

## Agenda

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**09:30 - 09:35** **1. Welcome**

5 min

*Verbal*      *John Connaghan*

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**09:35 - 09:37** **2. Apologies for Absence**

2 min

*Verbal*      *John Connaghan*

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**09:37 - 09:39** **3. Declaration of Interests**

2 min

*Verbal*      *John Connaghan*

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

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

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## Items for Approval or Noting

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**09:39 - 09:44** **4. Items proposed for Approval or Noting without further discussion**

5 min

*Decision*      *John Connaghan*

**4.1. Minutes of Previous Board Meeting held on 01 December 2021**

*For Approval*      *John Connaghan*

 01-12-21 Public Board Minutes (final draft to Board).pdf (14 pages)

**4.2. Healthcare Governance Committee Minutes - 16 November 2021**

*For Noting*      *Patricia Donald*

 Healthcare Governance Committee Minutes 16-11-21.pdf (7 pages)

**4.3. Finance and Resources Committee Minutes - 13 October & 17 November 2021**

*For Noting*      *Angus McCann*

 Finance and Resources Committee Minutes 13-10-21.pdf (5 pages)

 Finance and Resources Committee Minutes 17-11-21.pdf (6 pages)

#### 4.4. Staff Governance Committee Minutes - 20 October 2021

For Noting *William McQueen*

 Staff Governance Committee Minutes 20-10-2021.pdf (12 pages)

#### 4.5. West Lothian Integration Joint Board Minutes - 09 November 2021

For Noting *Bill McQueen*

 West Lothian IJB Minute November 2021.pdf (6 pages)

#### 4.6. Midlothian Integration Joint Board Minutes - 14 October 2021

For Noting *Carolyn Hirst*

 Midlothian IJB Minutes - 14 October 2021.pdf (12 pages)

#### 4.7. Edinburgh Integration Joint Board Minutes - 26 October 2021

For Noting *Angus McCann*

 Edinburgh IJB Minutes - 26 October 2021.pdf (6 pages)

#### 4.8. East Lothian Integration Joint Board Minutes - 28 October 2021

For Noting *Peter Murray*

 East Lothian IJB Minutes 28-10-2021.pdf (6 pages)


#### 4.9. Appointment of Members to Committees


For Approval *John Connaghan*

 9 February 2022 - Board appointments report (final 170122).pdf (3 pages)

#### 4.10. Flu and Covid Vaccine Programme Update

For Noting *Pete Lock*

 Flu and Covid Vaccine Programme Update Board 260122.pdf (7 pages)

 Appendix 1 Covid and Flu Vaccination Administration at 25 January 2022.pdf (2 pages)

#### 4.11. Review of Governance of NHS Endowment Funds

To accept briefing on future arrangements *Susan Goldsmith*

 090222 Endowments Review Board report (final 100122).pdf (3 pages)

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## Items for Discussion

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09:44 - 09:49  
5 min


#### 5. Board Chair's Report - January 2022


Verbal *John Connaghan*

09:49 - 10:04  
15 min

#### 6. Board Executive Team Report - January 2022

Discussion *Calum Campbell*

 BET report 1-pager (09-02-22).pdf (1 pages)

 BET Report 9 February 2022 (final).pdf (22 pages)

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10:04 - 10:09  
5 min

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

Verbal John Connaghan

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10:09 - 10:19  
10 min

## 8. NHS Lothian Annual Review 2021 Feedback

Discussion John Connaghan

- Appendix 1- NHS Lothian - Annual Review - Cabinet Secretary letter - 15.12.21 DH.pdf (6 pages)
  - 090222 Annual Review Board report (final 180122).pdf (3 pages)
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10:19 - 10:59  
40 min

## 9. NHS Lothian Board Performance Paper

Discussion Jim Crombie

- Board Paper Performance\_February 2022 final.pdf (71 pages)
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10:59 - 11:09  
10 min

## Break

John Connaghan

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11:09 - 11:34  
25 min

## 10. Lothian Strategic Development Framework Update

Verbal Colin Briggs

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11:34 - 12:04  
30 min

## 11. NHS Lothian Finance

### 11.1. November 2021 - YTD Financial Position

Discussion Susan Goldsmith

- NHS Lothian 2122 finance report - Board February 2022 DRAFTv2.pdf (4 pages)

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

Discussion Susan Goldsmith

- NHS Lothian 1-pager Cover Board 9 February 2022 - DRAFT.pdf (1 pages)
  - 2122 Financial Plan Paper for Board February 22 - DRAFTv2.pdf (6 pages)
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12:04 - 12:19  
15 min

## 12. Corporate Risk Register

Discussion Tracey Gillies

- Board Corporate Risk Register Paper 9 February 2022 - Cover Page.pdf (2 pages)
  - Board Corporate Risk Register Paper 9 February 2022 Final.pdf (24 pages)
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12:19 - 12:24  
5 min

## 13. Any Other Business

Verbal John Connaghan

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12:24 - 12:29 **14. Reflections on the Meeting**

5 min

*Verbal*      *John Connaghan*

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12:29 - 12:30 **15. Future 2022 Board Meeting Dates**

1 min

*For Noting*      *John Connaghan*

**2022**

06 April 2022

22 June 2022 (annual accounts)

03 August 2022

05 October 2022

07 December 2022

## LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 01 December 2021 using Microsoft Teams.

### **Present:**

**Non-Executive Board Members:** Mr J. Connaghan (Chair); Mr M. Hill (Vice-Chair); Mr M. Connor; Ms K. Kasper; Dr P. Donald; Ms C. Hirst; Mr A. McCann; Mr P. Murray; Mr W. McQueen; Dr R. Williams; Cllr J. McGinty; Mr J. Encombe; Cllr S. Akhtar; Cllr G. Gordon and Mr E. Balfour

**Executive Board Members:** Mr C. Campbell (Chief Executive); Miss T. Gillies (Executive Medical Director); Ms D. Milne (Director of Public Health and Health Policy) and Miss F. Ireland (Interim Executive Director, Nursing, Midwifery & AHPs).

**In Attendance:** Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of HR & OD); Mrs J. Campbell (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Mrs J. Mackay (Director of Communications & Public Engagement); Ms S. Donnelly (Communications Manager, NHS Lothian); Mr P. Lock (Director of Improvement); Mr C. Briggs (Director of Strategic Planning); Ms T. McKigen (REAS Services Director); Mr C. Marriott (Deputy Director of Finance, NHS Lothian); Ms A. Macdonald (Chief Officer, East Lothian HSCP)(until 11am); Ms M. Barrow (Chief Officer, Midlothian HSCP); Ms Y. Lawton, Head of Strategic Planning & Performance, West Lothian HSCP); Ms R. Miller (Strategic Programme Manager, NHS Lothian)(Item 81); Mr J. Pearson (Capacity Modeller, NHS Lothian - observing); Ms A. Goodfellow (Consultant, Public Health & Health Policy, NHS Lothian – observing); Mr A. Payne (Head of Corporate Governance, NHS Lothian) and Mr C. Graham (Secretariat Manager).

**Apologies for absence:** Cllr D. Milligan; Prof. S. Chandran; Mrs S. Goldsmith and Ms A. White.

### **74. Declaration of Financial and Non-Financial Interest**

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

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

75.1 The Chair reflected on the continuing contribution being made by all NHS Lothian staff and social care partners in response to the ongoing pandemic.

75.2 The Chair reminded Board members that this would be Mr Hill's final Board meeting. The Chair highlighted some of Mr Hill's achievements since joining the Board in 2015 including his contributions as Vice Chair, Acting Chair and to the integration joint boards.

## Items for Approval

76. The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as “the consent agenda”. The Chair reminded members that they had the opportunity to advise in advance if they wished matters to be moved out of this section. The Board noted that such a request had been made in relation to the Vaccinations Update (Covid and Flu) item, this would therefore be moved from the consent agenda for fuller discussion at paragraph 77.
- 76.1 Minutes of Previous Board Meeting held on 06 October 2021 – Minutes were approved.
- 76.2 Audit & Risk Committee Minutes – 23 August 2021 – Minutes were noted.
- 76.3 Healthcare Governance Committee Minutes – 07 September 2021 – Minutes were noted.
- 76.4 Finance & Resources Committee Minutes – 25 August and 29 September 2021 – Minutes were noted.
- 76.5 Staff Governance Committee Minutes – 28 July 2021 – Minutes were noted.
- 76.6 Edinburgh Integration Joint Board Minutes – 20 August and 28 September 2021 – Minutes were noted.
- 76.7 West Lothian Integration Joint Board Minutes – 21 September 2021 – Minutes were noted.
- 76.8 Midlothian Integration Joint Board Minutes – 26 August and 09 September 2021 – Minutes were noted.
- 76.9 East Lothian Integration Joint Board Minutes – 16 September 2021 – Minutes were noted.
- 76.10 Public Health Partnership and Place Teams – The report was welcomed and the Board’s support for progress in this area was noted.
- 76.11 Appointment of Members to Committees – The Board agreed to:
- Appoint Peter Murray as the Board’s vice-chair from 1 December 2021.
  - Appoint Giovanna di Tano as a non-contractor pharmacist member of the Pharmacy Practices Committee from 1 December 2021 to 30 November 2024.
  - Re-appoint Bill McQueen as a member of the Pharmacy Practices Committee for the period from 3 October 2021 to 31 January 2024.
- 76.11.1 The Chair formally welcomed Mr Murray’s appointment as Vice Chair.
- 76.12 Climate Change Annual Report – The report was noted.

## 76.13 Initial Agreements

76.13.1 Initial Agreements - Re provision of Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit (NIDAIPU) & Re provision of Integrated Mental Health Rehabilitation and Low Secure Centre

76.13.2 Initial Agreement - Re provision of Critical Care Ward 20 at the Western General Hospital

- The Board approved these Initial agreements that would now be submitted to the Scottish Government Capital Investment Group.

76.14 Performance Oversight Board: Progress Update – The report was noted.

## **Items for Discussion**

77. Vaccinations Update (Covid and Flu) – The Board noted that Ms Hirst had requested that this item be taken for fuller discussion.

77.1 Dr Donald reported that there had been very full discussion on the vaccination programme at the last Healthcare Governance committee and thanked all those involved in the success of the programme in such a short timescale. Healthcare Governance had considered the key focus of safety, person centred approach and future planning of a more sustainable model.

77.2 Miss Ireland welcomed the opportunity for the discussion and clarified the leadership roles within the programme. Miss Ireland had the overall operational responsibility; Mr Pat Wynne was the Flu and Covid Vaccination Programme operational lead; Mr. Lock was the strategic lead and Scottish Government liaison and Ms Milne as Director of Public Health and Health Policy had overall responsibility for the immunisations programme.

77.3 Miss Ireland provided an update on further development to the presented paper. This mainly related to the emergence of the new Omicron Covid variant and the acceleration of existing vaccination programmes that was likely to come to Board from Scottish Government through a formal Chief Medical Officer letter. Acceleration would have a significant impact as this would require revised Patient Group Directions and the enacting of national protocols. A move from 24 weeks to 12 weeks would also result in a backlog of approximately 160,000 vaccinations.

77.4 The significant increase in activity would also require an increase in workforce to deliver this. Miss Ireland confirmed that the general student recruitment to staff banks had already started, with 173 applicants stating an interest in being involved with the vaccinator programme. Other recruitment and training was being expedited with practical training starting today.

77.5 Miss Ireland also outlined other changes being made to the vaccination programme for example to encourage practice nurse engagement in evening and weekend sessions, these staff would now be paid and grade. There was

also a small number of retirees and returners cohort as well as some mutual aid from the special health boards.

- 77.6 Miss Ireland explained the pressures on the vaccine programme scheduling and the importance of maintaining risk assessed pace and safety concurrently. Processes were also being put in place to manage and monitor waiting times at vaccination centres. The Board noted that alternative additional vaccination centres were also being looked at to improve the person centred approach. Currently 80% of City of Edinburgh capacity was at the Lowland Hall, Ingliston. Other centres included Ocean Terminal and the Gyle Shopping Centre.
- 77.7 Ms Hirst welcomed the update from Miss Ireland and asked about the communication of vaccination changes to the public. Ms Mackay confirmed that there was an active campaign around the changes which was checked and updated on a daily basis. Dedicated effort was put to the running of social media updates in relation to clinics and eligibility through the vaccine hub website. There was also continued work with colleagues nationally on changes, the Health and Social Care Partnerships to ensure clinic details were kept up to date and signposting to NHS Inform. The Chair added that any further information sought on communications could be followed up with Ms Mackay outside the meeting.
- 77.8 There was further discussion on the City of Edinburgh vaccination centres. Cllr Gordon made the point that the national booking system was creating localised problems in Edinburgh for individuals in accessing vaccinations as there was no understanding of local demographics or geography. Mr McCann stated that several questions around accessibility had been raised on the national scheduling system, noting that appointments being given often assumed all citizens having access to a vehicle to attend appointments.
- 77.9 Miss Ireland confirmed that the national vaccination scheduling service identified appointments closest to individuals on a date without prioritising any other factors into account so there was a need for further local centres. City of Edinburgh planning had been for 80% at Lowland Hall centre however there were 9 other centres running but these were not all 7 days per week.
- 77.10 The Board noted that for the Lothians, multiple cohorts of people to be vaccinated were sent to be uploaded to the national system, rather than the entire population. Uploading by locality was the best way to tailor the national system to Lothians needs and that any lessons to be learned around the software would have to be through a national solution.
- 77.11 The Board noted the update provided and agreed that it would be helpful for Non-Executives to have a further vaccination briefing update before the Christmas break, including a Communications update. Miss Ireland and Ms Mackay would progress this in the next couple of weeks.

**FI/JMac**



## **78. Board Chair's Report – December 2021**

- 78.1 The Chair reported that he and the Chief Executive had met with the Cabinet Secretary and officials to undertake the NHS Lothian Annual Review on 8<sup>th</sup> November 2021. Feedback from the Scottish Government would be received and shared with the Board in due course. The review had looked back over the previous year and had concentrated on preparations during the early phase of the pandemic. The second part of the review had been looking forward and the NHS Lothian remobilisation plan. The Cabinet Secretary and officials had recognised the significant amount of work put into the pandemic response and service planning by the NHS Lothian workforce and partners.
- 78.2 The Chair also acknowledged that he had attended a visit with the Cabinet Secretary to the East Lothian Community Hospital Transnasal Endoscopy (TNE) Service yesterday.

## **79. Board Executive Team Report – December 2021**

- 79.1 The Board noted the Board Executive Team report. Mr Campbell flagged the update on the Scottish Health Awards held on 4th November 2021. These are the most prestigious and recognised awards for those working across NHS Scotland and its Partners to deliver high quality health and social care services to the people of Scotland. Mr Campbell highlighted Dr Gourab Choudhury winner of the Doctor award, Harlawhill Day Care Centre who won top team award and Judith Newton who had been nominated in the Leader of the Year category.
- 79.2 Mr Campbell also commented on the Annual Review. This had been a positive meeting with the Cabinet Secretary showing a good understanding of the current system pressures. As the Chair had mentioned previously the feedback letter would come to the Board.
- 79.3 **New Director of Operations (Estates and Facilities)** - Dr Williams asked if this was an appointment for acute or primary care. Mr Crombie confirmed that this post would cover the whole system.
- 79.4 **Vaccination Programme** - Mr Encombe asked about the proportion of people in ICU that were unvaccinated. Miss Gillies stated that this was an important point as there was an over representation of the unvaccinated cohort in ICU. There was particularly serious illness and covid being seen in pregnant women due to poor vaccination uptake.
- 79.5 **New Covid South African Variant** - The Board noted that it was too early to comment on the new variant and information would be available from the normal sources as it becomes available – Scottish Government, Public Health Scotland and NHS Inform.
- 79.6 **HEPMA Roll out (Electronic Prescribing in hospitals)** - Dr Williams

welcomed the progress with this important work. Medication errors were a common cause of patient harm and e-prescribing reduces this risk. This was a good news story that the Board would like to hear more about at a future meeting. Miss Gillies agreed to bring a separate update back to the Board on this in the new year and highlighted the work the team at St John's Hospital had done to roll this out given current pressures.

79.7 **Access to GP Practices** - Ms Hirst commented that good communications around access to GP practices were essential and that it was positive to see the work NHS Lothian was doing to support and clarify the work of GP colleagues.

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

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

➤ **Healthcare Governance Committee**

Dr Donald outlined the discussion at Healthcare Governance around the vaccine programme as already mentioned and governance concerns with the SMART Centre at Astley Ainslie Hospital.

➤ **Audit and Risk Committee**

Mr Connor highlighted the concerns discussed at Audit and Risk with the recent Violence and Aggression Internal Audit report which had received limited assurance. The Board noted that the lead Executive was developing a comprehensive action plan that would come to the next Audit and Risk committee, any escalation requirements would come back to the Board as appropriate.

➤ **Finance and Resources Committee**

Mr McCann mentioned topics discussed at Finance and Resources, this included the medium term financial framework; the management of PFI contracts and the need for appropriate support to be in place for staff required to give evidence to the Scottish Hospitals Inquiry.

➤ **Edinburgh Integration Joint Board**

Mr McCann reported that the IJB continued to experience a high level of Delayed Discharges which is a significant concern for both the IJB and NHS Lothian. There was regular engagement between the Council and Health Board Chief Executives and Chief Officer with a range of actions underway to address the delays.

## 81. NHS Lothian Board Performance Paper

- 81.1 Mr Crombie introduced the report on the current performance position of key metrics relevant to the Lothian Performance Recovery Programme and Remobilisation Plans.
- 81.2 Mr Crombie referred to section 3 of the report and reminded Board members that NHS Lothian remained at its highest level of resilience with Gold Command meetings taking place on a regular basis, overseeing the provision of care across the whole system. Section 3.2 of the report provided an executive summary that covered updates on Covid, Workforce, System Flow and Scheduled Care.
- 81.3 Mr Crombie also referred to sections of the report outlining enhanced oversight arrangements with the Performance Support Oversight Board; the winter planning process to help mitigate pressures on flow; the new Covid variant and the ongoing active governance programme.
- 81.4 The Chair asked about mental health and plans to improve performance in that area. Ms Mckigen stated that the main area of focus in mental health remained inpatient beds, CAMHS and Psychological Therapies performance. The recovery plans had been approved by Scottish Government and were being monitored through the NHS Lothian Corporate Management Team and Performance Support Oversight Board. These plans both remained on trajectory. There was a recruitment risk with CAMHS but there was ongoing discussion around this.
- 81.5 CAMHS performance in November was higher than October and long waits were starting to come down following the implementation of the new CAPA Model. There were increasing pressures with inpatient beds, similar to acute sites, and this was a Scotland wide problem.
- 81.6 Cllr Akhtar asked about the CAMHS waiting list and focus on early intervention and prevention. Ms Mckigen confirmed there was ongoing monitoring and work with children's partnerships to identify what was available in each locality. Further work was planned with the four partnerships in the new year and Ms Mckigen would bring an update back to the Board in the new year.
- TMck**
- 81.7 Mr McQueen asked about the role of the Performance Support Oversight Board. Mr Lock gave some background on how the Oversight Board worked, identified areas to investigate and how this process was aimed at ensuring positive returns in the medium to longer term.
- 81.8 Mr Murray referred to the unscheduled care initiatives detailed in the report and questioned how in time which initiatives provided the biggest impact on improvement.

- 81.9 Mr Crombie clarified that a number of sources identify specialties sensitive to the processes of oversight and support. The performance snapshot report was considered at the Executive Leadership Team on a 2 weekly basis. If there were performance indicators that were not as expected then this resulted in discussion with the relevant lead to understand why this was occurring and a decision to spend more time focusing on drivers and constraints could be provided through corporate level support. There had been very supportive and constructive feedback to this approach and Performance Support Oversight Board provided the opportunity to escalate wicked issues.
- 81.10 Dr Long added that there was also a measurement plan for the Unscheduled Care programme with a dashboard that looks at measures on a weekly basis, showing the amount of activity under way.
- 81.11 The Chair welcomed the more detailed and precise measurement arrangements and referred to Remobilisation Plan 4 which included a number of items that would lend themselves were to measurement.
- 81.12 Mr McCann and Ms Kasper asked about the new discharge workstream detailed on page 11 of the report and the new discharge and transfer policy.
- 81.13 Dr Long explained that the measurement plan for discharging patients without delay was a rebranded approach from Scottish Government and the draft policy covered planning for people as soon as they enter the acute system. These were all approaches that would have a medium term impact. Ms MacDonald added that there was an important point across the system that to align the four health and social care partnerships to one acute system needed everyone to work in the same direction and there was some rebranding in order to bring this together and minimise any confusion.
- 81.14 The Board agreed the recommendations within the report:
- acknowledged the supporting performance infrastructure in place which provided formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
  - recognised the performance challenges detailed in the paper including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures.
  - considered the clinical reprioritisation exercise undertaken on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
  - noted the ongoing work following the active governance sessions which will further enhance coordinated and aligned performance reporting across the system.
  - noted that if further deeper dives were requested by the Board, these are addressed in separate reports to maintain the structure of the core performance report.

## **82. Lothian Strategic Development Framework**

- 82.1 Mr Briggs gave an update to the Board on progress in developing the Lothian Strategic Development Framework (LSDF).
- 82.2 Mr Briggs welcomed comments received through discussions with the buddy group and comments received from Mr McQueen and Dr Donald. There was still time for any other comments to be sent to him. The work with the RSA and the citizen's panel was also recognised as having been well received.
- 82.3 The Board recognised that there was a challenge in getting to the point of a readable document for citizens. Mr Briggs explained that the intention was to produce a summary with links to read more about individual sections. Ms Milne and Public Health had been working on the population health information and this would be circulated to Board Members once this was in a suitable format.
- 82.4 Mr Hill commented that he was supportive of all the work being done on the LSDF and asked about the reference to digital and whether the way it was described was too narrow a scope in terms of what was being sought to be done. Could the scope be extended further to be more ambitious or left open ended for further development. Mr Briggs agreed to develop the language around digital aspects further in the next iteration of the paper.
- 82.5 There was discussion around the consistency and alignment of the LSDF and Scottish Government 3 year operational planning. Mr Briggs confirmed that monitoring of this alignment was in place with regular updates being sent to Scottish Government to reflect what NHS Lothian was doing.
- 82.6 Mr McCann asked about the reference in the paper to 5% of all road journeys in the UK being related to healthcare appointments. Mr Briggs agreed to share the citation for this reference.
- 82.7 Ms Hirst asked about the recommendation around consultation in the paper. The Chair stated that at this stage the consultation was on the sense of direction rather than the plan itself. It was agreed to amend the recommendation to that effect. There would also be further discussion on consultation at future Planning, Performance and Development Committee sessions.
- 82.8 There was also discussion about the required workforce to deliver the LSDF. Mr Briggs stated that workforce would be the number one challenge over the next 5 years.
- 82.9 Ms Butler confirmed that there had been conversation at the last Staff Governance Committee around this and that the Workforce Planning team were working with Mr Briggs and his team to develop the next iteration of the Workforce Plan taking account of the LSDF priorities and direction of travel.

- 82.10 The Board agreed to;
- Note the work undertaken since the update to the October 2021 Board;
  - Agree the content of the summary document;
  - Agree that the formal consultation period should commence after the February 2022 Board meeting

### **83. Remobilisation Plan 4**

- 83.1 Mr Briggs outlined the report asking the Board to formally approve Remobilisation Plan 4 (RMP4).
- 83.2 Cllr Akhtar and Mr Encombe asked about the confidence in deliverability of the Plan and what the contingency plans would be if there was a struggle to deliver this and if the data was too poor to quantify predicted retirements for example. Mr McCann commented that the statement around confidence was an excellent example of candour and clarity.
- 83.3 Mr McCann also welcomed the extensive section referring to digital and using technology to stretch workforce resources further.
- 83.4 The Chair outlined that the work and effort that had gone into the plan was immense covering the entire health and social care system. It was acknowledged that workforce planning and delivery would be significant in the delivery of the plan.
- 83.5 The Board noted that there were a number of proposals in the plan to be developed further which currently had no trackable measurements against them. Mr Briggs would take this feedback away.
- 83.6 The Board agreed the recommendations to:
- Note the purpose and process of RMP4;
  - Approve RMP4;
  - Note expected forthcoming work required

### **84. NHS Lothian Pharmaceutical Care Services Plan**

- 84.1 Ms Milne introduced the NHS Lothian Pharmaceutical Care Services Plan. The plan provided a comprehensive overview of the pharmaceutical care provided by community pharmacy. The Board noted the legal requirement to produce the annual plan and for the Board to consider it every 3 years. The plan is reviewed and updated annually but should be viewed in the context of a 3-5 year strategic planning cycle in terms of the delivery of recommendations.
- 84.2 The Board noted the further work on the plan since it was discussed at the December 2020 Board meeting. The revisions had brought the plan into line with the Board's and Scottish Government's remobilisation plans. Once the plan had received Board approval the implementation of the plan would be taken forward with Health and Social Care Partnership colleagues.

- 84.3 Ms Milne and Dr Long welcomed the input received on the plan from colleagues and Board members, any further comments should be sent to Ms Milne. The Chair asked about the anticipated publication date for the plan assuming Board endorsement. Ms Milne confirmed that if only minor further changes were received then the plan would publish in the next couple of weeks, any major alterations would have to come back to the Board.
- 84.4 The Board discussed aspects of what was a logical, easy to understand plan. There was discussion on facilities information, wheelchair access, hearing loops and private consultation spaces in pharmacies; the aspirations of the 20 minute neighbourhood and issues with rural settings and GP participation in medical reviews and GP practices with attached pharmacists. Dr Long explained that a lot of this further detail would be captured in the implementation plan work with the Health and Social Care Partnerships.
- 84.5 There was further discussion on where the budget for implementation of recommendations came from. Ms Milne confirmed that a lot of the actions already had funding sources attached and any further consideration around funding would go through the Corporate Management Team.
- 84.6 The Chair thanked everyone that had been involved in producing such a good piece of work and suggested that after a final tidy up, the Plan should be published before Christmas.
- 84.7 The Board agreed to the plan being published on the Community Pharmacy Lothian website and NHS Lothian internet site. The Board also agreed that the plan be reviewed annually and brought to the NHS Lothian Board every three years.

## **85. September 2021 Financial Position**

- 85.1 Mr Marriott provided an update to the Board on the financial position at Period 6 for NHS Lothian. The Board noted the improving position to a £6.8m forecast overspend.
- 85.2 Mr Marriott explained that all Boards were now being supported by Scottish Government to deliver a break even position in year, not linked to brokerage and that this shift to significant assurance of achievement of financial balance had been discussed at the Board's Finance and Resources Committee. Within the core position there remained issues with Drug spend and Medical and Dental pays.
- 85.3 The Board noted the update in the paper on the financial impact of Covid-19 at Period 6 which showed estimated incurred additional costs of £49m. The largest element of Covid spend to date relates to the ongoing Covid Vaccine rollout at circa £23m.
- 85.4 The Chair requested a private briefing on financial risks following the Budget on 9th December 2021

**SG/CM**

85.5 The Board accepted that, based on information available at this stage and assumptions around additional funding, NHS Lothian is able to provide significant assurance on its ability to deliver a breakeven position in 2021/22.

## **86. National Whistleblowing Standards - Quarter 2 Performance Report**

86.1 Ms Butler provided the Board with details of the second quarterly report produced under the National Whistleblowing Standards which were implemented on 1<sup>st</sup> April 2021.

86.2 The Board noted that it was too early to draw any meaningful trends from the data. The next stage would be a systematic review of learning which would be highly complex and confidential. There were low whistleblowing numbers so far and comparable data on what to expect when the system was set up would suggest that other boards were in the same situation.

86.3 A system wide learning approach was being set up, this included mechanisms for sharing across committees and teams with the necessary teeth to ensure learning is embedded in performance management systems. The Chair added that there were two presumed types of learning - culture change, bring people with us and systems and processes for level of assurances in the system.

86.4 Ms Kasper confirmed that from informal discussions with other health boards in her whistleblowing champion role, comparing numbers would not be appropriate at this stage. Some territorial boards were showing low whistleblowing numbers which may not be a good thing, NHS Lothian numbers were higher but this was being taken as a positive thing. The work with colleagues nationally was ongoing and this included engagement with the National Whistleblowing Officer/Public Services Ombudsman.

86.5 Dr Donald added that there had been a whistleblowing incident discussed at Healthcare Governance Committee and part of the change of culture for people to come forward was the organisation's ability to ensure timely actions in response to people raising awareness to a problem.

86.6 Mrs Butler explained that there was no published comparable data. The Board had been well placed when the standards had been introduced as NHS Lothian had its own data back to 2016. NHS Lothian's speak up service had also now been in place for 2.5 years as an informal route for staff to raise concerns with further signposting to the whistleblowing process if required.

86.7 The Board agreed to note the following:

- the content of the Quarter 2 Performance Report and the downward
- trend in number of concerns received against Quarter 1.
- from Quarter 4 onwards Performance Reports will include any data received from Primary Care Contractors.
- implementation of the Whistleblowing standards, links to the Corporate
- Objective – Improving Staff Experience (objective 10).



## **87. Corporate Risk Register**

- 87.1 Miss Gillies outlined the paper reviewing NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.
- 87.2 Miss Gillies explained that the review of how the CRR works was coming to an end and the result would mean seeing risks details updated on a more regular basis.
- 87.3 Miss Gillies also outlined the action points from the Executives/Committee Chairs Risk Assurance Session held in September 2021. This had resulted in a more standardised way for papers pertaining to risk and supporting template for committee papers pertaining to CRR risks to be more explicit relating to the risk, mitigation and management plans in place and assurance sought.
- 87.4 Mr Encombe asked about the "No Assurance" level. Miss Gillies directed Mr Encombe to the Standard Levels of Assurance for Risk Management as outlined at Appendix 3 that explained the assurance levels. Mr Campbell added that all divisions have their own risk registers and are required to mitigate risks where possible below high. If they cannot achieve this then the risk is escalated to the Corporate Management Team and if further mitigations aren't possible to get the risk rating below high, it is added to the Corporate Risk Register.
- 87.5 Dr Williams asked about the general practice sustainability model and facilities fit for purpose risks. Mr Crombie clarified the campus based responses to risks and mitigations for areas such as water, fire, electricity. For the general practice sustainability risk it was noted that there was a formatting error in the paper which would be corrected in the next Board report.
- 87.6 The Board noted the outcome of the Executives/Committee Chairs Risk Assurance Session held in September 2021, as set out in Appendix 2 of the paper and accepted a standardised level of assurance for risk mitigation plans developed in response to actions agreed at the Executives/Committee Chairs session (Appendix 3).
- 87.7 The Board accepted that a standardised Board committee paper would be used when submitting Board Committee papers relating to specific risks on the CRR (Appendix 4).
- 87.8 The Board also approved the Corporate Management Team (CMT) recommendation to increase the grading of the timely discharge of inpatients risk to Very High due to significant pressure in the system and approved the CMT recommendation to remove the EU/Brexit risk from the CRR, as the potential risks had not materialised and would be kept under review nationally and locally.

## **88. Any Other Business**

88.1 None.

**89. Reflections on the Meeting**

88.1 **Navigation of Board Papers** – The Chair would discuss how this could be improved for future Board meetings with Mr Payne

**90. Next Board Meeting future dates**

90.1 The next Board meeting would be held on Wednesday 09 February 2022 at 9.30am.

Chair's Signature .....

Date .....

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

## HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 15.00 on Tuesday 16 November 2021 by video conference.

**Present:** Dr P. Donald, Non Executive Board Member (acting chair); Ms J. Clark, Partnership Representative; Ms F. Lloyd, Patient and Public Representative; Mr J. Encombe, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member; Ms K. Kasper, Non Executive Board Member; Ms S. Mackie, Patient and Public Representative; Ms L. Rumbles, Partnership Representative; Mr D. Stavert, Patient and Public Representative.

**In attendance:** Ms J. Bennett, Associate Director for Quality Improvement and Safety; Mr R. Buchan, Pharmacist (observing); Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer Acute Services; Ms L. Cowan, Chief Nurse, East Lothian Health and Social Care Partnership; Mr M. Dolan, Head of SMART Services, Consultant Clinical Scientist (item 43.2); Ms T. Gillies, Medical Director; Dr B. Hacking, Clinical Director, Psychology (item 44.2); Ms F. Ireland, Interim Nurse Director; Ms K. James, National Management Trainee (observing); Ms J. Long, Director of Primary Care (item 44.1); Ms G. McAuley, Nurse Director Acute Services; Ms A. MacDonald, Chief Officer East Lothian Health and Social Care Partnership; Ms J. Mackay, Director of Communications; Dr D. Milne, Director of Public Health and Health Policy; Ms S. Muir, Services Manager, Edinburgh Health and Social Care Partnership; Ms B. Pillath, Committee Administrator (minutes); Ms J. Proctor, Chief Officer, Edinburgh Health and Social Care Partnership; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Ms K. Taylor, Communications Manager; Professor A. Timoney, Director of Pharmacy; Mr D. White, Strategic Lead, Primary Care and Public Health; Dr C. Whitworth, Medical Director, Acute Services; Mr P. Wynne, Nurse Director, Primary Care; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

**Apologies:** Ms C. Hirst, Non Executive Board Member; Ms T. McKigen, Service Director, Royal Edinburgh Hospital and Associated Services; Ms J. Morrison, Head of Patient Experience; Ms L. Stark, Clinical Services Manager, Royal Edinburgh Hospital.

### 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.*

### 39. Minutes from Previous Meeting (7 September 2021)

- 39.1 The minutes from the meeting held on 7 September 2021 were approved as a correct record.
- 39.2 The updated cumulative action note had been previously circulated.

### 40. Patient Story

- 40.1 Mr Stavert read out feedback from the relative of a patient receiving treatment at the Eye Pavilion. The relative suggested increasing the font size of appointment letters to help patients with eyesight problems to read them. They also pointed out that being asked to arrive at appointments no more than five minutes before the time given was difficult when travelling by public transport and when leaving time to find car parking, and that frail elderly patients were not able to stand outside queuing for long periods. A third suggestion was that as patients were asked to come to appointments unaccompanied to reduce the number of people in the department that it would be helpful if a member of staff could help patients who have had an eye injection to get to the lift and exit the building.
- 40.2 Ms Campbell advised that due to the way TRAK was used for issuing appointment letters it was difficult to make changes such as font size. An electronic system was available for patients with sight difficulties whereby they could log in to receive messages electronically. Ms Campbell agreed to ensure that this option was made available to patients.
- 40.3 Ms Campbell advised that as the social distancing required in the department had now been reduced then patients should no longer be asked to wait outside. She noted that escorting patients to the lift should be expected as part of patient care and this would be followed up.

## **41. Emerging Issues**

### **41.1 British Academy of Audiology Report**

- 41.1.1 Ms Gillies presented the report, which had been circulated to Non Executive members of the Committee only due to the confidentiality of the report, the findings of which had not yet been shared with the patients and families or the staff affected. Meetings were being scheduled to take place with these groups, after which the report findings would be published and made available to the Ombudsman.
- 41.1.2 Ms Gillies assured members that as part of the response to the report NHS Lothian would ensure that support was provided for children and families to understand the implications of the report findings, including working with charities and third sector organisations that already had contact with the families affected and sending individual letters offering appointments.
- 41.1.3 It was clarified that the Ombudsman report had been completed in May 2021 and the British Academy of Audiology Report on 5 November 2021.
- 4.1.4 The need to support staff in this complex situation was acknowledged. Members accepted the recommendations laid out in the paper which were to support the development of an action plan and to accept the possible implications for other service areas of a similar type.

### **41.2 Flu and Covid Vaccination Programme**

- 41.2.1 Ms Ireland presented the previously circulated paper. Members offered their thanks for the teams organising and carrying out the vaccination programmes and all their hard work.

- 41.2.2 The need to more efficiently provide a local vaccination service particularly for the frail and elderly was acknowledged. Councillor Gordon advised that he had many complaints from constituents about the difficulty reaching vaccination appointments that were not local. It was acknowledged that the vast majority of people had had a positive experience.
- 41.2.3 Mr White advised that the winter covid vaccination programme had been far more complex than previous flu vaccination programmes due to the much larger percentage of the population included. Due to the national appointments system, which did not distinguish address or vulnerability, appointments at the 11 local centres had been automatically filled with those who were not local so that those who needed local appointments were booked elsewhere. Planning for next year already included far more local provision and fewer large centres. A possible permanent vaccination centre was also being considered. At present, 80% of people would need to go to the main centres; local centres were only for those who needed them.
- 41.2.4 Communication with the public about the available options needed to be more effective. Ms Mackay advised that a huge amount of communication had been done and the website was kept up to date, but the programme was complex and frequently changing. Communications had been sent to local Council members but this did not appear to have been effective. More short videos would be made as these had been successful previously.
- 41.2.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

## **42. Acute Services Assurance Report**

- 42.1 The chair welcomed Ms McAuley to the meeting and she gave a presentation. This paper had been reviewed by the patient and public representatives' group. Mr Stavert reported that the group was impressed with the work highlighted in the report including the support for staff outlined.
- 42.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

## **43. Safe Care**

### **43.1 Edinburgh Older People's Care Joint Inspection Improvement Plan**

- 43.1.1 Ms Proctor presented the previously circulated paper. The report from the Joint Inspectors was embargoed at the time of the distribution of papers for this meeting, but would be circulated following the meeting. **JP**
- 43.1.2 This paper had been reviewed by the patient and public representatives' group. Ms Mackie noted that the group were interested in any engagement with patients and public that may have taken place as this was not mentioned in the paper. Ms Proctor advised that the full Inspectors' report covered a summary of progress made towards the 17 initial recommendations from the Inspectors and also set out the patient engagement that had taken place.

43.1.3 Members accepted the recommendations laid out in the paper.

#### 43.2 SMART Centre – update on recommendations

- 43.2.1 Ms Proctor presented the previously circulated paper. It was noted that governance responsibility for the SMART Centre service was with NHS Lothian, with operational services delegated to the Edinburgh Health and Social Care Partnership. Ms Proctor noted that although the issue of the SMART centre being part of a consortium was important to understand, the service model was with NHS Lothian and the issues needed to be resolved by them.
- 43.2.2 It was noted that recommendations 5 and 6 in the review on manufacture of moderation devices and medical devices recommendations were most relevant to the remit of the Committee regarding safe, person centred care. The overall whistleblowing complaint was regarding the relationship between finance and governance and the very long waiting times for assessment as well as for provision of equipment, both also related to the provision of safe, person centred care.
- 43.2.3 Mr Campbell advised that a commitment had been made to review performance management in the service by the end of this year and to review financial arrangements by the end of the financial year. An improvement plan was in place. It was noted that the standard of equipment provided would be part of the review of the service.
- 43.2.4 It was noted that although two whistleblowing issues were raised, work had started in the service from the time of the first issue with changes for improvement made and fed back to the executive directors via the Patient Safety and Experience Action Group, including organisational change leading to recruitment to new posts in the service.
- 43.2.5 Mr Dolan, Head of SMART Services, advised that a Quality Management System was in place based on the medical devices regulations, but that the required auditing was not taking place due to lack of resources in the team. Mr Dolan advised that the service could not be provided with the funding available and advice was needed on which services could be continued safely and which should be discontinued. He noted that underfunding problems had been raised many times in the last fifteen years.
- 43.2.6 Ms Gillies agreed that actions and timelines needed to be worked out and brought back to the Committee for comment to respond to the concerns rightfully raised by both the service and Non Executive Directors. Ms Kasper acknowledged that improvement work had been done but felt that there was limited evidence of this resulting in any substantial change, due to structural problems.
- 43.2.7 It was suggested that a clear structure for the Committee was needed to ensure oversight of hosted services. Currently reporting was included within the Health and Social Care Partnership annual reports to the Committee.
- 43.2.8 Members accepted the recommendation in the paper and noted progress made. A further update would be submitted at the next meeting.

**JP**

#### 43.3 Healthcare Associated Infection Update including covid outbreak mitigation

43.3.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

#### 43.4 Management and Learning from Adverse Events

43.4.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out.

#### 43.5 Public Protection Update

43.5.1 Ms Ireland presented the previously circulated paper. Members accepted the recommendations laid out and accepted moderate assurance.

### **44. Effective Care**

#### 44.1 Urgent Care Access Redesign – update on impact

44.1.1 The chair welcomed Ms Long to the meeting and she presented the previously circulated paper. This paper had been reviewed by the patient and public representatives' group. Mr Stavert noted that despite the new system patients were experiencing long waiting times in the Emergency Department and suggested from personal experience that communication of the new system to the public had not been effective.

44.1.2 Ms Long advised that this was a national programme that was being implemented locally and some areas were not within NHS Lothian's oversight, for instance waiting times for NHS 24 calls. Ms Gillies and Mr Campbell both sat on the national group so could influence policy there.

44.1.3 Ms Long advised that a patient engagement focus group took place in October 2020 before implementation and that the suggestions made by patients at this session were taken into account.

44.1.4 Regarding communications to the public Ms Long advised that there had been national and local campaigns including via post, social media and advertising in the Emergency Department. Mr Stavert suggested that advertising on the television would reach the largest number of people. It was suggested that there was an inconsistency of messaging between GP practices as some advertised access via calling 111 on their out of hours messages and on websites while others did not.

44.1.5 Members accepted the recommendations laid out in the paper and asked for a further update at the meeting March 2022 which focussed on the contribution the redesign was making to improve patient experience and to include an update on how NHS Lothian was engaging with NHS 24 to improve patient experience.

**JCa**

#### 44.2 REAS Governance – Psychological Therapies

44.2.1 The chair welcomed Dr Hacking to the meeting and she presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

#### 44.3 Quality Report

- 44.3.1 Ms Bennett presented the previously circulated paper, noting that the Quality Improvement Team was the infrastructure that supported and gave oversight on improvement throughout NHS Lothian's services.
- 44.3.2 This paper had been reviewed by the patient and public representatives' group. Mr Stavert noted that the group had found it positive to see evidence of quality improvement work across the organisation.
- 44.3.3 In response to a question as to what would need to be in place for significant assurance to be provided, Ms Bennett advised that a standardised system of improvement across Lothian would be needed and that currently there were inconsistencies in progress in different areas. A priority for the coming year would be to consider quality control and oversight using improvement data and aligning this with organisation priorities. The aim was for middle managers to feel confident in taking a quality management approach; some progress had been made here.

#### **45. Exception Reporting Only**

Members noted the following previously circulated papers:

- 45.1 Litigation Annual Report;
- 45.2 Diabetic Retinopathy Screening Annual Report;

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

Members noted the following previously circulated minutes:

- 46.1 Health and Safety Committee, 18 August 2021;
- 46.2 Area Drug and Therapeutics Committee, 27 August 2021;
- 46.3 Clinical Management Group, 13 July, 10 August, 14 September 2021;
- 46.4 Public Protection Action Group, 16 June 2021.

#### **47. Corporate Risk Register**

- 47.1 Ms Gillies presented the previously circulated paper. She noted that the purpose of having this paper at the end of the meeting was to allow review of any changes to risk status or update on mitigations of risk in the papers presented on the agenda. This had not happened effectively; the template for Committee papers had been changed to highlight where risk mitigation was described so that review of risk status could happen more regularly. This was currently at the implementation stage.
- 47.2 Members accepted the recommendations laid out in the paper.

#### **48. Reflection on the Meeting**

- 48.1 Reflecting on the meeting, members commended the executive team for their openness and transparency in the discussions.

#### **49. Date of Next Meeting**



49.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 25 January 2022** by video conference.

**50. Further Meeting Dates**

50.1 Further meetings in 2022 would take place at 13:00 on the following dates:

- 22 March 2022;
- 24 May 2022;
- 19 July 2022;
- 27 September 2022;
- 29 November 2022.

## **FINANCE AND RESOURCES COMMITTEE**

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 13 October 2021 by videoconference.

**Present:** Mr M. Hill, Non Executive Board Member (chair); Councillor S. Akhtar, Non Executive Board Member; Ms S. Goldsmith, Director of Finance; Mr A. McCann, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member; Councillor G. Gordon, Non Executive Board Member.

**In Attendance:** Mr M. Cambridge, Head of Procurement (item 36.2); Ms J. Campbell, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Mr I. Graham, Director of Capital Planning and Projects; Ms K. James, National Management Trainee (observing); Mr A. McCreddie, Head of Management Accounts; Mr D. Mill, Senior Project Manager, Facilities (item 37.1); Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes).

**Apologies:** Mr C. Campbell, Chief Executive; Ms T. Gillies, Medical Director; Ms F. Ireland, Interim Executive Nurse Director; Mr C. Marriott, Deputy Director of Finance.

### **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.*

### **33. Committee Business**

#### **33.1 Minutes and Actions from Previous Meetings (25 August and 29 September 2021)**

33.1.1 Members accepted the minutes from the meeting held on 25 August 2021 and the extraordinary meeting held on 29 September 2021 as correct records of these meetings.

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

### **34. Matters Arising**

#### **34.1 Royal Infirmary PFI contract**

34.1.1 Ms Goldsmith gave a verbal update. Further Consort performance issues at the Royal Infirmary were identified for the period January to May 2021 which Consort disputed. Preparations were being made to enter the dispute resolution process. The Scottish Government was aware of the situation.

34.1.2 A draft strategy for PFI engagement was in progress with consultation with commercial and legal advisors and a paper would be brought to the Committee at the next meeting in November and then to the Board. **SG**

## **35. Capital**

### **35.1 Property and Asset Management and Investment Programme Update**

35.1.1 Mr Graham presented the previously circulated paper. There was discussion about the proposed process for the consideration of the strategic element of initial agreements for capital projects and the role of the Planning, Performance and Development Committee. This was still under consideration by the group reviewing business cases, but it was agreed that the initial agreements needed the in depth discussion at the Finance and Resources Committee and that unnecessary steps which would delay the approval process should be avoided.

35.1.2 The process under consideration for regular updates to the Committee on the status of capital projects in progress would be based on a regular update including the key status of all projects. There may also be separate more in depth updates for larger higher profile higher risk projects.

35.1.3 It was noted that clinical engagement for operational requirements in projects were required. Lessons learned from review of the oncology enablement works included the need to improve engagement in this area including doing mock up rooms rather than relying on plans to ensure clinicians were happy with layout and equipment.

35.1.4 Ms Campbell advised that the possibility of increasing the number of beds in the Western General Hospital reprovision of critical care would be considered as part of planning.

35.1.5 Ms Goldsmith advised that all the Health and Social Care Partnerships were clear on their key priorities based on demand from new housing or on areas of social deprivation. The further work required would be to consider engagement with other models.

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

### **35.2 NHS Lothian Strategic Capital Investment Programme**

35.2.1 Mr Graham gave a presentation. The slides would be circulated following the meeting. This item aimed to provide assurance that the response to the Board strategic framework would address the strategic plan for capital investment.

35.2.2 Mr Graham advised that the expected growth in funding from the Scottish Government to £400 million in the year 2025/26 was based on projects already included in the plan with funding approved, including the Cancer Centre.

35.2.3 In response to a question as to whether there was an accepted methodology for carrying out comparison cost and benefit valuation between schemes with very different attributes such as digital investment and property investment, Mr Graham

advised that this sort of comparison had been part of the prioritisation of projects and that both were needed. Members requested a copy of the prioritisation process and criteria for their understanding. **IG**

35.2.4 Mr Graham highlighted that the Lauriston building would require investment due to its age. The Eye Pavilion part of this campus would be vacated following re-provision at the Bioquarter and there may be Council or University interest in this part of the building. Mr Crombie made it clear that the main Lauriston building would be retained for healthcare services.

35.2.5 Developer contributions to health premises was encouraged in both East Lothian and Edinburgh Councils. This had not yet been considered in West Lothian.

### 35.2 Scottish Hospitals Inquiry

35.2.1 Ms Goldsmith presented the previously circulated paper and members accepted the recommendations laid out.

## **36. Revenue**

### 36.1 August 2021 Financial Position and Year End Forecast

36.1.1 Mr McCreadie presented the previously circulated paper. Following discussion at the Board about acute medicines overspend, a paper was requested which would include an analysis of data and how this was being used to manage the position. Mr McCreadie advised that there had been significant growth in this area for a number of years and there had been use of non recurring funds to pay for this. Engagement with clinicians had started which would benchmark performance and gather data to inform actions. **SG**

36.1.2 It was noted that although dental practitioner activity had not yet risen to pre lockdown levels the spend in this area had not reduced; salaries for dental practitioners remained the same as before and working through the backlog of cases would be part of the additional cost for recovery.

36.1.3 Mr McCreadie advised that during the last two financial years additional covid funding had been available from the Scottish Government, but that this would not be provided in the following year, despite the ongoing costs of recovery. Additional funding had been pledged to Healthcare both by the UK and the Scottish Governments but this was associated with expansion of services. The team was keen for discussion with the Scottish Government on ensuring the funds available went to the right place, including covering the costs of recovery.

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

### 36.2 Procurement Annual Report

36.2.1 The chair welcomed Mr Cambridge to the meeting and he presented the previously circulated paper. Members recognised the positive report in the context of a turbulent trading environment.

- 36.2.2 Following reported complaints on the availability of healthy food choices at the Royal Hospital for Children and Young People, Mr Cambridge agreed to take this forward with colleagues at the children's hospital.
- 36.2.3 Members asked that the procurement strategic objectives gave more emphasis on environmental and social sustainability in procurement. Mr Cambridge advised that a sustainability plan with environmental and social ambitions was in place and agreed to make this more visible on the annual report.
- 36.2.4 The key position of procurement in influencing environmental and social sustainability in its contractors was noted. Lothian had high measurable improvements in community benefits; more could be done if a community benefits engagement officer were employed to work with contractors. A representative from the team was part of the 'anchor' work being carried out by Public Health.
- 36.2.5 In response to a question about implementation of new technologies, Mr Cambridge advised that NHS Lothian was part of a trial for tracking products through the system using scanning codes at key points, known as 'genesis' in Scotland and 'scan for safety' in England. This was expected to both improve patient safety and save money. The trial was at an early stage.
- 36.2.6 Members accepted the recommendations laid out in the paper, subject to a revision of the strategic objectives in the annual report to give more priority to improvements in environmental sustainability. Significant assurance was accepted.
- 36.3 Public Service Reform (Scotland) Act 2010 Annual Report
- 36.3.1 Ms Goldsmith presented the previously circulated paper which was a report required by the Scottish Government. Members approved the report for publication with the following two amendments for clarification: a sentence be added to explain that 'public relations' referred to NHS Lothian's communications function; and the inclusion of the total number of clinical staff employed as context for the number with salaries of over £150,000. **SG**

## **37. Sustainability**

- 37.1 Sustainable Development Framework
- 37.1.1 The chair welcomed Mr Mill to the meeting and he presented the previously circulated paper. Members commended the progress made and noted that as the two biggest employers in the region collaboration between the City of Edinburgh Council and NHS Lothian could have a significant impact.
- 37.1.2 It was noted that this programme had been driven forward by a number of committed enthusiasts, but that a more formal structure and strategic model with leadership which would have influence across the organisation was needed. Work on this infrastructure was in progress and a report with further information would be submitted to the Committee at the meeting in November 2021. **JCr / SG**

37.1.3 Councillor Gordon agreed to circulate the results of an audit carried out in the City of Edinburgh Council on sustainability improvement which highlighted the importance of cultural change and new ways of thinking. **GG**

37.1.4 Mr Mill noted that better engagement with eHealth was needed both as a consumer of resource and as a key part of improvement. He planned to have an eHealth representative on the Sustainable Development Group and agreed to ensure a status update from eHealth in the next report. **DM**

37.1.5 Members accepted the recommendations laid out in the paper.

## **38. Committee Business**

### 38.1 Reflection on the meeting

38.1.1 It was agreed that the update on the Sustainable Development Framework would be highlighted at the next Board meeting.

### 38.2 Thanks to the Chair

38.2.1 This was the last meeting of Mr Hill as chair of the Committee as he was retiring from the Board at the end of the month. On behalf of Members, Mr McCann thanked Mr Hill for his stewardship of the Committee over the last four years, and wished him well for the future.

38.2.2 From 1 November 2021 Mr McCann would take over the chair of the Committee.

## **39. Date of Next Meeting**

39.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 17 November 2021**.

## **40. Meeting Dates in 2022**

40.1 Meetings in 2022 would take place on the following dates:  
- 17 January 2022 (Monday);  
- 20 April 2022;  
- 8 June 2022;  
- 17 August 2022;  
- 19 October 2022;  
- 21 December 2022.

## FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 17 November 2021 by videoconference.

**Present:** Mr A. McCann, Non Executive Board Member (chair); Councillor S. Akhtar, Non Executive Board Member; Ms T. Gillies, Medical Director; Ms S. Goldsmith, Director of Finance; Councillor G. Gordon, Non Executive Board Member; Mr B. McQueen, Non Executive Board Member.

**In Attendance:** Mr N. Bradbury, Capital Finance Manager; Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Mr J. Crombie, Deputy Chief Executive; Ms M. Carr, Service Director, Diagnostics, Anaesthetics, Theatres and Critical Care (item 42.6); Mr B. Currie, Project Director (item 42.3 and 42.4); Ms M. Cuthbert, Associate Director of Pharmacy (observing); Mr M. Gallaher, Business Consultant (item 42.2); Professor M. Gillies, Associate Medical Director (item 42.6); Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Programme Director; Mr C. Kerr, Senior Project Manager, Finance; Mr T. Logan, Head of Operations, Hard Facilities Management (item 43.3); Mr C. Marriott, Deputy Director of Finance; Ms J. McDonald, General Manager, Royal Infirmary of Edinburgh (item 42.6); Ms T. McKigen, Services Director, Royal Edinburgh Hospital (item 42.7); Mr A. Payne, Head of Corporate Governance; Ms B. Pillath, Committee Administrator (minutes).

**Apologies:** Ms F. Ireland, Interim Executive Nurse Director.

### Chair's Welcome

*The Chair welcomed members to the meeting.*

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

### 41. Committee Business

#### 41.1 Minutes and Actions from Previous Meeting (13 October 2021)

41.1.1 Members accepted the minutes from the meeting held on 13 October 2021 as a correct record.

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

### 42. Capital

#### 42.1 Property and Asset Management Investment Programme

42.1.2 Mr Kerr presented the previously circulated paper. It had been agreed that in future all initial agreements for business cases would be submitted to the Planning,

Performance and Development Committee (PPDC) for approval and business cases would then be submitted to the Finance and Resources Committee. This would allow the PPDC to have oversight over proposed projects.

- 42.1.3 Ms Goldsmith advised that it was usual for extra funding to be committed to a project as a contingency for additional resources needed during project delivery. If there was any flexibility in these costs then any additional funding would be used to advance rolling programmes. Projects over £1 million would be considered at the Finance and Resources Committee with those below this approved via the Lothian Capital Investment Group and reported in the PAMIP report.
- 42.1.4 Ms Goldsmith noted that the Scottish Government previously only gave funding commitments for the coming year apart from large projects, but that they were working towards a model whereby commitments would be made further ahead giving more certainty for planning.
- 42.1.5 It was suggested that the planned project tracker should include planned and actual start and completion dates for projects so that any change to the plan would be clear. It was also agreed that in section 9 of Appendix 3 it would be made clearer that the costs required here were both capital and revenue.
- 42.1.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance of the delivery of the PAMIP.

#### 42.2 Royal Infirmary of Edinburgh Commercial Strategy

- 42.2.1 Ms Goldsmith and Mr Gallaher presented the previously circulated paper and noted that this report and the discussion should be regarded as commercially confidential.
- 42.2.2 Members accepted the recommendations laid out in the paper and a further paper would be submitted to the next meeting with options for the handover of the building.

**SG**

#### 42.3 Scottish Hospitals Inquiry – update

- 42.3.1 Ms Goldsmith and Mr Currie presented the previously circulated paper. Ms Goldsmith advised that the ability for staff to raise concern about project design and capital investment was included in the policy that facilitated staff raising any concerns about the organisation. Systems were in place at the project planning stage that should allow stakeholders any input required.
- 42.3.2 The burden of the Inquiry on senior staff required to give evidence and the requirement for adequate support was noted. Ms Goldsmith noted the significant concerns NHS Greater Glasgow and Clyde had had regarding criticism of individual staff during the first phase of evidence giving. This would be highlighted to the Board.
- 42.3.3 Members accepted the recommendation in the paper.

#### 42.4 Major Project Programme – update



- 42.4.1 Mr Currie presented the previously circulated paper. He advised that the timescales for the national treatment centre and the cancer centre projects had been drawn up using market intelligence and previous building project timescales and the NHS Assure timeline for approvals and processes. This included a 3 month processing period with NHS Assure at initial agreement stage and a further 3 months at the final business case. Ms Goldsmith advised that it had been pointed out to the Scottish Government that delays risked increase in costs due to inflation over time.
- 42.4.2 Mr Currie advised that Ms Gillies was working on the service model for the cancer centre and the initial agreement would include clear pathways.
- 42.4.3 Ms Goldsmith noted the need to resist private funding sources so that these areas were under the direct control of NHS Lothian.
- 42.4.4 Members accepted the recommendation laid out in the paper.
- 42.5 Track and Trace of Reusable Medical Devices – Project Report
- 42.5.1 The chair welcomed Dr Hopton to the meeting and she presented the previously circulated paper. It was noted that the project was initially expected to take 19 months but there had been a delay of 18 months due to a number of issues.
- 42.5.2 Dr Hopton advised that procurement checks were done regarding the suppliers but the project subsequently experienced a failure of one of the suppliers. Another delay had been due to changes of practice in theatres; Dr Hopton advised that this was regarding the way spaces were being used and to have been updated on this sooner closer engagement with theatre would have been required.
- 42.5.3 The problems experienced in this project were a good example of why finance and project support should be put in place from the beginning of all projects as was now planned.
- 42.5.4 It was noted that the project had brought up the need for update of surgical instruments. This had been reported to the Committee at the time and a surgical instruments programme board was working on a review.
- 42.5.5 Members accepted the recommendations laid out in the paper.
- 42.6 Intensive Care Unit Critical Care Information System – cost update
- 42.6.1 The chair welcomed Ms McDonald and Professor Gillies to the meeting and they presented the previously circulated paper. Professor Gillies advised that the increase in cost included an additional 20 beds in the cardiac ward as well as the 4 additional beds in ward 20; it had been decided to include this expansion as part of the initial critical care project.
- 42.6.2 Members accepted the recommendations laid out in the paper and approved the revised capital budget for the project.
- 42.7 Initial Agreement – Intellectual Disability and NIDAIPU Integrated Mental Health and Low Secure Unit

- 42.7.1 The chair welcomed Ms McKigen to the meeting and she presented the previously circulated paper. Members were advised that the paper had been considered at the PPDC but that financial implications were to be considered at this Committee. All future initial agreements would be considered in full at the PPDC. Ms McKigen advised that the initial agreement had been agreed by all four Integration Joint boards and by the PPDC.
- 42.7.2 Mr McCann advised that Midlothian IJB had approved the proposal with the following agreed amendments:
- receipt of assurance on the detail regarding the principle of resource transfer;
  - receipt of assurance that there would be a degree of flexibility in the system in relation to beds in recognition that there may be some occasions when demand may exceed supply;
  - further detail on the above points would be included in the development of the business case.
- 42.7.3 Members accepted the recommendations laid out in the paper and approved the initial agreement for submission to the Board and then to the Scottish Government Capital Investment Group, with the amendments as noted.

42.8 Initial Agreement – Reprovision of Critical Care Ward 20, Western General Hospital

- 42.8.1 Mr Bradbury presented the previously circulated paper. As with the previous item, this had been considered by the PPDC. Members accepted the recommendations laid out in the paper and approved the initial agreement for submission to the Board and then to the Scottish Capital Investment Group.

**43. Revenue**

43.1 Financial Position September 2021

- 43.1.1 Mr Marriott presented the previously circulated paper. He advised that drug costs continued to increase and that all Boards were experiencing this. Some drugs included rebates which would be claimed later in the financial year. Regarding new drugs, Ms Gillies advised that there was a process for considering efficacy through the Scottish Medicines Consortium but that the Scottish Government could issue instruction that certain drugs be available for prescription.

- 43.1.2 Members accepted the recommendations laid out in the paper and accepted significant assurance on the ability to achieve breakeven in 2021/22.

43.2 5 Year Financial Outlook and Outline Plan 2022/23

- 43.2.1 Mr Marriott presented the previously circulated paper. It was noted that many areas were working with a reduced activity and higher costs due to covid mitigations in place and that it was difficult to estimate what costs would be required to increase activity or whether this would be possible with the space and staffing available.

- 43.2.2 Mr Marriott advised that the Scottish Government had given high level indications that they would expand the financial framework, but further details on what service requirements associated with any additional funding were awaited.
- 43.2.3 The standard efficiency savings programme through procurement was continuing but there was limited additional capacity in the services to engage with this at the moment due to other system priorities.
- 43.2.4 Members accepted the recommendations laid out in the paper. The next report would include an update on the Scottish Government financial framework and more detail on NHS Lothian efficiency programmes and the different workstreams. **CM**
- 43.3 Facilities Fit for Purpose Action Plan – Risk 3189
- 43.3.1 The chair welcomed Mr Logan to the meeting and he presented the previously circulated paper. He noted that previously the property maintenance programme was based on the knowledge of staff, but the new formal process would take into account asset data to assess priorities. Implementation of this process was in progress. For this year the focus was on maintenance risks and more capital projects would be introduced the following year.
- 43.3.2 In response to a question about use of larger supplier companies and losing sustainability benefits of using smaller local companies, Mr Logan advised that a mix of smaller and larger companies would be required as some smaller suppliers did not have the capacity to upscale to the extent of the work required for backlog maintenance.
- 43.3.3 This year 4 modern apprentices were employed and the plan was to continue with 4 new apprentices each year. A new pre-band 2 training role for people with disadvantaged backgrounds was also being introduced where employees would gain a qualification and then move into the maintenance assistant role. More possibilities for training roles in the future were also being discussed.
- 43.3.4 Members accepted the recommendations laid out in the paper.

#### **44. Sustainability**

##### **44.1 Sustainability Update**

- 44.1.1 Dr Hopton presented the previously circulated paper. It was noted that given the challenges installing electric car charging points in the car park at the Royal Infirmary other options were being considered. Due to the infrastructure changes that would be required it would not be possible to install charging points in the new temporary car park. Discussions were ongoing with University of Edinburgh regarding a possible shared service.
- 44.1.2 It was noted that more support for the core sustainability team would help them to support the departments with pathways and climate risk assessments, but that the aim of the process was to embed these processes as part of daily business for the whole system.

- 44.1.3 Dr Hopton advised that electronic bicycles were being used as part of NHS Lothian's fleet by staff who travel between sites in the Podiatry service. This had been advertised to other departments with the possibility of this being funded by a grant for sustainable travel.
- 44.1.4 Members accepted the recommendations laid out in the paper and requested an update on the eHealth role in the sustainability programme in the next report.

**45. Reflection on the meeting**

- 45.1 It was agreed that the Medium Term Financial Framework and Scottish Government policy requirements would be highlighted at the next Board meeting. Ms Goldsmith would also present a paper on the PFI strategy at the private session of the Board.
- 45.2 The need for support to be in place for staff involved in giving evidence to the Scottish Hospitals Inquiry would also be highlighted. **AMcC**

**46. Date of Next Meeting**

- 46.1 The next meeting of the Finance and Resources Committee would take place at **9.30 on Monday 17 January 2022.**

**47. Meeting Dates in 2022**

- 47.1 Meetings in 2022 would take place on the following dates:
- 17 January 2022 (Monday);
  - 20 April 2022;
  - 8 June 2022;
  - 17 August 2022;
  - 19 October 2022;
  - 21 December 2022.

## **NHS Lothian**

### **Staff Governance Committee**

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 20 October 2021 via Microsoft Teams.

**Present:** Mr W. McQueen, Non-Executive Board Member (Chair); Mrs J. Butler, Director of Human Resources and Organisational Development; Miss T. Gillies, Medical Director (from 10.25am); Miss F. Ireland, Interim Executive Director, Nursing, Midwifery & AHPs; Mr S. Chandran, Non-Executive Board Member; Ms C. Hirst, Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member; Ms J. Clark, Partnership Representative and Ms H. Fitzgerald, Partnership Representative;

**In Attendance:** Mr J. Crombie, Deputy Chief Executive; Ms J. Campbell, Chief Officer, Acute Services (from 10.38am); Ms R. Kelly, Deputy Director of Human Resources; Mr A. Leckie, Director LOHS; Ms N. Clancy, Head of Employee Relations (Item 24.6); Ms M. Mathers, Consultant Dermatopathologist, NHS Lothian (Item 21); Mr C. Munro, Head of Service, Manual Handling, NHS Lothian (Item 21); Ms L. Barclay, Business Manager, Human Resources, NHS Lothian; Ms K. James, Management Trainee NHS Lothian (Observing) and Mr C. Graham, Secretariat Manager (minutes).

**Apologies:** Ms A. Langsley, Associate Director of OD & Learning;

#### **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.*

#### **Mr Tom Waterson Condolences**

The Chair advised that it was with sadness that he had to report the death of Mr Tom Waterson and wished to record Tom's contribution to the work of the committee.

He commented that Mr Waterson had started working in the NHS in Lothian in 1989 as a Porter at the old RIE on Lauriston Place. Mr Waterson very quickly became a NUPE Shop Steward, going on to become the Branch Secretary of NUPE and held this position until the merger of COHSE, NUPE and NALGO into what we now know as UNISON. In 2005 the UNISON Lothian Health Branch was formed and Mr Waterson had been its only Branch Chair in all that time.

Mr Waterson had also held the position of Chair of the UNISON health committee (a pan-Scotland Role) since 2005 and in that time made a significant contribution across the NHS in Scotland, being instrumental in improving the position for lower paid staff by the removal of Agenda for Change band 1. Mr Waterson was a member of many tripartite committees and groups with employer's and government officials and had been a very prominent trade unionist and advocate for removing social injustice.

Mr Waterson became Employee Director (and Non-executive Board member) in August 2020 and had been very well respected in that role, working closely with all trade unions and senior leaders across the organisation to improve staff and patient experience.

The Committee expressed its condolences to Mr Waterson's family at this time.

## **21. LGBT+ Staff and Allies Network**

21.1 The Chair welcomed Ms Mathers and Mr Munro to the meeting as co-chairs of the network. The Committee received a presentation on the work of the LGBT+ Staff and Allies Network which was launched in August 2018. The presentation covered the ethos of the network, key milestones, events and plans for the future.

21.2 Ms Mathers outlined the aims of the network that included provision of informal social networking, peer connections for LGBT+ Staff and Allies, promotion of an inclusive workplace culture, informal advocacy and signposting and interaction with other staff networks and groups.

21.3 Mr Munro explained that since the network launch in 2018 there had been a number of activities undertaken such as fundraising at the Edinburgh Fringe with Waverley Care, community engagement with Pride 2019 and promoting a positive message to colleagues and visitors with the introduction of rainbow lanyards and the NHS Scotland Pride Badge. There had also been wider networking with Scottish Government and other public organisations.

21.4 The network had not done as much as it would have liked to due to the Pandemic in relation to development of skill sets and roles in the organisation. However access to the MS Teams platform had enable frequent meetings. The network continued to contribute and consult where input was needed, was working with HR colleagues to advance the equalities programme and had done a theatres piece with Tonic Arts about hopes for the future NHS.

21.5 The Chair thanked Ms Mathers and Mr Munro for the presentation and there was discussion on awareness of the network amongst staff; NHS Lothian's network development in relation to other health boards; succession planning of the network to retain experience; examples of best practice and appropriate support from the Board such as provision of protected time in working lives to attend network meetings.

21.6 The Committee looked forward to hearing more about the progress of the network going forward.

## **22. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 28 July 2021**

22.1 The minutes from the meeting held on 28 July 2021 were approved as a correct record.

22.2 Members noted the previously circulated updated cumulative action note.

## **23. Matters Arising**

23.1 There were no matters arising.

## **24. Staff Experience**

### 24.1 Advancing Equalities Staff Network Action Plans – Update

24.1.1 Mrs Kelly introduced the report updating on progress against the actions in the Advancing Equalities Action Plan 2021-22. The Committee noted that the action plan had been agreed in May 2021 and although some of the agreed timelines contained in the plan had slipped a little due to the current service pressures, there was still confidence that the actions would still be delivered by March 2022 despite the slippage to date..

24.1.2 The Committee discussed some sections of the action plan around the CMT leadership objective, communications overarching plan, equality and diversity data and Transgender Policy and Associated Support Guidance. Resourcing was also highlighted and the Committee noted that the job description for the role of Workforce Equality Project Support had been finalised in conjunction with the Staff Network Chairs and had been submitted for evaluation with the plan for an advert to be placed by the end of October 2021.

24.1.3 There was also discussion on feedback loops and engagement initiatives such as the 'Coffee Roulette' sessions with staff. Mrs Butler and Mr Crombie explained that 'Coffee Roulette' provided senior leaders to have conversations with staff members they normally would not have the chance to speak with and the evaluation loop was fed into this process.

24.1.4 The Committee agreed to accept moderate assurance in relation to the progress with the delivery of the actions contained in the Advancing Equalities Action Plan 2021-22. A further update on progress with actions would come to the December Staff Governance Committee. Mrs Butler and Mrs Kelly would also look to add running commentary and RAG columns against what has and has not been achieved.

### 24.2 Whistleblowing Report

24.2.1 Mrs Kelly introduced the report providing the Committee with the monitoring data for the Whistleblowing concerns which had been received since the 1 April 2021 and had been considered under the new National Whistleblowing Standards and to further update on the progress with the implementation of the new Standards. .

24.2.2 Mrs Kelly highlighted the three separate appendices which were the Whistleblowing Monitoring Report, April 2021 to September 2021, draft Quarter 2 Whistleblowing Performance Report for the NHS Board and Speak Up Cases, April 2021 to September 2021. The Committee noted that one case had gone straight to the Independent National Whistleblowing Officer (INWO). This had been due to the new processes coming into play, guidance not being clear and the case not being explicitly raised initially as whistleblowing but was now being dealt with under the Boards whistleblowing process. Work with primary care contractors remained

ongoing but a draft whistleblowing policy was available for use and this was being developed with the Director of Primary Care.

24.2.3 The Committee discussed the recommendations within the report and the required cultural change at the centre of whistleblowing. Mrs Butler stated that the organisation remained at the foothills of implementation of the new standards. NHS Lothian had undertaken a huge amount of work to implement these standards so far and there had been agreement with the short life working group looking at the standards to turn attention to learning, outcomes and communication to staff. This was cultural change and would take a significant period of time to establish whistleblowing as a last resort if more informal routes have failed. It was difficult to evidence improved confidence in staff to use the processes in place despite all the work that had already been done. Ms Kasper suggested there could be an opportunity next year to maybe include something in iMatter questionnaires and that the Non-Executive Whistleblowing Champions network were pursuing this.

24.2.4 The Committee requested that thought be given to steps that could be taken to obtain levels of confidence from staff about whistleblowing processes. Mrs Butler welcomed this but stated that as the standards were still being implemented it would be sensible to revisit this area around measurement in April 2022, which would be a year into the new standards. The committee accepted this.

24.2.5 The Committee agreed to:

- take moderate assurance based on the information contained in the paper that systems and processes were in place to help create a culture in NHS Lothian which ensured employees had absolute confidence in the fairness and objectivity of the procedures through which their concerns were raised and were assured that concerns raised would be acted upon.
- note the current position with the implementation of the new National Whistleblowing Standards and take moderate assurance that revised processes were in place so that staff employed within NHS Lothian knew how to raise a concern and limited assurance that at this stage similar processes are in place within Primary Care and Contractors.
- note the number and key themes of the cases which had been raised through the new standards, noting that concerns raised anonymously were recorded but those raising the concerns were not protected by the standards.
- note the content of the draft Quarter 2 Whistleblowing Performance report which would be tabled at the NHS Lothian Board meeting in December 2021.

24.3 iMatter Update

24.3.1 Mrs Butler provided an update on iMatter. Mrs Butler highlighted that there had been some changes with iMatter this year which included changes to a number of nationally determined KPIs and the lifting of the previous 60% response rate requirement before a team report could be produced. The timeline for production of action plans had been reduced to 8 weeks this year but given the exceptional system pressures the NHS Lothian Corporate Management Team had agreed that this 8 week timeline was not appropriate, especially for clinical services and that a light touch would be taken with teams around producing action plans. This had been reported to Scottish Government workforce colleagues and auto reminders had been



switched off for NHS Lothian. The Committee noted the overall 57% response rate from staff which was felt to be a good response rate in the current circumstances.

24.3.2 The Committee agreed to:

- note the iMatter survey period for all teams was now complete. Teams continue to work on developing Action Plans, where that is possible.
- note that all Doctors and Dentists in Training (DDiT) had been asked to participate in a PULSE Survey
- note the interim results from the 2021 iMatter survey

24.4 Wellbeing Strategy Update

24.4.1 Mrs Butler provided an update on progress with NHS Lothian's Work Well Strategy. Mrs Butler highlighted key issues from the report including delivery of the Work Well Strategy as a Corporate Objective; recruitment to the Work Well Specialist Lead Post and the soft launch of the three year strategy supported by the Edinburgh and Lothians Health Foundation. The Committee noted that Caroline McDowall had been appointed to the Work Well Specialist Lead Post and had started in post in early September.

24.4.2 The Chair welcomed the update and stated that there had been concern raised at the recent informal Non-Executives session as to what wellbeing support was being offered to staff at this difficult time. The Chair and Mrs Butler would liaise to get an up to date position that would be reported to the November performance, planning and development committee.

24.4.3 The Committee agreed to note the actions taken since the approval of staff wellbeing Work Well Strategy (WWS) in May 2021 and supported the direction of travel. The Committee agreed to take a significant level of assurance that the infrastructure was now in place to support delivery of the strategy and that there had been some key early deliverables evidenced.

24.4.4 The committee noted that in the current operating context the focus was very much on the basic needs of staff: rest, refuel, rehydrate

24.5 Staff Experience and Engagement Framework Update

24.5.1 Mrs Butler reported on progress with the Staff Engagement and Experience Framework (SEEF) 2021 – 2023. The Committee noted the framework's two core workstreams - corporate enablers and local Staff Engagement and Experience (SEE) plans. Locally the organisation had been divided into 21 business units and so far 10 of these had come back with plans. Given current system pressures support was being offered to teams struggling to deliver some of this and to encourage teams to reflect what they are doing in action plans rather than looking for new things.

24.5.2 The other key pieces of work around showing leadership were the leadership conference that would take place online between 16-18 November, with a focus on wellbeing leaders and supporting teams and the success of the Peer Support Network which current had over 600 members.

24.5.3 The Committee agreed to accept a moderate level of assurance that the framework actions are on track both in terms of corporate enablers and Local SEE Plans.

## 24.6 Homeworking

24.6.1 Ms Clancy outlined the current position on home-working in the organisation and preparations for returning to the office, to the Committee.

24.6.2 At the start of the Covid Pandemic, NHS Lothian had quickly moved hundreds of staff to work from home and it had been recognised early on that there was a need to have additional guidance in place for staff. The Committee noted that Mr Crombie was the executive lead for this area and that an oversight group had been established to develop home working guidance in line with a return to the office. Initially a return had been expected in June 2021 but this had been extended in accordance with the ongoing Scottish Government policy. In line with many other organisations staff had been consulted around preferences to return to the office and there had been a clear majority that preferred a hybrid method of working or fully home working with smaller numbers preferring a full return and this tended to be individuals struggling to work from home.

24.6.3 Ms Clancy stated that a view had been taken to develop a once for Scotland policy around homeworking and flexible work location policy. A soft launch of this had been started but was now paused until April 2022. The policy was ready in terms of supporting people working at home and one of the corporate objectives for this year was around staff having a more formal idea of working at home or returning and how to manage that.

24.6.4 The Committee noted the current local and national positions on home-working.

## 24.7 East Regional Recruitment Services Update

24.7.1 Mrs Butler reminded the Committee that the East Region Consortium consisted of three territorial boards in the east, NES and the Scottish Ambulance Service. It had been agreed to develop the East Region recruitment service by end of March 2022 but this programme of work was now paused due to the pressures all recruitment teams were currently under with staffing up additional NHS in Scotland employees and international recruits.

24.7.2 The Committee noted that all appropriate staff had been TUPE transferred to NHS Lothian but due to the pause staff would continue with local management arrangements. April 2022 was now indicated for when the programme would be stepped back up. The current project team would in the main be deployed to support core recruitment but would retain some time on this project and tech changes that would happen in the background.

## **25. Assurance and Scrutiny**

### **25.1 Corporate Risk Register**

#### **25.1.1 *Management of Violence and Aggression Risk 3455***

Miss Ireland reported that the draft Internal Audit report had now been received offering limited assurance around management controls. The management response and actions in response to the audit were being developed.

Miss Ireland highlighted the move to individual Identicom devices from the pooled resource in the hope to improve use of these named devices, this was only one element of training. The audit had highlighted the importance of completion of the purple pack, assessment and reduction of risk plans and education around that.

The Committee noted that the Internal Audit would go to the Audit and Risk Committee on 09 November 2021 but requested that it come back to the next Staff Governance Committee meeting with the management response and programme of improvement aligned to it. It was recognised that this risk had been discussed for a long time now and it was important to progress this work with a degree of urgency.

#### **25.1.2 *Nursing Workforce Risk 3828***

Miss Ireland gave an update on the current state of play with risk 3828.

There was discussion as to whether this risk still related to Nursing or if it had previously been broadened to all workforce. Mrs Kelly would check this wording against the Corporate Risk Register and this would be reflected appropriately in the meeting minute. (The position with the Corporate Risk Register was checked following the meeting and the risk only relates to Nursing staff and not other staff groups).

In terms of risk, Miss Ireland reported that all controls continued to be in place. The risk had been 'very high' at the start of the pandemic, this had then reduced to 'high' and then gone back to 'very high' given current system pressures, despite the ongoing recruitment and available routes into the organisation.

Miss Ireland explained the current real-time staffing assessment national position around Covid. The Committee noted that the national tools developed were not as robust as some tools already used within NHS Lothian and it was felt that safe care linked to e-rostering was more appropriate to continue with, than the national tools. Any issues around immediate pressures or actions were being taken to the workforce silver command group. Updates were also going to the NHS Lothian gold command group and would be taken to the Board through the Board Executive Team report.

The Committee noted the update and the previous arrangement for corporate risks to alternate between verbal and written updates and requested that the paper on this risk to the December meeting include information around nurse staffing levels.

### **25.1.3 Water Safety Risk 5020**

Miss Gillies provided an update to the Committee on the status of Corporate Risk 5020 (Water Safety) and the actions underway to manage the risk which had been added onto the Corporate Risk Register during the pandemic due to the way in which the way premises were being used changed – reduction in footfall at smaller premises, less turnover of water tanks and increased legionella risk.

The paper set out actions in progress to mitigate the risks and referenced the potential HSE audit for which facilities teams were pulling together water safety plans, this was complex due to HSCPs infrastructure with a large number of buildings and mixed management methods between HSCPs and NHS Lothian.

The Committee agreed to:

- accept limited assurance on the control measures in place until an audit of documents can be undertaken.
- accept moderate assurance on the oversight mechanisms of the risk
- note the communication from Medical Director to duty holders
- be aware that water quality remains within limits and is not showing substantial change from previous results.

### **25.1.4 Traffic Management Risk 3328**

Mr Crombie reporting on the identified risks, their significance and the mitigating actions taken or further required (to provide assurance) in relation to Traffic Management across NHS Lothian.

The Committee noted that the situation across estates remained similar to previous reports. Mr Crombie explained there was an increasing risk being faced due to an increased number of staff using cars and due to planning situation constraints. Focus remained on the green agenda, which made opportunities to increase parking capacity challenging. There was also a focus on remobilisation as an increase in patients and relatives parking on campuses was being seen. Poor parking experience remained a tension for staff coming onto campuses at a time where there was low resilience and exhaustion.

Mr Crombie reported that work on 300 new parking spaces at RIE was due to start in the next two weeks and these would be available to staff from January 2022. However the intention was to reintroduce parking permits for RIE and the engagement programme for this would start in November, with permits from January 2022.

In relation to St John's Hospital the programme of work for the new National Treatment Centre would seek new parking created and work with West Lothian Council on further parking was underway but this was up to 2 years away.

The overall parking position remained constrained. Traffic management teams were deployed across all sites to help with traffic movement. Unfortunately there continued to be poor behaviour demonstrated towards the teams by staff and visitors. The Committee noted that there had been poor uptake of offsite parking provided for the Western General Hospital and St John's Hospital. The RIE park and ride shuttle option had also been under used. Car Sharing was another option but this had been impacted by Covid constraints.

The Committee discussed wider of engagement of staff through site management teams for any other ideas and organisation's sustainable travel aspirations.

The Committee noted the current position with the risks associated with traffic management and agreed to accept that this risk remains high and accepted limited assurance in the current traffic management environment. The Committee requested an update on the reaction to reintroduction of permit parking at RIE at the December meeting.

## 25.2 Health and Safety Assurance

25.2.1 Miss Gillies introduced the report providing an update on the risk assurance levels for the quarter one Health and Safety prioritised risk topics. The Committee noted these covered Management of Violence & Aggression, Control Of Substances Hazardous to Health (i.e. Face Fit Testing and Skin Health management etc) and Safer Bathing, Showers and Surface Temperatures. These risks had been submitted to and discussed at the NHS Lothian Health and Safety Committee from the local area H&S Committees on 18 August 2021.

25.2.2 Miss Gillies highlighted the work to look at the reconfiguration/refresh of the Health and safety Team to make sure it can support staff in navigating the competing risks being dealt with on a regular basis. Regular updates would come to Staff Governance Committee as the work develops and any areas for learning from other health boards would be taken on board. The Chair requested that an appropriate future Health and Safety Assurance report cover the work undertaken in the previous 12 months.

25.2.3 The Committee agreed to the recommendations in the report:

- The proposed assurance levels for the three risk topics were agreed as Moderate for Management of Violence & Aggression, Moderate for COSHH (FFT and Skin Health) and Moderate for Safer Bathing, Showers and Surface Temperatures.
- To support the work of the Health & Safety team in providing support to all local H&S Committees to receive and collate suitable data to enable a realistic assessment of meaningful assurance levels.

## 25.3 Occupational Health and Safety Annual Report 2020

25.3.1 Mr Leckie outlined the Annual Report of NHS Lothian occupational health department for 2020. The Committee noted that this report did not include the health and safety component.

25.3.2 Mr Leckie explained that the focus and working of the department over 2020 had been the setting up and implementing of new services and standing down of other things in order to cope with the pandemic. The 2019 agreed objectives had been retained. Other activities undertaken had included:

- Implementation of training for Medical and GP trainees – NHS Lothian was the only Board in Scotland doing this.
- Reinstatement of the nurse training specialist qualification
- Protection and Prevention work – largely filled due to the pandemic

25.3.3 For the year ahead the service would be looking at specific aims around refreshing site based teams, working closely together and connecting directly to site management. There would also be an administration review; health and safety review and continued support for the mental health of staff.

25.3.4 The Chair asked Mr Leckie about lost income from less working with external bodies due to the pandemic. Mr Leckie explained that in terms of finance a low target around achievement from external work had been put in place with management accountants so there remained an underspend for the year. Going forward there would be more focus on more niche areas.

25.3.6 The Chair also asked about FFP3 face fit testing work. Mr Leckie confirmed that there was now a steady supply of the same mask type so the requirement to refit was now less likely and would only happen where some face changes shape

25.3.7 The Committee accepted the recommendations in the report to:

- Note the impact from the pandemic on the department's work.
- Accept the retention of the departmental objectives.
- Note the progress with the training of clinical occupational health staff.
- Note NHS Lothian's progress in delivering services aimed at the prevention of mental ill health and protection of staff from mental ill health.
- Accept the areas for development/delivery over the next year.

## **26. Sustainable Workforce**

### 26.1 Workforce Report

26.1.1 The Committee noted the updated Workforce Report for September 2021 and the actions being taken to address some of the issues raised in the Report.

### 26.2 Workforce Plan update including COVID Workforce Recovery Discussion

26.2.1 Mrs Butler introduced the report updating the Committee on workforce planning at a local and national level. This was an update to the extant 2020-2023 plan and the report appendix outlined the actions for 2020/21. The Committee also noted that some actions referred to Alex McMahon and David Small who had both left NHS Lothian. Mrs Kelly would correct these actions for the next update.

- 26.2.2 Mrs Butler reported that despite the pandemic a number of service areas were undertaking huge efforts to progress workforce development actions. There had yet again been delay from the Scottish Government with the publication of revised guidance for workforce planning. There was an intention for NHS Lothian to publish a further 3 year plan by end March 2022 if there was no indication of Scottish Government guidance.
- 26.2.3 There was discussion about the implications of the proposed National Care Service on this work. Mrs Butler confirmed that there was reference to the National Care Service in the workforce plan but little was able to be said about this at the moment given a lack of detail.
- 26.2.4 The Committee agreed the recommendations in the report and acknowledged that despite the on-going Covid-19 pandemic there had been good progress against the 2021-22 workforce action plan and agreed to take significant assurance that the Workforce Planning and Development Programme Board was maintaining oversight of progress whilst collectively supporting delivery.
- 26.2.5 The on-going delay in the publication of national guidance from Scottish Government for the development and publication of 3-year workforce plans covering 2022 to 2025 was noted and consequently a local approach was being taken.
- 26.2.6 The Committee also acknowledged that given the very considerable pressures that professions and services are under currently and will be over the winter period it may be challenging to achieve the highest level of participation and involvement in developing the workforce plan.
- 26.3 Talent Management Approach Discussion
- 26.3.1 Mrs Butler provided an update on plans for an NHS Lothian approach to Talent Management and Succession Planning (TMSP). The paper set out the corporate objectives around TMSP and outlined plans to work with the general management cohort which was where the organisation struggled to recruit to.
- 26.3.2 The Committee discussed the paper and welcomed the development of this work. There was also reference to experiential learning; paired learning and recognition that the ongoing pressures of the pandemic had not just impacted on frontline staff and therefore may limit the progress of this work..
- 26.3.3 The Committee agreed to note the development of NHS Lothian's approach to TMSP and supported plans to test and evaluate this approach over the next 6 months. The Committee accepted a moderate level of assurance that NHS Lothian had plans in place to enhance its approach to talent management and succession planning in the coming year.
- 26.4 Physician Associates Governance
- 26.4.1 Miss Gillies introduced the report recommending the Committee approve the governance arrangements put in place for the support of trained Physicians Associates (PA) employed by NHS Lothian.

26.4.2 The Committee noted that there had been tiny numbers of PAs in post over the last couple of years, there were currently less than 10 in post with plans in-progress to recruit another 25. Moving forward there would be an expectation and standard operating procedure for all PAs working with NHS Lothian to register with the voluntary register. Miss Gillies explained there would be clear structures in place for registration and support of this small staff group and that she would remain the executive oversight for PAs.

26.4.3 The Committee supported the recommendations for safe practice of PAs and their integration into existing staff and clinical governance systems.

## **27. For Information and Noting**

Members noted the following previously circulated papers for information:

27.1 Staff Governance Work Plan 2021/22;

27.2 Staff Governance Assurance Statement 2021/22;

## **28. Reflections on the Meeting**

28.1 The Chair thanked colleagues for the energetic and comprehensive discussion at the meeting. The current interest in staff wellbeing was noted and the Chair and Mrs Butler would develop a note on the state of play to take to the Planning, Performance and Development Committee and the next Board meeting.

## **29. Date of Next Meeting**

29.1 The next meeting of the Staff Governance Committee would take place at 9.30 on Wednesday 15 December 2021.

## **30. 2022 Meeting Dates**

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

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



MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within VIRTUAL MEETING ROOM, on 9 NOVEMBER 2021.

Present

Voting Members – Bill McQueen (Chair), Martin Connor, Damian Doran-Timson, Martin Hill, Katharina Kasper and George Paul

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

Apologies – Harry Cartmill, Dom McGuire, Elaine Duncan and Alan McCloskey

In attendance – Robin Allen (Senior Manager – Older People Services), Neil Ferguson (NHS Lothian), Carol Holmes (NHS Lothian), Sharon Houston (Business Support Team Manager), Lorna Kemp (Project Officer), Yvonne Lawton (Head of Strategic Planning and Performance), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager) and Fiona Wilson (Head of Health)

1 ORDER OF BUSINESS

The Chair advised that he would ask David Huddleston to speak about his participation in an RSA exercise under agenda item 7 (*Chief Officer's Report*).

The Chair also ruled that two additional items would be discussed after agenda item 15 (*Workplan*).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The Board approved the minutes of its meeting held on 21 September 2021.

4 MINUTES FOR NOTING

- a The Board noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 2 September 2021.
- b The Board noted the minutes of the Health and Care Governance Group held on 24 August 2021.
- c The Board noted the minutes of the Health and Care Governance Group held on 12 October 2021.

## 5 MEMBERSHIP & MEETING CHANGES

- The Board confirmed the appointment of Jock Encombe as voting member to the IJB for the period from 2 December 2021 to 31 July 2022 to replace Martin Hill.
- The Board confirmed the appointment of Linda Yule as non-voting member to the IJB from 6 October 2021 to 5 October 2024 to replace Mairead Hughes.
- The Board appointed Linda Yule to the Integration Joint Board Strategic Planning Group.

## 6 CHIEF OFFICER REPORT

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

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

During discussion, members suggested the Strategic Planning Group explore ways of statistical quantification to assess carer effectiveness.

The Chair then invited David Huddleston to provide an update on the recent RSA exercise he had taken part in and it was agreed that the relevant slides would be circulated to members at the end of the meeting. Members also suggested that the Strategic Planning Group remain involved in and up to date with RSA developments.

### Decision

To note the terms of the report.

## 7 CARE AT HOME SERVICES IN WEST LOTHIAN

The Board considered a report (copies of which had been circulated) by the Senior Manager – Older People's Services providing an update on the situation with regard to the delivery of care at home services in West Lothian.

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

During discussion, it was agreed that the Chief Officer would provide updates as required, while the Head of Strategic Planning and

Performance would supply a note of progress for the next Chief Officer report on engagement with the community in the effort to enhance the model of approach with regard to care at home services.

It was also agreed that an explicit risk would be included in the risk register to ensure effectiveness of the mitigating actions listed in the report.

#### Decision

1. To note the terms of the report.
2. The Chief Officer to provide updates as required.
3. An explicit risk to be included in the risk register to ensure effectiveness of the mitigating actions listed in the report.

#### 8 UPDATE ON PROGRESS OF THE HOME FIRST PROGRAMME AND THE POSITION WITH TEMPORARY CLOSURE OF ST MICHAEL'S HOSPITAL IN RESPONSE TO STAFFING PRESSURES

The Board considered a report (copies of which had been circulated) by the Head of Health providing a situational update on the Home First Programme and the current position with the temporary closure of St Michael's Hospital from August 2021. Additionally, the report sought to provide assurance to the Board that the Home First programme was underpinned by a whole system governance structure and data analysis to ensure any recommendations were evidence based and worked through with stakeholder involvement.

It was recommended that the Board:

1. Support the positive step in incorporating St John's Hospital phase 2 development and expanding scope of the Older Peoples Commissioning Board to include adults over the age of 18 years who required access to urgent unscheduled care;
2. Note the change of name of the Older Peoples and People Living with Dementia Commissioning Board to 'West Lothian Community and Acute Care Commissioning Board';
3. Continue to support an extension of the temporary closure of St Michael's Hospital until 31 March 22 with monthly monitoring, to evaluate the evolving staffing levels and allow for modelling of short, medium and longer-term bed needs across the health and social care system; and
4. Be cognisant of the need to prioritise IJB reserves to increase the capacity to deliver care at home services internally in response to current pressures on the system.

#### Decision

To approve the terms of the report.

## 9 NATIONAL CARE SERVICE CONSULTATION REPORT

The Board considered a report (copies of which had been circulated) by the Project Officer providing a revised draft response and covering letter to the Scottish Government's consultation A National Care Service for Scotland. The Board was asked to carefully consider whether the proposed response reflected the collective view of the Board and might request minor amendments, noting that the submission must be made on 9 November.

It was recommended that the Board:

1. Note that the Scottish Government was consulting on the development of a National Care Service for Scotland which was anticipated to be operational by March 2026;
2. Note that a request to Scottish Government to accept a late response had been granted on the condition it was no later than 9 November;
3. Note the Board's agreement to submit a collective response at its meeting of 21 September;
4. Note that a revised response and covering letter had been drafted following consideration at the Board's meeting of 21 September and a subsequent meeting of a short-life working group; and
5. Discuss the proposed response and agree its submission to the Scottish Government.

### Decision

To approve the terms of the report.

## 10 BASELINE DATA FOR PRIMARY CARE PERFORMANCE INDICATORS

The Board considered a report (copies of which had been circulated) by the Clinical Director, West Lothian HSCP providing an update on capturing Baseline data for Primary Care Performance Indicators.

It was recommended that the Board:

1. Note the contents of the report; and
2. Confirm that the reporting format met the Board's requirements.

During discussion, it was agreed that the report should show trends, public perceptions of accessibility and service level in West Lothian GPs, and include narrative information in future iterations.

Decision

To approve the terms of the report subject to the report being further enhanced to show trends, public perceptions of accessibility and service level in West Lothian GPs, including narrative information in future iterations.

11 2021/22 FINANCE UPDATE

The Board considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2021/22 budget forecast position for the IJB delegated health and social care functions based on the month 6 monitoring exercise.

It was recommended that the Board:

1. Consider the forecast outturn for 2021/22 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2021/22 budget; and
3. Note the new investment announced by the Scottish Government to help protect health and social care service delivery over the winter period and that further confirmation was required on the allocation of funding to IJBs.

Decision

To note the terms of the report.

12 RISK MANAGEMENT

The Board 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 Board consider the risks identified, the control measures in place, and the risk actions in progress to mitigate their impact.

Decision

1. To note the terms of the report.
2. To include an additional risk on Care at Home system pressures to ensure effectiveness of mitigating actions as agreed under agenda item 8 (Care at Home Services in West Lothian).

13 PUBLIC SECTOR CLIMATE CHANGE REPORT

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

It was recommended that the Board:

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 2020/21 submission to the Scottish Government and the proposed improvement actions.

During discussion, it was suggested that the Chief Officer speak to Chief Officers of other IJBs and report back to either the IJB or the SPG with suggestions on the extent of IJB involvement in raising the standard of sustainability through planning and direction to the health board and the council.

#### Decision

1. To approve the terms of the report.
2. The Chief Officer to provide an update on requirement of the extent of IJB involvement in sustainability.

#### 14 WORKPLAN

A workplan had been circulated for information.

#### Decision

1. To note the workplan.
2. To add a workforce planning report to a future meeting.

#### 15 CLOSING REMARKS

In closing the meeting, the Chair on behalf of the Board thanked Marin Hill for his valuable contribution to the IJB and wished him well for the future. Martin Hill in turn thanked Board members and officers and wished them well for the future.

# Midlothian Integration Joint Board

Midlothian Integration Joint Board  
Thursday 9 December 2021  
Item No 4.1



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 14 October 2021	2.00pm	Virtual Meeting held using Microsoft Teams.

## Present (voting members):

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

## Present (non-voting members):

Morag Barrow (Chief Officer)	David King (Interim Chief Finance Officer)	Joan Tranent (Chief Social Work Officer)
Fiona Stratton (Chief Nurse)	Hamish Reid (GP/Clinical Director)	James Hill (Staff side representative)
Keith Chapman (User/Carer)		

## In attendance:

Jill Stacey (Chief Internal Auditor)	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Mairi Simpson (Integration Manager)	Roxanne King (Business Manager)	Leah Friedman
Lois Marshall (Assistant Strategic Programme Manager)	Nickola Jones	Jamie Megaw (Strategic Programme Manager)
Anthea Fraser (Practice Learning and Development Manager)	Mike Broadway (Clerk)	

## Apologies:

Councillor Derek Milligan (Vice Chair)	Wanda Fairgrieve (Staff side representative)	Johanne Simpson (Medical Practitioner)
Lesley Kelly (Third Sector)		

# Midlothian Integration Joint Board

Thursday 14 October 2021

## 1. Welcome and Introductions

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The Chair, Carolyn Hirst, in welcoming everyone to this virtual Meeting of the Midlothian Integration Joint Board, expressed her gratitude and thanks to Fiona Huffer (Head of Dietetics) and wished her well in her new role in West Lothian. She also extended a warm welcome on behalf of the Board to Joan Tranent (Chief Social Work Officer) and Nick Clater (Head of Adult & Social Care).

Councillor Jim Muirhead then briefly updated the Board on the health of Vice Chair, Councillor Derek Milligan, advising that he was recovering at home after surgery. The Chair, on behalf of all present, extended best wishes to Councillor Milligan for a speedy recovery.

## 2. Order of Business

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The order of business was confirmed as outlined in the agenda that had been previously circulated. An additional item of urgent private business had been notified to the Chair and this was dealt with in the Addendum hereto.

## 3. Declarations of interest

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No declarations of interest were received.

## 4. Minute of previous Meetings

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- 4.1 The Minutes of Meeting of the Midlothian Integration Joint Board held on 26 August 2021 were submitted and approved as a correct record, subject to correction of Item 5.3 to reflect that Councillor Jim Muirhead, in his capacity as Chair of the MIJB Audit and Risk Committee had presented, and jointly responded to questions and comments on, the MIJB Audit and Risk Committee Annual Report 2020/21: rather than the Chief Internal Auditor, Jill Stacey as was currently stated.
- 4.2 The Minutes of Special Meeting of the Midlothian Integration Joint Board held on 9 September 2021 were submitted and approved as a correct record, subject to correction of the date of the MIJB Audit and Risk Committee meeting in Item 4.1 which should read '2 September 2021' rather than '2020'.
- 4.3 The Minutes of Meeting of the MIJB Strategic Planning Group held on 11 August 2021 were submitted and noted.



## Midlothian Integration Joint Board

Thursday 14 October 2021

### 5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.1 Chief Officers Report</b></p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous months across health and social care as well as looking ahead at future developments.</p> <p>Having heard from the Chief Officer, Morag Barrow in amplification of her report, the Board, in welcoming the new format for the report discussed the challenging position facing the Health and Social care system as it entered what was generally acknowledged to be its busiest time of the year still in the midst of the coronavirus pandemic, and echoed the Chief Officer's thanks to all of the HSCP team.</p> <p>The importance of winter planning and the adoption by Midlothian of a whole systems approach was welcomed by the Board, as was the Cabinet Secretary's announcement of new investment; details of which were appended to the report. The Board noted the disappointment expressed on behalf of the third sector that they had not been included in the Minister's letter but acknowledged the important role they would continue to play and the ongoing work with MVA.</p> <p>Members also gave consideration to the Seasonal Flu/Covid Booster vaccination programme, which would be cover in more detail later in the meeting.</p>	<p>Noted the issues and updates arising from the Chief Officers Report.</p>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>With regards to support for unpaid carers, Members were informed that H&amp;SC continued to work closely with partners and that once the outcome of the survey led by Vocal targeting unpaid carers was known this would hopefully help informed steps to be taken to ensure that carers' voices in Midlothian continued to be heard.</p>			
<p><b>5.2 Proposed Meeting Schedule and Development Workshops Dates for 2022 and 2023 – Clerk to the Board</b></p> <p>The purpose of this report was to set the dates for the Board and Development Workshops for the Midlothian Integration Joint Board and for the meetings of the Audit &amp; Risk Committee, for 2022 and 2023 as prescribed by Midlothian Integration Joint Board Standing Orders 5.2.</p> <p>Having heard from the Chief Officer, the Board considered the proposed dates for 2022 and 2023 and approach to Service Visits.</p>	<p>(a) Approved the Meeting Schedule and Development Workshops dates 2022 and 2023; and</p> <p>(b) Noted the approach for Service Visits for the Members of the Midlothian Integration Joint Board, and that any particular requests be fed back to the Chief Officer.</p>	<p>All To Note</p> <p>All To Note</p>	
<p><b>5.3 Development of services for citizens with learning disabilities, and rehabilitation after severe and enduring mental illness – Colin Briggs, Director of Strategic Planning, NHS Lothian</b></p> <p>The purpose of this report was to seek the Board approval of Initial Agreements supporting the development of services for citizens with either learning disabilities or rehabilitation needs after severe</p>	<p>(a) Noted the strategic case outlining how services would change over the next 5 years;</p> <p>(b) Noted that this case delivers on strategic aspirations of the MIJB;</p> <p>(c) Supported NHSL's Finance and Resources Committee giving consideration to the capital and revenue aspects; and</p>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>and enduring mental illness, copies of which were appended to the report.</p> <p>The report explained that the Initial Agreements were for the development of inpatient facilities at the Royal Edinburgh Hospital. Specifically, these facilities would support citizens with Learning Disabilities and those with rehabilitation needs following severe and enduring mental illness.</p> <p>The programme of work to develop these services focussed on delivering new support and services for citizens in these categories and in providing care closer to home. This was genuinely transformational work and a major plank of the MIJB's strategic direction.</p> <p>These Initial Agreements suggested that the revenue costs for MIJB were neutral, and that the capital costs were for NHSL to consider. However the latter could not be done until the four Lothian IJBs had all considered and approved the strategic case contained within the Initial Agreements.</p> <p>Nickola Jones in presenting the report to the Board summarised some of the key points and conclusions. Following which she responded to Members questions and comments.</p> <p>Whilst broadly supportive of the proposals, a number of areas of concern were highlighted by Board Members during the ensuing discussion, these included:-</p>	<p>(d) Agreed to continue consideration of the Initial Agreements to allow clarification to be sought on the issues raised by Board Members during discussion.</p>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<ul style="list-style-type: none"> <li>• Given the low number of allocated beds, how overall bed numbers would be managed, in particular whether there was scope to utilise unoccupied bed allocated to other areas;</li> <li>• In the case of chronically ill patients how their care would be managed in order to avoid bed blocking;</li> <li>• Anticipated levels of resource transfer;</li> <li>• Need for greater clarity on the community investment;</li> <li>• Staff recruitment;</li> <li>• Role of/for the Third Sector and would they be able to access any of the transferred resources.</li> </ul> <p>After further discussion, it was felt that without some reassurance on these issues the Board did not feel it was in a position to give its' agreement to the Initial Agreements, but was content to continue consideration in order that the necessary reassurances could be provided.</p>			
<p><b>5.4 Financial Position August 2021, financial out-turn 2021/22 and financial planning 2022/23 – 25/26 – David King, Interim Chief Finance Officer.</b></p> <p>The purpose of this report was to set out expenditure as at August 2021 against the current financial year's budget of c. £150m by the IJB partners (an overspend of c. £ 429k), lay out the projected out-turn for the</p>	<ul style="list-style-type: none"> <li>(a) Noted the financial position at August 2021;</li> <li>(b) Noted the projected out-turn position for 2021/22;</li> <li>(c) Noted the deployment of the earmarked reserves in 2021/22;</li> <li>(d) Agreed the applications of the general reserve; and</li> </ul>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>financial year 2021/22 (projected to be break-even) and consider the use of the IJB's general reserve in year. The report also explained that the IJB was required to prepare a balanced financial plan and then considered the current position and examined the progress in driving this work forward.</p> <p>The Board, having heard from the Interim Chief Finance Officer, David King who responded to Members' question and comments, considered the proposals detailed in the report and discussed in particular the linkage between the five year financial plan and the Strategic Plan.</p>	<p>(e) Supported the further development of the IJB's five year financial plan</p>		
<p><b>5.5 Draft Annual Performance Report 2020-21 - Lois Marshall, Assistant Strategic Programme Manager.</b></p> <p>The purpose of this report was to present for the Board approval the Midlothian Annual Performance Report 2020/21.</p> <p>The report advised that the Annual Performance Report provided information on the health and wellbeing of the people of Midlothian. It also described local health and care services, the financial performance of the Partnership and the quality of health and care services delivered during 2020/21.</p> <p>Assistant Strategic Programme Manager, Lois Marshall in speaking to the report provided the Board with a broad overview of the progress which had been made and thereafter responded to Members'</p>	<p>Approved the contents of the Annual Performance Report.</p>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>questions and comments, the Board in considering the Annual Performance Report discussed the apparent disparity between some of the data and the experience/feedback on the ground, which it was explained may be due to the small sample sizes used as a result of low response rates; this was something that would be kept under review going forward.</p>			
<p><b>5.6 Clinical and Care Governance Group - Report by Fiona Stratton, Chief Nurse</b></p> <p>The purpose of this report was to provide assurance to the Board regarding the Care and Clinical Governance arrangements within Midlothian Health and Social Care Partnership and to provide an update on the work of the Clinical and Care Governance Group.</p> <p>Chief Nurse, Fiona Stratton was heard in amplification of the report, highlighted in particular the Annual Report to NHS Lothian Healthcare Governance Committee; a copy of which was appended to the report, and in response to Members questions and comments, the work of the Quality Improvement Teams and also supports in place for Homelessness.</p>	<p>Noted and approved the contents of the report.</p>		
<p><b>5.7 Midlothian Health &amp; Social Care Partnership Winter Plan 2021/22 – Leah Friedman, Operational Business Manager.</b></p> <p>The purpose of this report was to provide the Board with an update on Midlothian Health &amp; Social Care Partnership's Winter Plan 2020/21 and outline plans in</p>	<p>(a) To note the update on the Winter Plan 2020/21; and</p> <p>(b) To approve the approach to winter planning.</p>		

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>coping with increased pressure through effective forward planning and the provision of additional capacity in key services.</p> <p>The report outlined the work being undertaken locally to prepare for winter pressures, explaining that the overarching Winter Plan was joined up to cover a wide range of areas – reducing delayed discharges, preventing admissions, increasing service capacity, gritting priority areas, implementing the flu and Covid booster programme, and resilience planning for severe weather, ongoing COVID-19 measures, and staff absences. There was also an ongoing focus on supporting staff wellbeing and a winter communications plan both for staff and the public. A Winter Executive Management Group had been mobilised to meet weekly, in tandem with an operational manager group. Performance management was a key part of this process, with the use of a winter dashboard to track key performance indicators and progress against winter plans.</p> <p>Leah Friedman was heard in amplification of the report following which there was a general discussion regarding the importance of a whole systems co-ordinated approach with a single point of contact involving the use of volunteers and input from third sector partners. It was also felt that feedback from GPs/Medical Practices would be useful; it being noted that this would be picked up at the November Development Workshop.</p>			

## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p><b>5.8 Workforce Plan – Anthea Fraser, Practice Learning and Development Manager.</b></p> <p>The purpose of this report was to highlight the workforce planning currently underway to support the development of the new Workforce Strategic Plan 2022-2025 and to also raise awareness of the new initiatives and actions being undertaken to reduce the challenges that specific service teams were having in relation to their workforce, to improve service delivery, and mitigate risks of this reoccurring in the future.</p> <p>Practice Learning and Development Manager, Anthea Fraser in speaking to the report provided the Board with a broad overview of the progress which had been made and thereafter responded to Members’ questions and comments, the Board in considering the Plan welcomed the positive actions and initiatives currently underway, in particular the ongoing involvement of staff and plans to establish focus groups.</p>	<p>(a) Noted the current strategic workforce planning; and</p> <p>(b) Noted and welcomed the actions and initiatives that were being implemented to address the challenges that specific workforce teams were experiencing.</p>		
<p><b>5.9 Vaccination Programme Update – Jamie Megaw, Strategic Programme Manager.</b></p> <p>The purpose of this report was to provide Board Members with an update on the Seasonal Influenza and COVID vaccination programme.</p> <p>The Board, having heard from Strategic Programme Manager, Jamie Megaw, who gave a further update on current uptake figures and thereafter responded to</p>	<p>(a) Noted the progress of the programme.</p> <p>(b) Noted the Action Plan and that further updates on progress would be brought to the Board.</p>	Integration Manager	



## Midlothian Integration Joint Board

Thursday 14 October 2021

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Members questions and comments, considered the report and discussed the changes in way this year's Seasonal Influenza vaccination programme was being delivered and the public's response to it, which in spite of difficulties being reported elsewhere appeared locally to be generally positive.			
<p><b>5.10 Chief Social Work Officer - Annual Report 2020-2021 – Joan Tranent, Chief Social Work Officer.</b></p> <p>The purpose of this report was to present the annual report of the Chief Social Work Officer (CSWO). The shortened version of the report provided a high level overview of key issues and challenges as a result of Covid-19.</p>	Agreed to continue consideration of the CWSO's Annual Report to the December Board meeting.		

### 6. Any other business

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An additional item of urgent private business had been notified in advance to the Chair and this was dealt with in the Addendum hereto.

### 7. Private Reports

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#### Exclusion of Members of the Public

In view of the nature of the business to be transacted, the Board agreed that the public be excluded from the meeting during discussion of the undernoted item, as contained in the Addendum hereto, as there might be disclosed exempt information as defined in paragraphs 1 and 3 of Part I of Schedule 7A to the Local Government (Scotland) Act 1973:-

#### 7.1 Clinical Incident – Noted.

## Midlothian Integration Joint Board

Thursday 14 October 2021

### 8. Date of next meeting

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

- Thursday 11 November 2021      1.30pm      Development Workshop.
- Thursday 9 December 2021      2.00pm      Midlothian Integration Joint Board

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

The meeting terminated at 16:31.

# Minute

## Edinburgh Integration Joint Board

**10am, Tuesday 26 October 2021**

Held remotely by video conference

**Present:**

**Board Members:**

Councillor Ricky Henderson (Chair), Angus McCann (Vice-Chair), Councillor Robert Aldridge, Bridie Ashrowan, Colin Beck, Carl Bickler, Heather Cameron, Siddharthan Chandran, Councillor Phil Doggart, Christine Farquhar, Councillor George Gordon, Ruth Hendery, Kirsten Hey, Grant Macrae, Councillor Melanie Main, Ian McKay Peter Murray, Moira Pringle, Judith Proctor.

**Officers:** Matthew Brass, Jessica Brown, Sarah Bryson, Cleo Comerford, Tom Cowan, Tony Duncan, Gavin King, Ramon McDermott, Hazel Stewart and David White.

**Apologies:** Martin Hill, Helen Fitzgerald and Allister McKillop

### 1. Minutes

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The minute of the Edinburgh Integration Joint Board of 20 August 2021 and the 28 September 2021 were submitted for approval as a correct record.

**Decision**

To approve the minutes as a correct record.

### 2. Rolling Actions Log

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The Rolling Actions Log updated to October 2021 was presented.

**Decision**

- 1) To agree to close the following actions
  - Action 1 – Adult Sensory Support
  - Action 2 – Bed Based Care – Phase 1 Strategy

- Action 3 – Royal Edinburgh Hospital – Initial Agreement for the Intellectual Disability and National Intellectual Disability Adolescent Inpatient Unit and the Initial Agreement for an Integrated Mental Health Rehabilitation and Low Secure Unit
- Action 4 (2) – Membership Proposal – Referral from the Strategic Planning Group

2) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted)

### **3. Edinburgh Primary Care Improvement Plan Update**

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The progress of the Primary Care Improvement Plan (PCIP) was presented to the Board. The report updated members on the implementation of the Plan that had previously been reported to the NHS Lothian Local Medical Committee/GP Sub Committee and the NHS Lothian New Contract Oversight Group.

#### **Decision**

- 1) To endorse the attached report which was consulted on across the City as a fair reflection of the current status of PCIP implementation, before being finalised through the Edinburgh Primary Care Leadership and Resources Group in August 2021.
- 2) To note that the progress was previously reported to Lothian GP Sub/Lothian Medical Committee and the City progress supported.
- 3) To approve the Report and SG template to be reported to the SG.
- 4) To formally record the Board's thanks to the Primary Care Team

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

### **4. System Pressures – Edinburgh Health and Social Care Partnership**

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Members of the Board were asked to consider the report on the significant operational and capacity pressures being experienced by the social care sector throughout Edinburgh. The report also provided details on the increasing levels of unmet need and the risk to people relating to this.

As a result of the pressures, members were asked to postpone IJB Committee work in order to ensure staff efforts were focused on the operational emergency.

#### **Decision**

- 1) To note the position of the Edinburgh Health and Social Care Partnership (EHSCP) in relation to system pressures.

- 2) To recognise the EHSCP and City of Edinburgh Council (CEC) have raised their risk rating in regard to support for vulnerable people to the highest category of 'critical'.
- 3) To note that the EHSCP System Pressures status has been report to the City of Edinburgh Council (CEC) Policy and Sustainability committee, Lothian Resilience Partnership, Regional Resilience Partnership and through both CEC and NHS management forums to keep partners appraised.
- 4) To note the measures being taken to address this within the EHSCP and with its partners and the escalation of risk.
- 5) To note that the wider pan-Lothian Gold meeting held a desktop exercise in relation to concurrent risk on 1 October.
- 6) To note that the Scottish Government has made available £300m for this year, nationally to address these pressures and that further guidance on its allocation locally is expected.
- 7) To agree, given the extent of the pressures and the pace officers are required to work at that emergency powers will be invoked so that the Chair and Vice Chair, with advice from the Chief Officer and Chief Finance Officer can agree any mobilisation plan using the EIJB share of the funding in advance of the next EIJB meeting, should this be required.
- 8) To agree that the December EIJB go ahead as scheduled and the agenda be restricted to deal with current service issues, including availability and deployment of resources and a financial update on current year budget monitoring and preparations for next year's budget.
- 9) To instruct the Chairs of all committees to similarly engage with Officers to update the Committees' work programmes.

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

## **5. Preparations for Winter 2021/22**

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An update on the preparations for winter 2021/22 was presented to the Board. The Plans were noted to be well underway and had already been approved at the NHS Lothian Performance Overview Board. The report included information on the Scottish Government funding for winter pressures as well as updates on community mobilisation plans and the annual flu vaccination programme.

### **Decision**

- 1) To note progress with the preparations being made for Winter 2021/22.
- 2) To accept this report as a source of reassurance that the Partnership has developed a robust winter strategy, taking on board learning from our evaluation of the previous winter campaign.

- 3) To note that the preparations for Winter 2021/22 are interlinked with other aligned workstreams such as the Redesign of Urgent Care, Home First, Partnership remobilisation plans and capacity planning in response to system pressures.

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

## **6. Public Bodies Climate Change Return**

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Approval was sought for the Public Bodies Climate Change Return prior to its submission to the Scottish Government.

### **Decision**

To approve the draft EIJB Public Bodies Climate Change Duties (PBCCD) return 2020/21 at Appendix 1.

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

## **7. Edinburgh Integration Joint Board Audited Annual Accounts for 2020/21**

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The Edinburgh Integration Joint Board's Audited Annual Accounts for 2020/21 were presented to the Board for approval. The Accounts had been considered alongside the external audit annual report and the internal audit annual opinion at the Audit and Assurance Committee on 1 October 2021.

### **Decision**

- 1) To note the 'amber' rated Internal Audit opinion for the year ended 31 March 2021.
- 2) To approve and adopt the annual accounts for 2020/21.
- 3) To delegate authority to the Chief Finance Officer to resolve and amend any minor textual issues in the annual report up to the date of sign off with Audit Scotland.
- 4) To authorise the designated signatories (Chair, Chief Officer and Chief Finance Officer) to sign the annual report & accounts on behalf of the Board.
- 5) To authorise the Chief Finance Officer to sign the representation letter to the auditors, on behalf of the Board.

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

## **8. Annual Performance Report 2020-21**

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A draft version of the 2020-21 Annual Performance Report (APR) was submitted to the Board for approval. The APR had been reviewed by the Performance and Delivery Committee before its presentation at the Board

and was noted to follow a more streamlined approach that focused on the performance of the EIJB in relation to the pandemic.

Following approval, the APR would be submitted to the Scottish Government and would be published on the EIJB website.

### **Decision**

To approve the publication of the APR 2020-21.

(Reference – Report by the Service Director, Strategic Planning, Edinburgh Health and Social Care Partnership, submitted)

## **9. Finance Update**

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An update on the financial performance of delegated services for the first five months of the year was presented to the Board. The Board noted the position and the Chair of the Performance and Delivery Committee raised concerns that arose from their consideration of the paper at their October meeting.

### **Decision**

- 1) To note the financial position for delegated services to 31 August 2021.
- 2) To note the ongoing tripartite discussions, led by the Chief Officer, to deliver financial balance.

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

## **10. Annual Assurance Statement**

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An overview of the Committee annual assurance process was presented to the Board. The Chair of the Audit and Assurance Committee presented the paper which included an overview of the process as a whole as well as specific issues that arose from each Committee's own statements.

### **Decision**

- 1) To note the moderate assurance offered by the Audit and Assurance Committee following their review of the committee assurance statements attached at appendices 1 to 5.
- 2) To consider the issues raised by the committees as summarised in paragraph 6.

(Reference – Report by the Chair, EIJB Audit and Assurance Committee, submitted)

## **11. Membership Proposal – Referral from the Strategic Planning Group**

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The Board were asked to consider the appointment of an Edinburgh Association of Community Councils (EACC) representative to the Strategic

Planning Group (SPG). The report had been continued from the September meeting following requests for more information on how representative the EACC were of all community councils in Edinburgh.

### **Decision**

To defer the decision of appointing an EACC member to the Strategic Planning Group until concerns on representation, the EACC membership, reporting from the SPG to the EACC and the contribution the member could bring to the SPG were addressed and reported back to the Board.

(Reference – Report by the Chair, Strategic Planning Group, submitted)

## **12. Committee Updates**

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

### **Decision**

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

## **13. EIJB Consultation Response – Ethical Standards Commissioner**

---

The Board were presented with an update on the EIJB's consultation response on the Ethical Standards Commissioners Strategic Plan.

### **Decision**

To note the EIJB consultation response which has been approved by the Chair and Vice Chair of the EIJB and submitted by the Chief Officer in line with the agreed consultation protocol.

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





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

THURSDAY 28<sup>TH</sup> OCTOBER 2021  
VIA DIGITAL MEETINGS SYSTEM

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### **Voting Members Present:**

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

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

Ms M Allan	Ms L Cowan
Mr I Gorman	Mr D King
Mr T Miller	Ms A MacDonald
Ms M McNeill	Dr C Mackintosh
Dr J Turvill	

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

Mr P Currie	Ms C Goodwin
Ms J Holland	Mr M Kennedy
Ms L Kerr	Ms G Neil

### **Clerk:**

Ms F Currie

### **Apologies:**

Mr D Binnie  
Ms J Tait

### **Declarations of Interest:**

None

The Chair invited his colleague, Councillor Shamin Akhtar, to pay tribute to Councillor Willie Innes, Leader of East Lothian Council, who passed away on 24<sup>th</sup> October.

Councillor Akhtar said that Councillor Innes had believed strongly in public service and had made significant contributions to the community of Prestonpans and throughout East Lothian during his more than 30 years as a councillor. His many achievements and interventions had impacted positively across a range of sectors including health and social care. He had been a huge advocate of the new community hospital and of day centres. He was always keen to acknowledge and value the efforts of staff and he had offered his personal thanks to NHS staff following his own treatment during illness. Councillor Akhtar said he would be remembered by colleagues and constituents as a great person and advocate for all.

The Chair then invited members to observe a short silence in memory of Councillor Innes.

**1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 16<sup>th</sup> SEPTEMBER 2021 (FOR APPROVAL)**

The minutes of the meeting on 16<sup>th</sup> September 2021 were approved.

**2. MATTERS ARISING FROM THE MINUTES OF 16<sup>TH</sup> SEPTEMBER 2021**

The following matters were raised:

Councillor Gilbert asked if there was any update on the situation at the Edington Hospital, North Berwick. Alison Macdonald advised that there was no update at present, however the current review period was due to conclude on 10<sup>th</sup> December at which point a further report would be presented to NHS Lothian. The IJB would be updated thereafter.

**3. CHAIR'S REPORT**

The Chair informed members that he had recently attended a very useful meeting on health inequalities and that this important issue would form the basis of a development session for IJB members on 25<sup>th</sup> November.

Dr Jon Turvill welcomed the proposed development session and the opportunity for the IJB to discuss what it could do to address this issue. Maureen Allan also welcomed the opportunity to participate in the development session and to discuss the third sector role and community aspects of health inequalities.

Ms Macdonald updated members following some concerning press articles regarding pressures on the system in East Lothian, with particular reference to acute services and care home beds. She advised members that East Lothian was in a fortunate position in relation to delayed discharges and that while consideration was being given to relocating patients from acute beds to care homes, while they awaited appropriate packages of care, no patient was being forced to move. She added that all four Health & Social Care Partnerships within Lothian were continuing to work together to try to ease pressures across the system.

#### **4. INITIAL AGREEMENTS FOR THE NEXT STEPS OF THE REH CAMPUS RE-DEVELOPMENT**

The Chief Officer had submitted a report seeking support from the IJB to take forward the Initial Agreements (IA) for the next stages of the REH campus re-development, which had been developed in partnership with the East Lothian Health & Social Care Partnership (HSCP).

Gillian Neil presented the report outlining the background and development of the project and the rationale for determining bed numbers. She indicated that once agreed by the 4 Lothian IJBs the Initial Agreements would progress through the NHS Lothian governance process for submission to the Scottish Government. Following approval by Ministers, an outline business case would be produced.

The Chair welcomed the very thorough business case and commended the collaborative approach adopted for this project. He noted that reducing in-patient beds would rely on resilient community services and East Lothian was in a good position in that respect. He also noted that there would need to be a release of funding to community services to support the transfer of care. While he supported the principles he emphasised the need for appropriate resources to be made available.

Thomas Miller also welcomed the level of partnership working on this project. He added that staff had been very heavily involved in discussions and it was very exciting to see this project progress.

Ms Neil responded to a number of questions from members around flexibility of bed numbers, capital resourcing, moving patients into existing community services and the redevelopment of assets such as the Hermanflat Hospital site in Haddington.

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

#### **Decision**

The IJB agreed to:

- i. Note the strategic case outlined in the Initial Agreement (IA), and how this linked to the East Lothian vision for future care in this area;
- ii. Note the reduction in Learning Disability (LD) beds from 3 to 2;
- iii. Approve the IAs (prior to submission to the Scottish Government); and
- iv. Acknowledge the continued involvement of ELHSCP officers in the development of the business case.

#### **5. IJB ANNUAL PERFORMANCE REPORT 2020-21**

The Chief Officer had submitted a SBAR report seeking approval of the Annual Performance Report for 2020-21.

Claire Goodwin presented the report outlining the content of the report and reminding members of the reasons for the delay in its preparation. She highlighted the key themes in the report and advised that, subject to approval by the IJB, a summary version would be prepared.

The Chair commended the report as a significant piece of work. He said that when compared with the IJB's first annual report, it showed the significant progress that had

been made which was wholly down to the hard work and dedication of those working across health and social care.

Councillor Fiona O'Donnell praised the report but asked if case studies could be included, as in previous reports.

Councillor Akhtar agreed, suggesting that the report should also be more explicit about how well integration has worked over the past year, particularly in light of the pandemic and the pressures on services.

The Chair agreed with these comments and added that the Edinburgh IJB had included case studies in its report and these had provided a powerful testimony of how integration had impacted on individuals.

Dr Richard Williams said it was a fantastic report which outlined a lot of really good work. Making particular reference to the section on supporting carers, he noted that some of the statistics dated from 2019/20 and he asked if updated figures could be included.

Dr Claire Mackintosh commented that, as a new member of the IJB, she had found the report very helpful.

Ms Goodwin responded to the comments made by members regarding case studies and statistics and Ms Macdonald provided further information on carer engagement and acknowledged the usefulness of reporting to raise awareness of the work happening across services.

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

## **Decision**

The IJB agreed:

- i. To accept the Annual Performance report for 2020-21;
- ii. To recognise the achievements of the East Lothian HSCVP and individual services during a uniquely challenging year;
- iii. To commend the contribution made by staff, volunteers, communities and partner organisations; and
- iv. That a summary Annual Performance Report should be produced.

## **6. NATIONAL CARE SERVICE CONSULTATION**

The Chief Officer had submitted a SBAR report updating the IJB on the national consultation underway concerning the establishment of a National Care Service and inviting members to agree the IJB's response to the consultation.

Paul Currie presented the report outlining the background to the consultation exercise, and thanked members for attending a development session on 8<sup>th</sup> October to formulate the terms of the IJB's response. He referred to concerns raised across other groups about the increased scope of the consultation and advised that the IJB's response contained a range of views on some issues and consensus of opinion on others. He asked members to approve the terms of the response and its submission to the Scottish Government.

The members discussed the terms of the response and expressed their appreciation to Mr Currie for representing so clearly the range of views on different issues. They also

acknowledged the difficulty of formulating a consensus view and avoiding conflicts of interest when often they were considering issues from more than one perspective, e.g. as a GP and as a member of the IJB, and it was sometimes not possible to reconcile these views. It was agreed that the IJB's response should make clear where a member dissented from the collective view of the IJB, and the reasons for any differences in perspective. Members were also reminded that individual responses, and other group responses, could be submitted separately to the IJB response.

There was also concern expressed about the timing of the consultation and it was noted that there had been little willingness on the part of the Scottish Government to grant an extension.

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

### **Decision**

The IJB agreed:

- i. To note that the consultation response contained a range of views, reflecting the different perspectives of the IJB membership; and
- ii. To the consultation response being passed to the NCS Consultation Team at the Scottish Government on behalf of the IJB.

## **7. FINANCIAL POSITION AUGUST 2021, FINANCIAL OUT-TURN 2021/22 AND FINANCIAL PLANNING 2022/23 TO 2025/26**

The Interim Chief Finance Officer had submitted a report updating the IJB on the current financial position, the projected out-turn for 2021/22 and deployment of earmarked reserves. The report also invited members to consider the current issues and future financial challenges and to discuss progress towards production of a five year, balanced financial plan.

David King presented the report outlining the month 5 position, the use of earmarked reserves and the expectation that the IJB would attain a breakeven position at the year end. He also highlighted some of the pressures on budgets, the need to focus on business as usual rather than being distracted by future changes, such as the introduction of a National Care Service. He also updated members on progress towards the production of a balanced five year financial plan.

Mr King responded to questions from members providing further detail on additional funding from the Scottish Government in the current financial year, demographic pressures and how these impacted on funding for Councils, and the continuing pressures on budgets for Hosted Services and Set Aside.

Ms Macdonald replied to further questions on the current overspends forecast by both the Council and NHS Lothian and the recent improvement in this position. She also acknowledged continuing challenges regarding commissioning budgets for older adult services and the need for mitigation measures.

Iain Gorman advised that a significant portion of the overspend related to COVID-19 and non-recurring pressures which would be directly off-set by additional funding from the Scottish Government. However, there were other elements and he provided further detail on two significant budget pressures – residential services for older adults; and the transition of young people into adult services where complex packages of care were involved.

The Chair thanked officers for their work in preparing this and other reports on the agenda. He noted that health and social care services were still in a difficult place he offered his thanks to staff for their continued efforts.

**Decision**

The IJB agreed to:

- i. Note the financial position at August 2021;
- ii. Note the projected out-turn position for 2021/22;
- iii. Note the deployment of the earmarked reserves in 2021/22; and
- iv. Support the further development of the IJB's five year financial plan.

Signed .....

Mr Peter Murray  
Chair of the East Lothian Integration Joint Board

# NHS Lothian

Board  
9 February 2022

Chair

## APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

### 1 Purpose of the Report

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

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

### 2 Recommendations

The Board is recommended to:

- 2.1 Appoint Martin Connor as a non-executive member of the Pharmacy Practices Committee from 9 February 2022 to 31 August 2023.
- 2.2 Re-appoint Peter Murray as a member of the Audit & Risk Committee from 6 February 2022 to 31 January 2024.
- 2.3 Re-nominate Bill McQueen as a voting member and the lead NHS voting member of the West Lothian IJB from 1 February 2022 to 31 January 2024.
- 2.4 Re-nominate Peter Murray as a voting member and the lead NHS voting member of the East Lothian IJB from 3 April 2022 to 31 January 2024.
- 2.5 Re-nominate Carolyn Hirst as a voting member and the lead NHS voting member of the Midlothian IJB from 7 January 2022 to 26 June 2023.
- 2.6 Re-nominate Patricia Donald as a voting member of the Midlothian IJB from 1 April 2022 to 31 July 2022.
- 2.7 Appoint Tracy Anne Miller as a member of the Staff Governance Committee and a member of the Remuneration Committee from 9 February 2022.

### 3 Discussion of Key Issues

#### Pharmacy Practices Committee

- 3.1 The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 (as amended) require the chair to be a Board member and not be, nor previously have been (nor an employee of) a doctor, dentist, ophthalmic optician or pharmacist. In the interests of ensuring there is enough members to carry out the Committee's business,

it is recommended that the Board appoint Martin Connor as a non-executive member of the Pharmacy Practices Committee from 9 February 2022 to 31 August 2023.

### Audit & Risk Committee

- 3.2 Peter Murray's current term as a member of the Audit & Risk Committee ended on 5 February 2022. It is recommended that the Board re-appoint Peter Murray as a member of the Audit & Risk Committee from 6 February 2022 to 31 January 2024.

### West Lothian Integration Joint Board

- 3.3 Bill McQueen is the Board's lead voting member on West Lothian Integration Joint Board ('IJB'). His current term of appointment as a voting member ended on 31 January 2022. NHS Lothian currently holds the chair of the IJB (Bill is the Chair), and this will rotate back to West Lothian Council on 21 September 2023. It is recommended that the Board re-nominate Bill McQueen as a voting member and the lead NHS voting member of the West Lothian IJB from 1 February 2022 to 31 January 2024.

### East Lothian Integration Joint Board

- 3.4 Peter Murray is the Board's lead voting member on East Lothian Integration Joint Board ('IJB'). His current term of appointment as a voting member ends on 2 April 2022. NHS Lothian currently holds the chair of the IJB (Peter is the Chair), and this will rotate back to East Lothian Council on 1 April 2023. It is recommended that the Board re-nominate Peter Murray as a voting member and the lead NHS voting member of the East Lothian IJB from 3 April 2022 to 31 January 2024.

### Midlothian Integration Joint Board

- 3.5 Carolyn Hirst is the Board's lead voting member on Midlothian Integration Joint Board ('IJB'). Her current term of appointment as a voting member ended on 6 January 2022. NHS Lothian currently holds the chair of the IJB (Carolyn is the Chair), and this will rotate back to Midlothian Council on 27 June 2023. It is recommended that the Board re-nominate Carolyn Hirst as a voting member and the lead NHS voting member of the Midlothian IJB from 7 January 2022 to 26 June 2023.
- 3.6 Patricia Donald's current term of appointment as a voting member on Midlothian Integration Joint Board ends on 31 March 2022. It is recommended that the Board re-nominate Patricia Donald as a voting member of the Midlothian IJB from 1 April 2022 to 31 July 2022.

### Employee Director

- 3.7 Tracy Anne Miller joined the Board on 1 January 2021 as the new Employee Director. The terms of reference of both the Remuneration Committee and the Staff Governance Committee both require the Employee Director to be a member of those committees. It is recommended that the Board appoint Tracy Anne Miller as a member of the Staff Governance Committee and a member of the Remuneration Committee from 9 February 2022.



## **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 committee membership, and it is not anticipated that there needs to be an entry on a risk register.

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

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

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

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

## **8 Resource Implications**

- 8.1 This report contains proposals on the membership of committees and integration joint boards. It is probable that some of the members may require further training and development to support them in their new roles. This will be addressed as part of normal business within existing resources.
- 8.2 The Board currently has three vacancies in its membership, and this adds to the workload of the remaining members to service the meetings of the Board, its committees and the IJBs. The Scottish Government is carrying out a public appointment process to recruit new non-executive members, with the aim of them being in place by Spring 2022.
- 8.3 It is likely that later in the year there will be a further holistic review of the workload of non-executive members once new members are in place.

Alan Payne

Head of Corporate Governance

17 January 2022

[alan.payne@nhslothian.scot.nhs.uk](mailto:alan.payne@nhslothian.scot.nhs.uk)

## **FLU AND COVID VACCINE PROGRAMME UPDATE**

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

- 1.1 The purpose of this report is to update the Board on the delivery of the flu and Covid vaccine programme and to describe the mitigating actions, controls and assurances.

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

### **2 Recommendations**

The Board is invited to:

- 2.1 Note the latest performance update against the Covid and flu vaccine delivery plan including the national requirement for acceleration of the Covid booster programme during December 2021;
- 2.2 Note work has progressed to develop an operational plan for administration of Covid vaccine to children aged 5 – 11 years at risk due to an underlying health condition and those sharing households of those who are immunosuppressed from 29th January 2022;
- 2.3 Note the ongoing vaccination priorities for the remainder of the 2021-22 financial year (January – March) and that the Lothian Flu and Covid Vaccine Programme Board will undertake scenario planning to develop a 2022-23 Forward Plan.

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

#### **3.1 Summary Position Covid and Flu Vaccination Administration**

Since the Covid vaccination programme commenced on 8 December 2020 a total of 1.93 million vaccines have been administered; in addition, a further 314k flu vaccines were administered from early September 2021. This has been a huge undertaking by NHS Lothian, in partnership with the region's four Health and Social Care Partnerships.

The latest summary update associated with flu and Covid vaccine administration is available in Appendix 1.

#### **3.2 Covid Booster Acceleration December 2021**

In response to the rapid transmission of the Omicron variant, the Covid vaccination booster programme was accelerated following a Scottish Government national policy announcement on 12th December 2021. The aim was to deliver a Covid booster (third dose) to as many eligible adults over the age of 18 years as possible by 31st December 2021. Eligibility was defined as 12 weeks following second dose.

To support programme acceleration NHS Lothian supported the implementation of the following changes in line with changing national policy:

- eligible 30 – 39 year olds were able to self-register for an appointment via national portal for from Monday 13th December 2021;
- eligible 18 – 29 year olds were able to self-register on national portal from 15th December;
- drop-in appointments were made operational from 14th December for all over 40s and higher risk citizens;
- drop-in appointments were formally extended to those aged over 18 on the 20th December;
- Boards were asked to utilise all currently available workforce to maximise the number of vaccinations delivered per day;
- the flu programme was deprioritised for those not in high risk cohorts (pregnant women, those over 65 years of age and those with underlying health conditions should book via their local community pharmacy) and staff are solely focusing on Covid-19 booster vaccinations;
- second dose Covid vaccination for 12-15 years were deprioritised until January 2022; and
- the 15 minute wait post vaccination was reduced to 5 minutes to support increased throughput for those who had previously had an mRNA vaccination.

To support additional activity, and in recognition of Lothian's large young population, a further 40 military personnel were trained and began vaccinating on 21st December. Military vaccination support was stood down from 19th January 2022 in light of reduced demand for vaccination following focus on booster acceleration during December 2021 (although they remain on standby in case further vaccination surges are required).

### 3.3 Vaccination Centres

Health and Social Care Partnerships opened two further mass vaccination centres to support the acceleration of the Covid booster programme:

- the Corn Exchange in Haddington (16th December); and
- the Edinburgh International Conference Centre (21st December 2021 to 21<sup>st</sup> March 2022).

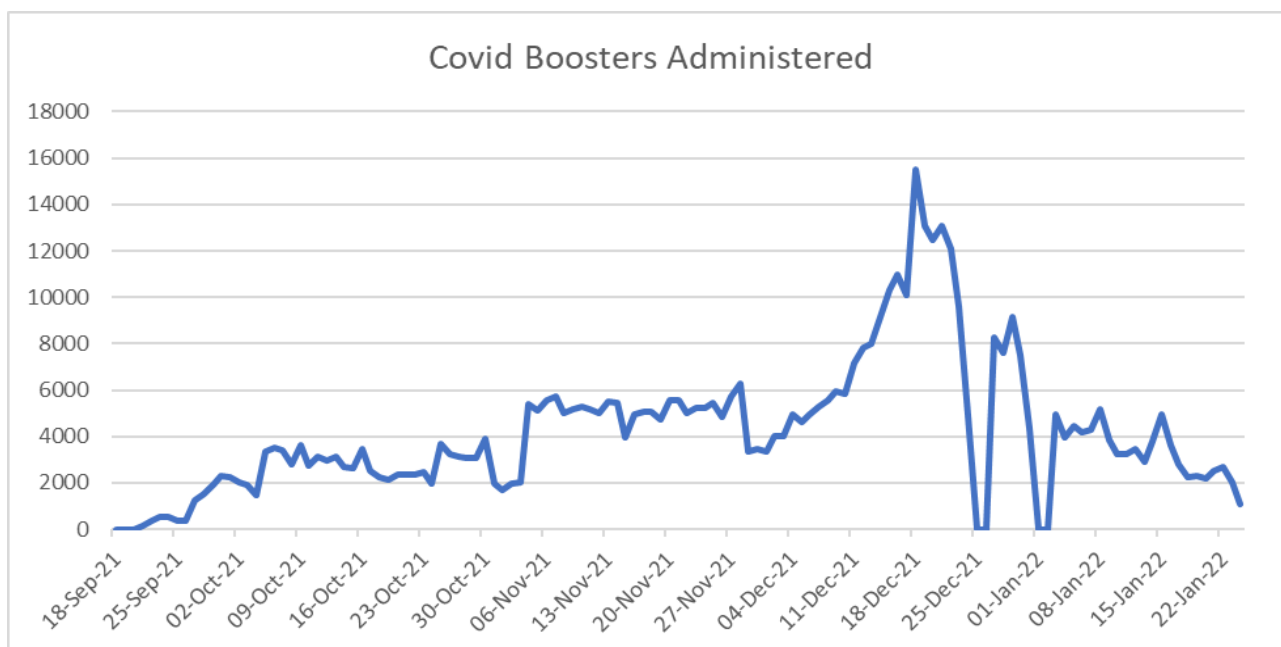
Furthermore, the large hall at the Royal Highland Show ground was retained to ensure maximum capacity. In total, Lothian now operates across a number of large sites set out below:

- Midlothian: Gorebridge Mass Vaccination Centre, Midlothian Community Hospital;
- East Lothian: East Lothian Community Hospital, Corn Exchange, Musselburgh Community Hospital. East Lothian Community Hospital (ELCH) will cease as a vaccination venue on 31 December to consolidate activity at the Corn Exchange site in order to maximise capacity. Contact will be made with citizens who have appointments booked at ELCH in January.
- West Lothian: Strathbrock Health Centre and the Pyramids business park;
- Edinburgh: Highland Show Ground, EICC and Ocean Terminal;
- The larger sites are also supported by 14 smaller local centres e.g Pennywell, LCTC;

- Continue to support pop up units with vaccination buses operating in both Edinburgh and East Lothian;
- Extension to our local reach with 11 community pharmacies now offering boosters by appointment, with a further 6 looking to commence booster vaccination in January.

### 3.4 Capacity Acceleration

These actions resulted in a significant acceleration of the programme in the run up to Christmas 2021 as illustrated below.



Scheduled and drop in capacity across our vaccination centres increased by 130% from 15th December to 31st December.

Appointment Type	Capacity
Existing NVSS Scheduled Appointment Capacity at 15 <sup>th</sup> December	81,752
Additional NVSS Scheduled Appointments from 15 <sup>th</sup> December	36,324
Additional Drop In Appointments Local and Mass Vaccination Centres	47,575
Additional Booster Appointments (Community Pharmacy, 17 Edinburgh General Practices, HSCP Last Minute Appointments)	20,307

Throughout January 2022, there has been capacity for approximately 10k vaccinations per day, however, utilisation rates have been dropping steadily with less than 2,000 doses administered per day by the end of January.

By 31<sup>st</sup> December 2021, Lothian HSCPs achieved overall 75.6% booster / 3<sup>rd</sup> dose uptake compared to 77% across Scotland and this variance was largely due to differences in the age structure of Lothian (i.e. larger younger population cohorts who have been less likely to take up the vaccine). The national target for those over 18 years was 80%.

As of 25th January, booster / 3rd dose take up across Lothian for eligible population over 18 years stood at 81.7%.

### 3.4 January – March 2022 Priorities

The Scottish Government have set out the priorities for focus in early 2022, these are:

- Continue to progress Covid booster uptake and maximise available capacity – social media communication associated with the booster programme continues to be pushed;
- 12-15 years administration of Covid 2nd dose – national policy to pause in December 2021 in light of booster acceleration requirement. Second dose drop in arrangements were available from 3rd January, reminder letters for drop in, registration via national portal or national helpline are being issued as this cohort become eligible for 2nd dose;
- Severely Immunosuppressed Covid Booster (4th dose) – local letters are being issued to remind citizens to book an appointment when eligible;
- 5 – 11 Years At Risk and Household of Immunosuppressed. First dose – operational plans have been progressed, vaccination began on 29th January at the Royal Hospital for Children and Young People. Take up of national invite to book a vaccination appointment will be kept under review.
- On-going Evergreen Programme in line with when citizens reach appropriate age / time to offer of 1st, 2nd and booster dose vaccination;
- Inclusion focus to maximise uptake in under-served groups – HSCPs reviewing uptake by general practice to identify communities requiring additional access;
- Continue Flu Programme for 65+ years, 16-64 years at risk due to underlying health condition, pregnancy and schools – the co-administration of flu and Covid vaccine for over 50s through vaccination centres was deprioritised in December 2021 to focus on booster acceleration, eligible citizens can continue to access flu vaccination via 106 community pharmacies. The school flu programme has been completed in all 254 primary schools and 79 secondary schools;
- Review of Housebound Lists – a large volume of citizens in Tranche 2 have declared themselves housebound via the national call centre, however when HSCP attempt to make contact to visit citizens, they are at not home for a housebound visit.

On the 21 January, a national policy decision was made to schedule Covid booster appointments for those aged 18-59 years who have reached 12 weeks since their second dose but not come forward for a Covid booster. NHS Lothian estimates that around 107,000 people are currently eligible for a booster in this age cohort and are yet to have booked an appointment. The aim will be to schedule as many of these appointments during February.

This will require the Lothian system to maintain significant capacity within the vaccination programme over this period. It is not known what the take up rate will be from this initiative, and it is considered likely that Do Not Attend (DNA) rates will be high.

There may be further changes to these priorities depending on national policy decisions or changes in JCVI guidance, for example, whether to vaccinate all children in the 5-11 year age cohort. The JCVI recently discussed delivering a second booster for all over 80s during January but decided against any immediate move.

### 3.5 Programme Priorities 2022 – 23

The Scottish Government have outlined initial high level planning assumptions for the financial year 2022-23, however have highlighted these are subject to change.

What	When
Universal Vaccination 5 – 11 Years	April /May (dependent on JCVI recommendation and paediatric Pfizer vaccine supply)
Covid Vaccination JCVI Groups 1-9	Spring / Summer (2 <sup>nd</sup> booster) dependent on future infection spikes / variant mutation
Covid Vaccination Whole Population	Autumn /Winter
Flu Vaccination for same 2022 Extended Groups	Autumn/Winter

## 4 Key Risks

4.1 The following key risks are included on the Flu and Covid Programme Board risk register. These are reviewed weekly and progress with mitigating actions discussed.

- Workforce which factors to achieving programme goals;
- NVSS Scheduling and associated reputational risk;
- Vaccine Supply and Vaccination Demand;
- Programme Performance Delivery (associated with Covid infection rates and requirement to postpone vaccination post infection 28 days for over 18s and 12 weeks for under 18s, 4 weeks for those under 18 at risk due to underlying health condition).
- High DNA rates during February / March 2022 associated with national policy decision to schedule appointments for those aged 18-59 years who have not come forward for Covid booster vaccination.

## 5 Risk Register

5.1 The Flu and Covid Vaccine Programme Board Risk Register is reviewed each week through both the Operational Group and Programme Board with risks mitigated at an operational level. Currently, there has been no risks escalated to the Corporate Risk Register via the Immunisation Oversight Board.

## 6 Impact on Inequality, Including Health Inequalities

6.1 NHS Lothian's Head of Equalities and Human Rights prepared an update paper, distributed in early October 2021, which includes details of Covid enhanced response and support provided to communities to access vaccination. In early December 2021, a progress update associated on the Inclusive /Inequalities Plan was submitted to the Scottish Government.

6.2 Each Lothian HSCP have a group tasked with taking forward the inclusivity agenda which is informed by Public Health Scotland evidence and Scottish Government policy framework, this will be priority for focus in January to March 2022. HSCPs inclusivity plans have been reviewed were updated on 24th January 2022. Plans outline a variety of arrangements to support access to vaccination, examples include:

- Homeless/rough sleeping through liaison with local hostels and homeless practice in Edinburgh;
- Addiction and substance misuse supported through a small number of community pharmacies offering Covid booster vaccination and liaison with Substance Use Services to arrange vaccination bus to coincide with clinic days to support access;
- Roma/gypsies/ travellers through liaison with community link workers to attend traveller sites to offer vaccination;
- People involved in the criminal justice system through liaison with Council Justice Social Work Services to support vaccination of those leaving prisons;
- Asylum seekers and refugees through liaison with Council Housing teams and refugee officers and involvement of translation services;
- Ethnic communities through liaison with community link workers, Gospel churches and vaccination clinics at mosque;
- Disability including hearing and sight loss through development of local communication to promote assistance offers to access vaccination and liaison with local HSCP planning groups;
- Learning disability/autism/sensory issues with mass vaccination centres identifying quiet areas for vaccination or discussion to offer home visit if more appropriate;
- Other groups who are unvaccinated or experiencing difficulty with access to vaccination through review of local data to identify areas of low vaccination uptake and arrangements for 'pop up' vaccination clinics/vaccination bus.

### 6.3 Other recent activities to support the Inclusive Plan include:

- All older age care home residents who are eligible have been offered their booster, with ongoing 'mop up' for those who become eligible in the coming weeks;
- All known Housebound patients have now been vaccinated, removal of the 15 minute observation has allowed for an acceleration of the delivery plan to this vulnerable cohort;
- To support on-going vaccination in prisons, the vaccination bus visited HMPs Edinburgh and Addiewell in December (3 days at each prison);
- A small number (c20) of community pharmacies has supported administration of Covid booster with aim to support vaccination of those with addictions;
- Targeted contact with those aged over 80 years who have not received Covid booster given lower uptake of Covid booster vaccination compared to those aged 70-79 years. HSCP teams report many over 80 years wish to opt out of Covid booster vaccination, this is in-line with feedback from elsewhere in Scotland.

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

- 7.1 The programme team continues to inform and engage with people accessing the vaccination programme through regular review and update of NHS Lothian, HSCPs and Council internet sites, NHS Lothian's intranet site and via daily social media posts and internal staff Speed Read.
- 7.2 Weekly meetings continue to take place to discuss enquiries and to review and update Frequently Asked Questions available on NHS Lothian's intranet pages and website.

## 8 Resource Implications

8.1 The resource implications associated with delivery of Covid and flu vaccination:

	<b>Estimated Cost</b>
Tranche 1 - 1 <sup>st</sup> and 2 <sup>nd</sup> dose Covid Vaccination (2020-21)	£24.5m
2021-22 Expansion of Flu Programme (Secondary Pupils, School Staff, Prison Staff and Prisoners c75,000 vaccinations) from September 2021	£2.4m
Tranche 2 Covid Vaccine Booster Programme and Full Cost of Extended Flu Programme (Covid Vaccination c450,000 and Annual Flu Vaccination c320,000) additional cost for re-opening (December 2021) of EICC for booster acceleration and Corn Exchange, Haddington	£13.8m

Alyson Cumming  
25th January 2022  
[alyson.cumming@nhslothian.scot.nhs.uk](mailto:alyson.cumming@nhslothian.scot.nhs.uk)

### List of Appendices

Appendix 1: Summary Covid and Flu Vaccination (at 25th January 2022)



**Appendix 1**

**Covid and Flu Vaccination Administration (at 25<sup>th</sup> January 2022)**

**Covid Vaccination**

Age Group/ Cohort	Covid Dose 1		Covid Dose 2		Covid Booster / Dose 3	
	Cumulative No. Vaccinated	Cumulative % Vaccinated	Cumulative No. Vaccinated	Cumulative % Vaccinated	Cumulative No. Vaccinated	Cumulative % Vaccinated
Over 80 Years	41,105	100.0%	40,018	100.0%	36,638	93.2%
75 – 79 Years	29,245	100.0%	28,881	100.0%	27,620	99.6%
70 – 74 Years	41,331	100.0%	40,898	100.0%	39,412	96.5%
65 – 69 Years	43,180	100.0%	42,674	99.8%	40,924	95.7%
60 – 64 Years	52,703	100.0%	52,001	100.0%	49,087	95.5%
55 – 59 Years	59,658	100.0%	58,686	98.5%	53,091	89.1%
50 – 54 Years	59,841	98.8%	58,468	96.6%	50,964	84.2%
40 – 49 Years	108,398	92.0%	104,329	88.6%	83,982	71.3%
30 – 39 Years	119,981	83.3%	112,726	78.3%	77,954	54.1%
18 - 29 Years	126,303	79.2%	112,935	70.8%	68,924	43.2%
16 – 17 Years	14,196	84.3%	9,709	57.7%	1,620	9.8%
12 – 15 Years	26,644	71.1%	11,178	29.8%	-	-

Source : Public Health Scotland Covid 19 Vaccination Daily Dashboard

[https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard\\_15960160643010/Overview](https://public.tableau.com/app/profile/phs.covid.19/viz/COVID-19DailyDashboard_15960160643010/Overview)

Note : Primary Dose 3 - Severely Immunosuppressed Only

Booster – recommendation at 12 weeks post 1<sup>st</sup> dose (JCVI revised from 24 weeks)

Vaccination Post Covid Infection – over 18 years 4 weeks post infection, under 18 years 12 weeks post infection, under 18 years at risk due to underlying health condition 4 weeks

# Flu Vaccination

## Lothian Flu Vaccination Uptake Sources: NCDS, Trak

[Click here for Notes and Definitions](#)

Data refreshed every weekday at 10:00am (pregnant women & pre-school children (2-5years) is updated weekly on a Monday)

HSCP	GROUP
LOTHIAN	Age 70 and over

### Number vaccinated and % uptake by group - LOTHIAN

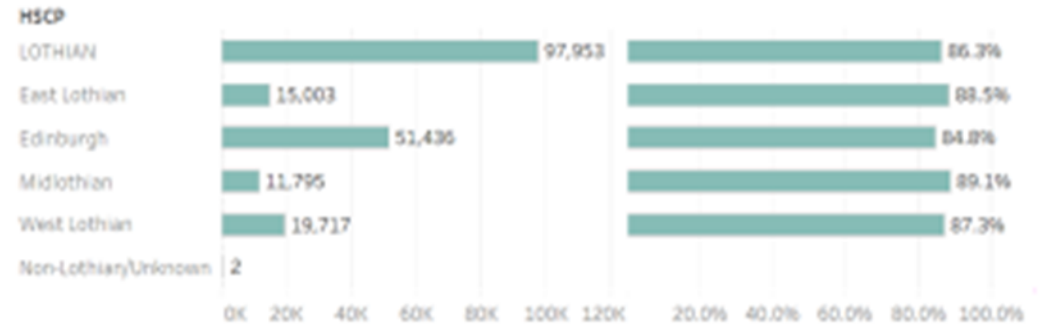
Hover over the data in the table for more information on how the group has been defined and how uptake has been calculated. We do not report % uptake for some groups as we cannot accurately derive a total population size (indicated by NA in the table). Please note individuals may appear in more than one group.

For staff uptake please see <https://www.tableau.luth.scot.nhs.uk/#/site/nhsj/workbooks/3488/views>

Group	Number Vaccinated	Population Estimate	% Uptake
All adult vaccinations	311,114	NA	NA
Clinically extremely vulnerable or severeL..	21,261	25,636	82.9%
Age 70 and over	97,953	113,451	86.3%
Age 65-69	37,757	45,533	82.9%
Age 50-64	107,647	186,326	57.8%
Adults age 16-64 who are in a flu at-risk ...	82,163	136,134	60.4%
Adult vaccinations given at schools/nurs..	7,165	NA	NA
Pregnant women	4,669	6,491	71.9%
Pre-school children (2-5yrs)	14,496	22,279	65.0%

\* Please note these figures only include those identified as at-risk in national cohort files

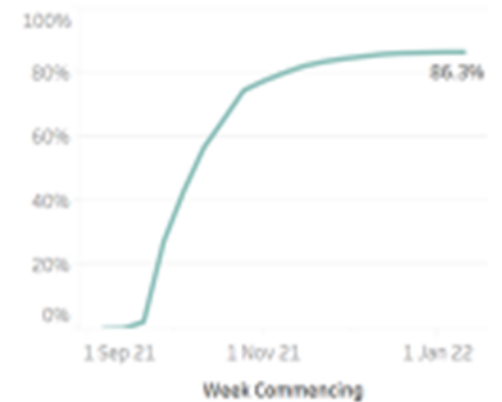
### Number and Percent Cumulative vaccinations by HSCP - Age 70 and over



### Weekly trend - Cumulative vaccinations - Age 70 and over - LOTHIAN



### Weekly trend - Cumulative Percentage - Age 70 and over - LOTHIAN



Note : National policy guidance received in January 2022 to no longer offer flu vaccination to those aged 50 to 64 years

# NHS Lothian

Board

9 February 2022

Director of Finance

## REVIEW OF GOVERNANCE OF NHS ENDOWMENT FUNDS

### 1 Purpose of the Report

- 1.1 The Scottish Government published the report of the independent [Review of Governance of NHS Endowment Funds](#) on 28 October 2021. The NHS Board is currently the corporate trustee of its endowments funds, and it maintains a separate system of governance to carry out this role under the operating name of [Edinburgh & Lothians Health Foundation](#). The implementation of the recommendations of the review will fundamentally change how NHS endowments are governed throughout Scotland, and the responsibilities which NHS Boards currently have for endowments. This report summarises the key points at this stage for the Board's information.

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

### 2 Recommendations

- 2.1 The Board is recommended to accept this report as briefing on the proposed future arrangements for the governance of endowment funds.

### 3 Discussion of Key Issues

#### The current situation

- 3.1 There are sixteen NHS-linked registered charities in Scotland holding approximately £301m in net assets. The local NHS Board is the single corporate trustee responsible for the (endowment) funds under the terms of the National Health Service (Scotland) Act 1978. The [Edinburgh & Lothians Health Foundation Annual Report 2020/21](#) summarises the charity's activities and reports that the charity had net assets at 31 March 2021 of £87.6m.
- 3.2 Every member of the NHS Board acts as an officer of the corporate trustee of the charity. This creates an inherent conflict of interest where the interests of the NHS Board conflict with those of the charity. Over the years practice has evolved to distinguish between core activities (NHS Board) and using charitable funds for non-core activities (enhancements, addition to core activities).
- 3.3 The Office of the Scottish Charity Regulator ('OSCR') reviewed Lothian Health Board Endowment Fund in 2010 and this highlighted inherent governance challenges in the corporate trustee model. OSCR also published a [report on an inquiry relating to Tayside Health Board Endowment Fund](#) in February 2019, which highlighted that the charity trustee did not sufficiently recognise its duty to consider the interests of the charity discretely from those of the health board. OSCR wrote to the Cabinet Secretary suggesting that there should be changes to the law to address the issue.

The Cabinet Secretary announced a review of the governance of endowment funds in April 2019, and in October 2021 the current Cabinet Secretary made a statement in the Scottish Parliament accepting the recommendations from the project group.

## Outcomes from the review

- 3.4 Julie Hutchison, a lawyer with special expertise in charity law, chaired the review. The project group included representation from OSCR, the Scottish Government, health boards, lawyers, and the Director of the Edinburgh & Lothians Health Foundation. The project group consulted a reference group and a host of other individuals throughout NHS Scotland.
- 3.5 The project group explored possible options for a future model of governance. The group decided that a 'statutory corporation/ body corporate' model was the preferred option, and the report set out twenty-two recommendations relating to the structure and governance of endowment funds. The report also includes suggested changes to the 1978 Act. The key features of the preferred future model of governance are:
- The NHS Board will no longer be the corporate trustee of the charity. A legally binding governing document will underpin the NHS-linked charity, giving limited liability to trustees. The statutory corporation is the preferred model for this
  - Each NHS-linked charity will be a distinct legal entity from the NHS Board. The composition of a board of an NHS-linked charity will have a majority of non-Health Board trustees, and a minority of Health Board trustees.
  - The size of the board will be at least seven up to a maximum of eleven members. The first Chair will determine the size of the first board, and thereafter the trustees can adjust this to best meet the needs of the charity.
  - The charity will have its own independent chair and its own open recruitment processes for appointing its chair and non-health Board trustees.
  - The charity will establish a 'charity liaison group' to support communications between it and the health board, and a framework of contractual relationships to support governance and operational arrangements.
- 3.6 The effect of the above and the other detailed recommendations will be that a health board is no longer able to control an NHS-linked charity.

## Next Steps

- 3.6 The Scottish Government's Director of Health Finance and Governance wrote to NHS Board Chairs on 28 October 2021. He highlighted that implementing the recommendations from the review will require changes to the law, and that process involves consultation with stakeholders, including all NHS Boards and OSCR. The report anticipated a 15-month preparation phase from the point that the law was changed, and a minimum 3-month transition phase. Consequently, there will be no changes in the short term. The Foundation is in a strong position in terms of its current governance arrangements and will be able to transition to the new model in the future with minimal disruption to its operations.

## **4 Key Risks**

- 4.1 There is a risk of a perceived or actual conflict of interest associated with the charity freely pursuing its charitable objectives due to the NHS Board being the corporate trustee.
- 4.2 The charity does not have the right number of members on its board, or the right balance of knowledge, skills, and experience, due to the recruitment and selection process being out with the charity's control, and the members are those appointed to the NHS Board.
- 4.3 The high turnover of NHS Board members leads to instability of the population of members responsible for the governance of the charity, which may compromise the effectiveness of the system of governance.
- 4.4 NHS Board members are engaged in the governance of the NHS Board and four integration joint boards and may consequently not have the capacity to attend to the governance of the charity.

## **5 Risk Register**

- 5.1 The Foundation has its own risk register. This includes a risk relating to the Trustees/ corporate governance model which has a residual risk score of 'medium'. The risk register also has another risk relating to reputation, and this acknowledges that the national review of endowment funds will improve governance and raise confidence in NHS charities in Scotland.

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

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

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

- 7.1 The development process for new governance arrangements will involve extensive engagement with stakeholders.

## **8 Resource Implications**

- 8.1 The proposed future model of governance will reduce the demands on NHS Board members' time, as less of them will have a role in the governance of the charity. There will need to be resources deployed in the future to develop and implement the new arrangements.

Alan Payne  
Head of Corporate Governance  
10 January 2022

Jane Ferguson  
Foundation Director  
10 January 2022

**Meeting Name: Board**  
**Meeting date: 9 February 2022**

**Title: BOARD EXECUTIVE TEAM REPORT – FEBRUARY 2022**

**Purpose of the Report:**

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

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

**Recommendations:**

The Board is asked to receive the report.

**Authors: Executive Team**  
**Date: 27.01.22**

**Director: Calum Campbell**  
**Date: 27.01.22**

## LOTHIAN NHS BOARD

Board  
9 February 2022

### BOARD EXECUTIVE TEAM REPORT

#### Aim

The aim of this report is to update non – executive Board members on areas of activity within the Board Executive Team Director’s portfolios. This report also includes contributions from Integration Joint Board Chief Officers. Directors have been invited to focus on key strategic / operational issues to bring to the attention of non – executive Board members, not otherwise covered in the Board papers.

#### 1. Chief Executive

**1.1 Director of Finance** – The interviews for the Director of Finance post were held on 20 January 2022 I am pleased to advise that Craig Marriott has been appointed to this post.

**1.2 Interim Nurse Director** – Pat Wynne has taken up the post of Interim Nurse with interviews for the substantive post scheduled to be held on 23 February 2022.

**1.3 Head of Corporate Governance /Board Secretary** - Alan Payne will be taking up a new opportunity at the Scottish Government and arrangements will be made to advertise for the Board Secretary role.

**1.4 Car Parking** - Car parking permits were reintroduced at the Royal Infirmary of Edinburgh on 17 January 2022. As part of this a shuttlebus service has been in operation. Car sharing cannot start until we get Public Health / Scottish Government guidance.

**1.5 NRAC (National Resource Allocation Committee)** - For 21/22, NHS Lothian remains behind NRAC parity by 0.8%, equating to a value of circa £14m. Since 2015/16, Lothian has received over £80m less funding than NRAC parity would provide (cumulative). For 21/22, this cumulative shortfall increases to £100m. On the basis the SG maintains a 0.8% limit on parity funding as it has done in prior years, the NRAC funding stream we have received annually over a number of years will cease, at least temporarily for 22/23.

**1.6** The additional NRAC funding received in recent years has been driven by a rising NRAC share in Lothian, rather than closing the parity gap. Stabilisation of Lothian’s NRAC share at a 0.8% gap will result in no future additional NRAC funding for NHS Lothian. Based on the latest update to NRAC eight territorial boards (including Lothian) are behind NRAC parity with six Board’s ahead.

**1.7** With the number of Boards behind NRAC parity now in excess of those ahead, the challenge of returning all Boards to a parity position is more difficult. Getting

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

- 1.8 The impact of the shortfall in funding has resulted in a care deficit within Lothian and is evidenced by the challenge of delivering scheduled and unscheduled care targets that impacted even before Covid. Recently the Scottish Government has allocated resources disproportionately to reflect need (Substance Misuse funding based on numbers of drug related deaths, Covid funding based on costs incurred) and there remains an opportunity for the SG to redress the NRAC imbalance created by continuing to apply the principle of resource allocation based on need, particularly to Access resources where these are additionally available in 21/22.
- 1.9 Negotiations are continuing with SG colleagues to ensure that appropriate funding streams recognise the unique imbalance in funding impacting on NHS Lothian over a number of years. However, it is clear that our ability to recover from the impact of Covid and the legacy of our NRAC driven care deficit will place a greater burden on our services to achieve national performance targets in the future.

## 2. Deputy Chief Executive

- **Reprovision of Eye Services:** After a significant programme of work and detailed collaboration with Scottish Government colleagues, NHS Lothian has received written approval from Scottish Government to proceed to Full Business Case following the submission of a revised Outline Business Case earlier this year. An Options Appraisal / Feasibility Study has identified a suitable site in the Edinburgh Bioquarter. The appropriate plot has been allocated to us and negotiations to acquire it from the vendor are progressing towards an agreed Heads of Terms in February 2022. We are currently assembling a project team, lead adviser and both operational and clinical staff who will review the Board Requirements (technical and clinical) with comprehensive governance before re-engaging with the current Principal Supply Chain Partner in the second quarter of 2022. Recruitment of senior project management posts will conclude in January 2022. Overall programme is submission to Scottish Government of a Full Business Case in the summer of 2024 with full operational status being achieved in late 2026. This project now forms part of the National Treatment Centre Programme.
- **National Treatment Centre (Lothian):** Approval to progress to Full Business Case in respect of the Short Stay Elective Centre - now named the National Treatment Centre (Lothian) – has also been received. This follows the conclusion of a study into the potential merging of the Eye Pavilion and the National Treatment Centre. This study concluded that a separate Eye Hospital in Edinburgh remains the optimum solution. As with the Eye Pavilion reprovision project, we are assembling a project team, lead adviser and both operational and clinical staff who will review our technical and clinical requirements with comprehensive governance before re-engaging with the current Principal Supply Chain Partner in the second quarter of 2022. Recruitment of senior project management posts will conclude in January 2022. Finalisation of the



clinical model and brief remains the first priority to deliver an optimal operating model in relation to maximised theatre throughput, the use of technology such as robotic assisted surgery, enhanced recovery after surgery & reduced length of stay and patient initiated review. The facility will deliver flexibility to accommodate future changes to the clinical model, whether via an expansion of in scope procedures or specialties. The Full Business case is expected to be submitted in the summer of 2024 with full operational status being achieved in late 2026.

- **Cancer Centre:** Work continues to progress, with an update report due from the appointed Healthcare Planners in February. Following further queries and clarifications with the Scottish Government Cancer Policy Team about our Internal Audit we are revising the IA through the appropriate governance channels. Once this is complete, this will be discussed a Scottish Government Capital Investment Group in May 2022.

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

- **The vaccination programme** - delivered by HSCPs, supported by corporate nursing and Public Health teams continues at pace. The delivery plan to offer to a primary covid vaccine to all at risk 5-11 year olds is in place
- The current priority work for the wider immunisation programme is the delivery of sustainable plans, encompassing all child and adult immunisations beyond that of covid/flu vaccination.
- **Staffing Pressures** - In response to the continuing staffing pressures the NMAHP Workforce Escalation Framework supports the early identification and mitigation of staffing risks allowing for a whole system risk assessment and the ability to support all teams.
- **Investing in our teams** – We are working in partnership with our higher education partners to ensure we maximise the opportunity for both academic and vocational learning through both remote and face to face delivery of learning and development.
- **Band 4 programme** – Our band 4 development programme delivered in partnership with Edinburgh college continues to support nonregistered staff to achieve their potential providing access routes to registered nurse programmes should they wish. Our latest cohort of 10 students are due to graduate in March.
- **Care Homes** – In partnership with social care colleagues we are looking to share the learning from supporting care homes to provide support to care at home. The care academy, currently under development, will provide opportunities for staff across both Health and Social Care, supporting team integration .

#### **4. Executive Medical Director**

- We have been working on a further submission for funding in support of veterans with Defence Medical Welfare services, this time in support of veterans from modern conflict
- A Clinical Director Development day was held to provide update and professional development in the field of Medical Education, for both undergraduates and postgraduate Doctors in Training
- I have spent a considerable amount of time supporting individuals and services in development.

#### **5. Director of Finance**

**5.1** As a senior finance team we are in the midst of year end management/financial planning for next year and having finalised the structure of the medium term financial framework in support of the Strategic framework working through how to populate it. With a huge amount of uncertainty about the future shape of the financial position both I and the Deputy DoF have been in dialogue with SG colleagues about preparation for the Spending review in May and the development of a Scotland wide Financial framework. It is likely that this will take some time to develop and in parallel it has been agreed that DoFs will work together to review some of the investment made in new services, benchmark those and provide an assessment of how to maximise efficiency and effectiveness. In terms of the immediate position the detail in the Scottish budget has been modelled into our Financial plan for next year and an update was provided to Finance and resources in January. This is unbalanced once again and it is unlikely that a clear path to achieving financial balance by the end of 22/23 will be achieved by the time the plan is considered by the Board in April.

**5.2** Bruce Barron (from Turner Townsend) will start as the Head of PPP Contract management on the 14 February, reporting directly to the Director of Finance. Bruce has got extensive experience, over many years, in PPP contracts and their management. The Deputy DoF and I met him in mid-January to discuss induction and priorities given the very different stages each of the PPP contracts are at, and the work underway on the RIE contract, and the early preparation required to plan for the end of the primary contract period in 2027. However there is also a need to focus on establishing the contract management team and working with the new Director of Estates to agree the interface between the contract management team and the technical assurance team.

**5.3** With the conclusion of the organisational change process largely complete in Capital planning the work to establish the Board's own internal assurance process on capital projects is now the focus of attention. In parallel engagement on one specific project has been established with NHS Assure. This has been very positive and we will work closely with them to ensure no duplication of effort. We have also been working on a project tracker requested by F&R committee members and although still in development this will be an important tool for CMT in overseeing the delivery of capital projects, given the large number of projects in train. I am also working with the Deputy CE in his role as

SRO for the National treatment centre and Eye pavilion to secure the appropriate teams and advisers and to secure the land on the Edinburgh Bioquarter.

- 5.4** Good progress has been made on the Public Inquiry with the majority of requests for information now complete, or the Inquiry team agreeing that they will specify certain requests to narrow down the extensive number of documents that relate to those searches. Narratives continue to be developed in support of the Board's position statement and the narrative on ventilation will be available for an additional F&R committee planned for March. These narratives will be available for key witnesses attending the Hearings in May.

## **6. Director of Human Resources and Organisational Development**

- 6.1 Staff Wellbeing** - A robust update on staff wellbeing was presented to the Staff Governance Committee on the 15<sup>th</sup> December. Key areas of work include ongoing provision of the 'Here 4U' Helpline and rapid access to psychological support and treatment. This service is evaluating well and having a positive impact on those accessing the service. We continue to embed Peer Support across all sites, services and HSCP's again with a positive impact on those accessing the service. In terms of practical needs, we have been using recent funding from Scottish Government to facilitate access to hot food vending across all acute hospital sites, improve rest spaces, and 80 'Rest and Refuel' boxes were distributed to inpatient locations on the 20<sup>th</sup> December. These boxes contained snacks and food products for staff on sites without 24/7 catering provision. Further funding is being invested in training wellbeing coaches and further rest and refuel stocks.

- 6.2 Talent Management and Succession Planning** - CMT and Staff Governance Committee have supported a proposal to test an approach to talent management and succession planning aimed initially, at aspiring General Manager's and aligned to know areas of workforce challenge. We have partnered with The University of Edinburgh Business school who will run 6 masterclasses March – June on key domains of general management such as corporate governance. Participants will undertake activity to deepen self-awareness including psychometric tools and 360-degree appraisal. Participants will also be supported to create an individualised plan of experiential learning with access to shadowing opportunities and potential involvement in project work.

- 6.3 Celebrating Success Award – New Award- Support Services Staff Member of the Year (in memory of Tom Waterson)** - A new award will be introduced this year in memory of our colleague Tom Waterson. Given Tom's dedication and commitment to improving the pay and conditions for low paid staff across NHS Scotland and to shine a light on their valuable contribution to the health service, an award focussed on Support Services staff will be introduced. The award aims to recognise outstanding support services staff with a dedication to delivering the best possible care to patients and/or staff in the course of their duties. The award is supported by Tom's family and the Lothian Partnership Forum.

**6.4 Recruitment Additionality Activity Update** - The Scottish Government Winter Plan includes provision for additional capacity with 1,000 new posts for NHS Scotland at B2 – B4 across both Hospital and Community settings. This recurring funding is to enable Boards to recruit to new roles in acute and community settings and to support progression of existing staff into promoted posts. The additionality is to assist the national priority to reduce the number of delayed discharges. NHS Lothian's share of the 1,000 is 150 posts. Applications for interview and offers of employment continue to be processed and as at 19 January 2022, 143 job offers have been made across Community and Hospital services. Recruitment is ongoing to fill the remaining posts.

**6.5 International Recruitment** - International recruitment, particularly in relation to nursing staff is a key priority for the coming year. In the short term we have partnered with Yeovil NHS Trust to commence this process. Yeovil's International Recruitment Unit currently source international recruits for a number of Trusts in NHS England and have recognised expertise in this field. A commitment has been agreed with Yeovil to take a minimum of 40 international nurses for Theatres and potentially other specialities during 2022 with hopefully the first nurses joining us in March/April 2022. Funding has also been allocated by the Scottish Government to each Health Board to recruit an International Recruitment Lead to build capacity and capability more locally in the medium to longer term and a successful appointment has been made, the appointee commences in late February 2022.

## **7. Director of Public Health and Health Policy**

**7.1 COVID-19-** Case numbers rose throughout December 2021, reaching a peak rate of 1,875 cases per 100,000 population on 2nd January 2022. Since 2<sup>nd</sup> January, the rate has fallen steadily to reach a rate of 567 cases per 100,000 population on 20th January. However, we need to note this with caution as there have been changes to testing since 5th January where PCR tests are no longer required in all situations as this will be affecting the numbers we see until Public Health Scotland resolve this situation. The data presented includes PCR tests only.

**7.2** PCR tests taken has fallen throughout January, however in part this will be due to the change in testing guidance since 5<sup>th</sup> January which removed the requirement for positive LFD tests to be followed up with a confirmatory PCR test. Test positivity remains relatively high at 18%.

**7.3** Rates across the four local authorities have followed similar trends. On 20<sup>th</sup> January, East Lothian showed the highest rate of 679 per 100,000 population and West Lothian showed the lowest rate of 504 per 100,000 population. In relation to age specific trends across Lothian, the highest rates were seen in people aged between 20-39 years.

**7.4** COVID-19 related hospital admissions rose throughout December and are now starting to fall. There are currently 147 COVID-19 patients across our acute sites and 8 of these are in ICU (as of 19<sup>th</sup> January).

- 7.5 Health Protection response** - We have seen a substantial increase in the number of COVID-19 related situations and outbreaks since the start of December. We continue to prioritise support to care homes in order to protect the most vulnerable.
- 7.6** We have also seen an increase in the number of non-COVID situations, which is forming an increasing proportion of the Health Protection Team workload. It is likely that non-COVID situations/outbreaks will increase further, returning to normal patterns as restrictions are lifted.
- 7.8 Asymptomatic Community Testing Programme** - Community testing programmes continue to employ an agile response to target testing towards high prevalence COVID-19 areas with our most vulnerable populations. This has involved establishing a network of asymptomatic testing sites which have been supplemented by deployment of Scottish Ambulance Service Mobile Testing Units (MTUs).
- 7.9** In each local authority area, teams from the council, NHS Lothian, the Health and Social Care Partnership, voluntary and community organisations worked to develop ways of taking testing and vaccination to places and people beyond the mass vaccination facilities and healthcare premises.
- 7.10** Lothian Multi-agency Community Testing Silver continues to meet weekly and provides partners with intelligence from local and national dashboards highlighting key Covid data (test uptake, positivity rate, Covid-infection rates by Intermediate Zones, age breakdown, and hospital admissions), as well as up to date data from the Test and Protect, and Health Protection teams.

## **8. Chief Officer Acute Services**

- 8.1** Acute services remain under significant operational pressure from unscheduled care demand and staffing pressures, similar to pressures across the whole Health & Social care system. Clinical prioritisation of patients continues to be the key focus for all services, to ensure the most urgent patients receive their treatment. The waiting list backlog of routine, non-urgent patients that built during the Covid lockdowns is further reducing as we maintain Outpatient activity at the pre-covid levels. However, due to the ongoing staffing pressures impacting on bed and theatre capacity, inpatient and daycase activity remains below pre-Covid levels, resulting in increasing waiting times and numbers of patients waiting.
- 8.2** Within our laboratory service, work and run-rates for combined laboratory Covid testing at the Royal Infirmary Edinburgh (RIE), and Hub sites continue to be high at an average of 4,000 tests per day as we move through the Omicron phase of the pandemic. Planning for winter 2021/22 is now fully implemented, and Laboratory systems are processing Flu or associated respiratory virus testing in combination with SARS-COV2 (Covid) testing. Work continues to expand and solidify Point Of Care Testing (POCT) at the 'front-end' of Acute sites, allowing quicker decisions to be made on patient flow, infection control

and patient placement, using rapid PCR and Antigen technology. Staff have been recruited to a POCT co-ordination team to support frontline colleagues.

- 8.3** NHS Lothian continues to work with the Scottish Government and National Services Scotland to deliver the next phase of pandemic testing, which will focus not only on securing screening capacity, but also now on how to expand the ability to detect variants through 'whole genome sequencing'. Whole genome sequences will allow mutations to be identified and tracked, and aid with evidence to verify that vaccines are working. Whole genome sequencing at present is now able to deliver over 1,000 virus sequences for analysis by Public Health Scotland as part of the pandemic response, with the continuing recruitment of further science colleagues, and the delivery of the final pieces of robotic equipment.
- 8.4** New blood sciences equipment for undertaking thousands of tests daily across Lothian has gone live with a new Supplier from November 2021 - Roche Diagnostics - and work continues to finalise the complex robotic systems used to manage this huge workflow from acute and primary care. Expected completion date of this project is May 2022.
- 8.5** For St John's Hospital, Frances Aitken has recently received a Highly Commended Award from the Mental Health Nursing Forum For Scotland. This was a first for a mental health nurse working within an Acute hospital and celebrates the success of the work Frances has championed on the Stress Distress Programme. The programme has significantly improved the experience of many patients and families and has supported staff to deliver better quality care. Frances' commitment and leadership has been fundamental to the success of the programme and the benefits it has brought. Congratulations to Frances!
- 8.6** The Urology service at the Western General Hospital (WGH) have also developed a new 'One-Stop Shop' for Flexible Cystoscopies which will reduce the time from referral to diagnosis for Urgent Suspicion of Cancer patients referred with visible haematuria. The new pathway will see a time to decision of 13 days, reduced from 36 - 50 days in existing pathways.
- 8.7** Site master-planning at WGH also continues and following a comprehensive technical and occupancy appraisal, a demolition and decant strategy has been prepared, paving the way for redevelopment of the forthcoming Edinburgh Cancer Centre. This strategy sets out the sequencing, programme and costs for the removal of a number of redundant buildings and provides options for the relocation of staff and services affected by the changes. If approval is granted, works are expected to commence early in 2023 and complete in mid-2025.
- 8.8** WGH have also converted an area of the Hospital known as 'Pentland Lodge' into a junior doctor area and plan to develop the space further for other staff groups. For the time being junior doctors will benefit from a common room area and break-out space. This area had previously been used by patients undergoing Radiotherapy who had travelled from Dumfries & Galloway, who

did not require an inpatient bed to stay. Infection Control restrictions due to COVID have led to the cohort of patients utilising local hotel accommodation instead of Pentland Lodge. This new arrangement has the advantage of allowing a relative to accompany a patient during their treatment, which has been very positively received by patients and their families.

## **9. Director of Improvement**

**9.1** The team continues to focus on performance recovery in a number of NHS Lothian's most challenged services. The Performance Support Oversight Board provides the reporting forum for these services helping them address and unblock performance issues and monitor recovery plans.

**9.2** My operational leadership role in two of these challenged services; Dermatology and Oral Health Services continues. Oral Health Services are making good progress with implementing their Waiting Time Improvement Plan with substantial reductions in over 12 and 52 week waits. As outpatient waiting times have improved, I have refocused my attention to address the associated dental treatment backlog with an agreement to create a community based intermediate care model within Oral Surgery. I continue to spend considerable time with the Dermatology department and the team are now making substantial inroads into the waiting list backlog. Since the last Board meeting, we have been planning a number of initiatives, including an 'urgent only' week, where we target effort on this new outpatient cohort.

**9.3** From mid-November, I took on a leadership role for the flu and Covid vaccination programme providing additional support and coordination. This was before we had even heard about the Omicron variant. Omicron subsequently transformed the pace and scale of the booster programme. Getting to grips with the changing policy requirements was challenging given the timescales, but throughout the period I was hugely impressed with the team's ability to deliver.

## **10. Director of Strategic Planning**

**10.1** The Directorate of Strategic Planning continues to progress actions across the system.

**10.2** James Stevenson and Hannah Fairburn, our Programme Managers for DATCC and SJH/OP, respectively, have progressed important work on an Initial Agreement for a second CT scanner at St John's Hospital, which in turn is a key cornerstone of developing clinical models for both SJH and our Diagnostics work.

**10.3** Catherine Kelly continues to work on additional orthopaedic capacity and the business case for the National Treatment Centre at SJH.

**10.4** Sarah Archibald is working closely with the site management team at RIE on developing a comprehensive masterplan for the campus, to include both the

capital actions and the clinical actions required to deliver on the Strategic Headline for the campus.

- 10.5** Rebecca Miller has continued to closely support me on the development and engagement around the LSDF and has taken a particular lead on support the RSA Public Entrepreneurs programme, the first products from which are beginning to emerge. Rebecca also continues to lead the delivery of Thrombectomy. Disappointingly but understandably, the Ambulance Service have had to delay the expansion of services further but this remains a very positive and strong piece of work making a measurable difference to patients.
- 10.6** Peter McLoughlin is working on our behalf to more effectively shape guidance from SGHSCD on future planning, as well as picking up work to support the Edinburgh HSCP in planning for the SMART centre.
- 10.7** I have personally continued to lead the Directors of Planning and with that has come considerable time commitment to national groups focussed on business continuity during the winter period. This has combined with our work on LSDF and engagement."

## **11. Director of Primary Care**

- 11.1** The GP Out-of-Hours Service (LUCS) successfully managed its busiest time of the year with the recent two four-day holidays over Christmas and New Year despite ongoing challenges associated with the covid pandemic. A total of 6,337 patients were assessed by the LUCS teams across those 8 days.
- 11.2** Nigel Williams, Primary Care Medical Director, is retiring at the end of February 2022 and I wish to formally thank him for all his contributions to NHS Lothian over many years. Recruitment is underway for his successor.
- 11.3** The Scale-Up BP programme which supports people to manage their blood pressure at home, thereby empowering patients, reducing in-person appointments at GP practices, and improving outcomes and experiences, reached 10,000 patients using the service in Lothian at the end of 2021. This service will be expanded further with the transition to the Inhealthcare platform in Spring 2022.

## **12. Director of Communications, Engagement and Public Affairs**

### **12.1 Winter campaign / Redesign of Urgent Care**

- Rolled out comms campaign including extensive print and digital advertising, media and social media
- Messaging encouraged public to keep A&E free for critical emergencies and signposted them to other more appropriate services
- Supported national GP marketing campaign with video and social media content to promote practices being open and explain how they are working



## 12.2 Public Health

- Supported two complex public health incidents – relating to paediatric audiology testing and the breast screening programme for women at higher risk of developing cancer.
- **Vaccination** - December 2021 was an exceptionally busy period for the vaccination programme requiring significant comms effort to support accelerated delivery of the programme and in promoting the #BoostedByTheBells campaign. Facilitated a number of ministerial and media visits to our vaccination centres. January has seen a relative dip in activity however efforts are now focussed on younger age groups and on forward planning.

## 12.3 Scottish Hospitals Inquiry

- We submitted a closing submission following the patient/ family Hearings held in November as well as a detailed narrative to SHI on the event surrounding the decision to delay the opening of RHCYP. This was third narrative to support the Inquiry's questions about the impact on patients and their families. Work is ongoing on a further narrative relating to our communications with staff and this will conclude our responses for the time being. Prep is underway for the May hearings.

## 12.4 Parking

- We have supported extensive communications regarding the changes to parking at the Little France campus. This has included developing staff communications, producing and maintaining an extensive range of FAQs, and responding to individual queries from staff. Alongside the campus-specific communications, all acute sites were provided with a range of outdoor design assets (lamppost and bollard wraps, posters, banners) promoting acceptable behaviours within our car parks.

## 12.5 Celebrating our Staff

- We developed an extensive Christmas campaign, promoted primarily across our social channels and intranet. This celebrated the achievements (big and small) that took place across the organisation throughout 2021. As part of this, a special Festive edition of the Weekly Brief was issued.
- During December and January we also ran a staff campaign on our social channels called Finding the Colour. It featured staff from across the organisation explaining what motivates and inspires them and cheers them up when times are tough.
- We are working to further promote the Lifelines Scotland project which is designed by NHS Lothian and provides mental health support for emergency responders. Work has recently included supporting a piece for Channel 5 news. As part of this, Channel 5 news spent time with a volunteer within the Mountain Rescue Service and a Level 2 Scene Examiner within Police Forensics who were able to talk about the challenges of their roles and the toll these can take on mental health. Also interviewed was one of the Lifelines Trainers who explained more about the project, the training it offers and the support it provides for emergency responders across Scotland.

### **13. Services Director – REAS**

- 13.1 In response to 81.6 of Board meeting minutes I can update that work between CAMHs, the Children and Young People’s Programme Board and Public Health is ongoing to review services available for children and young people who are not accepted to CAMHs or who are accepted, complete treatment and then discharged. We are looking at identification of current and future need, current service availability and supporting Tier 2 services to build capacity, actively engage with local young people and their families to meet their needs. This will be based on collaboration with our community partners to ensure the appropriate distribution and long-term sustainability of services to support children and young people.
- 13.2 Inpatient services remain under pressure in acute adults, acute old age and acute young people with an expectation that this will continue due to the impact on people’s MH of the covid pandemic. Occupancy remains high in all areas. Delayed discharges in adult and old age Psychiatry are having an impact on flow.
- 13.3 CAMHs and Psychological Therapy performance remain on escalation and under close review. Both remain on or close to trajectory and recruitment to staff is ongoing to improve the position further. Expansion of Helios to help support CAMHs recovery has been agreed.
- 13.4 The new service for victims of rape and sexual assault is progressing with building work on the new facility expected to be finished by summer 2022. This service will remove the need to carry out forensic examinations in police custody areas, offering a more person centred and dignified experience. Victims will also be able to self-refer without the need to report a crime if they do not wish to.
- 13.5 Initial Agreements for Intellectual Disabilities and Rehab/ Low secure have passed through NHS Lothian internal Governance processes and are due to be presented to SG Capital Investment Group early in 2022.
- 13.6 Scottish Government funding for the Lothian redesign of unscheduled care proposal was approved in January. This work is being led by Dr Robby Steel Pan Lothian in conjunction with REAS and the 4 Health & Social Care Partnerships. The funding will allow the introduction of navigator roles to support people in Edinburgh, additional staff allocated to the Mental Health Assessment Service (MHAS) in Edinburgh for Edinburgh residents 24/7 and East and Midlothian residents overnight. Funding has also been agreed to expand the Acute Care and Support Team (ACAST) service in West Lothian.

### **14. Director/Chief Officer, Edinburgh Integration Joint Board**

- 14.1 **System Pressures** - As previously reported, we are continuing to see pressures across the health and social care sector in Edinburgh, as are Partnerships across the country.

- 14.2** During the last quarter of 2021, this was most evident within external care at home where several providers were unable to cope and handed back 83 people/1,382 hours with alternative providers having to be found to cover this care. Had this not occurred, this capacity could have been used to support people being discharged from hospital. Furthermore, recently we have seen an increase in the number of care homes closed to admissions due to covid outbreaks.
- 14.3** As a result of these factors, numbers of people delayed in hospital remain high although numbers have plateaued over the past 2 months.
- 14.4** Actions taken to improve Edinburgh's delayed discharge position have included:
1. The procurement of interim beds for those delayed in hospital while waiting on a package of care or a permanent bed that is currently unavailable.
  2. Accelerating the implementation of our One Edinburgh approach, which will optimise the capacity available with our existing Homecare service and external care providers. From December 2021, we established a data enabled 'Command Centre' to enable active crisis management. This Command Centre ensures we have a view of critical data in order to make informed decisions, allocate resource based on need and maximise capacity. This has focused initially on the internal service with engagement now taking place with external providers.
  3. Working with Edinburgh College to recruit students to deliver care via the NHS Lothian Staff Bank. Uptake was low prior to Christmas however a focus on targeting students on their return from festive leave is now taking place.
  4. Support from the City of Edinburgh Council where staff in 'non-essential' service areas will be asked to move to Health and Social Care for 12 weeks to support the direct delivery of care and supporting functions. A working group has been established to support staff moving into the Partnership, ensuring that they are appropriately trained and supported to safely deliver the required roles and care.
- 14.5** Pressure within our community services also remain high with increasing waiting lists for people to be assessed and for people requiring a package of care. Referrals for adult support and protection also remain high, although have not matched the peaks of 2020. Community teams continue to balance risk, focusing on the assessment of critical needs only and ensuring people's safety.
- 14.6 Interim Care Home Beds** - Since 2 November 2021, there have been 70 moves from hospital into an interim care bed for Edinburgh residents waiting on a permanent care home placement (17 people, or 24%) or a package of care at home (53 people, or 76%). This represents 2,257 occupied bed days

saved for those who would otherwise be delayed in hospital. 1,871 of these bed days are in the three Lothian acute sites. Fifteen people have now moved on from their interim placement, which accounts for 21% of the total moved into an interim bed. There remains a significant backlog of people in interim placements, who will be unable to move on until the pressures in our care at home market ease.

- 14.7** We continue to work with our internal care homes as well as the private care homes in Edinburgh to ensure that there are enough beds available for interim placements to match the pipeline from hospital as consent is received. We are utilising spot contracts as suitable beds become available and have block contracts in place for 65 beds across 4 care homes. There are currently 47 beds available to us for interim placements, 19 of which are earmarked for a patient already and a further 11 that are potentially available this week, pending assessment and admission processes. The bed numbers available to us have been affected by significant closures of care homes due to covid outbreaks, with this affecting 47% of the 62 care homes in Edinburgh at one point. This impact is receding now but with 23 homes still closed to admissions this week, this remains a concern.
- 14.8** Receiving consent from patients also continues to be an issue to us arranging more moves into interim placements. On Monday, we were awaiting consent from 22 people (25 in acute), with a further 12 already refusing consent (5 in acute) and 8 people considered unsuitable for an interim bed by the MDT or Community Geriatrician (2 in acute).
- 14.9 Flu Vaccination Update** - The Edinburgh Flu programme commenced at the end of September 2021. Initially, the national priority was to maximise flu vaccination, with Covid boosters administered if flu patients attending were eligible (strict 24 week / 168 day parameter). This changed in late October with enhance priority for COVID boosters, particularly for 70+ and CEV. Subsequently, eligibility was lowered to 22 weeks from second dose.  
Update on progress to date:
- Between 15<sup>th</sup> December – 31<sup>st</sup> December when we started the ‘Boosted by the bells’ campaign we managed to vaccinate almost 100,000 people in Edinburgh and over 83,000 of those were booster jabs. This was a significant achievement from all our HSCP vaccinators, volunteers and everyone who helped plan and deliver the programme
  - This means that since early September, the Edinburgh HSCP have vaccinated a total of 505,823 and these numbers will continue to rise throughout the coming months ahead.
- 14.10 Matters of Interest - Ministerial Visit** - Further to a visit from Mr Kevin Stewart, Minister for Mental Wellbeing and Social Care in September, to the Edinburgh Hospital at Home (H@H) team, the team hosted a visit from Mr Humza Yousaf, Cabinet Secretary for Health and Social Care on 11 January 2022. Mr Yousaf was very positive about how Hospital @ Home supports people to remain in their home rather than be in hospital and commented on the passion of the staff delivering the service.

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

**15.1** The East Lothian Health and Social Care Partnership continues to maintain above trajectory performance in maintaining low delayed discharges. We have further integrated our Home Care, Hospital to Home and Care Allocation teams to increase responsiveness and capacity in admissions avoidance and discharge planning and support, through our flexible approaches to facilitate hospital discharge and to respond to community pressures.

**15.2 Care Homes** - Over the past month there has been a significant rise in the number of COVID positive cases across care homes in East Lothian due to the higher transmissibility of the Omicron variant. Prior to this, outbreaks in care homes were largely restricted to positive cases among care home staff, rather than among residents. However, the Omicron variant is now also circulating more widely among care home residents in addition to staff.

**15.3** The cumulative total of positive staff and residents in outbreaks ending within the months listed below demonstrates the increase:

East Lothian	Cumulative Total Positive	
	Staff	Residents
Outbreaks ending in a care home by month		
Nov (3 homes)	5	0
Dec (6 homes)	11	5
Jan* (16 homes)	55	25

\*Data for Jan is based on day 14 listed by HPT and includes outbreaks currently ongoing

**15.4** The increase in self-isolating COVID positive care home staff is impacting staffing in homes. This has resulted in a few care home managers being more cautious in their approach to filling available beds even once outbreaks are deemed over. This is, in part, due to the challenges in accessing mutual aid. Once outbreaks are over admissions require to be staggered to reflect staff availability to return to work. Some managers are also reporting higher agency use in order to maintain staffing levels and ongoing challenges in recruiting staff.

**15.5** As a result of these factors, current bed availability across East Lothian homes has reduced. The picture changes on a daily basis, but as of 11/01/2022, East Lothian has 15 out of 19 homes (78%) with COVID positive staff/residents. Of these, 9 homes are closed to admissions (47%). Of the homes that are open to admissions, 6 beds are available for use. Although 21 beds are empty, these are not available for use due to the outbreaks.

**15.6** ELHSCP has put in place block contracts with two care homes to support discharges from hospital settings. To date there have been 9 interim placements to these homes with 3 of these residents then moving on to their preferred care home of choice. ELHSCP has also placed people waiting on packages of care in the community within two of the council-owned care homes for the same purpose. A total of 12 clients have used interim beds in these homes with 5 of these moving back into the community.

**15.7** Significant work by the East Lothian Care Home Team has delivered COVID booster vaccinations to residents in all East Lothian care homes. In addition, several top up

sessions have captured residents coming out of hospital and those who were not at their due date at the time. As a result, only 20 residents have still to receive their booster vaccine. There are currently 636 residents across all East Lothian homes.

- 15.8** East Lothian also provides support to all care homes via the East Lothian Quality Assurance Manager who offers information and advice around IPC measures for homes experiencing an outbreak. Daily data on care homes is gathered for reporting purposes and is cross checked with information from the Health Protection Team. Local information on outbreaks and associated issues continues to be fed into the twice weekly care home huddle.
- 15.9 Social Care Capacity** - The situation remains fragile for all East Lothian Care at Home (CAH) providers. There is a continuing and deteriorating trend in capacity with externally commissioned services for people over 65 reducing by 2,000 hours per week since September 2021. This equates to approximately 20% reduction in commissioned CAH services for people over 65.
- 15.10** All CAH providers have a significant front line staffing shortfall, inadequately supplemented by an insufficient supply of agency workers, and office and managerial staff delivering care. Reduced capacity in office teams means providers cannot run service effectively or respond to stakeholders or report in a timely manner. Increasing amounts of paid overtime is having a financial impact on some providers.
- 15.11** Intensive reviews of all service users continue by both HSCP and Providers so risks associated with decreased care provision are monitored and appropriate actions taken to mitigate risks.
- 15.12** We anticipate further reduction in availability of weekly hours. Internal services continue to increase slightly but suffer from the same recruitment issues as externally commissioned service, including the requirement for isolation due to the Omicron variant.
- 15.13 Performance Management** - The East Lothian IJB Annual Performance Report (APR) for 2020-21 describes performance over the year from 1<sup>st</sup> April 2020 to the 31<sup>st</sup> March 2021 and the impacts of COVID on service availability and delivery through the year. It includes elements of the Scottish Government's Core Suite of 23 National Integration Indicators and Ministerial Strategic Group for Health and Social Care additional indicators. Between them, these indicators provide a means for Health and Social Care Partnerships to measure progress in delivering the National Health and Wellbeing Outcomes.
- 15.14** The APR reflects on the management of responses to the complex and rapidly evolving challenges presented by COVID during the year. This required a high degree of coordination and agility by the HSCP and flexibility and dedication across all staff groups.
- 15.15** The HSCP Core Management Team continues to meet regularly, through a local Bronze meeting structure bringing together General Managers and key officers to monitor service performance and to initiate and follow up on corrective actions.

- 15.16** The HSCP reports regularly and as required to NHS Lothian Gold and others (including its IJB) on performance in reducing delays, in the utilisation of local hospital and care home beds and on the impact of COVID on staff and on service delivery.
- 15.17 Primary Care** - HSCP Primary Care services under the Primary Care Improvement Plan continue to mature with service expansions planned. All primary care services in East Lothian, including GP practices, are under pressure from increasing demand and staff absences. We are working with partners to overcome these challenges. The establishment of a new post of Primary Care General Manager will assist in further developing the sector.

## **16 Director/Chief Officer, Midlothian Integration Joint Board**

- 16.1 Midlothian IJB Strategic Plan 2022-25** - To meet the legal requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, Midlothian Health & Social Care Partnership is required to develop, consult on, and publish a new Strategic Plan in 2022.
- 16.2** The latest draft of the Strategic Plan was discussed by the IJB on 13<sup>th</sup> January 2022 as part of a workshop to consider the financial circumstances and to agree public consultation approaches.

### ➤ **Consultation**

- 16.3** Official consultation on the draft plan will be undertaken in line with the [Scottish Government guidance on Strategic Commissioning Plans](#). The consultation will begin from the 19<sup>th</sup> of January.
- 16.4** The draft plan will be made available online on the Midlothian HSCP website along with a short online form where people can provide feedback on the either the full plan or specific areas of interest. Paper copies will also be made available. The consultation will be promoted via a postcard delivered to all households in Midlothian. The consultation will also be advertised to members of the public through social media and other communication channels.
- 16.5** Information on the consultation will be shared with all key stakeholders. This will include the third sector organisations, Advocacy Groups, Midlothian Council, NHS Lothian, East and Mid Lothian Public Protection Committee, East Lothian, West Lothian, Edinburgh, Scottish Borders Integration Joint Boards, Midlothian IJB Strategic Planning Group, joint planning groups, Trade unions, Service providers, the Community Planning Partnership and staff.
- 16.6** The feedback from the consultation will be considered by planning groups and required changes will be made to the plan before the final plan is submitted to the IJB in March 2022 and published by 1<sup>st</sup> April 2022.

### ➤ **Delivery of the plan**

- 16.7** Work is continuing with each lead to develop performance indicators and targets for the new directions for 2022-2023 for each area (e.g., mental health,

older people) based on the draft new strategic plan. This will help to measure performance in achieving the plan.

- 16.8** Work continues to progress financial planning with NHS Lothian and Midlothian Council partners.
- 16.9 Tackling Inequalities: Welfare Rights Support** - Midlothian HSCP is committed to reducing inequalities. An amplified priority of the draft Strategic Plan 2022-25 is to increase the money that people have available to them. Inequalities and poverty impact on health (and services).
- 16.10** Additional HSCP investment in the Welfare Rights Service has been secured to further increase support to people who use health and social care services. The current service includes a MacMillan Cancer Welfare Rights Officer supporting people with cancer and their families. Between April and December 2021, the service generated £3.28million for people in Midlothian.
- 16.11** The HSCP also manages contracts with the Citizen Advice Bureaus. Staff in all services in Midlothian will be supported to raise money issues with people and to refer for additional support where appropriate.
- 16.12 Midlothian HSCP Chief Allied Health Professional (AHP)** - Following the retirement of Fiona Huffer from her role as Head of Dietetics/Lead AHP for MHSCP in October 2021, Hannah Cairns has been appointed and commenced in the role of Chief AHP for Midlothian HSCP in November 2021. In addition to her operational service management and professional governance responsibilities for AHP's, Hannah will lead on Digital Transformation, and the development of both the Falls and Neurological Pathways in Midlothian.

#### ➤ **Digital Transformation**

- 16.13** Digital transformation is a key focus of the Scottish Government and has been agreed as central priority for the delivery of MHSCP strategic ambitions. Two national strategies, '*A changing nation: how Scotland will thrive in a digital world*' and '*Scotland's Digital Health & Care Strategy*' outline the key priorities and deliverables for public sector organisations. These strategies require coordinated action on the part of the MHSCP to implement in conjunction with colleagues in NHS Lothian and Midlothian Council.
- 16.14** There is considerable work ongoing across MHSCP with regards to digital and technology development which is overseen by the Digital Governance Board. The Board is currently developing an MHSCP Digital Implementation Plan. This plan will bring together the relevant National and local strategies, consider MHSCP priorities and outline priority actions to make best use of digital technology.
- 16.15 Midlothian HSCP Mental Health Services** - Midlothian HSCP Mental Health Services are in the process of enhancing our unscheduled care mental health supports by increasing the staffing available to manage mental health and distress presentations out of hours. These staff will be based in our hub at



No.11 in Dalkeith and will work to support both Primary Care and unscheduled care colleagues in ensuring patients are engaged with appropriately thus reducing unscheduled presentations to Accident and Emergency and out of hours Primary Care presentations.

- 16.16 Vaccination** - In addition to our appointed vaccination appointment system, Midlothian HSCP are providing drop in vaccination across both Midlothian sites in the lead up to Christmas there were a record number of people presenting for drop in Vaccination at both sites, with the highest weekly figure reaching 2759 people.
- 16.17** The New year has seen a reduction in drop-in vaccination rates, falling to 376 people in the week of 17<sup>th</sup> January 2021. There is now a focus on “Inclusivity” vaccination planning (hostels/homeless; learning disability, housebound, and providing drop-in clinics in our geographical areas of low uptake. The team are now in the final phase of planning for the HSCP vaccination service for the next year, and our long-term sustainability around the wider Vaccination Transformation plan.
- 16.18 Health visiting** - The Midlothian Health Visiting Service will welcome Rachael Marples as Clinical Nurse Manager on 21<sup>st</sup> February. This is a new post introduced to improve the support available to the service to ensure children in Midlothian get the best start in life. Rachael joins the service from her current role of Supervisor in the Family Nurse Partnership in Edinburgh.
- 16.19** Midlothian Health Visiting has made improvements in the delivery of the Universal Health Visiting Pathway (UHVP) because of the work over several years to bring the service from an exceedingly difficult level of vacancies, to now being near to full establishment. Targeted work with children identified as having need of additional Health Visiting input continues in all teams, and the service is engaged with Pan Lothian work to report on the delivery of the UHVP and the impacts that approach has on health outcomes.
- 16.20** The latest performance information on the uptake of Primary Vaccinations for children has been received. This shows that Midlothian is performing above the NHS Lothian and Scottish average at 12 and 24 months and 5 years. Flu vaccination for the under 5s achieved 72% uptake in 2021 compared to 57% in 2020. The team delivered from usual clinic venues as well as several ‘pop up’ events in alternative locations including community venues and retail premises, at times parents had indicated would be helpful for them. Feedback from parents has been positive and the team will use the learning from this year’s campaign to inform the future delivery of primary, flu and any other vaccination activity.
- 16.21 Adults with Complex and Exceptional Needs (Complex Care)** - The ACENS service provides one to one support to people in their own homes where their underlying health condition requires them to have support with their breathing from artificial ventilation. A significant increase in referrals has been noted, partly explained by COVID and by changes in the pathway delivered by the Home Ventilation Service. Recruitment activity is being progressed to meet this increase in demand. The service is hosted by Midlothian HSCP and is funded

by all four Lothian partnerships. A paper has been developed to update the partnerships on the current level of service delivery and to highlight the increasing demand for the service which will have implications for the funding required from all 4 to enable the service to grow to meet demand.

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

**17.1 Mental Health First Aid** - In December 2020 , the West Lothian Mental Wellbeing and Suicide Prevention Group published the West Lothian Suicide Prevention Action Plan 2020-2023. This was an ambitious action plan which reports via the Community Planning Partnership and is aimed at reducing stigma around suicide, increasing the amount of knowledge on local third sector services and offering a training programme to shift the culture when talking about suicide. The plan was supported by the IJB, CPP, other key partners across mental health services and by 638 individual response comments to our public consultation.

**17.2** With a small budget of £5,000 the group built up relationships with those interested in completing mental health first aid and linked them to local training opportunities that could be completed amongst the changing COVID-19 restrictions. As of December 2021, our local partner Environmental Health CIC had trained 165 Mental Health first aiders virtually across West Lothian. This is a fantastic achievement in the face of training being stopped temporarily by Public Health Scotland. Alongside this we are also training 6 local champions to be our future trainers, committing to two training sessions per year. We anticipate this will allow us the capacity to train an additional 120 MH first aiders per year. This training has also allowed our 6 trainers, all from third sector organisations and West Lothian College to obtain an SQA accredited qualification in training.

**17.3** In January 2022 the HSCP allocated an additional £5,000 to support the work of Environmental Health CIC. Through this investment we will see an additional 56 Mental Health First Aiders trained across the West Lothian community, with dedicated courses running for both members of the IJB and Community Planning Partnership Board. Both training opportunities will be communicated with the groups in due course.

**17.4 Home First at the Front Door** - Increasing pressure on acute hospital beds and challenges in accessing timely home care services mean there is a need to do something different and allow realistic expectations to be set from the moment someone presents at hospital. More robust arrangements need to be put in place to prevent avoidable hospital admissions, to allow people to return home as quickly as possible once their medical needs have been addressed and allow acute hospitals to concentrate on delivering medical care to those whose needs cannot be met in any other setting.

**17.5** A Home First Team has been established at St John’s Hospital and will place staff with community health and social care expertise at the front door based in A&E and EMA. The service will operate initially from 8am to 5pm Monday to Friday and is designed to improve patient experience of the health and social care system as well as relieving pressure on services including community services and the front door of St John’s Hospital. The development will support the Home First principles and the default position of a person’s own bed being the best bed. The team will work with patients and colleagues from the hospital to have the earliest possible conversations about going home. The new team will have realistic discussions about what the person can do, how much support they have from their family, carers or the wider community, and anything else that might be required to allow them to return home as early as possible when their medical needs have been addressed. The aim is to allow people to make informed choices and provide early interventions which support admission avoidance if appropriate or enable discharge at the earliest point when a person is ready to go home. Early indications are that a number of people are being identified each day and diverted to alternative community services. Data is being gathered to assess impact over the longer term.

**17.6 Feel Good February** - As part of our ongoing work to support staff wellbeing, a series of supports are being planned for delivery during 'Feel Good February'. The focus of the work will be on equipping individual teams to support their staff through a variety of wellbeing initiatives. The aim is to promote wellbeing at work and support staff to remain at work. Learning from the month's activities will be used to inform our future plans for supporting our workforce.

**18.** The Board is asked to receive the report.

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

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

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

Via email: [john.connaghan@nhslothian.scot.nhs.uk](mailto:john.connaghan@nhslothian.scot.nhs.uk)

15<sup>th</sup> December 2021

Dear John

## **NHS Lothian Annual Review: 8 November 2021**

1. Thank you for attending NHS Lothian's Annual Review with Calum Campbell, the Board Chief Executive, on 8 November via video conference. I am writing to summarise the key discussion points.
2. I started the meeting by recognising and thanking you for your significant service to the Scottish Government Health Directorates, including as Chief Executive of NHS Scotland; not least during the very challenging first 16 months of the pandemic, before your recent move to become Chair at NHS Lothian.
3. In the same way as last year, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by: Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland; and by John Burns, NHS Scotland's Chief Operating Officer.
4. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

### **Look back: 2020/21, including the initial response to the pandemic**

5. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Lothian. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.

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6. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. You offered the example of the local medical physics staff who had worked innovatively and tirelessly in the initial stages of the pandemic to bolster vital critical care capacity by converting anaesthetic machines to ventilators; alongside other largely unsung heroes, such as those who had been instrumental in establishing the new community pathways; and ensuring that key services, such as district nursing and health visiting, had been maintained throughout. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

7. In terms of the impact of Covid-19 and associated activity, by the end of this October NHS Lothian had: tested over 674,000 people; vaccinated over 886,000 people; experienced around 105,000 local cases of Covid-19; with over 4,800 Covid admissions (including 433 to intensive care); discharging over 3,300 patients; and sadly experiencing 1,265 deaths of admitted patients. You confirmed that this very significant activity, and the remarkable service adaptations noted above, such as approximately 16,000 outpatient appointments conducted virtually, had been delivered via a highly effective local, whole system command structure: ensuring appropriate oversight and governance alongside delivery. This oversight has been meaningfully informed and augmented by real time data and intelligence, such as safe staffing dashboards for hospital wards.

8. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity during the remobilisation period from July to November and the second wave (December 2020 to March 2021) was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions. Additional private sector capacity had been sourced to assist with cancer care and some service remobilisation and, as noted above, access to outpatient clinics was maintained using a combination of face to face consultations and tele-medicine. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. However, early progress had been limited by the operational impact of resurgences in Covid-19 admissions. Ultimately, the capacity available has not been sufficient to meet demand; resulting in an increase in the overall waiting list size during the year.

9. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. NHS Lothian's monthly attendances for August 2021 were 20,766; representing a 103.7% increase from 10,196 in April 2020 when attendances were at the lowest levels ever recorded. Similarly, as with most Boards, NHS Lothian's delayed discharges were significantly reduced as a result of the initial pandemic interventions at the start of 2020/21. This position has, however, not been maintained as restrictions were relaxed and demand for community care significantly increased. Pressures in the City of Edinburgh are particularly marked and we would return to this in the forward look section of the discussion. As demand had increased in both the NHS and social care, workforce pressures have been a constant across the country due to a range of factors, including the need for periods of self-isolation and the impact of cumulative pressures.

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10. Similar to most Health Boards across Scotland, the initial response to Covid-19 resulted in a delay to diagnostics for those with a suspicion of cancer. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently strong whilst performance against the more challenging 62-Day standard had been largely maintained.

11. Following the last review of escalated Boards in March 2021, NHS Lothian were placed at Stage 3 on the Performance Framework in relation to issues over several years with long waits for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies. This is the only area where the Board remains formally escalated. NHS Lothian's mental health team has engaged positively in this programme of tailored support; analysing performance and capacity data; modelling demand and trajectories; and identifying gaps. Whilst performance against the national standards remains challenged (averaging 60% for CAMHS in 2020/21 and 79% for Psychological Therapies), the Board has made progress in reducing the number of the very longest waits, at the same time as coping with significantly increased demand. You also noted a worrying increase in the occupancy of local CAMHS inpatient beds (around 80%) by predominantly young females with significant eating disorder issues. We agreed that this concerning development warrants further scrutiny to consider what additional, earlier interventions can be deployed.

12. In terms of financial management, NHS Lothian delivered a balanced outturn in 2020-21, following the receipt of additional funding provided by the Government to support financial impact of Covid-19. £1.7 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2020-21 to meet Covid-19 pressures, with NHS Lothian and the Health & Social Care Partnerships within the region received £161.9 million of this.

13. I also want to recognise the considerable work that had gone into the restoration of the 24/7, full inpatient paediatric service at St John's Hospital in October 2020; as well as the official opening of the Royal Hospital for Sick Children in March this year. These facilities and the services they offer are very significant and a most welcome boost for the communities they serve.

14. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. You pointed out that the local experience had reinforced the commitment to 100% single bed occupancy in new facilities, alongside the effective separation of unscheduled and planned care, in order to sustain services and maintain infection prevention and control, wherever possible.

15. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase. In terms of effective partnership working, we would also want to take this opportunity to pay tribute to Tom Waterson, a senior Unison representative and Employee Director at NHS Lothian, who sadly passed away in September. Tom was a formidable but always fair champion of the interests of the health service workforce, for which he was well known and respected at all levels.

16. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-COVID health and wellbeing harms, alongside a significant and growing backlog of non-urgent planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact this winter.

### **Forward look**

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17. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government has been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Lothian, in the context of the [Health and Social Care Winter Overview](#), published on 22 October; which brings together all of the actions we are taking in preparation for this winter period. The approach is based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlines how we will: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

18. This approach, supported by the [Adult Social Care Winter Plan](#), which sets out additional measures to protect the adult social care sector ahead of winter, is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

19. You confirmed that the acute sector in NHS Lothian is experiencing sustained pressure across adult and paediatric services. The causes are multifactorial and have resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, overcrowding in A&E Departments and queues at front doors with very long waits for admission. Within the winter planning context noted above, you confirmed that NHS Lothian are pursuing a range of improvement actions including: expansion of the Lothian Flow Centre, including clinical triage of patients referred by NHS 24, via a new 24/7 pathway; expansion of Call Minor Injuries Assessment (*Call MIA*) to provide scheduled video consultations and face-to-face appointments across the three Lothian adult acute sites from 10:00 to 22:00, 7 days a week (this represents the profile of current peak self-presenting demand); enhanced referral pathways are in place for GP, Community Pharmacy and Scottish Ambulance Service referrals to schedule MIA appointments; the optimisation of Community Pharmacy within Urgent Care and ensuring consistent messaging to the public about the services available under *Pharmacy First*; actively support implementation of consistent approaches to signposting/redirection to ensure patients receive the right care, in the right place, at the right time; and the provision of the Same Day Emergency Care (SDEC) service within the Western General Hospital with the delivery of assessment, diagnostics and a treatment plan on the same day. This approach will assist in addressing some of the pressures on acute front doors and we noted that the expansion of the SDEC service to a pan-Lothian model is currently in progress.

20. As noted previously, delayed discharges remain a significant challenge within Lothian, particularly in the City of Edinburgh, and this impacts the patient experience (both those who are delayed in hospital and the corresponding impact on those waiting to access hospital) whilst compounding operational pressures around available acute capacity. Current system pressures are resulting from a combination of increasing levels of demand and complexity, and decreasing care capacity available. In particular, there have been reductions in staff available across the sector with both internal and external provision seeing as much as a 30% reduction in capacity. The Government will continue to provide as much assistance as possible, in support of the local actions that include: further development of the Home First approach; a review of local Hospital @ Home services; a dedicated recruitment/engagement campaign to raise awareness of employment in social care sector; development of a revised pan-Lothian Discharge and Transfer Policy; alongside the Edinburgh HSCP participating as a pathfinder site for the Discharge without Delay programme.

21. We also remain very conscious on the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Lothian is taking in terms of the wellbeing and

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resilience of local staff, including the following as part of the local *Work Well* strategy, launched in June: the establishment of a Lothian wide Peer Support Service, with 108 staff trained across all sites and services; implementation of a psychological support service, reducing staff counselling waiting lists from five months to one; the introduction of a shielding virtual network; the development of a leadership network, which has grown during the pandemic to over 500 members, with a consistently high level of engagement; alongside the high visibility of Board leadership via regular walkabouts and staff sessions; and the appointment of a specialist *Work Well* lead post, funded by Edinburgh and Lothian's Health Foundation.

22. Whilst our focus over the winter period will necessarily be on resilience, we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Lothian, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August.

23. You confirmed that the combination of high occupancy driven by unscheduled care demand and rising delayed discharge numbers have meant that surgical capacity has been significantly reduced and limited to emergency and urgent activity since July. This has a direct impact on the volume of patients waiting and the length of wait; with an increasing number of patients waiting over 52 weeks. Paediatrics and dermatology are particular pressure areas, with the latter accounting for around half of all over 52 week waits for the Board. As such, inpatient and day case activity is currently at around 62% of pre-Covid levels and on a downward trend due to staffing pressures in theatres, critical care and reduced surgical beds. Urology and Endoscopy are currently the most challenged cancer pathways, with waits for endoscopy of around 26 days due to staffing challenges. £1.4 million has been released to NHS Lothian in 2021/22 to support cancer waiting times improvements.

24. In the short term, the Board's ability to fully deliver recovery actions whilst also continuing to meet demand for urgent and cancer activity has to be considered high risk. Nonetheless, specific projects detailed within the latest local recovery plan provide some assurance, including: extension of the endoscopy contract with NHS Fife; extension of capacity/contracts with the private sector, e.g. urology and orthopaedics; increasing core capacity for endoscopy; and plans to expand paediatric theatres. The Board's resilience and recovery plans remain under review and are frequently developed and refined, to take account of emerging evidence and best practice. The Government will continue to provide support to maximise the recovery of local planned activity, wherever possible.

25. In the longer term, the Board's capacity will be significantly enhanced by some key capital developments. The provision of sustainable and flexible facilities that meet the needs of 21<sup>st</sup> century eye care is the objective of the re-provision of the Princess Alexandra Eye Pavilion in Edinburgh. The facility is to be located on the Edinburgh Bioquarter site, at the heart of a world class biomedical and life sciences campus, adjacent to the Royal Infirmary. The Board is currently aiming to submit a full business case by 2024. On receipt of approval to proceed to construction, a fully operational hospital should be delivered by 2027. Part of a planned network of treatment centres across Scotland, NHS Lothian also continues to progress plans for a National Treatment Centre at St John's Hospital in Livingston. With space for 11 operating theatres, a 100% single room capacity and a dedicated imaging centre, the centre will provide ring-fenced capacity for a significant volume of elective care, utilising technology such as robotic assisted surgery and enhanced recovery. The Board is currently aiming to submit a full business case by mid-2024. On receipt of approval to proceed to construction, a fully operational facility should be delivered by 2027. We agreed that, given the growing backlog of unplanned care and associated harms, it should be explored whether it is possible to expedite this timeline.

26. In terms of local mental health services, progress has been made on addressing some of the longest waits for CAMHS and Psychological Therapies, and we are content that the Board has robust plans in place to improve performance. Nonetheless, the challenges NHS Lothian face are

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significant. It is therefore likely the Board will remain in an escalated state until sustainable shifts in waiting times performance are achieved. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress and the associated spend of the Mental Health Recovery and Renewal fund.

27. After pausing longer term financial planning in March 2020 in response to Covid-19, NHS Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid and associated pressures; alongside the Board's significant drug costs and slippage in delivery of savings. The Government will continue to regularly engage with the Board to monitor the financial position and to assist with planning.

## Conclusion

28. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS potentially faces the most challenging winter in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep both local activity under close review and to provide as much support as possible.

29. I want to conclude by reiterating my sincere thanks to the NHS Lothian Board and staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.



**HUMZA YOUSAF**

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**Meeting Name: Board**  
**Meeting date: 9 February 2022**

**Title: NHS Lothian Annual Review: 8 November 2021**

**Purpose and Key Issues of the Report:**

DISCUSSION	X	DECISION		AWARENESS	X
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This report is to present the outcome of the Cabinet Secretary's annual review of the Board's performance, which was carried out on 8 November 2021. It is normal practice for the Cabinet Secretary to issue letters to NHS Boards setting out the outcome of the review.

The letter essentially summarises issues that the Board members will already be aware of. NHS Lothian, like the rest of the NHS, is operating in extremely challenging circumstances due to the pandemic, and this is impacting on performance and the options available to the Board and the Scottish Government to address performance.

The letter does reflect that at the review, it was agreed that given the growth in the backlog of elective care cases, that there should be a review to determine whether the new National Treatment Centre at St John's Hospital can be opened earlier than the current aim of 2027.

The letter recognises the challenges that the Board has been facing and positively recognises and supports the steps being taken to address them. The Cabinet Secretary has formally recorded the Scottish Government's deep appreciation to all local health and social care staff for their outstanding work, and assurance that the Scottish Government will continue to support them. The Cabinet Secretary concludes the letter with reiterating his sincere thanks to the Board and its staff for their sustained professionalism and commitment.

**Recommendations:**

Accept this report as a source of significant assurance that the Scottish Government has carried out an annual review, and the letter will be published on the Board's website after the Board meeting.

**Author: Alan Payne**  
**Date: 18 January 2022**

**Director: Prof. John Connaghan**  
**CBE**  
**Date: 18 January 2022**

## NHS Lothian

Board  
9 February 2022

Chair

### NHS Lothian Annual Review: 8 November 2021

#### 1 Purpose of the Report

- 1.1 The purpose of this report is to inform the Board of the outcome of the recent Annual Review with the Cabinet Secretary for Health and Sport. The core purpose of annual reviews is for NHS Boards to be held to account for their performance. Following an annual review, the Cabinet Secretary writes to the Board setting out the outcomes of the review and key action points. The annual review of 8 November 2021 was carried out by video conference (due to COVID-19 restrictions) and the Board Chair and Chief Executive attended it. Any member wishing additional information should contact the Chair in advance of the meeting.

#### 2 Recommendations

The Board is recommended to:

- 2.1 Accept this report as a source of significant assurance that the Scottish Government has carried out an annual review, and the letter will be published on the Board's website after the Board meeting.

#### 3 Discussion of Key Issues

##### Look Back: 2020/21, including initial response to the pandemic

- 3.1 This section of the letter summarises the events of the year, including the effect of the pandemic on NHS Scotland and the service challenges it created, and NHS Lothian specifically. The letter summarises how NHS Lothian initially responded to it and discusses several aspects of organisational performance.
- 3.2 All those present at the annual review recognised the significant efforts and outstanding contribution of staff over the period and were very grateful for staff going the extra mile. The letter reflects this and positively recognises the contribution of staff.

##### Forward Look

- 3.3 This section of the letter summarises how the Scottish Government is working with NHS Boards to manage the impact of winter in 2021/22 so that the NHS in Scotland is not overwhelmed. It acknowledges that the Adult Social Care Winter Plan supports this approach.
- 3.4 The letter summarises the range of measures that NHS Lothian has put in place to respond to the sustained pressures in the acute sector. While action plans are in place and progress is being made, the Board will likely remain on Level 3 of the

performance escalation framework for psychological therapies and CAMHS.

## **4 Key Risks**

- 4.1 The scope of the review is the performance of the whole organisation and does capture the key challenges. The letter highlights the challenges of delayed discharges on the system, particularly within the City of Edinburgh, in terms of its impact on patients and the operational capacity within acute hospitals. The Scottish Government confirms that it will continue to provide as much assistance as possible, in support of the local actions (which are summarised in the letter).
- 4.2 While the focus over the winter period will be resilience, the letter acknowledges the Scottish Government will continue to support NHS Lothian on its recovery plan, to address the backlog of elective care. The combination of rising unscheduled care demand and delayed discharges restricts surgical capacity for elective activity. The Board's ability to fully deliver recovery actions while continuing to meet demand for urgent and cancer activity is high risk.

## **5 Risk Register**

- 5.1 The letter discusses risks which are already on the corporate risk register.

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

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

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

- 7.1 The Board publishes the outcome from annual reviews on its website: [Annual Reviews \(nhslothian.scot\)](https://www.nhs.uk/about-us/annual-reviews/).

## **8 Resource Implications**

- 8.1 The letter acknowledges actions which are in place, and will continue to be supported, to address performance issues in the short term. The letter also recognises the steps being taken to increase capacity in the long-term. There is an aim to have a fully operational new Princess Alexandra Eye Pavilion next to the Royal Infirmary of Edinburgh by 2027. There is also an aim to have a new National Treatment Centre at St John's by 2027, and the letter acknowledges an agreement to explore expediting that timeline. Both initiatives are subject the preparation and approval of business cases and the release of funds.
- 8.2 NHS Boards are now required to start drafting three-year financial plans which will come into effect in 2022/23.

Alan Payne  
Head of Corporate Governance, 29 December 2021  
[alan.payne@nhslothian.scot.nhs.uk](mailto:alan.payne@nhslothian.scot.nhs.uk)

Appendix 1: Annual Review Letter from the Cabinet Secretary of 15 December 2021

**Meeting Name: Board**  
**Meeting date: 09 February 2022**  
**Agenda item: 9**

**Title: NHS Lothian Board Performance Paper**

**Purpose of the Report:**

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

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

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

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

**Recommendations:**

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

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

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

**Author: Wendy MacMillan**  
**Date: 25/01/2022**

**Director: Jim Crombie**  
**Date: 28/01/2022**

## NHS Lothian Board Performance Paper

### 1 Purpose of the Report

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

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

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

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

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

### 2 Recommendations

- 2.1 The Board acknowledges the supporting performance infrastructure in place which provides formal assurance on a wider set of metrics aligned to Board priorities through existing committees.
- 2.2 The Board recognises the performance challenges detailed in this paper including exacerbated pre-existing performance issues and dips in performance following the impact of COVID-19 and current measures. These have been summarised under 3.2.
- 2.3 The Board considers the clinical reprioritisation exercise which continues on all inpatient and day case waiting list patients and the focus on maintaining and improving performance in order of clinical priority and longest routine waits.
- 2.4 To note the ongoing work following the active governance sessions which will further enhance coordinated and aligned performance reporting across the system.

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

### 3 Discussion of Key Issues

#### 3.1 Strategic – Tactical – Operational Oversight Structure

3.1.1 As COVID community transmission remains an issue for health and care provision in Lothian, with services across the healthboard facing ongoing challenges to meet demand. As this is a time of severe pressure NHS Lothian continues to use the Gold Command structure which provides:

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

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

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

#### 3.2 Executive Summary

3.2.1 **COVID:** In December, there was an increasing number of COVID acute admissions and community contacts. This impacted on workforce availability, Infection Control measures taken across the system and patient attendances. Lothian positive COVID cases by day have steadily dropped since the start of January.

3.2.2 **Workforce:** Staffing availability remains a significant challenge across acute, community and social care settings due to a combination of COVID isolation, sickness, annual leave and vacancies. Members will be aware from January PPDC and previous board papers the actions being taken to help the wider system over winter, although it is recognised this winter will likely remain challenging for the duration.

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

3.2.4 **Scheduled Care:** The combination of closure of beds due to staffing pressures and increased delayed discharges and increased occupied bed days will continue to impact on elective activity for Inpatients/Day case patients, and some Outpatients. This means that the number of elective routine operations remains low. This is due to the impact of responding to the pandemic which has resulted in a significant reduction in scheduled care services to release workforce to support and expand critical care and other inpatient activity. The total New Outpatient waiting list, over 12 weeks and over 52 weeks continues to improve and outpatient activity remains at levels in line with those pre-COVID. The NHS Lothian percentage waiting over 12 and 52 weeks is currently better than the Scottish average. The TTG position however, is deteriorating due to the limited Inpatient/Day case capacity available relative to pre-COVID levels. From our trajectories and activity forecasts it is anticipated we will continue to see a deterioration



in TTG performance, with a continued growth in both the number of patients waiting for their procedure and the length of wait. The focus remains on the prioritisation of treatment of the most urgent patients. In Cancer Services, there has been a drop in performance across some tumour groups largely due to staffing challenges impacting services. USoC referral numbers have also remained high and above pre-COVID levels.

### 3.3 Performance Support Oversight Board

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

### 3.4 Remobilisation Plans

3.4.1 Committee members will be aware that the revised and updated 2021-22 Remobilisation Plan 4 was submitted to the Scottish Government at the end of September 2021. This contains the details of all the initiatives and actions that will underpin the remobilisation and development of services into 2021-22 and beyond with corresponding activity trajectories.

3.4.2 A further iteration is due to Scottish Government in the coming weeks.

### 3.5 Active Governance

3.5.1 The Planning Performance Development Committee received an update in the January paper with regards to the approach Dr Bell presented on the need for data to be presented to board members which was clear and readily interpretable.

3.5.2 Further control charts have been included in this paper and the group is working towards rolling this out across all appropriate metrics in phases.

3.5.3 This is subject to a more detailed review with QI Analytics colleagues, as upper and lower control limits are considered within a turbulent system impacted by the pandemic response.

3.5.4 To fully evaluate the impact of these charts with Board members, a non-executive briefing session and/or dedicated time at the next Planning Performance Development Committee will be dedicated to explore this work.

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

<b>Metric</b>		<b>Trajectory/ Standard</b>	<b>December 2021 position</b>	<b>November 2020 position</b>	<b>October 2021 position</b>	<b>2020/21 monthly average</b>	<b>2019/20 monthly average</b>	<b>2018/19 monthly average</b>
<b>4 Hour ED Standard<sup>1</sup></b>		95%	69.0%	68.9%	67.6%	89.5%	88%	88%
<b>Outpatients (End of month breaches)<sup>2</sup></b>	➤ 12 weeks	-	38,420	39,041	41,779	37,123	22,414	20,777
	➤ 52 weeks		4,852	5,777	6,817	5,142	923	567
<b>Delayed Discharges<sup>3</sup></b>	Health and social care / patient and family reasons	231	217	276	245	111	217.7	303.4
	All census delays (above plus complex code 9s)	248	292	299	273	131	247.2	331.4
<b>TTG (End of month breaches)<sup>4</sup></b>	➤ 12 weeks	-	14,098	12,934	12,104	9,098	2,795	2,328
	➤ 52 weeks		4,312	3,941	3,580	1,290	49	73
<b>Cancer Waiting Times<sup>5</sup></b>	31 Day Standard	95%	-	97.8%	97.8%	97.6%	94.5%	94.3%
	62 Day Standard		-	81.9%	84.8%	85.8%	79.2%	81.0%
<b>CAMHS &lt; 18 weeks standard (Seen within 18 weeks)<sup>6</sup></b>		90%	54.1%	60.7%	75.1%	61.3%	54.0%	63.0%
<b>Psychological Therapies &lt; 18 weeks standard (Seen within 18 weeks)<sup>7</sup></b>		90%	81.0%	77.8%	78.6%	79.7%	79.2%	72.3%
<b>Acute Adult Mental Health Bed Occupancy<sup>8</sup></b>		85-90%	91.9%	98.7%	96.9%	92.5%	92.6%	-

<sup>1</sup> Data sourced from Lothian internal management system

<sup>2</sup> Data sourced from Lothian WT Monthly dashboard data

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

<sup>4</sup> Data sourced from Lothian WT Monthly dashboard data

<sup>5</sup> Data sourced from Discovery. October position not available until later in November 2021.

<sup>6</sup> Data sourced from Lothian internal management system

<sup>7</sup> Data sourced from PHS official statistics

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

<b>Metric</b>		<b>Trajectory/ Standard</b>	<b>December 2021 position</b>	<b>November 2020 position</b>	<b>October 2021 position</b>	<b>2020/21 monthly average</b>	<b>2019/20 monthly average</b>	<b>2018/19 monthly average</b>
<b>HAI per 100,000 bed days<sup>9</sup></b>	CDI	<11.4	-	8.5	15.5	13.1	12.0	12.6
	ECB	<26.6	-	25.5	17.9	31.2	35.2	35.5
	SAB	<12.2	-	10.9	1.2	14.0	12.6	13.5
<b>Paediatrics and St Johns</b>		7 days a week 24x7	<b>7 days a week 24x7</b>	7 days a week 24x7	7 days a week 24x7	-	-	N/A
<b>8 key diagnostic procedures &gt; 6 weeks standard (end of month breaches)<sup>10</sup></b>	Upper GI endoscopy	-	1,927	1,847	1,849	1,805	759	1,308
	Lower Endoscopy (other than colonoscopy)		806	959	739	558	351	680
	Colonoscopy		1,348	1,273	1,262	1,279	828	1,508
	Cystoscopy		1,006	776	951	946	375	418
	Magnetic Resonance Imaging (MRI)		515	284	258	930	342	304
	Computer Tomography (CT)		458	255	292	521	124	29
	Non-obstetric ultrasound		2,990	2,192	1,996	1,031	7	10
	Barium Studies		0	1	10	14	0	0

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

<sup>9</sup> These rates represent overall rates for the year rather than monthly average: (sum of healthcare associated infections for the year / sum of total occupied bed days for the year) \*100,000. Data sourced from Lothian internal management system. October position not available until later in November 2021.

<sup>10</sup> Data sourced from Lothian DMMI

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

➤ **Unscheduled Care**

**Measures definition:** % meeting 4-hour Emergency Access Standard

**Reporting Month:** December 2021

**Standard:** National standards 4 hour access performance standard.

**Responsible Director(s):** Alison MacDonald – Chief Officer

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

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

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not Met	Overall data is showing special cause variation with recent signs of deterioration. NHS Lothian is experiencing significant challenges in delivering the 4 hour emergency access standard, with performance remaining low at 69.1% in December 2021. Although overall performance remains significantly below the national standard of 95%, this has plateaued over the past four months. RIE 4 hour access performance in December increased slightly to 58.2%. SJH and WGH had a slight decrease in performance in December to 72.5% and 60.2% respectively and RHCYP 4 hour access performance has slightly increased in December to 95%.	Yes	Yes

# Pan Lothian 4 Hour Performance

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

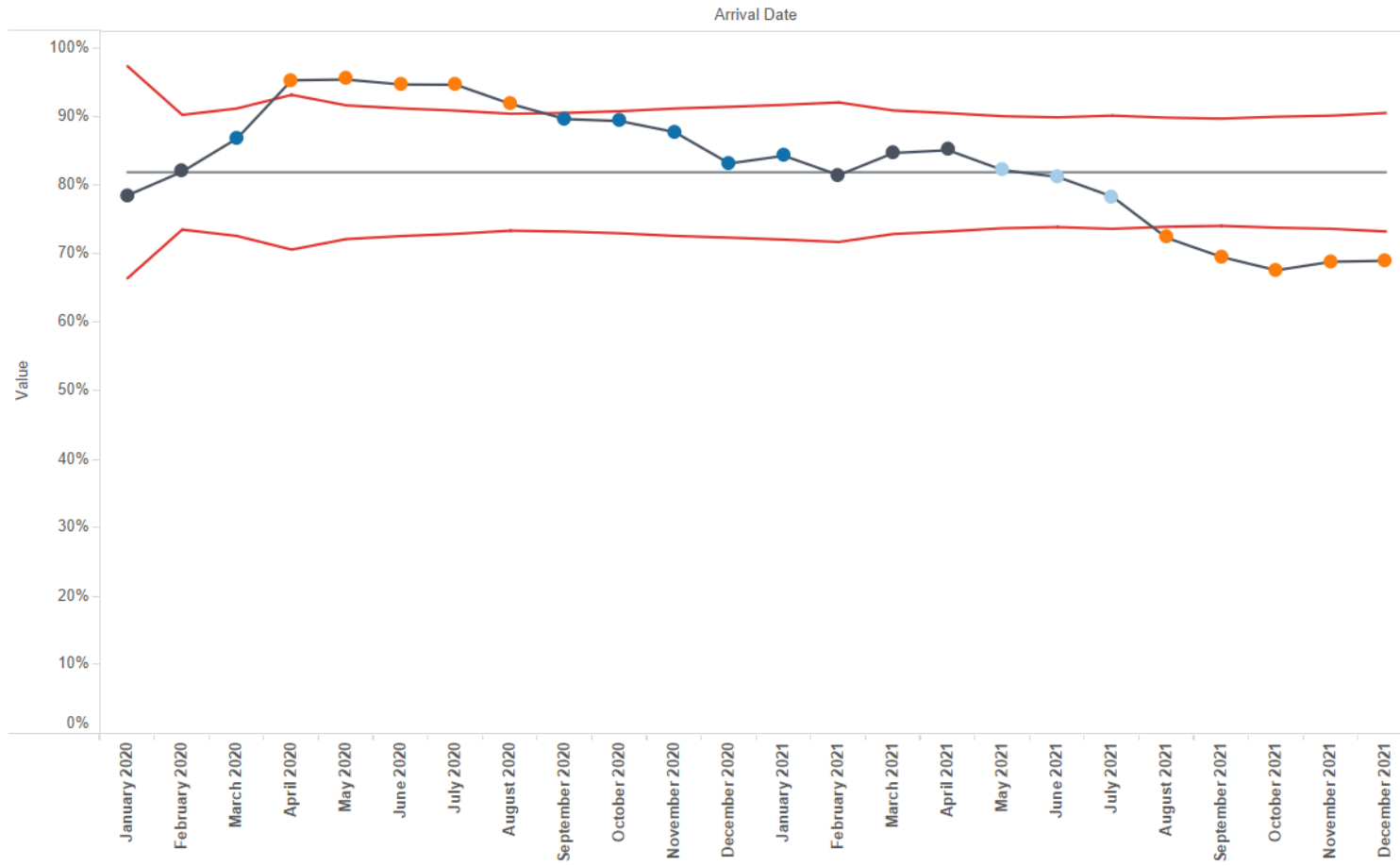
### Measure Names

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

### Signals

- In Range
- Shift
- Outlier
- Trend

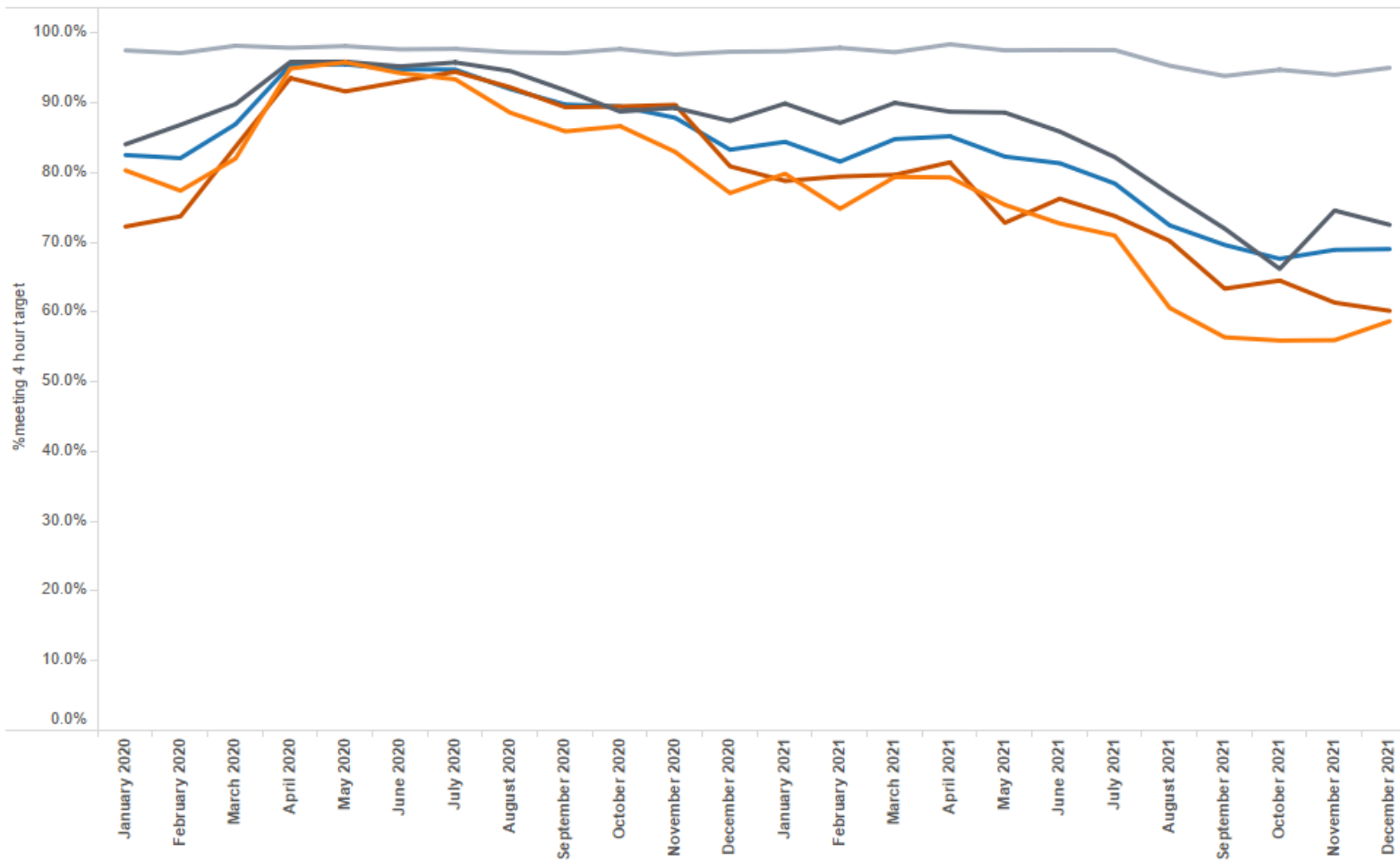
Target:  
95%



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

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

4 Hour ED Target



**Reasons for Current Performance:**

Although first assessments account for the majority of breaches, bed waits and treatment end waits have been responsible for an increasing number than previously

Due to pressures across the whole health and care system the ability to admit patients from EDs has reduced, with hospital occupancy remaining high.

The number of patients delayed in their discharge has increased in recent months due to workforce pressures within care services. This is having a negative impact on performance in the Emergency Departments.

In addition, general staffing availability remains a significant challenge on all acute sites, due to a combination of COVID isolation, sickness and vacancies.

## Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Phase 1 RUC Urgent Care Pathway:</p> <ul style="list-style-type: none"> <li>- Maximise reduction and scheduling of self-presenter attendance</li> <li>- Schedule all minor injury attendances Pan Lothian.</li> <li>- Continue robust local communication plans to optimise stakeholder understanding of urgent care.</li> <li>- Embed signposting and re-direction.</li> </ul>	<p>March 2022</p> <p>March 2022</p> <p>March 22</p> <p>Ongoing</p>	<p>Patients receive timely access to the <b>right care</b> in the <b>right place</b> avoiding delays anywhere in the system.</p>	<p>Early implementation of RUC phase 1 continues to be closely monitored taking into consideration the impact of the pandemic and the way services are accessed pre and post COVID19.</p>	<p>RUC Phase 1 - Next steps to commence evaluation and closure report of phase 1 to transfer to BAU.</p> <p>Implementation plan in place to schedule all adult minor injuries presentations.</p> <p>Local comms and stakeholder engagement are continuing.</p> <p>NHS Lothian Signposting policy has been developed and circulated for consultation. Planning and implementation to embed this policy within the ED and FNC is continuing.</p>
<p>Phase 2 RUC Prof to Prof Urgent Care Referral Pathways and Interface Care</p> <ul style="list-style-type: none"> <li>- Ensure clear referral pathways for GP's, SAS, AHP's to Interface Care Services i.e. hot clinics, MIA, SDEC</li> <li>- Develop Pan Lothian SDEC model</li> </ul>	<p>March 2022</p> <p>December 2022</p>	<p>Patients receive timely access to the <b>right care</b> in the <b>right place</b> avoiding delays anywhere in the system.</p>	<p>Delivering high-quality care for defined groups of patients that safely provides an alternative to avoid hospital admission.</p>	<p>Referral pathways in place for GP, community pharmacy and SAS referrals to schedule minor injury appointments.</p> <p>GP and AP SAS referral pathways in place to SDEC (WGH and SJH), surgical and medical hot clinics.</p> <p>SJH currently undertaking a pilot of a hybrid SDEC model, commenced Dec 21 to March 22. RIE and SJH will then undertake a scoping feasibility exercise for an SDEC model on each site.</p>



➤ **Delayed Discharges**

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

**Reporting Month:** December 2021

**Standard:** Pan Lothian- 248 (from RMP4 trajectories)

**Responsible Director(s):** Alison MacDonald – Chief Officer

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

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

- Pan Lothian delayed discharges are on an upward trend, with December 2021 figure of 292 exceeding the average monthly rate of 247 in 2019/20.
- East Lothian continues to be well within the Remobilisation (4) forecast set, whilst Edinburgh were higher than their planned position in December 2021 and have continued to deteriorate over recent months.
- Both the RIE and WGH sites are experiencing the highest number of delays out of the adult acute sites, similar to the yearly rate observed in 2019/20.

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

# Pan Lothian Delayed Discharges

Reason For Delay Group  
Health and social care / patient and f..

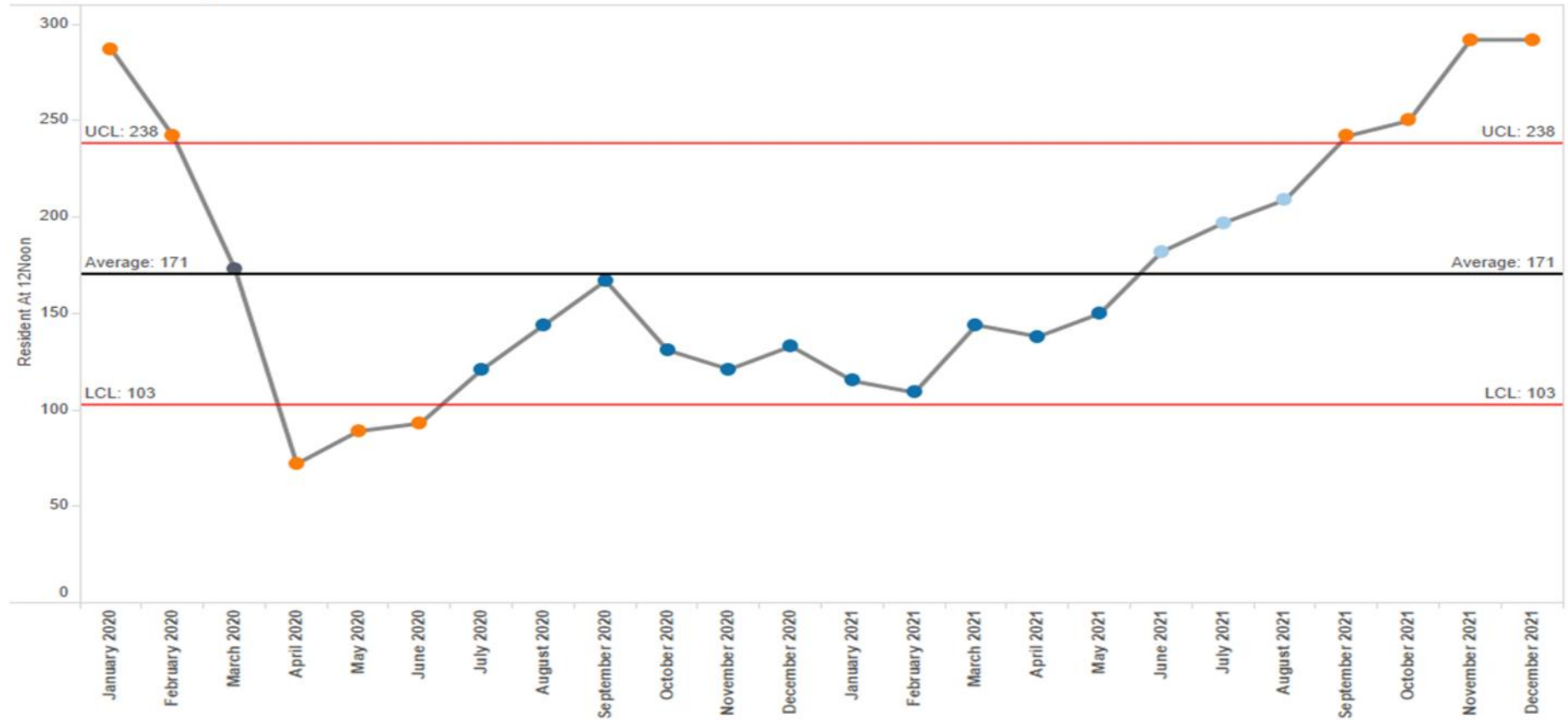
All census delays (above  
plus complex code 9s)  
Target: 172

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

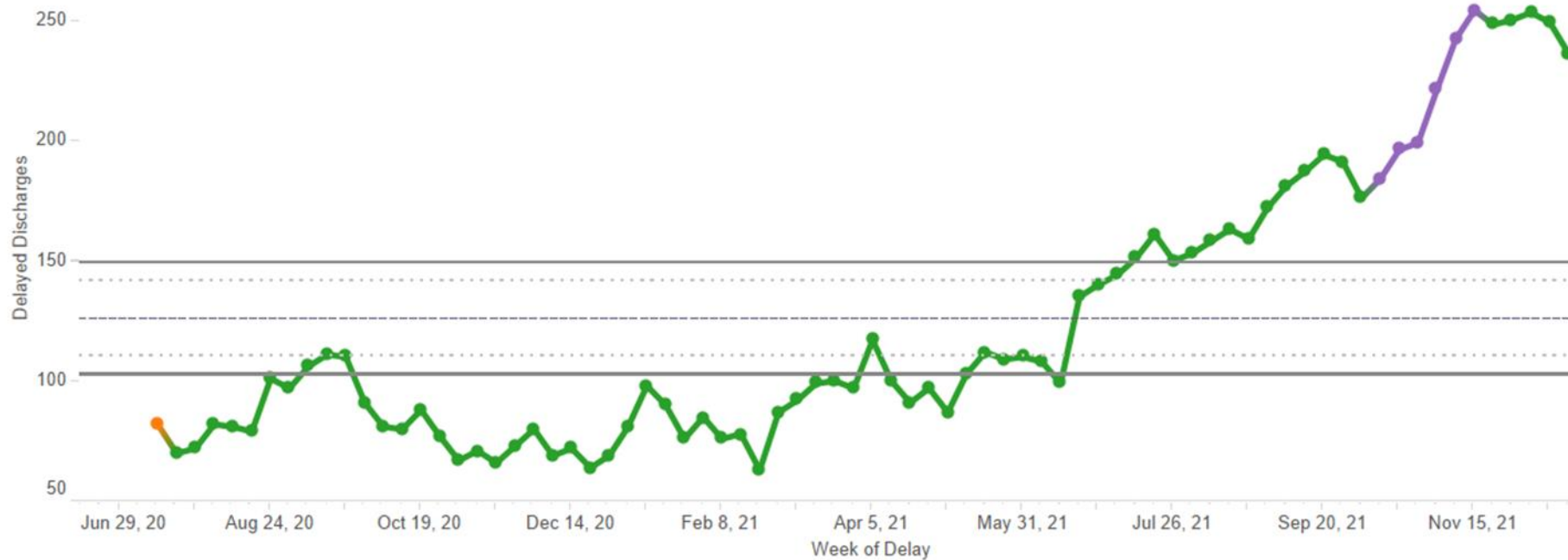


Signals  In Range  Outlier  Shift  Trend

## Delayed Discharges



**Edinburgh HSCP Delayed Discharges** (13 July 20 to 20 Dec 21; Average patients delayed, including Health and Social Care reasons and code 9s)



## Reasons for Current Performance:

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

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

## Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Implement a Discharge without Delay (DwD) approach from the Scottish Government Expert Guidance Paper on Optimising Flow</p> <p>Develop a Pan Lothian Discharge and Transfer Policy</p>	<p>Ongoing</p> <p>March 2022</p>	<p>The Discharge without Delay approach aims to reduce delay in every patient journey</p>	<p>To be realised</p>	<ul style="list-style-type: none"> <li>- First Pan Lothian DwD Core Implementation Group meeting in January 2022.</li> <li>- Self-assessment completed by WLHSCP and SJH. Other sites/partnerships completing early February.</li> <li>- Draft revised Policy widely shared for consultation within both NHS Lothian and HSCPs.</li> </ul>
<p>HSCP led initiative(s) monitored and overseen by Corporate Management Team and GOLD</p> <p>(including DCAQ project in Edinburgh)</p>	<p>December 2021 - ongoing</p>	<p>A variety of initiatives (funded on a non-recurring and recurring basis)</p>	<p>Reduced LoS</p> <p>Reduced/avoided delayed discharges</p>	<ul style="list-style-type: none"> <li>- Ongoing</li> <li>- Regular updates at CMT and GOLD</li> </ul>

➤ **Outpatients**

**Measures definition:** The summary table above shows a number of indicators covering outpatient waiting lists and activity at the end of December 2021.

Data source: Internal management information.

**Reporting Month:** December 2021

**Standard:** 95% of patient waiting within 12 weeks

**Responsible Director(s):** Chief Officer – Acute

**Oversight Mechanism:** Outpatient Recovery Board

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

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	The New Outpatient waiting list, over 12 weeks and over 52 weeks continues to improve (please also see the SPC charts below), and outpatient activity remains at levels in line with those pre-COVID.	Yes	Yes

## Outpatients waiting >12 weeks:-

### SPC IP/OP

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

OP/IP/DC Group  
 Outpatients

Select Metric  
 Over 12 Weeks

National Specialty  
 All

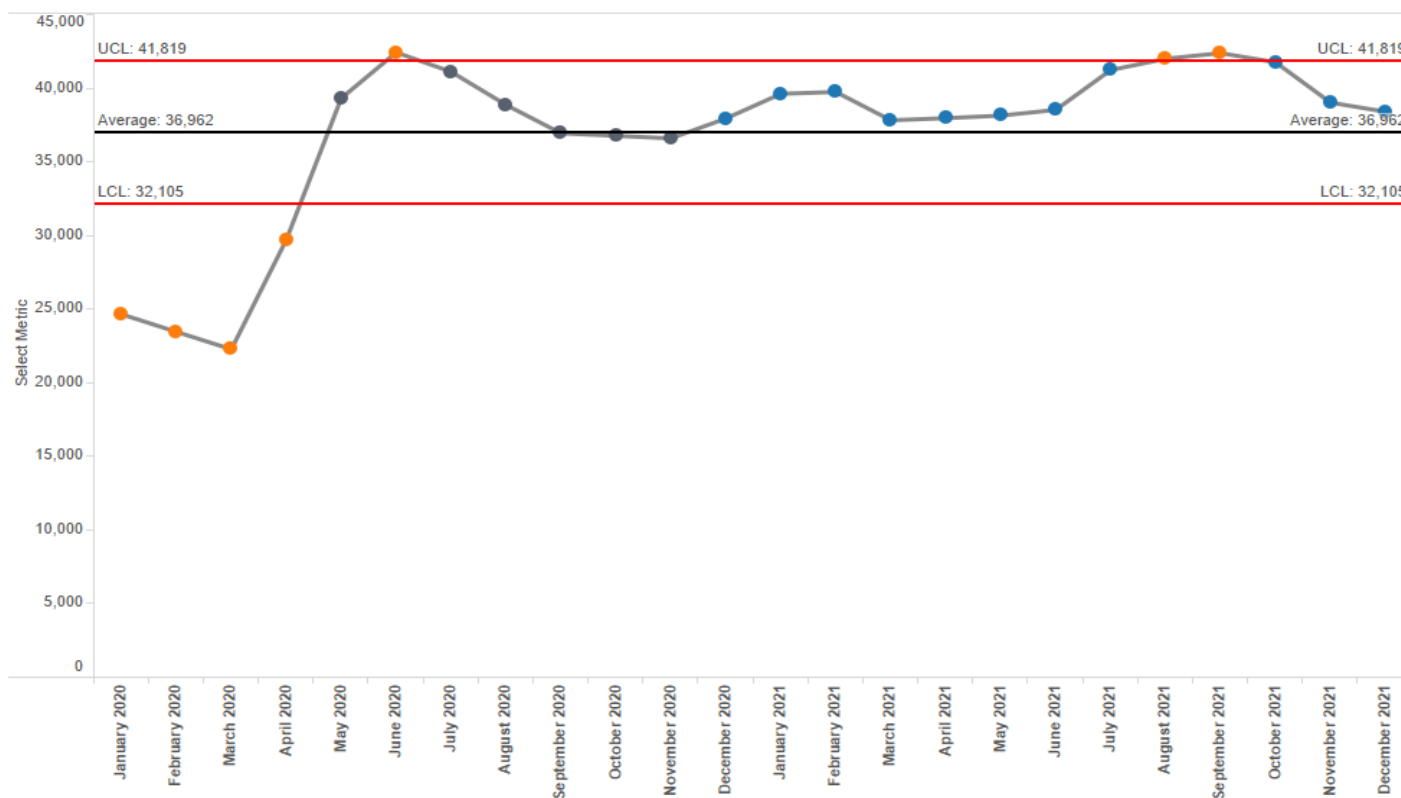
Dashboard Specialty  
 All

Priority Group  
 All

Target:  
 N/A



Signals  In Range  Outlier  Shift



The NHS Lothian percentage waiting over 12 and 52 weeks is currently better than the Scottish average.

### 12-week Performance and percentage waiting over 52 weeks

	NHS Lothian	NHS Scotland average	variance
% waiting over 12 weeks	51.5%	54.9%	-3.4%
% waiting over 52 weeks	7.2%	7.7%	-0.4%

Source: PHS national waiting times DataMart unpublished management information

December 2021 activity is lower than seen in November, however, this December was a short month because of the timing of the weekend/public holidays, and November observed a peak due to fewer staff holidays. December 2021 activity was also higher than December 2020.

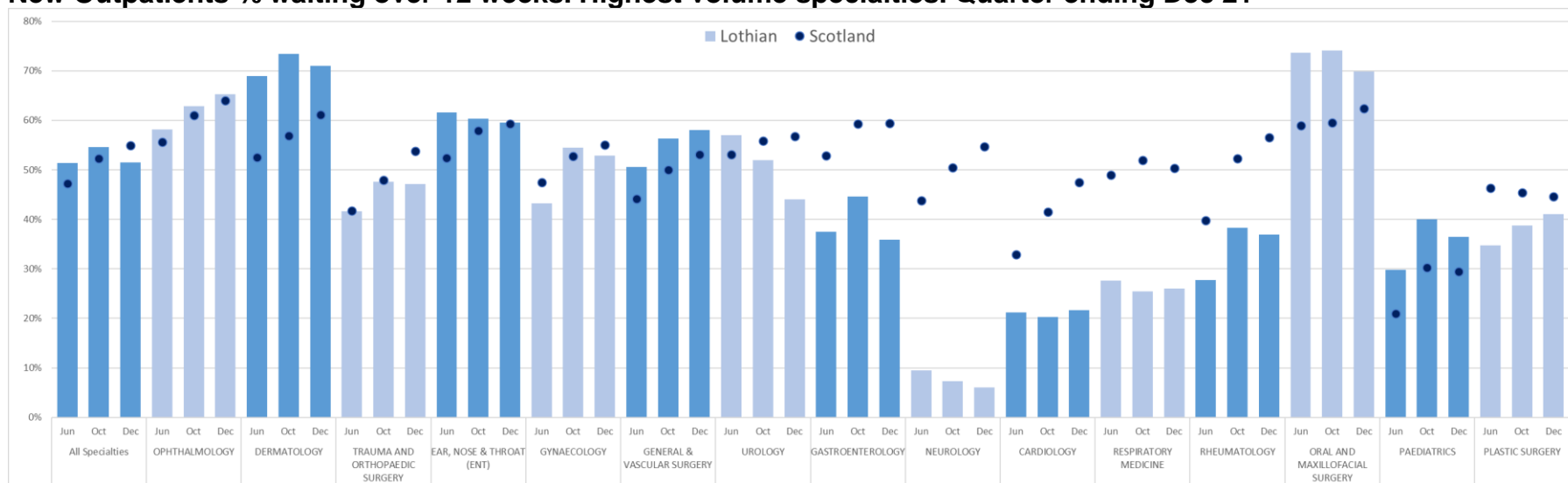
### New Outpatient activity trend

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
USoC	1,243	1,180	1,082	1,299	1,107	1,384	1,529	1,545	1,607	1,447	1,435	1,664	1,428
Urgent	4,908	4,525	4,477	5,546	5,388	5,450	5,665	5,325	5,633	5,539	5,709	6,333	5,317
Routine	9,088	8,953	9,337	10,588	9,977	10,648	11,777	10,206	11,322	11,401	11,411	13,663	11,096
<b>Total</b>	<b>15,239</b>	<b>14,658</b>	<b>14,896</b>	<b>17,433</b>	<b>16,472</b>	<b>17,482</b>	<b>18,971</b>	<b>17,076</b>	<b>18,562</b>	<b>18,387</b>	<b>18,555</b>	<b>21,660</b>	<b>17,841</b>

For the higher volume specialities, most specialities are performing around or better than the Scottish average.

General Surgery is one area where performance is deteriorating and lower than the Scottish average. This specialty will be engaging in a programme of performance support over the next three months.

### New Outpatients % waiting over 12 weeks. Highest volume specialties. Quarter ending Dec 21



Source: PHS national waiting times DataMart unpublished management information

Our 12-week performance is shown as bars and the Scottish average as dots in the chart. Most bars are at or below the dots.



## Outpatients waiting >52 weeks:-

### SPC IP/OP

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

OP/IP/DC Group  
 Outpatients

Select Metric  
 Over 52 Weeks

National Specialty  
 All

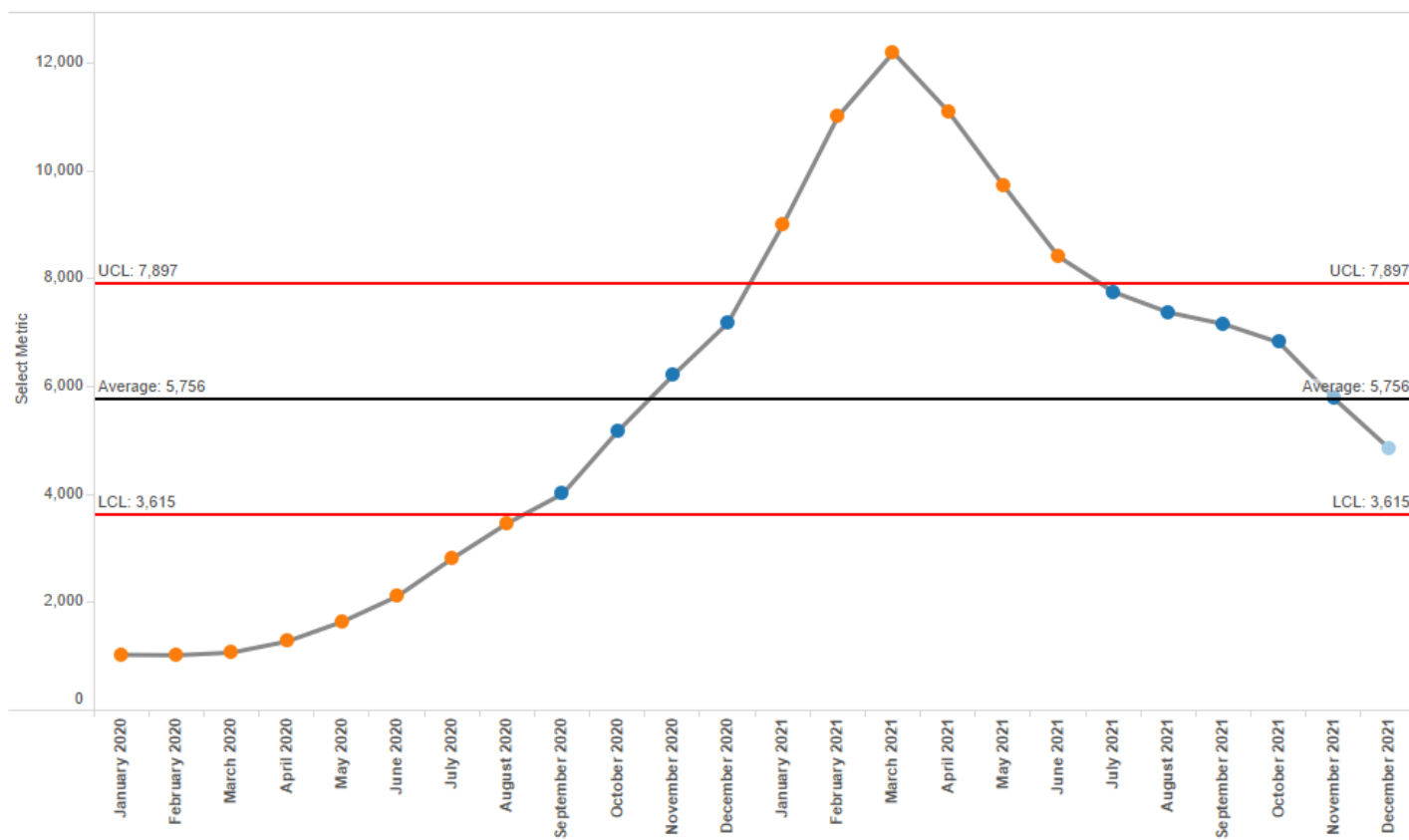
Dashboard Specialty  
 All

Priority Group  
 All

Target:  
 N/A

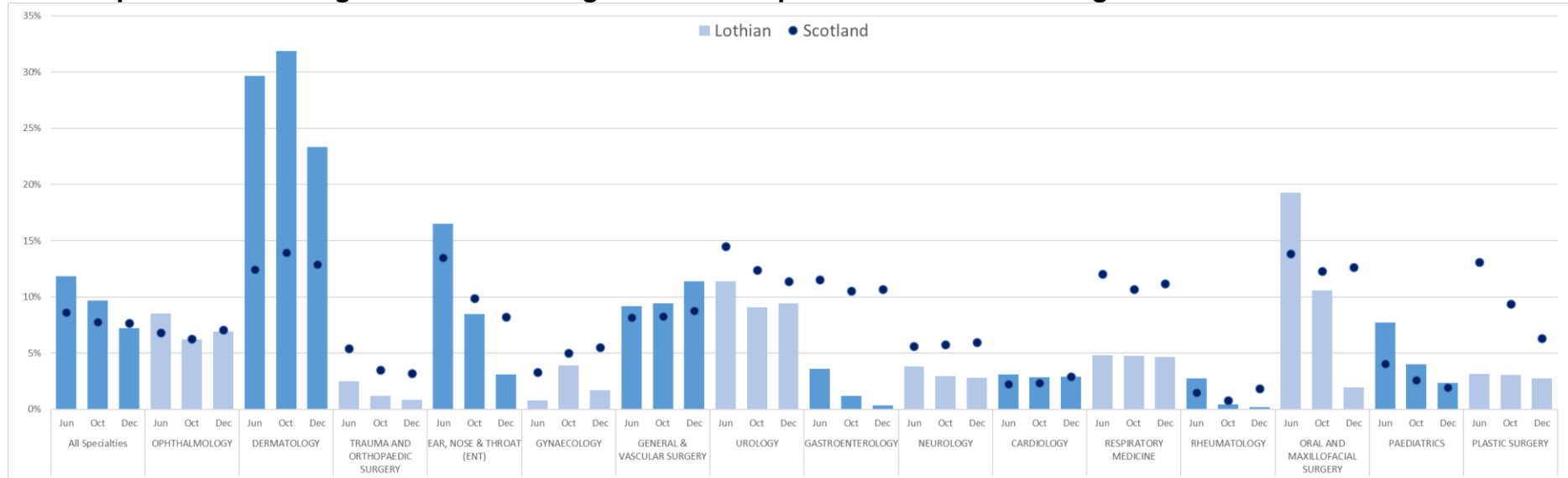


Signals    ■ Outlier    ■ Shift    ■ Trend



A significant proportion of the percentage of patients waiting over 52 weeks are in Dermatology, which is an outlier against the Scotland average. However, this number has decreased markedly in December in contrast to the Scotland trend. Dermatology services are currently undergoing a programme of performance support and improvements are now being seen.

**New Outpatients % waiting over 52 weeks. Highest volume specialties. Quarter ending Dec 21**



Source: PHS national waiting times DataMart unpublished management information

NHS Lothian's share of the total number of patients waiting across all of Scotland is in line with our 16.7% share of Scotland's population. Indeed, one might expect Lothian's share to be larger than its population because we provide a greater proportion of tertiary care (referrals from other Boards onto NHS Lothian's waiting lists) than most other Boards:-

	NHS Lothian's share of:		variance
	NH Scotland's patients waiting	Scotland's population	
Waiting list	17.4%	16.7%	+0.7%
Waiting over 12 weeks	16.3%		-0.4%
Waiting over 52 weeks	16.4%		-0.3%

Source: NRS mid-year population estimates; PHS national waiting times DataMart unpublished management information

**Reasons for Current Performance:**

Outpatient performance is improving. Although referral numbers returned to pre-COVID levels last year, the remobilisation of services through increased virtual and face-to-face appointments, some external provision where available and some Waiting List Initiatives have meant that the backlog built up during COVID is now decreasing.

## Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>There is a Board-wide Outpatient Redesign Programme underway. All Outpatient specialties will be engaged in the programme on a rolling basis, based on priority as agreed by the Outpatient Recovery Board and advised by Site Directorate Groups.</p> <p>We are collaborating with the national Centre for Sustainable Delivery (CfSD) to support our programmes of remobilisation, recovery and redesign (RRR). This collaboration facilitates specialty networks to bring together colleagues from across Scotland and share best practice.</p> <p>We currently have a spread of services engaging in these programmes, including across Outpatients. These are led by the specific specialty or by the Outpatient Redesign Programme.</p>	<p>Ongoing, and continuing throughout 2022/23.</p>	<p>Active Clinical Referral Triage streams patients to the appropriate advice, virtual or face-to-face appointment.</p> <p>Patient Focused Booking, where patients are sent an appointment letter, can improve DNA/cancellations.</p> <p>Patient Initiated Follow Up gives patients flexibility to arrange their follow-up appointments when they need them and so reduce demand.</p>	<p>Mode of contact in place in to allow non-face-to-face appointments in specialties that have had their clinical templates updated during the remobilisation. Allows accurate collation and reporting of all appointment types.</p> <p>At early testing stage.</p> <p>There are six specialties using PIFU. Of the patients appropriate for PIFU, there was a 5% reengagement rate.</p>	<p>Already in place but being reviewed to support the increased uptake of virtual. Rolling out to further services through the OP Redesign.</p> <p>Rolling out to further services through the OP Redesign.</p> <p>Rolling out to further services through the OP Redesign.</p>

➤ **Inpatients**

**Measures definition:** The summary table shows a number of indicators covering inpatients and daycase waiting lists and activity at the end of December 2021.

Data source: Internal management information.

**Reporting Month:** December 2021

**Standard:** 100% of patients seen within 12 weeks

**Responsible Director(s):** Chief Officer – Acute

**Oversight Mechanism:** Inpatient/Day case Recovery Board

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

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	The TTG position is deteriorating due to the limited Inpatient/Day case capacity available relative to pre-COVID levels. The combination of workforce and system pressures continue to impact on TTG activity. From our trajectories and activity forecasts it is anticipated we will continue to see a deterioration in TTG performance. The focus remains on prioritisation of treatment of the most urgent patients.	Yes	Yes

# Inpatients waiting >12 weeks:-

## SPC IP/OP

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

OP/IP/DC Group  
 TTG

Select Metric  
 Over 12 Weeks

National Specialty  
 All

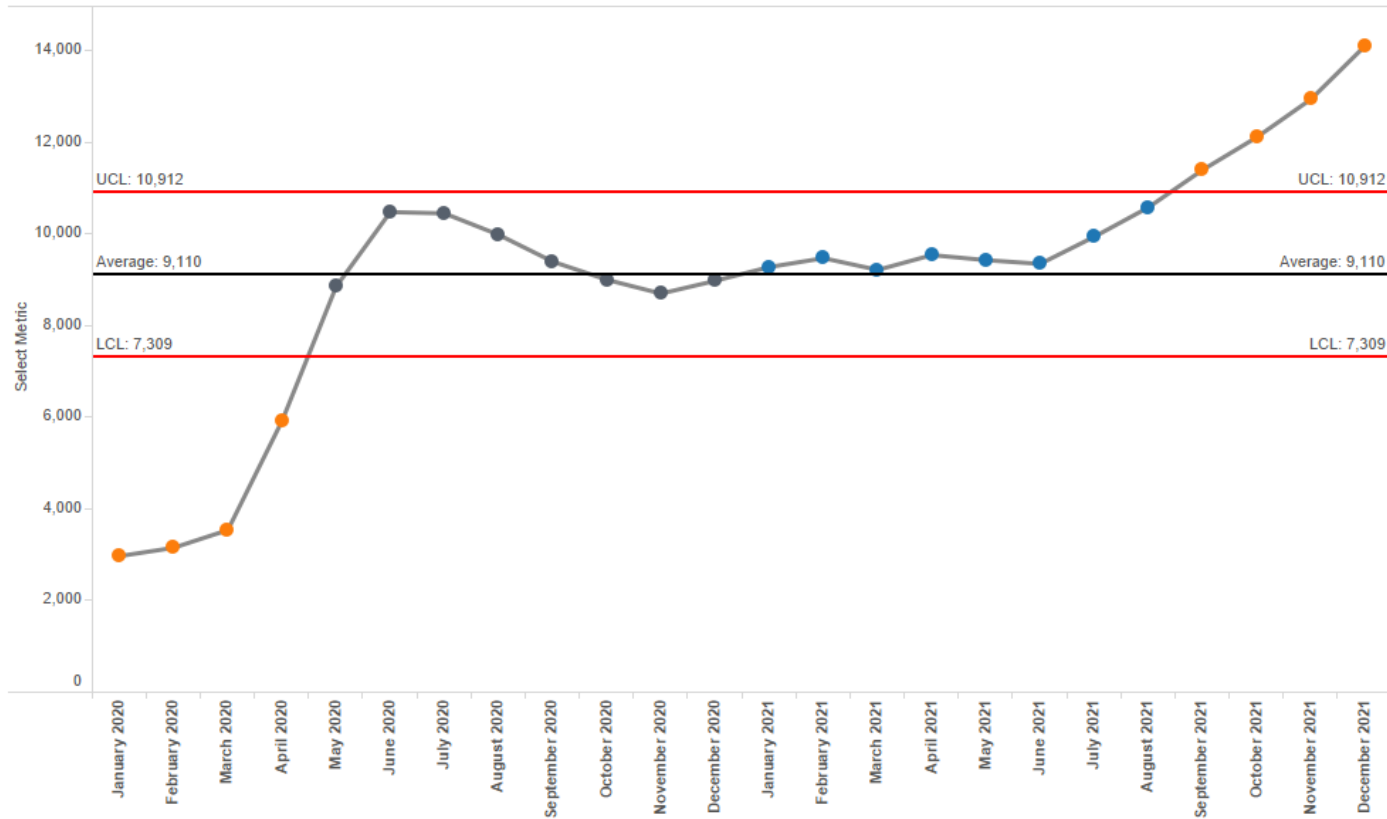
Dashboard Specialty  
 All

Priority Group  
 All

Target:  
 N/A



Signals  In Range  Outlier  Shift



## Inpatients waiting >52 weeks:-

### SPC IP/OP

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

OP/IP/DC Group  
 TTG

Select Metric  
 Over 52 Weeks

National Specialty  
 All

Dashboard Specialty  
 All

Priority Group  
 All

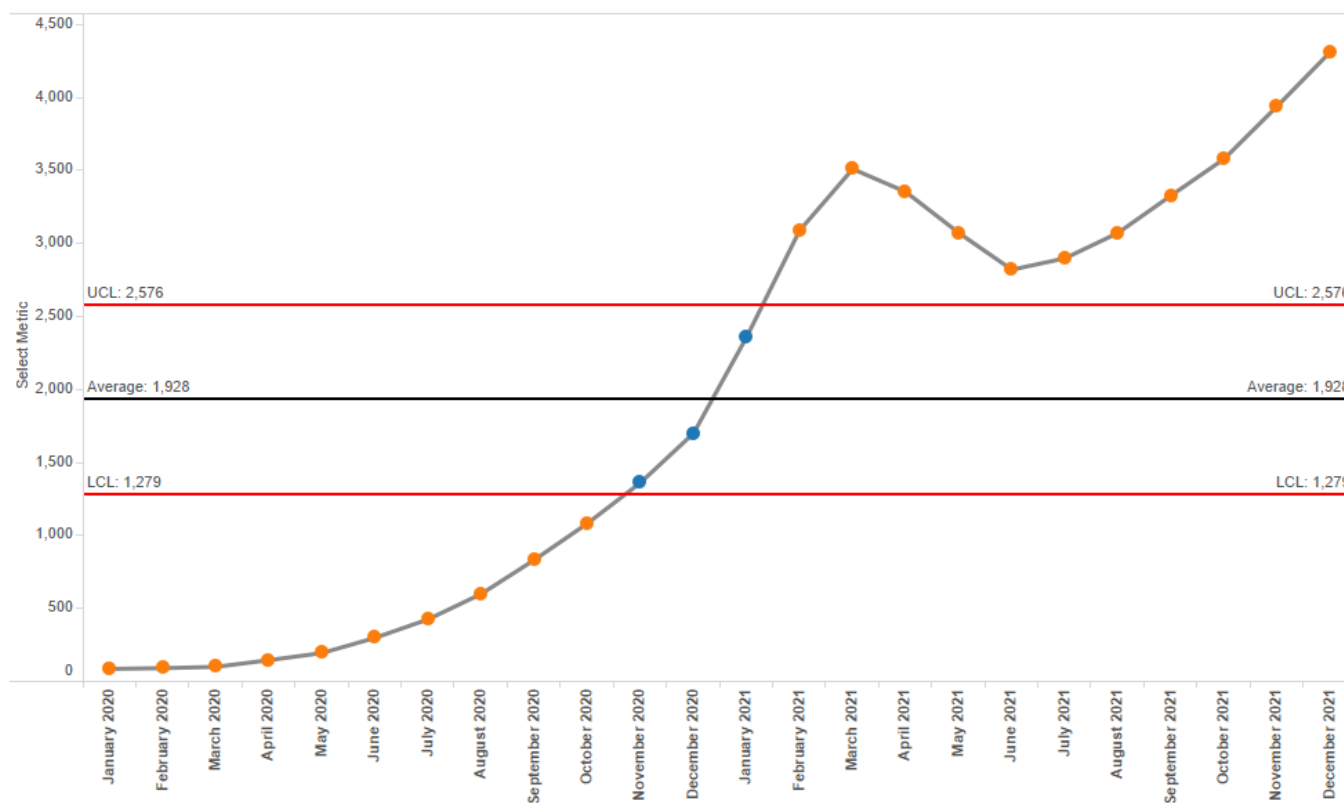
Target:  
 N/A



Signals

Outlier

Shift



TTG activity decreased in December 2021. A small number of P3 and P4 procedures are being done if the service can fit the patient into a list to optimise capacity utilisation and/or if there is capacity for the procedure to be carried out as a Day Case rather than as an Inpatient. Paediatrics have also remobilised P3 and P4 activity.

### TTG activity trend

	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
P2 USoC				579	475	532	481	543	538	594	560	774	606
P2 Urgent				897	779	719	756	790	845	747	885	1,110	927
P3				930	905	995	1,051	694	809	607	539	527	454
P4				635	565	710	741	524	457	382	248	194	159
<b>Total</b>	<b>2,471</b>	<b>2,220</b>	<b>2,540</b>	<b>3,041</b>	<b>2,724</b>	<b>2,956</b>	<b>3,029</b>	<b>2,551</b>	<b>2,649</b>	<b>2,330</b>	<b>2,232</b>	<b>2,605</b>	<b>2,146</b>

### TTG P3 and P4 patients on the TTG waiting list that are booked

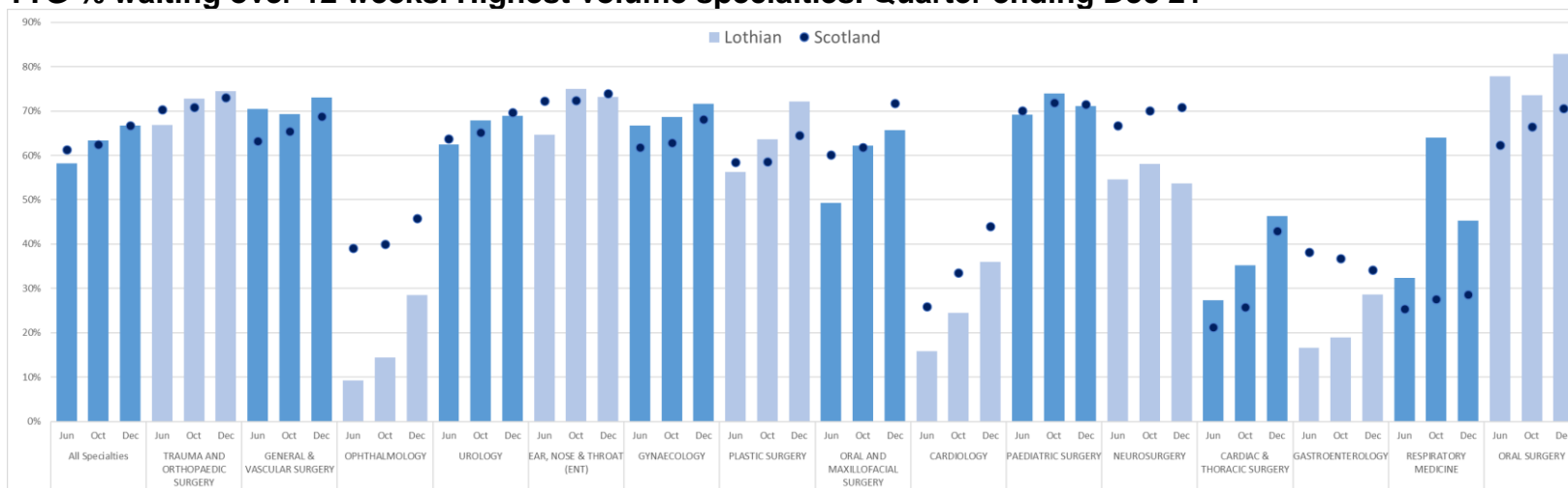
	P3	P4	Total
Total	5,799	13,681	19,480
Of which are booked (as at 18 January)	403	206	609

(In addition 800 P2 patients are currently booked)

For the higher volume specialities, most are performing around or better than the Scottish average. Although the TTG 12- and 52-week position is deteriorating, this is also the case for the Scottish average. Some specialities are performing better than the Scottish average for the percentage over 52 weeks. As mentioned in the Outpatients section, General Surgery is one area where performance is deteriorating and is worse than the Scottish average and this specialty will be engaging in a programme of performance support over the next three months.

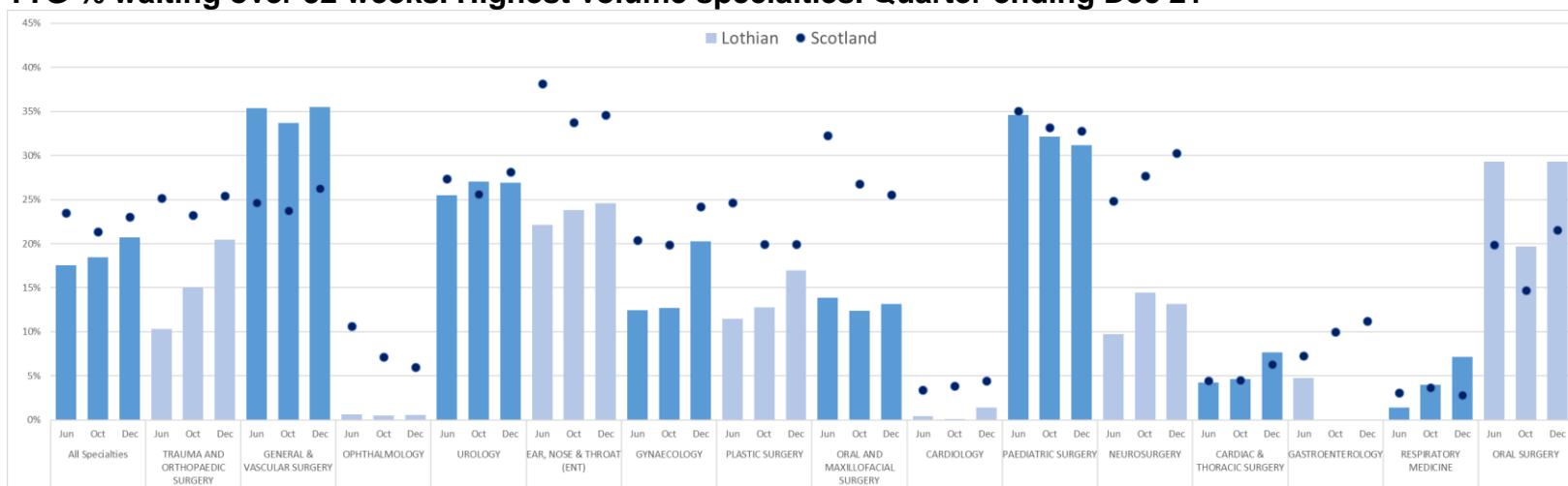


**TTG % waiting over 12 weeks. Highest volume specialties. Quarter ending Dec 21**



Source: PHS national waiting times DataMart unpublished management information

**TTG % waiting over 52 weeks. Highest volume specialties. Quarter ending Dec 21**



Source: PHS national waiting times DataMart unpublished management information

Since the onset of the pandemic, the Acute Directorate has developed new intelligence tools to monitor longer waiting patients and have also implemented processes to ensure patients are booked according to clinical priority and length of wait.

The majority of longer waiting P2 patients are the result of clinical review and upgrade. However in line with waiting time governance processes the weeks waiting reported is based on the original date of being added to a waiting list, not the date upgraded.

Data is available to allow specialities to track clinical upgrading of Treatment Time Guarantee (TTG) patients, showing the number of weeks waiting since point of upgrade to maintain focus on the new priority.

NHS Lothian's share of the total number of patients waiting across all of Scotland is in line with our 16.7% share of Scotland's population.

	NHS Lothian's share of:		variance
	NH Scotland's patients waiting	Scotland's population	
Waiting list	17.3%	16.7%	+0.6%
Waiting over 12 weeks	17.3%		+0.6%
Waiting over 52 weeks	15.6%		-1.1%

Source: NRS mid-year population estimates; PHS national waiting times DataMart unpublished management information

### **Actions Planned and Outcomes:**

Action	Due By	Planned Benefit	Actual Benefit	Status
Enhanced Recovery following surgery - General Surgery; Orthopaedics.	3 months	Reduce Inpatient length of stay.	Agreed team roles required to support the programme.	Nurse recruitment in progress.
Realigning of theatre staff to maintain priority theatre lists.	Ongoing	Ensure P2 demand is met.	There has been an increase in the proportion of P2 activity.	Ongoing.

Weekly, cross-site theatre matrix meetings.	Ongoing	Advanced planning of theatre staff and equipment to increase utilisation of available theatre capacity.	Advanced booking ahead of theatre lists will reduce cancellations.	Ongoing.
Theatres Short Life Working Group is developing a theatre allocation model.	Ongoing, and continuing throughout 2022/23.	Theatre sessions across specialties are provided based on clinical and operational need.	Agreed to a test of change with General Surgery to develop the methodology.	Establishing a review process for allocating theatre lists to specialties by considering: DCAQ information; Clinical prioritisation; Performance against KPIs.
Procurement of external provision.	Continuing throughout 2022/23.	Additionality to reduce backlog.	P2 Cancer patients at SPIRE; P3-4 patients at GJNH, Edinburgh Clinic, Medinet.	Additional Capacity Board reviewing current external contracts and seeking procurement to extend.

## ➤ Cancer

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

Source: Public Health Scotland Cancer Waiting Times data

**Reporting Month:** November 2021

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

**Responsible Director(s):** Chief Officer – Acute Services

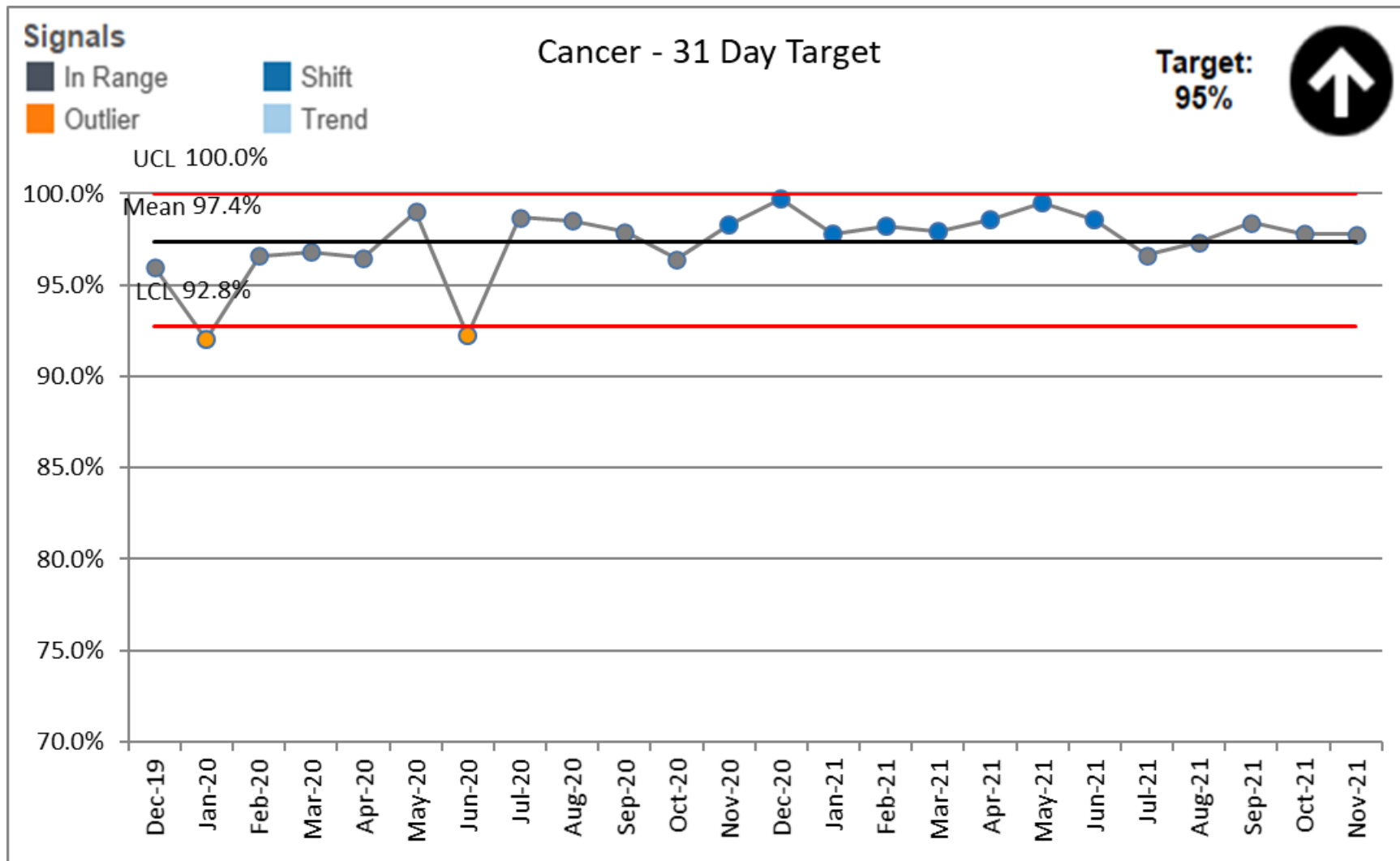
**Oversight Mechanism:** Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. Regular weekly/monthly/quarterly performance reporting is carried out through the Executive Team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

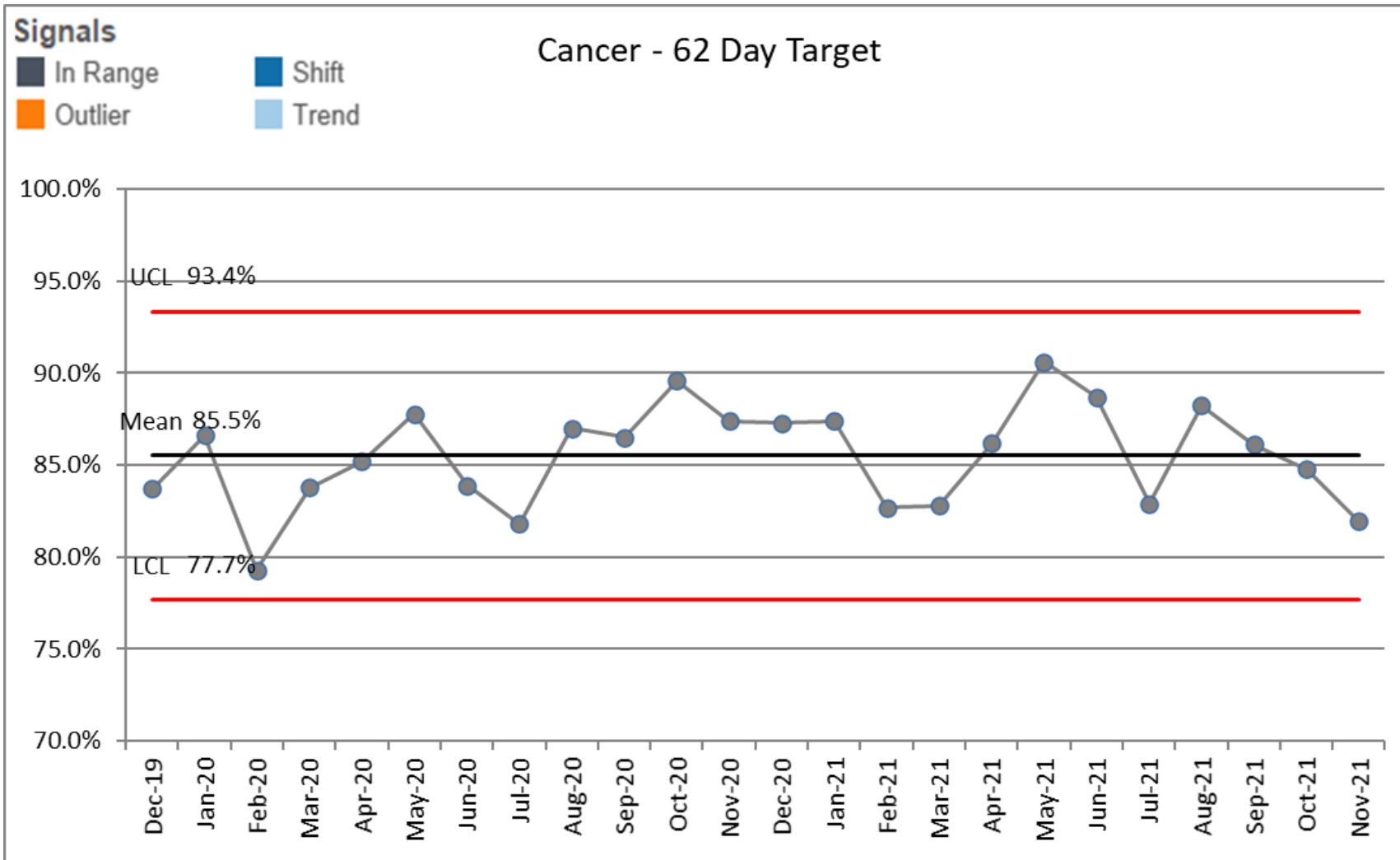
**What the data tells us:** Data is not showing special cause variation. No recent signals of change. 62-day cancer performance remained below target in November 2021, however Lothian's performance was higher than the Scottish average; with NHS Lothian performance at 81.9%. 31-day cancer performance was within target (>95%) and similarly above the Scottish average; NHS Lothian performance was 97.8% and for NHS Scotland was 96.5%.

Indicator		Position end November 2021	Position end October 2021	Position end September 2021	Position end August 2021	Position end July 2021	20/21	19/20	18/19	Standard/Benchmark (where applicable)
Cancer Waiting Times	31 Day Standard %	97.8%	97.8%	98.4%	97.3%	96.6%	97.6%	94.5%	94.3%	95%
	62 Day Standard %	81.9%	84.8%	86.1%	88.2%	82.9%	85.8%	79.2%	81.0%	

Performance Against Standard	What is the data telling us?		Updated since Last Report?	
			Data	Narrative
Met	31-Day	Data is not showing special cause variation. No recent signals of change.  November data is showing that 31-day performance remained stable at 97.8%, the same % as October data.  Colorectal screened excluded saw an increase of 4.58% since October - now sitting at 94.9%, missing the 95% standard by 0.10%.	Yes	Yes
Not met	62-day	Data is not showing special cause variation. No recent signals of change.  November data is showing that 62-day performance has dropped by 2.9%, to 81.9%, however when breaking down the data by tumour group it has demonstrated improvement across three of the tumour groups as highlighted below.	Yes	Yes

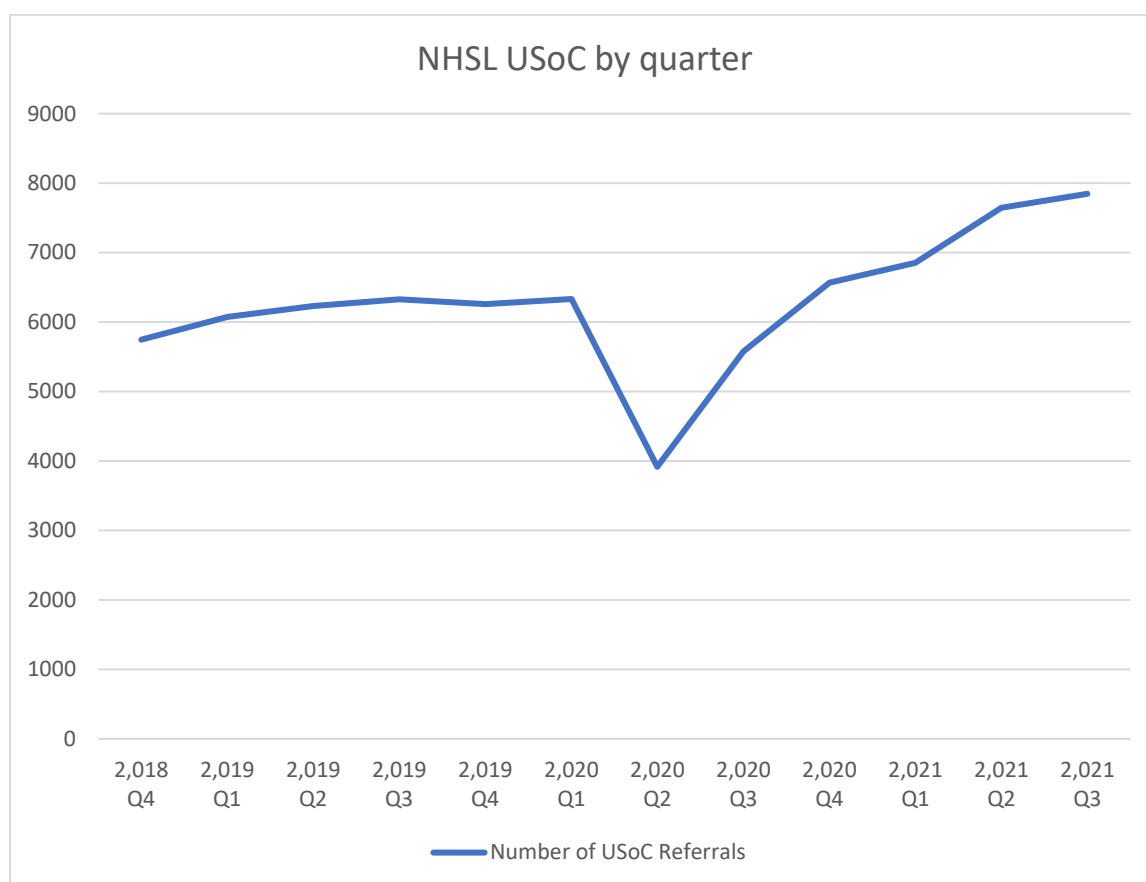
Performance Against Standard	What is the data telling us?	Updated since Last Report?																															
		Data	Narrative																														
	<p>Whilst Lung and Lymphoma did not hit the standard for October 2021, in November 2021 both tumour groups performed within target (&gt;95%).</p> <table border="1"> <thead> <tr> <th></th> <th>October 2021</th> <th>November 2021</th> </tr> </thead> <tbody> <tr> <td>Head and Neck</td> <td>75.0%</td> <td>90.0%</td> </tr> <tr> <td>Lung</td> <td>90.63%</td> <td>95.7%</td> </tr> <tr> <td>Lymphoma</td> <td>66.67%</td> <td>100.0%</td> </tr> </tbody> </table> <p><i>Improved tumour group 62-day performance – November 2021</i></p> <p>Colorectal, Melanoma, Upper GI and Urological performance dropped from October to November.</p> <table border="1"> <thead> <tr> <th></th> <th>October 2021</th> <th>November 2021</th> </tr> </thead> <tbody> <tr> <td>Colorectal (screened excluded)</td> <td>61.9%</td> <td>61.50%</td> </tr> <tr> <td>Colorectal (screened only)</td> <td>86.7%</td> <td>63.6%</td> </tr> <tr> <td>Melanoma</td> <td>77.78%</td> <td>71.40%</td> </tr> <tr> <td>Upper GI</td> <td>95.83%</td> <td>90.50%</td> </tr> <tr> <td>Urological</td> <td>62.22%</td> <td>46.70%</td> </tr> </tbody> </table> <p><i>Deteriorations in tumour group 62-day performance – November 2021</i></p>		October 2021	November 2021	Head and Neck	75.0%	90.0%	Lung	90.63%	95.7%	Lymphoma	66.67%	100.0%		October 2021	November 2021	Colorectal (screened excluded)	61.9%	61.50%	Colorectal (screened only)	86.7%	63.6%	Melanoma	77.78%	71.40%	Upper GI	95.83%	90.50%	Urological	62.22%	46.70%		
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Melanoma	77.78%	71.40%																															
Upper GI	95.83%	90.50%																															
Urological	62.22%	46.70%																															







**Reasons for Current Performance:** Reduced performance across tumour groups is largely due to staffing challenges impacting services. Referral numbers have also remained high and above pre-COVID levels (chart below).



**Actions Planned and Outcomes:**

Action	Due By	Planned Benefit	Actual Benefit	Status
1. Programme of work to review and update <i>all</i> tumour group timed cancer pathways	Various up to end Dec 2022	Up-to-date understanding of opportunities for improvement in the pathways to support attainment of the National Cancer Standards		Head & Neck and Breast pathway reviews started
2. Quality Improvement (QI) projects with Pathology and Radiology departments to aid appropriate prioritisation of Urgent Suspicion of Cancer (USoC) orders	End March 2022	Reduce average waiting time for USoC procedure/sample reporting	Improved communication of priority following endoscopy.	Actions underway – final working group meetings to be held before end March 22.

Action	Due By	Planned Benefit	Actual Benefit	Status
3. Urological pathway improvement and development work	Various up to end June 2022 (excl. nephrectomy recovery plan)	Prioritise actions to reduce timings across various stages of the cancer pathway	Positive patient feedback of one-stop clinic. Additional flexible cystoscopies and surgical capacity.	One stop bladder clinic commenced in Dec 21.  Demand, Capacity, Activity & Queue (DCAQ) improvement plan for Nephrectomy approved Dec 21.  Extension of Spire contract for Robotic Assisted Radical Laparoscopic Prostatectomy to March 31 <sup>st</sup> 22.  Flexible cystoscopies test of change undertaken in a non-theatre environment.
4. Wait List Initiatives (WLIs) will be used for USoC patients in January. All endoscopy lists are being monitored for cancellations within the next seven days – cancelled slots will be offered to cancer trackers to pull patients forward.	End Jan 2022	Spread load across bowel screening, colonoscopy, and flexi sigmoidoscopy to provide extra capacity for patients	Providing extra capacity for patients and spread the load across bowel screening, colonoscopy, and flexi sigmoidoscopy.	Wait List Initiatives are up and running. Patients are being slotted into additional WLI appointments.
5. Dermatology are trialling 'Hot Weeks' when only new USoC / Urgent patients will be seen.  SG Recovery & Redesign funding awarded for dermatoscopes – planning underway to roll out to GPs.  Plan to remove Amber queue and	Starting Jan 2022 – will run every 5 weeks. Will reflect on first week for future learning.  31 <sup>st</sup> March 2022	Reduce waiting list for USoC OP appointments.  Better quality referrals to support clinical triage and prioritisation based on clinical need.  Removes cancer tracking of Amber	The service will review benefits / learning at the end of the first hot week.	Hot Week(s) commencing w/b 24 <sup>th</sup> Jan.  Additional GP practices have been identified. GP training session arranged for February 2022. Service linking in with procurement RE bulk purchasing

Action	Due By	Planned Benefit	Actual Benefit	Status
make it urgent – bespoke letters being sent to GPs when patients are regraded from USoC to Urgent.		patients. GP education / communication re Cancer referrals. Patient experience.		for dermatoscopes.  Service meeting with national Cancer performance manager for support to take this forward.  The service requires E-Health / Trak team support to implement Trak changes. The service would like to move to a more generic letter, require agreement from Local Medical Committee (LMC).
6. Focus on Upper Gastrointestinal Multi-Disciplinary Team meetings (UGI MDTs) to ensure USoC prioritisation and target dates to be clearly shown on MDT lists.	End Jan 2022	Reduce delays in USoC patients being listed for MDT		Discussed with MDT coordinators 24/01/22

➤ **Diagnostics - Gastrointestinal (GI)**

**Measures definition:** The summary table shows a number of indicators covering the 4 key diagnostics tests, including 6 week standard and activity variance at the end of December 2021.

**Reporting Month:** December 2021

**Standard:** 6 week standard

**Responsible Director(s):** Chief Officer – Acute Services

**Oversight Mechanism:** St John’s Hospital (SJH) weekly waiting times meeting, Diagnostic Recovery Board, Acute Senior Management Group (SMG), Executive Leadership Team.

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

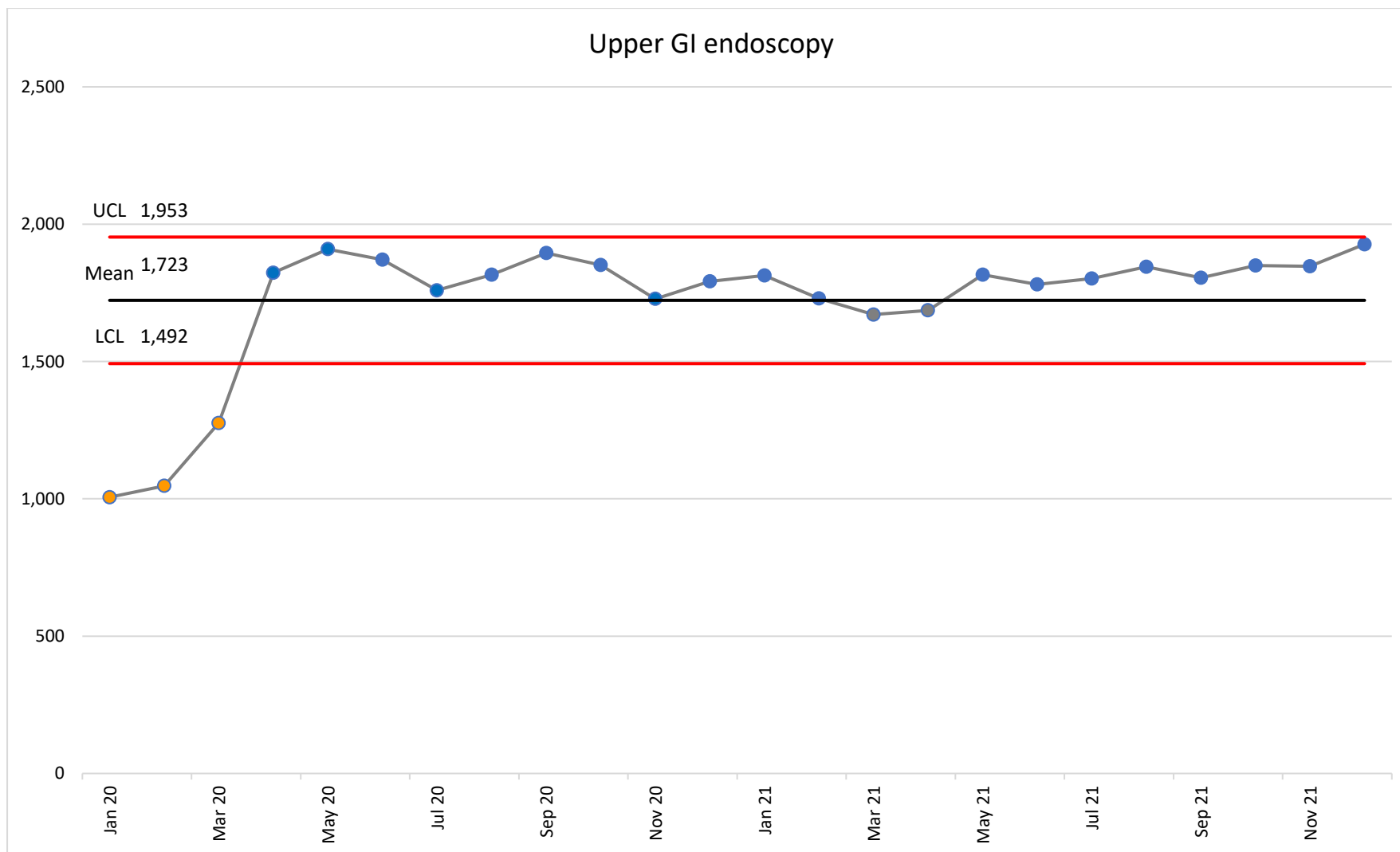
Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	Data is showing special cause variation - recent signs of deterioration – for all GI metrics out-with cystoscopy, as per the charts below. This is showing special cause variation, but no recent signals of change.	Yes	Yes

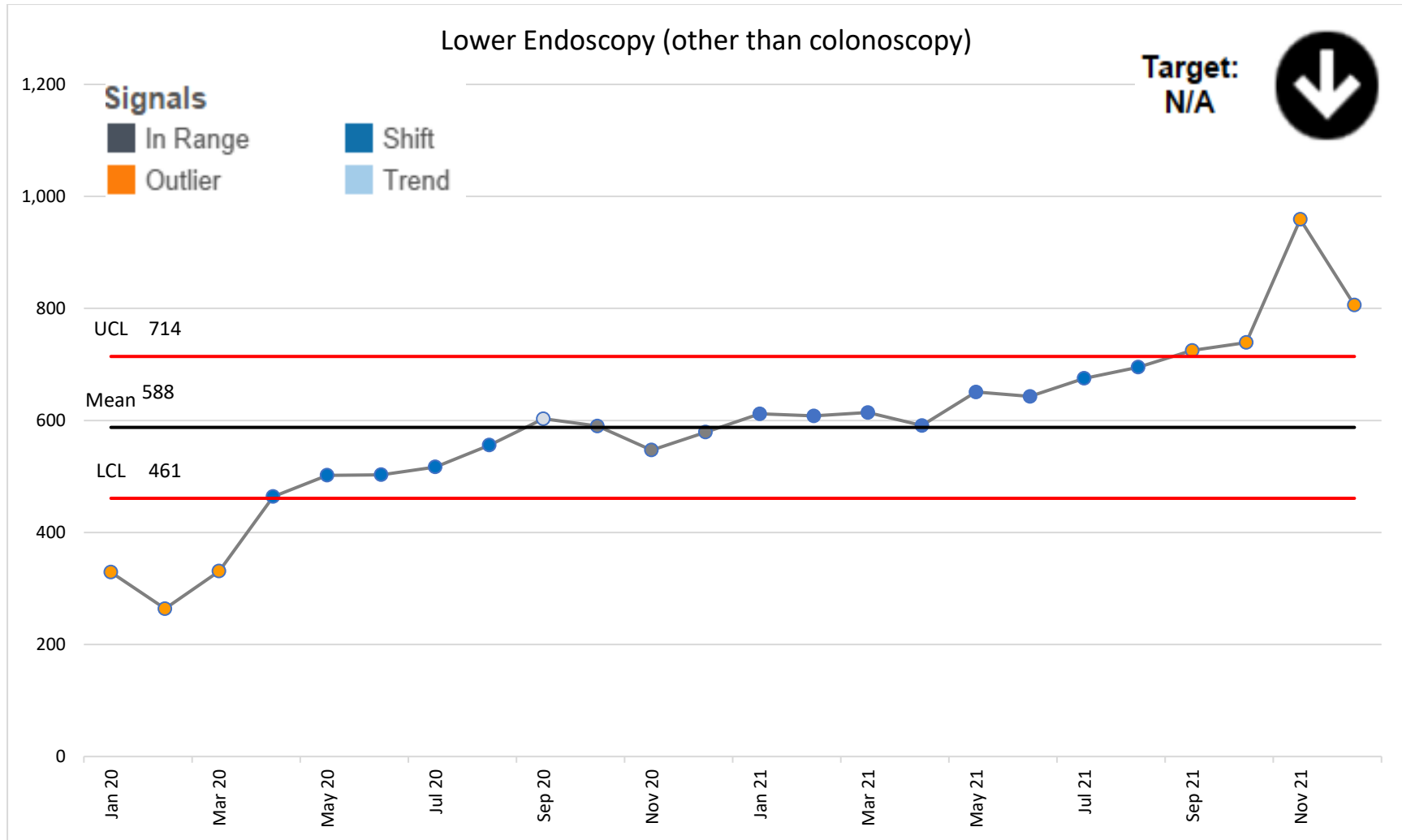
<b>Metric</b>		<b>December 2021 position</b>	<b>November 2021 position</b>	<b>October 2021 position</b>	<b>September 2021 position</b>	<b>August 2021 position</b>	<b>2020/21 monthly average</b>	<b>2019/20 monthly average</b>	<b>2018/19 monthly average</b>
8 key diagnostic procedures (>6 weeks at month end)	Upper GI endoscopy	1,927	1,847	1,849	1,805	1,845	1,805	759	1,308
	Lower Endoscopy (other than colonoscopy)	806	959	739	725	695	558	351	680
	Colonoscopy	1,348	1,273	1,262	1,179	1,108	1,279	828	1,508
	Cystoscopy	1,006	776	951	950	921	946	375	418

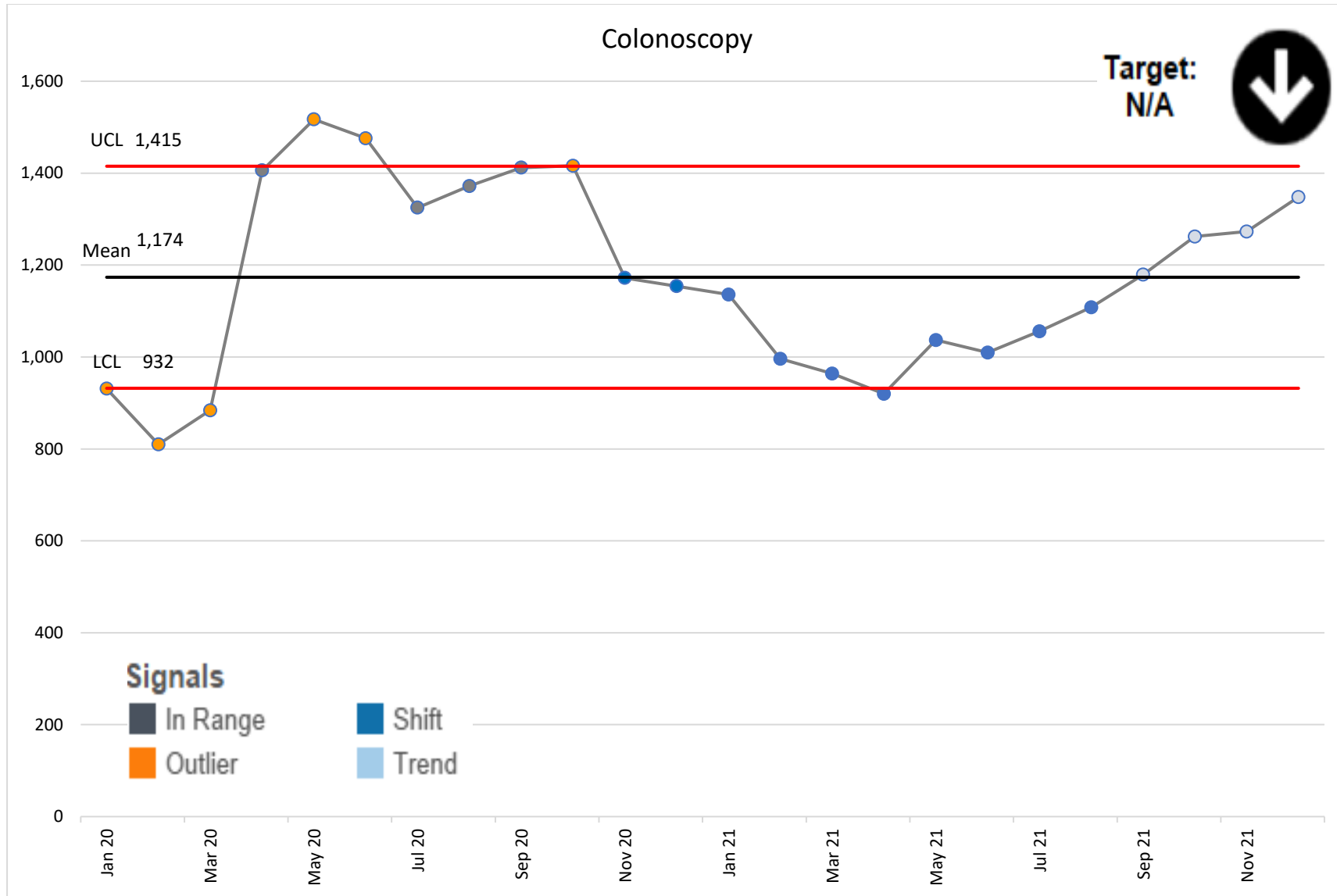
	<b>Dec-21</b>	<b>Nov-21</b>	<b>Oct-21</b>
<b>Overall New waiting list size</b>	5,691	5,663	5,673
USOC >4 weeks	148	128	103
urgent >12 weeks	2,788	2,648	2,635
Routine > 52 weeks	206	179	165
Routine >78 weeks	81	83	71
Routine > 104 weeks	104	<10	<10

	<b>Planned Activity</b>	<b>Actual Activity</b>
<b>Oct-21</b>	1,150	1,105
<b>Nov-21</b>	1,150	1,216
<b>Dec-21</b>	1,150	1,098

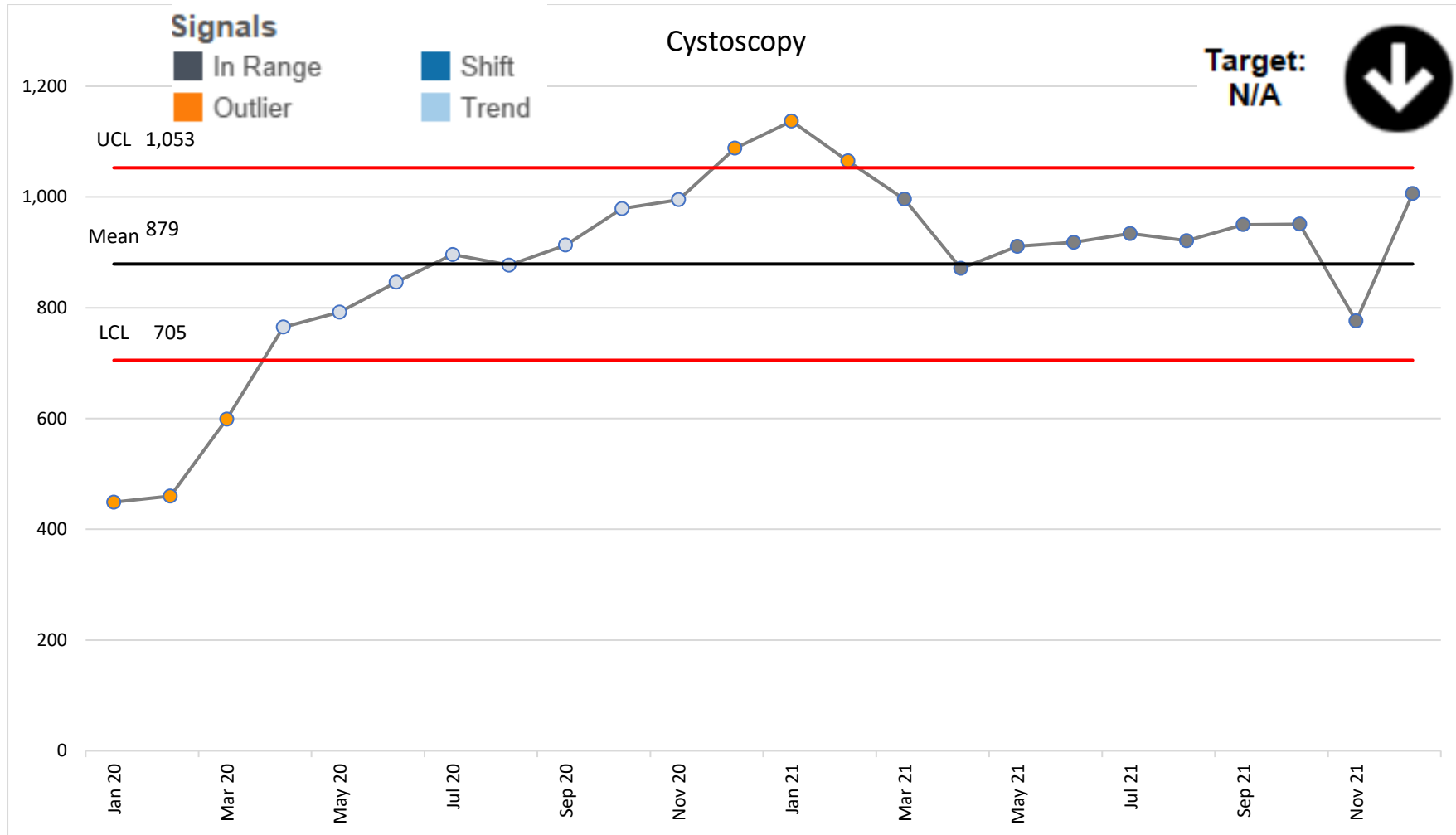
### Diagnostic GI Performance >6 weeks:











## Reasons for Current Performance:

The continued lower than planned level of 'new' patient lower and upper endoscopy activity was partially due to existing vacancies in endoscopy and within nursing across the NHS Lothian endoscopy locations. Activity has decreased over the last two months due to increasing COVID-19 isolation by nursing staff and endoscopists, which resulted in cancellation of lists when alternative operators could not be found. Nurse endoscopist sickness resulted in capacity being reduced by approximately 50 patients per week over a two month period.

In addition, appointment slot prioritisation remains for Urgent Suspicion of Cancer (USoC), Bowel Screening and urgent high risk surveillance patients, irrespective of diagnostic test. USoC demand remains higher than pre-pandemic levels, therefore 'new' upper and lower urgent and routine endoscopy waits remain extended. The case mix is dependent on incoming referral priority, the urgency at which appointments are required to be booked which results in the modality being impacted by this in any given month.

The impact of 5 weeks closure of the Regional Endoscopy unit in Dunfermline due to staffing issues in September and October has also contributed to the increased numbers of patients breaching the six week target, not only from the planned Monday to Friday activity, but also the activity that was aligned for external provider activity at the weekends.

In addition, staff isolation and sickness (specifically specialty doctors') in September and October resulted in reduced flexible cystoscopy activity. In December, annual leave and public holidays led to reduced activity. One of our three specialty doctors also left post in December. This will result in continued reduction in activity of 20 cystoscopies per week until the post can be filled, which the service is seeking to do as soon as possible. The focus continues to be on USoC and urgent patients.

## Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Recruitment to Nursing vacancies within endoscopy	Ongoing	Improve nursing capacity within main sites	Ability to utilise and improve on the capacity for endoscopy procedures, thereby reducing waiting times.	Ongoing – recruitment to nursing vacancies at St John's Hospital (SJH) and Royal Infirmary of Edinburgh (RIE) have been filled. Ongoing recruitment for Nursing at

Action	Due By	Planned Benefit	Actual Benefit	Status
				Western General Hospital (WGH).
Increase the capacity at East Lothian Community Hospital (ELCH) to 20 sessions per week	Ongoing	Increased endoscopy capacity	Have now increased capacity to 15. Will increase the number of patients being scoped, therefore reduce waiting times.	Ongoing. 4 sessions still required for endoscopy at ELCH.
Utilisation of Room 4 WGH	Originally planned for mid-2021 but recruitment pending.	Increased capacity for endoscopy procedures	Will increase capacity, therefore reduce waiting times.	Room ready, staffing being recruited to.  Ongoing discussions re ability to increase throughput of patients through WGH day bed area
Recruit to current Nurse Endoscopist vacancies	Ongoing	Increased ability to cover capacity	Reduction in waiting times as capacity will be increased	Ongoing discussions re vulnerability of Nurse endoscopist workforce.  To advertise for further trainee endoscopist, if no qualified endoscopists.
Reduction of 2 metre distancing within recovery areas	On going	Increase capacity	Reduction in waiting times	Ongoing discussions with local Infection control leads to determine if this is an option.
Long wait urgent Colon patient re triage via telephone consultation and Qfit	Commenced Nov 21 - ongoing	Abnormal Qfit will be expedited and booked. Patients who no longer require will be removed from WL.	Only patients who require colonoscopy will be scoped. Decreases clinical	This is ongoing.

Action	Due By	Planned Benefit	Actual Benefit	Status
			risk and improves waiting times.	
Implementation of Qfit to determine need for colonoscopy	SBAR submitted by colorectal and work started	Patients will only be triaged to colonoscopy if they have abnormal Qfit result	Decreased referrals for colonoscopy. Improved waiting times.	Work ongoing within colorectal team to implement the Qfit pathway and integrate into triaging practice before decision made to refer for scope.
Review of clinician templates	Commencing w/b 24 <sup>th</sup> Jan	Maximising use of time, capacity and throughput. Potential to increase capacity	Increased capacity	Commencing w/b 24 <sup>th</sup> Jan
Roll out Cytosponge diagnostic procedure, an alternative to upper endoscopies - Cytosponge added to Triage	Ongoing development. - Completed	Cytosponge diagnostic procedure to reduce the number of upper endoscopies.  Decrease number of referrals to Upper endoscopy for patients presenting with Specific symptoms	829 procedures (Jan- Nov 21: 777 Surveillance/ 52 New).  Decreased waiting times for Upper endoscopy.	Protocol being clinically reviewed based on patient outcomes.  Ongoing - so far only small numbers of patients are meeting the criteria for cytosponge with symptoms of Gastro-oesophageal reflux disease (GORD).
Review feasibility of insourcing external provider for weekend activity within main site	Ongoing	Maximise use of endoscopy room availability and increase capacity	Increased capacity within NHSL for endoscopy thereby reduce waiting times/ waiting list.	To commence feasibility and initiate discussions.
Recruitment to vacant cystoscopy specialty doctor post	As soon as possible	Return to capacity levels quantified in trajectories	Awaited	Ongoing
Additional capacity planned through	February/ March 2022	Additional 12 flexible	Awaited	Ongoing

Action	Due By	Planned Benefit	Actual Benefit	Status
additional weekly flexible cystoscopies session delivered in an outpatient setting.		cystoscopies per week		
Additional capacity via weekend Waiting List Initiatives (WLIs)	ongoing	Additional 22 flexible cystoscopies per week	Additional activity	Ongoing
Recruitment of nurse cystoscopist	Ongoing/ June 2022	Additional flexible cystoscopy lists	Additional flexi cystoscopy lists but no immediate impact as extensive training likely to be required.	Ongoing

➤ **Diagnostics – Radiology**

**Measures definition:** The summary table above shows data for the four key Radiology 6 week wait standards and activity variance, as of the end of December 2021.

Data source: internal management information

**Reporting Month:** December 2021

**Standard:** National standards – patients referred for key diagnostic modalities of Computer Tomography (CT), Magnetic Resonance Imaging (MRI), non-obstetric ultrasound and barium studies should not wait longer than 6 weeks

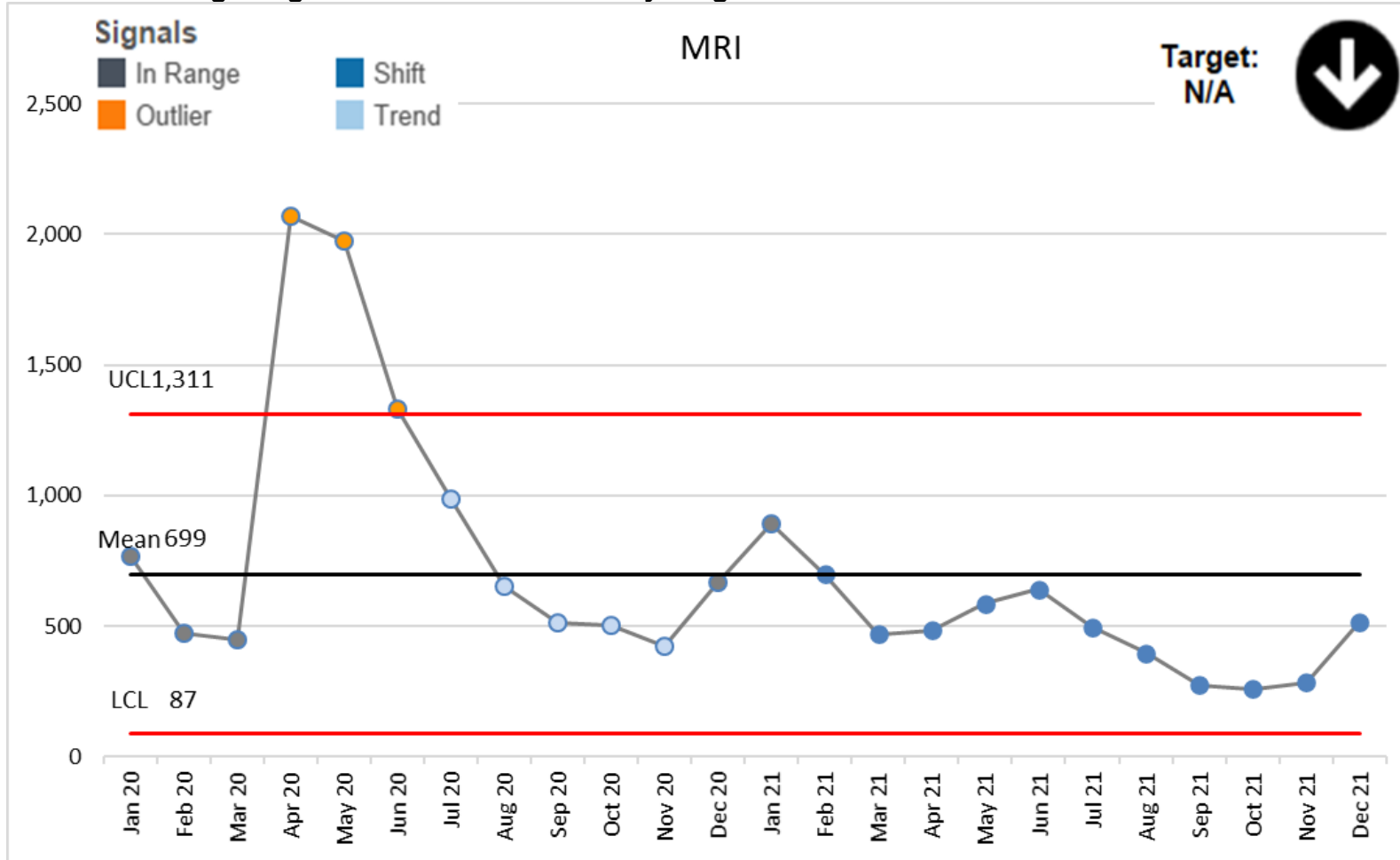
**Responsible Director(s):** Chief Officer, Acute Services

**Oversight Mechanism:** Scheduled Care Recovery Board (SCRB), Diagnostics Recovery Board (DRB), Diagnostics & Anaesthetics, Theatres and Critical Care Team, Acute Senior Management Team (SMT) and Acute Senior Management Group (SMG) meetings

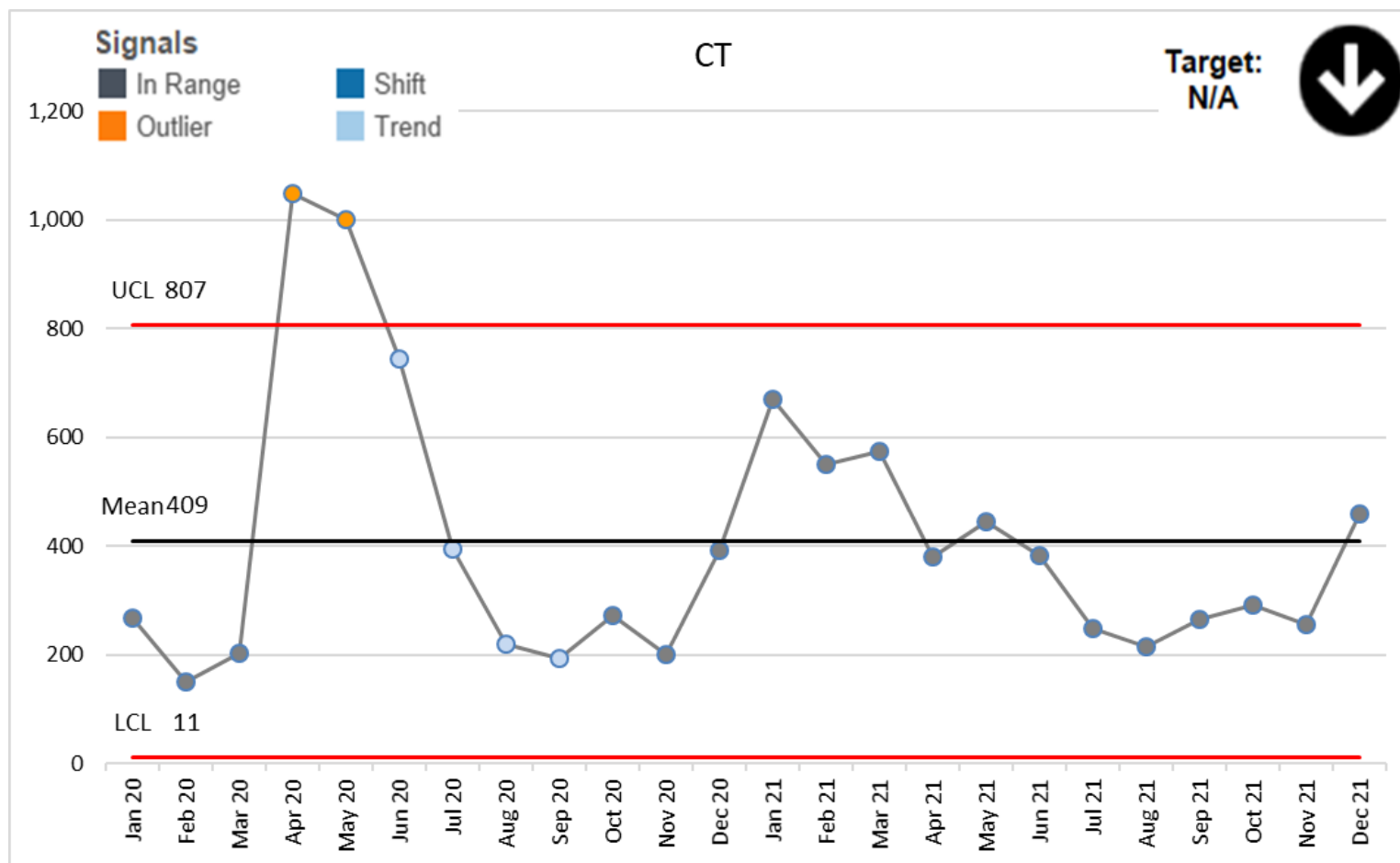
**What the data tells us:** The Board is asked to note or agree the following summary:

Performance Against Standard	What is the data telling us?	Updated since Last Report?	
		Data	Narrative
Not met	The data for the 4 modalities is showing special cause variation. Recent signs of improvement in Magnetic Resonance Imaging (MRI) and deterioration in non-obstetric ultrasound. Computer Tomography (CT) performance shows no recent signals of change. Barium studies shows recent signs of improvement.	Yes	Yes

### Patients Waiting Longer Than 6 Weeks - For Key Diagnostic Modalities

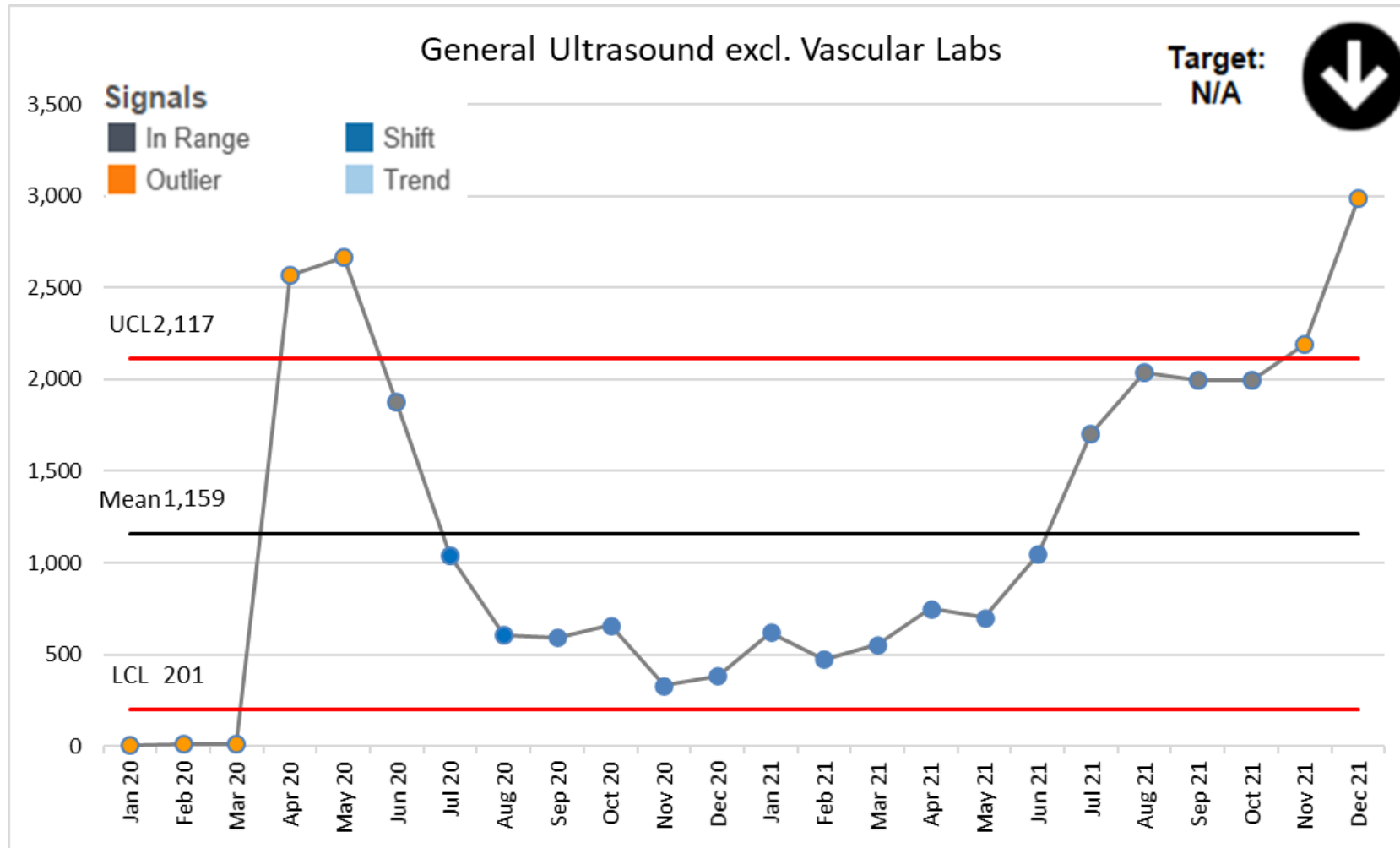


**Reasons for current performance:** Increased availability of external mobile MRI capacity from 10 days to 15 days per month and continued use of external capacity provided by Queen’s Medical research Institute (QMRI) and the Edinburgh Clinic (TEC) has resulted in a reduction in the number of patients waiting allowing for normal variation.



**Reasons for current performance:** Additional mobile CT capacity was provided by the Scottish Government Health Department (SGHD), Diagnostics team for a 3 month period ending in October 2021. Together with additional external capacity provided by the Spire Hospital this enabled the waiting list to be reduced and stabilised. However, since October the Spire Hospital have been unable to provide capacity due to the replacement of their CT scanner and this has impacted on further improvements that might have been achieved.





**Reasons for current performance:** Ongoing staffing challenges have negatively impacted on the capacity available. Approximately 25% of the Sonographer workforce capacity has been lost as a consequence of maternity leave, long-term sickness absence and difficulties in recruiting to vacancies. Increased demand for gynaecology examinations has been evident and this is possibly COVID related.

### Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Increased mobile MRI capacity from 15 days per month to 18 or 19 days per month.	Commencing in April 2022	Approximately 60 additional MRI appointments per month	This will be dependent on scan type but will be monitored.	To commence in April 2022
Additional Radiographer and support staff to be recruited to increase internal MRI and CT capacity.	Recruitment during Jan/ Feb 2022 Additional capacity from March 2022	Increased scanning capacity of in the region of 300-500 CT scans per month	To be measured	In progress
Explore options for external Ultrasound capacity	Feb 2022	Feasibility and potential capacity still to be determined		
Recruit lead sonographer for East sector	Interview Feb 2022	Improved service management and additional scanning capacity		

➤ **CAMHS**

**Measures definition:** The main function of CAMHS is to develop and deliver specialist services as part of tiered model of care for those children and young people between the ages of 0-18 who are experiencing mental health problems. Lothian CAMHS provides treatment at Tier 3 and 4.

Since December 2014, the LDP Standard has been that 90% of young people are to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.

The CAMHS LDP Standard Definitions and Scenarios document was updated in May 2019 to reinforce clarity for Boards on the scope of the standard. The standard applies where two conditions are met: (i) a child/young person has or is suspected to have a mental disorder or other condition that results in persistent symptoms of psychological distress, and (ii) there is also the existence of at least either serious or persistent impairment to social functioning, or an associated risk that they child or young person may cause serious harm to self or others, or an associated significantly unfavourable social context (e.g. child in care, abuse, parental mental health problem).

Data source: unvalidated internal management information.

**Reporting Month:** December 2021

**Standard:** 90% of young people are to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral. The CAMHS trajectory model indicated a treatment waiting list size of 1114 with 926 patients waiting >18 weeks for December 2021. However, the actual CAMHS figures for December 2021 indicate that NHS Lothian are ahead of trajectory with 971 patients on the Treatment waiting list and 811 patients waiting >18 weeks. This is a decrease from 1074 and 915, respectively, in November 2021.

**Responsible Director(s):** Tracey Mckigen – REAS Service Director

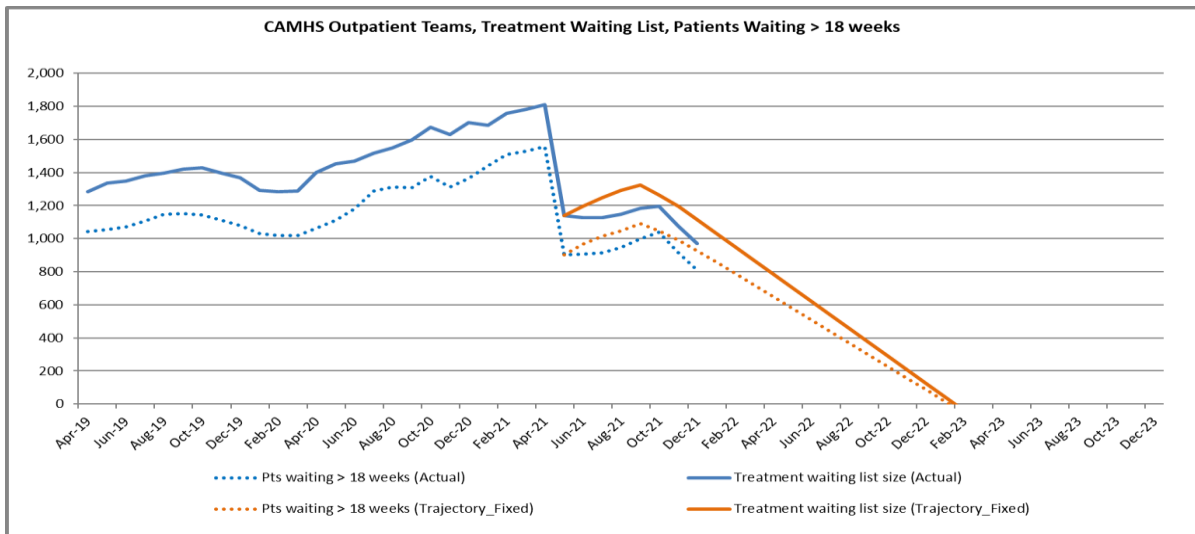
**Oversight Mechanism:** Reported at both CAMHS Senior Management Team, REAS Senior Management Team, PPDC, in addition the corporate risk overseen by Healthcare Governance Committee.

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

- Percentage of CYP starting treatment within 18 weeks. This has decreased from 60.7% (November 2021) to 58.5% (December 2021). These are unvalidated at the moment but include the removal of some Neurodevelopmental waits (those where there is no associated mental illness) which was approved on 21 January 2022.
- The number of additions to the waiting was higher than the removals for the past 3-months

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
Not met	Data is showing improvements in the number of patients waiting >18 weeks for treatment. CAMHS are	Yes	Yes

currently ahead of trajectory of reducing patients waiting >18 weeks for treatment by February 2023.



**Reasons for Current Performance:**

The improvement in performance can be contributed to several factors. This includes the ability of the services to increase staffing establishment; a continued focus on CAPA implementation, in both North and South Edinburgh Teams; and the utilisation of the HEALIOS team.

The CAMHS Improvement Plan continues to be implemented, though the pace of improvement is impacted by the challenges around recruitment and staff retention.

The below table provides the latest position in our progress to recruit:

Staff Group	Baseline (WTE)	Planned Additional (WTE)	Appointed Additional (WTE)	Additional Comments
Medical	19.15	10.20	2.70	
Registered Nurse	107.62	46.30	12.60	Another 3.00 WTE are at final offer/waiting on start dates etc.
Psychology	52.20	8.20	10.10	9.20 WTE have been recruited although not in post yet – we over recruited CAAPs – they are at final offer with start dates
AHP	17.63	26.70	24.30	2.90 WTE at final offer. Includes OT
Admin & Clerical	41.12	9.90	6.90	1 WTE had been recruited but left – post now open again – not included in the appointed WTE.

## Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Implementation of individual job plans and team capacity models on CAPA.	February 2022	Utilisation of current capacity to deliver service within both South and North Edinburgh CAMHS Outpatient Teams.	Reduction in the number of overall waits for treatment.	Completed in North and South Edinburgh localities and has resulted in further reduction in patients waiting >18weeks for treatment
Endorsement of the Scottish Government to align future LDP Access Standard reporting with the data definition standards provided by Public Health Scotland.	March 2023	As this cohort of young people will no longer be reported as part of the Public Health Scotland CAMHS LDP, it is expected that the number of reported waits will significantly reduce.	As this cohort of young people will no longer be reported as part of the Public Health Scotland CAMHS LDP, it is expected that the number of reported waits will significantly reduce.	The Scottish Government agreed with this change in line with Scottish Government policy. Awaiting confirmation from Board about reporting standards approval.
Implementation of Healios to aid in the delivery of Neurodevelopmental Assessments.	Ongoing	Reduction in the number of patients waiting for assessment	Reduction in the number of overall waits for assessment	Considerable work has been done to develop the Neurodevelopmental pathway within NHS Lothian. A large percentage of waits is contributed to ASD assessments. Healios have been contracted to deliver up to 450 assessments and
Implementation of new caseload reports encompassing caseload size, target mean durations of treatment and new patient capacity.	February 2022	To provide support to line managers with caseload management	Reduction in the number of overall waits for treatment and assessment	Currently being adapted to strengthen transparency of individual targets and current performance. Team leads are accountable for this taking place with each individual practitioner monthly.
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.	Limited trajectory improvement and reduced leadership capacity arising from vacancies. Service management team have seconded a senior manager to provide direct operational

Action	Due By	Planned Benefit	Actual Benefit	Status
				management of the locality team with a focus on waiting list management, team processes and governance, and development of a performance culture within the team.

➤ **Psychological Therapies**

**Measures definition:** Psychological therapies refers to a range of interventions, based on psychological models and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress. The indicators included show performance against the Scottish Government’s key target that 90% of patients with mental health conditions that meet the service’s clinical threshold should start treatment within 18 weeks of referral. Data source: validated internal management information.

**Reporting Month:** December 2021

**Standard:** 90% of patients with mental health conditions that meet the service’s clinical threshold should start treatment within 18 weeks of referral.

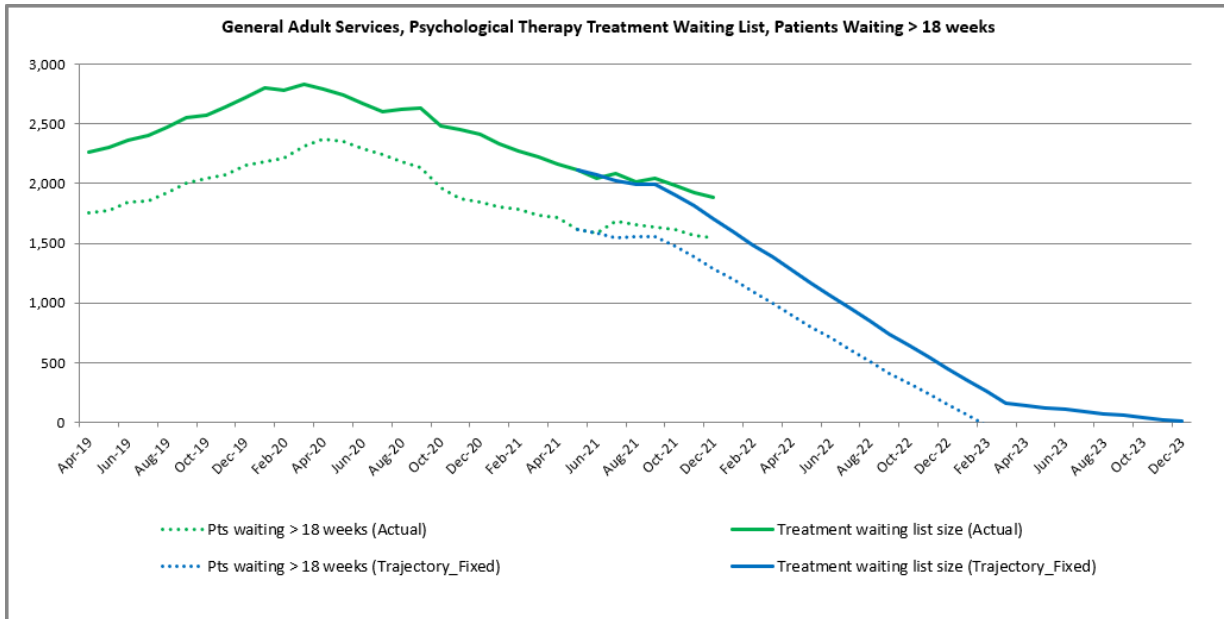
**Responsible Director(s):** Belinda Hacking – Director of Psychological Therapies

**Oversight Mechanism:** reported at Corporate Management Team (CMT), REAS Performance Management, Performance Oversight Board, Psychological Therapies Programme Group and PPDC. Corporate risk is overseen by Healthcare Governance Committee.

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

- Total of 224 New patient appointment offers made relative to 301 target in the trajectory, this is due to AL over Christmas/NY holidays
- Total waiting list continued to decrease from 1926 to 1882, the over >18 week waiting list went down from 1562 to 1550 in December 2021

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
Not met	Data is showing a decrease in the number of patients waiting >18 weeks, however this is slightly behind trajectory.	Yes	Yes



**Reasons for Current Performance:**

The trajectory had predicted that there would be a total of 1703 people waiting for psychological treatment in Adult Mental Health General Services, the actual number is 1882. This is 10% higher than expected.

In terms of those waiting > 18 weeks, there are 1550 and the trajectory is set at 1290. This is due to the trajectory being set for sharp reduction in October, when we expected additional staff to take up post. These additional staff have been taking up post in December 2021 and January 2022, hence the lag. The recruitment of the more experienced and senior supervisory staff has not been completed due to national competitive recruitment context.

There has been a reduction in the total number of patients waiting for psychological treatment in all HSCP's, except for East Lothian, where there is a slight increase due to a significant and sustained increase in demand. This is associated with a change in referral pathway in primary care, with a wider range of staff beyond GP's referring direct to psychological therapies.

The Psychological Therapies Improvement Plan continues to be implemented, though the pace of improvement is impacted by the challenges around recruitment and staff retention.

The below table provides the latest position for adult mental health general psychology services recruitment:

Staff Group	Baseline (WTE)	Planned Additional (WTE)	Appointed Additional (WTE)	Additional Comments
Band 3 – Administration	9.57	7.20	5.30	There has been a high turnover of administration staff over the last two months. This trend is



<b>Staff Group</b>	<b>Baseline (WTE)</b>	<b>Planned Additional (WTE)</b>	<b>Appointed Additional (WTE)</b>	<b>Additional Comments</b>
				expected to continue, and we are over-recruiting to compensate.
Band 3 – Peer Support Worker	2.80			
Band 4 – Assistant Psychologist	4.50			
Band 4 – Administration	4.53	1.00	1.00	Additional post to support both Heads of Service to enable them to free up time for service commitments and planning.
Band 5 – Assistant Psychologist	8.00			
Band 5 – Administration	3.00			
Band 6 – Nurse Therapist	3.50	5.00	1.28	The 1 <sup>st</sup> phase of recruitment was for 18-month fixed term posts, since agreed to be permanent positions. Currently in 2 <sup>nd</sup> phase of recruitment for permanent positions, which is an improved position given the national competition for qualified staff.
Band 6 – Project Manager	1.00	1.00		The project manager post was recruited in September 2021 but resigned in December. In process of recruiting to this post, focus on implementation of improvement plan.
Band 7 – Psychologist/Therapist/CAAP	38.84	19.94	18.27	Recruitment is ongoing.
Band 8A – Clinical Psychologist	49.70	18.20	13.20	More limited recruitment to these positions, with several appointments being made from existing Band 7 Psychology workforce. Competitive recruitment environment nationally has led to an escalation of

<b>Staff Group</b>	<b>Baseline (WTE)</b>	<b>Planned Additional (WTE)</b>	<b>Appointed Additional (WTE)</b>	<b>Additional Comments</b>
				higher banded posts in other Boards to promote recruitment of more experienced staff.
Band 8B – Senior Psychologist	13.63	4.10	2.90	Of this staff group 2.90 have been selected and going through pre-recruitment checks. Advert has gone out to recruitment again. Staff who have been selected to fill these posts are internal candidates and has resulted in reduction of 8A workforce in other areas which is undergoing recruitment.
Band 8C – Consultant Clinical Psychologist	13.70			
Band 8D – Head of Service	2.00			

## Actions Planned and Outcomes:

Action	Due By	Planned Benefit	Actual Benefit	Status
Recruitment of additional staffing	March 2022	To reach the trajectory to eliminate >18 week waits by March 2023.	Meeting this trajectory is dependent on the success of recruitment to these posts	Recruitment in place for 20.38 WTE additional staffing in Adult Mental Health General Services, to be offered permanent contracts, see above. Recruitment in place for a further 12.6 WTE of specialist services, supervisory and support posts.
Uplift in new patient appointments by 20% across all Adult Mental Health General Teams	Ongoing	To contribute to the reduction of patients waiting by accounting for an average 20% non-attendance rate	New patients pick up rates increased by 20% for each staff member, reflected in job plans	This has been implemented across all Adult Mental Health General Teams
Implementation of Digital Cognitive Behavioural Treatment packages for those with mild-moderate presentations as an alternative to psychological treatment.	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.	Ongoing	To provide support to line managers with caseload management	To monitor performance levels commensurate with job plans. Increased transparency has contributed to reduction in the number of overall waits for treatment and assessment	Promoted transparency of individual targets and current performance. Line managers are accountable for monthly case management to support job planned activity with each individual.
Implementation of Patient Focused Booking for new treatment appointments and improved reporting	February 2022	To generate consistency in new patient allocation according to the agreed job plans	To date, manualised version of PFB in place, automated version expected to lead to greater efficiency	Changes to Trak are being undertaken to support this. This is expected to be completed by February 2022.

➤ **Acute Adult Mental Health Bed Occupancy**

**Measures definition:** This measure shows the average % Occupancy (inc. Pass) based on weekly data time points. (Pass occupancy = beds that have been used for admitting additional patients when a patient originally allocated that bed is out of the ward on overnight 'pass' as part of the assessment of their preparedness for safe discharge).

Data source: validated internal management information.

**Reporting Month:** December 2021

**Standard:** 95-90%

**Responsible Director(s):** Tracey Mckigen/Karen Ozden, Services Director/Chief Nurse

**Oversight Mechanism:** reported at Senior Management Team, REAS Performance Meeting, Adult Acute SMT and PPDC. Corporate risk overseen by Healthcare Governance Committee.

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

- The percentage occupancy has decreased from 98.7% to 91.9%. There was an increase in discharges immediately prior to Christmas which can be contributed to the Gold Command advice that passes home were only to be supported on a risk assessed basis in respect of the concerns surrounding COVID-19 Omicron variant transmissibility. More patients therefore sought discharge under these circumstances.
- The occupancy figures are not reflective of the true pressures and demand being experienced onsite.
- Occupancy figures take into account up to an additional 5 beds being opened for contingency reasons when demand outstrips capacity and is not based on the funded bed establishment.
- The figures do not take into account the beds being utilised by St John's Hospital for admission, where at last count 15 beds were being used at SJH.
- In summary – there are 80 funded Acute Adult Admission beds and 10 IPCU beds. Additional beds in use include
  - 6 beds opened / funded through COVID 19 in Braids ward
  - 9 Unfunded beds opened in Braids ward
  - Up to 5 contingency beds opened (1 in each of the 5 acute admission wards)
  - Edinburgh locality patients being admitted to West Lothian locality beds in SJH – n=15 at 19/01/22

Performance Against Standard	Trends, outlier or variation to be noted	Updated since Last Report?	
		Data	Narrative
Met	This was met in December 2021, but the wards have been at full occupancy and the data does not accurately reflect the availability of beds. Mainly due to TrakCare recording issues; increased discharging over festive period; additional beds being opened onsite and at SJH	Yes	Yes

	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
% Occupancy*	97.2%	96.3%	94.4%	96.9%	95.8%	96.9%	98.7%	91.9%

\* Occupancy rate is based on the following Adult Acute Wards:

REH - Balcarres

REH - Blackford (IPCU)

REH - Braids

REH - Craiglockhart

REH - Hermitage

REH - Meadows

REH - Merchiston

### **Reasons for Current Performance:**

There is higher acuity within the wards at the moment and additional beds have been opened within a ward area to accommodate the increasing demand. However, this is an unfunded establishment but reflects a lower occupancy level in the data. Additional beds are also being used at SJH and not reflective on this.

There was an increase in discharges over the festive period. This resulted in a decrease in the number of patients within our Adult Acute wards. However, admissions quickly increased after the Christmas period, before New Year.

### Actions Planned and Outcomes:

Please note: that actual benefits are the same as planned benefits at the moment until we implement, we can then advise what the actual benefit was.

Action	Due By	Planned Benefit	Actual Benefit	Status
<p>Review of current processes and systems for patients to support improved Flow &amp; Service Models for services (Adult Acute, IHTT, and MHAS)</p> <p>Event being planned for March 2022 to understand the pressures, processes and systems that contribute to Bed Occupancy issues.</p>	March 2022	To understand the pressures behind Bed Occupancy figures and the processes and systems behind these figures to understand the delays and to create an action plan	To understand the pressures behind Bed Occupancy figures and the processes and systems behind these figures to understand the delays and to create an action plan	Karen Ozden is gathering available dates and will send out invite and agenda for this meeting to relevant individuals
Improvement group to discuss the reporting of Bed Occupancy figures to incorporate the difficulties of additional beds and funded bed establishment	Summer 2022	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	To understand the issues around the reporting of Bed Occupancy figures and how they can be better reflective of the pressures onsite	First meeting has occurred and there has been an understanding of a few issues that need addressed including the inclusiveness of the funded bed establishment and offsite bed usage
Improvement Plan to be created for reducing the increased numbers of delayed discharges in Adult Acute in partnership with EHSCP	Ongoing	This will reduce the LoS of patients and availability of beds, as well as improving patient experience and care.	This will reduce the LoS of patients and availability of beds, as well as improving patient experience and care. This will include review of Flow Meetings; creation of Social Work hubs; create better focus on interface meetings; will include meetings with housing colleagues to tackle the delays associated with blockage due to housing requests.	

➤ **Healthcare Associated Infection (HAI)**

**Measures definition:** The sum of healthcare associated infections for the year / sum of total occupied bed days for the year.

**Reporting Month:** November 2021

**Standard:** Local Delivery Plan Standards to 31 March 2022

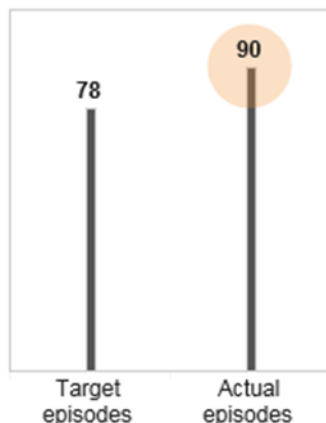
**Responsible Director(s):** Executive Medical Director: HAI Executive Lead

**Oversight Mechanism:** Healthcare Governance Committee, with additional reporting at PPDC and via incident management team(s)

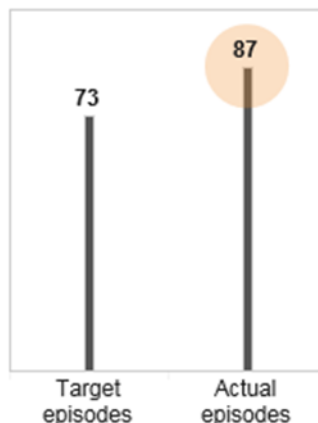
**What the data tells us:** The Board is asked to note or agree the following summary:

Performance Against Standard		What is the data telling us?	Updated since Last Report?	
			Data	Narrative
Not Met	SAB	The data shows the incidence rate (from April 2021 – November 2021) is above the LDP target rate for all three HAIs.	Yes	Yes
Not Met	CDI			
Not Met	ECB			

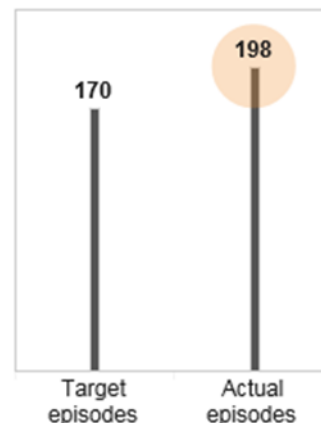
No. of SAB episodes Above the LDP Apr'21 to Nov'21



No. of CDI episodes Above the LDP Apr'21 to Nov'21



No. of ECB episodes Above the LDP Apr'21 to Nov'21



**Reasons for current performance:**

Staphylococcus aureus Bacteraemia: NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 12.2 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 - Nov 2021), incidence is 14.1 (n=90 episodes). This is above the LDP target rate of 12.2 (n=78 approx.).

Target Date	LDP	Actual
Year ending 31 <sup>st</sup> March 2020 (complete)	128	124
Year ending 31 <sup>st</sup> March 2021 (complete)	107	118
Year ending 31 <sup>st</sup> March 2022 (in progress)	78	90

Key messages:

- Device-related SABs continue to account for a large proportion of healthcare associated SAB (5/9 in Nov '21) in NHS Lothian. In addition to targeted feedback to local clinical teams, opportunities for wider quality improvement action in relation to invasive device insertion and maintenance are being explored in collaboration with the Acute Services Clinical Management Group.

Clostridioides difficile Infection: NHS Lothian's Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 11.4 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 - Nov 2021), incidence is 13.6 (n=87 episodes). This is above the LDP target rate of 11.4 (n=73 approx.).

Target Date	LDP	Actual
Year ending 31 <sup>st</sup> March 2020 (complete)	119	118
Year ending 31 <sup>st</sup> March 2021 (complete)	100	112
Year ending 31 <sup>st</sup> March 2022 (in progress)	73	87

Key messages:

- Exposure to antibiotics with recognised association with CDI continues to contribute to cases of CDI. A number of (<5) cases noted to have had exposure to 4C antibiotics. All of the patients were noted to have had the exposure in the hospital prior to developing CDI. All *C. difficile* toxin positive inpatients are reviewed by the ward pharmacists.

Escherichia coli Bacteraemia: NHS Lothian's interim Local Delivery Plan (LDP) target for 2021/2022 has been set to achieve an incidence of 26.6 healthcare associated episodes (or less) per 100,000 bed days (as per HPS Scotland reporting criteria). For the financial year to date (Apr 2021 - Nov 2021), incidence is 30.9 (n=198 episodes). This is above the LDP target rate of 26.6 (n=170 approx.).

Target Date	LDP	Actual
Year ending 31 <sup>st</sup> March 2020 (complete)	319	345
Year ending 31 <sup>st</sup> March 2021 (complete)	252	267
Year ending 31 <sup>st</sup> March 2022 (in progress)	170	198

Key messages:

- The healthcare associated *Escherichia coli* Bacteraemia (ECB) incidence across NHS Lothian for November 2021 (n=21) has seen an increase from the previous month but remains below the current mean.
- From October 2021, NHS Lothian will only report case numbers and origin of infection data as detailed in the CNO letter dated 25 March 2020 (Temporary changes to routine surveillance) in response to staffing pressures & workload within the Infection Prevention & Control Team. This will still allow Lothian to report on case numbers and to establish whether cases are healthcare or community associated.



## 4 Key Risks

The risks during this remobilisation phase have largely remained the same, as shown below.

- 4.1 The risks associated with delivering the performance metrics relate to the need for recurring, longer term investment plans and availability of workforce to support delivery of access standard trajectories relating to outpatients, treatment time guarantee, diagnostic, cancer, child and adolescent mental health services and psychological therapies.
- 4.2 Pre-COVID staffing challenges, driven by vacancies, have been exacerbated in 2021 due to an increase in COVID related absence including Positive test, Test and Protect Isolation, Long COVID, Quarantine, Self-Isolating Household, Self-Isolating Symptoms, Other/Unknown, Underlying Health Condition. This includes acute, community and social care staffing groups.
- 4.3 Implementation of some of the longer-term ambitions to improve performance require an ambitious cultural change for patients, the public and staff. The key risk to this is the potential for services to revert to pre-COVID-19 working practices.
- 4.4 There are limitations, due to infection control measures and national lockdowns on both internal and external capacity.
- 4.5 Some specialties have particular challenges with recruitment into key roles, ultimately impacting their capacity to support clinical services.

## 5 Risk Register

- 5.1 NHS Lothian's Risk Register already includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan, Recovery Plans and Remobilisation Plans. The corporate risk register is subject to on-going review and update. Some of the key linked corporate risks to this paper have been highlighted below:
  - 5.1.1 1076- The Healthcare Associated Infection Corporate Risk - has been reviewed via Healthcare Governance Committee (HCG)/Board and is graded as medium reflecting the impact on individuals acquiring a Healthcare Associated Infection.
  - 5.1.2 4984- COVID-19 Corporate Risk- has been reviewed via HCG/Board and accepted limited assurance with a grading over very high (20) in June 2021.
  - 5.1.3 5186 – 4-Hour Emergency Access Target Corporate Risk – has been reviewed via HCG/Board with a grading of very high (20) in December 2021.
  - 5.1.4 3726 – Timely Discharge of Inpatients Corporate Risk – has been reviewed at HCG/Board with a grading of very high (20) in December 2021. The grading and risk description is currently under review by the Chair of the Unscheduled Care Board, Director of Primary Care and Director of Acute Services (COO). An update will be provided at the next PPDC.
  - 5.1.5 5185 – Access to Treatment Corporate Risk – has been reviewed at HCG/Board with a grading of very high (20) in June 2021. Each of the 4 Recovery Boards have plans in place, which include at specialty level. Monitored by the Performance Oversight Board, currently too early to see any measurable impact as yet and there is acknowledgement of longstanding capacity issues.
  - 5.1.6 5187 – Access to Psychological Therapies Corporate Risk – has been reviewed at HCG/Board in June 2021 with a scoring of very high (20).
  - 5.1.7 5188 – Access to CAMHS Corporate Risk – has been reviewed at HCG/Board in June 2021 with a grading of very high (20).
  - 5.1.8 3828 – Nursing Workforce Corporate Risk – has been reviewed at August 2021 Board and graded very high (20).

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

- 6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

- 7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.
- 7.2 Patients are kept informed by their clinical care teams.

## **8 Resource Implications**

- 8.1 The resource implications are being clarified through our finance department. Any financial reporting will remain within the remit of the Director of Finance.

Wendy MacMillan  
Business Manager, Deputy Chief Executive  
24/01/2022  
Wendy.macmillan@nhslothian.scot.nhs.uk

## **List of Appendices**

Appendix 1: Delayed Discharge Code Inclusion

## Appendix 1: Delayed Discharge Code Inclusion

<b>Health and social care reasons: Public Health Scotland</b>		
	<b>Assessment:</b>	
		awaiting commencement of post-hospital social care assessment
		awaiting completion of post-hospital social care assessment
	<b>Funding:</b>	
		non-availability of statutory funding to purchase Care Home Place
		non-availability of statutory funding to purchase any Other Care Package
	<b>Awaiting place availability:</b>	
		in Local Authority Residential Home
		in Independent Residential Home
		in Nursing Home
		in Specialist Residential Facility for younger age groups (<65)
		in Specialist Residential Facility for older age groups (65+)
		in care home (Dementia bed required)
		Awaiting place availability in an Intermediate Care facility
	<b>Awaiting completion of care arrangements:</b>	
		for care home placement
		in order to live in their own home – awaiting social care support (non-availability of services)
		in order to live in their own home – awaiting procurement/delivery of equipment/adaptations fitted
		Re-housing provision (including sheltered housing and homeless patients)
	<b>Transport:</b>	
		awaiting availability of transport
<b>Patient and family related reasons -</b>		
	<b>Legal/Financial:</b>	
		legal issues (including intervention by patient's lawyer) e.g., informed consent and/or adult protection issues
		financial and personal assets problem - e.g., confirming financial assessment
	<b>Disagreements:</b>	
		internal family dispute issues (including dispute between patient and carer)

		disagreement between patient/carer/family and health and social care
	<b>Other:</b>	
		patient exercising statutory right of choice
		patient does not qualify for care
		family/relatives arranging care
		other patient/carer/family related reason
<b>Code 9 reasons -</b>		
	<b><i>Patients delayed due to the Adults with Incapacity Act</i></b>	
	<b><i>Code 9 patients (excluding those delayed due to Adults with Incapacity Act):</i></b>	
		awaiting completion of complex care arrangement - to live in own home
		awaiting place availability in specialist residential facility (under 65)
		awaiting place availability in specialist residential facility (65+)
		patient exercising statutory right of choice – where an interim placement is not possible or reasonable

Director of Finance

NOVEMBER 2021 YTD FINANCIAL POSITION

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at Period 8 for NHS Lothian, and the year end forecast outturn.
- 1.2 The paper sets out the financial impact from Covid-19 up to November.
- 1.3 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is asked to:
  - **Accept** this report as a source of **significant assurance** that the Board will achieve a breakeven position in this financial year.

3 Discussion of Key Issues

Financial Position as at November 2021

- 3.1 At its meeting of the 17<sup>th</sup> of January, members of the F&R committee received a report on NHS Lothian’s financial position for the first eight months of the year. This showed an £8.1m Core overspend against the Revenue Resource Limit. A summary of the position is shown in Table 1 below.

Table 1: Financial Position to 30<sup>th</sup> November 2021

	YTD £k
Pay	3,423
Non Pays	(28,514)
Income	13,347
<b>Operational Position</b>	<b>(11,744)</b>
In Year Flexibility	3,625
<b>Total</b>	<b>(8,119)</b>

- 3.2 The Financial Plan presented to the Board in April 2021 showed a projected deficit for the year ahead of £25m of core pressures (ie excluding Covid). Since then, additional resources have been secured relating to the disposal of the RHSC and assumed funds relating to medical and dental uplift funding. As a result of this and other changes, the Month 8 forecast presented to the F&R committee estimated a £4.5m year-end overspend. The forecast continues to be reviewed as new information becomes available.

- 3.3 The SG formally communicated to Boards and Integration Authorities on the 26<sup>th</sup> of October to confirm that additional financial support will be available to deliver breakeven on a non-repayable basis, providing appropriate review and control at a Board level. Based on this information, we have moved to a **significant assurance** level on the achievement of financial balance for this year.

### Financial Impact of Covid-19 at Period 8

- 3.4 The latest review of Covid-19 costs up to the end of November 2021 shows that the health board has incurred an estimated £66m of additional Covid related costs to date. Funding has been released by the SG already this year, with further funding to be issued after the submission to the SG at the end of January on projected Covid costs.
- 3.5 The breakdown of Covid costs recorded to date is shown in Table 2. The largest element of Covid spend to date continues to relate to the ongoing Covid Vaccine rollout at circa £28m with a further £14m on additional staffing costs across the organisation.

**Table 2: Covid Position YTD**

Covid Costs YTD	£'000s	Covid Costs YTD	£'000s
Covid-19 Vaccination	£28,143	Acute Services Division	£15,315
Other Additional Staff Costs	£13,586	Corporate Services	£5,231
Additional Bed Capacity/Change in Usage	£5,325	Directorate Of Primary Care	£26,678
Other	£4,134	East Lothian Partnership	£3,023
Loss of Income	£3,780	Edinburgh Partnership	£2,575
Contact Tracing	£3,520	Facilities And Consort	£5,368
Testing	£2,723	Inc + Assoc Hlthcare Purchases	£1,503
Additional FHS Prescribing	£2,482	Midlothian Partnership	£3,106
Remobilisation -Digital & IT costs	£1,251	Reas	£935
Scale up of Public Health Measures	£1,249	Service Improvement	£494
Additional PPE	£881	West Lothian Hsc Partnership	£2,021
Additional Equipment and Maintenance	£766	<b>Total YTD Covid Costs</b>	<b>£66,250</b>
Reducing Delayed Discharge	£673		
Additional FHS Contractor Costs	£586		
Community Hubs	£516		
Additional Infection Prevention and Control Costs	£414		
Offsetting Cost Reductions	£(3,778)		
<b>Total YTD Covid Costs</b>	<b>£66,250</b>		

### Recurrency of Covid Commitments

- 3.6 Work continues to fully understand implications of Covid commitments into future years, and particularly in relation to the staffing implications. Current estimates previously predicted a cost of circa £85m for 2022/23, with £62m recurring thereafter.
- 3.7 Dialogue with the SG relating to the continuation of services as part of Covid management and recovery of the whole system in future years is ongoing. The levels of staffing required to maintain ongoing services is now a particular focus in areas where significant staffing resource is required like the Vaccination Services, Test & Protect, Regional Testing Laboratory and Facilities support staff. The update to the SG at the end of January will look to update assumptions for 2022/23 and recurring costs based on latest the latest information and guidance.

## 4 Key Risks

4.1 The key risks relating to the delivery of a breakeven position are now largely mitigated due to the commitment from the SG for in-year financial support, however there remains an expectation that financial control and management will continue as normal:

- As noted above, the achievement of financial balance is dependent on receiving full financial support from the SG to meet addition Covid related costs and unmet savings.
- The risks from increases in energy prices may impact as we move through winter;
- The estimates for the year end outturn are predicated on the assumption that activity levels remain broadly consistent. Any material deviation from this without additional resource may impact on the outturn position;
- There is a growing risk around the impact of increasing levels of substantive staff, especially for Covid related services, against non-recurring sources of funds.
- Delivery of Financial Recovery Plans by individual Business Units to the level identified in the Financial Plan remains a key assumption which impacts on the achievement of Core performance.

## 5 Risk Register

5.1 The corporate risk register includes the following risk:

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

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

## 6 Impact on Inequality, Including Health Inequalities

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

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

7.1 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.

## 8 Resource Implications

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

Susan Goldsmith

Director of Finance

27<sup>th</sup> January 2022

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**Meeting Name: Board**  
**Meeting date: 9 February 2022**

**Title: NHS Lothian Financial Outlook and Outline Plan 22/23**

**Purpose and Key Issues of the Report:**

This paper provides an update on the 2022/23 Financial Plan for NHS Lothian as considered by F&R Committee.

DISCUSSION		DECISION		AWARENESS	<b>X</b>
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The Plan sets out the latest information on the Financial Plan for next year, with assessment on cost pressures and the deployment of available resources to offset these where feasible. The final iteration of the Financial Plan will be prepared for agreement by the Board at its April meeting.

Key issues within this paper are as follows;

- The overall gap of £139m in the Plan includes £55m of a gap to the Core position (after £8m efficiencies) and £84m relating to projected costs associated with Covid;
- The SG have confirmed the current uplift arrangements for the new financial year, and these are reflected in the plan. There are still some key outstanding issues relating to the pay award and consequential uplift that are to be confirmed;
- The Efficiency programme for next year remains at an early stage with only £8m identified. Identification of efficiency plans at 3% of budget would significantly close the core gap;
- The currently includes an assessment of the potential financial impact of Covid next year. SG have asked boards to include these in plans, however they remain unclear on the Covid funding arrangements for next year.

**Recommendations:**

**Accept** that the (F+R) Committee has considered the details of the draft 2022/23 Financial Plan and acknowledged that, at this stage, NHS Lothian is not able to provide assurance on its ability to deliver a balanced financial position next year.

**Accept** that the F+R Committee will receive a final iteration of the Plan for endorsement in March, for agreement by the Board at its meeting on the 6th of April.

**Author:** Andrew McCreadie  
**Date:** 27<sup>th</sup> January 2022

**Director:** Susan Goldsmith  
**Date:** 27<sup>th</sup> January 2022

**Director of Finance**

**NHS Lothian Financial Outlook and Outline Plan 22/23**

**1 Purpose of the Report**

- 1.1 This paper provides the Board with an update on the consideration by the Finance and Resources committee (F&R) on the draft Financial Outlook, and specifically the Financial Plan for 22/23.
- 1.2 This paper sets out a summary of the financial position based on the current forecast outturn, anticipated growth and assumptions around additional resources. The paper also highlights the financial issues for next year relating to Covid-19.
- 1.3 Key outstanding elements for the Financial Plan include the final pay award for 22/23 and subsequent changes to the SG uplift settlement.
- 1.4 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:
  - **Accept** that the Finance and Resources (F+R) Committee has considered the details of the draft 2022/23 Financial Plan and acknowledged that, at this stage, NHS Lothian is not able to provide assurance on its ability to deliver a balanced financial position next year;
  - **Accept** that the F+R Committee will receive a final iteration of the Plan for endorsement in March, for agreement by the Board at its meeting on the 6<sup>th</sup> of April.

**3 Discussion of Key Issues**

Financial Outlook 2022/23 to 2023/24

- 3.1 The Finance and Resources Committee have considered the Financial Plan at its meeting of the 17<sup>th</sup> January and were content to accept the recommendation as above.
- 3.2 This Plan sets out current information on the baseline budgets for next year, with further assessment on cost pressures and the deployment of available resources to offset these where feasible.

- 3.3 We would normally provide a 5 year outlook but given the uncertainty ahead, Table 1 below provides a summary of the 2 year financial outlook from 22/23 and 23/24. The figures as shown include the potential impact from Covid.
- 3.4 The figures in this paper are based on current activity levels. Any costs arising from the recovery required from the pandemic, particularly on scheduled care, will be in addition to costs identified here.
- 3.5 The overall gap for next year totals £139m and divides into two elements:
- £55m gap relating to the Core financial position for next year (after £8m efficiencies);
  - £84m relating to projected costs associated with ongoing Covid expenditure.

**Table 1 – Projected 2 Year Financial Outlook Summary**

	22/23 Variance	23/24 Variance
	£k	£k
<b>Full Year Recurring Expenditure Budget</b>	<b>1,813,105</b>	<b>1,849,346</b>
Baseline Carry Forward Pressures	(69,859)	(86,827)
Additional Expenditure, Growth, Uplift & Commitments	(75,245)	(50,855)
<b>Total Projected Costs</b>	<b>(145,104)</b>	<b>(137,683)</b>
Additional Resources	81,772	41,729
Financial Recovery Actions	8,354	
<b>Financial Outlook Gap after FRP's</b>	<b>(54,977)</b>	<b>(95,953)</b>
Additional Covid Costs	(83,938)	(67,038)
<b>Total Financial Outlook Gap</b>	<b>(138,915)</b>	<b>(162,991)</b>

### **Core Position 2022/23**

- 3.6 The £55m gap is broadly made up of the following:
- An underlying recurring gap moving into this year of £70m;
  - Additional in year cost pressures of £75m from new (non-Covid) cost pressures assumed to arise next year;
  - Assumed additional resources of £82m;
  - Offsetting efficiency savings identified of £8m.
- 3.7 On the 9<sup>th</sup> of December, as part of the Scottish Budget announcement the SG confirmed the current uplift arrangements for the new financial year, and these are reflected in the plan.
- 3.8 Details of the settlement are:
- General uplift to baseline budgets is at 2%, with the potential for a further change to this depending on the outcome of pay negotiations for the forthcoming year;

- NRAC – additional funding of £3m maintains NHS Lothian at 0.8% within NRAC parity, however, we remain around £12-14m short of full funding;
  - National Insurance levy – additional funding to offset the extra pay costs to be incurred from the changes to the NI. This has no impact on the overall position;
- 3.9 As noted, a key outstanding issue is the final agreed pay award for next year. The SG has advised boards that the current uplift is intended to cover the current arrangements in place within the Scottish Public Sector Pay Policy for 22/23 which splits as follows:
- £775 uplift for staff earning less than £25k;
  - £700 uplift for staff earning between £25k and £40k;
  - £500 for staff earning over £40k
- 3.10 The SG have also confirmed that they will make additional provision to Boards to meet any additional costs arising from a deviation from this as part of the final uplift agreement. This is a risk however, as the SG may make a judgement on this which varies from Board estimates.
- 3.11 The SG budget letter states that there is a requirement for a pass-through of the 2% uplift to IJBs in addition to the appropriate cover for NI. A number of the cost pressures for next year are corporate covering delegated and non-delegated functions and further discussion will be required with IJBs on the utilisation of resource to meet these costs.
- 3.12 The letter also includes a number of additional resources which relate to Improving patient outcomes. Further analysis will be required to understand this, however we expect any change in funding to be offset by additional expenditure.

### **Efficiency Programme 2022/23**

- 3.13 The Efficiency programme for next year remains at an early stage with only £8m identified at this point, £4m of which relates to GP Prescribing. The work to progress efficiency schemes continues to be a key focus, recognising competing challenges across the system. The identification of a 3% efficiency target will deliver approximately £50m of a benefit to the overall position next year, which would go a significant way to closing the core gap. In recent years we have not delivered savings to this level, routinely achieving less than £30m per annum. The impact of Covid and the required management focus to this has made the delivery of efficiency savings an even greater challenge.

### **Impact of Covid in 2022/23**

- 3.14 The Plan currently includes an assessment of the potential financial impact of Covid next year. This equates to £84m next year with £67m recurrently. These are the investments for 22/23 that have been either directed by SG in relation to policy, or locally have been approved by Gold Command or have been identified as a future cost. Whilst not

shown within the Plan at this stage, we would expect any commitments made by Lothian relating to Covid to continue to be funded by the SG next year in the same way they are being met in the current financial year. SG Finance have asked boards to progress on this basis, however the SG remain unclear on the Covid funding arrangements for next year.

### **Next Steps**

- 3.15 The development of the Financial Outlook continues, with further work to be undertaken before the final version of the plan is presented to the F&R Committee in March and then the Board for approval in April.
- 3.16 Finance colleagues will continue to meet with Business Unit leads over the coming weeks to discuss plans to deliver a balanced position at a local level. In parallel, a number of other actions require to be progressed, including:
  - Updates to the Plan following confirmation of any pay negotiations, and financial implications for funding and additional cost;
  - Ongoing dialogue with Integration Joint Boards, providing them with an estimate of the level of financial challenge within each IJB and NHS Lothian based on the draft outlook;
  - Incorporation of IJB directions into the next iteration of the outlook where this is understood;
  - Review and update of material changes to the baseline recurring pressures based on the latest information, particularly in relation to Covid related cost pressures;
  - Assessment of the continued requirement for previously agreed investment;
  - Recovery actions/efficiency schemes to be developed and implementation plans produced in order to close the gap within each Business Unit;
  - A review of assumptions embedded within the growth estimates, reflecting any subsequent agreements to reduce and control spend in any specific areas.

## **4 Risks and Assumptions**

- 4.1 Whilst every effort has been made to ensure all likely additional costs and national, regional and local priorities for investment have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.
- 4.2 Several key risks should be considered by the Committee. These risks are noted below:

- The future impact of Covid, the consequences this has on service delivery and the financial support that will be required to manage this;
- Notification of additional pay costs, and assumed uplift funding, has yet to be received;
- Continued management of the financial exposure arising from the escalation of operational performance on elective, mental health and unscheduled care capacity pressures including delayed discharges;
- Availability of SGHSCD funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis.

## 5 Risk Register

5.1 The corporate risk register includes the following risk:

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

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

## 6 Impact on Inequality, Including Health Inequalities

6.1 As this plan only deals with one financial year and focuses on delivery of break even, it is has not been possible to assess whether there are any new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

7.1 As this particular paper relates to a financial outlook and not an agreed financial plan and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

## 8 Resource Implications

8.1 This report provides the Board with a financial plan which aims to support the Board's statutory responsibility to break even. The broader

implications of the financial position will require to be addressed through the development of the Board's revised organisational strategy.

Susan Goldsmith

Director of Finance

27<sup>th</sup> January 2022

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**Meeting Name: Board**  
**Meeting date: 9 February 2022**

**Title: NHS Lothian Corporate Risk Register**

**Purpose of the Report:**

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

**Recommendations:**

- 1.1 Note the December 2021 Board agreed the following CMT recommendations:
  - A standard level of assurance for risk mitigation plans
  - A standardised committee paper to be used when submitting Board Committee papers related to specific risks on the Corporate Risk Register (CRR)
  - Increase the grading of the Timely Discharge of Inpatients risk to Very High
  - Remove the EU/Brexit risk which will be kept under review.
- 1.2 Review the updates provided by the executive leads on risk mitigation, set out in the Assurance table in Appendix 1.
- 1.3 Approve the CMT description and grading of the Cyber Security risk following the agreement of the December 21 Board to include this risk onto the CRR. See para 3.5.2
- 1.4 Agree to remove the Care Home risk from the CRR and onto the Corporate Nursing Risk Register. See rationale below under para 3.5.3.
- 1.5 Note that management plans to mitigate risks associated with performance will be considered by the Planning, Performance and Development Committee, with Healthcare Governance continuing to consider the impact of these risks to the delivery of person-centred, safe effective care.

**Author: Jo Bennett**  
**Date: 26/01/22**

**Director: Tracey Gillies**  
**Date: 26/01/22**





## **CORPORATE RISK REGISTER**

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

- 1.1 The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

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

### **2 Recommendations**

The Board is recommended to:

- 2.1 Note the December 2021 Board agreed the following CMT recommendations:
- A standard level of assurance for risk mitigation plans
  - A standardised committee paper to be used when submitting Board Committee papers related to specific risks on the Corporate Risk Register (CRR)
  - Increase the grading of the Timely Discharge of Inpatients risk to Very High
  - Remove the EU/Brexit risk which will be kept under review.
- 2.2 Review the updates provided by the executive leads on risk mitigation, set out in the Assurance table in Appendix 1.
- 2.3 Approve the CMT description and grading of the Cyber Security risk following the agreement of the December 21 Board to include this risk onto the CRR. See para 3.5.2
- 2.4 Agree to remove the Care Home risk from the CRR and onto the Corporate Nursing Risk Register. See rationale below under para 3.5.3.
- 2.5 Note that management plans to mitigate risks associated with performance will be considered by the Planning, Performance and Development Committee, with Healthcare Governance continuing to consider the impact of these risks to the delivery of person-centred, safe effective care.

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

#### **3.1 Standard Risk Assurance and Template**

- 3.1.1 In response to actions agreed at the Executives/Committee Chairs session on 15 September 2021, standard levels of assurance and a Board reporting template was agreed at the December 2021 Board.

3.1.2 These have been circulated to the Board Committee Chairs and the risk owners and handlers. The assurance levels and template should be used from now on when reporting the management of risks to the Board and/or the Committees of the Board.

3.1.3 It will also be used by the CMT when specific risks are being considered; be they new or existing risks on the CRR.

### 3.2 Role of the Corporate Management Team

3.2.1 It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper. The December 2021 Executive Leads updates are summarised in the Assurance Table in Appendix 1.

3.2.2 The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHSL risk management system including our assurance system.

3.2.3 Note that plans to mitigate risks associated with performance will be considered by the Planning, Performance and Development Committee, with Healthcare Governance continuing to consider the impact of these risks to the delivery of person-centred, safe effective care. This has been reflected in the assurance table in Appendix 1.

### 3.3 Proposed Changes

3.3.1 A paper will be going to CMT concerning the review of the Timely Discharge risk. This will suggest a revised risk description and title prior to submission to the April 2022 Board.

3.3.2 The December 2021 Board asked for Cyber Security to be included in the CRR. Below is the risk description and grading for discussion and approval.

### 3.4 Risk Description

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.

### 3.5 Governance

Finance and Resources Committee

### 3.6 Management

Digital Oversight Board

Oversees NHS Lothian's requirement to comply with Network and Information Systems (NIS) Audits, under the direction of the Competent Authority (Scottish Government Digital

Department) and as such Board Directors are routinely briefed on security progress and issues, Security updates are regular DOB agenda items.

### 3.7 Key Measures

- Monthly Digital Security Metrics
- Firewall Traffic
- Mail Gateway traffic and blocked messages
- Detected Malware items which were blocked.

### 3.8 Grading

3.8.1 High 12 (consequence Major 4). Likelihood scored as possible (3)

3.8.2 The Board is asked to remove the Care Homes risk and put this into the Corporate Nursing Risk Register as this risk is now well managed and currently graded as medium. The infrastructure to oversee and respond to quality issues is well established including response to Covid outbreaks and the risk will be regularly monitored through the corporate nursing risk register process.

### 3.9 Escalation of Risks

3.9.1 The CMT considered in October 2021, the Very High and High-Risk risks on the divisional risk registers, with an expectation that Directors will present to CMT their plans to mitigate these risks. Divisional risks that remain at a Very High and High level and that cannot be managed at a divisional level, will be considered for inclusion on the CRR.

## 4 **Key Risks**

4.1 The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.

## 5 **Risk Register**

5.1 Will positively impact on the CRR and associated risk system

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

6.1 Not applicable.

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

7.1 This paper does not consider developing, planning, designing services and/or policies and strategies.

## 8 **Resource Implications**

8.1 The resource implications are directly related to the actions required against each risk.

Jo Bennett  
Associate Director for Quality Improvement & Safety  
26 January 2022  
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## **List of Appendices**

Appendix 1: CRR Risks Assurance Table

**Risk Assurance Table – All risks revised in June 2021 and approved at June 2021 Board**

Datix ID	Risk Title & Description	Committee Assurance Review Date
4984	<p><b>Covid-19</b></p> <p>There is a significant risk to the health of the population from the current Covid-19 outbreak and that NHS Lothian will not have sufficient capacity to respond because of the number of people requiring care, including critical care, reduced numbers of staff available to deliver care due to illness or isolation, timely availability of supplies leading to reduced quality and safety of patient care as well as physical and psychological pressure on staff. There will also be a significant impact on routine activity including waiting lists as resources are diverted to managing the impact of Covid-19.</p> <p>New risk added June 2020.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance &amp; Risk Committee (HCG)</u></p> <p>July 2020 - HCG accepted limited assurance on this risk overall. A standing item on the HCG Agenda.</p> <p>Paper on Vaccines went to the June 2021 Board</p> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• <b>Gold command re-convened due to significant rise in cases, impacting on availability of staff to deliver services due to infection and self-isolation. Remobilisation 4 plans in development.</b></li> <li>• <b>Remobilisation 3 plans in place. Remobilisation 4 plans due to be submitted to Scottish government September 2021</b></li> <li>• <b>Vaccine programme on course in line with government targets. No issues with delayed discharges in HSCPs except for Edinburgh.</b></li> <li>• <b>Continuous monitoring through ELT/CMT highlighting ongoing capacity issues re the acute and EHSCP</b></li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Remobilisation for plan has been submitted to the Scottish Government and waiting response. Thereafter to be approved by the Board</b></li> <li>• <b>Continuous monitoring through ELT/CMT highlighting ongoing capacity issues in acute/social care (HSCP). Gold and Silver command re-established.</b></li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Remobilisation 4 plans accepted by Scottish Government and approved by Board at December meeting</b></li> <li>• <b>Paper regarding Covid/Flu vaccination programme accepted by Board on 1 December meeting, noting difficulties in providing a future view and assurance of programme delivery given continued Scottish Government review of delivery expectations and timelines with changes in national policy or direction in light of emerging evidence on covid/flu vaccination priorities</b></li> <li>• <b>Although there is not an increase in admissions with Covid, current mitigation measures remain in place in the light of new variant and therefore reducing capacity</b></li> <li>• <b>Agreed to review the risk description, controls and impact with Director of Public Health to check still appropriate and captured.</b></li> </ul>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		Very High 20	Very High 20
3600	<p><b>Finance</b></p> <p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is as a result of a combination of the level of resource available and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Susan Goldsmith</p>	<p><u>Finance &amp; Resources Committee</u></p> <p>November 2020 – F&amp;R continued to accept limited assurance on the management of this risk.</p> <p>March 2021- significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021.</p> <p>Limited assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22</p> <p>Risk to be discussed at January 2022 F&amp;R.</p> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• <b>This is a newly approved risk and plans to mitigate the risk are numerous and come from a range of sources such as programme boards (scheduled and unscheduled care) and specific workforce plans examples are:</b> <ul style="list-style-type: none"> <li>○ <b>Elective Centre discussions</b></li> <li>○ <b>Access support from the Independent sector</b></li> <li>○ <b>COVID exit plan</b></li> <li>○ <b>Efficiency programme</b></li> <li>○ <b>Seeking SG recurrent funding to support CAMHS and PT recovery to improve access.</b></li> <li>○ <b>There is a 5year financial plan in place, currently bringing a range of plans around improving capacity together to inform the 5-year plan, plus national regional and local discussions.</b></li> </ul> </li> <li>• <b>Efficiency programme has been reviewed and approved by the CMT to contribute to the management of this risk acknowledging underlying capacity shortfalls are significant and long standing.</b></li> <li>• <b>Discussions around population health interventions, associated resources and impact require further consideration, as does how we measure the impact of additional funding allocations aimed at increasing capacity and improving access.</b></li> </ul>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><b>October Update</b></p> <ul style="list-style-type: none"> <li>• Risk went to the August F&amp;R and was discussed but not approved</li> <li>• Bring the risk description back to the November F&amp;R session for further discussion. The recovery plan version 4 is being used to bring together a capacity and resources plan (Nov/Dec) this will form the basis of the risk mitigation plan acknowledging it only covers this year and next. A longer plan term capacity plan is required to inform the 5-year plan</li> </ul> <p><b>December Update</b></p> <ul style="list-style-type: none"> <li>• The finance risk description was due to be discussed at the Nov F&amp;R but due to a packed agenda was postponed to January 2022</li> <li>• Work continues to articulate the risk, concerning financial restraints/enablers related to service capacity and mitigate the current risk current and develop the longer term financial plans.</li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		Very High 20	Very High 20
<b>5186</b>	<p><b>4 Hours Emergency Access Target</b></p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red and amber Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> <p>New risk created from previous risks 3203 &amp; 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care,</u></p> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <p>November 2020 - HCG accepted moderate assurance on the Winter plan which includes 4 hour performance in RIE ED.</p> <p>Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021. June 2021 Board agreed downgrade of risk from Very High to High Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed.</p> <p><b>Outcome of Executive Lead Discussions</b></p> <ul style="list-style-type: none"> <li>• <b>Unscheduled care programme Board meeting regularly as are subgroups which are in place for each element.</b></li> <li>• <b>Plans still in development. Implementation of Redesign of Urgent Care phase 1 is underway and phase 2 is in development. The newly appointed Director will take the development of the plans forward</b></li> </ul>	



Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<ul style="list-style-type: none"> <li>RIE ED escalated for enhanced monitoring by the performance oversight Board and Gold command</li> </ul> <p><u>October Update</u></p> <ul style="list-style-type: none"> <li>Improvement actions are to be agreed and submitted with performance indicators. This will come back to the Performance Oversight Group in November 2021 to discuss and potentially agree plan.</li> <li>Considered at each Board meeting as part of the wider Performance report. No specific levels of assurance proposed or agreed.</li> <li>RIE ED remains on escalation.</li> </ul> <p><u>December Update</u></p> <ul style="list-style-type: none"> <li>Continued review with no agreement on impactful plan as yet. Now agreed interim placement of patients in acute beds awaiting care at home packages</li> <li>All patients in interim placements are tracked and subject to review at Gold command</li> <li>Performance paper considered on 1 December by Board detailed 4 hr target and redesign of unscheduled care. No specific levels of assurance proposed or agreed</li> <li>Board requested specific reference to workforce issues and linkage to nursing workforce risk on CRR – now noted in risk</li> <li>Board agreed to increase grading to very high (20) at December meeting.</li> </ul>		
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b> Very High 20	<b>CMT/Board June 2021</b> High 16	<b>Board Dec 2021</b> Very High 20
<b>3726</b>	<p><b>Timely Discharge of Inpatients</b></p> <p>There is a risk that patients are not being discharged in a timely manner resulting in sub optimal patient flow impacting on poor patient, staff experience and outcome of care.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care.</p> <p><u>Planning Performance &amp; Development Committee</u> – Performance</p> <p>September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted.</p> <p>November 2020 - HCG accepted moderate assurance on the Winter plan, which includes timely discharge.</p> <p>Unscheduled Care Winter Plan, May 2021 HCG accepted Significant Assurance with respect to the Delayed Discharges to March 2021.</p> <p>June 2021 Board agreed to downgrade risk from Very High to High.</p>		

Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• Funding provided by HIS to accelerate provision of 'Hospital at Home'.</li> <li>• Unscheduled care programme plan still in process of being collated new Director of Unscheduled Care appointed and will take forward.</li> <li>• Performance continues to be encouraging for all HSCPs, except for Edinburgh.</li> <li>• Considered at each Board meeting as part of wider performance report. No specific levels of assurance proposed or agreed.</li> <li>• Social Care capacity in Edinburgh now escalated for enhanced monitoring by the performance oversight Board and Gold Command</li> <li>• Under review</li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>• Risk definition has been reframed and with Executive Lead for approval</li> <li>• Controls and grading to be reviewed following the reframing of the risk by the Chair of the Unscheduled Care Board, Director of Primary Care and Director of Acute Services (COO).</li> <li>• To recommend to the Dec 2021 Board to increase grading to very high due to significant system pressures.</li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• Unscheduled care 1 year implementation plan due to go to Unscheduled care programme Board 14 Dec for discussion</li> <li>• An updated Discharge and Transfer Policy has been drafted and is out for consultation</li> <li>• Participation in SGs Discharge without Delay programme</li> <li>• HIS process mapping a ward in RIE</li> <li>• Internal Audit</li> <li>• Considered at each Board meeting as part of wider performance report. No specific levels of assurance proposed or agreed</li> <li>• Refreshed risk to go to Jan CMT to focus on bed occupancy in acute hospitals</li> </ul>		
	Risk Grading:	Jan-Mar 2021 Very High 20	CMT/Board June 2021 High 15	Board Dec 2021 Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	
3829	<p><b>Sustainability of Model of General Practice</b></p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <p>July 2020 – HCG continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda.</p> <p>Update paper went to HCG May 2021. No assurance level of assurance proposed or agreed as paper setting out the current position.</p> <p><b>Outcome of Executive Lead Discussions</b> <b>Risk revised to be approved at October 2021 Board.</b> <b>New Director in place and plans being drawn up to mitigate this risk for consideration by the August/September CMT</b></p> <p><u>October Update</u></p> <ul style="list-style-type: none"> <li>• <b>Workshops have taken place with HSCPs and GP Sub colleagues during September 2021 and a plan informed by these workshops will be submitted to the CMT on 9<sup>th</sup> November 2021.</b></li> </ul> <p><u>December Update</u></p> <ul style="list-style-type: none"> <li>• <b>It is acknowledged that the strategic direction remains the same, through implementation of PCIPs as part of 2018 contract for general practice. Clarity is required regarding the role of the GP as expert medical generalist within a multi-disciplinary team which is to be nationally agreed. National and local work is ongoing to explore the ‘right’ model. Risk remains in relation to funding to fully implement, particularly in the context of population growth in Lothian</b></li> <li>• <b>Although PCIPs are reported by each of the HSCPs as being ‘on track’, assurance cannot currently be given that PCIPs will deliver sustainable change to mitigate this risk.</b></li> <li>• <b>A paper on role of Primary Care has been requested for the Planning, Performance and Development Committee in January 2022.</b></li> </ul>	
<b>Risk Grading:</b>		<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		<b>Very High 20</b>	<b>Very High 20</b>
5185	<p><b>Access to Treatment</b></p> <p>There is a significant risk that NHS Lothian will not achieve waiting time standards for 2021/22 and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care,</u></p> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <p>October 2020 - Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid</p>	

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	<p>patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients.</p> <p>New risk created from previous risks 3211 &amp; 4191. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p>infections &amp; Winter.</p> <p>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 &amp; Winter.</p> <p>January 2021 – HCG discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months.</p> <p>March 2021 – HCG accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19.</p>	
		<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• <b>Remobilisation 4 plans due to be submitted to Scottish government September 2021.</b></li> <li>• <b>Remobilisation 3 plans in place.</b></li> <li>• <b>Each of the 4 Recovery Boards have plans in place, which include at specialty level.</b></li> <li>• <b>Monitored by the Performance Oversight Board, too early to see any measurable impact as yet and acknowledge there are longstanding capacity issues.</b></li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Remobilisation 4 plans submitted, awaiting Scottish Government response. Thereafter, final draft will be taken to full Board for agreement.</b></li> <li>• <b>Pressure continues across Acute services with significant disruption to scheduled care. Continued scrutiny with dynamic response required. Major incident response capability compromised.</b></li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Remobilisation 4 plans accepted by Scottish Government and approved by Board at December 21 meeting. No specific levels of assurance proposed or agreed</b></li> <li>• <b>Plan in place, however, heavily compromised, and vulnerable</b></li> <li>• <b>Gold command in place for continuous monitoring and action</b></li> <li>• <b>Board requested specific reference to workforce issues and linkage to nursing workforce risk on CRR – now noted in risk.</b></li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		<b>Very High 20</b>	<b>Very High 20</b>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5187	<p><b>Access to Psychological Therapies</b></p> <p>There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board.</u></p> <p>Executive Lead: Calum Campbell</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <p>New risk pertinent to HCG. Approved at June 2021 Board. Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed</p> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• <b>The Scottish Government has requested costed improvement plans to improve access to psychological therapies.</b></li> <li>• <b>Plans are in place to manage locally. However, additional finance required.</b></li> <li>• <b>Additional funds required to achieve national standards which have been submitted to Scottish Government with the aim of achieving standards by March 2023. Await Scot Gov confirmation of funds. Early signs of improvement</b></li> </ul> <p><b><u>October Update</u></b> Recovery plan in place and funded on non- recurrent in year monies. Plan submitted to SG. Awaiting feedback re funding.</p> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>The current plans in place are impacting positively on performance and there is increased confidence that there will be further performance improvement as recruitment is being successful</b></li> <li>• <b>It is recommended to the CMT that we ask the Board to reduce the grading from very high to high based on improved performance and staffing.</b></li> </ul>	
<b>Risk Grading:</b>		Jan-Mar 2021	CMT/Board June 2021
		N/A	Very High 20
5188	<p><b>Access to CAMHS</b></p> <p>There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations,</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care.</u></p> <p><u>Planning Performance &amp; Development Committee – Performance</u></p> <p>New risk pertinent to HCG. Approved at June 2021 June.</p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Calum Campbell</p>	<p>July 2021 HCG accepted limited assurance with respect to plans in place to improve access, acknowledging significant work is taking place to rectify the current position.</p> <p>Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed</p> <p><b>Outcome of Executive Lead Discussions</b></p> <ul style="list-style-type: none"> <li>• <b>CAMHS are in a better position than Psychological Therapies as they have non-recurrent funding in place to support achievement of the national standards.</b></li> <li>• <b>Utilising non-recurrent funding and a range of actions to improve compliance with national standards.</b></li> <li>• <b>Plans in place to mitigate the risk with a view to seeing improvement in performance from October 2021</b></li> </ul> <p><b>October Update</b></p> <ul style="list-style-type: none"> <li>• <b>Recovery plan in place and funded on non-recurrent in year monies, with early signs of improvement being shown. Plan submitted to SG. Awaiting feedback re funding.</b></li> </ul> <p><b>December Update</b></p> <ul style="list-style-type: none"> <li>• <b>There are early signs of improvement, however the current plans to mitigate this risk are not fully implemented and successful recruitment is a rate limiter, as posts are going to advert but there are no applicants, which is a Scotland wide issue</b></li> <li>• <b>The service is working with the Scottish Government to explore enhancing regional working to sustain regional services hosted by Lothian</b></li> <li>• <b>Introduction and expansion of Helios is allowing us to mitigate some of the recruitment gaps.</b></li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		N/A	Very High 20
<b>3828</b>	<p><b>Nursing Workforce</b></p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to</p>	<p><u>Staff Governance Committee</u></p> <p>July 2020 - increase in grading from 6 to 12</p> <p>Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce.</p>	

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	<p>compromise of safe patient care impacting on length of stay and patient experience.</p> <p>Executive Lead: Nurse Director</p>	<p>Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan</p> <p>October 2020 – verbal update provided no new level of assurance agreed.</p> <p>December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation.</p> <p>May 2021 – Staff Governance accepted grading reduced from Very High to High.</p> <ul style="list-style-type: none"> <li>• Paper went to Private Board August 2021 and agreed to increase grading from High to Very High. Follow up paper to go to September 2021 Board</li> </ul> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• <b>Key issue with respect to this risk is the current impact on staffing as a result of staff required to isolate due to test and trace mechanisms.</b></li> <li>• <b>Plans are in place and reported through the management and governance structure.</b></li> <li>• <b>All the controls that are within the gift of the system are working well, however, the pandemic and staffing issues related to isolation continue are a significant risk and as such the grading will require constant review.</b></li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>ICPN capacity continue to be an issue, as not all vacant/new posts have been filled.</b></li> <li>• <b>Local self- assessment audits have been restarted, with improved electronic capture however completion of the audits maybe hindered due to service capacity at present</b></li> <li>• <b>QA through the ICPN has not been reinstated due to staffing pressures and having to respond to ongoing COVID requests.</b></li> <li>• <b>An organisational plan to address this risk will be developed through the Pan-Lothian Group and will include anti- microbial prescribing.</b></li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Variation in vacancy gap continues across health and Social care.</b></li> <li>• <b>International Recruitment continues with staff in post by March 22</b></li> <li>• <b>Recruiting to B2 and 3 in line with SG requirements are taking place and there has been a good response to adverts</b></li> <li>• <b>Registered nurse shortages are a national issue and national discussions taking place</b></li> <li>• <b>Paper to go to the next Staff Governance Committee in 2022</b></li> </ul>

Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<ul style="list-style-type: none"> <li>Continue to support the opening of beds at Liberton with support from Acute and the other HSCP.</li> </ul>		
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>	<b>CMT/Board Aug 2021</b>
		Very High 20	High 16	Very High 20
<b>5034</b>	<p><b>Care Homes</b></p> <p>There is an ongoing risk to the health and well-being of care home residents and staff from Covid-19 outbreaks. This is as a result of the potential for community transmission to a vulnerable population and the enhanced requirements for infection prevention and control within non-clinical environments.</p> <p>Health Boards have been given additional responsibilities for multi professional oversight in organisations that they have no formal jurisdiction over. This presents potential reputational, political and legal risk to NHS Lothian.</p> <p>New risk –approved by Board, 12 August 2020.</p> <p>Executive Lead: Nurse Director</p>	<p><u>Healthcare Governance Committee</u></p> <p>September 2020 – moderate assurance accepted on oversight of quality in care homes by HSCPs as part of HSCP annual reports.            January 2021 – moderate assurance accepted that governance infrastructure in place to deliver the enhanced professional oversight.            Limited assurance in respect of the 4 aspects of care for which Exec nurse director given accountable.</p> <p>June 2021 – went to HCG. Accepted moderate assurance for professional oversight and for the four aspects of care which the executive Nurse Director is accountable.</p> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li><b>Widening the support for care homes, particularly around falls and delirium.</b></li> <li><b>Clear oversight of quality within care homes. Infrastructure to support reliable quality of care in place. Clear visibility of issues around infection prevention and control demonstrated by flexible, timely response to limited Covid outbreaks.</b></li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li><b>Recommendation to the October Board to reduce the risk and rationale</b></li> <li><b>Reviewing the risk in light of the implementation of Scottish Government Minimum Terms of Reference- Clinical and Professional Oversight Group for Care Homes and Community Health.</b></li> </ul> <p><b><u>December Update</u></b></p>		



Datix ID	Risk Title & Description	Committee Assurance Review Date		
		<ul style="list-style-type: none"> <li>The infrastructure for assuring the quality of care in care homes, is now well established, including the response to HAI outbreaks. The risk is currently at medium, and it is recommended that this risk is removed from the CRR onto the Corporate Nursing risk register where it will be under regular review.</li> </ul>		
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>	<b>Board October 2021</b>
		High 12	High 12	Medium 9
<b>5020</b>	<p><b>Water Safety and Quality</b></p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</p> <p>This may lead to harm to patients, staff and the general public, potential prosecution under H&amp;S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk –approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020 – limited assurance accepted.</p> <p>Limited assurance was agreed by the NHS Lothian H&amp;S committee in May 2021. A paper will be presented to the next Staff Governance Committee as the principle committee for assurance of this risk.</p> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li><b>Main issue has been for community premises where water use has been reduced due to suspension of services through the pandemic.</b></li> <li><b>Water safety plans have been written for the majority of NHS Lothian community premises and are in the process of being written for all acute sites. Written schemes of control and Legionella risk assessments are in place for all sites with a reporting structure agreed.</b></li> <li><b>Local sub-groups have been established for all acute sites. REAS &amp; HSCPs are not yet in place.</b></li> <li><b>It is anticipated that Water safety plans for all NHS Lothian and Third-Party providers with easy access to documentation and reports to be completed within the next 12 months</b></li> <li><b>Plans for all premises are not yet in place.</b></li> </ul> <p><b><u>October Update</u></b></p>		

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		<ul style="list-style-type: none"> <li>• Medical Director has emailed duty holders in HSCPs advising of their obligations and need to assist Facilities in managing good water turnover in line with guidance. A mechanism to monitor this is being developed but is yet to be tested.</li> <li>• Progress in completion of Water Safety Action Plans continue to be monitored by the Water Safety Group.</li> <li>• Water quality remains in limits and is not showing substantial change from previous results.</li> <li>• Paper to be presented to Staff Governance Committee in October 2021.</li> </ul> <p><b>December Update</b></p> <ul style="list-style-type: none"> <li>• Staff governance committee accepted Limited assurance on the control measures in place until an audit of documents can be undertaken</li> <li>• Moderate assurance accepted on the oversight mechanisms of the risk</li> <li>• Water safety plans are now complete for all NHS Lothian sites</li> <li>• Key areas of risk remain on sites operated by NHS Lothian's PFI partners and other 3rd Parties which include GP surgeries. The majority have not yet submitted Water Safety Plans to be reviewed by NHS Lothian Estates and the reporting system for exceptions, maintenance failures and abnormal water quality testing is not yet robust. At the current time, these are requested and reviewed on a quarterly basis.</li> <li>• In addition, there is a risk of failure to complete the estates and facilities aspects of PPM and monitoring in NHS Lothian owned buildings</li> <li>• NHS Lothian water safety group is writing to Chairs of Local Water Safety Groups and local Health and Safety Committees to request a quarterly report with pre-specified information which will include any exception reporting, monitoring or water sampling results which are outside of agreed parameters (e.g., temperature monitoring, water sampling results), results of AE audits, any planned remedial works, duty structures and changes in personnel with responsibility for water.</li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		High 12	High 12
<b>3454</b>	<p><b>Timeliness and Learning from Complaints</b></p> <p>There is a risk that the complaints management process does not meet national performance standards and cannot evidence actions from learning.</p>	<p><u>Healthcare Governance Committee</u></p> <p>November 2020 – Moderate assurance accepted.  March 2021 – limited assurance accepted on the effectiveness of processes to collect feedback on complaints handling and performance in respect of stage 1 and 2 complaints.</p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date		
	Executive Lead: Nurse Director	HCG May 2021 and January 2022 accepted Moderate Assurance re complaints management.		
		<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• Alignment of complaints officers to operational units is now in place to support performance improvement. Proposal going to CMT to close complaints which are part of a SAE process.</li> <li>• Additional controls have been put in place to enhance management oversight and accountability of complaints management at HSCP and Acute level, which is supported by weekly, monthly and quarterly reporting/data across the system, including CMT.</li> <li>• An initial improvement plan has been developed which went to HCG in May 2021 and a more robust plan will go to the August 2021 HCG for consideration.</li> <li>• Complaint's objectives being set for Acute and HSCPs and monitored through CMT.</li> <li>• Significant improvements in 20day target which will inform the grading when sustained.</li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>• Improvement plan being progressed by the SLWG, evidence of early improvement in performance taking place</li> <li>• Complaints pathway diagnostic taking place as part of the improvement plan</li> <li>• Additional posts are being progressed through recruitment and good response to the advert</li> <li>• Paper to go to January 22 HCG committee</li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• Improvement plan being progressed by the SLWG, evidence of early improvement in performance taking place</li> <li>• Complaint's pathway diagnostic taking place as part of the improvement plan</li> <li>• Additional posts are being progressed through recruitment and good response to the advert</li> <li>• Paper to go to January 22 HCG committee</li> </ul>		
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>	<b>Board October 2021</b>
		High 16	High 16	Medium 9

Datix ID	Risk Title & Description	Committee Assurance Review Date	
3189	<p><b>Facilities Fit for Purpose</b></p> <p>There is a risk that NHS Lothian is unable to deliver an efficient healthcare service because of unsuitable accommodation and clinical environments leading to potential delays in patient care and threatening patient and staff safety.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance &amp; Resources Committee</u></p> <p>June 2020 - Moderate assurance agreed, reduction in grading from High 16 to high 12 (impact changed from high to moderate)</p> <p>January 2021 – moderate assurance accepted further review July 2021.</p>	
		<p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• <b>Comprehensive, systematic plan in development informed by current survey of whole estate.</b></li> </ul> <p><b><u>October update</u></b></p> <ul style="list-style-type: none"> <li>• <b>Further plans due in January 2022 based on full survey relating to backlog maintenance.</b></li> <li>• <b>Capital investment plan also in place.</b></li> <li>• <b>Paper to be presented to F&amp;R in November 2021.</b></li> <li>• <b>Risk to be reviewed in January 2022 when work to review the estate has been completed.</b></li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• <b>On track to complete plan for Jan 2022 – will be presented to Estates &amp; Facilities SMT in the first instance</b></li> <li>• <b>Moderate assurance accepted by F&amp;R in November</b></li> <li>• <b>Final plan and update on risk will now be presented at F&amp;R in April 2022 when work to survey estate has been completed</b></li> <li>• <b>Current plans monitored and prioritisation reviewed every 2 months by LSIG</b></li> </ul>	
<b>Risk Grading:</b>		<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		High 12	High 12
5189	<p><b>RIE Facilities</b></p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required</p>	<p><u>Finance &amp; Resources Committee</u></p> <p>New risk approved by Board June 2021.</p>	

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	<p>Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> <li>• Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases)</li> <li>• Water quality and management of water systems (flushing, temperature control, periodic testing)</li> <li>• Window safety and maintenance</li> <li>• Wire Safety</li> </ul> <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Jim Crombie</p>	<p><b>Outcome of Executive Lead Discussions</b></p> <ul style="list-style-type: none"> <li>• There has been an issue in gaining traction with contractors and dispute resolution process has been undertaken which has now re-set relationships with Consort.</li> <li>• Plans in place overseen by RIE estates and facilities improvement group, continuous development informed by results of site wide surveys.</li> <li>• A risk workshop is being undertaken with the technical team to look at patient safety, infection control and facilities to inform priorities and where escalation is required.</li> <li>• Some progress is now being made with lifecycles works. Plans not yet fully developed therefore too early to judge effectiveness, currently assessing the risk to inform the development of plans.</li> </ul> <p><u>October Update</u></p> <ul style="list-style-type: none"> <li>• There is a delay in Consort providing a lifecycle programme of work to NHS Lothian, now expected for November 21</li> <li>• This has triggered formal correspondence from the Board to Consort on several issues.</li> <li>• Paper to be considered at F&amp;R, once proposed programme received from Consort.</li> </ul> <p><u>December Update</u></p> <ul style="list-style-type: none"> <li>• The executive oversight group was re-established on 1 December. Consort have submitted draft plan for discussion &amp; review by NHS Lothian</li> <li>• DRP 2 proceedings have now been approved</li> <li>• Commercial Strategy for contract approved by November F&amp;R &amp; Board on 1 December</li> <li>• Residual risk remains and appropriate assurance not yet in place. Will be considered at executive oversight group then to take to formal CMT</li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		N/A	High 15
<b>3455</b>	<p><b>Violence &amp; Aggression</b> (Reported at H&amp;S Committee)</p> <p>There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions.</p>	

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	<p>disability services, and emergency departments; resulting in harm to person and poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Nurse Director</p>	<p>December 2020 - moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms.</p> <p>May 2021 HCG Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety.</p> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>Internal audit due to report and will inform improvement plans in addition to quarterly reporting through local H&amp;S Committees to the Lothian committee which take place in August 2021</li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>Meeting Internal audit to agree management actions the week beginning 11<sup>th</sup> September. A plan will be developed which will include generic actions and those relevant to this corporate risk.</li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>The November 2021 A&amp;RC accepted limited assurance, with respect to internal audit findings and asked for plan to come back to the February 2022 meeting.</li> <li>Staffing requirements related to the plan are being considered and will be discussed pending the diagnostic work, which will be the foundation for the plan.</li> <li>To ensure continuity of service non- recurrent monies have been used for succession planning within the current V&amp;A team, as there are a number of retirements and/or individuals leaving in 2022.</li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		High 15	High 15
3328	<p><b>Roadways/Traffic Management</b></p> <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of</p>	<p><u>Staff Governance Committee</u></p> <p>October 2020- limited assurance accepted regarding safe traffic management at the acute sites.</p> <p>December 2020- limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites.</p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>staff abuse and the potential physical harm to staff, patients, and the public.</p> <p>Executive Lead: Jim Crombie</p>	<p>June 2021 Board - Governance and Management remain the same as does grading and adequacy of controls</p> <p>Paper to be presented to Staff Governance in October 2021</p> <hr/> <p><b><u>Outcome of Executive Lead Discussions</u></b></p> <ul style="list-style-type: none"> <li>• Running action plan in place with oversight of local plans.</li> <li>• Further plans in development.</li> <li>• Local plans effective to manage 'business as usual', however, effect of additional demand for parking due to Covid and current building work on site impacts effectiveness, safety and results in abuse of staff and complaints.</li> </ul> <p><b><u>October Update</u></b></p> <ul style="list-style-type: none"> <li>• Running action plan remains in place with oversight of local plans. Further plans continue to be in development.</li> <li>• Paper to be presented to staff governance in Oct 2021.</li> </ul> <p><b><u>December Update</u></b></p> <ul style="list-style-type: none"> <li>• Running action plan in place with oversight of local plans</li> <li>• Staff Governance accepted limited assurance</li> <li>• Additional actions by site noted in paper to Staff Governance committee and will be included in site plans from January 2022.</li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b>	<b>CMT/Board June 2021</b>
		High 12	High 12
<b>1076</b>	<p><b>Healthcare Associated Infection</b></p> <p>There is a risk of patients developing an infection:</p> <ol style="list-style-type: none"> <li>1) as a consequence of healthcare interventions because of inadequate implementation and monitoring of HAI prevention and control measures.</li> <li>2) linked to the built environment as a consequence of non-compliant design,</li> </ol>	<p><u>Healthcare Governance Committee</u></p> <p>January 2021 - Moderate assurance accepted. Standing item on HCG agenda.</p> <p>March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres.</p> <p>May 2021 HCG accepted Moderate Assurance against plans in place to deliver the standards.</p>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>maintenance or monitoring. This includes infections associated commonly occurring environmental organisms e.g. <i>Pseudomonas aeruginosa</i>.</p> <p>3) associated a failure to decontaminate reusable invasive and semi invasive medical equipment effectively.</p> <p>Potential increase in individual patient morbidity &amp; mortality risk, extended length of stay and duration of treatment associated with healthcare associated infections.</p> <p>Executive Lead: Tracey Gillies</p>	<p>July 2021 and January 22 HCG accepted Moderate Assurance against plans in place to deliver the standards.</p> <p>August Board received the HAI annual report and metrics continued to be monitored through the Board performance report.</p>	
		<p><b>Outcome of Executive Lead Discussions</b></p> <ul style="list-style-type: none"> <li>• <b>Current constraints numbers of IPCNs available to advise the service and the ability of the service to deliver the plans due to the pandemic and number of staff isolating. Significant pressures on the Infection &amp; Control Team due to environmental risks at the RIE and other sites.</b></li> <li>• <b>Confirmation of local plans in place. Organisational plan still in development, operational plans in place.</b></li> <li>• <b>Did not meet LDP targets, however, performed well against many other Boards. Suspended many of the service audits due to Covid, so difficult to assess impact of plans at present with respect to infection control and prevention standards but plans are in place to reinstate these.</b></li> </ul> <p><b>October Update</b></p> <ul style="list-style-type: none"> <li>• <b>ICPN capacity continue to be an issue, as not all vacant/new posts have been filled.</b></li> <li>• <b>Local self- assessment audits have been restarted, with improved electronic capture however completion of the audits maybe hindered due to service capacity at present</b></li> <li>• <b>QA through the ICPN has not been reinstated due to staffing pressures and having to respond to ongoing COVID requests.</b></li> <li>• <b>An organisational plan to address this risk will be developed through the Pan-Lothian Group and will include anti- microbial prescribing.</b></li> </ul> <p><b>December Update</b></p> <ul style="list-style-type: none"> <li>• <b>ICPN staffing is a deteriorating position, as all of the vacant posts were not filled, plus a number of existing staff are leaving to return to clinical duties, are retiring or on long term sick leave. The shortage of trained ICP nurses is a national issue and national conversations are taking place</b></li> <li>• <b>Skill mix has been reviewed and the proposal for band 5 posts is being considered at Bronze Command</b></li> <li>• <b>Unlikely we will meet the national HAI targets (March 22) but will be not far off, which is due to changes in remote prescribing and increase antibiotic use.</b></li> </ul>	
	<b>Risk Grading:</b>	<b>Jan-Mar 2021</b> <b>High 16</b>	<b>CMT/Board June 2021</b> <b>High 16</b>



