

We will honour legally committed investment to date.

We will test fully approved investment (not yet legally committed) against the principles to the right before legally committing.

We accept that there will be significant financial constraints

We will start with large waiting lists and work through these according to clinical prioritisation

Workforce availability will be a key consideration, and all models will need to reflect this.

The pandemic has and will continue to change our models of care (how significantly is uncertain)

There will be a requirement for redesign capacity to support change

There will be an evolving context and narrative.

Principles

All cases and actions need to be clear on the question they seek to answer

All cases and actions need to be able to demonstrate that they advance the organisational strategy

All facilities will be flexible and multi-use

We will work to reduce "on-site" attendances wherever we can

We will separate emergency and elective activity where possible and maximise the use of "single-day" pathways

We will align actions and facilities with our public and third-sector partners

Non-clinical space will be minimised

Our actions and facilities will align with the Climate Change (Scotland) Act which outlines a requirement for the public sector to achieve net-zero by 2045 at the latest.

2

Fixed points

- The person's home is the key fixed point
  - Primary Care and Community services at the heart
- Royal Edinburgh Hospital
  - New facilities for MH rehabilitation and intellectual disability
- Royal Infirmary of Edinburgh
  - Major Trauma Centre, USC hub
- Western General Hospital
  - South-East Scotland's Cancer Centre, new ECC
- SJH
  - WL DGH, Short-stay elective centre
- Community Inpatient Facilities
  - East, Mid, and West

3

Capital Project Prioritisation Scoring DRAFT AT 191222

Project Title:	EXAMPLE

*6 Weighted Criteria: 5 SG Strategic Investment Priorities (**Safe**, **Patient Centred**, **Value & Sustainability**, **Health of the Population**, **Effective Quality of Care**) plus NHSL Criteria **Strategic Fit***

*Complete yellow boxes for each criteria. Max score of 5 for each criteria: **5 - Significant delivery against criteria 4-Substantial delivery against criteria 3- A moderate level of delivery against criteria 2- A minimal level of delivery against criteria 1-An insignificant level of delivery against criteria 0- Does not deliver against criteria***

Weighted Score 96.00

1. Person Centred (weighting 10)	**Max Points 5**
Aims	
Supports people in looking after and improving their own health and wellbeing	
Ensures that people who use health and social care services have positive experiences and their dignity respected.	
Improves support to allow people to live independently	
Increases proportion of people with intensive needs being cared for at home	
Increases support for carers	
Improves quality of life through care provided	
Total Score	**3**

2. Safe (weighting 20)	**Max Points 5**
Aims	
Reduces Healthcare Associated Infection, C. Difficile and MRSA/MSSA Infections	
Reduces adverse harmful events	
Reduces Hospital Standardised Mortality ratio	
Increases safety of people receiving care and support	
Improves statutory compliance	
Reduces significant and high risk backlog maintenance	
Total Score	**5**

3. Effective Quality of Care (weighting 10)	**Max Points 5**
Aims	
Improves end of life care to be as comfortable as possible in a homely environment	
Reduces A&E attendances, emergency admissions and readmissions to hospital	
Ensures timely discharge from hospital	
Supports access targets, including 4 hr A&E wait and 18 weeks	
Improves the Functional Suitability of the Healthcare Estate	
Reduces the rate of emergency inpatient bed days for people aged 75	
Total Score	**5**

4. Health of the Population (weighting 10)	**Max Points 5**
Aims	
Supports reduction of premature mortality	
Supports increase in the number of babies born with a healthy birth-weight, child healthy weigh interventions or child flouride varnishing initiatives.	
Supports early cancer detection	
Supports smoking cessation initiatives (12 weeks post quit)	
Supports antenatal access	
Supports suicide reduction initiatives	
Total Score	**5**

5.Value & Sustainability (weighting 20)	**Max points 5**
Aims	
Optimises resource usage.	
Improves accommodation space utilisation	
Optimises overall running cost of buildings, including both hard and soft fm, or PPP facilities management costs.	
Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	
Improves design quality in support of increased quality of care, value for money and environmental impact.	
Improves financial performance	
Total Score	**5**

6. Strategic Fit (weighting 30)	**Max Points 5**
Aims	
Advances Implementation of Lothian Strategic Development Framework	
Takes appropriate cognisance of principles and assumptions made in the LSDF	
Supports delivery of the capital plan and financial balance.	
Total Score	**5**

Suggested Measurables
Delayed discharge rate
Patient re-admission rate
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life
Percentage of carers who feel supported to continue in their caring role

Suggested Measurables
Percentage prevalence in acute hospitals; C. Difficile and MRSA/MSSA Infections. Number of cases per 1,000 acute occupied bed days.
Significant & high risk backlog as percentage of total backlog. Reduction in backlog maintenance costs
Number of cases per 1,000 acute occupied bed days

Suggested Measurables
Enables eligible patients commencing IVF treatment within 12 months
Enables delivery of 18 weeks referral for treatment for specialist Child and Adolescent Mental Health Services (CAMHS) services
Supports newly diagnosed Dementia patients with access to the range of post-diagnostic services
Significantly reduces the number of delayed discharges on our 4 acute sites

Suggested Measurables
Death rate among those aged under 75 per 100,000 population
Percentage of babies born at a healthy birthweight
Percentage of breast, colorectal and lung cancer cases (combined) diagnosed at stage 1

Suggested Measurables
Reducing cost of delayed discharge,cost of end of life care in acute hospital, cost of emergency admissions
Proportion of estate categorised as 'Fully Used' for the Space Utilisation appraisal facet
Total occupancy cost of building maintenance cost £ per sq.m. PPP Facilities management cost £ per sq.m. Energy cost £ per sq.m. Catering cost £ per consumer week or sq.m.

Suggested Measurables
Increases capacity for elective care and reduces dependence on the private sector
Supporting rationalisation of the estate and disposal of NHSL estate no longer required or fit for purpose.
Achieves significant revenue savings or brings significant additional income
Delivers improved utilisation of existing estate, a reduction in overall footprint and or reduces the age of the healthcare estate.

Appendix 3 - NHS Lothian Capital Prioritisation Process 2016-2020

1

The Objective

- To ensure a formal prioritisation process through which all capital investment decisions are taken, reflecting project(s) support of our strategic priorities and the need to address issues of risk.

2

Benefits of a Prioritisation Process

- More effective, transparent & speedy decision making.
- A collaborative approach feeding into the capital plan.
- A greater awareness of overall funding requirements and of individual service priorities within the wider context.
- Projects are submitted to CMT/LCIG/ F&R & CIG with a clear steer on their priority in relation to other projects.
- Better understanding of deliverability within the context of available capital and time. Avoiding time spent on unsupported projects or more time on priority projects/ Allows services to plan and pursue contingencies where required

3

The Process

- Key to a prioritisation process is having clear and consistent criteria
- In scope of prioritisation – all projects without an approved IA
- Under SCIM, all proposed schemes have an SA objectively scored against the 5 NHS Scotland Strategic Investment Criteria. Scores are collated and weighted in line with SG prioritisation weightings. (supported by Capital Planning and Strategic Planning for consistency)
- SA's scored locally are validated and prioritised at relevant Senior Management Forums (REAS, 4 HSCP's, Acute, Corporate Infrastructure)
- Introduction of a 6th Criteria for NHSL– Strategic Fit
- Further moderation/validation and prioritisation by panel led by "neutral"/non-SRO senior leaders

4

The 6th Criteria - 'Strategic Fit' considerations

- Essential to / supports key elements of clinical strategy & LHP or key elements of local strategy that links through to clinical strategy & LHP
- Local priorities -directly contributes to delivery of performance targets
- National priorities - essential to Regional/ National Strategy
- Directly contributes to financial sustainability
- Resolves a legislative or Government requirement
- Addresses corporate risk(s)
- Is there an opportunity/ dependency? i.e. funding source
- Enabling projects: Is there an alternative (potentially do minimum)?
- Does it directly enable a linked strategic priority?

5

The Output

- A prioritised list of projects for Acute, REAS, HSCPs & Corporate Infrastructure
- A planning tool and capital road map
- An understanding of the resources required to deliver – not just capital £
- Projects are submitted to CMT/LCIG/ F&R and CIG with a clear steer on their priority in relation to other projects.

6

Alterations for 2022 and on

- LSDF vision, principles, assumptions, considerations, to replace references to other documents
- LSDF fixed points crucial
- New panel composition – DSP, EMD, END, DoF, DPH
- Backlog, equipment replacement, digital need to be included
- Specific-funded projects to be included

7

Timescaling

- Category A
  - Health and safety/compliance risks
  - Clinical risks to current patients
  - Demographic change
  - No alternative available
  - Facilitates other moves
  - Realistic risk of service failure
  - *Spades in ground within 5 years*

1

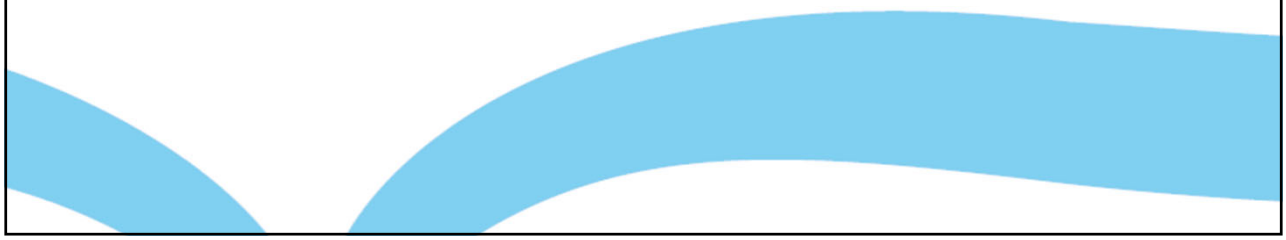
Timescaling (2)

- Category B
  - Planned change – facilitating major change to service delivery
  - Medium risk of service failure
  - Models could be redesigned
  - Demography pressures
  - Backlog maintenance excessive
  - Beyond 5 years

2

Timescaling (3)

- Category C
  - Alternatives may be possible
  - Not as high a priority as A and B
  - 15 years plus OR if additional specific formula funding can be allocated centrally



3

Projects

As at 19th January 2023

CMT members revising and providing updates with a deadline of 31st January

1

All areas

Project	Estimated Total (£m)	Estimate 23-27	Place
Energy Infrastructure	39	39	All
HSDU	63	63	All
Catering strategy	Not known	0	All
Imaging strategy	Not known	2.7	All
Outpatients	Not known	Not known	All
Renal, GI, Transplant Ambulatory Care	Not known	Not known	All

2

All areas

Project	Estimated Total (£m)	Estimate 23-27	Place
Pharmacy distribution hub*	Not known	Not known	All*
Pharmacy automation project*	Not known	Not known	All*

3

East

Project	Estimated Total (£m)	Estimate 23-27	Place
Community Hospitals/Care Homes	10	10	East

4

Edinburgh

Project	Estimated Total (£m)	Estimate 23-27	Place
Drumbrae	3	3	Edinburgh

5

Primary Care

NB – already categorised A, B, C

Project	Estimated Total (£m)	Estimate 23-27	Place
Danderhall / Shawfair	10	10	Midlothian
East Calder	11	11	West
Edinburgh SE Outer	11	11	Edinburgh
Liberton	7	7	Edinburgh
Maybury	4	4	Edinburgh
Meadowbank	4	4	Edinburgh
Leith Waterfront	5	5	Edinburgh
Category B	68	0	9 projects
Category C	58	0	9 projects

6

Royal Edinburgh

Project	Estimated Total (£m)	Estimate 23-27	Place
Orchard	0.6	0.6	REH
Intellectual Disability (Phase 2a)	32.19	32.19	REH
Rehabilitation and low secure	67.32	67.32	REH
Anti-ligature works	5	4	REH
Jardine clinic*	12	12	REH (AAH)

7

Royal Infirmary

Project	Estimated Total (£m)	Estimate 23-27	Place
Eye services	123	90	RIE (EBQ)
Front door (modular)	0.5	0.5	RIE
Front door (expand)	10.25	10.25	RIE
Angiosuite	6	6	RIE
CLFS	41	41	RIE (EBQ)
RIDU	21	21	RIE
Hybrid theatre	Not known	Not known	RIE
Ortho centre*	175	175	RIE (EBQ)

8

St John's

Project	Estimated Total (£m)	Estimate 23-27	Place
CT	6	6	SJH
ED/MAU phase 2	Not known	Not known	SJH
National Treatment Centre	184	171	SJH

9

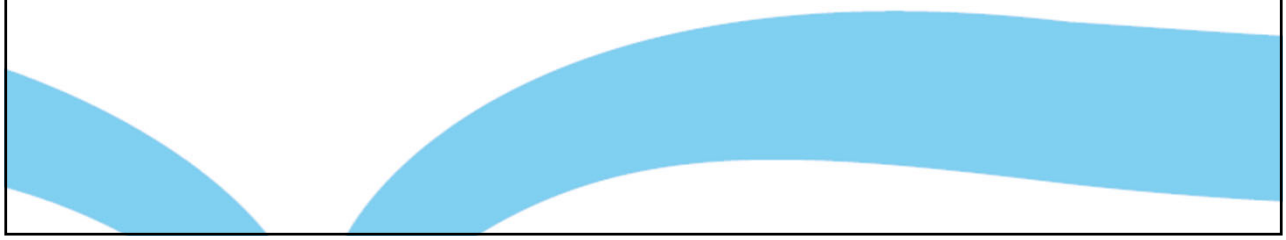
Western General

Project	Estimated Total (£m)	Estimate 23-27	Place
East Cancer Centre	1,210	85	WGH
Adult CF	Not known	Not known	WGH

10

Other

Project	Estimated total (£m)	Estimate 23-27	Place
Dental chairs	£5m	£5m	Lauriston Building



11

Capital prioritisation process

Stage	Title	Materials	People
0	Generation	Strategic Assessments	Operational teams up to Senior Management Teams Support from Strategic Planning and/or HSCP teams
1	Longlisting	Strategic Assessments	Senior Management Teams and then groupings
2	Categorisation	Long list (appendix 5) LSDF principles and assumptions (appendix 1) Categorisation criteria (appendix 4)	Panel
3	Prioritisation	Categorised list (from stage 2) SCIM proforma (appendix 2)	Panel
4	Governance	Categorised and prioritised list LSDF principles and assumptions (appendix 1) Categorisation criteria (appendix 4) SCIM criteria (appendix 2)	SPPC then Board

Meeting Name: Board
Meeting date: 08 February 2023

Title: NHS LOTHIAN BOARD PERFORMANCE PAPER					
Purpose of the Report:					
DISCUSSION	**X**	DECISION		**AWARENESS**	**X**

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 **<u>are not meeting</u>** 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 – GI Diagnostics (Lower Endoscopy)
  - 90% of young people are to commence treatment for specialist CAMHS within 18 weeks of referral
  - Psychological Therapies trajectories (total waiting list and those waiting over 18 weeks)
  - Average % bed Occupancy (Mental Health)
  - Staff Sickness Absence Rate %
  - Sustain and Embed Successful Smoking Quits at 12 Weeks Post Quit in 40% of SIMD Areas Most Deprived data zones within Lothian
  - Immunisation: MenB, PCV, MMR1, Rotavirus, MMR2, 4-in-1
  - Cervical Cancer Screening

Author: Wendy Reid **Date: 23/01/23**	**Director: Jim Crombie** **Date: 26/01/23**

NHS LOTHIAN

Board Meeting
08 February 2023

Deputy Chief Executive

NHS LOTHIAN BOARD PERFORMANCE PAPER

1 Purpose of the Report

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

1.2 The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Strategy, Planning and Performance Committee (SPPC, formerly 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 To acknowledge that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks will be addressed via existing governance channels and designated board sub-committee.

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

3 Executive Summary: Key Messages

3.1 NHS Lothian continues to face severe pressure and the System Pressures response group - with the Executive and Corporate Leadership Teams - continues to meet to identify vulnerabilities, provide clear leadership and accurate, up-to-date and far-reaching communication.

3.2 **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 available capacity to work through the scheduled care backlog. Our sickness absence rate in December was 6.95%, which represents an increase of 1.13% on the same period in the preceding year. Looking forward, 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 illnesses.

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 a lack of capacity in other areas of the patient pathway, including in social care, has added to challenges for patient flow through hospitals. The system is struggling to move people on to their next care setting, with 241 patients across Lothian's acute hospitals medically fit for discharge remaining in a hospital bed in November. This has been a constant throughout the winter and this financial year. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard which was 59% in December 2022. Across Scotland the 4-hour figure has remained below 70% since April and reached its lowest point of 56.8% at the beginning of January 2023.

3.4.1 In addition, a significant proportion of Mental Health Acute Beds continue to host patients delayed in their discharge. These difficulties remain due to a lack of appropriate placements and staffing availability in the community. All areas are above 96% occupancy and the overall site occupancy is 98.5% for November 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.

3.4.2 **Scheduled Care:** Despite the challenges faced in unscheduled care, most of our outpatient services continue to exceed planned activity levels, giving more people access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits which accrued during the pandemic; in line with the Scottish Government targets to eliminate long waits referenced in the previous Board paper. The most recent Outpatient milestone target is to have no patients waiting over 78 weeks by the end of December 2022. The target was not met in December 2022 with a number of patients continuing to wait at the start of 2023.

3.4.3 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 (80% in November 2022 of that in November 2019) and from our trajectories and activity forecasts it is anticipated we will continue to see a deterioration in TTG performance.

3.4.4 We did not meet the Scottish Government Inpatient/Daycase target of most specialties having no patients waiting over two years at the end of September 2022 and at the start of January there was 1,095 patients who breached this deadline. The majority of long waiting patients are within General Surgery, Orthopaedics and Urology, with the volume in Orthopaedics projected to further increase significantly.

3.5 NHS Lothian 62-day cancer performance remained below the trajectory of 82.0% and the 95% national standard with performance at 66.9% in November 2022. Scotland's performance was 69.9%. Cancer 31-day performance remains below the 95%

standard; however, we continue to exceed the 86.9% trajectory agreed with 89.4% performance in November. We are working to recover this position through the improvement actions and remobilisation plans as noted in this report. Waiting times for OPD appointments, Endoscopy and Radiology continue to be over 2 weeks but are under improvement review.

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 continues to be impacted by the challenges around recruitment and staff retention. The percentage of CYP (Children & Young People) starting treatment within 18 weeks was 53.5% (November 2022) compared to 70.5% (April 2022). This is because the service is currently focused on seeing those waiting the longest. Despite this reduction, the service remains in line with the trajectory for reducing patients waiting over 18 weeks for treatment.

3.6.2 For Psychological Therapies, the number of patients waiting over 18 weeks for treatment is decreasing but slower than expected; there was 335 more people waiting over 18 weeks in November 2022 than anticipated in the trajectory. However, the total new patient appointment offers made across Adult AMH teams in November was higher than the predicted trajectory number by 88. This demonstrates that the teams are performing above trajectory expectations. The total number of patients waiting for assessment and treatment in Lothian is reducing and our focus remains on reducing the longest waits.

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

3.8 **Data:**

3.8.1 To acknowledge the latest data within some service areas as November 2022 due to annual leave over the festive period.

3.8.2 Members to note the inclusion of SPC charts within Appendix 1 may contain either fixed or responsive control limits. This is in line with the active governance principles adopted by the Board. If any member requires further support around SPC charts, please contact the author of this 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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20/01/23
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List of Appendices

Appendix 1: Performance Metrics Summary

NHS LOTHIAN BOARD PERFORMANCE

FEBRUARY 2023

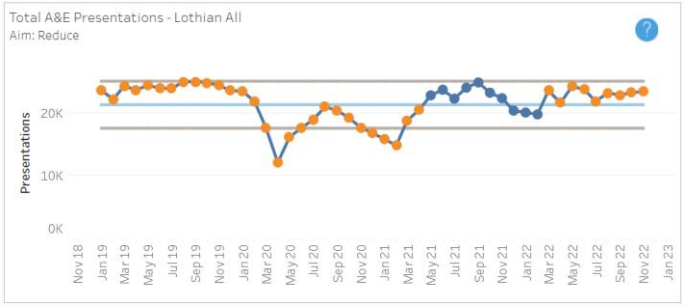
APPENDIX I

UNSCHEDULED CARE & FLOW

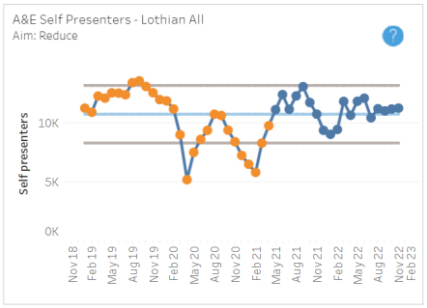
Reporting Month:	November 2022	**Oversight Mechanism:**	Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.
Responsible Director(s):	Fiona Wilson– Chief Officer Jacquie Campbell – Chief Office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

Unscheduled Care & Flow - Environment & Context

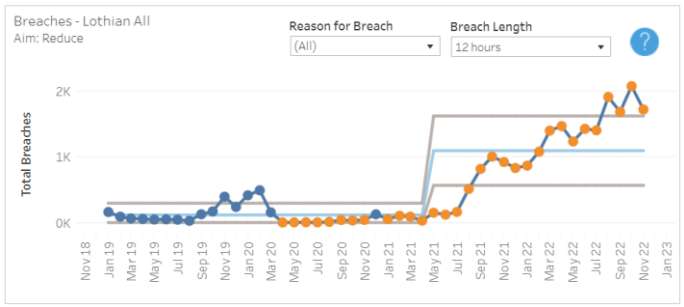
A&E Attendances

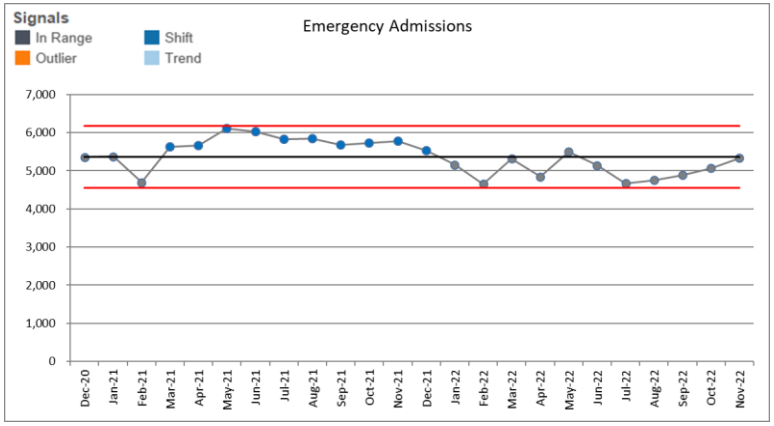


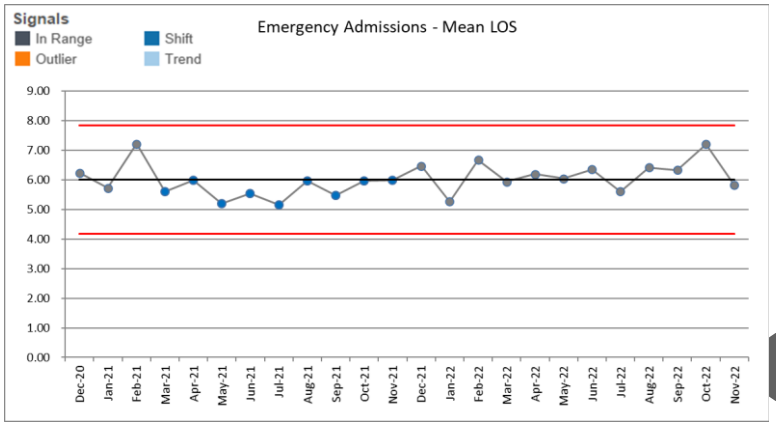
A&E Attendances (self presenters)



12 Hour Breaches

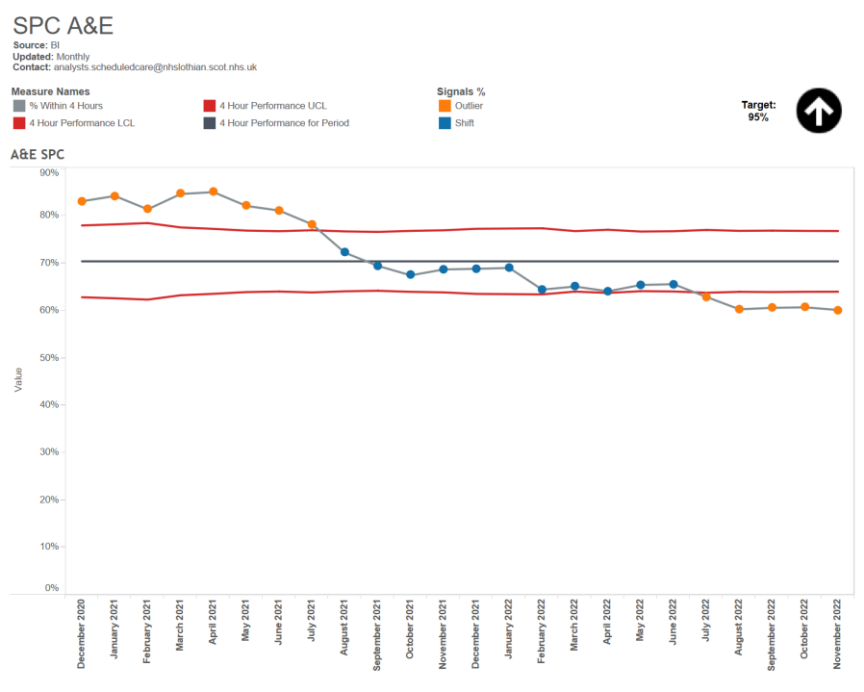






UNSCHEDULED CARE & FLOW – EMERGENCY ACCESS (4HR) STANDARD

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 2022)	Data Source
Not Met	95% Standard	59%	Management Information



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

- There continue to be significant challenges in delivering the 4-hour emergency access standard, with performance remaining below standard at 59% in November 2022.
- Data is showing special cause variation, with the five most recent data points for 4-hour performance remaining below the Lower Control Limit, now a signal of a deteriorating trend. The data has an Upper Control Limit which is below the 95% standard, therefore we recognise the current system has not been capable of meeting the 95% standard in the last 2 years. Through improvement actions and plans we are working to recover this position.
- NHS Lothian's overall Emergency Department (ED) attendances have remained within control limits, with some common cause variation, as shown on the previous slide.
- NHS Lothian has seen increases in the number of ED 4, 8 and 12 hour breaches and showing special cause variation. The five most recent data points are showing a trend above the upper control limit, now a signal of a deteriorating trend.

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

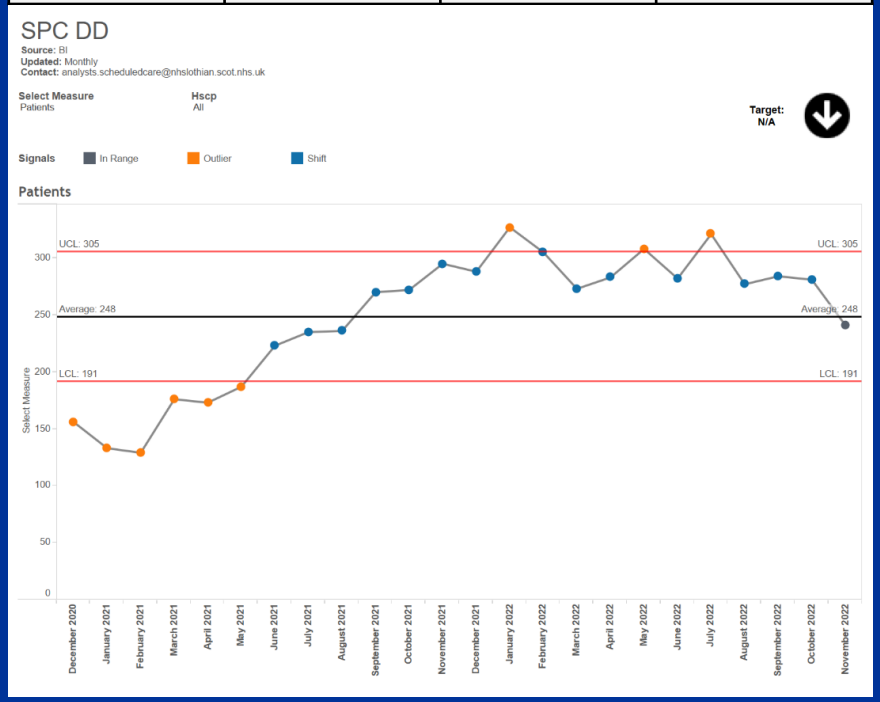
Action	Due By	Planned Benefit	Actual Benefit	Status
Phase 1 Redesign of Urgent Care (RUC) Pathway: - Maximise reduction and scheduling of self-presenter attendance	March 23	Patients receive timely access to the right care in the right place, avoiding delays anywhere in the system.	Early implementation 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 is also being gradually introduced at the RIE ED via the Manchester Triage system. A pilot has also commenced at SJH ED to streamline and improve the process for the ED triage team to re-direct appropriate patients to LUCS following triage.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Phase 2 Redesign of Urgent Care (RUC) – Professional to Professional Urgent Care Referral Pathways and Interface Care -ensure clear referral pathways for GPs, SAS, AHPs to Interface Care Services i.e. 'Hot' clinics, MIA, SDEC.	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.	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. SAS paramedics can schedule to SDEC for low risk chest pain as part of a pilot study and refer to Community Respiratory Teams. Ongoing monitoring of these pathways is continuing to establish whether a reduction of unscheduled attendances to ED is being achieved.
Develop Pan Lothian Same Day Emergency (SDEC) Care model				An evaluation to capture the benefits the WGH SDEC model has been completed. These findings will be used to inform future service delivery models of a Pan Lothian SDEC. An SDEC Development Group has been formed and is due to have an initial meeting in January 23 to plan, develop and progress a Pan Lothian SDEC model.
Optimising enabling services for Respiratory care and Outpatient Parenteral Antibiotic Therapy (OPAT) services	March 23	Reduce ED attendances for ACSC (COPD and Cellulitis) by enhancing interface care services by 10%.		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 being mapped with areas for enhancement identified and prioritised. An expansion proposal has been developed and approved by the Unscheduled Care Tactical Committee and recruitment to expand these services is continuing with the impact being closely monitored and evaluated.

UNSCHEDULED CARE & FLOW – DELAYED DISCHARGES

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 2022)	Data Source
Not Met	228 (RMP4*)	241	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 7 data points exceeded the Upper Control Limit.
- There continues to be ongoing challenges in reducing delayed discharges and 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
Implement a Discharge without Delay (DwD) approach from the Scottish Government Expert Guidance Paper on Optimising Flow **Develop a Pan Lothian Discharge and Transfer Policy**	Ongoing March 2022	The DwD approach aims to reduce delay in every patient journey. To embrace integrated working relationships between NHS Lothian Health Board teams and Health and Social Care Partnerships. Defining a collaborative approach to enable and ensure consistent, timely and effective discharge and transfer processes for the residents of Lothian that should involve patients, relatives, carers and health and social care teams. Clearly support the co-ordinated, safe and timely discharge or transfer of care of all NHS Lothian in-patients to their home, homely environment or other healthcare setting with the adoption of Lothian's Home First principles.	To be realised	• Pan Lothian DwD Core Implementation Group meetings commenced in January 2022 and are being held monthly • Self-assessment Tool completed jointly with acute sites and HSCP teams • Acute sites and HSCP teams continue to develop their action plans following completion of the self-assessment • PDD currently being implemented and closely monitored within defined MoE wards at the WGH working collaboratively with EHSCP colleagues in undertaking a QI approach to support this • Planning continues to introduce a Planned Date of Discharge (PDD) model within MoE Wards at the RIE, working collaboratively with EHSCP colleagues in undertaking a QI approach to support this • Following the publication of the Discharge and Transfer Policy in March 2022, implementation is being supported through the DwD Programme and the introduction of a PDD through the pilot wards.
HSCP led initiative(s) monitored and overseen by Corporate Management Team **(Including DCAQ project in Edinburgh)**	Commenced December 2021 - ongoing	A variety of initiatives (funded on a non-recurring and recurring basis)	Reduced Length of Stay Reduced/ avoided delayed discharges	• Ongoing • Regular updates at CMT

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 undertook an exercise to identifying and scope a feasibility assessment. Following assessment the proposal was deemed unfeasible at this juncture.
Increase overall system capacity in Hospital @ Home (H@H) Services.	March 2023	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.	Both NHS Lothian and EHSCP working collaboratively towards achieving the aim of targeted improvements within RIE & WGH.	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 continues 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 defined Plan, Do, Study, Act (PDSA) Quality Improvement Cycles. There is a newly establish DwD Quality Improvement Data Group focussing on analysing the effectiveness of the Quality improvement interventions and 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 2024	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 specialty pathways to confirm what is in place. An urgent care referral pathway audit has been completed, and identified which urgent care pathways are working well and which could be improved and / or developed. A survey has also been completed to obtain feedback from key NHS urgent care pathway stakeholders. A Clinical Review Board has been developed to plan and prioritise improvement of urgent care pathway. The Board had a initial meeting in December with a further meeting planned for January where the process and initial pathways to be reviewed will be agreed and progressed.

PRIMARY CARE

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

Chart 1: Estimated number of direct general practice encounters

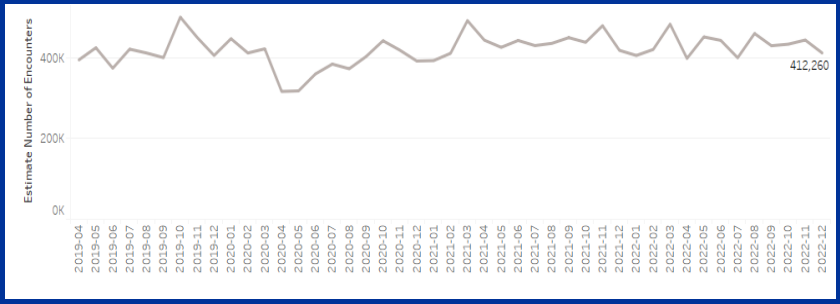
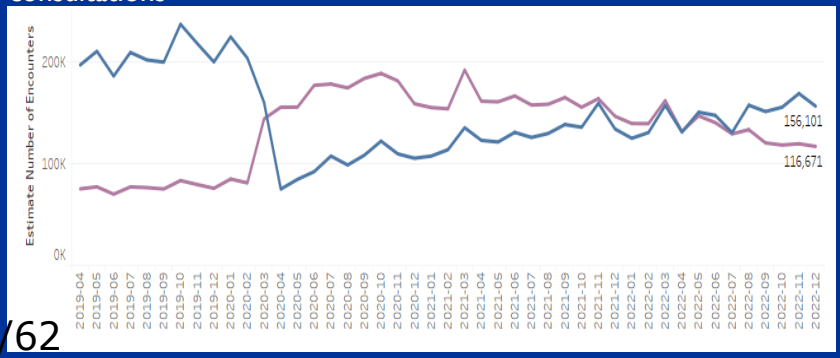


Chart 2: Estimated number of GP surgery (blue) and telephone (purple) consultations



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

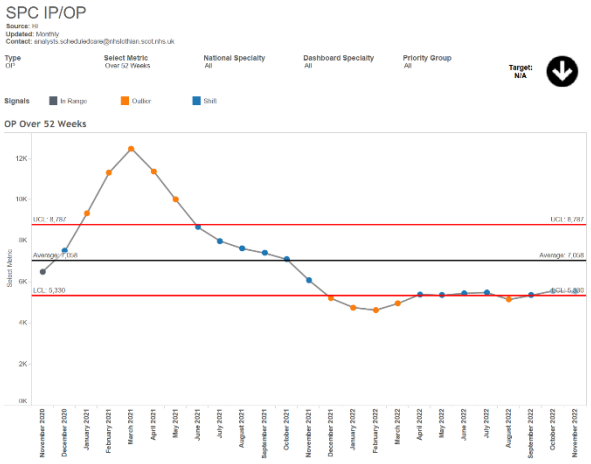
- Charts 1 and 2 provide an indication of General Practice in-hours (8am-6pm, Monday-Friday) activity across Lothian based upon a sample of 32 practices where data reporting is robust. This data shows that activity has returned to pre-pandemic levels following a drop in activity between April and October 2020. In December 2022 there was an estimated 412,000 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. In December 2022 approximately 57% of consultations took place face-to-face. The changes implemented due to the pandemic have resulted in more ways to access care more quickly or in a more convenient way through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.
- Following the outage of the GP Out-of-Hours clinical management system (Adastra) from 4 August until 12 October 2022 the data feed from PHS has still not been reinstated and there is no up-to-date chart for this reporting period. The service have access to local management data to support operational delivery and over the festive period LUCS provided care to 3560 patients over the Christmas four-day weekend and 3652 patients over the New Year four-day weekend. This was a significant increase from last year's demand.

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).*

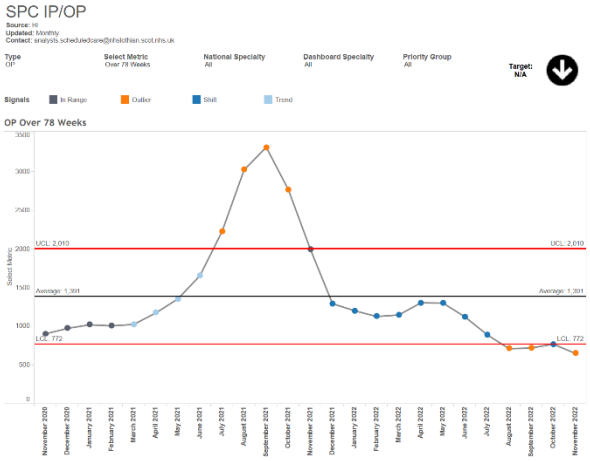
SCHEDULED CARE & DIAGNOSTICS

Reporting Month:	October-December 2022	**Oversight Mechanism:**	Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. Regular weekly/monthly/quarterly performance reporting is carried out through the Executive Team and Acute Senior Management Group.	
Responsible Director(s):	Chief Officer – Acute	**Corporate Objective(s):**	Cancer Services – Pillar 6 (no.43) TTG – Pillar 6 (no. 40, 43); OP- Pillar 6 (no. 42, 43, 45), Diagnostics – Pillar 6 (no.42);	Behind schedule On track (no. 40, 42, 45) Behind schedule. (no. 43 for both TTG and OP)
Corporate Risk(s):	• ID 3328 - Roadways/Traffic Management – High; • ID 3600 – Finance - Very High; • ID 3726 - Hospital Bed Occupancy – Very High; • ID 3828 - Nursing Workforce – Very High;		• ID 5185 - Access to Treatment- Very High; • ID 5186 - 4 Hours Emergency Access Target – Very High;	

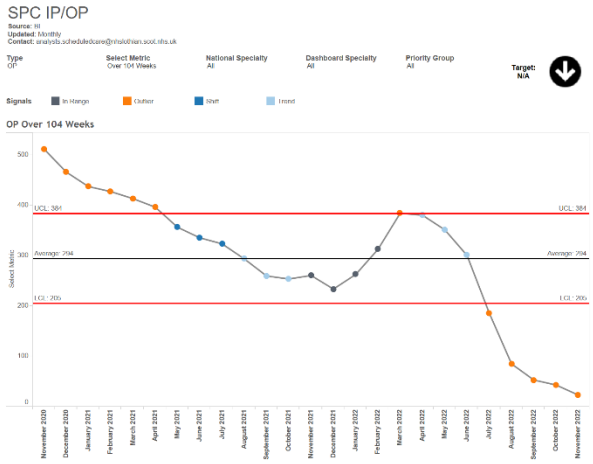
Scheduled Care & Diagnostics – Outpatients Environment & Context



OP > 52 weeks



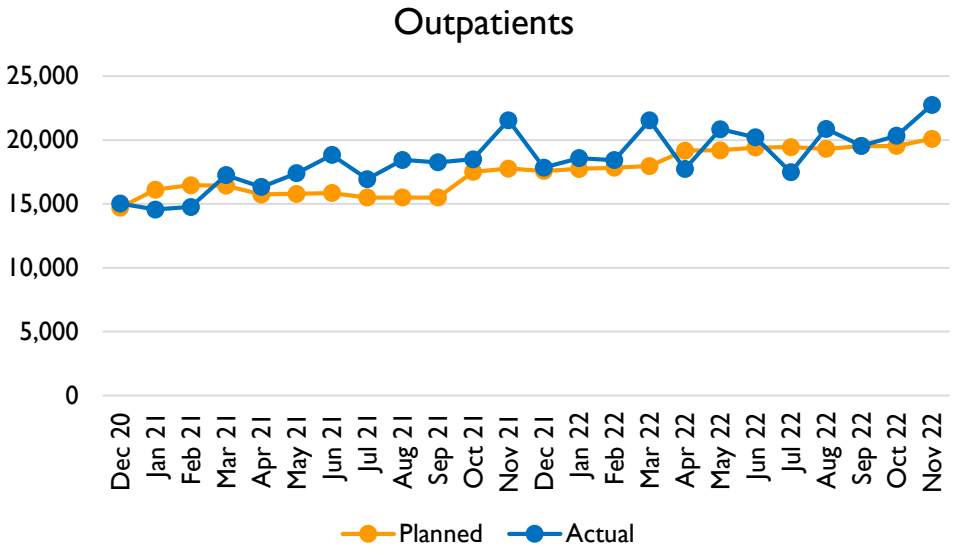
OP > 78 weeks



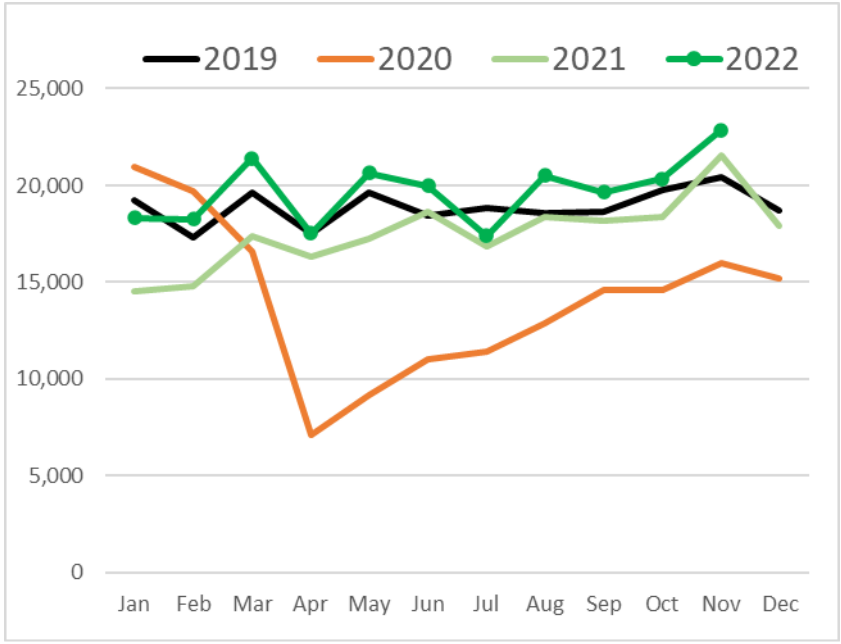
OP > 104 weeks

SCHEDULED CARE & DIAGNOSTICS

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



OP Planned vs Actual Activity



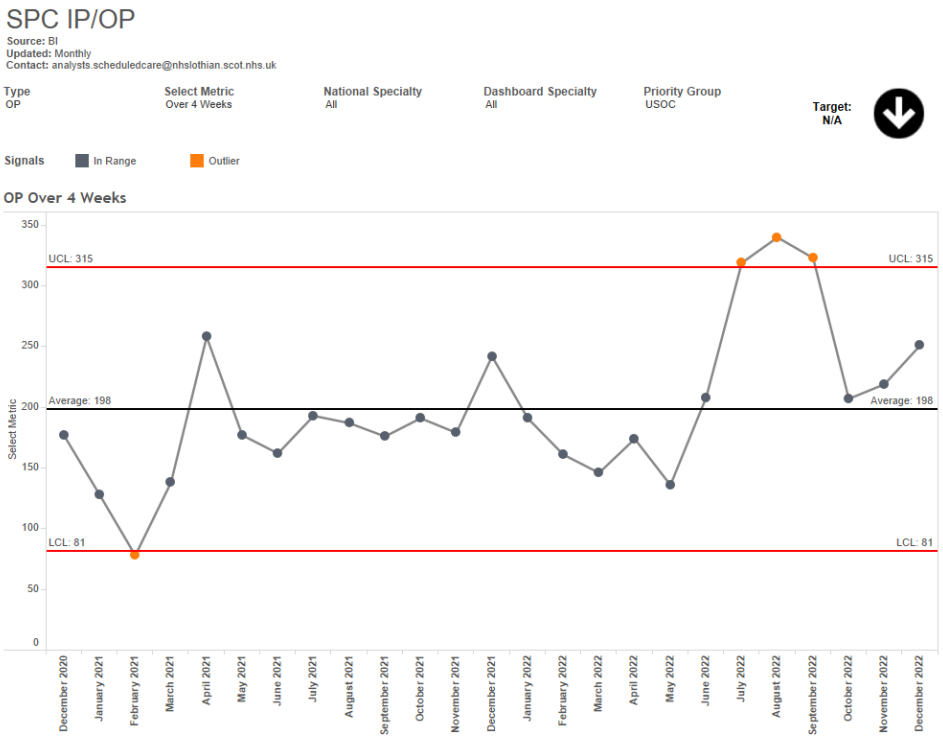
% of 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	109%	114%	84%	40%	47%	60%	61%	69%	78%	74%	78%	81%
2021	76%	85%	89%	93%	88%	101%	89%	99%	98%	93%	106%	96%
2022	95%	105%	109%	100%	105%	108%	92%	110%	105%	103%	112%	

OP Activity Trend vs 2019 Level

SCHEDULED CARE & DIAGNOSTICS

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



USOC OP > 4 Weeks

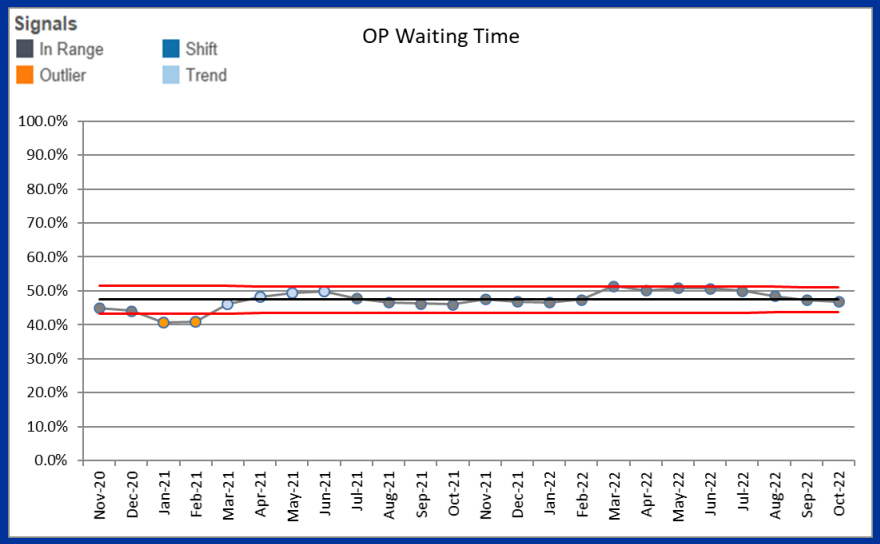
SCHEDULED CARE & DIAGNOSTICS

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

Specialty	W E +104 at 30/01/23	Total WL Size (all waits)
Dermatology	5	7,423
Ear Nose and Throat	<5	5,251
Paediatric Allergy	<5	449
Physiotherapy - Adult Domiciliary	17	440
Physiotherapy - Neurology	<5	125
Fluoroscopy - RIE	<5	118
RIE - Clinical Radiology	<5	27
Physiotherapy - Surgical B&P	6	6
WGH - Clinical Radiology	<5	<5
Grand Total	**37**	

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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (October 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	47.4%	Management Information



Note: Data only available to October 2022 due to data lag and annual leave over the festive period.

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

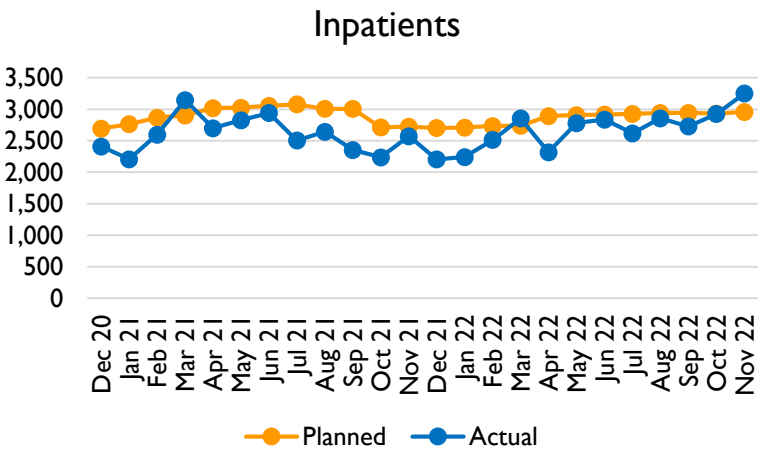
- 12-week Waiting Time performance (%) has remained relatively unchanged over the last four months – 47.4% patients were waiting within 12 weeks at end October 2022.
- OP activity again increased in November 2022, to 112% of that in November 2019.
- Long waits continue to decrease overall. We did not meet the Outpatient milestone target is no patients waiting over 18 months by the end of December 2022. As of the beginning of 2023 there was 672 patients waiting over 18 months.
- July to September saw a deterioration in performance for 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. Additional capacity has been allocated from October onwards, and the number of patients waiting have decreased.

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

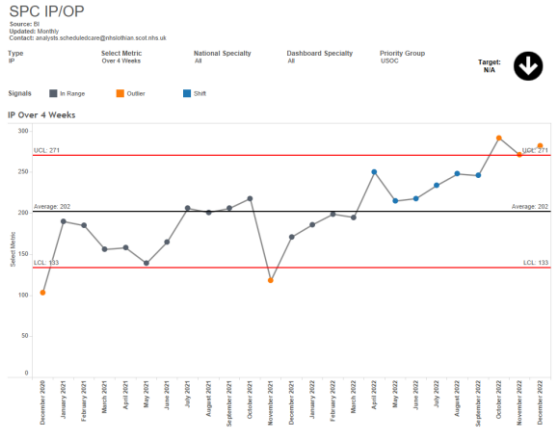
Action	Due By	Planned Benefit	Actual Benefit	Status
Procurement of External Provision.	Continuing throughout 2023/24	Increase capacity to improve backlog.	Capacity allocation at Golden Jubilee National Hospital (GJNH), for OP long waiting patients:- Specialty: Ophthalmology See&Treat Treat Allocations 2023-24 (April- Sept 23): *887* Monthly allocation: *148*	Additional external capacity allocation for GJNH funded by Scottish Government has been confirmed for 2023/24 up to September.
OP Redesign Programme. **Continues across key domains:- Ref Help up to date for all specialties as is ACRT, PIFU, PFB, and ensuring use of NearMe and mixed clinic templates.**	Ongoing	Active Clinical Referral Triage streams patients to appropriate advice, virtual or face-to-face appointments. 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. Patient Initiated Follow Up (PIFU) gives patients flexibility to arrange follow-up appointments when they need them, and so reduce demand.	Completed specialties have functionality for virtual appointments, PFB, text reminders and PIFU embedded.	39 Acute and AHP specialties have progressed to point of 'Go Live'. An evaluation process of these specialties will be undertaken in early 2023. Format of evaluation report agreed by Acute Outpatient Board in December 2022.

SCHEDULED CARE & DIAGNOSTICS

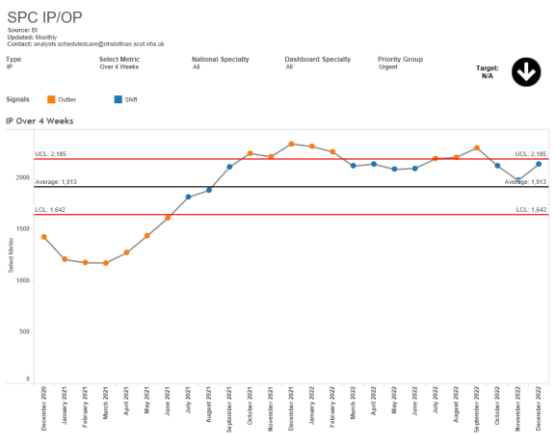
Scheduled Care & Diagnostics – Inpatients/ Daycases (TTG) Environment & Context



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



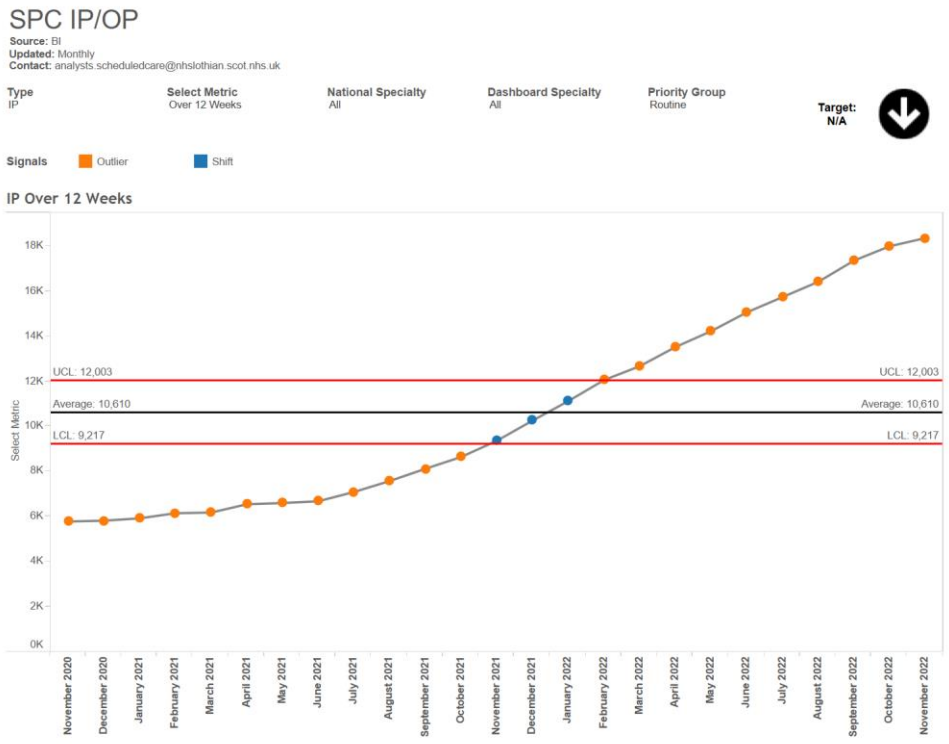
TTG USOC > 4 weeks



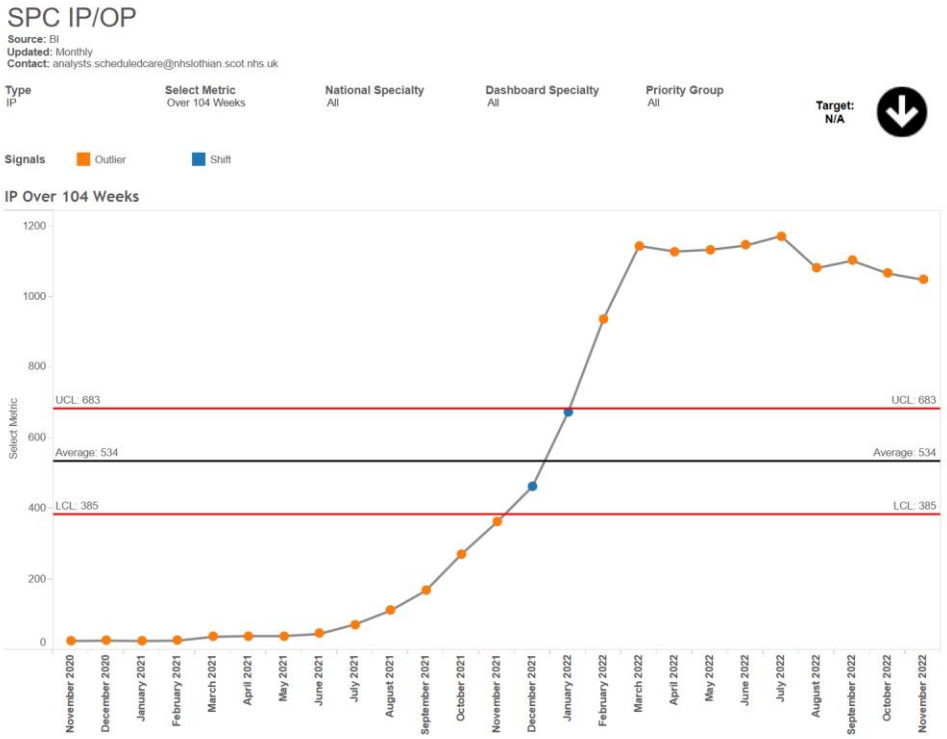
TTG Urgent > 4 weeks

SCHEDULED CARE & DIAGNOSTICS

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



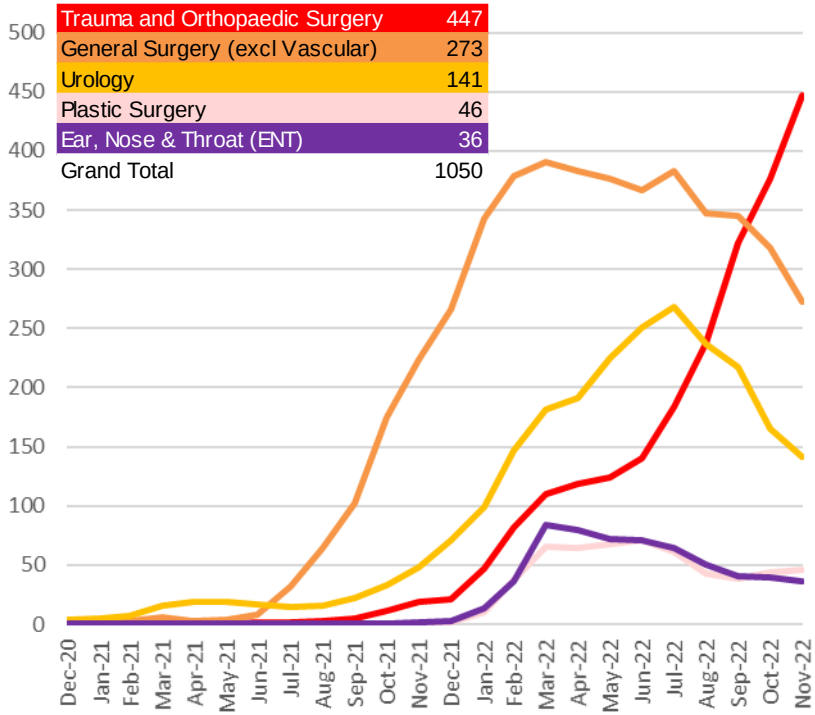
TTG 'Routine' > 12 weeks



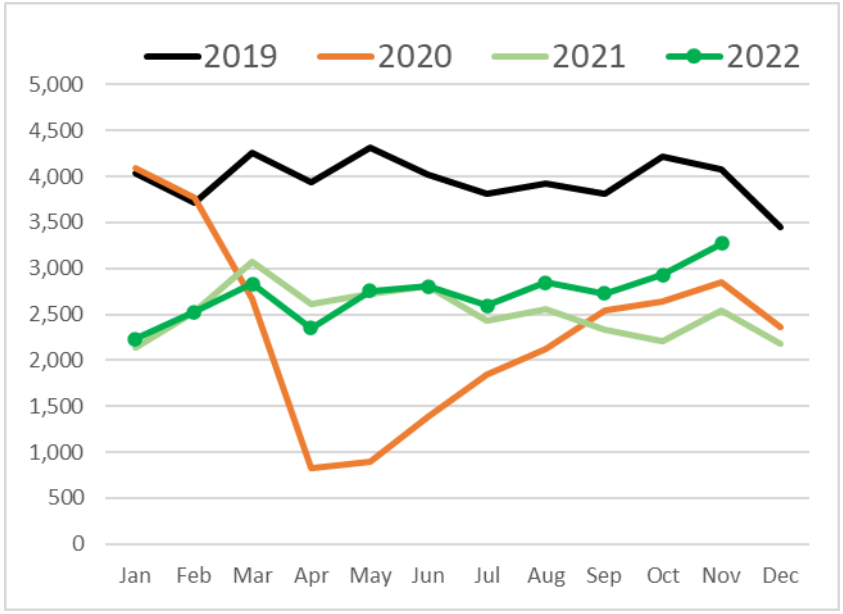
TTG (all) > 104 weeks

SCHEDULED CARE & DIAGNOSTICS

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



TTG Top 3 Highest Volume Specialties > 104 weeks



% of 2019

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2020	101%	101%	62%	21%	21%	34%	48%	54%	67%	63%	70%	69%
2021	53%	68%	72%	66%	63%	70%	64%	65%	61%	52%	62%	63%
2022	55%	68%	66%	60%	64%	70%	68%	73%	71%	69%	80%	

TTG Activity Trend vs 2019 Level

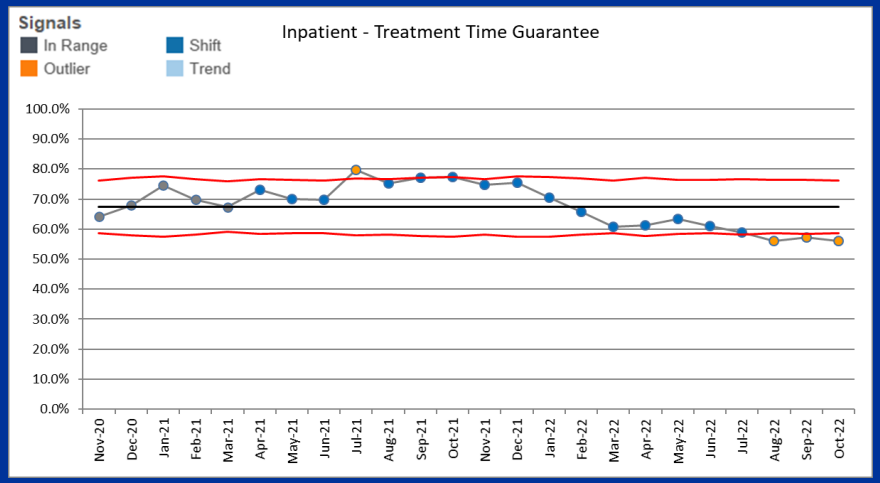
SCHEDULED CARE & DIAGNOSTICS

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

Dashboard Specialty	Grand Total – over 104 weeks
Trauma and Orthopaedic Surgery	542
General Surgery (excl Vascular)	218
Urology	141
Plastic Surgery	71
Ear, Nose & Throat (ENT)	33
Gynaecology	26
Plastic Surgery Laser	24
Edinburgh Breast Unit	13
Oral Surgery	13
Paediatric Surgery	10
Vascular Surgery	9
Oral and Maxillofacial Surgery	<5
Neurosurgery - RHSC	<5
Paediatric Dentistry - RHSC	<5
Colorectal Surgery	12
Neurosurgery	7
Thoracic Surgery	<5
Plastic Surgery - RHSC	<5
Total	**1127**

SCHEDULED CARE & DIAGNOSTICS – INPATIENT TREATMENT TIME GUARANTEE

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (October 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).	56.1%	Management Information



Note: Data only available to October 2022 due to data lag and annual leave over the festive period.

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

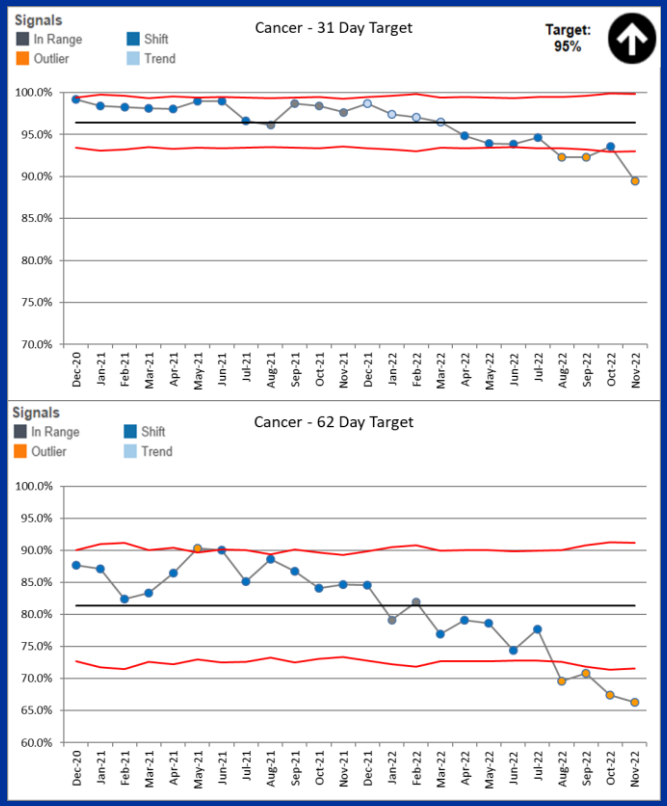
- The recovery of Treatment Time Guarantee (TTG) is more challenging than for Outpatients, with our current activity remaining below pre-pandemic levels. Nevertheless, activity in November 2022 again increased, to 80% of that in November 2019.
- We continue to focus our limited capacity on our most clinically urgent patients as our waiting list continues to rise.
- The largest number of Urgent patients waiting over 4 weeks is in Orthopaedics, although the number has reduced in the last month.
- The largest number of Urgent Suspicion of Cancer (USoC) patients waiting over 4 weeks are in Urology. It remains a challenge in Urology to balance the demand for these patients, the volume of long waiting patients with complex co-morbidities, and a deterioration in quality of life. Breast Surgery saw a spike in demand in August and September, although these numbers are now decreasing.
- The majority of long waiting patients are within Orthopaedics, then General Surgery and Urology. Most specialties have no waits over 2 years and the numbers are decreasing in General Surgery and Urology. The long waits are primarily hip and knee replacement in Orthopaedics. These are 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
Implementing theatre scheduling tool.	Ongoing	Increase Day-case and Inpatient activity.	Tool implemented in Ophthalmology. Tool is supporting scheduling of increasing cataract list throughput.	Site groups formulating action plans for General Surgery, Orthopaedics, Plastic Surgery, Ear, Nose & Throat (ENT) and Urology next as a priority, these being the services with the highest volumes of longest waiting patients.
Increasing cataract list throughput.	December and Ongoing	Increase activity	Cataract lists have increased booking, using the theatre scheduling tool.	Cataract lists have increased booking, using theatre scheduling tool.
Ring fence Day of Surgery Admissions (DOSA) at St John's Hospital (SJH). This is to maximise activity for long wait patients for General Surgery and Orthopaedics in the first instance, without compromising cancer and urgent patients.	December 2022	Increase Day-case activity.	Implementation plans agreed and in place to maximise capacity to General Surgery and Orthopaedics for long waiting day case patients.	SJH Theatre sessions have been identified as available to support long wait patients without impacting cancer and urgent activity. Using Theatres Matrix process to confirm which sessions will be utilised by General Surgery and Orthopaedics.
Procurement of External Provision.	Continuing throughout 2023/24	Increase capacity to improve backlog.	Capacity allocation at GJNH for TTG long waiting patients:- Specialty: Treat Allocations 2023-24 (April- Sept 23) Ortho-Joints: 265 Ortho-ACLs: 10 Ortho-Other: 10 Ortho-Hand & Wrist: 162 General Surgery: 176 Colorectal: 55	Additional external capacity allocation for GJNH funded by Scottish Government has been confirmed for 2023/24 up to September. Existing contracts with Spire, Nuffield, Insource Medicare and Medinet are progressing well. A clinical visit to Optical express was undertaken on 28th November with a view to finalising pathways and contract for additional cataracts capacity.

SCHEDULED CARE & DIAGNOSTICS – CANCER 31 & 62 DAY STANDARD

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 2022)	Data Source
Not Met (62d) Not Met Standard (31d) but met local trajectory	95% Standard (agreed trajectory 82.0% (62d)) 95% Standard (agreed trajectory 86.9%) (31d)	66.9% 89.4%	Management Information



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

- 62 Day performance is showing outlier data points in the last 4 months below the Lower Control limit. Since March 2022 data points for 62 Days and 31 Days have been below the 95% target. 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 81.9% in November 22, with performance at 66.9%. Scotland's performance was 69.9%.
- 31-day cancer performance remained below the target of 95% but above the trajectory of 87.2%; NHS Lothian's performance was 89.4% and for Scotland was 93.9%.
- 62-day pathways continue to be impacted by increased USoC demand, staffing pressures across OP, diagnostic, theatre and bed pressures.
- Waiting times for OPD appointments, Endoscopy and Radiology continue to be over 2 weeks but are under improvement review.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
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. 7/15 Timed Cancer Pathway Completed (Breast, Lymphoma, Oesophageal, Gastric, Melanoma, Cervical) – work continues to complete the remainder under the active monitoring of the Cancer Recovery Board 8/15 Timed Cancer Pathways awaiting sign off (Prostate, Testes, Lung, Colorectal, Bladder, HPB, Renal, Head and Neck) – work continues to complete the remainder under the active monitoring of the Cancer Recovery Board
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 – activity delivered has consistently been above predicted core capacity for the past 12 months through various routes including additional independent sector capacity, Wait List Initiatives (WLIs) and improved Waiting List validation processes.	Significant Quality Improvement (QI) continues, reviewing the prostate cancer pathway, initially focused on the pre-diagnosis stage. A test of change has been agreed to remove a step from the pathway for 4 weeks, which has been identified by clinicians as unnecessary. Feedback to be provided at end of January 2023.
3. Endoscopy: **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 - now embedded	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.	**Dec 22/Jan 23** Patient Focussed Booking (PFB) was paused over the Christmas and new year period to allow all capacity to be utilised for USoC and high risk patients. WLIs continue to be used for USoC and bowel screening patients. New USoC iron deficiency anaemia pathway been trialled, results being reviewed currently. Over the trial period decrease in the number of USoC combi procedures undertaken (Oesophago-Gastro-Duodenoscopy + colon combined) as demand actively reduced. Stop tracking is embedded within endoscopy for suitable patients.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
4. Dermatology: **Trialing 'Hot Weeks', incl. for Melanoma patients, when only new USoC patients will be seen.** **Bespoke letters being sent to GPs when patients are regraded from USoC to Urgent.**	Ongoing throughout 2022	Reduce waiting list for USoC OP appointments. Better quality referrals to support clinical triage and prioritisation based on clinical need.	Reduced waiting list for USoC OP appointments.	Hot weeks were discontinued in October as the weeks following rebalanced the capacity gain and increased complexity of booking processes. Internal processes were agreed to facilitate timely bookings of USoC (Melanoma) patients within 14 days of referral receipt. Continued use of External Provider to supplement Tumour capacity for Dermatology is required. In instances of no 'bespoke letter', patients continue to be tracked by administration staff. A number of GPs are submitting photos to Sci gateway with referrals. Currently in process of undertaking a Test of Change using an alternative app, for referrals to come into service.
5. Gynaecology: New consultant **Recruitment of Medical Secretaries**	As soon as possible	Reduce backlog of patients due to additional resource, improving overall performance for service. To reduce delays in write-up of reports.	Waiting times for access to rapid access clinics and primary surgery continue to be reduced versus previous. Oncology operating session uptake more resilient than previous, delivering improved waiting times for operating. Administrative support to oncology team is steady.	Additional consultant post in place. Band 3 position previously successfully recruited to however due to internal promotion post currently vacant. Further recruitment to be complete by February 2023. Team have taken over administrative support to gynaecology MDM.
6. Pathology: **New GI Consultant Pathologist** **Requested licenses for voice recognition**	Started 5th July, 3 days p/week	Improve turnover time of samples. To improve turnaround time for pathology reporting due to challenges in recruitment of medical secretary (band 4s).	The GI team performance shows improvement.	As left. The department is currently procuring licenses for Pathologists' PCs with 85% progress against planned installations.
7. Lung **Centre for Sustainable Delivery (CfSD) – Optimal Lung Cancer Diagnostic Pathway implementation**	Ongoing throughout 2023	Faster diagnostic pathway to reduce patient anxiety as they wait for a diagnosis and commence treatment. Reduces the risk of cancers growing or spreading and increase the likelihood of patients remaining fit for effective treatment.	Not yet implemented	NHS Lothian response is in preparation, for regional discussion in time to meet Scottish Government deadline for submissions – linked to Scheduled Care Recovery Board. Regional elements will be considered with Royal College of General Practitioners (RCPG) and Regional Cancer Advisory Group (RCAG) oversight. Group chaired by SCAN Clinical Lead for Lung for delivery of pathway has been initiated, following several stakeholder meetings.

SCHEDULED CARE & DIAGNOSTICS – RADIOLOGY ACTIVITY

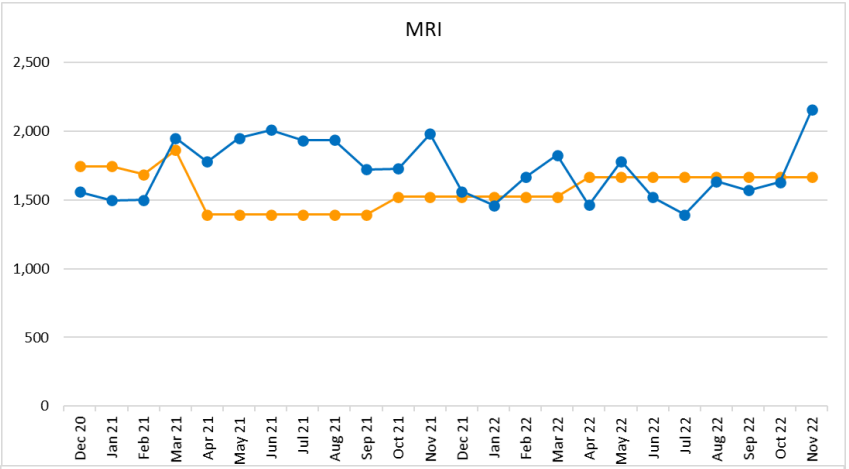
Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 2022)	Data Source
Met	Diagnostics: MRI Activity Variance (Planned Versus Actual)	489	Management Information
Met	Diagnostics: CT Activity Variance (Planned Versus Actual)	295	
Met	Diagnostics: Non-Obstetric Ultrasound Activity Variance (Planned Versus Actual)	1066	
Met	Diagnostics: Barium Studies Activity Variance (Planned Versus Actual)	12	

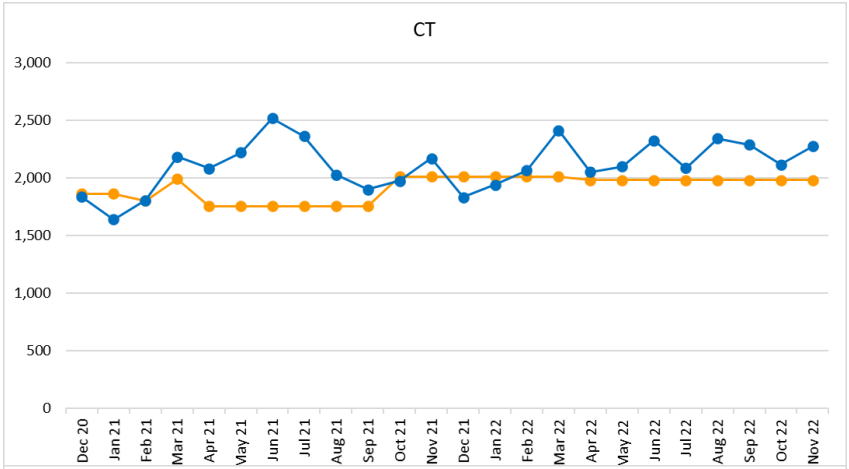
Background, what the data is telling us, underlying issues and risks:

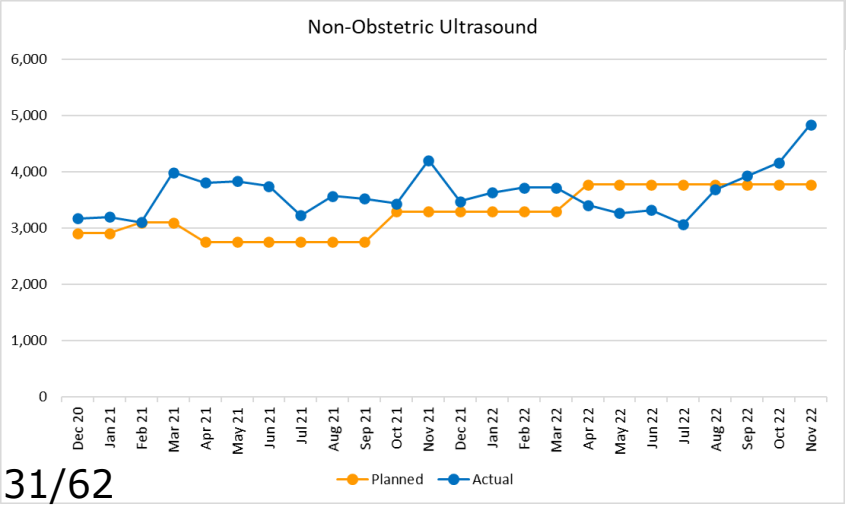
- Magnetic Resonance Imaging (MRI) – Recent monthly activity to period end November has improved against local standard.
- Computed Tomography (CT) - Activity exceeds projected activity, with benefit of CT Pod at SJH and continued use of external support (e.g. Golden Jubilee National Hospital).
- Non-obstetric Ultrasound - Activity levels have significantly improved against prior projected activity. This has been achieved through improved stability in the substantive workforce, continued additional scanning sessions facilitated by overtime, and availability of locum Radiologists.
- Barium Studies – Activity has improved within the period. This service only supports low patient volumes compared to other modalities.

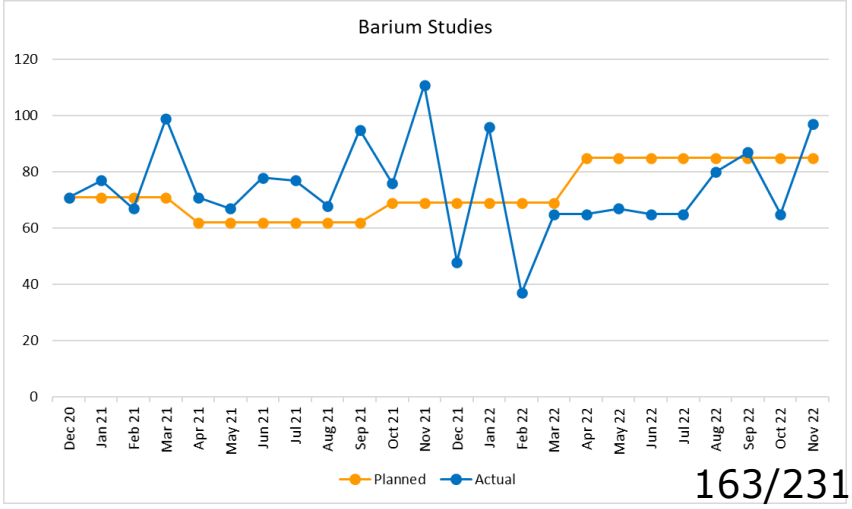
SCHEDULED CARE & DIAGNOSTICS

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.	Capacity increased to 18/19 days a month from April to December 2022. Utilisation limited to non-contrast patients and consequently capacity has been reduced to 14 days per month from January to March 2023, due to case-mix limitations. This will be reviewed leading up to March 2023 to determine capacity requirements from April.
Introduce CT Pod on SJH site. (Funded by Scottish Government Health Department (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 waitlist for CT OP.	Ongoing - CT Pod being maintained at SJH for remainder of 2022/23 & exploring opportunities for extension into 23/24.
CT capacity to be provided by Golden Jubilee National Hospital	From April 2022	Capacity for 200 scans per year will be provided	Monthly scanning capacity of 20 CTs.	Following initial delays in starting, 71 scans carried out between end of June and Nov 22. Travel to GJNH is an issue for some patients, limiting uptake of appointments.
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 work is taking place to optimise utilisation of capacity to accommodate adult scans while ensuring capacity for paediatric emergencies - there has been an increase in demand for complex/specialist paediatric scans accommodated on the same scanner. Approx. no. of Adult CT scans performed per month: September – 152 October – 168 November – 147 Adult Cardiac CT commenced on CYP scanner Dec 2022.
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 to Nov, at average of c. 400 fewer patients per month.	Behind Schedule with remaining Sonographer recruitment. Limited success in appointing to full complement due to unavailability of suitable workforce/ applicants. Intention to appoint trainee sonographers into substantive posts at earliest opportunity.
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 to Nov, at average of c. 400 fewer patients per month.	Ongoing
Provide evening and weekend Waiting List Initiative 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 to Nov, at average of c. 400 fewer patients per month.	Ongoing Continuation of evening lists in West Sector, and of weekend lists introduced 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 – continue to use flexibility in line with barium demand.

SCHEDULED CARE & DIAGNOSTICS – GI DIAGNOSTICS INCL. CYSTOSCOPY ACTIVITY

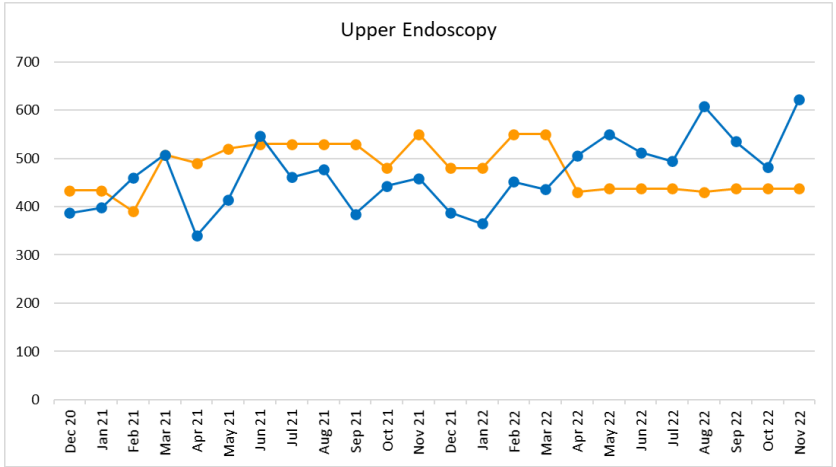
Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 2022)	Data Source
Met	Upper Endoscopy	186	Management Information
Not Met	Lower Endoscopy	-4	
Met	Colonoscopy	15	
Met	Cystoscopy	68	

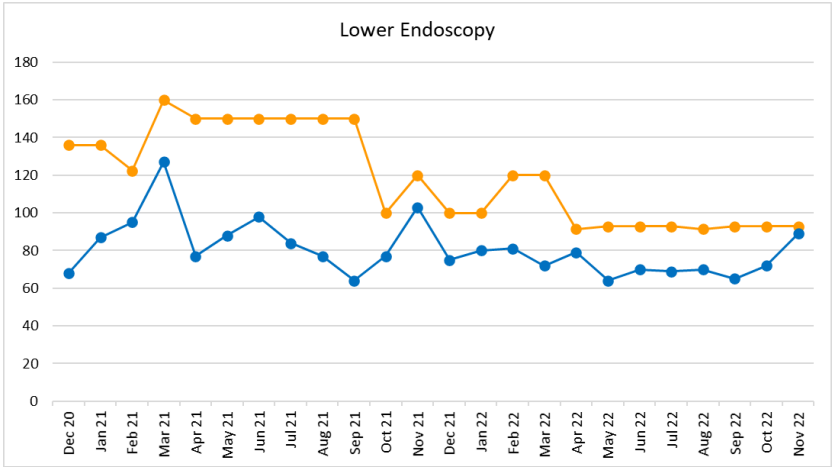
Background, what the data is telling us, underlying issues and risks:

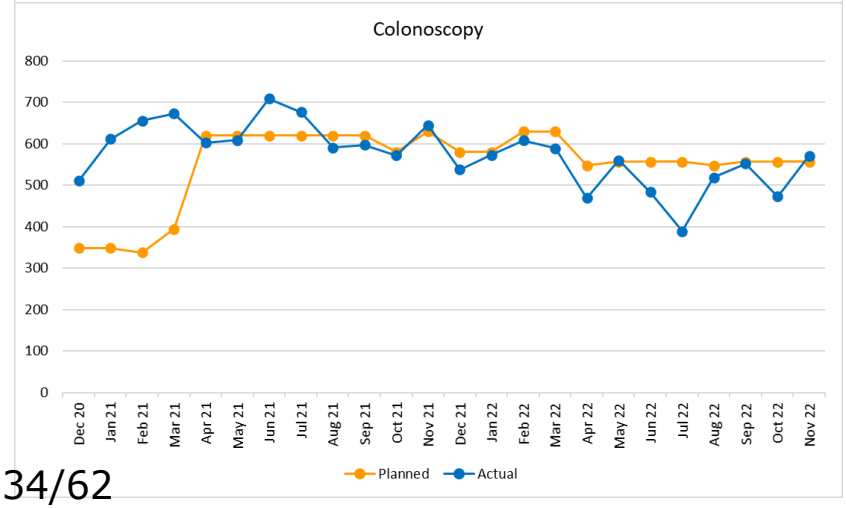
- Overall, new and repeat activity within endoscopy has increased since February 2022. This is despite continued workforce pressures and recruitment of nursing staff and endoscopists continuing to impact the activity we are able to deliver.
- Appointment slot prioritisation remains in place for Urgent 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.
- Clinical validation of high risk ulcer patients by the clinical team has been undertaken with 23% of the 220 patients reviewed removed and 5% expedited and booked. The new Inflammatory Bowel Disease (IBD) diagnosis colonoscopy patients clinical revalidation process continues.
- USoC demand remains high, therefore 'new' upper and lower urgent and routine endoscopy waits remain extended. The demand for colonoscopy continues to reduce following formal implementation of the Qfit pathway in April 2022. This has allowed patient-focussed booking to be switched on for urgent colon patients, reducing the long waits for this cohort.
- A recent trial of a new iron deficiency anaemia pathway has been undertaken. Once the results of this are available there maybe potential to further reduce the number of colonoscopy procedures required for this cohort of patients, as colonoscopy will be determined by Qfit result.
- On-going housekeeping of waiting lists is continuing and local policies for patient cancellations and 'Did Not Attends' (DNAs) have been updated, implemented and embedded. Telephone reminder calls are being undertaken to assist with reducing DNA activity. Over the last 2 months follow up calls in evenings to patients who have DNA'd to ascertain why they have not attended, has not shown clear patterns for improvement within the endoscopy booking function. Longest waiting patients continue to be 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. Recent discussions with Scottish Government have indicated a further allocation for April – September 2023. These sessions continue to have good uptake from new patients.
- Utilisation of cytosponge for Barrett's surveillance patients continues to result in 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 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.
- Staffing challenges within the decontamination function at WGH Endoscopy has resulted in potential risks as scopes cannot be decontaminated between procedures in a timely manner. On a short term basis disposable flexible cystoscopes are being used instead, when required. These challenges affect Flexible Cystoscopy and Endoscopy capacity.
- Nursing vacancies continue within the Endoscopy service, which continue to impact on the ability to open the 4th Room at WGH and on additional capacity at East Lothian Community Hospital (ELCH).
- Gaps in Urology trainee rotas are re-emerging due to early departures, and rota revision to maintain compliance. Flexible Cystoscopy lists are currently being maintained to baseline volumes, however, this is expected to deteriorate.
- Theatre staffing challenges lead to choices of maintaining flexible cystoscopy lists, or General Anaesthetic operating lists, and this is determined by clinical priority.
- Flexible Cystoscopy Waiting List Initiatives continue to support maintenance of performance.

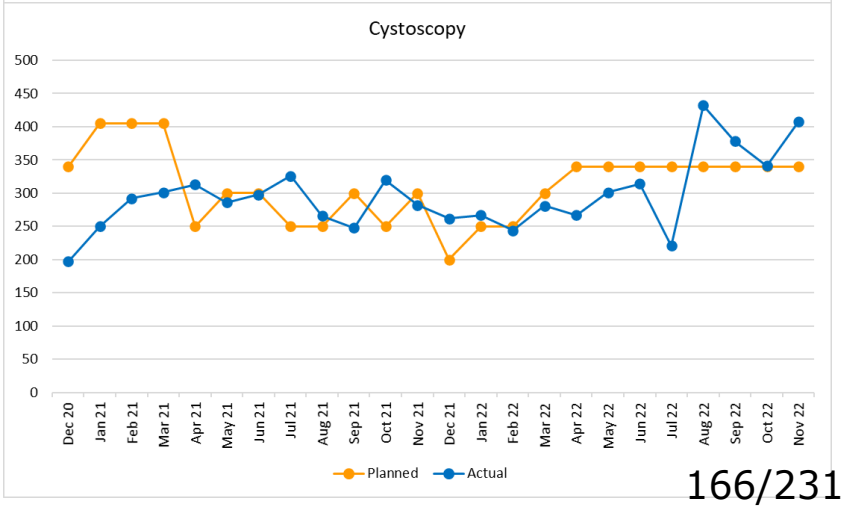
SCHEDULED CARE & DIAGNOSTICS

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 – WGH and RIE ongoing, posts advertised. Workforce paper and actions for Performance Oversight Board (PSOB). SBAR submitted to assist with recruitment issues. Endoscopy posts visible on Band 5 adverts, with limited uptake of posts. This is ongoing.
Increase capacity at ELCH to 20 sessions per week	Was due March 21 – have incrementally increased capacity but on-going nursing issues at ELCH - unable to confirm date nursing will be in place to facilitate capacity.	Increased endoscopy capacity by 10 sessions per week (approx. 48-50 patients, scope-type dependent).	Have now increased capacity to 15 per week. 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 Band 5 nursing posts to Band 3 posts to assist with recruitment process and difficulties in recruiting Band 5 registered nursing. Band 3 posts now in place with induction training on going at ELCH. 2 x Band 5 posts remain unfilled. Insourcing procurement exercise ongoing to facilitate utilisation of this room for 2 sessions per week (1 full day).
Utilisation of Room 4 WGH	Was due by Mid-2021	Increased capacity for endoscopy procedures (approx. 50-60 patients per week, scope-type dependent).	Will increase capacity, thereby reducing waiting times.	Room ready and posts being recruited to – see above for recruitment. Currently no staff engaged for Band 5 posts despite active recruitment. Insourcing procurement exercise ongoing to facilitate utilisation of this room for 2 sessions per week (1 full day).
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. Advert at recruitment for further Band 8A.
Long wait urgent Colon patient re-triage via telephone consultation and Qfit.	Commenced November 2021 – will continue until waiting list validated	Abnormal Qfit patients will be expedited and booked. Patients who no longer require it will be removed from the waiting list.	Only patients who require colonoscopy will be scoped. Decreases clinical risk and improves waiting times.	This is ongoing and now routine long waits are being incorporated into this process. Clear guidelines in place, patients are being expedited and booked if high Qfit result, or removed if they no longer meet criteria for colonoscopy.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
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. High risk queues, surveillance and urgent colonoscopy backlog being booked.	Qfit pathway established in April 2022 and now Colorectal and Gastrointestinal (GI) clinical teams 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 24th 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. Recovery space also limiting factor. 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 on a monthly basis.
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 - for Cytosponge 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. WLI activity starting on Saturdays at ELCH. Further Demand, Capacity, Activity & Queue (DCAQ) work to be undertaken following Performance Oversight Board request. Funding sought and agreed for insourcing activity Jan–March 2023. Procurement exercise ongoing for activity at ELCH, WGH and RIE.

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

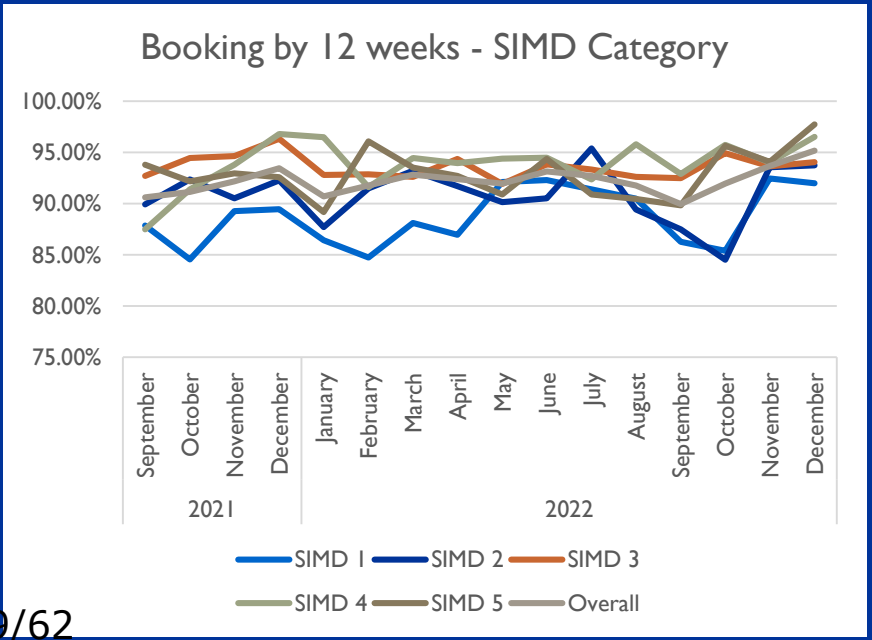
Action	Due By	Planned Benefit	Actual Benefit	Status
Additional capacity via weekend WLIs	Ongoing	Additional 22 Flexible Cystoscopies per week.	Additional activity - 22 per week, approximately 3 weeks per month (when theatre staffing allows).	Ongoing.
Training of nurse cystoscopists	Ongoing	Additional Flexible Cystoscopy lists specifically for surveillance or therapeutic flexible cystoscopies initially.	Additional Flexible Cystoscopy lists but no immediate impact as extensive training is required.	Course start date delayed until January 2023
One-stop visible Haematuria clinic	Implemented	Improves patient pathway by reducing need for second patient attendance.	Improves patient pathway by reducing need for second patient attendance. Data suggests reduced time from referral to diagnosis from a median of 50 to 13.8 days - a significant improvement for patients in terms of timely access to diagnosis and subsequent treatment.	Implemented. Actions in place to fully utilise available Radiology capacity within pathway.
Additional Flexible Cystoscopy clinic implemented in out patient setting	Ongoing	Additional session of 8 Flexible Cystoscopies	Increased activity of 6 Flexible Cystoscopies per week (consultant availability due to On-call and leave has reduced the average additional activity planned)	Implemented.
Test of change underway to deliver Flexible Cystoscopies in an outpatient setting.	End 2022	Release of trained theatre staff to support general anaesthetic theatre lists. Improved patient experience.	Results pending – due by end Feb 23.	Ongoing.

PREGNANCY SERVICES

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

PREGNANCY SERVICES – ANTENATAL CARE

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (December 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): 92.00% SIMD 2: 93.75% SIMD 3: 94.06% SIMD 4: 96.53% SIMD 5: 97.73% Overall: 95.18%	Management Information



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

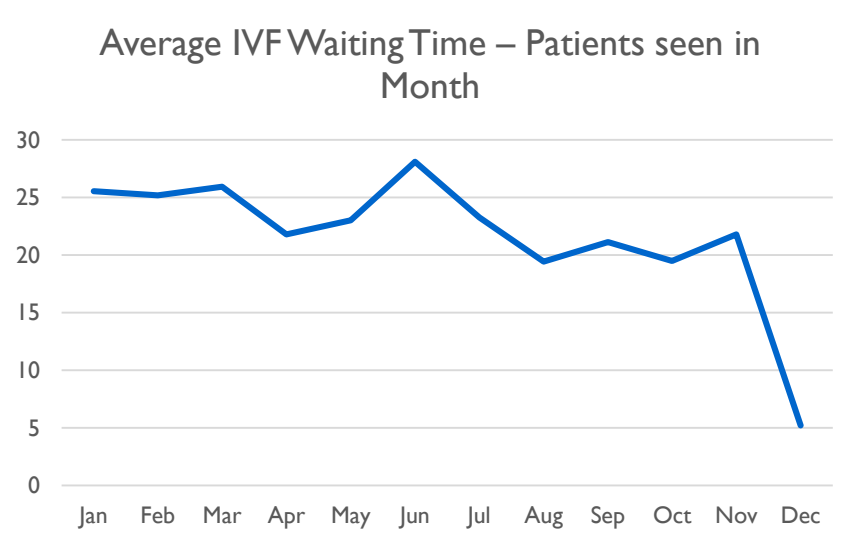
- 80% standard achieved for all SIMD categories in each of the 12 months for the year to December 2022.
- Those in SIMD categories 1 (most deprived) and 2 continue to be less likely to book by 12 weeks gestation than others.
- Late booking may lead to issues with accessing early interventions and screening such as smoking cessation, for 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.

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 (December 2022)	Data Source
Met	90% of eligible patients to commence IVF treatment within 12 months of referral.	97.6%	Management Information



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

- The service currently meets the 52 week target for IVF treatment and has done so throughout the last 12 months.
- Edinburgh Fertility Clinic (EFC) received additional funding from Scottish Government for an additional 70 cycles in FY 22/23 to support maintenance of waiting time of six months.
- To continue to maintain a waiting list under six months in 2023/24, EFC will need funding for another 80 cycles but there is uncertainty as to the likelihood of this level of funding being available. The service management team are reviewing capacity for FY 2023/24 to develop plans to mitigate against the impact of funding shortfalls.
- December performance an outlier versus prior periods. This is due to planned reduction in activity with only fertility preservation patients beginning treatment in month.

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

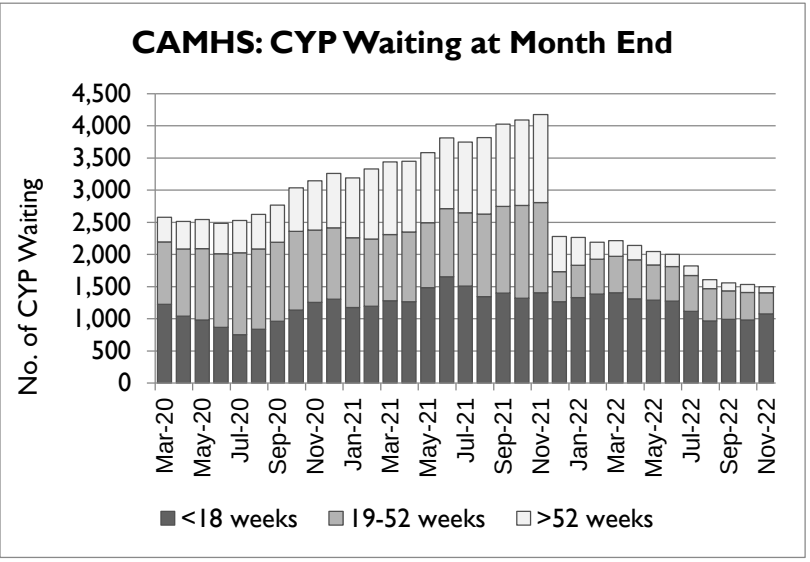
Action	Due By	Planned Benefit	Actual Benefit	Status
Review of IVF pathway underway to ensure efficient capacity management.	August 2022	Streamlined pathways and more effective use of resource.	Reduction in counselling service waiting times. Reduced volume of non-value adding tests. Further benefits to be realised.	Work continues to deliver against all recommendations arising from review. Mixed antiglobulin reaction tests ceased, workforce planning review underway. Counselling resource enhanced. Implementation of online consent using Fertility Consent system ready to be implemented.

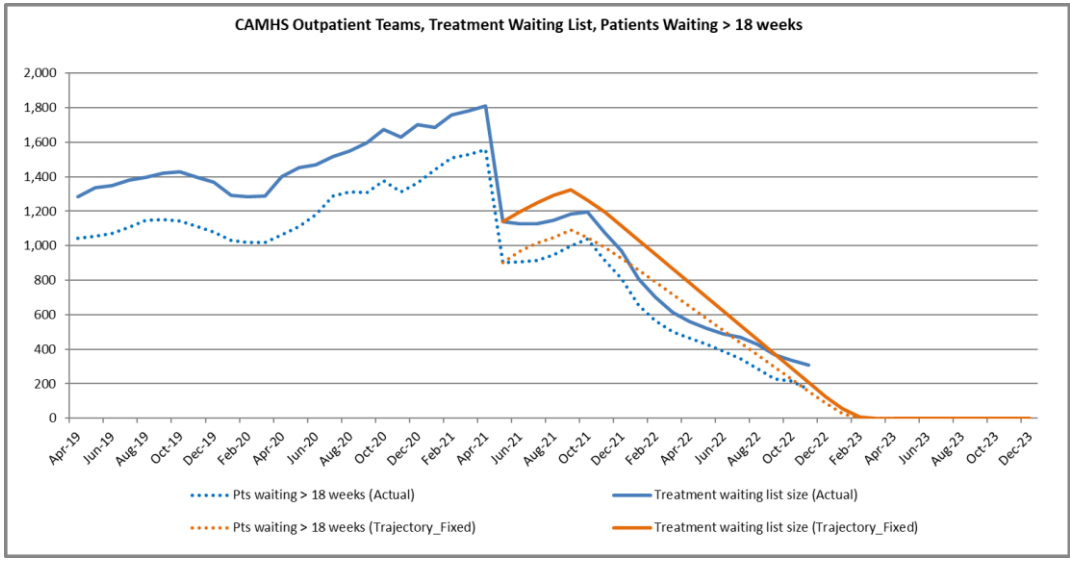
MENTAL HEALTH SERVICES

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

MENTAL HEALTH SERVICES

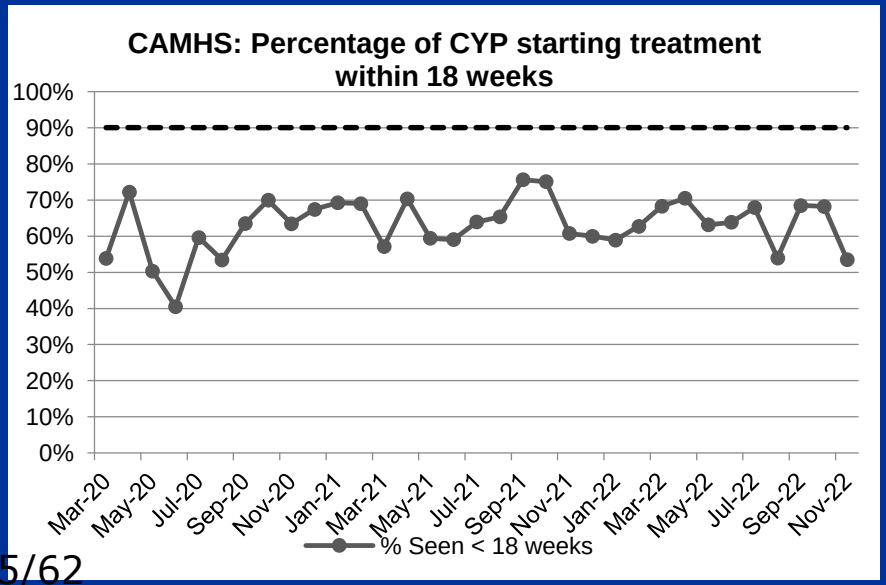
CAMHS - Environment & Context





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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 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.	53.5%	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 November 2022; this is expected as the service is seeing the longest waiting patients as part of the recovery plan. This is evidenced in the reduction of patients waiting over 18 weeks.
- the total number of CYP waiting continues to decrease each month. The number of patients waiting >18 weeks waiting fell from 567 in Sep to 421 in November 2022. Of that number the number of >52 weeks continues to fall from 123 in September 2022 to 96 in November 2022.
- The CAMHS Tier 3 trajectory model for November 2022 indicated a trajectory treatment waiting list size of 208 and a trajectory of 157 patients waiting >18 weeks. The current performance is slightly behind trajectory with an actual waiting list of 307 and 167 patients waiting >18 weeks.
- The reduction in waiting list 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 moved to full booking (CAPA implementation) for current core mental health in October and no longer use Healios for core mental health assessment or treatment . As the numbers in each of the teams are reducing, we are able to plan for full implementation. Midlothian will move to full booking in January with South, West and North teams planning to implement full booking during in the New Year. This remains an excellent step forward in our recovery.
- Case holding staffing levels by November 2022 were expected to be 136.28 WTE for Core MH and ND. The case holding staffing count in November 2022 was 102.83 WTE – this represents a deficit of 33.45 WTE against planned recruitment.
- We have progressed with the workforce growth as per our renewal plan, bringing in additional new workforce and skills sets including our first Professor of Psychiatry to help integrate world-leading research in a new and innovative programme to improve the health and wellbeing of young people.

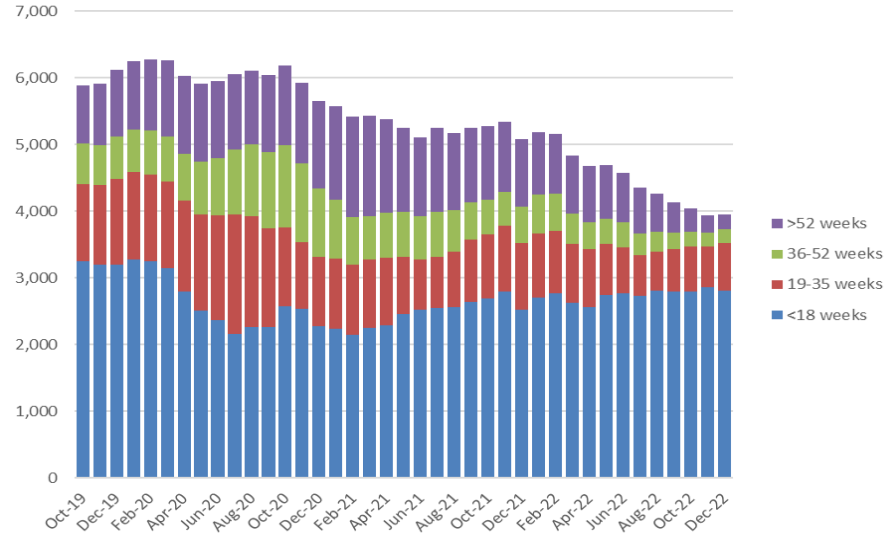
Improvement actions planned, timescales and when improvements will be seen:

Action	Due By	Planned Benefit	Actual Benefit	Status
Current/Ongoing Actions				
Implementation of Healios to aid in the delivery of Neurodevelopmental Assessments.	Ongoing	Reduction in the number of patients waiting for assessment	Reduction in the number of overall waits for assessment	AT RISK Work is ongoing to develop a new multi-agency Neurodevelopmental pathway within NHS Lothian. A large percentage of waits is contributed to ASD & ADHD assessments. Any further contracts with Healios are subject to ongoing finance, the reduction in SG expected funding 2022-23 puts this at risk
Additional support and recognising the challenges faced in North Edinburgh	March 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, with a further one pending. Recruitment is underway. The team are still having enhanced support from CAMHS SMT during this time.
Completed Actions				
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 has finalised plans for Q4 Jan-March. East Lothian 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 for January; South during the Jan-March quarter and both West and North during the April –June 2023 quarter.

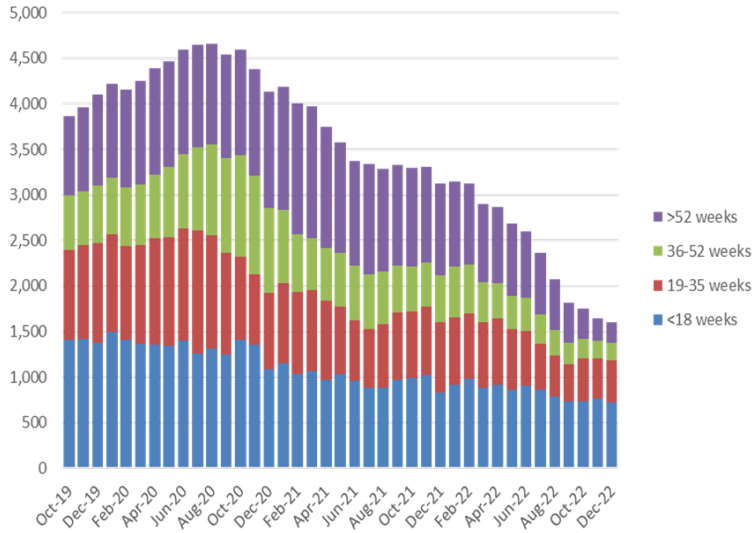
MENTAL HEALTH SERVICES - PSYCHOLOGICAL THERAPIES

Psychological Therapies - Environment & Context

Assessment AND Treatment Waiting Lists



Treatment Waiting List ONLY



- The Combined Assessment and Treatment List has been reduced from a peak of 6,272 in February 2020 to 3953 in December 2022.

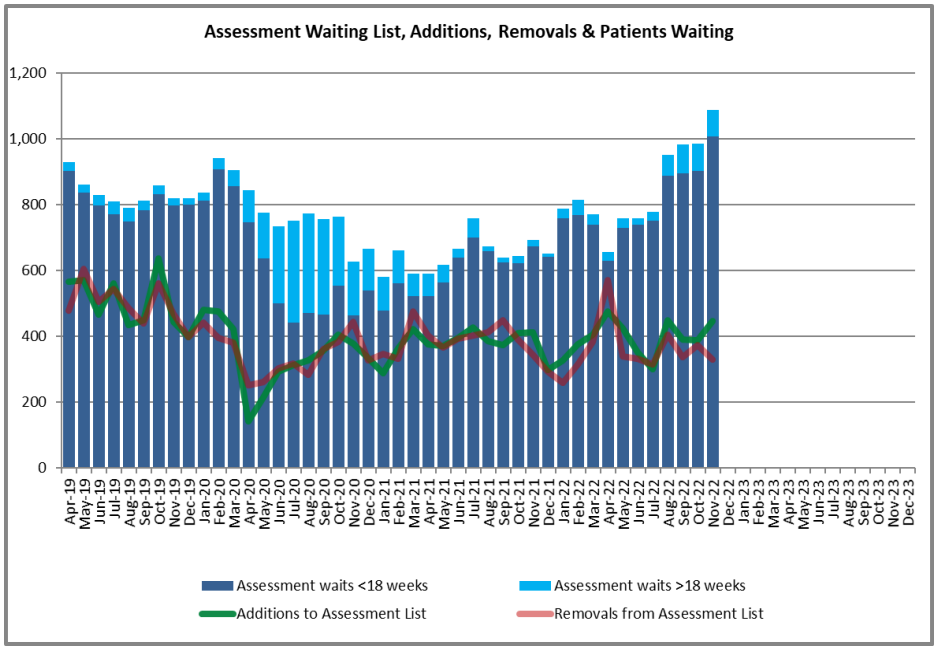
- The Treatment List has been reduced from a peak of 4,655 in August 2020 to 1,600 in December 2022. Overall treatment waits have reduced significantly; in West Lothian M4 treatment waiting time has more than halved.

- It should be noted that Assessment waits now account for 60% of total waits with Treatment waits accounting for 40%.

MENTAL HEALTH SERVICES - PSYCHOLOGICAL THERAPIES

Psychological Therapies - Environment & Context

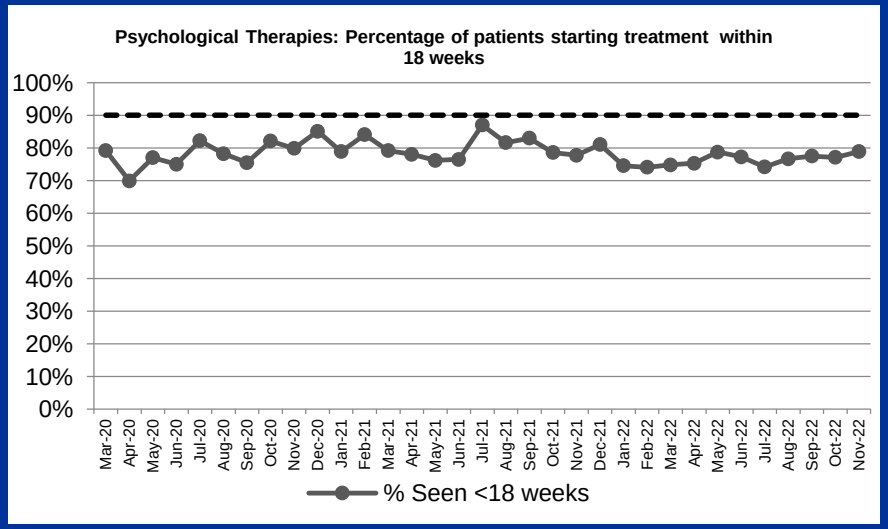
Lothian: AMH Assessment Waiting List



- The AMH Service has experienced an increase in the Assessment Waiting List. However, it should be noted that 201 of the recent increase arises from the re-classification of patients waiting for a 'Pre-Group' appointment as 'Assessment', although they have already had an Initial PT Assessment.
- However, over the last 4 months referrals have increased to an average of 435 per month and over the last 2 months to an average of 466, so the current trend implies an uplift. This may be related to the reduced waiting list.
- Demand levels are highly variable by HSCP. Referral demand in ML and EL remains significantly above the Lothian average. This is the principal factor for the waiting times in EL and ML not reducing in line with WL and Edinburgh.
- A proportion of patients are waiting > 18 weeks for assessment.

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 (November 2022)	Data Source
Not Met	Data is showing a decrease in the number of patients waiting >18 weeks, however this is slightly behind trajectory.	78.9%	Validated internal management information



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

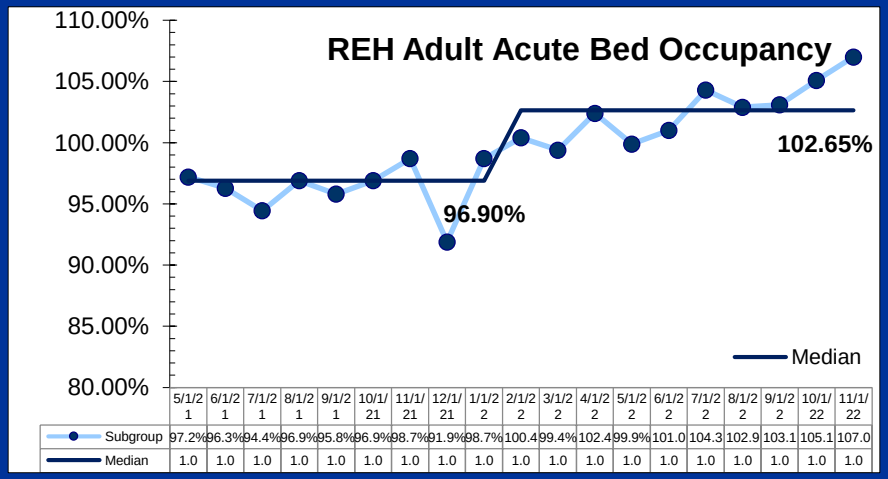
- The total number of patient waiting >18 weeks has continued to decrease from 1945 in May 2022 to 1075 in November 2022. In AMH General Services, the number of people waiting over 18 weeks for treatment in May 2022 was 1254; in November, this had reduced to 675.
- Total of new patient appointment offers made across Adult AMH teams in November was 335 which was higher than the predicted trajectory number of 247. This demonstrates that the teams are performing above trajectory expectations.
- The trajectory had predicted that the number of patients in AMH General Services across Lothian waiting over 18 weeks in November 2022 would be 340, the actual number is as 675. While Edinburgh and WL have performed closely to the trajectory expectations, the high numbers of referrals in EL and ML have meant that the trajectory performance has not been reached, offsetting the overall PT performance.
- In November 2022 the AMH Teams had 67.4 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) 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 average of 11) for Matrix 3 patients.
- There are many variables making exact projections difficult, revised pathway suggests 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.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Completion of recruitment of additional staffing	Implemented and ongoing	To reach the trajectory to eliminate >18 week waits by March 2023.	Meeting this trajectory is dependent on the success of recruitment to these posts	Recruitment to the supervisory positions and experienced qualified staff to provide treatment to the most complex group of patients has been successful most recently in AMH General Teams. Recruitment of locum staff to all AMH PT Teams has improved productivity further.
Uplift in new patient appointments by 20% across all Adult Mental Health General Teams	Implemented and ongoing	To contribute to the reduction of patients waiting by accounting for an average 20% non-attendance rate	New patients pick up rates increased by 20% for each staff member, reflected in job plans	This has been implemented across all Adult Mental Health General Teams to good effect.
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 mangers 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; majority of improvements in place now. Manualised version of PFB in place has led to increased access. Interstate Systems required for change in automated systems.

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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (November 2022)	Data Source
Not met	85-90%	107%	Validated internal management information



	5/1/21	6/1/21	7/1/21	8/1/21	9/1/21	10/1/21	11/1/21	12/1/21	1/1/22	2/1/22	3/1/22	4/1/22	5/1/22	6/1/22	7/1/22	8/1/22	9/1/22	10/1/22	11/1/22
Subgroup	97.2%	96.3%	94.4%	96.9%	95.8%	96.9%	98.7%	91.9%	98.7%	100.4	99.4%	102.4	99.9%	101.0	104.3	102.9	103.1	105.1	107.0
Median	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0

Month	REH Site	Adult Acute	OPMH	Rehab	ID
November 2022	98.5%	107.0%	97.6%	96.6%	97.0%

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 an increase from 101.7% noted in September 2022 to 107.0% in November 2022.
- The data does not include any admissions of REH patients residing in St John's Hospital
- In summary – there are 80 funded Acute Adult Admission beds and 10 IPCU beds. Additional beds in use include
  - 6 beds opened / funded through COVID-19 in Braids ward
  - 9 Unfunded beds opened in Braids ward pre Covid
  - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)
- There is continued bed pressures across all adult mental health wards in the REH (including Adult Acute, Rehab, Older People Mental Health, and Intellectual Disabilities). The total occupancy figures for each service is representative in the table below and will be presented in graph trend format in subsequent reports (similar to graph opposite).
- 97% in ID equates to one empty bed.

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

Action	Due By	Planned Benefit	Actual Benefit	Status
Current/Ongoing Actions				
Programme of change and improvement has been established to improve patient flow	Ongoing (approx. 12 months)	To improve patient flow through Acute Mental Health and reduce delayed discharges	To improve patient flow through Acute Mental Health and reduce delayed discharges. Workstream 1 (Discharge without Delay) aims to increase our level of patient centred discharges to 25 per week, with Workstreams 2 & 3 having the potential to feed into and support in realising this immediate goal.	There are 3 workstreams that have been identified. This group will report into, and be governed, by the Lothian Mental Health and LD Operational Group (chaired by Tracey McKigen). Project Management will be supported by a Management Trainee (Callum Cowan) until end December 2022 who is supporting the introduction of all 3 workstreams. The main focus will be Discharge without Delay (DwD), Unscheduled Care (UC), and Ways of Working. Replacement project management support still to be identified for Jan 2023 onwards 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 *clinically* 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. 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 Danielle Shearer-Howie 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.	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. Mike Reid (GM - East Lothian HSCP), Danielle Shearer-Howie and Jamie Martin (Patient Coordinator) will carry out a day of care audit on the IHTT and CMHT teams to gauge their current workload to ascertain whether there is any scope for them to aid in stimulating patient flow. Furthermore, a review of the current admissions process for IHTT will be carried out to ensure that the service model is in keeping with increased demands for inpatient admissions
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.	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: Firstly, assessing whether the current model of consultant care (i.e. inpatient, community, or mixed) provides the best possible health outcomes for patients. Karen and Callum have met with the consultants at the GAP meeting to discuss this workstream and seek insight and gauge appetite for change from consultants. Tests of change are now running. 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. 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. 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.
Minimising the use of additional temporary beds set up as contingency when wards at full capacity.	Ongoing	Safer patient care as staff will not be expected to look after more patients without additional resource.	Reduced staff stress and workload	Use of temporary additional beds in quiet rooms and interview rooms as Contingency continue to be used regularly. It is the intent to focus on reducing and then eliminating their use however demand has not allowed for this to be achieved.

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. A meeting is to be set is to arranged with the CNM East Lothian to ascertain whether any learning from their success in reducing the amount of bed use from an average of 27 per week to 9 can be brought to bear in REAS. Feedback from members of the interface meetings regarding improving the effectiveness of the meetings are being collated to ascertain where improvements are needed to increase effectiveness.
<u>Completed Actions</u>				
Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment	Completed	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	Occupancy remains very high. Daily reports have been set up on Business Objects and sent to relevant members of staff to highlight the number of patients admitted and discharged. This now includes patients residing in St John's Hospital who should have been admitted to REH. Also broken down by HSCP.
Afternoon Huddle Redesign	Completed	To ensure there are timely bed huddles which allow sufficient time for actions to be taken to promote patient flow.	Staff will be able to leave the afternoon huddle and have sufficient time to follow through on actions which should promote patient flow.	Adult Services are in the final stages of redesigning the afternoon bed huddle. This involves moving the meeting from 3pm to 1pm so that we can be more efficient in the use of time of actions identified.

MENTAL HEALTH SERVICES – DELAYED DISCHARGES

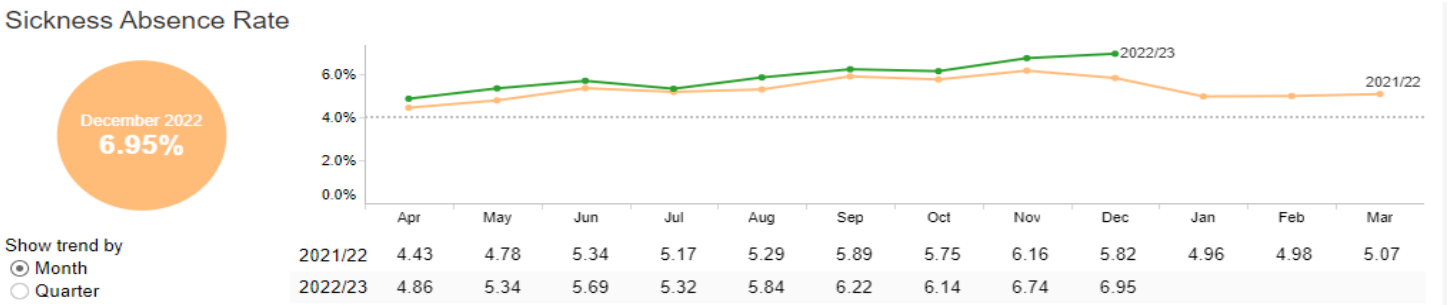
- Delayed Discharges are being managed by new workstreams and will be mainly influenced by the Discharge without Delay (DwD) programme of work, however the other two workstreams (unscheduled care and ways of working) also have the potential to stimulate patient flow and promote a patient centred approach 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 this implementation 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 all of the Adult Acute wards, and meetings are currently taking place to ascertain the adaptations required for IPCU and Braids ward to adopt the standardised whiteboard.
  - 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 with the help of QI, 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

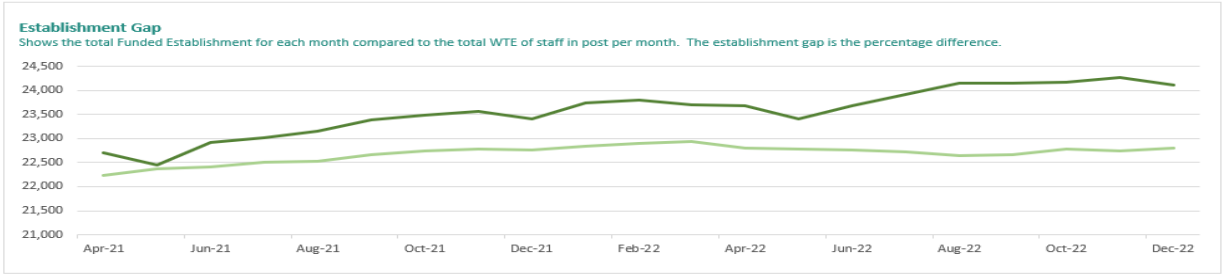
Reporting Month:	December 2022	**Oversight Mechanism:**	The 'Workforce Report' is received by the Staff Governance Committee, who consider the workforce position at the most recent reportable month, providing high level information with further details available through the Tableau Workforce Dashboards. The report shows the current position and highlights where there have been changes and progress from previous periods as well as actions that are being taken to address some of the areas of concern.
Responsible Director(s):	Janis Butler – Director of HR/OD	**Corporate Objective(s):**	PARAMETER ONE – OUR WORKFORCE (no. 49, 55) On track Corporate Activities- Improving Staff Experience (no. 108)
Corporate Risk Grading:	3828 – Very High (20)	**Corporate Risk(s):**	Risk 3828 – Nursing Workforce Corporate Risk (Staff Governance Committee)

Workforce - Environment & Context

NHS Staff Sickness Absence Rate %



Establishment Gap % (WTE)



	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
WTE	22,768	22,845	22,892	22,945	22,801	22,779	22,760	22,720	22,640	22,666	22,783	22,738	22,800
FE	23,414	23,745	23,799	23,706	23,684	23,397	23,677	23,914	24,142	24,141	24,161	24,260	24,166
Establishment Gap %	2.76%	3.79%	3.81%	3.21%	3.73%	2.64%	3.87%	4.99%	6.22%	6.11%	5.70%	6.27%	5.65%

WORKFORCE – STAFF SICKNESS ABSENCE RATE %

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (December 2022)	Data Source
Not Met	4%	6.95%	NHS Lothian Tableau Absence Dashboard

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

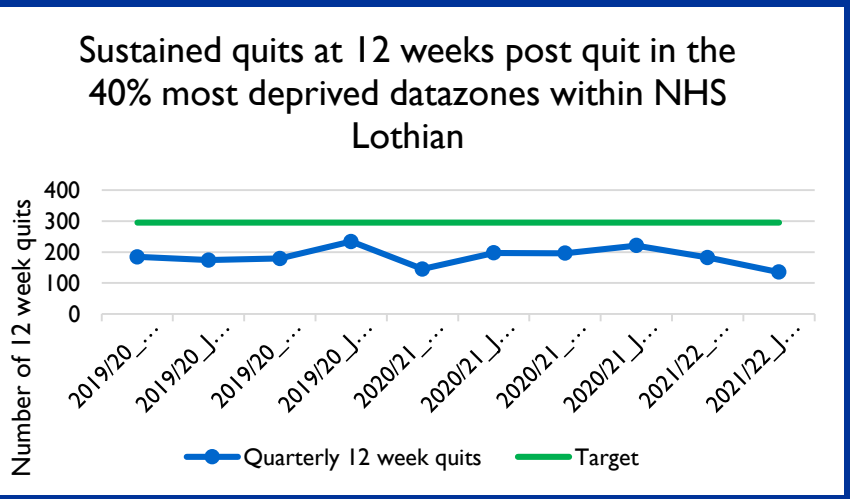
- The funded establishment represents the agreed and funded requirement for a given department/ward to provide sufficient staffing to fully provide a service. This is compared against the in-post staffing on the payroll in a given month to provide the percentage establishment gap i.e. the difference between what we want as an organisation and what we can get.
- The overall level of establishment gap in December has decreased from 6.27% in October to 5.65%, the reduction is driven by a combination of a decrease in the funded establishment and an increase within the overall in-post workforce. The overall registered nursing workforce declined very slightly however. The volume of supplementary staffing to cover gaps decreased significantly from 537wte in November 2022 to 450wte in December. The increase in establishment gap within registered nursing in the year to date has been driven by the 863 leavers exceeding starters of 750.
- 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'.
- All other COVID related absence represented 5.2% of total sickness absence hours lost in December. However, within registered nursing total absence remains high at 27.07% in December against a built in predictable allowance of only 21.5%.
- 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. Three large services with the greatest overall pressures in terms of establishment gaps are St John's Hospital 25.15%, REAS 18.76% and the RIE Site 15.5%.

PUBLIC HEALTH

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

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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (July-Sept 2022)	Data Source
Not Met	295 per month	135 in quarter	PHS National Smoking Cessation Database



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

No new data since previous report.

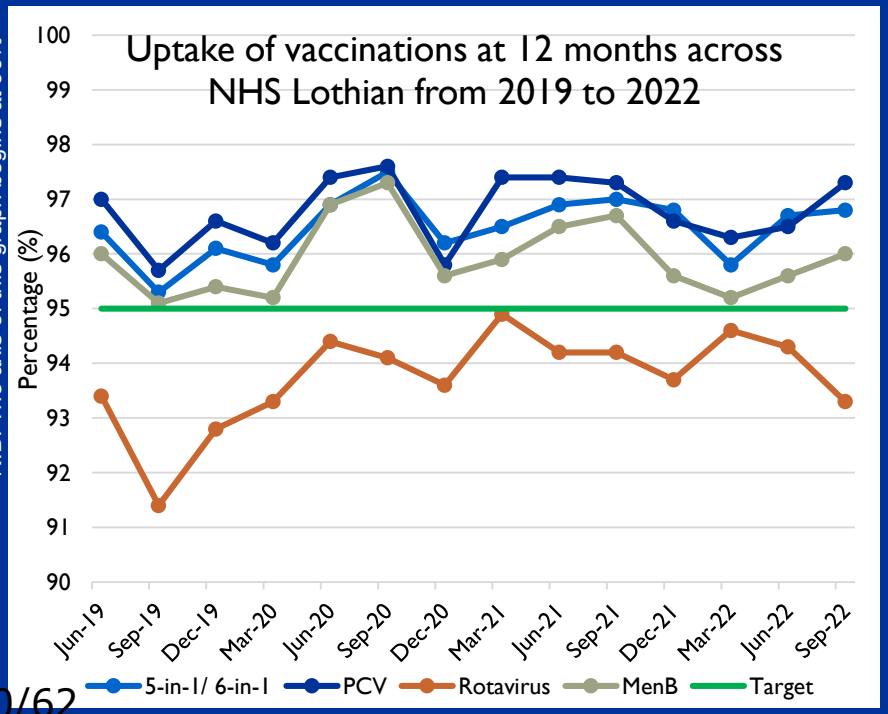
The Lothian target for sustained quits at 12 weeks in our 40% most deprived data zones is 295 people per quarter.

The quarterly 12 week quits seen between April-June 2019/20 and July-September 2021/22 range from a high of 234 people in January-March 2019/20 to a low of 135 people in July-September 2021/22 with a slight downwards trend overall. Recently, these numbers have continued to fall with the quarterly 12 week quits reaching their lowest level since April-June 2019/2020 in July-September 2021.

PUBLIC HEALTH – IMMUNISATION (1)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (Sept 2022)		Data Source
5-in-1/6-in-1	Met	95%	5-in-1/6-in-1	96.8%	PHS – updated quarterly
Rotavirus	Not met		Rotavirus	93.3%	
PCV	Met		PCV	97.3%	
MenB	Met		MenB	96.0%	

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



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

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

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

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

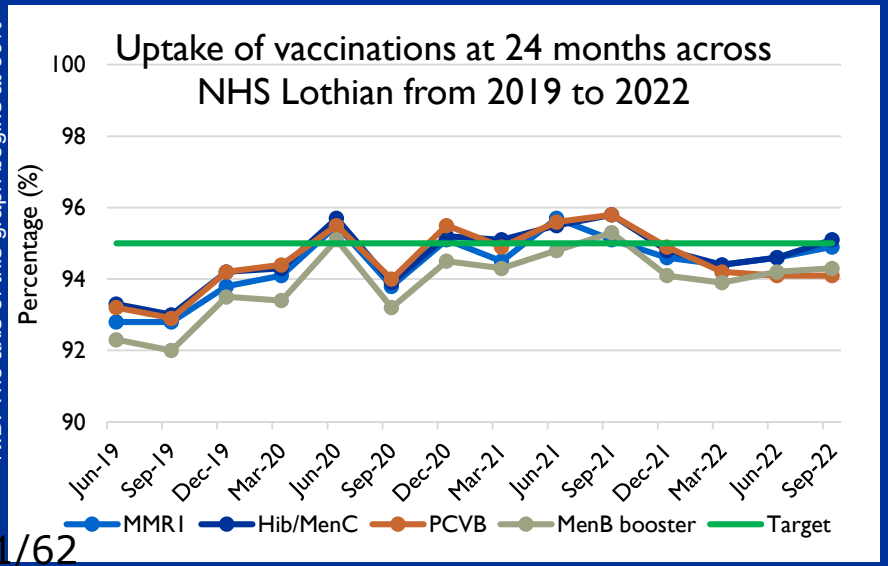
Uptake of the 5-in-1/6-in-1, PCV and Men B vaccines has been consistently above the WHO recommendation of 95% during the reporting period.

The Rotavirus vaccine programme began in 2014. The level of uptake has shown a broad upwards trend during the reporting period and presently sits at 93.3%, just below the WHO recommendation of 95%.

PUBLIC HEALTH – IMMUNISATION (2)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (Sept 2022)		Data Source
Hib/MenC	Met	95%	Hib/MenC	95.1%	PHS – updated quarterly
MMR1	Not Met		MMR1	94.9%	
PCV	Not Met		PCV	94.1%	
MenB	Not Met		MenB	94.3%	

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



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

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

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

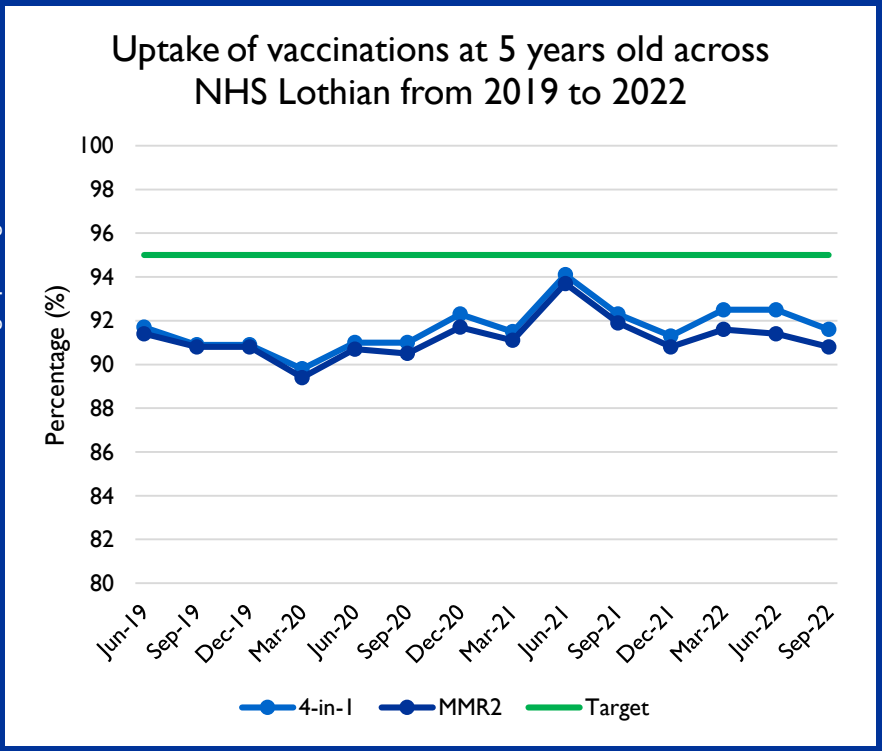
Hib/Men C is the Haemophilus influenza B/Meningococcal C vaccine. MMR is the measles, mumps and rubella vaccine. PCV is the pneumococcal conjugate vaccine. MenB is the meningococcal B vaccine.

All vaccinations show the same broad pattern over the reporting period with some fluctuation over time. The latest data points in September 2022 identify a slight recovery in uptake of three of the four vaccinations, with the Hib/MenC uptake returning to meeting the WHO recommendation of 95% and uptake of the other vaccines between 0.1 and 0.9 percentage points below the recommended level.

PUBLIC HEALTH – IMMUNISATION (3)

Performance Against Standard/ Trajectory		Standard/ Trajectory	Latest Performance (Sept 2022)		Data Source
MMR2	Not Met	95%	MMR2	90.8%	PHS – updated quarterly
4-in-1	Not Met		4-in-1	91.6%	

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



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

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

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

The trend in both MMR2 and 4-in-1 is very closely aligned. Trend data are broadly stable during the reporting period with some fluctuation. Uptake rates for both vaccines decreased slightly since the previous quarter and remain below the WHO recommendation of 95% (MMR2 at 90.8% and 4-in-1 at 91.6%).

Meeting Name: Board **Meeting date: 8th February 2023**

Title: DECEMBER 2022 FINANCIAL POSITION AND 5 YEAR FINANCIAL OUTLOOK UPDATE

Purpose and Key Issues of the Report:
This paper provides the Board with an update on the 22/23 financial position as at month 9, year-end forecast, and the draft Financial Plan for 23/24 and 5 year outlook.

DISCUSSION		DECISION		AWARENESS	X

The paper details the following key points:

Lothian is overspent by £14.1m cumulatively for the 9 months to December 22/23;

22/23 Forecast Outturn is currently £15m but SG colleagues have verbally confirmed additional resources to be allocated to boards next month. On receipt, our overall forecast is expected to reduce to circa £6m.

There is no material change to the updated 5 Year Financial Outlook and overall, there is a £93.5m gap estimated for 23/24. The Financial Plan will be finalised for the March F&R committee, for onward approval at the Board at the beginning of April.

Recommendations:

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

Acknowledge that NHS Lothian is unable to provide assurance on ability to deliver a balanced financial position over the next 5 years at this stage.

Author: Andrew McCreadie **Date:** 27 January 2023	**Director:** Craig Marriott **Date:** 27 January 2023

NHS LOTHIAN

Board Meeting
8th February 2023

Director of Finance

DECEMBER 2022 FINANCIAL POSITION AND 5 YEAR FINANCIAL OUTLOOK UPDATE

1 Purpose of the Report

1.1 This paper provides the Board with an update on the 22/23 financial position, year-end forecast, and the draft Financial Plan for 23/24.

1.2 This paper sets out a summary of the financial position based on the current forecast outturn and anticipated growth and assumptions around additional resources.

1.3 Any member wishing additional information on the detail of this paper should contact the Director of Finance before the meeting

2 Recommendations

2.1 The Board is asked to:

- **Note** the current year-end forecast of a projected £15m overspend, with an expectation of additional funding recently confirmed by the SG to subsequently reduce this to circa £6m;
- **Note** that based on information available at this stage, NHS Lothian remains able to provide **limited assurance** on its ability to deliver a breakeven position in 2022/23, based on assumptions around additional funding.
- **Acknowledge** that, NHS Lothian remains unable to provide assurance on its ability to deliver a balanced financial position over the next 5 years at this stage.
- **Accept** that this position has been submitted to the F+R for consideration.

3 Discussion of Key Issues

Financial Position as at December 2022

3.1 At Period 9, NHS Lothian reported a year to date overspend position of £14.1m against the Revenue Resource Limit. Detailed information is shown in Appendix 1.

3.2 The most significant pressures continue to be within drugs expenditure, and Medical & Dental pay costs. There are also some significant increases in expenditure being reported in other non-pay expenditure areas including GP prescribing and property related costs. The impact of this continues to be monitored closely to compare against forecast levels and to understand the impact on the 23/24 baseline position.

3.3 £7.9m 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 quarterly reviews that are available to offset operational pressures.

3.4 The year to date £14.1m overspend overall excludes any financial impact associated with Covid expenditure. The SG issued a £47.2m funding allocation for Covid and a further £7.2m for Test & Protect. £37.6m of this resource has been released to date to meet Covid costs incurred and have been released corporately. In addition, £6m IJB Covid reserves have been fed in to offset the Partnership covid costs. 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
Other Additional Staff Costs	11,875
Covid-19 Vaccination	10,721
Additional Bed Capacity/Change in Usage	3,720
Testing	3,587
Additional FHS Prescribing	2,938
Other	2,256
Drugs	2,110
Contact Tracing	1,665
Additional Infection Prevention and Control Costs	1,482
Loss of Income	1,249
Additional Equipment and Maintenance	1,000
Scale up of Public Health Measures	672
Payments to Third Parties	268
Community Hubs	20
Remobilisation -Digital & IT costs	4
Total	**43,567**

22/23 Covid Expenditure	YTD £'000
Board Covid Costs	£37,575
Parternship NHS	£5,992
Total Covid Costs Incurred	**£43,567**
SG Allocation	£37,575
IJB Earmarked Reserves	£5,992
Total Covid Allocations	**£43,567**

3.5 Costs for Covid remain relating to additional staffing to support services and staff absences, as well as the ongoing vaccination programme. Other elements of costs are tailing off with staffing reduced or redeployed where some services have ceased.

3.6 Managing Covid costs with a view to reducing them where possible via Covid exit arrangements continues to be reviewed through the Financial Improvement Group (FIG).

Analysis of Workforce Position since the beginning of Covid

3.7 In comparison with Feb 2020 (Pre-Covid) there are 1,919wte additional budgeted establishment (and therefore funded) across the organisation. The impact of this additional investment has meant that there are now 1,368 wte additional staff in post compared to in-post position of Feb 2020. The number of vacancies in the system has also increased by over 500wte's. Table 2 highlights this position.

Table 2: Analysis of Workforce Position

	Budget WTE	In Post WTE	Vacancies WTE
Position @Feb 2020	22,786	22,000	786
Latest Position 22/23	24,705	23,368	1,337
Additional WTE	**1,919**	**1,368**	**551**
Covid Related WTE		**586**	

3.8 In addition to the extra 1,368 staff, there are a further 586 wte Covid related staff, with their costs offset via a Covid funding source in-year. These staff are either working on specific Covid services, or additional capacity or in relation to extra/supplementary staffing to cover Covid absences. Circa 270wte relate to the Covid Vaccination programme and it is assumed that substantive staff within that programme will have a funding source going forward along with some other specific services being requested by SG, like whole genome sequencing. Of the balance, over 100wte are supplementary staffing. It is key that the balance of substantive Covid staffing without a funding route in 23/24 is minimised. The ongoing management of Covid costs, in order to reduce them where possible via Covid exit arrangements, is progressed through the Financial Improvement Group (FIG).

Efficiency & Productivity

3.9 A total of £25.7m of savings schemes have been identified for delivery in year. To date, £18.2m has been delivered, leaving a shortfall of £0.7m against an estimate of £18.9m year to date. For the year ahead it will be essential to deliver increased levels of savings to support financial performance; the thematic efficiency programmes across key spend areas will be an important element of delivering these opportunities and achieving as a minimum 3% savings, which in cash terms will be double the forecast achievement in 2022/23.

Year-End Forecast

3.10 The year-end forecast has been maintained at £15m based on the month 9 position. Meetings with the service and reviewing in year flexibility continues to be key in the aim to reduce this forecast down by year-end to a breakeven position.

3.11 The SG have verbally confirmed to NHS Lothian that additional funding will be allocated for the New Medicines Fund of circa £7.5m along with an expected reduction in CNORIS costs giving a potential £1.7m saving. These recently notified benefits that are due in the final quarter of the year will allow for the forecast to be adjusted down to a circa £6m overspend outturn. Once the funding is received the year end forecast will be updated.

4 22/23 Allocations to NHS Lothian

4.1 Within the £28m Financial Plan gap approved at the beginning of this financial year was additional uplift on baseline resources equating to 2%. Since that time, the SG have issued an increased pay offer for Agenda for Change staff, and a 4.5% increase for Medical & Dental staff. 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 financial risk to the board.

4.2 Overall, the challenge of delivering financial balance in the current year is adversely affected by ongoing financial issues including:

- Balancing financial targets with service delivery and operational priorities;
- Our current estimate that NHS Lothian is short by up to £17m on NRAC funding to reach parity in this year;
- No additional resource available to support non-pay cost growth in a year unpredictable inflationary pressures;

- The legacy of a reduced recurring delivery in the efficiency programme in prior years as a result of Covid.

4.3 As well as those challenges in this financial year, the above issues are mainly recurring in nature and will impact the 23/24 position and beyond.

5 Update to the 5 Year Financial Outlook 23/24 – 27/28

5.1 The 5 Year Financial Outlook has been updated from the presentation to F&R in December 2022 and overall, there has been no material change with a £93.5m gap estimated for 23/24, with Table 3 highlighting the movements.

Table 3: Financial Outlook 23/24 Movements

	Dec 23/24 FP Variance	Feb 23/24 FP Variance	Movement
	£m	£m	£m
Baseline Carry Forward Pressures	(96)	(96)	0
Additional Expenditure, Growth, Uplift & Commitments	(89)	(95)	(6)
Total Projected Costs	**(185)**	**(191)**	**(6)**
Additional Resources	84	84	0
Financial Outlook Gap before FRP's	**(101)**	**(107)**	**(6)**
Financial Recovery Actions	**6**	**14**	8
Total Financial Outlook Gap	**(95)**	**(93)**	**2**

5.2 Overall, whilst the projections currently show a significant gap, this shortfall needs to be considered in the context of overall expenditure next year, likely in the region of over £2bn. In that regard, the current gap represents around 5% of a cost gap to recover, and achievement of a 3% efficiency target will improve the outlook from that currently shown. It is also worth noting that in recent years NHS Lothian has consistently operated with a Financial Plan that has not been in balance but has successfully delivered a breakeven outturn by the year end.

5.3 A key focus in reducing this gap is to progress efficiency schemes and increase the value of savings identified. This is being delivered in conjunction with support from the Sustainability & Value Team through the Thematic Efficiency Programme with Service Leads. As a minimum all areas are requested to identify savings plans to achieve a 3% target.

5.4 Appendix 2 shows the updated 5 Year Outlook and Appendix 3 the latest 23/24 Financial Plan by Business Unit.

5.5 Dialogue continues with Integration Joint Boards, providing them with an estimate of the level of financial challenge within each IJB and NHS Lothian based on the current plan. Appendix 4 shows the 23/24 Financial Plan by Integration Joint Board.

5.6 A final update to the 5 Year Financial Outlook will be provided to the March 2023 F&R Committee for consideration before the April Board meeting.

6 Risks and Assumptions

6.1 Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation.

6.2 A number of risks should be considered by the Board. A risk register is set out in Appendix 5, with key risks noted below:

- Any ongoing impact of Covid, the consequences this has on service delivery and consequential financial impact;
- Notification of final uplift funding for 22/23 and any impact that will have in 23/24;
- Continued challenge of operational performance on elective, mental health and unscheduled care capacity pressures including delayed discharges;
- Challenge to reduce the number of unfunded beds across the system in 23/24 due to the non-recurring nature of available financial support. There is an operational risk, that these beds cannot close.
- Availability of SG funding for both nationally funded programmes & initiatives and services funded annually on a non-recurring basis.

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
25th January 2023
craig.marriott@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st December 2022
Appendix 2 - NHS Lothian 5 Year Financial Outlook
Appendix 3 – NHS Lothian 23/24 Financial Plan by Business Unit
Appendix 4 - NHS Lothian 23/24 Financial Plan by Integrated Joint Boards
Appendix 5 - Financial Outlook Risk Register

Appendix 1 - Lothian Income & Expenditure Summary to 31st December 2022

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	326,317	244,995	255,879	(10,885)
Nursing	522,452	389,960	390,427	(466)
Administrative Services	150,904	106,695	108,428	(1,734)
Allied Health Professionals	97,261	72,748	70,997	1,750
Health Science Services	46,127	34,867	36,554	(1,687)
Management	8,114	6,027	5,657	370
Support Services	80,819	60,139	63,590	(3,450)
Medical & Dental Support	15,947	12,078	12,547	(469)
Other Therapeutic	54,862	41,701	39,044	2,657
Personal & Social Care	2,867	1,993	1,843	150
Other Pay	(12,149)	(12,417)	(12,201)	(217)
Emergency Services	0	0	19	(19)
Vacancy Factor	(496)	(372)	0	(372)
Pay	**1,293,026**	**958,413**	**972,785**	**(14,372)**
Drugs	121,387	90,617	110,904	(20,287)
Medical Supplies	97,209	74,457	83,211	(8,754)
Maintenance Costs	6,245	4,397	9,223	(4,827)
Property Costs	44,595	29,854	31,181	(1,327)
Equipment Costs	34,531	27,435	30,406	(2,971)
Transport Costs	8,889	6,512	8,331	(1,818)
Administration Costs	217,350	18,509	(9,751)	28,260
Ancillary Costs	11,985	9,044	11,856	(2,812)
Other	(5,031)	(24,662)	(25,566)	904
Service Agreement Patient Serv	35,684	31,450	32,087	(637)
Savings Target Non-pay	(364)	(279)	0	(279)
Resource Trf + L/a Payments	116,068	87,246	87,440	(194)
Non-pay	**688,550**	**354,581**	**369,323**	**(14,742)**
Other Payments/reimbursements	(5)	(5)	(5)	0
Gms2 Expenditure	153,428	115,210	116,842	(1,632)
Ncl Expenditure	813	609	664	(54)
Other Primary Care Expenditure	87	65	58	7
Pharmaceuticals	161,044	119,827	124,280	(4,453)
Primary Care	**315,366**	**235,707**	**241,839**	**(6,132)**
Other	**(1,338)**	**(989)**	**(468)**	**(521)**
Income	**(348,372)**	**(262,401)**	**(276,159)**	**13,758**
Extraordinary Items	**0**	**0**	**(3)**	**3**
CORE POSITION	**1,947,233**	**1,285,312**	**1,307,317**	**(22,006)**
Additional Reserves Flexibility	7,872	7,872	0	7,872
TOTAL	**1,955,105**	**1,293,184**	**1,307,317**	**(14,134)**

Appendix 2 - NHS Lothian 5 Year Financial Outlook

	23/24 Variance	24/25 Variance	25/26 Variance	26/27 Variance	27/28 Variance
	£k	£k	£k	£k	£k
Baseline Pressures	**(95,884)**	**(109,361)**	**(123,173)**	**(135,828)**	**(150,032)**
Projected Expenditure Uplifts & Commitments	(48,719)	(32,231)	(32,886)	(33,002)	(33,623)
Growth and Other Commitments	(40,377)	(16,509)	(17,497)	(19,098)	(20,187)
Policy Decisions	(3,200)	(1,000)	0	0	0
Strategic Investments	(2,324)	(271)	(62)	(62)	0
Essential Service Development	(166)				
Projected Expenditure Uplifts & Commitments	**(94,787)**	**(50,011)**	**(50,445)**	**(52,162)**	**(53,809)**
Projected Costs	**(190,670)**	**(159,373)**	**(173,618)**	**(187,990)**	**(203,842)**
Recurring Resources					
Base Uplift	32,760	33,415	34,083	34,765	35,460
NRAC	15,700				
VPAS	15,070				
Health & Social Care Levy	8,890				
OHB Income	1,733	1,733	1,733	1,733	1,733
Non Recurring Resources					
Reserves	3,375				
Flexibility	6,000				
Additional Resources	**83,528**	**35,148**	**35,816**	**36,498**	**37,193**
Financial Outlook Gap before FRP's	**(107,143)**	**(124,224)**	**(137,802)**	**(151,492)**	**(166,648)**
Financial Recovery Plans	**13,598**	**1,250**	**1,250**	**1,250**	**1,250**
Total Financial Outlook Gap	**(93,545)**	**(122,974)**	**(136,552)**	**(150,242)**	**(165,398)**

Appendix 3 - NHS Lothian 23/24 Financial Plan by Business Unit

	NHS Lothian	Acute Services Division	Reas	Directorate Of Primary Care	East Lothian Partnership	Edinburgh Partnership	Mid Lothian Partnership	West Lothian Partnership	Facilities And Consort	Corporate Services	Strategic Services	Inc + Assoc Hlthcare Purchases	Research + Teaching	Reserves
	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k	£k
Baseline Pressures	**(95,884)**	**(60,851)**	**(432)**	**896**	**(544)**	**(1,086)**	**(575)**	**908**	**(14,870)**	**(13,572)**	**(4,309)**	**7,314**	**(694)**	**(8,070)**
Projected Expenditure Uplifts & Commitments	(48,719)	(24,985)	(2,614)	(1,360)	(735)	(4,065)	(589)	(1,410)	(6,299)	(3,557)	98	(956)	(1,165)	(1,081)
Growth and Other Commitments	(40,377)	(16,491)	(177)	(239)	(1,262)	(5,476)	(1,133)	(3,623)	(10,150)	(302)	(98)			(1,427)
Policy Decisions	(3,200)	(200)												(3,000)
Strategic Investments	(2,324)	(524)				73								(1,873)
Essential Service Development	(166)	(166)												
Projected Expenditure Uplifts & Commitments	**(94,787)**	**(42,367)**	**(2,790)**	**(1,599)**	**(1,997)**	**(9,468)**	**(1,722)**	**(5,033)**	**(16,449)**	**(3,859)**	**(0)**	**(956)**	**(1,165)**	**(7,381)**
Projected Costs	**(190,670)**	**(103,218)**	**(3,223)**	**(702)**	**(2,540)**	**(10,553)**	**(2,297)**	**(4,125)**	**(31,319)**	**(17,431)**	**(4,310)**	**6,358**	**(1,859)**	**(15,451)**
Recurring Resources														
Base Uplift	32,760	12,598	1,819	517	584	1,734	465	858	2,117	2,156	26		2	9,884
NRAC	15,700	1,040							3,372	2,500				8,788
VPAS	15,070	15,070												
Health & Social Care Levy	8,890	784				732			950	222	2,500			3,702
OHB Income	1,733	10							621					1,102
Non Recurring Resources														
Reserves	3,375									200				3,175
Flexibility	6,000													6,000
Additional Resources	**83,528**	**29,502**	**1,819**	**517**	**584**	**2,466**	**465**	**858**	**7,060**	**5,077**	**2,526**	**0**	**2**	**32,651**
Financial Outlook Gap before FRP's	**(107,143)**	**(73,716)**	**(1,404)**	**(186)**	**(1,956)**	**(8,087)**	**(1,832)**	**(3,267)**	**(24,259)**	**(12,354)**	**(1,783)**	**6,358**	**(1,857)**	**17,200**
Financial Recovery Plans	**13,598**	**3,798**	**1,250**	**515**	**2,056**	**484**	**2,195**	**3,300**						
Total Financial Outlook Gap	**(93,545)**	**(69,918)**	**(154)**	**329**	**100**	**(7,604)**	**363**	**33**	**(24,259)**	**(12,354)**	**(1,783)**	**6,358**	**(1,857)**	**17,200**
Gap as a % Full Year Recurring Budget	*(5.0%)*	*(8.7%)*	*(0.2%)*	*7.1%*	*0.1%*	*(2.3%)*	*0.5%*	*0.0%*	*(18.8%)*	*(7.6%)*				

Appendix 4 - NHS Lothian 23/24 Financial Plan by Integrated Joint Boards

	NHS Lothian	East Lothian IJB	Edinburgh IJB	Mid Lothian IJB	West Lothian IJB	Non Delegated
	£k	£k	£k	£k	£k	£k
Baseline Pressures	**(95,884)**	**(1,977)**	**(8,802)**	**(1,996)**	**(3,269)**	**(79,840)**
Projected Expenditure Uplifts & Commitments	(48,719)	(2,046)	(9,132)	(1,590)	(3,352)	(32,600)
Growth and Other Commitments	(40,377)	(1,750)	(7,236)	(1,539)	(4,346)	(25,506)
Policy Decisions	(3,200)					(3,200)
Strategic Investments	(2,324)	160	695	160		(3,339)
Essential Service Development	(166)					(166)
Projected Expenditure Uplifts & Commitments	**(94,787)**	**(3,636)**	**(15,672)**	**(2,969)**	**(7,698)**	**(64,811)**
Percentage of Recurring Budget	*(5.1%)*	*(3.3%)*	*(3.4%)*	*(3.2%)*	*(4.5%)*	*(6.2%)*
Projected Costs	**(190,670)**	**(5,613)**	**(24,474)**	**(4,965)**	**(10,967)**	**(144,652)**
Recurring Resources						
Base Uplift	32,760	1,943	7,812	1,588	2,951	18,467
NRAC	15,700	626	2,737	613	1,052	10,672
VPAS	15,070	60	285	50	105	14,570
Health & Social Care Levy	8,890					8,890
OHB Income	1,733					1,733
Non Recurring Resources						
Reserves	3,375					3,375
Flexibility	6,000					6,000
Additional Resources	**83,528**	**2,629**	**10,834**	**2,251**	**4,108**	**63,707**
Financial Outlook Gap before FRP's	**(107,143)**	**(2,984)**	**(13,641)**	**(2,713)**	**(6,859)**	**(80,945)**
Financial Recovery Plans	**13,598**	**737**	**3,110**	**668**	**2,583**	**6,500**
Total Financial Outlook Gap	**(93,545)**	**(2,247)**	**(10,531)**	**(2,045)**	**(4,276)**	**(74,445)**
Percentage of Recurring Budget	*(5.0%)*	*(2.0%)*	*(2.3%)*	*(2.2%)*	*(2.5%)*	*(7.2%)*

Appendix 5 - Financial Outlook Risk Register

Key Assumptions / Risks	Risk rating	Impact
SGHD Allocations	High Risk	There is a high degree of uncertainty relating to SG allocations both core and covid related leaving services uncertain around ongoing funding for delivery plans and recruitment and also uncertainty over the avilalability to covid the additional costs of Covid.
Covid Activity	High Risk	There is a high degree of uncertainty relating to the future activity levels of Covid. Therefore, the additional costs as identified are based on a set of assumptions around activity levels which may change.
Pay Award	High Risk	There is a risk that the pay settlement finally agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made are that pay awards will be fully funded.
Energy	High Risk	An assessment of an increase in the costs of energy has been made. However, energy costs have been volatile and there is a risk that costs may increase beyond that anticipated.
Access/Urgent Care	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance, without additional funding.
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges - the estimate for 23/24 does not consider any further deterioration in this area.
Winter Costs	High Risk	The costs of winter in 23/24 are expected to be within normal tolerance levels. There is a risk that the financial impact of winter exceeds that currently planned.
Unfunded Beds	High Risk	There is a requirement to reduce the number of unfunded beds open across the system in 23/24 due to the non-recurring nature of funding in 22/23. The risk is that the operational pressures within the system will be adversely impacted, or a financial risk that these beds cannot close.
Efficiency Savings	High Risk	There is a very real risk that Directorate Management will not have the opportunity to provide sufficient focus to the Efficiency programme next year due to in year challenges around Covid.
Capital Funding	High Risk	The level of available Capital Funding in 23/24 and beyond poses operational risk for supporting infrastructure both planned and unplanned.
Integration	Medium Risk	The assumption is that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource
IJB Performance	Medium Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.
GP Prescribing	Medium Risk	The Financial Plan has been reviewed in line with current unit cost and activity, but these elements remain highly volitile.
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimated in the Financial Plan. The impact of any additional growth or additional spend on high cost drugs remains an issue.
Availability of trained staff	Medium Risk	The availability of trained staff, particularly in light of guidance and regulations relating to the pandemic, has resulted in supply issues which has seen an increased use in agency staff and the associated costs.
Backdated pay claims	Low Risk	NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.

Meeting Name: Board Meeting date: 08 February 2023

Title: CORPORATE RISK REGISTER

Purpose of the Report:					
DISCUSSION	**X**	DECISION		AWARENESS	

The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

Recommendations:

The Board is recommended to:

2.1. Review the approved Corporate Management Team (CMT) January 23 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.

2.2. Note that the CMT are not making any CRR recommendations to the Board.

2.3. To note that the rationale for any materially worsening risks, will be set out in the CRR paper, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.

2.4 Note that the revised Risk Management Policy and Procedure is being considered at the February Audit and Risk Committee prior to submission to the March Board for approval.

Author: Jo Bennett **Date: 08 February 2023**	**Director: Tracey Gillies** **Date: 08 February 2023**

NHS LOTHIAN

Board
08 February 2023

Medical Director

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 approved Corporate Management Team (CMT) January 23 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.

2.2. Note that the CMT are not making any CRR recommendations to the Board.

2.3. To note that the rationale for any materially worsening risks, will be set out in the CRR paper, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.

2.4 Note that the revised Risk Management Policy and Procedure is being considered at the February Audit and Risk Committee prior to submission to the March Board for approval.

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.

Escalation of Risks - Divisional Very High/High Risks

3.1.3. 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. The next review of the very high and high risks will be presented to the CMT in July 2023 and will also include risks on the corporate single system risks registers such as Public Health, Nursing and Pharmacy in July 2023.

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

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.

Jo Bennett
Associate Director for Quality Improvement & Safety
08 February 2023
jo.bennett@nhslothian.scot.nhs.uk

List of Appendices
Appendix 1: Risk Assurance Table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date
5360	**Covid-19** 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. New public health risk added April 2022. Executive Lead: Dona Milne	Healthcare Governance & Risk Committee (HCG) • May 2022 – Healthcare Governance – accepted moderate assurance. • July 2022 - Healthcare Governance – accepted moderate assurance. **Outcome of Executive Lead Discussions** **October 2022 update** • National IMT continues to meet monthly and PHS provides weekly surveillance reports • NHS Lothian Health Protection team continues to monitor outbreaks in high-risk settings • 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 • 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. **January 2023 update** • **National IMT continues to meet monthly and PHS provides weekly surveillance reports. NIMT has met weekly over festive period due to increased incidence of flu and covid** • **NHS Lothian Health Protection Team continues to monitor outbreaks in high-risk settings, in particular care homes.** • **Autumn/winter Flu/COVID vaccination programme delivered to protect vulnerable populations** • **VAM team are in place to end March 2023. SG have yet to confirm if funding will be extended beyond this period** • **There is a risk of a new variant and mutation. Over the autumn/winter period there is the combined risk of COVID and flu, which could significantly impact on demand for health services.**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	**Board June 2022**	**August 2022 Board**
		High 15	High 15
3600	**Finance** There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is 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. Executive Lead: Craig Marriott	Finance & Resources Committee • November 2020 – F&R continued to accept limited assurance on the management of this risk. • March 2021 – significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021. Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22. • January 2022 – F&R accepted limited assurance. • Paper submitted to the August F&R Committee setting out the risk and risk mitigations plans- Limited assurance accepted. • The Board is also aware of the finance risk increase in grading and rationale.	
		Outcome of Executive Lead Discussions **October 2022 Update** • The financial deficit remains, particularly related to pay and non-pay costs and the broader impact of inflation and demand • 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 • Work remains ongoing to manage COVID exit costs and realise efficiency savings • The potential impact of industrial action will be associated with enhanced funding for recovery plans, particularly around extended patient waits. **January 2023 Update** • **The financial consequences of winter and non- pay inflation are now impacting on current spend, however we are currently not asking for brokerage. This is also impacting on planning for next year and as a result we do not have a balanced financial plan.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		Very High 20	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
5186	**4 Hours Emergency Access Target** There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care. New risk created from previous risks 3203 & 4688. Approved by June 2021 Board. Executive Lead: Jim Crombie	Healthcare Governance Committee – person-centred, safe and effective care. • November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED • Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021 • Scheduled for review as part of acute service report at November 2022 meeting. Planning Performance & Development Committee – Performance • June 2021 – Board agreed downgrade of risk from Very High to High • December 2021 – Board agreed upgrading from High to Very High • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • September 2022 - Limited assurance accepted. **Outcome of Executive Lead Discussions** **October 2022 Update** • PPDC accepted limited assurance on the risk mitigation plan at September meeting • A high-level plan is now agreed, and a Project Initiation Document has been developed to support delivery and implementation • Gold stepped back up at beginning of Oct and shorter-term action plans being considered as well as continued work with HSCPs. **January 2023 Update** • **CMT System pressures meeting launched in Oct/Nov and shorter-term action plans being considered as well as continued work with HSCPs** • **There will be a risk to successful implementation of those plans if we deviate from our plans and do not allow sufficient resource to support implementation. This is particularly heightened due to exceptional system pressures deviating resource from improvement activity** • **A number of actions have been taken under the escalation framework to release as much staff-time as possible to patient facing areas and duties including:** ➢ **Standing down of all non-urgent strategic, business-as-usual meetings which is regularly reviewed** ➢ **Reviewing of training, education and study leave in areas of high pressure** ➢ **Reviewing of capacity to deploy clinical staff working in non-patient facing roles to support areas of pressure if required**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		➢ **Appealing for volunteers to support services especially at busy ED departments/ front door areas to help keep patients comfortable while they wait.** • **Awaiting confirmation of short-term winter funding from SG for HSCPs to acquire additional bed capacity in care sector to alleviate delayed discharges.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		Very High 20	Very High 20
3726	**Hospital Bed Occupancy** There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian's capacity to achieve national standards. Executive Lead: Jim Crombie	Healthcare Governance Committee – person-centred, safe, and effective care. • September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted. • November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge. • Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021. • Scheduled for review as part of acute service report at November 2022 meeting. • HSCPs contribution to mitigation to be picked up as part of service report in September 2022. • September 2022 – HCG accepted moderate assurance on LUCs and all HSCP annual reports, with the exception of EHSCP which was limited. Planning Performance & Development Committee – Performance • June 2021 – Board agreed to downgrade risk from Very High to High • April 2022 – Board agreed re-framed risk (previously timely discharge) with grading very high (20) • September 2022 - Limited assurance accepted.	
		Outcome of Executive Lead Discussions **October 2022 Update** • PPDC accepted limited assurance on the risk mitigation plan at September meeting • A high-level plan is now agreed, and a Project Initiation Document has been developed to support delivery and implementation • Gold stepped back up at beginning of Oct and shorter-term action plans being considered as well as continued work with HSCPs.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<u>January 2023 update</u> • **CMT System pressures meeting launched in Oct/Nov and shorter-term action plans being considered as well as continued work with HSCPs** • **There will be a risk to successful implementation of those plans if we deviate from our plans and do not allow sufficient resource to support implementation. This is particularly heightened due to exceptional system pressures deviating resource from improvement activity** • **A number of actions have been taken under the escalation framework to release as much staff-time as possible to patient facing areas and duties including:** ➢ **Standing down of all non-urgent strategic, business-as-usual meetings which is regularly reviewed** ➢ **Reviewing of training, education and study leave in areas of high pressure** ➢ **Reviewing of capacity to deploy clinical staff working in non-patient facing roles to support areas of pressure if required** ➢ **Appealing for volunteers to support services especially at busy ED departments/ front door areas to help keep patients comfortable while they wait.** • **Awaiting confirmation of short-term winter funding from SG for HSCPs to acquire additional bed capacity in care sector to alleviate delayed discharges.**	
	Risk Grading:	**Board June 2022** Very High 20	**Board August 2022** Very High 20
3829	**Sustainability of Model of General Practice** There is a risk that the Board will be unable to meets its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.	<u>Healthcare Governance Committee</u> • July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda. • Update paper went to HCG May 2021 - No assurance level of assurance proposed or agreed as paper setting out the current position. • May 2022 – HCG accepted moderate assurance • September 2022 – HCG accepted moderate assurance on LUCs and all HSCP annual reports, with the exception of EHSCP which was limited **<u>Outcome of Executive Lead Discussions</u>** **<u>October 2022 Update</u>**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Tracey Gillies	• 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 • Moderate assurance was also accepted for the LUCs annual report • Strategic IA for GMS infrastructure programme is progressing with aim to present to LCIG by end of this calendar year • Directions from SG to support delivery of CTACs, pharmacotherapy and urgent care services still awaited • Vaccination transformation programme (VTP) was completed in May 2022 • 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 • 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. **<u>January 2023 update</u>** • **PCIPs remain in place, although full funding not provided by SG and directions from SG to support delivery of CTACs, pharmacotherapy and urgent care services still awaited** • **Strategic IA for GMS infrastructure will be presented to LCIG February 2023 (slight slippage)** • **PCIP trackers continue to be 'on track'** • **Six practices have closed their lists to new patients, two of which will re-open their lists from 1 February 2023** • **GP OOH service (LUCS) successfully managed festive PHs which had high demand (20% increase from 2021/22 - 3560 patients over four-day Christmas weekend and 3652 patients over four-day New Year weekend).**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 12	High 12
5185	**Access to Treatment** There is a significant risk that NHS Lothian will not achieve waiting time standards for 2021/22 and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer	<u>Healthcare Governance Committee –</u> person-centred, safe and effective care<u>.</u> • November 2020 – HCG accepted moderate assurance on the Clinical prioritisation plan. • December 2020 – the Board accepted limited assurance that Remobilisation will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients. New risk created from previous risks 3211 & 4191. Approved by June 2021 Board. Executive Lead: Jim Crombie	• January 2021 – HCG discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months. • March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19. <u>Planning Performance & Development Committee</u> – Performance • October 2020 – Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. • September 2022 – paper delayed to allow discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. • November 2022 – levels of assurance agreed by service as noted below
		<u>Outcome of Executive Lead Discussions</u> **<u>October 2022 Update</u>** • Risk assurance paper now going to November PPDC meeting to allow discussion of plans at the Scheduled Care Recovery Board (SCRB) in Oct. • Most Outpatient specialties achieved the 104 weeks target by end August, with the exception of Dermatology and Urology. • 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. **<u>January 2023 Update</u>** • **Nov SPPC accepted assurance levels split by service:** ➢ **Inpatient/ day case (TTG) patients – Limited as a result of current and anticipated activity levels, workforce and unscheduled care pressures, high volume of Delayed Discharges and high site occupancy and the backlog of patients waiting** ➢ **Outpatients – Moderate as activity recovered to higher than pre-Covid levels, and gradual reduction in long waits, but backlog of patients waiting** ➢ **Diagnostic Endoscopy and Cystoscopy performance – Limited based on issues around workforce and the backlog of patients waiting** ➢ **Diagnostic Radiology performance – Limited based on issues around workforce and the backlog of patients waiting, and increased demand**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		➢ **Cancer 31-day performance – Moderate as we focus our limited capacity on cancer treatment** ➢ **Cancer 62-day performance – Limited due to impact of high referral numbers, reduced bed and theatre capacity, diagnostic pressures and staffing challenges across services; and decreased activity, including specifically Robotic, in Urology, in addition to the 'standardisation' of Robotic Prostatectomy.**	
	Risk Grading:	**Board June 2022** Very High 20	**Board August 2022** Very High 20
5388	**HSDU Capacity (New Risk)** There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience. New risk accepted onto CRR by June Board. Executive Lead: Jim Crombie	<u>Finance and Resources Committee</u> • Will be presented to F&R in October 2022 for assurance. • Submitted but not considered due to re-prioritisation of agenda • Limited assurance accepted at December 2022 meeting **<u>Outcome of Executive Lead Discussions</u>** **<u>October 2022 Update</u>** • Risk mitigation plan submitted to F&R October 2022, however, was not considered due to re-prioritised agenda • IA for replacement HSDU facility currently being developed and expected to be complete by end December 2022 • Risk mitigation dependent on financial support for plan by SG and Board. **<u>January 2023 Update</u>** • **Limited assurance accepted at December 2022 F&R** • **Operational mitigation plans remain the same in response to local machine or infrastructure failures** • **Risk remains on contingency via other Boards or external providers in terms of extremely limited service they can provide in the event of a catastrophic failure in the unit** • **Further steam failure experienced in December 2022, although service was able to mitigate and reduce impact** • **Commissioning of the new infrastructure replacements due to be complete in the coming weeks. Mitigation plan will be updated to reflect this and anticipated that increased assurance around this aspect can be given**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **IA development for new facility remains on track and will be presented to LCIG in January 2023** • **Mid to longer term mitigations for this risk rely on external capital investment for new facility.**	
	Risk Grading:	**Board June 2022** Very High 20	**Board August 2022** Very High 20
5187	**Access to Psychological Therapies** There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care. <u>New risk approved by June 2021 Board.</u> Executive Lead: Calum Campbell	<u>Healthcare Governance Committee –</u> person-centred, safe and effective care<u>.</u> • New risk pertinent to HCG. Approved at June 2021 Board. • Scheduled for review HCG in January 2023. <u>Planning Performance & Development Committee</u> – Performance • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • Risk mitigation plan to report in September 2022 PPDC. • Assurance and risk mitigation plan submitted to the November 2022 PPDC. • Risk mitigation plan submitted to December SPPC – no level of assurance offered. **<u>Outcome of Executive Lead Discussions</u>** **<u>October 2022 Update</u>** • Waits continue to reduce and Lothian are improving faster than most other Boards in Scotland • New trajectory agreed at PSOB • Meeting with MH Minister to review progress and escalation status 24th November. The risk grading will be reviewed once de-escalation has been confirmed by SG and providing that performance continues to improve • Finance allocation not confirmed yet for this financial year. **<u>January 2023 Update</u>** • **Waits continue to improve. There is an unexpected significant reduction in the Mental Health allocation for 22/23 from SG. The impact of this reduction is being assessed and it is predicted that waits will continue to reduce but at a slower rate. The risk grading will be reviewed if de-escalation is confirmed by SG and provided that performance continues to improve.**	
	Risk Grading:	**Board June 2022** Very High 20	**Board August 2022** Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date
5188	**Access to CAMHS** There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care. <u>New risk approved by June 2021 Board</u> Executive Lead: Calum Campbell	<u>Healthcare Governance Committee –</u> person-centred, safe, and effective care. • CAMHS Medical Workforce paper went to March 22 HCG and moderate assurance accepted. Paper also planned to go to the Staff Governance committee. • New risk pertinent to HCG. Approved at June 2021 June. • July 2021 HCG accepted limited assurance with respect to plans in place to improve access, acknowledging significant work is taking place to rectify the current position. • An assurance paper was considered in February 2022 moderate assurance accepted with respect to clinical workforce plan and implementation as sustainable service provision. • Scheduled for review HCG in January 2023. <u>Planning Performance & Development Committee</u> – Performance • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • To report on risk mitigation plans in September 2022 • Assurance and risk mitigation plans submitted to the November 2022 PPDC. • Risk mitigation plan submitted to December SPPC – no level of assurance offered. **<u>Outcome of Executive Lead Discussions</u>** **<u>October 2022 Update</u>** • Continues to improve as per trajectory. • 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 • 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 • Meeting with MH Minister to review progress and escalation status 24th November. The risk grading will be reviewed once de- escalation has been confirmed by SG and providing that performance continues to improve. • Finance allocation not confirmed yet for this financial year. **<u>January 2023 Update</u>** • **Waits continue to improve. There is an unexpected significant reduction in the Mental Health allocation for 22/23 from SG. The impact of this reduction is being assessed and it is predicted that waits will continue to reduce but at a slower rate. The risk grading will be reviewed should de- escalation be confirmed by SG and provided that performance continues to improve.**

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		Very High 20	Very High 20
3828	**Nursing Workforce** There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience. Executive Lead: Alison MacDonald	<u>Staff Governance Committee</u> • July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. • Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan. • October 2020 – verbal update provided no new level of assurance agreed. • December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation. • May 2021 – Staff Governance accepted grading reduced from Very High to High. • Paper went to Private Board August 2021 and agreed to increase grading from High to Very High. Follow up paper to go to September 2021 Board. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. • The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. • Verbal update given to December Committee and paper will be submitted to the February 23 meeting.	
		<u>Outcome of Executive Lead Discussions</u> **<u>October 2022 Update</u>** 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: • 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	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• 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 • 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. **<u>January 2023 Update</u>** • **Nursing and Midwifery Group has met and established working groups.** **Safe care roll out is complete. Safe care in maternity services is being explored in more detail, as a national piece of work.** **Monitoring mechanisms set out in the October update above continue.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		Very High 20	Very High 20
5020	**Water Safety and Quality** There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems. New risk –approved by Board 12 August 2020. Executive Lead: Tracey Gillies	<u>Staff Governance Committee</u> • October 2020 – limited assurance accepted. • May 2021 - Limited assurance was agreed by the NHS Lothian H&S committee • March 2022 - Staff governance committee accepted limited assurance • July 2022 - Limited assurance accepted • Staff Governance Committee July 2022 accepted limited assurance and requested list of premises • Verbal update provided to October 2022 Staff Governance Committee • December 2022 - limited assurance accepted. **<u>Outcome of Executive Lead Discussions</u>** **<u>October 2022 Update</u>** • Paper due in December clarifying position of 3rd parties in terms of responsibilities and compliance • Now established that tenants are responsible for premises as all have full maintenance leases • Letter ready to send for phase 1 (General practices, where we have NHSL staff working and therefore have a duty of care) • A more robust testing programme is in place for owned premises which allows timely identification and remedial action. **<u>January 2023 Update</u>**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• **Letters sent and 65% of General practices have responded as at 12 Jan. In-depth review of responses to be carried out and remainder to be chased. Challenges remain in relation to cost liability.** • **Robust testing regime remains in place for owned and PFI sites.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 12	High 12
5189	**RIE Facilities** There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including: • Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) • Water quality and management of water systems (flushing, temperature control, periodic testing) • Window safety and maintenance • Wire Safety Leading to interruption to services, potential harm to patients and staff and significant remedial costs. <u>New risk approved by June 2021 Board</u> Executive Lead: Jim Crombie	<u>Finance & Resources Committee</u> • New risk approved by Board June 2021 • Paper due to go to F&R August 2022. • October 2022 - Limited assurance accepted. • F&R December meeting received and supported a paper on Scottish fire and rescue services (SFRS) audit action plan.	
		Outcome of Executive Lead Discussions **<u>October 2022 Update</u>** • F&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 • 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 • Balance required between managing risks in clinical delivery and the infrastructure/facilities, given potentially disruptive nature of remedial works required • Action plans and investigatory works are underway for critical systems on a risk based and financial prioritisation. **<u>January 2023 Update</u>** • **Further updates to F&R on the two key issues of compartmentalisation and the debate around the requirement for an L1 system to be provided when available, within next 6 months; Re: Fire & Rescue Paper** • **Local Distribution Board (electrical) testing Programme is nearing completion with a small number of section boards to be tested. Bespoke parts delayed in delivery** • **Window Safety Programme is now complete apart from fly screens to be fitted for 8 windows** • **Current actions have had no impact on the overall grading of this risk, but it is anticipated that upon agreement of the life cycle programme, there will be a**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		significant reduction in risk as work progresses. Consort still to provide detailed maintenance plan for agreement by NHS Lothian – no timescale given • **Capacity of the PFI and their facilities management resource is also a limiting factor in the progress and pace** • **ESG continue to receive updates and inform the prioritisation of key critical systems** • **A Black Start test (part of the SHTM requirements) is due to take place in Q1 2023/24 and will provide further assurance regarding our mitigations and resilience if successful.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 15	High 15

3455	**Violence & Aggression**
	(Reported at H&S Committee)
	
	There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.
	
	Executive Lead: Alison MacDonald
		<u>Staff Governance Committee</u>
		
		• October 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions.
		• December 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms.
		• May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.
		• December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings.
		• March 2022 – verbal update provided to Staff Governance.
		• June 2022 - Staff Governance – accepted Moderate Assurance
		• Staff Governance Committee in October 22 accepted that across the breadth of this risk there was over all limited assurance, however when you consider the component parts set out in the risk mitigation plan, they acknowledged the following:
		  ○ Policy development - Medium assurance
		  ○ Purple pack - Medium assurance
		  ○ Training – Limited assurance
		  ○ Lone working- Moderate assurance
		  ○ Roles and Responsibilities - Limited assurance
		  ○ Data/assurance - Moderate assurance.
		• Verbal update given to December Committee and paper will be submitted to the February 23 meeting.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Outcome of Executive Lead Discussions **October 2022 Update** • All the above six workstreams are underway and progressing, this includes policy development, training needs analysis and the production of a minimum data set. **January 2023 Update** • **Workshop is planned for the 30th of January to align all the workstreams and identify co-dependences and areas of duplication** • **External review of V&A training has been undertaken to inform improvement programme.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 15	High 15

3328	**Roadways/Traffic Management**
	
	There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.
	
	Executive Lead: Jim Crombie
		Staff Governance Committee
		
		• October 2020 – limited assurance accepted regarding safe traffic management at the acute sites.
		• December 2020 – limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.
		• June 2021 Board – Governance and Management remain the same as does grading and adequacy of controls
		• March 2022 -accepted following levels of assurance accepted:
		  ○ Moderate – Astley Ainslie hospital, East and Midlothian premises
		  ○ Limited – Little France site, REH, WGH, St John's
		• July 2022 - limited assurance accepted
		• December 2022 - limited assurance accepted	

		Outcome of Executive Lead Discussions **October 2022 Update** • Verbal update given to Staff governance committee at October meeting • Local projects continue within constraints of monies available • A paper to request capital funding will be presented to LCIG in Q4 of 2022/23 **January 2023 Update**	

Datix ID	Risk Title & Description	Committee Assurance Review Date	

		• **Financial constraints and prioritisation across E&F mean the mid to longer term solutions may not currently be feasible.**
		A paper will go to LCIG before end of financial year.
		
		• **Additional staff recruited/additional training**
		  ○ **Lead for Car Parking and Security who will provide a vital role with risk assessment, training, monitoring and development of procedures and protocols**
		  ○ **Compliance (Risk & Safety) Manager who will also have a key role in all aspects of traffic management**
		  ○ **20 staff attended an HSE approved workplace traffic management course in September 2022**
		• **Attendance at the Pan Lothian Car Parking Group has been widened out to ensure all sites are represented, all risks captured, and key high risks discussed.**
		• **Current permit application and appeals process is now under review and a revised version will be launched in Quarter 1 of 2023.**	

	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 12	High 12
1076	**Healthcare Associated Infection** There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment, and environment where care is provided is inadequate or has inconsistent implementation and monitoring of HAI prevention and control measures and the threat of emerging and novel pathogens including Covid-19 leading to potential harm and poor experience for both staff and patients. Executive Lead: Alison MacDonald	<u>Healthcare Governance Committee</u> • January 2021 - Moderate assurance accepted. Standing item on HCG agenda. • March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres. • May 2021 – HCG accepted Moderate Assurance against plans in place to deliver the standards. • July 2021 and January 22 – HCG accepted Moderate Assurance against plans in place to deliver the standards. • August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report. • March 2022 – HCG accepted moderate assurance with respect to plans to mitigate this risk. • July 2022 – HCG accepted moderate assurance. • The risk mitigation plan is to report to HCG in the new year (23), with routine HAI reporting continuing to take place as per schedule. • Risk mitigation paper to go to HCG in March 23.	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		Outcome of Executive Lead Discussions **October 2022 Update** • The organisational processes for monitoring, reporting and responding to HAI are currently under review which also includes risk management • The risk description is also under review to ensure it captures the residual risk that cannot be managed at an operational level • A paper is going to the October ELT concerning HAI and the built environment and this will inform the risk description review • Controls through site infection and control groups, Health and Safety groups/committee and adverse event reporting continue to be in place, plus Board reporting. **January 2023 Update** • **Paper submitted to ELT concerning mechanisms to prioritise requests for infection control guidance/advice into capital projects, due to number of requests, and current team capacity. ELT accepted recommendations.** • **Pan Lothian infection Control Committee reviewing all HAI risks across the system, to ensure a consistent approach to the identification and management of HAI risks.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 16	High 16
5322	**Cyber Security** New risk approved by Board February 2022 There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services. Executive Lead: Tracey Gillies	Finance and Performance Review Committee • Paper now planned to go to F&R May 2022 and for Board discussion May 2022. • Paper presented to F&R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed. Audit and risk committee • Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk	
		Outcome of Executive Lead Discussions **October 2022 Update** • Risk mitigation plans in place. • Plans on target with progress regularly reported and monitored through management and governance structures and evidenced by updates to risk KPIs • NIS Audit completed July 2022 – results available • ICO audit scheduled for Oct/Nov 2022 – audit evidence being collated	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		• Advanced Healthcare Cyber-attack impacting Adastra systems across NHS Scotland – Impact Managed and mitigated At NHS Lothian level. **<u>January 2023 Update</u>** • **Risk mitigation plans in place and on target with progress including KPIs, regularly reported and monitored through Digital Portfolio Group (previously named Digital Oversight Board) and governance structures** • **NIS (Network & information systems) audit completed July 2022 –result 84% compliance rating (2021 81%, 2020 74%)** • **ICO (Information commissioner's office) audit for 17th – 21st Nov 2022 completed – result assurance rating high (79%)** • **NCSC (National cyber security centre) "Exercise in a Box" Cyber incident simulation complete and lessons learned** • **Internal Audit on IT security commenced (Grant Thornton) draft report expected Jan 2023** • **Advanced Healthcare Cyber-attack impacting Adastra systems across NHS Scotland – reported to NIS and ICO regulator, response awaited. Impact managed and mitigated at NHS Lothian Level.**	
	Risk Grading:	**Board June 2022**	**Board August 2022**
		High 12	High 12
5510	**Royal Edinburgh Bed Occupancy** <u>New risk approved by Board December 2022</u> 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. Executive Lead: Tracey Gillies	<u>Healthcare Governance Committee</u> • A local operational group is in place with membership from REAS and the HSCPs. • Performance and plans are reviewed every 2 weeks at REAS SMT. • Assurance paper going to January 2023 Healthcare Governance Committee. **<u>Outcome of Executive Lead Discussions</u>** **<u>January 2023 Update</u>** • **Risk accepted onto the corporate risk register in December 2022, plans to mitigate the risk continue to progress from improving community capacity to maximising discharge planning.**	
	Risk Grading:	**Board**	**Board**
		Very High 25	Very High 25

Removed Risks and Rational 22/23 - Corporate Risk

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	23/07/19	**Royal Hospital for Children & Young People/Dept of Clinical Neurosciences**	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	04/04/19	**Waste Management**	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	26/07/13	**Medical Workforce**	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	04/04/19	**Brexit/EU exit**	Board approved closing the risk as per 1 December 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	13/02/2013	**Learning from Complaints**	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.
5034	29/06/2020	**Care Homes**	Board approved closing the risk 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading.

Risk ID	Opened	Risk Title	Recommendation	Rationale
				Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HCG setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	**16/02/2012**	**Facilities Fit for Purpose**	Board approved closing the risk 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures. The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.