

Agenda

10:30 - 10:35 **1. Welcome**

5 min

Verbal John Connaghan

10:35 - 10:37 **2. Apologies for Absence**

2 min

Verbal John Connaghan

10:37 - 10:40 **3. Declaration of Interests**

3 min

Verbal John Connaghan

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

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

Items for Approval or Noting


10:40 - 10:45 **4. Items proposed for Approval or Noting without further discussion**

5 min

Decision John Connaghan

4.1. Minutes of Previous Board Meeting - 05 April 2023

For Approval John Connaghan

 4.1. Board Minutes 05-04-23 (draft to meeting).pdf (10 pages)

4.2. Healthcare Governance Committee Minutes - 14 March 2023

For Noting Fiona Ireland

 4.2. Healthcare Governance Committee Minutes 14-03-23.pdf (8 pages)


4.3. Finance and Resources Committee Minutes - 20 March 2023

For Noting Angus McCann

 4.3. Finance & Resources Committee Minutes 20-03-23.pdf (6 pages)

4.4. Staff Governance Committee Minutes - 01 March 2023

For Noting *Bill McQueen*

 4.4 Staff Governance Committee Minutes 01-03-2023.pdf (12 pages)

4.5. Audit and Risk Committee Minutes - 20 February 2023


For Noting *Martin Connor*

 4.5. Audit and Risk Committee Minutes 20-02-2023.pdf (6 pages)

4.6. Midlothian Integration Joint Board Minutes - 15 December 2022 & 09 February 2023

For Noting *Val de Souza*

 4.6.a. Midlothian Integration Joint Board Minutes 15 December 2022.pdf (9 pages)

 4.6.b. Midlothian Integration Joint Board Minutes 09 February 2023.pdf (10 pages)

4.7. East Lothian Integration Joint Board Minutes - 23 February & 23 March 2023


For Noting *Peter Murray*

 4.7.a. East Lothian Integration Joint Board Minutes 23 February 2023.pdf (8 pages)


 4.7.b. East Lothian Integration Joint Board Minutes 23 March 2023.pdf (9 pages)

4.8. Edinburgh Integration Joint Board Minutes - 28 February 2023

For Noting *Katharina Kasper*

 4.8. Edinburgh Integration Joint Board Minutes 28 February 2023.pdf (6 pages)

4.9. National Whistleblowing Standards - Annual Performance Report 2022/23

 4.9. National Whistleblowing Standards - Annual Performance Report 2022-23.pdf (21 pages)

4.10. Appointments to Members of Committees and Integration Joint Boards

For Approval *John Connaghan*

 4.10 Board Appointments Report - 21 June 2023 (final).pdf (3 pages)

4.11. Review of the Standing Financial Instructions and Scheme of Delegation

For Approval *Craig Marriott*

 4.11. Board-Review-of-SFIs-and-SOD (June-2023).pdf (91 pages)

Items for Discussion

10:45 - 10:50 5. Board Chair's Report - June 2023

5 min

Verbal *John Connaghan*

10:50 - 11:00 6. Board Executive Team Report - June 2023

10 min

Discussion *Calum Campbell*

 6. Board Executive Team Report 21 June 2023.pdf (12 pages)

11:00 - 11:05
5 min

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

Verbal John Connaghan

11:05 - 11:35
30 min

8. NHS Lothian Board Performance Paper

Discussion Jim Crombie

📄 8. Board Paper Performance Paper (21.06.23 final).pdf (5 pages)

11:35 - 11:45
10 min

BREAK

11:45 - 11:55
10 min

9. Lothian Strategic Development Framework Annual Report

Discussion Colin Briggs

📄 9. LSDF Annual Report 2022-23 FINAL DRAFT.pdf (31 pages)

11:55 - 12:10
15 min

10. NHS Lothian Corporate Objectives 2023/24

For Approval Colin Briggs

📄 10. NHS Lothian Corporate Objectives (Board 21.06.23).pdf (15 pages)

12:10 - 12:25
15 min

11. Children's Services Partnership Plans

Discussion Calum Campbell

- 📄 11. NHSLBoard Children Services Plan Paper v2 (Board 21.06.23).pdf (3 pages)
- 📄 11. Appendix 1 - Childrens Services Partnership Plans Presentaton (21.06.23).pdf (18 pages)
- 📄 11. Appendix 2 - Plan on a Page - Edinburgh-East Lothian-Midlothian and West Lothian (21.06.23).pdf (8 pages)
- 📄 11. Appendix 3 - Draft Edinburgh Childrens Service Plan 2023-26 (21.06.23).pdf (15 pages)
- 📄 11. Appendix 4 - East Lothian Children Services Plan 2023-26 (21.06.23).pdf (8 pages)
- 📄 11. Appendix 5 - Midlothian Childrens Service Plan 2023-26 (21.06.23).pdf (16 pages)
- 📄 11. Appendix 6 - West Lothian Draft_Childrens Services Plan 2023-26 (21.06.23).pdf (39 pages)

12:25 - 12:35
10 min

12. NHS Lothian 2022/23 Financial Position

Discussion Craig Marriott

📄 12. NHS Lothian 2223 finance report - Board 21 June 2023 - final.pdf (7 pages)

12:35 - 12:45
10 min

13. Corporate Risk Register

Discussion Tracey Gillies

📄 13. Board Corporate Risk Register Paper 21 June 2023 - Final.pdf (22 pages)

12:45 - 12:50
5 min

14. Any Other Business

12:50 - 12:55 **15. Reflections on the Meeting**

5 min

Verbal

John Connaghan

12:55 - 13:00 **16. Future Meeting Dates**

5 min

For Noting

John Connaghan

- 23 August 2023
- 04 October 2023
- 06 December 2023

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 9.30am on Wednesday 05 April 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Chair); Mr P. Murray (Vice-Chair); Cllr H. Cartmill (from 10am); Prof. S. Chandran (until 12:45pm); Mr A. Cogan; Mr M. Connor; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Prof. J. Innes; Miss F. Ireland; Ms K. Kasper; Mr P. Knight; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan and Ms V. de Souza.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mrs J. Butler (Director of Human Resources and Organisational Development); Ms J. Campbell (Chief Officer, Acute Services); Mrs M. Carr (Service Director DATCC, shadowing J. Campbell); Dr J. Long (Director of Primary Care); Ms T. McKigen (REAS Services Director); Mr E. Doyle (Associate Divisional Medical Director); Ms L. Kerr (General Manager, East Lothian IJB); Ms K. Taylor (Communications Manager); Ms J. Bennett (Associate Director for Quality Improvement & Safety); Ms M. Campbell (Observer, Director of Estates & Facilities); Ms G. Symes, Audit Scotland (Observer, Board's External Audit Team); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

Apologies for absence: Ms N. Akta (Non-Executive Director); Mr P. Allenby (Non-Executive Director); Cllr S. Akhtar (Non-Executive Director); Ms T. A. Miller (Non-Executive Director); Miss T. Gillies (Executive Medical Director); Mr C. Briggs (Director of Strategic Planning); Ms J. Mackay (Director of Communications and Public Engagement); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms A. White (Chief Officer, West Lothian IJB) and Ms F. Wilson (Chief Officer, East Lothian IJB).

1. Declaration of Interests

1.1 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. Professor Innes made a non-financial declaration that his wife was Director of Evidence with Healthcare Improvement Scotland, this declaration was noted.

2. Chair's Introductory Comments

2.1 The Chair welcomed new members, Mr Cogan and Professor Innes to their first Board meeting, since joining the Board on 1 April and asked members present to introduce themselves.

2.2 The Chair highlighted that some members of the NHS Lothian Talent Management and Succession Planning Programme cohort were observing the meeting along with Ms Symes from Audit Scotland and Ms Campbell, Director of Estates & Facilities.

2.3 The Chair also informed the Board that Miss Gillies, Executive Medical Director, was unable to attend the meeting due to personal circumstances, that Dr Doyle was attending the meeting in her stead and that Ms Bennett would present the Corporate Risk Register.

ITEMS FOR APPROVAL OR NOTING

3. Items proposed for Approval or Noting without further discussion

- 3.1 The Chair reminded those present that the Board agenda was made up of two separate sections. The first was the section for approval commonly referred to as “the consent agenda”. The Chair reminded members that they had the opportunity to advise in advance if they wished any matter to be moved out of this section, for discussion. The Board noted that no such requests had been made.
- 3.2 Minutes of Previous Board Meeting held on 8 February 2023 – Minutes were approved.
- 3.3 Healthcare Governance Committee Minutes – 24 January 2023 – Minutes were noted.
- 3.4 Finance and Resources Committee Minutes – 21 December 2022 & 07 February 2023 – Minutes were noted.
- 3.5 Staff Governance Committee Minutes – 14 December 2022 – Minutes were noted.
- 3.6 Audit and Risk Committee Minutes – 21 November 2022 – Minutes were noted.
- 3.7 Midlothian Integration Joint Board Minutes – 15 December 2022 – Minutes were noted.
- 3.8 West Lothian Integration Joint Board Minutes – 10 January 2023 – Minutes were noted.
- 3.9 East Lothian Integration Joint Board Minutes – 8 December 2022 – Minutes were noted.
- 3.10 Edinburgh Integration Joint Board Minutes – 13 December 2022 – Minutes were noted.
- 3.11 NHS Lothian Climate Emergency and Sustainability Report 2021-22 – The Board:
- Noted the Report covering the period April 2021 to March 2022, based on the NHS Lothian Carbon Emissions report presented to the Finance and Resources Committee in draft in August 2022.
 - Accepted moderate assurance in relation to the delivery of pathway to Net Zero, based on an overall reduction in (reported) carbon emissions of 4.0% (2,744 TCO₂).
 - Noted that the NHS Lothian Annual Climate Emergency and Sustainability report for the year 2022/23 would be available in draft in August 2023.
- 3.12 Appointments to Members of Committees and Integration Joint Boards – The Board agreed the recommendations in the paper:
- To appoint Katharina Kasper as the Lead Voting Member of the Edinburgh Integration Joint Board, with immediate effect.
 - To approve the removal of Angus McCann as the Lead Voting Member of the Edinburgh IJB, with immediate effect.
 - To appoint John Innes as a Voting Member of the West Lothian Integration Joint Board, with immediate effect.
 - To appoint Andrew Cogan as a Voting Member of the East Lothian Integration Joint Board, with immediate effect.
 - To approve the removal of Val de Souza as a Voting Member of the East Lothian Integration Joint Board, with immediate effect.
- 3.13 NHS Lothian Standing Orders Update - The Board agreed to approve the revised Standing Orders and accept significant assurance that this annual review meets the requirements of good governance and takes account of both the NHS Scotland Blueprint for Good Governance Second Edition, and the Code of Conduct for Members of Lothian NHS Board.

- 3.14 NHS Lothian Quality Strategy – The Board agreed the recommendations in the paper:
- To accept the proposal to extend the current Quality Strategy lifespan to May 2027 acknowledging the impact of the pandemic and its aftereffects, on the pace of implementation.
 - To accept the proposal that a detailed implementation plan will come to the December 2023 Board. Any questions, ahead of December, could be raised through the medical director’s office.
- 3.15 National Whistleblowing Standards - Quarter 3 Performance Report – The Board noted the content of the Quarter 3 Whistleblowing Performance Report which was approved by the Staff Governance Committee at its meeting on 1 March 2023. The Board also noted that the Quarterly and Annual reports, in line with the requirements of the Standards, were published on the NHS Lothian website.

ITEMS FOR DISCUSSION

4. Board Chair’s Report – April 2023

- 4.1 Jacque Campbell Valedictory Comments - The Chair paid tribute to Ms Campbell on behalf of the Board, for her outstanding contribution to the work of the Board and to the highly competent, professional role model she had been for NHS Lothian over her 38-year career. The Chief Executive echoed these sentiments, noting that Ms Campbell’s performance during the Covid-19 pandemic had been particularly outstanding and that her presence would be missed by all. The Board welcomed the appointment of Mrs Carr as Ms Campbell’s replacement.

5. Board Executive Team Report – April 2023

- 5.1 The Board noted the Board Executive Team report for April 2023. In response to questions from Board members, the following points were discussed and noted:
- System Inpatient Bed Capacity Planning – Examples of good practice in acute bed modelling from other parts of the UK had been explored and considered. However, the NHS Lothian proposal was to include acute and downstream environments and currently there were no “off the shelf” whole system models from elsewhere that were mature enough to use. Board members suggested making use of existing modelling capacity within Public Health Scotland. They highlighted the potential benefits of co-creation with external experts, whilst stressing the importance of retaining internal ownership of modelling data to support the potential need for later adaptations. The Executive Leadership Team would consider options in the coming weeks, including the appropriate balance between the use of internal and external resources.
 - NHS Lothian Innovation Team – The Board congratulated the NHS Lothian Innovation Team on their work on Long Covid, in partnership with Chest Heart & Stroke Scotland and POGO Digital Healthcare, which had to them winning the Technology Enabled Independent Living Award at the Digital Health and Care Awards 2023.
 - Healthcare Improvement Scotland (HIS) Unannounced Safe Delivery of Care Inspection, Edinburgh Royal Infirmary – The Chief Executive confirmed that the report from the inspection was due at the start of May and would come back to the next Board meeting. There was an action plan in place to address the issues identified and there would be further discussion through the Strategy, Planning and Performance Committee and the Healthcare Governance Committee. He acknowledged that this would be a challenging report and the Board’s response would include a specific focus

on redirection at the Royal Infirmary. The importance of effective communications was noted.

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

6.1 Healthcare Governance Committee (HGC)

The Board noted that recent HGC meetings had seen the approval of the Equality Outcomes Progress Report, its pending publication and continued monitoring. The extension of the NHS Lothian Quality Strategy and HGC's role in monitoring progress against this had also been covered.

6.2 Finance and Resources Committee (F&RC)

The Board noted that recent F&RC meetings had involved discussion on the findings of the Scottish Fire and Rescue Service Audit at the RIE and this would be considered by the Board in private session. The F&RC had also considered the challenge of balancing the impacts of the climate emergency against omnipresent service pressures and there would be further discussion on this at the Strategy, Planning and Performance Committee.

6.3 East Lothian Integration Joint Board (ELIJB)

The Board recognised that the ELIJB had rejected the funding offer from East Lothian Council. This was an unusual position over the history of ELIJB but unfortunately not an isolated position against other IJBs across Scotland, given current financial pressures. Discussions between the ELIJB Chief Finance Officer and the Council would continue.

6.4 Midlothian Integration Joint Board (MIJB)

The Board noted that the MIJB was in a similar position to East Lothian in terms of local authority funding. There would be continued efforts to progress the position ahead of the next MIJB meeting on 13 April 2023, where a vote was anticipated on whether to accept the funding offer. The MIJB Chair planned to write to the Scottish Government and would copy the NHS Lothian Board Chair into this correspondence.

6.4.1 The Director of Finance emphasised that NHS Lothian would pass on all allocated funding from the Scottish Government as is supposed to happen in order to fulfil working with IJBs and Councils. There are certain 'passed through' funds from Scottish Government that are provided to local authorities, and it is clear these funds should be 'passed through' to IJBs. However, some local authorities have interpreted the terms of the funding letter differently.

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

7.1 The Board Secretary introduced the report for the Board's awareness and highlighted an upcoming "Understanding Good Governance" event on 26 April 2023.

7.2 The Board Secretary explained that, following the publication of the second edition of the Blueprint in December 2022, further specific detail on implementation was awaited. It was understood that a survey tool was being developed by the Scottish Government and Board Chairs to support boards in undertaking a self-assessment exercise. This would likely be the first piece of work that boards would be asked to do. It was noted that, based on its current governance arrangements, the Board was well placed to adapt to comply with any further requirements.

7.3 The Corporate Governance Team would work to bring together existing operating guidance and other evidence to demonstrate how the Board's assurance framework aligns with the requirements of the Blueprint. The results of this work would be taken back through senior

management and the Board in due course in order to support the Blueprint self-assessment later in the year.

- 7.4 The Board accepted the recommendations in the report:
- To note the publication of the NHS Scotland Blueprint for Good Governance: second edition.
 - To note that further detail is awaited from the NHS Scotland Strategic Governance Group on specific implementation plans.
 - To note that a dedicated Board Development Session will be arranged once further detail is forthcoming on implementation and a self-evaluation exercise.

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

8.1 The Director of Public Health & Health Policy presented the report to the Board seeking agreement of the Equality and Human Rights Strategy 2023-2028 and its publication on the NHS Lothian website.

8.2 The Director of Public Health & Health Policy highlighted that the Strategy had been discussed extensively by Strategy, Planning and Performance Committee in January, after which a small group of non-executive board members were consulted directly. This had led to further refinements which had been circulated to Board members.

8.3 There was discussion on the development of the underpinning action plan for the Strategy, which would be considered by the Corporate Management Team in the coming weeks. It was confirmed that a refreshed approach to undertaking integrated impact assessments (IIAs) would be included within the action plan.

8.4 The reporting lines for the Strategy were also considered. The recently reinstated Annual Public Health Report would include elements of statutory reporting in this area and specific progress against delivery of the Strategy would be monitored and reported to the Board through the Healthcare Governance Committee.

8.5 Board members also highlighted or sought assurance on:

8.5.1 The potential impact on unpaid carers of a commitment to uphold individual rights to the highest standards of mental health;

8.5.2 The important role that Power of Attorney could play in helping people exercise their human rights;

8.5.3 Whether appropriate formal structures existed to support gathering the views of people with lived experience;

8.5.4 The extent of staff training and whether there was capacity amongst staff to undertake additional training; and

8.5.5 What successful delivery would look like and what specific measures would be utilised to demonstrate progress against the objectives of the Strategy.

8.6 In response, it was confirmed that formal engagement structures and reporting measures were being developed through the Public Health team. It was anticipated that formal reporting would commence with a report to the Healthcare Governance Committee in March 2024, with a mid-year update to be provided to the Board. Mandatory equality and diversity training was already in place for staff and the work of the Strategy would build upon this by focusing on the development of culture and attitudes.

8.7 The Board agreed to the implementation of the Strategy and its publication on the NHS Lothian website.

9. Patient Experience Strategic Plan

- 9.1 The Executive Nurse Director presented the Patient Experience Strategic Plan 2023-28 for the Board's Approval. The Board noted that the Plan had been considered by both Corporate Management Team and the Healthcare Governance Committee (HGC).
- 9.2 The Executive Nurse Director outlined the significant consultation process that had been undertaken by a short life working group of the Patient Experience Programme Board. This had led to the development of the five-year plan to support staff and services move forward in an improved way through clear, shared learning experiences from complaints and compliments.
- 9.3 The Chair noted that this topic had been of interest to the Board for some time and invited members to consider and discuss the proposed Strategic Plan.
- 9.4 The Board expressed support for the aims of the Strategic Plan but wished to see further development of the metrics by which success would be measured in this area. A number of potential data and information sources were highlighted, including Care Opinion, regular GP surveys, patient stories gathered by the Patient Experience Team, and national work such as the "What Matters to You?" initiative. However, it was noted that data was often unstructured, and it was challenging to develop specific metrics that objectively measured improvements in patient experience over time.
- 9.5 The Board agreed that HGC was the appropriate route for reporting on progress against the aims of the Strategic Plan but requested that, after further discussion at HGC, a supplementary paper should be prepared to expand upon and enhance the currently proposed measures in page ten of the Strategic Plan. This additional report would be considered by the Strategy, Planning and Performance Committee.
- 9.6 The Board agreed to approve the Patient Experience Strategic Plan 2023-28, subject to the further development of performance measures, as described in the action above.

10. NHS Lothian Paediatric Audiology - Final Report

- 10.1 The Chief Executive presented a final report on work undertaken to address issues in the Paediatric Audiology service that were identified following a Scottish Public Services Ombudsman (SPSO) report in May 2021 and subsequent externally commissioned reports by the British Academy of Audiology (BAA).
- 10.2 The Chief Executive explained that progress against delivery had been monitored regularly by the HGC, most recently in March 2023, and there had been close liaison with the Scottish Government throughout, keeping it informed of developments. It was anticipated that the levels of assurance recommended within the paper would be improved further once all elements of the action plan were fully delivered. To this end, HGC would continue to monitor things.
- 10.3 Board members sought reassurance that the departmental culture and environment had improved. The Chief Executive confirmed that, following the delivery of the action plan and new recruitment to leadership roles, there had been an increased level of positive engagement within the department and a willingness of staff to challenge one another. It was noted that the department had demonstrated a willingness to improve and was receptive to external support and input.

- 10.4 Board members also sought reassurance that lessons had been learned and welcomed confirmation from the Associate Director for Quality Improvement & Safety that all physiology services were being reviewed as a result of this and options for external accreditations were also being considered.
- 10.5 The Board welcomed the report and wished to formally record its thanks to the Executive Medical Director for her leadership throughout this challenging period and also to the HCG and its members for their forensic oversight of this work.
- 10.6 Based on the report and action plan presented, the Board agreed to accept:
- Moderate Assurance that the quality of care delivered in Paediatric Audiology had improved and was in line with UK standards; and
 - Limited Assurance, at this time, on the development of the proposed quality control system (Due to this aspect being predicated upon software and reporting development from an external supplier, for which the anticipated timescale was June 2023).

11. NHS Lothian Board Performance Paper

- 11.1 The Deputy Chief Executive presented the NHS Lothian Board Performance report and provided some background on the report format and detail for new board members.
- 11.2 There was discussion on areas of positive performance despite ongoing system challenges, in particular outpatient activity, which exceeded pre-pandemic levels. However, the health and social care system remained under duress with high levels of inpatient occupancy across acute sites. Unscheduled care pressures continued to impact upon scheduled care, compounded by workforce challenges across all clinical and leadership areas.
- 11.3 The Deputy Chief Executive noted the major incident event at Leith Docks that had taken place on 22 March, and highlighted the remarkable response from clinical, administrative and leadership teams across the health and social care system to provide rapid access to emergency care when the number of casualties was initially unknown. The Board noted and commended this response. It was confirmed that work to ensure lessons were learned from the incident was almost concluded.
- 11.4 The Deputy Chief Executive confirmed that an improvement strategy on unscheduled care at the RIE would come to the next SPPC meeting and that cancer performance was subject to enhanced weekly oversight by executive directors. There was discussion on pressures within the urology service and the prostatectomy pathway and work being undertaken to enhance performance, including the expansion of robotic prostatectomy activity and input from Margaret Kelly, Effective Cancer Framework Consultant, Scottish Government.
- 11.5 A continuing decrease in waiting times for psychological therapies was welcomed but the impact of ongoing workforce challenges on delayed discharges, particularly in mental health, was also noted. Staffing in the community was acknowledged as one aspect of the challenge and the issue was a subject of ongoing work and discussion with Integration Joint Boards (IJBs). The Lothian Strategic Development Framework (LSDF) and its "implementation books" provided a basis for the Board to offer scrutiny of delivery in this area.
- 11.6 There was acknowledgement of the need to modernise workforce planning models but also that multiple workforce pressures were coalescing at the same time, e.g., general recruitment pressures, safe staffing legislation, a national commitment to explore a shorter

working week, etc. The Chief Executive confirmed that workforce, and its impact on all other areas, had been stressed as a top priority in sector-level discussions with the Scottish Government. He would continue to raise this at the Board's request.

- 11.7 Primary Care was another area with challenges. The Director of Primary Care clarified that in relation to the balance of face to face and telephone consultations, there were still more telephone calls than pre-pandemic, with some need for face-to-face consultations before onward referral. NearMe never quite worked as it should have, and telephone consultations were better. Out of Hours there were more calls received for advice than pre-pandemic also.
- 11.8 The Board also discussed performance against other LDP standards and considered areas of impact outwith the Board's control, e.g., NRAC funding allocations. The significant ongoing pressures in Dermatology and Ophthalmology were mentioned along with the need for the Board to evidence that current resource was being used to maximum benefit, as engagement with the Scottish Government around population capacity and demand continued.
- 11.9 Treatment Time Guarantee (TTG) Performance was also discussed. There was ongoing focus on maximising resources and there was a piece of work within the Day Surgery Unit at St John's Hospital to look at longest waits and programme scheduling to optimise activity, along with testing of a theatre scheduling tool and dedicated, sustained leadership. The Board noted that the biggest issue in relation to TTG was orthopaedics – hips and knees. The RIE was under the most scheduled care pressure, so it was hard to ringfence orthopaedic capacity. There were also the financial pressures to consider and whether to focus money on large volume activity within ophthalmology, in orthopaedics to reduce those waiting or split money between these areas.
- 11.10 The Board acknowledged the ongoing operational and strategic performance challenges, as well as the progress achieved in some key areas. The Board accepted the recommendations within the Performance Report:
- To note the performance across NHS Lothian in relation to the metrics included in the paper.
 - To acknowledge that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks will be addressed via existing governance channels and designated board sub-committee.
 - If further deeper dives are requested by the Board, these should be addressed in separate reports to maintain the structure of the core performance report.

12. Financial Updates

12.1 February 2023 Financial Position

- 12.1.1 The Director of Finance updated the Board on NHS Lothian's financial position at month 11, the year-end process and the anticipated delivery of a break-even position, which would be a significant achievement amidst the current challenges.
- 12.1.2 The Chair thanked the Director of Finance for the positive update. The Chair offered the Board's thanks to all staff involved in bringing a break-even position about. There was discussion on pay settlement projections, other non-pay issues and the statutory responsibility for the Board to seek opportunities for efficiency savings.
- 12.1.3 The Board accepted the report as a source of significant assurance that NHS Lothian would achieve a breakeven outturn this financial year.

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

- 12.2.1 The Director of Finance updated the Board on NHS Lothian's Five-Year Financial Outlook and Outline Plan for 2023/24. The Board noted the Finance and Resources Committee's input into this work.
- 12.2.2 There was discussion on the projected deficit position for the 2023/24 financial year, the collective pressures for the coming year, including service recovery, Covid business as usual, pay pressures, inflation which impacts drugs and energy costs and the need to deliver greater than 3% efficiency targets in the financial year. The Board accepted that while assurance on break even for 2023/24 was not possible at this stage given the need to finalise cost improvement plans the overall target must be that NHSL will break even in 2023/24.
- 12.2.3 The NRAC differential was also highlighted along with the pressure of the expected population growth over the next ten years and the costs involved with staff annual leave accrual.
- 12.2.4 The Board noted that NHS Lothian had demonstrated sound financial stewardship for many years, repeatedly returning a position outcome in an increasingly challenging financial environment. However, the Board recognised the challenge of managing the recurring versus non-recurring position in 2023/24 and accepted the recommendations within the paper:
- To approve the 2023/24 Outline Financial Plan as a basis for opening budgets and submit to Scottish Government as required.
 - To acknowledge that the Finance and Resources Committee was unable to offer assurance, at this stage, that NHS Lothian would be able to deliver a balanced financial position for 2023/24.
 - To endorse the allocation of resources agreed by the Finance and Resources Committee for the purposes of budget setting.

13. Corporate Risk Register

- 13.1 The Associate Director for Quality Improvement & Safety introduced the paper reviewing the NHS Lothian Corporate Risk Register (CRR) and the associated processes to ensure it remains fit for purpose. The Chief Executive confirmed that the performance aspects of worsening risks would be considered in more detail by the Strategy, Planning and Performance Committee (SPPC) in May.
- 13.2 The Board accepted the recommendations within the paper:
- To review the February 2023 updates provided by the leads concerning risk mitigation, as set out in the assurance table.
 - To note that any materially worsening risks have been set out in the CRR paper and will be considered by the SPPC.
 - To note the February Corporate Management Team increased the grading for 4-hour Emergency Access risk, the Hospital Bed Occupancy risk and Access to Treatment risk from Very High 20 to Very High/Extreme 25 due to worsening performance and impact on patient experience and outcome of care. Risk mitigations plans will now be presented to the May SPPC meeting.
 - To accept the Audit and Risk Committee's recommendation to approve the updated Risk Management Policy and Procedure, including a new Risk Appetite Statement.

14. Any Other Business

14.1 No other items of competent business were identified.

15. Reflections on the Meeting

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

16. 2023 Board Meeting Dates

16.1 The remaining Board meeting dates for 2023 were noted:

- 21 June 2023
- 23 August 2023
- 04 October 2023
- 06 December 2023

Chair's Signature

Date

Prof. John Connaghan CBE
Chair – Lothian NHS Board

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 14 March 2023 by video conference.

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

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms J. Campbell, Chief Officer Acute Services; Ms K. Dee, Deputy Director of Public Health and Health Policy; Ms H. Charles, Talent Management and Succession Programme (observing); Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Ms G. Cunningham, Service Director, Outpatients (item 71.1); Mr S. Garden, Director of Pharmacy; Ms T. Gillies, Medical Director; Ms K. Hood, Talent Management and Succession Programme (observing); Ms L. Hutchison, Equality, Diversity, Inclusion and Human Rights Lead (item 71.4); Mr G. Luke, Talent Management and Succession Programme (observing); Ms D. Marklow, Talent Management and Succession Programme (observing); Mr S. Malzer, Public Involvement Manager (item 70.3); Ms G. McAuley, Nurse Director, Acute Services; Ms McCloskey-Sellar, Talent Management and Succession Programme (observing); Ms A. MacDonald, Executive Nurse Director; Mr G. McGuire, Talent Management and Succession Programme (observing); Mr C. Miller, Talent Management and Succession Programme (observing); Ms D. Milne, Director of Public Health and Health Policy; Ms J. Morrison, Head of Patient Experience; Mr C. Munro, Talent Management and Succession Programme (observing); Ms B. Pillath, Committee Administrator (minutes); Ms M. Reid, Talent Management and Succession Programme (observing); Mr A. Short, Service Director, Women's and Children's Services; Ms F. Stratton, Chief Nurse Midlothian Health and Social Care Partnership; Ms L. Swadel, Talent Management and Succession Programme (observing); Mr D. Thompson, Board Secretary; Ms L. Watson, Talent Management and Succession Programme (observing); Dr C. Whitworth, Medical Director, Acute Services; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Mr C. Campbell, Chief Executive; Ms M. Carr, Service Director, Diagnostics, Anaesthetics, Theatres and Critical Care; Ms L. Rumbles, Partnership Representative; Mr P. Wynne, Director of Community Nursing; Cllr H. Cartmill, Non-Executive Director.

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.

68. Patient story

- 68.1 Ms MacDonald read out feedback from the parent of a toddler seen in the emergency department at the Royal Hospital for Children and Young People for an injured finger. The parent praised the good communication, treatment and environment.

68.2 Ms MacDonald also read out feedback from a patient who was treated at the nurse lead endoscopy unit who praised the friendly, caring, person centred and professional service.

69. Minutes from Previous Meeting (24 January 2023)

69.1 The minutes from the meeting held on 24 January 2022 were approved as a correct record.

69.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

69.3 The action to revise the terms of reference had not been concluded and was deferred until the next meeting.

70. Committee Business

70.1 Committee Workplan 2023-24, for approval

70.1.1 Ms Bennett presented the previously circulated paper, which would be in draft until the Annual Report and Assurance Statement had been agreed.

70.1.2 Ms Gillies agreed to send a list of national audit reporting topics so that Members could see what was covered. Some of these were included on meeting agendas for information where relevant to the remit of the Committee.

70.1.3 In response to questions around Children's services Ms Gillies advised that the element of the Tavistock report that was pertinent would apply to the Gender Identity services which were provided via the Sandyford Clinic in Glasgow.

70.1.4 Medicine of the Elderly was suggested as a topic for focus. Ms Gillies noted that this would need to include input from all the Health and Social Care Partnerships as well as Acute services. She suggested this may be better considered at a less assurance based setting such as a Board development session.

70.2 Preparing for Healthcare Governance Committee Annual Report and Assurance Need

70.2.1 Ms Bennett presented the previously circulated paper. She asked members to highlight items of limited assurance throughout the year which should be included in the report. It was suggested that the following items would be added: the SMART centre, following the challenges for the service of the previous year; paediatric audiology and the need to link lessons learned with other physiology services; delayed discharge in Edinburgh; and primary care sustainability, it was noted that much of this work was with the PCIP and IJBs and consequently there had not been full oversight at the Committee.

70.2.2 For physiological services it was noted that there should be an explanation as to why this was a particular risk above other diagnostic services, for example due to these services having fewer external regulatory systems in place.

- 70.2.3 A paper was requested for the May 2023 giving an update on primary care sustainability. **JL**
- 70.2.4 For delayed discharge it was noted that after discussion of the Health and Social Care Partnership reports in September moderate assurance for services provided by all the Partnerships had been agreed overall, with limited assurance for the single element of bed occupancy and delayed discharge in Edinburgh. This context should be made clear in the assurance statement.
- 70.2.5 The final annual report and assurance statement incorporating this discussion would be reviewed at the next meeting. **JB**
- 70.3 Patient Representation on the Healthcare Governance Committee
- 70.3.1 The chair welcomed Mr Malzer to the meeting and he presented the previously circulated paper. Two issues were raised: firstly, the selection of the 'patient story', the chance to discuss direct feedback of patient experience; and secondly the issue of patient representation at Committee meetings giving a meaningful contribution and relevant feedback on the issues being discussed.
- 70.3.2 It was suggested that showing how the feedback in the patient story aligned to the assurance report, was shared and lead to service change would make this more valuable in the context of the meeting. Ms Morrison advised that development of a process to generate regular patient stories was part of the patient experience strategy.
- 70.3.3 Regarding patient representation at meetings, it was recognised that the range of issues discussed made it difficult for patient representatives to make contributions. It was suggested that input could build on other established forms of patient participation such as the Patients Council in REAS.
- 70.3.4 Mr Malzer advised that all Boards experienced similar problems in engaging patient representatives on governance committees. He noted that the Engagement Framework endorsed by the Board included measures for training of managers and other processes to improve patient engagement overall. Active service level patient groups were well established in some areas, including Mental Health and Maternity Services. There was no requirement to have a patient representative on the Committee, but the Committee must be assured that patient engagement was happening.
- 70.3.5 The patient engagement part of the paper template for reports to the Committee included assurance on how the patient voice had been sought and considered at service level. More training was needed so that service managers could carry this out with confidence. It was agreed that strengthening local engagement and how this was reported to the Committee should be the next steps.
- 70.3.6 It was noted that the Quality Report to the Committee showed many examples of where both patient and staff experience was integral to service improvements.

70. Emerging Issues

70.1 Adverse event reviews

- 70.1.1 Ms Gillies advised that as part of the Significant Adverse Events paper at the next meeting in May there would be an outline of the strategy to deal proportionately with the backlog of adverse event reviews. Starting with a selected sample of cases at the Royal Infirmary of Edinburgh, only those cases with avoidable harm reported would be reviewed with a full Significant Adverse Event process. **TG**

71. Person Centred Care

71.1 Action to address Did Not Attend Rate across NHS Lothian

- 71.1.1 Ms Campbell presented the previously circulated paper. A further update would be brought to the Committee in six months' time following the outcome of the work with the University. **DM / MC**
- 71.1.2 The work requested was on ensuring equal accessibility to services for all patients, by understanding patient characteristics that may be associated with non attendance and how this could be addressed.
- 71.1.3 Members accepted the recommendations laid out in the paper.

71.2 Complaints Development and Improvement Plan

- 71.2.1 Ms Morrison presented the previously circulated paper. It was noted that management of patient experience was part of the Healthcare Governance Committee's remit, whereas performance was reported through the Strategy, Planning and Performance Committee.
- 71.2.2 Ms Morrison advised that doing analysis of positive patient feedback in the same way as of complaints was part of the patient experience strategy. Services received a large number of cards and letters directly rather than through the patient experience team and it was hard to gather this information.
- 71.2.3 It was noted that it was important that staff realise that the positive feedback was recognised. The LACAS standards included a section for patient feedback, but this was mainly used for complaints; more work could be done on including positive feedback here.
- 71.2.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

71.3 Patient Experience Strategic Plan

- 71.3.1 Ms Morrison presented the previously circulated paper. Members accepted the recommendations laid out.

71.4 Mainstreaming Equality and Equality Outcomes Progress Report 2021-23

- 71.4.1 The chair welcomed Ms Hutchison to the meeting and she presented the previously circulated paper. It was noted that safety concerns under outcome 4 referred to safety in the community, not in NHS Lothian facilities. This was part of the responsibility of Community Partnerships although NHS Lothian could influence this and other outcomes through the Community Planning Partnerships.
- 71.4.2 Regarding outcome 1 on diabetes, it was noted that a staffing resource had not been found for the Diabetes Managed Clinical Network. Ms Milne advised that this was now being progressed through the Corporate Management Team. It was noted that this related to aspects within NHS Lothian's governance remit, whereas the Equality Outcomes Report covered a wider community remit.
- 71.4.3 It was requested that it be made clear in the report which areas were regional and which specifically within NHS Lothian's remit.
- 71.4.4 Ms Hutchison advised that improvement was needed on compliance with the Equality Impact Assessments and this was an action in the mainstreaming report. There was a requirement to publish Equality Impact Assessments when there was a policy change, but these could also be carried out at other times.
- 71.4.5 As part of the strategy, a piece of work was suggested where the Equality Team would work with Board Members on how they can exercise their responsibility to ensure that the equality section of papers reported to Board Committees was filled in meaningfully, although the assessment work should have been done at an earlier stage, before work was reported to the Board.
- 71.4.6 More work was required on collecting staff equalities data for analysis and improvement. Qualitative data was available from the experience of those taking part in the staff equality networks. This was monitored by the Staff Governance Committee.
- 71.4.7 Members accepted the recommendations laid out in the paper and approved the Mainstreaming Equality and Equality Outcomes Progress Report 2021-23 for publication. They agreed to receive an updated set of Equality Outcomes 2021-25 for consideration at the next meeting. **DM**

72. Safe Care

72.1 Edinburgh Haemophilia Comprehensive Care Centre

- 72.1.1 Ms Gillies presented the previously circulated paper. The Edinburgh Haemophilia Centre may be criticised as part of the Infected Blood Inquiry which would consider incidents that happened in the 1980s. The last external review of standards at the Haemophilia Centre was in 2019 when not all standards were met. This paper was designed to show that progress had been made since the 2019 report. Out of the 37 standards all but five were now being met by the service and actions were in progress to meet these.

72.1.2 It was noted that progress on training and staffing, and skill mix, needed to be monitored. Ms Gillies advised that the training plan must be tailored to each individual and would take some time. NHS Lothian was not the only organisation not meeting this standard.

72.1.3 Members accepted the recommendations laid out in the paper and accepted limited assurance. There would be a further update in September on progress with the five remaining standards and the action plan. **TG**

72.2 East Region Health Protection Service

72.2.1 Ms Milne presented the previously circulated paper. The East Region included NHS Lothian, Fife, Borders and Forth Valley and phase 1 would go live on 3 April 2023. The governance structure would consist of an oversight board with the four directors of public health, four chief executives, one finance director and one human resources director. The four public health directors were also currently meeting weekly. The phased implementation approach was designed to ensure any concerns could be resolved.

72.2.2 Members accepted the recommendations laid out in the paper. There would be a further update in one years' time. **DM**

72.3 Information Governance Annual Report

72.3.1 Ms Gillies presented the previously circulated paper. She noted that according to the last update the attempted cyber attack on the Adastra software had resulted in no loss of data at a Scottish organisation, although there was some data loss elsewhere in the UK.

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

72.4 Resilience Annual Report

72.4.1 Ms Milne presented the previously circulated paper. In response to a question, Ms Milne advised that the pandemic response was being reviewed by a team lead by the Scottish Government and with all the directors of public health involved.

72.4.2 Members accepted the recommendations laid out in the paper.

73. Effective Care

73.1 Paediatric Audiology Review Final Report

73.1.1 Ms Gillies presented the previously circulated paper. An initial meeting had been held with Audit Base regarding the planned system upgrade.

73.1.2 Regarding the key risks of long term waits and staff absence noted at items 4.1 and 4.2 of the report, Mr Short advised that more have staff had been recruited and the team was working to support staff on long term absence to return, but that more staff above the establishment were needed to complete the work required.

73.1.3 Ms Gillies and Ms Campbell advised that the key risks and summary action plan would be updated before the final report was considered at the Board. The process for taking account of parental concern would also be included.

73.1.4 Members accepted the recommendations laid out in the paper and accepted moderate assurance. Once all cases had been followed up, the second British Audiology Report would be made available on the website, alongside NHS Lothian's supplementary report which would clarify the figures given.

73.2 Standards in Liaison Psychiatry

73.2.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out. A further update would be brought to the Committee in January 2014. TG

73.3 Immunisation Annual Report

73.3.1 Ms Dee presented the previously circulated paper. Members accepted the recommendations laid out in the paper.

73.4 Lothian Palliative Care Managed Clinical Network Interim Report 2023

73.4.1 Ms Gillies presented the previously circulated paper. It was noted that there had been an impact on delivery of the service over the winter. This had been more complex as people were being cared for at home due to pressure on beds. Ms Gillies would investigate what the plans for mitigation in future years were.

73.4.2 Members accepted the recommendations laid out in the paper.

74. Exception Reporting Only – reports provided

Members noted the following previously circulated papers:

- 74.1 Voluntary Services Annual Report;
- 74.2 Clinical Policy and Documentation Annual Report;
- 74.3 Scottish Intercollegiate Guidelines Network (SIGN) Annual Report;
- 74.4 MBRACE-UK Perinatal Mortality Annual Report, 2020;
- 74.5 Scottish Trauma Audit Group Annual Report;
- 74.6 Lothian Diabetes Managed Clinical Network Annual Report.

75. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 75.1 Health and Safety Committee, 23 November 2022;
- 75.2 Clinical Management Group, 13 December 2022;
- 75.3 Area Drug and Therapeutics Committee, 2 December 2022;
- 75.4 Public Protection Action Group, 12 September 2022;
- 75.5 Policy Approval Group, 6 December 2022.

76. Corporate Risk Register

- 76.1 Ms Bennett presented the previously circulated paper. She noted that some items on the risk register which were allocated to the Healthcare Governance Committee for oversight also had a performance aspect. It had been agreed that these risks would be reviewed by the Strategy, Planning and Performance Committee and that the Healthcare Governance Committee would review their level of assurance to inform their own level assurance in relation to its remit, but that the Healthcare Governance Committee would remain responsible overall for assurance on these risks.
- 76.2 This would avoid for instance changes being made to improve performance which would have an adverse effect on safe, effective person centred care. Mr Thompson would circulate the detailed document on this process to members for their comments. **DT**
- 76.3 Ms Bennett advised that risk mitigation plans for the risks allocated to the Healthcare Governance Committee would be on the agenda in May and throughout the year. **JB**
- 76.4 It was noted that the risk level had been reduced for Child and Adolescent Mental Health Service and Psychological Therapies due to a performance improvement. When these papers came to the Healthcare Governance Committee they would include the mitigation plans for these risks.
- 76.5 It was agreed that the risk mitigation plan for delayed discharge in Edinburgh Health and Social Care Partnership should be included among the other risk mitigation plans in May. **JB**

77. Reflection on the Meeting

- 77.1 No items were highlighted for escalation to the Board or to any other Committee.

78. Date of Next Meeting

- 78.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 23 May 2023** by video conference.

79. Further Meeting Dates

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

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Monday 20 March 2023 via Microsoft Teams.

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

In attendance: Ms J. Browning, Talent Management Programme (observing); Mr C. Campbell, Chief Executive; Ms J. Campbell, Chief Officer, Acute Services; Ms M. Campbell, Director of Estates and Facilities; Ms H. Charles, Talent Management Programme (observing); Ms T. Gillies, Medical Director; Mr I. Graham, Director of Capital Planning and Projects; Ms K. Hood, Talent Management Programme (observing); Dr J. Hopton, Programme Director, Facilities; Ms D. Marklow, Talent Management Programme (observing); Mr C. Marriott, Director of Finance; Mr A. McCreddie, Deputy Director of Finance; Mr G. McGuire, Talent Management Programme (observing); Ms Caoimhe McIntyre, Talent Management Programme (observing); Mr D. Mill, Senior Project Manager, Facilities; Ms B. Pillath, Committee Administrator (minutes); Ms M. Reid, Talent Management Programme (observing).

Apologies: Ms M. Carr, Services Director, DATCC; Mr J. Crombie, Deputy Chief Executive; Mr A. Fleming, Non-Executive Board Member; Ms A. MacDonald, Executive Nurse Director.

Chair's Welcome

The Chair welcomed members to the meeting.

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

49. Minutes and Actions from Previous Meeting (7 February 2023)

- 49.1 Members accepted the minutes from the meeting held on 7 February 2023 as a correct record.
- 49.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

50. Committee Business

- 50.1 Finance and Resources Committee Annual Report – draft for approval
 - 50.1.1 Mr Marriott presented the previously circulated paper. Members were asked to comment on the draft report. The final report would be submitted to the next meeting on 7 June 2023 before being submitted to the Board.

- 50.1.2 It was suggested that a comment on the ability to meet the financial plan should be added in the second section of the report. Mr McCann would email this change to Mr Marriott.
- 50.1.3 The Asset Transfer and Community Empowerment Act report had not yet been considered in the period covered by the annual report, but these would be included on the agenda for the next meeting on 7 June 2023. **CM**
- 50.1.4 It was noted that the annual report shows that the Committee accepted limited assurance on delivery of financial targets, but that the minutes from the meeting in February 2023 reported that significant assurance on reaching financial balance had been accepted. This was because the risks throughout the year had meant there had been limited assurance until the final quarter.

51. Capital

51.1 Property and Asset Management Investment Programme

- 51.1.1 Mr Graham presented the previously circulated paper. Mr Marriott advised that the initial part of the prioritisation process had been completed and that proposal would be considered at the Strategy, Planning and Performance Committee. This would be reviewed each six months as a rolling programme. Following the discussion at the Strategy, Planning and Performance Committee this would be discussed with the Scottish Government who were already aware of the process.
- 51.1.2 Regarding the catering strategy, work was ongoing and recommendations would be brought to the governance committees in due course.
- 51.1.3 Regarding the National Treatment Centre, the action plan was being worked through with the Lothian Capital Investment Group and further details would be included in the next update including clarity on the Scottish Government funding. Preliminary works continued in the meantime. The aim was to submit a full report offering an assurance level to the Finance and Resources Committee on 9 August 2023. **IG**
- 51.1.4 It was agreed that the importance of delivering the National Treatment Centre for Lothian and the East Region would be discussed with the Scottish Government. **CC**
- 51.1.5 Mr Graham advised that the Scottish Government encouraged greater engagement between health boards and local authorities on planning programmes. This depended on each local authority and NHS Lothian's ability to fit in with their separate planning processes. It was NHS Lothian's aim to increase engagement as much as possible.
- 51.1.6 It was noted that the Eye Pavilion had not been prioritised as one of the top three priorities, but this needed to be aligned with Scottish Government priorities while making the prioritisation process used clear.
- 51.1.7 Mr Graham advised that work was progressing on the anti-ligature works at the Orchard Clinic. A business case was in progress for the wider anti-ligature programme. This would go to the Lothian Capital Investment Group with the programme for the works.

- 51.1.8 The modular unit at the Royal Infirmary Emergency Department included a theatre and 6 bays. The proposal was to alter the unit to remove the theatre and add in 6 further bays. A feasibility review was in progress over the next two weeks regarding costs.
- 51.1.9 Members accepted the recommendations laid out in the paper.
- 51.2 Track and Traceability of Reusable Medical Devices Status Report
- 51.2.1 Dr Hopton presented the previously circulated paper. In response to a question about opportunities for standardisation across Scotland to improve outcomes and reduce work, Mr Campbell advised that collaboration was possible through National Procurement but at the moment purchases were decided individually by each health board. Some national or regional pilots were underway including the scan for safety pilot.
- 51.2.2 Ms Gillies advised that the present report was about processing of devices, rather than standardisation of type of kit used. Standardisation of the process nationally may not always work as in boards with a high volume usage reusable instruments were more economical whereas in lower volume areas disposable instruments were more economical.
- 51.2.3 Dr Hopton noted that the new system should be useful to staff and help them in their role. There were also opportunities for sustainability work in theatres as part of the 'Green Theatres' work due to start.
- 51.2.4 The Chair asked Dr Hopton to arrange a briefing on the project so far as a positive achievement separately to the Committee meeting, and suggested that this be held around June. **JH**
- 51.2.5 Members accepted the recommendations laid out in the paper.
- 51.3 Scottish Fire and Rescue Service Audit Action Plan Update
- 51.3.1 Ms M. Campbell presented the previously circulated paper. The key risks and the timescale of five years for decant of wards to complete the works was noted. Ms M. Campbell advised that the Scottish Fire and Rescue Service had not commented on the timescale on the action plan. This could be sped up by finding two decant wards, but this was challenging. An L1 system was not a mandatory requirement, but a recommendation.
- 51.3.2 Ms J. Campbell advised that a meeting would be held soon to agree decant options including any capital spend and processes. The Scottish Fire and Rescue Service would be asked to approve any action plan before it was confirmed.
- 51.3.3 The option for dispute resolution with Consort regarding the disagreement about whether an L1 or L2 system was in place was noted, and Ms M. Campbell advised that this had been part of discussions.
- 51.3.4 It was agreed that there would be a brief update on progress on the agenda for the Strategy, Planning and Performance Committee to update Board members. **CC**

51.3.5 Members accepted the recommendations laid out in the paper.

52. Revenue

52.1 February 2023 Financial Position

52.1.1 Mr McCreadie presented the previously circulated paper. Members recognised the work done to achieve financial balance in difficult circumstances. Mr McCreadie advised that approximately 11 out of 14 Boards in Scotland were not expected to achieve financial balance by the end of the financial year. A number of these Boards were already in financial difficulty prior to 2020.

52.1.2 Mr McCreadie advised that there was an established process for use of Integration Joint Board reserved funding and the Board would work with each Integration Joint Board to agree the position at year end. In the past support had been provided to the Integration Joint Boards, or the reserves had been carried into the next financial year.

52.1.3 Mr McCreadie advised that health board reserves consisted of in year funds that had not been allocated in the financial plan. These would then be allocated throughout the year for unplanned expenses. If any savings were generated from lower than expected expenditure then these would join the reserves and be allocated elsewhere as required. This was monitored continuously.

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

52.2 NHS Lothian 5 Year Financial Outlook and Outline Plan 2023/24

52.2.1 Mr Marriott presented the previously circulated paper. In response to a question about identifying non core assets for funding non recurrent gaps, Mr Marriott advised that reducing the size of the estate was done throughout the year but for service need, not for the purpose of producing funding.

52.2.2 It was noted that Integration Joint Boards financial plans were brought to the Corporate Management Team so that any impacts on the system as a whole would be recognised.

52.2.3 Work was ongoing with the sustainability team to reduce energy demand by making the estate as efficient as possible, including by investment. Dr Hopton advised that this was one of the expectations of the national delivery programme for energy efficiency. Funding from the Scottish Government for carbon reduction had increased from £2 million in the previous year to £5 million in the next year and plans would focus on energy reduction.

52.2.4 It was agreed that a presentation from the Sustainability and Value Team on the process for efficiency savings including bench marking and Scottish Government policy and some specific projects would be given at a future meeting. **CM**

- 52.2.5 Mr Marriott advised that 84% of Scotland's population growth in the next 10 years was expected to be in the Lothians. There were discussions with the Scottish Government about what this would mean for funding and capital projects.
- 52.2.6 In response to a question about discrepancies between budget and expenditure in certain areas, Mr Marriott advised that there would always be budget pressures as funding received did not cover expected expenditure. It was noted that expenditure profile was more meaningful for analysis than discrepancy between budget and expenditure.
- 52.2.7 Members accepted the recommendations laid out in the paper.
- 52.3 Review of Corporate Risk 3600 – Finance
- 52.6.1 Mr Marriott presented the previously circulated paper. Members accepted the recommendations laid out and accepted limited assurance.
- 52.4 Review of Corporate Risk 5388 – HSDU Capacity
- 52.4.1 Ms Campbell presented the previously circulated paper. The initial agreement for the proposed project had been submitted to the Scottish Government. The outline business case was in progress and would be submitted to the Lothian Capital Investment Group.
- 52.4.2 Mr Marriott advised that there were a number of business cases waiting for Scottish Government response but that they had accepted that the HSDU initial agreement be sent to them due to the fragility of the service. If capital funding was not available for this project then revenue improvements would be considered to mitigate risk.
- 52.4.3 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 53. Scottish Hospitals Inquiry**
- 53.1 Mr Marriott presented the previously circulated paper. The Central Legal Office would draft a provisional position statement which would focus on four areas: reference design; environmental matrix; two aspects of procurement. This statement would be published but further issues could still be raised.
- 53.2 Support was in place for those providing witness statements, including staff who had now left NHS Lothian including regular meetings with the Central Legal Office. The Inquiry was currently focusing on five key witnesses.
- 53.3 Members accepted the recommendations laid out in the paper and accepted significant assurance.

54. Sustainability

54.1 Climate Emergency and Sustainability

- 54.1.1 Dr Hopton presented the previously circulated paper. It was noted that a lot of good work had been done but that there was a lot more to do.
- 54.1.2 Some areas, including greenhouse gas emissions and waste, had reduced compliance in the latest response. Mr Mill advised that changes in the understanding of these areas had resulted in changes in the question set and in what was expected which meant that responses were not directly comparable over time, but there were no concerns currently.
- 54.1.3 It was noted that prioritising Scottish Government sustainability targets was key for sustainability of healthcare in the future but it meant that less money could be spent on reducing waiting times in the shorter term. Government sustainability targets were not funded. The challenge for the Board was to find a balance between targets, resources and priorities.
- 54.1.4 Dr Hopton advised that in many areas improving sustainability would have overall benefits including reduced costs and increase in patient safety. Better quality of prescribing would reduce waste and resources and improve quality of patient care as well as reducing costs. She would like to ask the Scottish Government to do some work focusing on what areas of sustainability improvements would also have cost and safety improvements.
- 54.1.5 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

55. Reflections on the Meeting

- 55.1 No items from the discussion were highlighted for raising to the Board or other Board Committees.

56. Date of Next Meeting

- 56.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 7 June 2023**.

57. Further Meeting Dates in 2023

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

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 1 March 2023 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; **Mr A. Fleming**, Non-Executive Board Member; **Ms F. Ireland** Executive Board Member.

In Attendance:

Mr C. Campbell Chief Executive; **Mr J. Crombie**, Deputy Chief Executive; **Mrs R. Kelly**, Deputy HR Director; **Mrs A. MacDonald** Executive Nurse Director; **Mrs A. Langsley**, Associate Director of OD & Learning; **Mrs G. McAuley**, Nurse Director, Acute; **Mr D. Thompson**, Board Secretary; **Ms J. Clark**, Partnership Representative; **Ms. A. McGowan**, Healthcare Assistant; **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Ms H. Fitzgerald**, Partnership Representative; **Mr D. Low**, Clinical Nurse Manger, Mental Health; **Ms. L Buchanan**, Clinical Nurse Manager, Community Health Visitors; **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7.1); **Mrs N. Clancy**, Head of Employee Relations (Item 7.1); **Mrs J. Duncan**, Head of Recruitment (Item 7.5); **Ms. B. Wilson** Programme Manager Falls, AHPs (Item 2) and **Mr G. Ormerod**, Committee Administrator (minutes).

Apologies: **Ms N. Akta**, Non-Executive Board Member; **Ms K. Kasper**, Non-Executive Board Member; **Mrs T Miller**, Employee Director; **Mrs J. Campbell** Chief Officer, Acute **Mrs M Carr** Service Director, DATCC **Mr S. Chandran** Non-Executive Board Member; and **Ms M. Campbell** Director of Facilities.

Chair's Welcome and Introductions

Members were reminded that they should declare any financial or non-financial interests they had in the items of business for consideration, identifying the relevant agenda item and the nature of their interest. No interests were declared. The Chair also welcomed as observers some of the participants in the Talent Management and Succession Planning programme.

47.0 Declaration of Conflicts of Interest

47.1 No interests were declared.

48.0 Presentation – Women's Staff Network

48.1 Ms Wilson provided an update on the Women's Staff Network that launched in December. The network provides peer support, encourages talent, skill development, and collaboration, and promotes and celebrates achievement and success.

48.2 The current focus is on the start-up phase and administration, and the communications team has recently designed a logo for the network. The network is open to all staff.

48.3

The network meets quarterly, with the next meeting on International Women's Day, March 8th, focusing on the gender pay gap and featuring guest speakers who will provide information on how to try to address the gender pay gaps.

48.4

Ms Wilson confirmed that a survey will be distributed this year in order to collect feedback from staff and gain insight into the membership. We hope to continue with coffee roulette and learn more about our job families through a book and walking group, with each network working collaboratively.

48.5

The Chair congratulated the network for accomplishing so much in such a short period of time. He asked what the issues were that had been brought to their attention, and if career advancement was one of them. Ms Wilson confirmed that this was a key topic for development in the medical and clinical directorates, with women interested in progress. There are currently no other boards with women's networks.

48.6

The Director of HR and OD thanked Ms Wilson for her presentation and confirmed that the women's network is a "trailblazer," with some areas just getting started. She inquired as to what assistance senior leaders could offer the network.

48.7

Ms Fitzgerald inquired whether the network was available in all areas. Ms Wilson stated that men are welcome to help advance the network, but this has not been mentioned thus far. These are staff-maintained networks, but we would welcome new members and support.

48.8

The Committee agreed to revisit the women's network in a year's time. **RK**

49.0 Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 14 December 2022

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

50. Matters Arising

50.1 There were no further matters arising.

51.0 Staff Experience

51.1 Advancing Equalities Action Plan 2022/23 – update

51.1.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan, which was launched in April of last year, and confirmed that Appendix 1 shows the status of actions to date, with the majority now completed.

51.1.2 The Lothian Partnership Forum accepted the Reasonable Adjustments Guidelines following the last Committee meeting in December 2022, with an awareness campaign beginning in March 2023.

51.1.3 The Deputy HR Director confirmed that the CMT and the Lothian Partnership Forum approved a statement of intent (Appendix 2) to be included with our recruitment materials as part of the review of our recruitment, employability, and career materials to ensure that they are fully inclusive and used as appropriate.

- 51.1.4 The following areas have also been progressed:
- Coffee Roulette continues to be rolled out across the organisation.
 - Equality and Diversity data is being pulled on our HR processes and will be presented at the May Committee meeting as part of the annual Equality and Diversity Monitoring Report.
 - LGBT work continues, although with difficulty due to work commitments; leaflets are being distributed by the National Network Group as an interim measure.
 - The new Equality, Human Rights and Inclusion Strategy has a strong focus on education and training for both employment and service delivery; the training planned as part of the Action Plan this year, will be carried forward into next year as part of a new strategy led by Laura Hutchinson.
 - The Disability passport disability work will be picked up in the coming year to supplement Reasonable Adjustments Guidance.
 - The work on Disability Confident status has progressed, allowing the Board to apply for Level 3 status. A meeting with Disability Confident Scotland is being planned for March to finalise the arrangements and to seek assistance from an external sponsor to support our level 3 application.
- 51.1.5 The Chair suggested that all non-executive board members participate in Coffee Roulette during their first year. The Director of HR and OD confirmed that this was a reasonable plan to implement.
- 51.1.6 Ms Fitzgerald left the meeting.
- 51.1.7 The Deputy Director of HR confirmed that we are working closely with the Staff Networks to see if things are making a difference, with the monitoring report due out in April with comparison data. She also confirmed that we are working on BME and disability issues, but that staff must have the confidence to tell people so that we can get a better picture of the population's makeup.
- 51.1.8 The Committee accepted moderate assurance about progress in implementing the actions outlined in the Advancing Equalities Action Plan 2022-23.

51.2 Whistleblowing

- 51.2.1 The Director of HR and OD provided an update on the Whistleblowing report, which is a standard report that comes to this Committee.
- 51.2.2 She confirmed that one case has been with the Independent National Whistleblowing Officer (INWO) since August 2022, along with a complaint about the Board's handling of a specific case. We are still discussing how the INWO intends to proceed with these investigations.
- 51.2.3 The Board was made aware of a second whistleblowing complaint received by the INWO in January regarding the Board's handling of another case. The INWO requested a number of documents in order to conduct their investigation. These documents have been provided, but we have yet to receive any further correspondence from the INWO regarding their preferred course of action.

- 51.2.4 The Director of HR and OD confirmed that we had previously agreed to share communications from whistleblowing reports with the services. She explained that while there is a need to protect whistleblowers, we also want to be open about any investigations and their outcomes. Appendix 3 describes and demonstrates the communication process.
- 51.2.5 New questions about whistleblowing and raising concerns will be added to iMatter surveys. The questions will ask if you feel comfortable raising concerns with the board, and if so, are you confident that they will be addressed appropriately? The Director of HR and OD confirmed that we lack data on this, but when we publish the reports, we always include a communications piece to raise concerns, either through whistleblowing or a "Speak Up" campaign.
- 51.2.6 The Chair approved the confidentiality processes but expressed interest in knowing what they were and that we had not breached anyone's confidentiality. The Director of HR and OD confirmed that only a few people are aware, and this is one of the INWO questions. The Whistleblowing Programme and liaison manager usually check in with the whistleblower, but this information is only shared with those who need to know.
- 51.2.7 The Committee accepted moderate assurance that the current process provides staff with assurance and noted that no cases have occurred since the last report.

51.3 Mini Z Survey Tool – update

- 51.3.1 The Associate Director of OD & Learning provided the Committee with an update on the Mini Z Survey Tool. She explained that colleagues are aware of the wellbeing work and burnout scales, and that the Mini Z was developed as a result of this work; Z stands for zero burnout and ranks employees across seven core domains.
- 51.3.2 Appendix 1 shows the dashboard after the team has run the data. We're currently collaborating with Women's and Children's Services to run tests of change in April and May.
- 51.3.3 The Associate Director of OD & Learning confirmed that the tool will be used to help reduce burnout and understand whether employees had a positive or negative experience. There are 17 questions divided into seven domains: work enjoyment, burnout, autonomy and control, meaning and purpose, physical and psychological safety, teamwork and camaraderie, and wellness and resilience.
- 51.3.4 The Committee accepted moderate assurance that this work is now in the testing phase.

51.4 Agile Working update

- 51.4.1 The Director of HR & OD provided a brief update on the Agile Working Model and confirmed that the Waverley Gate evaluation framework is underway, with a current hybrid working model in place for services located at the building. She confirmed that we are currently reviewing what is needed going forward, as well as the future of Waverley Gate, as the lease is set to expire in May 2025.

52.0 Assurance and Scrutiny

52.1 Corporate Risk Register

52.1.1 3455 –Management of Violence and Aggression

- 52.1.1.1 The Executive Nurse Director provided an update on Violence and Aggression (V&A) and confirmed that the program's main focus would be the output of an internal audit. The audit compliance resulted in a number of actions, and when the Programme Board met, it was agreed to pursue a broader range of actions and embed these actions to keep people safe.
- 52.1.1.2 The report requested overall limited assurance and moderate assurance on individual aspects of the programme, with some of this work taking longer than anticipated in terms of compliance. The Executive Nurse Director stated that one of the most pressing issues is training, and she confirmed that a training review took place in December and a workshop in January. Training materials will be updated, and a business case is expected by the end of March in terms of resources required.
- 52.1.1.3 Training for purple packs and risk assessments is now done electronically, allowing the team to focus on areas where training is most needed.
- 52.1.1.4 The Chair asked what the business case would achieve. The Executive Nurse Director confirmed that this will demonstrate compliance in terms of staff training and reduction of violence and aggression. We already know we can demonstrate compliance throughout the organisation, but this will fall under the remit of each local Health and Safety Committee (H&S) to link into each local committee. Electronic recording will make it easier to report to committees both locally and across Scotland.
- 52.1.1.5 The Chair confirmed that local Health and Safety Committees are providing a lot of assurance. The Executive Nurse Director confirmed that the business plan is based on the resources required to deliver the training; we are relocating resources that are currently in use and on training strategy.
- 52.1.1.6 Mr Fleming inquired about the timeline for the rollout of these devices. The Medical Director stated that there were challenges when the devices were rolled out, but cohorts one and two are complete and there are four cohorts.
- 52.1.1.7 The Committee agreed with the recommendations and findings, noting that the overall risk remained high.

52.2 3828 – Nurse Workforce – Safe Staffing Levels

- 52.2.1 The Executive Nurse Director provided an update on the Safe Staffing Levels and confirmed that this is a regular report that is provided to the Committee in order to provide an update on nurse staffing across the organisation. She confirmed that we still have a large establishment gap but that this has decreased with the appointment of the newly qualified staff.

52.2.2 The following updates on safe staffing levels were provided:

- A Nursing and Midwifery subgroup was formed to share knowledge and develop a nurse recruitment structure for the workforce planning and development board.
- Four subgroups have been formed, each led by one of the nurse directors, and a fifth group for corporate nursing, including IPCT, is to be established.
- Two groups have been formed to investigate the overall recruitment and supplementary staffing control groups. The recruitment team has concentrated on the general recruitment of Band 2-5 nurses and the enhancement of that team in order for us to return to our pre-Covid positions. 1 application, 1 interview, and 1 job
- Local recruitment is taking place at SJH and REAS to match people with jobs.
- We want to reduce supplementary staffing, including agency staffing, and hire our own people instead of paying high agency fees. The group is working on a collaborative approach for Scotland, local systems are in place to support the national focus.
- International recruitment is still ongoing, with 20 people already hired, and with another 6 expected before the end of March 2023 and 14 expected in the first quarter of next year.
- Developed a Band 4 access route with local colleges for the September intake and continue to work with colleges for a Band 2 skills boost.

52.2.3 The Chair thanked the Executive Nurse Director for the update. He mentioned that sickness absence in January was 50% higher than the previous year. The Executive Nurse Director stated that many employees are exhausted after Covid, which is a concern because stress is presenting itself more than usual. We are focusing on employee well-being and listening to their suggestions for being more flexible with different levels of leave and a different approach to working hours.

52.2.4 Ms Clark left the meeting.

52.2.5 The Committee agreed that the risk was still very high and accepted the actions and recommendations.

52.3 5020 – Water Safety

52.3.1 The Medical Director provided an update on water safety and confirmed that the risk remains the same, but there is an increase in control of actions from facilities that are following up on letters to third-party contractors, with two-thirds of these completed. Legionella tests are still being conducted in areas where it has been identified.

52.3.2 The Committee noted that the Health and Safety meeting agreed to have the water safety group sign off on the SOP for removing British Standard (SMTF01) water filters, which will be reported through the Health and Safety group. It was decided that changing the SOP was less risky than waiting for national direction. At the next meeting in May, an update and report will be presented.

52.4 3328 – Traffic Management

52.4.1 The Chair confirmed that the Director of Facilities had sent her apologies for today's meeting, but that the traffic management update had not changed. A report would be presented at the next meeting in May.

52.5 Health and Safety Assurance

52.5.1 The Medical Director provided an update on the Health and Safety Assurance and confirmed that the report includes a summary of the minutes from the local committees, as well as risks that will be reviewed over the next year to support the framework and ensure that we are discussing the right things.

52.5.2 The following have been an area of focus:

- The Purple Pack action will be reopened in order to ensure that the risk assessment is adequate and that teams can complete it easily.
- A fire officer has been appointed, and an updated fire safety paper, as well as a local review of management teams and the reintroduction of face-to-face fire training, have been produced.
- A review of 12 risk areas is currently underway, with a higher level of clarity required in comparison to standard reporting. Due to the high level of temporary staff and the risk of longer-term patients using devices, REAS has been identified as a fire risk area. The risk can be reduced, but only with appropriate planning and training.

52.5.3 The Medical Director asked the Committee to accept the assurance levels generated by the local Health and Safety Committee, as evidenced by minutes and the assurance overview.

52.5.4 The Chair stated that there are major compartmental issues in wards and that it is unclear from the report how quickly these will be resolved, as well as whether areas are comfortable with their current evacuation, training, and safety arrangements.

52.5.5 The Medical Director confirmed that compartment sleeping is an infrastructure issue, and that structural reviews will take place over the next 12 months. The problem is with Estates and Facilities, as well as Consort for RIE. There is an increased risk to evacuations, but we keep the policy up to date, and this is discussed at local meetings.

52.5.6 The Deputy Chief Executive advised this is a work programme that is currently underway in non-patient and service department areas. An audit of the work completed is satisfactory, and the work completed is appropriate. The following steps will involve ward areas, decanting, and clearing space for wards to be cleared; we hope to do parts of wards rather than clearing all wards, and this work is expected to take six months. Consort is required to have L1 fire; we are currently at L2+. A formal letter was sent to Consort requesting L1 fire safety in all areas. George McGrandles is reviewing evacuations and compartment areas, which may result in a change in fire routes.

- 52.5.7 Estates and Facilities Risk Assessment has confirmed that work at SJH will be completed soon and work at WGH has begun, but survey work will take 3-6 months and is subject to capital investment. Acute leadership continues to prioritise fire training.
- 52.5.8 The Medical Director emphasised one point of clarification for the report, namely that the comments from the East Lothian Care Partnership pertain to Belhaven Hospital. Patients in Belhaven are cared for by carers rather than hospital personnel.
- 52.5.9 Mr Crombie left the meeting.
- 52.5.10 The Committee took note of the report's updates and approved the assurance levels and key risks for Q3.

52.6 Employment Tribunal Annual Update Report

- 52.6.1 The Deputy Director of HR confirmed that at the most recent Committee meeting, we provided an update on Employee Tribunal cases that go to the Remuneration Committee, detailing any cases involving financial settlement.
- 52.6.2 The purpose of this report is to provide an update on the Employment Tribunal cases filed against the board in 2022-23. There were 17 employment tribunals in total, with 8 settled or withdrawn, 2 awaiting judgement, and 7 currently ongoing.
- 52.6.3 The Deputy Director of HR provided an update on the following cases:
- Case 1: Unfair dismissal and discrimination on the grounds of sexual orientation: The tribunal found in favour of the claimant in that the process of his dismissal had been unfair but awarded no financial settlement as the claimant was culpable for the breakdown in the working relationships that led to their dismissal.
 - Case 13: Flexible Working Request: A small financial settlement of c£3k was made to the claimant prior to any ET hearing due to a breach in process in considering their original application, and their application will now be reconsidered and a final outcome provided.
 - Case 4 (Judgement): Unfair Dismissal and Disability Discrimination, currently going through an employment tribunal, was unsuccessful in one area and failed to provide a reasonable adjustment. Settlement of £11k.
 - Case 12 (Judgement): Constructive Dismissal due to Bullying and Harassment: Claimant did not have the relevant 2 years' service needed to raise an ET case as they previously worked on a self-employed basis before taking up a contract of employment on 1 November 2020, which is less than 2 years from their date of resignation.
- 52.6.4 Reasonable adjustment guidance has been developed and will be implemented during March. That will be beneficial as a key piece of learning.
- 52.6.5 The Chair acknowledged the report and stated that another annual report would be issued the following year. The Committee welcomed the paper for providing detailed information about each case and emphasised reasonable adjustment as good practise.

52.7 Ethical Recruitment

- 52.7.1 The Director of HR and OD provided an update on ethical recruitment and confirmed that the Corporate Management Team (CMT) has agreed not to proceed with any recruitment from red listed countries.
- 52.7.2 She confirmed that we had received a number of applications from Nigeria for single positions, but that the decision had been made not to recruit from African countries. The Scottish Government has stated that this is a decision for individual boards and has expressed support for NHS Lothian's position even although another Board has agreed to recruit passively from red-listed countries.
- 52.7.3 Mr Fleming questioned whether or not we were indirectly discriminating against their race. The Director of HR and OD confirmed that many of the nurses are not NMC registered and do not meet the job requirements.
- 52.7.4 The Committee agreed and supported CMT's decision not to undertake any recruit from countries on the red list.

53.0 **Sustainable Workforce**

53.1 Workforce Report

- 53.1.1 The Deputy HR Director confirmed that the Workforce Update is a standard report that comes to this Committee, and the workforce report for February 2023 is attached. This month's report focuses on sickness absence.
- 53.1.2 The Head of ER provided an update and confirmed that the ER Team are working with specific areas and cases on a referral basis, with a strategic approach to problem areas that includes on-site drop-in sessions and regular calls with managers for difficult cases.
- 53.1.3 Monthly training delivered by advanced practitioners had low attendance, but ER bite size lunch sessions were set up and are well attended; sessions are being recorded for sharing, and sessions are being targeted for service area support focusing on return to work and attendance management.
- 53.1.4 The Lothian Work Support Service for Rehabilitation is being piloted for staff in Health and Social Care at St John's Hospital, with the innovative project offering self-referral case management and assisting staff who are suffering from long Covid.
- 53.1.5 Ms Fitzgerald inquired as to whether there was a link between sick leave and reasonable adjustment and/or flexible working. The Head of ER emphasised the organisation's generosity in terms of the number of policies in place to help employees manage their work-life balance, as well as its "one for Scotland" approach. The most common reasons for absence are parental and special leave, but we are now aware of employees taking sick leave as an alternative.

- 53.1.6 The Head of Workforce Planning reported that leavers and turnover are up over the last three years and up from last year. The percentage of nurses who retire and return has increased from 20% to 30%, and the number of registered nurses has increased to 47%, which is helping to fill the gaps until the next output in September.
- 53.1.7 Mr. Fleming noted that staff appraisal compliance, at 43%, appears to be low. The Director of HR and OD agreed, but noted that this is a "wicked issue" and that more conversations are taking place to make things easier for staff. She confirmed that reducing this work during Covid was also necessary at the time to alleviate system pressures.
- 53.1.8 Mr. Fleming highlighted the decrease in bullying and harassment cases. The Head of ER explained that while there was a drop in cases in February 2022 this could be due to a number of staff raising concerns about the same issue.
- 53.1.9 The Committee approved the report's recommendations, and the Chair praised the report's excellent layout and structure, which detailed complex information and trends.

53.2 COVID Workforce Recovery

- 53.2.1 The Director of HR and OD provided the Committee with an update on the Covid workforce recovery plans.
- 53.2.2 She confirmed that the fixed term contracts in the TAP service had come to an end, but she also stated that there is no financial risk to the workforce because employees will be redeployed. The action is being processed by a financial workstream and will be presented to the Finance and Resource Committee (F&R).

53.3 Industrial Action update

- 53.3.1 The Director of HR and OD provided an update on the industrial strike action and as confirmed at our last meeting three trade unions had rejected the 2022/23 pay offer following a consultative ballot.
- 53.3.2 As a result of the potential for industrial action, an attempt has been made to resolve through the 2023/24 pay offer in order to manage the outstanding actions. This process is being led by the Scottish Government. Trade Unions are currently consulting on the 2023/24 pay offer..
- 53.3.3 The Chief Executive highlighted the direct and indirect financial costs in relation to the proposed work around the band 5 roles, and also the proposed the reduction in the working week. Management has been advised to work through the details, but is currently unable to sign this off without assessing the implications. He confirmed that this will be discussed with Scottish Government because it is a significant indirect pay cost to Boards.

53.4 Education Governance Board update

- 53.4.1 The Associate Director of OD & Learning provided an update on the Education Governance. The Board's task is to oversee standards and improve NHS Lothian's quality of education and training.

- 53.4.2 The work plan for 2022-23 currently includes two actions: the first is to develop guidance and a toolkit to support de-escalated Recognition of Prior Learning (RPL), and the second is to develop a new line manager induction programme.
- 53.4.3 The Associate Director of OD & Learning confirmed that the Committee's request for 2022-23 was to accept a limited level of assurance and proceed with the need to establish an Employability Programme Board. She confirmed that, based on the memberships of both groups, there is likely to be some overlap with the Education Governance Board (EGB), and it was therefore agreed to move towards a new Terms of Reference and form an Education and Employability Programme Board (EPPB).
- 53.4.4 The Education and Employability Programme Board (EPPB) will continue to collaborate with schools and the organisation's younger workforce while focusing on NHS Lothian as an anchor institute for education governance.
- 53.4.5 The Committee agreed to provide limited assurance that the education governance board fully met its remit in 2022-23.

53.5 East Region Recruitment Service update

- 53.5.1 The Head of Recruitment provided an update for the East Region Recruitment Service, confirming that the service is now operational.
- 53.5.2 Recruitment levels have remained high, and a number of staff changes have occurred but the Team continue to focus on the delivery of core recruitment activities and the improvement of standards and practises. She confirmed that while progress has been slower than expected, we are still aiming for core business in April and closing workforce gaps.
- 53.5.3 The East Region Recruitment Performance Oversight Group was formed in January 2023 to oversee the regional service's performance in relation to the shared service agreement. Group meetings will be held monthly for the first six months, then quarterly, with individual meetings with each board for performance delivery.
- 53.5.4 The Head of Recruitment confirmed that currently the workforce is focusing on their own health board recruitment; teams are still working in their original alignment, but there has been some staff movement, with the plan to move to a shared pool for the shared service.
- 53.5.5 Mr Fleming suggested a Gateway 5 review and asked if it would be helpful to revisit the original business plan in the transition from business plan to business as usual. The Head of Recruitment confirmed that we have benefit realisation plans, which we will review to see how we are progressing so that we do not lose focus.
- 53.5.6 The Chair acknowledged the progress and suggested that a one or two-page summary of the expected benefits and an assessment of where we are now be provided at the October meeting.
- 53.5.7 The Committee took note of the recommendations and the progress made thus far.

54.0 For Information and Noting

54.1 Staff Governance Work Plan 2022-23

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

54.2 Staff Governance Assurance Statement 2022-23

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

54.3 NHS Lothian Internal Audit Report - Statutory and Mandatory Training

54.3.1 The Committee accepted the Internal audit report for statutory and mandatory training.

55.0 Reflections on the Meeting

55.1 Matters to be highlighted at the next Board meeting

55.1.1 There were no further matters arising.

55.2 Matters to be highlighted to another Board Committee

55.2.2 There were no further matters arising.

56.0 Any Other Competent Business

56.1 There were no further matters arising.

57.0 Date of Next Meeting: Wednesday 31 May 2023

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 20 February 2023 via MS Teams.

Present:

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

In Attendance:

Mr R. Aitken Associate Director of Operation Ms J. Bennett, Associate Director for Quality Improvement & Safety; Ms J. Browning, Observer; Ms H. Charles, Observer; Mr J. Crombie, Deputy Chief Executive; Mr J. Fraser, Grant Thornton; Ms C. Grant (Audit Scotland); Ms K. Hood, Observer; Mr T. Logan, Head of Operations Hard FM; Ms D. Marklow, Observer; Mr C. Marriott, Director of Finance; Ms N. McCloskey-Sellar, Observer; Mr A. McCreadie, Deputy Director of Finance; Mr G. McGuire, Observer; Ms C. McIntyre, Observer; Ms O. Notman, Head of Financial Services; Mr S. Nugent (Audit Scotland); Mr J. Old, Financial Controller; Mr A. Philips, Grant Thornton; Ms M. Reid, Observer; Mr D. Thompson, Board Secretary; Ms L. Watson, Observer; Ms. L Weir, Observer; and Miss L. Baird, Committee Administrator.

Apologies: Councillor H. Cartmill.

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

Welcomes and Introductions

The Chair welcomed members and regular attendees to the meeting. He also welcomed the newly appointed External Audit team from Audit Scotland. He noted that a number of additional staff were observing the meeting as part of the NHS Lothian Talent Management Programme. He gave a brief overview of the purpose of the Audit Committee and how it discharges its duties on behalf of the Board.

45. Minutes of the previous meeting held on 21 November 2022

- 45.1 The minutes of the meeting held on 21 November 2022 were accepted as an accurate record and approved.
- 45.2 There was some discussion around item 41.5 & 41.6 of the minutes that related to the organisation's pursuit of civil cases where criminal cases could not be proven. The Committee agreed to reinstate previously closed actions from November to the running action note, so that Mr Marriot and Mr Old can detail how this has been addressed. **CM/JO**
- 45.3 The Committee agreed that there were no other matters arising from minutes that were not covered in the running action note.

46. Running Action Note

- 46.1 The Committee noted the actions marked complete or items on the agenda for further discussion and those that were not due for consideration detailed within the report.
- 46.2 The Committee accepted the running action note and the information therein.

47. Risk Management

- 47.1 NHS Lothian Corporate Risk Register (CRR) - The previously circulated report was received.
- 47.2 The risk appetite statement and how this correlated with very high risks both within and outwith the gift of the organisation was reviewed. Members acknowledged the well-crafted statement and that those risks outwith the organisation's gift related to national discussions.
- 47.3 The Committee reviewed the January 2023 updates provided by the leads concerning risk mitigation, as set out in the assurance table, and considered by the February 2023 Board.
- 47.4 The Committee noted the Corporate Management Team (CMT) did not make any CRR recommendations to the February 2023 Board.
- 47.5 The Committee noted that the rationale for any material worsening risks, will be set out in the CRR papers, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to its submission to the Board.
- 47.6 The Committee approved the updated risk management policy and procedure prior to it being presented to the April Board meeting for approval.
- 47.7 The Committee approved the NHS Lothian risk appetite statement in the context of the Blueprint for Good Governance in NHS Scotland (second edition), published in December 2022.

48. Internal Audit

- 48.1 Members noted that the timing of Mr Clark's departure from Grant Thornton and the appointment of his replacement Ms Mayne had been unfortunate, but it was hoped that she would be in place for the April Audit and Risk Committee; Mr Fraser would present the papers in Mr Clark's and Ms Mayne's absence with the support of Mr Phillips.
- 48.2 Internal Audit Progress Report – February 2023 – the previously circulated report was received.
 - 48.2.1 It was noted that, since the November 2022 meeting, four reports were finalised, one was almost complete, one was in the final scoping stages.
 - 48.2.2 It was noted that the West Lothian IJB audit was complete, and East, Edinburgh and Midlothian were making substantial progress.

- 48.2.3 It was noted that the initial list of audits that the 2023/24 Internal Audit Plan would comprise of had been shared with Mr Marriot and the Non-Executive Directors. It was expected that the draft list would be reviewed and finalised to allow the draft 2023/24 Plan to be brought to the April Audit and Risk Committee Meeting for approval.
- 48.2.4 Mr Fraser would pick up comments from Mr Marriot on the plan sent to Ms Brown and Mr Clark and set up a meeting to discuss the plan in full. **JF**
- 48.2.5 The Committee accepted the report.
- 48.3 Internal Audit Follow-up of Management Actions Report (February 2023) – The previously circulated report was received. It was noted that, in the period since November 2022, six management actions had been closed, and 23 new actions were added. Of the remaining open management actions, 18 were not yet due, and eight actions were in progress.
- 48.3.1 It was noted that the outstanding actions relating to analytics were either complete or the deadlines had been revised. The Chair thanked Mr Crombie for his support in escalating the outstanding actions on behalf of the Committee to expedite a response.
- 48.3.2 The Committee discussed the roles of Police Scotland and the Procurator Fiscal relating to instances of violence and aggression in the workplace, where a staff member has been assaulted. The Chair noted that the previous action to engage with the Chair of the Staff Governance Committee had stalled but he would continue to pursue a date to meet with Mr McQueen, Ms Ireland, and Mr Allenby to discuss this matter further out with the meeting. **MC**
- 48.3.3 The Committee accepted the report.
- 48.4 Critical Systems – Ventilation Internal Audit Update – The previously circulated report was received.
- 48.4.1 The report explained that all actions had been completed with the exception of the standard operating procedure for signing off permits from a clinical perspective when a ventilation unit is taken offline, which would be completed soon.
- 48.4.2 The Committee noted their appreciation for the extensive work carried out by Estates and Facilities to address the issues identified within the internal audit as well as the wider aspect of ventilation as a whole.
- 48.4.3 The Committee acknowledged the latest update from Estates and Facilities on progress made with the audit action plan and noted the considerable progress to date.
- 48.4.4 The Committee accepted the report.

- 48.5 Internal Audit Report 2022/23 Waste Management – The previously circulated report was received.
- 48.5.1 The audit focused on NHS Lothian Waste Management had identified four medium rated findings and provided a moderate level of assurance to the Committee. The findings related to policy detail, timely completion of reports and audits and monitoring of mitigating actions.
- 48.5.2 It was noted that testing had identified that there was a Waste Management Officer in post.
- 48.5.3 The Committee accepted the report.
- 48.6 Internal Audit Report 2022/23 Information Security – The previously circulated report was received.
- 48.6.1 The internal audit focused on information security had identified four medium and one low rated finding with an overall assurance rating of moderate. Findings related to asset management and end of life assets, password complexity and the policy around this, awareness training and incident response.
- 48.6.2 The Committee noted that ‘Privileged’ and ‘Super Users’ were staff who had enhanced permissions that allowed access to backend settings, to create accounts and passwords etc.
- 48.6.3 There was some discussion around the vulnerabilities associated with interactions with other systems and partners such as Primary Care, action taken to reduce the risk to the organisation and safeguard patient data. It was noted that many of these applications were national legacy systems and therefore mitigating action was out with the control of NHS Lothian and would need to be taken forward nationally.
- 48.6.4 The Committee noted that eHealth has vulnerability management processes in place, with regular interviews, scans and where issues were identified they were resolved immediately. Legacy issues were placed on the local risk registers and escalated as required.
- 48.6.5 The Committee accepted the report.
- 48.7 Internal Audit Report 2022/23 Mandatory and Statutory Training – The previously circulated report was received.
- 48.7.1 The Committee took significant assurance from the audit on Mandatory and Statutory Training and noted the one advisory finding that related to NHS Lothian not including training modules required or recommended by statutory law or legislation.
- 48.7.2 Of the 11 areas audited, eight had achieved over 80% mandatory and statutory compliance. Two directorates were just below the 80% threshold: Edinburgh Partnership (79%) and Directorate of Primary (76%). Estates had only achieved 27% compliance but this was expected as many staff did not have access to a computer in their role.

- 48.7.3 The Committee welcomed the overall positive nature of the audit report. Members acknowledged that 100% compliance within the organisation would be unachievable when staffing pressures, annual leave, and sickness absence are taken into account.
- 48.7.4 Following a brief discussion on the risk of not including training modules required or recommended by statutory law or legislation in mandatory training. The Committee requested that Mr Fraser revisit the advisory rating, in light of their concerns around data protection and the risk this posed to organisational reputation and bring back an update to the April Audit and Risk Committee. **JF**
- 48.7.5 The Committee accepted the report.
- 48.8 Internal Audit Report 2022/23 Local Procurement – The previously circulated report was received.
- 48.8.1 The audit had focused on organisational compliance with procurement processes specifically relating to tenders undertaken locally. Findings had identified one medium, three low and one advisory finding with an overall rating of moderate assurance.
- 48.8.2 The Committee accepted the report.
- 49. External Audit**
- 49.1 Audit Scotland: NHS Lothian Audit Planning Update to the Audit and Risk Committee – the Committee received a brief presentation from the new External Auditors on their audit planning to date. The presentation drew attention to the code of audit practices, the audit environment, ISA 315, the criteria that Audit Scotland would use, and the external audit fee proposed.
- 49.2 It was noted that the audit plan would be circulated at the end of March and brought back to the April meeting for full discussion.
- 49.3 The Committee expressed disappointment at the increased cost of the external audit fee but recognised that this was a matter for national discussion. Therefore the Board and Audit Scotland would continue as normal until the outcome of national discussions was known.
- 49.4 The Committee agreed to stick to the same timescales as they have done previously during the pandemic and submit the annual accounts within the assigned deadline.
- 49.5 The Committee accepted the update on progress made by Audit Scotland since they had been appointed as external auditor.
- 50. Any Other Competent Business**
- 50.1 There were no other items of competent business for consideration.
- 51. Reflections on the meeting**
- 51.1 The Committee reflected that there was nothing to report to the Board at this time.

52. Date of the Next Meeting

- 52.1 The next meeting of the Audit and Risk Committee will be held on Monday 17 April 2023 at 9.30 a.m. via Microsoft Teams.

The following items were considered in private by the Audit & Risk Committee, under a restricted section of the agenda, as permitted by Standing Order 9.5.

53. Counter Fraud Activity

- 53.1 Counter Fraud Activity – The previously circulated report on counter fraud activity and the attached operation report was received.
- 53.2 The Committee noted that Counter Fraud Services' (CFS) awareness products were available to staff via the TURAS and Learnpro systems. In quarter three an additional 128 Members of staff had completed the fraud awareness modules, bringing the total to 322 to date.
- 53.3 The Committee noted that three intelligence alerts had been received from Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.
- 53.4 On fraud detection, the Committee noted the number of referrals and operations that were currently open, including brief updates on their progress, as well as the number of referrals and operations closed during the reporting period.
- 53.5 The Committee accepted the report as a briefing on the current status of counter fraud activity.
- 53.6 The Committee agreed that the report provided a moderate level of assurance that all cases of suspected fraud had been accounted for, and appropriate action had been taken.

54. SBAR Waiting List Initiative Additional Payments

- 54.1 The previously circulated SBAR on waiting list initiative payments provided a summary of the Counter Fraud Services investigation into some waiting list initiative payments and the mitigating action taken by the Board to recover some of the funds through civil action.
- 54.2 Based on the circumstances reported, the Committee accepted the recommendation to cease any civil recovery actions.
- 54.3 The Committee continued to support the implementation of management actions following the internal audit review of Waiting List Initiative Payments.

Signed by the Chair: 17/04/2023

Midlothian Integration Joint Board



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

Present (voting members):

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

Present (non-voting members):

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

In attendance:

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

Apologies:

Cllr Derek Milligan	Cllr Kelly Parry	Claire Flanagan (Chief Finance Officer)
---------------------	------------------	---

Midlothian Integration Joint Board

Thursday 15 December 2022

1. Welcome and Introductions

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

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

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

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

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

5. Public Reports

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

Midlothian Integration Joint Board

Thursday 15 December 2022

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

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

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

8. Date of next meeting

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

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

(Action: All Members to Note)

The meeting terminated at 16:02.

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 9 February 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Val de Souza (Chair)	Angus McCann	Cllr Kelly Parry
Cllr Pauline Winchester	Cllr Stuart McKenzie (substitute for Cllr Colin Cassidy)	Cllr Kelly Drummond (substitute for Cllr Derek Milligan)

Present (non-voting members):

Morag Barrow (Chief Officer)	Joan Tranent (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Rebecca Green (Clinical Director)	Wanda Fairgrieve (Staff side representative)	Grace Chalmers (Staff side representative)
Hannah Cairns (Allied Health Professional)	Miriam Leighton (Third Sector)	

In attendance:

Andrew Fleming (NHS Lothian)	Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and Older Peoples Services)
Patricia Fraser (Audit Scotland)	Robert Dick (Audit Scotland)	Duncan Stainbank (Chief Internal Auditor)
Sarah Hall (NHS Lothian)	Debbie Marklow (NHS Lothian)	Gill Main (Integration Manager)
Alan Turpie (Standards Officer)	Elouise Johnstone (Programme Manager for Performance)	Mike Broadway (Clerk)

Apologies:

Cllr Colin Cassidy	Cllr Derek Milligan	Cllr Willie McEwan (proxy for Cllr Derek Milligan)
Keith Chapman (User/Carer)	Fiona Stratton (Chief Nurse)	Johanne Simpson (Medical Practitioner)
Jordan Miller (Staff side representative)		

Midlothian Integration Joint Board

Thursday 9 February 2023

1. Welcome and introductions

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

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the MIJB Board held on 15 December 2023 were submitted and approved as a correct record.

4.2 The Minutes of Meeting of the MIJB Strategic Planning Group held on 24 November 2023 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.1 Chair's Update - Presented by Val de Souza</p> <p>Val de Souza commented on the considerable systems pressure experienced again this year, commending all staff for their efforts during the very busy winter period.</p> <p>Val then went on to remark on the unprecedented budgetary pressures being faced by both partners and the potential challenges this would likely present not just for them but for the IJB also.</p>	<p>To note the Chair's update</p>	<p>All To Note</p>	

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The possible need to review the timing of the June Board meeting was also raised and discussed.</p>			
<p>5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer</p> <p>This report provided a summary of the key service pressures and service developments which had occurred during the previous month across health and social care, highlighting in particular a number of the key activities, 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 echoed her concerns about the pressure that the Health and Social Care system was under across Scotland, and welcomed the actions being taken by HSCP services in collaboration with colleagues to help reduce avoidable admissions where possible and treat patients back in the community.</p> <p>Members also discussed the winter vaccination programme, the challenges posed by hard to reach groups, and long Covid numbers and how it was being treated.</p>	<p>To note the content of the Chief Officer’s Report.</p>	<p>All to Note.</p>	
<p>5.3 Midlothian IJB Performance Framework - Paper presented by Elouise Johnstone, Performance Manager</p> <p>The purpose of this report was to provide the Board with a draft of the Performance Framework for 2023-2024.</p>	<p>(a) To note the draft Performance Framework for 2023-2024; and</p> <p>(b) To note the process and schedule for completion, approval, and publication of the full Performance Framework for 2023-2024.</p>	<p>All to note</p>	<p>Ongoing</p>

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>The report explained that a Performance Framework was a summary of all the measures used to determine how well an organisation was meeting its aims. The Performance Framework would be completed following confirmation of the Directions for 2023-24 and would be subject to parallel internal governance processes. This approach would ensure approval of the Framework to permit its publication in support of the timeline for publication of Directions 2023-24.</p> <p>Having heard from Performance Manager, Elouise Johnstone, in amplification of the report, the Board discussed the draft Performance Framework for 2023-24, and the challenges posed by current data sharing arrangements given the need to access data from multiple systems, not yet used consistently across the partner organisations.</p>			
<p>5.4 Primary Care GP activity data - Paper presented by Rebecca Green, Clinical Director</p> <p>The purpose of this report was to update the Board on current Primary Care GP activity data and provide assurance that appropriate actions were being taken to maintain and improve access for patients to general medical services, including unscheduled care.</p> <p>The report advised that 62% of people report that they have had a positive experience of the care provided by their GP practice, however this is lower</p>	<ul style="list-style-type: none"> (a) To note the data provided on local demand, capacity, and activity in primary care in Midlothian, including the higher clinical activity than across the rest of Lothian; (b) To recognise the disparity between the objective evidence presented and the often unhelpful narrative portrayed in the lay media and some anecdotal reports/opinion; (c) To note the significant pressure on local GP practices which is impacting on resilience and risks the future provision of sustainable general medical services; and 	All to note.	

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>than in previous years, and lower than the average in Scotland. Primary Care and GP appointments represent excellent value for money in providing healthcare for patients close to home. Access to an appropriate primary care professional or service ('right person right time right place') is therefore a priority for local residents, the wider health & social care system, and for the Scottish Government.</p> <p>Clinical Director, Rebecca Green was heard in amplification of the report, following which she responded to Members questions and comments. The Board warmly welcomed the progress being made in improving the follow of data from GP practices as it was felt it gave a much truer picture of the invaluable nature of the service which they provided to local communities and the support they offered to the wider health & social care system.</p>	<p>(d) To note the potential need to 'invest to save' to support resilience of local practices to be able to continue to provide the high-value care for patients in the community and close to home.</p>		
<p>5.5 Midlothian IJB Directions End of Year Update 2022-23, and Proposed Directions 2023-24 - Paper presented by Gill Main, Integration Manager and Elouise Johnstone, Performance Manager</p> <p>The purpose of this report was to share with the Board the end of year report on progress towards the Directions issued in 2022-23 and present the first draft of MIJB Directions for 2023-24.</p> <p>Having heard from Integration Manager, Gill Main in amplification of the report, the Board in discussing the end of year report acknowledged the progress</p>	<p>(a) To note the end of year performance updates for the 2022-23 Directions;</p> <p>(b) To note the recommendations from SPG to progress Directions as Complete, Revised, or Revoked; and</p> <p>(c) To note the first draft Directions for 2023-24.</p>	Chief Social Work Officer	

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>which had been made towards each Direction. The Board also welcomed the more strategic focus taken in reducing the proposed number of Directions to be issued by the Board for 2023-24.</p>			
<p>5.6 Midlothian IJB Mainstreaming Equalities Report and Action Plan - Paper presented by Gill Main, Integration Manager</p> <p>With reference to paragraph 5.6 of the Minutes of 11 February 2021 there was submitted a report the purpose of which was to provide the Board with key updates on progress against the 2021-23 Mainstreaming and Equalities Outcomes report action plan and proposes a new set of actions for 2023-25.</p> <p>The report advised that Midlothian IJB was subject to the Public Sector Equality Duty (PSED) and must report on the progress towards mainstreaming equality to date and set out plan for 2023-25.</p> <p>The Board, having heard Integration Manager, Gill Main in amplification of the report, discussed the proposed actions for 2023-25 and associated resource and capacity implications. Whilst acknowledging the importance of equalities work, it was generally felt that perhaps more work was needed to properly quantify accurately what was required in order to deliver the intended outcomes.</p>	<ul style="list-style-type: none"> (a) To note the status of actions outlined in the Equalities Outcomes and Mainstreaming Report for 2021-2023; (b) To note the proposed actions for 2023-2025; (c) To note the resource and capacity implications; (d) To note specifically the requirement for the IJB to develop, implement, monitor and review a system for completing Integrated Impact Assessments for all its all new and revised strategies, policies and plans, provisions, practices, and activities, and the resource implications of this. 	<p>All to note</p>	

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.7 Midlothian Integration Joint Board Standing Orders - Paper presented by Alan Turpie, Standards Officer</p> <p>With reference to paragraph 5.4 of the Minutes of 15 December 2022 there was submitted a report the purpose of which was to set out for the Board's consideration proposed amendments to the Board's Standing Orders in order to ensure that the Standing Orders remain fit for purpose.</p> <p>Having heard from Standards Officer, Alan Turpie in amplification of the report, following which he responded to Members question and comments, the Board discussed the proposed amendments. Particular consideration being given to the possibility of a meeting continuing to deal with non-decision making business in the absence of a formal quorum. Alan Turpie confirmed that this would be an option available should that position arise but that it would be up to those present at the meeting to decide if they wished to proceed in this manner.</p>	<p>(a) To note the review of the Standing Orders;</p> <p>(b) To approve the proposed amendments to the Standing Orders; and</p> <p>(c) To note the requirement for the completion of an Integrated Impact Assessment (IIA).</p>		
<p>5.8 Finance Update – Quarter 3 2022/23 - Paper presented by Claire Flanagan, Chief Finance Officer</p> <p>The purpose of this report was to set out the results of the MIJB's partner's (Midlothian Council and NHS Lothian) quarter three financial reviews and considered how these impacted on the projected financial position for the IJB for 2022/23.</p>	<p>To note the quarter 3 financial reviews undertaken by partners.</p>	<p>Chief Finance Officer</p>	

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Chief Finance Officer, Claire Flanagan was heard in amplification of the report and responded to Members question and comments.</p> <p>With regards the arrangements for monies due to be passed onto the IJB as a result of the national revenue funding to support all Council staffing budgets with the costs of the pay deal, which included staff within budgets delegated to the IJB, discussions with Midlothian Council were ongoing.</p>			
<p>5.9 Midlothian IJB Performance Report - Paper presented by Elouise Johnstone, Performance Manager</p> <p>The purpose of this report was to update the Board on progress towards achieving the current IJB performance goals (2022/23).</p> <p>Performance Manager, Elouise Johnstone was heard in amplification of the report following which there was a general discussion about the some of the progress that had been made and the challenges that remained.</p>	<p>To note the performance against the IJB Improvement Goals for 2022/23.</p>	<p>All to note.</p>	
<p>5.10 Midlothian IJB Internal Audit Arrangements & Plan 2022/23 - Paper by Duncan Stainbank, Chief Internal Auditor</p> <p>The purpose of this report was to present the new arrangements which had been put in place for the provision of a Chief Internal Auditor for MIJB and</p>	<p>To note the arrangements in place for the Provision of a MIJB Chief Internal Auditor, and the progress with the Internal Audit Plan for 2022/23 for the MIJB.</p>	<p>All to note</p>	

Midlothian Integration Joint Board

Thursday 9 February 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>provide an update on the progress with the MIJB Internal Audit Plan for 2022/23.</p> <p>Chief Internal Auditor, Duncan Stainbank was heard briefly in amplification of the report following which there was a general discussion on the new Internal Audit arrangements and the progress being made with the Internal Audit Plan.</p>	.		
<p>5.11 Midlothian Community Justice Annual Report 2020 - Paper by Nick Clater, Head of Adult Services</p> <p>The purpose of this report was to provide a summary of the April 2021/2022 Annual Report prepared for Community Justice Scotland by the Midlothian Community Justice Partnership. The report highlighted key aspects of community justice activities, outcomes and improvements carried out by the Community Justice Partnership in Midlothian during 2021/2022. A copy of the April 2021 - 2022 Annual Report was appended to the report.</p>	To note the contents of the report.		

6. Private Reports

No private business to be discussed at this meeting.

7. Any other business

No additional business had been notified to the Chair in advance.

Midlothian Integration Joint Board

Thursday 9 February 2023

8. Date of next meeting

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

- Thursday 16 March 2023 2pm Special Board Meeting/Development Workshop
- Thursday 13 April 2023 2pm Midlothian Integration Joint Board

(Action: All Members to Note)

The meeting terminated at 4.05 pm.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 FEBRUARY 2023
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

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

Non-voting Members Present:

Ms M Allan	Dr P Conaglen
Ms L Cowan	Ms C Flanagan
Mr I Gorman	Dr C Mackintosh
Ms M McNeill	Ms J Tait
Dr J Hardman (s)	Ms F Wilson (Item 5 – 9)

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms N Donald
Ms J Jarvis	Ms L Kerr
Mr A Main	

Clerk:

Ms F Currie

Apologies:

Dr J Turvill

Declarations of Interest:

None

Following a request from the Chair, members agreed to delay considering Item 4 until Fiona Wilson had joined the meeting.

1. **MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 8 DECEMBER 2022 (FOR APPROVAL)**

The minutes of the meeting on 8th December 2022 were approved.

2. **MATTERS ARISING FROM THE MEETING ON 8TH DECEMBER**

The following matters arising were discussed:

Item 2 (Chair's report) – the Chair referred to a query raised by Marilyn McNeill about how the IJB might assist in the promotion of actions by other organisations to help mitigate the cost of living crisis. He confirmed that he had discussed with Fiona Wilson the possibility of meeting with the Area Partnerships and hoped to provide a further update to Ms McNeill within the week.

Councillor Shamin Akhtar also confirmed that she had circulated to IJB members the latest update on the implementation of the Council's poverty action plan.

Item 3 ((Q2 2022/23 Financial Update) – the Chair referred to a point raised by Fiona Ireland on the Set Aside budget. He had discussed the issue with Craig Marriott and Claire Flanagan and Mr Marriott had indicated that the work towards allocating the budget on a usage basis had been paused due to the proposed introduction of the National Care Service (NCS). However, should progress on the NCS be delayed, the work on the Set Aside budget allocation calculations would be resumed.

Val de Souza asked if it would be possible to get some idea of timing for a review of the current 'pause' on this work. The Chair agreed to contact Mr Marriott in 3 months' time to ask whether the Set Aside budget work should resume.

Item 7 (CSWO Annual report) - the Chair said he and Ms Wilson had agreed to the proposed development session to consider the role of social work and discuss Performance Indicator measures. A date for this session was still to be confirmed. Judith Tait agreed that this should be progressed. She also informed members that she would be moving on from her current role in April and an Interim Chief Social Work Officer (CSWO) would be appointed shortly.

3. **CHAIR'S REPORT**

The Chair encouraged members to read a report by Audit Scotland entitled 'NHS in Scotland 2022' which had been published on 23 February. It provided a useful summary of the current position and the challenges facing NHS services across the country.

He reported on a recent meeting of the IJB Chairs and Vice Chairs which had received an update from the Scottish Government lead on the NCS. He offered to share with members a summary of the update and issues discussed. As part of that discussion, the Scottish Government had been asked to consider to what extent IJB Chairs/Vice Chairs could be involved in developing the NCS.

The meeting also discussed mental health services for veterans and had a presentation from Oxfam on their efforts to secure agreement from Scottish Government for a separate national objective on 'care'.

Councillor Akhtar advised members that the issue of the NCS and children's social work services was also raised at the meeting and asked Ms Tait to provide an update. Ms Tait said that a Steering Group had been set up to gather evidence from a range of sources, including families and young people. The Group was not expected to make recommendations but the evidence gathering would be thorough. The Group would present its findings to the Scottish Government's Cabinet in October 2023, with a view to a final decision being taken by the Scottish Parliament in April or May 2024.

5. FINAL REPORT OF THE COMMUNITY HOSPITAL AND CARE HOME PROVISION CHANGE BOARD

A report was submitted by the Chief Officer presenting the final report of the work from the Community Hospitals and Care Homes Provision Change Board.

Iain Gorman presented the report. He summarised the findings and recommendations, drawing members' attention to the work on public engagement, the results of the Integrated Impact Assessment (IIA) and the next steps for implementation.

Responding to a question from Councillor Akhtar, Mr Gorman agreed to consider appropriate timing for a development session for IJB members.

Ms de Souza thanked Mr Gorman and all involved in the work for a clear and well laid out report. She welcomed the engagement work and evidence based approach to planning and developing capacity. She said she looked forward to reviewing the IIA in detail.

The Chair also welcomed the report, stating that it set a high benchmark for public engagement work.

Decision

The IJB agreed, by roll call vote, to:

- i. Support the conclusions of the report and the 4 recommendations set out in the Community Hospitals and Care Homes Provision Change Board – Final Report 2021/22.
- ii. Direct the Chief Officer and Senior Management Team to develop the range of capacity options for inpatient community hospital and care homes beds and Intermediate Care. This would include the financial assessment across all options being considered.
- iii. Request the Chief Officer and Senior Management Team report back to the Strategic Planning Group with clear proposals and final actions.
- iv. Note that the Provision Change Board had been formally stood down at its last meeting on 18th January 2022.

Sederunt: Fiona Wilson jointed the meeting.

4. 2022/23 Q3 FINANCIAL UPDATE

The Chief Finance Officer submitted a report laying out the results of the partner's (East Lothian Council and NHS Lothian) quarter three financial reviews. The report also considered how these results would impact on the projected financial position of the IJB for 2022/23.

Claire Flanagan presented the report. She advised members that following the quarter three review, the financial position had changed and the projected year end position was now an overspend of between £718,000 and £1.2M. While there continued to be pressures within the delegated health budgets, particularly the Set Aside and prescribing budgets, the main reason for the overspend was the notification from East Lothian Council that they may decide not to pass on to the IJB the additional funding from the Scottish Government to cover the social care staff pay uplift.

Ms Flanagan explained that this additional funding had previously been included in the IJB's budget calculations for the year and its removal could result in the higher overspend figure of £1.2M. The decision by the Council would be part of its budget discussions which would take place at its meeting on 28 February. Ms Flanagan proposed, in line with the Integration Scheme, to arrange a meeting with both partners to discuss the IJB's budget position and how best to manage it. She reminded members that the IJB was required to deliver a balanced budget.

Ms Flanagan concluded her presentation by advising that, as previously reported, the Scottish Government had begun to reclaim uncommitted COVID funding from IJBs. She also referred members to correspondence from the Scottish Government, attached to her report, and said she expected to receive indicative 2023/24 budget offers from both partners shortly.

The Chair noted the worsening financial position for 2022/23, partially due to the Council's decision to withdraw previously committed funding. He stated that when any change in funding was brought about so late in the financial year its effect was exacerbated by the fact that there was very little time for officers to identify additional savings to mitigate any shortfall.

Ms Ireland supported the suggestion of a meeting with the partners to discuss the implications of the quarter three position and how these could best be managed. She also questioned whether this funding had formed part of the Council's budget offer for 2022/23 and, if so, whether such earmarked funds could now be withdrawn.

Responding to this point, and other questions from members, Ms Flanagan explained that the pay uplift had not been part of the budget at the beginning of 2022/23; the pay settlement had been reached during the year. While the funding to support the pay uplift had always been an assumption that was included in the figures, no money had been transferred. She also confirmed that as well as the consequences for the 2022/23 budget, this decision would impact on the baseline budget for 2023/24. She said that this was an unprecedented situation which had never before happened in her time as Chief Finance Officer.

Ms Flanagan explained the process for dealing with a projected overspend, as set out in the Integration Scheme. This first involved identifying any recovery actions which might be taken and, failing that, considering whether the IJB had sufficient reserves. It was her view that the IJB did not have sufficient reserves at this time. Its earmarked reserves had been utilised during 2022/23 or were fully committed for 2023/24. The general reserve was currently sitting at £1M over the minimum recommended figure of 2%. However, given the financial pressures expected in the coming years, which had been set out in the medium term financial plan presented to the IJB in December 2022,

Ms Flanagan said she would not recommend using the reserves at this time. In addition, there was likely to be a call on some of these funds in the next financial year to meet the cost of a legislative requirement to change community alarms from analogue to digital.

Ms de Souza noted the additional pressure caused by the non-transfer of the pay uplift for social care staff. She said she could see the risk for the IJB but also a risk in the way the Council is perceived, if it decided to go ahead with this decision. She supported the proposal of a meeting, should this be the case. She added that in taking such a decision, the Council risked it being perceived as another example of local authorities not adequately supporting social care in difficult times.

The Chair welcomed Ms Flanagan's explanation of the reserves position and supported her recommendations. He noted that having a 2% reserve was a good safety net given the fragility of the position going forward. He also pointed out that using the additional money for the change in alarms would result in an improvement to that service.

Responding to a question, the Chair said it was his understanding that some other local authorities were considering adopting a similar approach to that being taken by East Lothian Council, but not all. He agreed with the point made earlier regarding funding of social care and, while there was a need to appreciate the pressures on local authority budgets, he said it was important to ensure that good quality services were not diminished.

Mr Gorman reinforced the argument for holding onto reserves, observing that there would be recurring pressures in 2023/24 and until the partners' budget offers were known, it was difficult to understand the level of risk facing the IJB.

Ms Flanagan replied to a question from Councillor Akhtar on additional funding of £7m received by NHS Lothian. She confirmed that this money was from the 'new medicine fund' and it wasn't yet known if this would be allocated to IJBs' prescribing budgets. She also expected a further small improvement as a result of stabilisation in price and supply.

Councillor Lyn Jardine commented that the Council's budget discussions had been exceptionally difficult and the situation for all public bodies was unprecedented. Nevertheless, the Council and the IJB had a responsibility to make it work. She said that collaboration and conversations between the IJB and both partners was the way forward, and not just at budget time.

Ms Wilson noted the views of members and added that messaging and reassurance to staff was also important. Looking to the future, she was keen to produce options which would allow the IJB to continue to make good progress and do the right thing for the people of East Lothian.

The Chair drew the discussion to a close observing that finding ways of delivering services as efficiently as possible had never been more important. In the meantime he, along with other members, supported the proposal for Ms Flanagan to arrange an early meeting with the partners to discuss the financial position.

Decision

The IJB agreed to note the quarter three financial reviews undertaken by partners.

6. ELHSCP COMMISSIONING STRATEGY 2023-25

The Chief Officer had submitted a report to the IJB seeking approval of the draft ELHSCP Commissioning Strategy 2023-2025. The draft had been previously submitted to, and signed off by, the IJB Commissioning Board on 15th December 2022 and the Strategic Planning Group on 2nd February 2023.

Andrew Main presented the report. He advised that the strategy was designed to support the objectives set out in the IJB's Strategic Plan and that it had been signed off by the Strategic Planning Group with one minor amendment. He drew attention to the IIA which would be published shortly and invited members to approve the strategy and note the commissioning intentions and key market messages.

The Chair welcomed the strategy which he said fitted well with work on the NCS.

Councillor Akhtar welcomed the discussions that had taken place at the Strategic Planning Group, adding that it was good to highlight good practice. Commenting on the strategy itself, she noted the light touch approach where community organisations may not have the capacity to manage big projects. She said it would be important to keep a measured approach when working in partnership.

Ms de Souza thanked officers for a very clear report. She observed that it was often very difficult to shift spend towards early intervention and prevention. She suggested that the IJB might look at the pros and cons of early intervention and prevention and what that might look like, particularly in relation to resource and activity transfer.

The Chair agreed and said he would be happy to discuss with Ms Wilson and the Depute Chair when the IJB might have a conversation on that issue and how it related to transformation more widely.

As an example of this, Ms Tait highlighted the work underway on the Council's transformation programme for children's services and the potential impact this could have on reducing future demand for adult services.

Decision

The IJB agreed, by roll call vote, to sign off the draft ELHSCP Commissioning Strategy 2023-2025 and note the included commissioning intentions and key market messages.

7. STRATEGIC WORKFORCE PLAN 2022-25

The Chief Officer submitted a report to the IJB setting out the ELHSCP Strategic Workforce Plan 2022-2025.

Nikki Donald presented the report. She informed members that preparation of the plan had been delayed by the pandemic, however, the Scottish Government had now commented on the draft plan. She confirmed that all general managers within the partnership, the partners and third sector had been consulted in the preparation of the plan and that it had been considered by the Strategic Planning Group and the NHS Lothian workforce planning team. It was being presented to the IJB for approval prior to publication.

The Chair said that this was an important piece of work in respect of the demands being placed on staff within the HSCP.

Members raised a number of questions around recruitment and retention of staff and whether the reasons for staff leaving health and social care were fully understood. Ms Donald referred to limited reporting and the fact that staff were not currently required to give a reason. Ms Wilson said that they were focused on learning from the information gained during on exit interviews.

In response to further questions on advertising of posts, Ms Donald confirmed that all NHS posts were advertised on the NHS website and could be highlighted on social media. Lorraine Cowan provided details of videos which had been compiled to promote specific roles and which were used by the communications team to showcase different vacancies as required. Ms Cowan said that these videos had been well received and more were planned in the future. Jennifer Jarvis provided a link to the website where members could view the videos.

Ms Donald also advised that she had attended several careers events at high schools in East Lothian over the last few months. She acknowledged the importance of making young people aware that there were routes into a career other than through university, such as modern apprenticeships, and on working with schools to get this message across.

Replying to a final question about reporting progress on the action plan within the workforce plan, she confirmed that the steering group would receive updates every six weeks and a report would be brought forward to the IJB every six months.

Laura Kerr confirmed that these reports would be included in the wider performance reporting timetable being prepared for the IJB.

Decision

The IJB agreed, by roll call vote, to endorse the workforce plan to allow it to be published.

8. IJB MEMBERSHIP – NHS Lothian REAPPOINTMENTS

A report was submitted by the Chief Officer informing the IJB of NHS Lothian's decision to reappoint Fiona Ireland and Lorraine Cowan, as voting and non-voting members respectively, for a further term of office.

The Chair invited members to note the recommendations as set out in the report. He thanked Ms Ireland and Ms Cowan for their service and welcomed their ongoing commitment to the IJB.

Decision

The IJB agreed to:

- i. note the reappointment of Fiona Ireland as a voting member of the IJB; and
- ii. note the reappointment of Lorraine Cowan as a non-voting member of the IJB, in the specified role of Registered Nurse.

9. IJB AND AUDIT & RISK COMMITTEE MEETING DATES 2023/24

A report was submitted by the Chief Officer setting the dates of East Lothian Integration Joint Board (IJB) business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2023/24.

The Clerk advised the members of one change to the report: in Appendix 1, the meeting time for the IJB on 21 September 2023 was to be changed to 1.00pm to avoid a clash with the Midlothian IJB meeting on the same date.

The Chair invited members to approve the dates set out in Appendices 1 – 3 of the report.

Decision:

The IJB agreed, by roll call vote, to:

- i. approve the dates for IJB business meetings during session 2023/24;
- ii. approve the dates for IJB development sessions during session 2023/24;
and
- iii. approve the dates for the Audit & Risk Committee meetings during session 2023/24.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board

MINUTES OF THE MEETING OF THE EAST LoTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 MARCH 2023
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

Mr P Murray (Chair)
Councillor S Akhtar
Ms E Gordon
Councillor L Jardine
Councillor C McFarlane
Mr P Knight (*substitute)
Mr A McCann (*substitute)

Non-voting Members Present:

Mr D Binnie	Dr P Conaglen
Ms C Flanagan	Mr I Gorman
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms J Tait
Dr J Hardman (*substitute)	Ms F Wilson

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Mr J Jarvis	Mr M Kennedy
Ms L Kerr	Ms G Neil
Ms L Byrne	Mr G Whitehead

Clerk:

Ms F Currie

Apologies:

Councillor L Bruce
Ms F Ireland*
Ms V de Souza*
Ms L Cowan
Dr J Turvill*

Declarations of Interest:

None

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 23 FEBRUARY 2023 (FOR APPROVAL)

Councillor Jardine advised that her name had been omitted from the Sederunt.

Councillor Akhtar queried Item 4, asking if details of her question on the prescribing budget and money from the 'new medicine fund' could be included in the summary of this Item.

It was agreed that the Clerk would make amendments to the draft minutes and bring them back to the next meeting for approval.

2. MATTERS ARISING FROM THE MEETING ON 23RD FEBRUARY 2023

There were no matters arising.

3. CHAIR'S REPORT

Fiona Wilson updated members on an incident which had taken place in the port of Leith on the previous day. East Lothian Health & Social Care Partnership (HSCP) had been asked to be part of the wider NHS Lothian partnership response managing patient flow from acute sites to allow treatment of a number of casualties involved in the incident. She offered her thanks to all partner organisations involved in supporting the HSCP's response.

The Chair congratulated Iain Gorman on his new role as Director of DATCC which he would take up in the summer.

The Chair advised that, in line with the Integration Scheme, the Chairmanship of the IJB would shortly rotate and that Councillor Shamin Akhtar would be installed as the new Chair following approval at the Council's next meeting in April. This appointment would be confirmed with a report to the IJB's meeting in May.

4. BUDGET OFFERS FROM THE PARTNERS – 2023/24

A report was submitted by the Chief Finance Officer presenting the IJB with confirmation on the formal budget offer from East Lothian Council and the current indicative proposed budget offer from and principles for 2023/24 from NHS Lothian.

The report also set out the IJB's updated medium term financial plan projections and the financial recovery plans and assumptions to support the IJB balancing its budget in 2023/24. A position of the IJB reserves was included covering both general and earmarked reserves.

The report asked the IJB to agree that further financial recovery actions were required to balance the budget and should be brought back to the IJB for agreement.

Claire Flanagan presented the report. She outlined the budget offer from the Council pointing out that it not in line with the parameters set by Scottish Government as it did not include additionality. This coupled with the significant financial challenges facing the IJB, as reported in December 2022, meant that she was recommending that the IJB reject the Council's budget offer. She went on to advise members that NHS Lothian would meet in April to agree its offer to the IJB but that indicative figures had been

provided and were included in the report. This included a share of a 2% uplift in funding.

Ms Flanagan then outlined the amended medium term financial plans, based on the figures provided by the partners, and the anticipated funding gaps. She also outlined the reserves position confirming that, moving into 2023/24, the IJB would no longer hold any COVID funding. She explained the planned utilisation of the earmarked reserves and specific programmes of work set against the general reserves. She reminded members that, currently, the general reserves were sitting at the minimum recommended 2% target. She concluded by confirming that further actions would be required on recovery plans to balance the budget in 2023/24.

The Chair provided some additional context. He noted that many local authorities across Scotland were facing significant financial pressures and that East Lothian was not funded as well as some other local authorities which put them in an even more difficult position. He said it was important that members were appreciative of the broader picture and challenges facing local authorities. However, he emphasised the position outlined by Ms Flanagan and the significant challenges facing the IJB as a result of this funding gap, and which was exacerbated by the Council failing to pass on additionality from the Scottish Government.

Ms Flanagan responded to questions from Councillor Akhtar and Angus McCann. She advised that while she couldn't comment on the legalities, Scottish Government officials had been quite clear on the parameters within which budget offers should work. These parameters had been the same for the last 3 years had never not been followed. She was also aware that other local authorities were continuing to follow the guidance this year. She confirmed that the reduction in funding would be recurring and that this would be in addition to the Council's previous withdrawal of pay uplift monies at Q3 of the current financial year.

Councillor Akhtar commented on her own and her predecessors' history of advocating for communities in East Lothian and supporting projects such as the community hospital. She stated that East Lothian was one of the fastest growing local authority areas in the country, particularly in over 75 age group. She and her predecessors understood that housing and health were intertwined and this was reflected in the Council's Local Development Plan. She observed that when times were tough for the IJB and it was facing an overspend in 2016/17, the Council had provided additional support at a time when it was also struggling. This support was a constant during a period when Council budgets were being eroded and East Lothian was seeing reductions in funding across areas such as homelessness, early years and school grants; all vitally important areas relevant to the HSCP. She pointed out that in a recent Scottish parliament report East Lothian Council was identified as one of the worst funded local authorities in the country. She advised that the budget discussions this year had been the most challenging yet with the Council facing a funding gap of £18m. She urged members to see the bigger picture and not to lose sight of all the services needed to support the IJB's work. She asked members to take cognisance of all of these factors and accept the Council's budget offer.

The Chair recognised the support received from the Council over the years and that funding decisions had perhaps been easier in previous years than today. However, the IJB had delegated responsibilities and must do its best to deliver on these. While he appreciated the difficulties facing the Council, the IJB members were required to make decisions in relation to their responsibilities to the Board and taking into account the advice given by the Chief Finance Officer. Members needed to consider very carefully how best to support Ms Wilson and her team.

Councillor Jardine said that while she echoed the tenor of Councillor Akhtar's comments she did not support all of her remarks. She recognised that in the budget the Council had set there was pain across the board. However, she had concerns about the IJB refusing to accept the Council's offer when the offer from NHS Lothian was yet to be made and what impact this might have on the IJB's ongoing relationship with its partners. She said that there was a lot of shared purpose and understanding around the services for which the IJB had responsibility and any decision today may have implications for future requests for assistance, such as the one outlined in the paper later in the agenda.

The Chair said he was proud of the working relationship between the IJB and East Lothian Council. He did not think that having to take such a decision would dilute the ongoing partnership working ethos that the IJB relied upon.

Ms Flanagan responded to further questions from Elizabeth Gordon, John Hardman and Mr McCann on the implications of voting to reject the Council's budget offer. She advised that, in that event, she would make both partners aware and would then be guided by the steps set out in the Integration Scheme to seek further discussion with partners and consider if there was scope to do anything differently. She added that the Scottish Government set out clear guidance and budget parameters and she felt it was important to make the point, as a matter of principle, and then move into further discussions.

The Chair said it was important to consider the implications of any reduction in funding and its impact on recovery plans. Also, if there was a need to make greater savings, it would be important to convey to communities the impact of these reductions.

Councillor Akhtar added to her earlier statements saying that the Council continued to lobby the Scottish Government directly and through CoSLA regarding the impacts of population growth and underfunding on the Council's capital and revenue programmes. Councillors had invited Ministers to visit East Lothian but, to date, had received no response. She concluded that while there was a strong partnership and collaborative approach in East Lothian it was important to acknowledge the challenges being faced in all areas.

The Chair commented that NHS Lothian also had a funding gap and had been contesting the application of the NRAC formula with the Scottish Government for a decade.

A roll call vote was taken on recommendations 1 and 6. Recommendation 1 was approved by majority, 4:3. Recommendation 6 was approved unanimously.

Decision

The IJB agreed:

- i. The recommendation not to accept the IJB budget offer from East Lothian Council for 2023/24;
- ii. To note the principles in the indicative NHS Lothian budget with a formal offer following in due course;
- iii. To note the updated medium term financial plan projections;
- iv. To note the financial recovery plans and assumptions to support the IJB's financial balance for 2023/24;
- v. To note the IJB's provisional reserves position; and
- vi. The requirement for further financial recovery actions to mitigate the remaining £0.250m financial gap.

5. MEDICATION ASSISTED TREATMENT STANDARDS

The General Manager submitted a report updating the IJB regarding progress made to meet the target of full implementation of Medication Assisted Treatment (MAT) Standards 1-5 by April 2023.

Gillian Neil presented the report. She referred to the previous report presented to the IJB and updated members on progress made since last year on implementing the standards 1-5. She also provided some detail on progress towards implementation of standards 6-10. She advised that following an assessment by the Scottish Government team in February 2023 they had been assessed as 'green' for standards 1-5, on the understanding that data and experiential information collated up to April 2023 evidences that all standards are being achieved.

Ms Neil responded to a question from Councillor Akhtar on the sustainability of the work and the ability to get people on board. Ms Neil outlined the services in place from MELD and other partner organisations to encourage self-presentation, followed by triage and signposting to appropriate services and/or treatment as early as possible. She acknowledged that retention is an issue given the challenges faced by that particular client base and she outlined some examples of work undertaken to support clients through the process.

Mr McCann welcomed the report which demonstrated the success in implementing standards 1-5, as well as the positive assessment results on standards 6-10. He acknowledged the connections between the two groups of standards and that implementation of the later standards would support continued progress with the earlier standards.

The Chair recognised the achievements made, over and above what was required, and said he looked forward to further updates.

Decision

The IJB agreed to note progress to date and that ELHSCP had been assessed as on track to fully implement standards 1-5 by April 2023.

6. PROVISIONING FOR OLDER PEOPLE – COMMUNITY CAPACITY DEVELOPMENT OPTIONS

The Chief Officer had submitted a report requesting support to begin consultation on the options for developing community capacity.

Iain Gorman presented the report. He summarised the background and advised that a new round of community consultation was required to focus on the issues brought to light by the provisioning work to date. He outlined the areas for public discussion and the proposals for community engagement over a minimum period of 12 weeks. He concluded that a further report would be presented to the IJB after the summer outlining the options developed with communities.

Mr Gorman responded to a question from the Chair on the content of the consultation. He said that the consultation would present issues, rather than just solutions, and would use the work of the Change Board to frame these conversations. He outlined the process for developing options but said it would not be appropriate to discuss the detail of potential solutions until the community consultations had concluded a further report on proposed options was brought to the IJB.

In response to a question from Thomas Miller, Mr Gorman advised that a recent decision on Ward 5 had been taken to ensure service provision following COVID but he agreed to the need to consult further on future options.

Replying to further questions from Councillor Jardine and Councillor Akhtar on the community consultation, Mr Gorman set out the proposed timeframe as well as actions to ensure that this was a meaningful engagement process which would allow the communities to reach a view on the most appropriate local solutions. He accepted that the timeframe outlined was ambitious and he agreed to provide a brief update to the IJB's May meeting with further details on the consultation approach and content.

Laura Kerr responded to a question from Marilyn McNeill on engagement with Area Partnerships, confirming that they had been involved in previous conversations and that officers were working with stakeholder groups in each area, as well as the health & wellbeing subgroups of each Area Partnership.

Mr Gorman acknowledged the comments made by members and the need to ensure a balance between the risk of over-consultation and the need to fully engage communities on such important issues. He said that the process would be kept under review and that what might work for one ward area, may not work for another.

Decision

The IJB agreed, by roll call vote:

- i. To support the decision to begin consultation with all ward areas on their local challenges with regards to community provision and how these can be brought together to support all residents in East Lothian; and
- ii. To note this continues on the work of the Provision Change Board and the consultation which resulted in the recommendations to further develop intermediate care services.

7. ANALOGUE TO DIGITAL TRANSITION

The Chief Officer submitted a report presenting the IJB with an update on the context and background to the proposed analogue to digital transition. The report will detail local progress, resources required and potential risks for the IJB.

Guy Whitehead presented the report. He outlined the background to the change from analogue to digital services and advised members on the work undertake to date to switch clients to digital alarms. He advised that 1 January 2025 was the date set for analogue switch off and to ensure that all remaining clients were moved to digital by the end of 2024, would incur additional one-off capital costs, for equipment and installation, and some recurring costs related to an additional staff member to support the roll out. Mr Whitehead concluded that the consequences for clients were potentially grave if the switch-over work was not completed by the end of 2024.

Mr Flanagan advised members that, given the urgency of the work, the Strategic Planning Group had agreed a dual approach: a paper to the IJB; and an approach to East Lothian Council to see if this request could be included in their capital budget. Ms Flanagan advised that she would be discussing the request with the Council's Head of Finance and would keep members updated.

Councillor Akhtar asked if approaches had been made to other organisations, including a further approach to the Digital Office, for possible funding. She suggested that this be included as an additional recommendation in the report.

Ms Flanagan agreed that approaches could be made but cautioned that, based on previous experience, the answers were unlikely to be positive.

Councillor Jardine asked if the work on the switch-over had been left a little late given that the HSCP had known since 2017 that the change was coming. Lesley Berry explained that there had been an early agreement with Scottish Borders and then with Midlothian but failure to recruit to a shared project manager post had led to delays. East Lothian were now moving forward with an internal project manager. Also the purchase of equipment had been delayed as availability was limited and demand was high. These issues notwithstanding, East Lothian was further ahead than many other areas.

Mr McCann acknowledged that the work needed to be done and asked about the use of SIM enabled landlines. Mr Whitehead confirmed that SIM enabled devices would be used in the first instance but the team would consider using digital, where SIMs were not effective, e.g. rural areas.

Mr Binnie said this was a critical service and asked if consideration had been given to outsourcing the work or recovery of costs through charging. Mr Whitehead explained that they had looked at outsourcing but that it was more expensive and the HSCP already had an in-house team. This approach constituted the best value for money. Ms Kerr added that charging for services had to be agreed by East Lothian Council and she was not aware that they had considered charging for replacement alarms, although this may be an option in future.

The Chair moved to the recommendations in the report. He seconded the proposed amendment, put forward by Councillor Akhtar, to add an additional recommendation: "To identify other possible sources of funding, including writing to the Digital Office."

Decision

The IJB agreed, by roll call vote:

- i. Note the requirement to fully transition devices from analogue to digital by 2025;
- ii. Note the Chief Finance Officer formally approached East Lothian Council, to ascertain if any capital funding was available;
- iii. Support the principle and endorse the proposal to request utilisation of the general reserve to fund the initial one-off costs of transition; and
- iv. To try to identify other possible sources of funding, including writing to the Digital Office.

8. DISTRIBUTION OF EAST LOTHIAN STRATEGIC PLANNING GROUP MINUTES

A SBAR report was submitted inviting the IJB to consider whether Strategic Planning Group (SPG) minutes should be publicly available or distributed to SPG and IJB members only.

Paul Currie presented the report. He highlighted the background to the SPG and the outcome of a recent review of its Terms of Reference. He advised that the proceedings of SPG covered a range of strategic matters including developing and monitoring of the

Strategic Plan and associated Directions, and the production of the annual delivery plan and annual performance report. It was also a forum for first consideration of service review and transformation projects. Unlike the IJB, the SPG was not held in public and this reflected the sometimes confidential nature of its business. The SPG minutes were not routinely distributed to IJB members but were available on the website. However, the revision of the HSCP website had offered the opportunity to streamline procedures and it was proposed to cease publishing the SPG minutes on the website and instead, to circulate these minutes to IJB members. The SPG minutes would continue to be available to the public, if requested under Freedom of Information.

Mr Binnie agreed with circulating the minutes to IJB members but had concerns about the recommendation that SPG minutes would no longer be publicly available without an FOI request. He pointed out that one of the principles of devolution had been increased transparency and accessibility, in addition he was not aware of their ever having been an issue with the SPG minutes being published on the website. He felt it would be a retrograde step to remove the minutes from public view.

Councillor Akhtar said that the SPG was involved in really positive work which was of public interest and it was important to have openness and transparency. She suggested that officers should give further consideration to this recommendation.

Mr McCann said he was a member of the SPGs in Edinburgh and Midlothian. He questioned whether business confidentiality was sufficient justification and suggested that such items could be dealt with separately, in private session.

Ms Kerr reassured members that they were not trying to hide information but that the change related mainly to the ability to distribute minutes in a timely fashion. At present, the minutes were not being properly uploaded and made available through the website. She acknowledged that private items of business could be dealt with separately with public and private minutes. She agreed that officers could review this recommendation.

Mr McCann accepted the need for efficiency but noted that this was a different problems with a potentially different solution. Pointing to the arrangements in Edinburgh, he suggested that draft SPG minutes could be included in the IJB papers – where they would be noted as being in draft and subject to approval in due course - and could be made publicly available through this process.

Mr Binnie said he remained concerned about the ceasing the publication of SPG minutes on the website.

Councillor Akhtar suggested that officers come back with an alternative proposal for making the minutes publicly accessible.

The IJB considered the recommendations individually, by roll call vote. **Recommendation 1 of the report was not approved.** Following the vote, the Chair asked Ms Kerr to give further consideration to the issue of publication of the SPG minutes and bring back an alternative proposal to the IJB.

Decision

The IJB agreed, by roll call vote:

- ii. That IJB members should receive SPG minutes, with effect from the next SPG meeting.

Ms McNeill declared an interest in the next item, as the current Service User representative on the IJB. The Clerk advised her that, as the report recommendations were for noting, she did not need to leave the meeting.

9. PROCESS FOR APPOINTMENT OF IJB SERVICE USER REPRESENTATIVE

A SBAR report was submitted updating the IJB on arrangements for the appointment of a new Service User representative.

Mr Currie presented the report. He advised members that the term of office for the current Service User representative was ending and outlined progress with the appointment of a new representative. He drew attention to the closing date for applications and the planned date for interviews.

Jennifer Jarvis clarified that an advert had not been placed in the Courier but a press release had been issued.

The Chair thanked Ms McNeill for her unstinting loyalty and contributions to the IJB over her time as a non-voting member. He said she had offered helpful contributions and had diligently served those she was here to represent.

Ms McNeill said it had been a very rewarding experience.

Decision:

The IJB agreed to:

- i. Note the process underway to appoint to the soon to be vacant Service User Representative position; and
- ii. Note the intention to appoint to the independent sector representative and carer representative positions.

The Chair offer his thanks to Judith Tait and to Jon Turvill for their contributions to the IJB and he acknowledged the work of both to champion progress in their areas of social work and primary care. He wished them both well for the future.

Signed

Mr Peter Murray
Chair of the East Lothian Integration Joint Board



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 28 February 2023

Hybrid Meeting in the Dean of Guild Court Room, City Chambers, High Street, Edinburgh and remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Robin Balfour, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Elizabeth Gordon, George Gordon, Kirsten Hey, Rose Howley, Peter Knight, Jacqui Macrae, Councillor Claire Miller, Councillor Max Mitchell, Councillor Vicky Nicolson, Moira Pringle, Judith Proctor and Emma Reynish.

Officers: Angela Brydon, Hazel Stewart and David White.

Apologies: Ruth Hendery and Peter Murray.

1. Order of Business – Additional Report – Drumbrae Care Home Status Report

In terms of Standing Order 7.4, the Board agreed that the additional report on Drumbrae Care Home Status report, which had been notified to the Chair at the start of the meeting, should be ruled urgent and considered at this meeting.

2. Minute

The minute of the Edinburgh Integration Joint Board meeting of 13 December 2022 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record subject to the following amendments:

- 1) **Apologies** - To record Helen Fitzgerald's apologies in the minute.
- 2) **Item 10 – Committee Update Report (Decision 2)** – To record this as an action and to note that this would be picked up as part of the annual review of governance arrangements.

3. Rolling Actions Log

The Rolling Actions Log updated to February 2023 was presented.

Decision

- 1) To agree to close Action 1 – Committees Annual Assurance Report – referral from the Audit and Assurance Committee.
- 2) **Action 4 – Bed Based Review – Public Consultation on the Future Provision of Older People's Care** – To agree that the Chief Officer would provide an update to Board members on the arrangements for the pre-consultation meeting with the Trades Unions.
- 3) **Action 5 – EIJB Risk Register** – To add an expected completion date of April 2023.
- 4) To add "ModernGov Access for External Members" to the rolling actions log.
- 5) To otherwise note the updates in the rolling actions log.

(Reference – Rolling Actions Log, submitted)

4. Annual Cycle of Business

The Board's annual cycle of business for the period to December 2023 was presented.

Decision

- 1) To review the annual cycle of business to ensure the timetable captured the full range of the Board's regular and other scheduled pieces of work throughout the year.
- 2) To add Inspections to Items of Strategy.
- 3) To ask Board members to contact the Board's Operations Manager with any specific areas of work to be added to the timetable.

- 4) To note that the draft IJB Annular report would be presented firstly to the Strategic Planning Group and thereafter to the Board in August 2023.

(Reference – Annual Cycle of Business, submitted)

5. General Medical Services Provision in South-East Edinburgh – Liberton High School Campus

The Business Case for General Medical Services Provision in South-East Edinburgh at Liberton High School Campus was presented.

The proposal sought capital funding from NHS Lothian and the Standard Business Case had been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Decision

- 1) To agree the proposal to develop GP Premises in the City of Edinburgh Council led Liberton High School Campus redevelopment.
- 2) To note that, this proposal resulted from an opportunity to undertake a collaborative project with City of Edinburgh Council to include a GP Practice in the Liberton High School Campus ('20 Minute Neighbourhood' related development).
- 3) To note that the Initial Agreement (Liberton High School Campus) was submitted and approved by the Edinburgh Integration Joint Board and NHS Lothian in 2020.
- 4) To note that the Standard Business Case (Liberton High School Campus) was submitted and approved by the Edinburgh Integration Joint Board Strategic Planning Group on 24 January 2023.
- 5) To note that a separate Initial Agreement (IA) (South-East Outer GP Provision), to provide General Medical Services provision to the population expansion at the southern boundary of the locality was also submitted and approved by Edinburgh Integration Joint Board and NHS Lothian in 2020. To note that this was subsequently submitted to Scottish Government, where it currently awaited consideration as a population increase related scheme.
- 6) To agree to the submission of the Standard Business Case to the NHS Lothian Capital Investment Group, in accordance with the capital prioritisation process.
- 7) To note the recent position of Scottish Government, to pause all NHS capital commitments.
- 8) To note the impact of withdrawal from this project, due to start construction in early 2023.

- 9) To agree that the Chair would write to the Scottish Government and NHS Lothian expressing the Board's concerns about the recent position of Scottish Government to pause all NHS Lothian capital commitments and the detrimental impact withdrawal from this project would have on the provision of medical services in South-East Edinburgh but to iterate that the Board were open to dialogue in terms of seeking a positive solution to the issue.
- 10) To agree that any response would be reported back to the Board.

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

6. Escalation Report

In 2021, the Board agreed a Climate Change Charter which outlined the Board's commitment, pledges of support and changes to business practices to help Edinburgh meet its net zero carbon emission target by 2030. The Charter also committed to appointing two Climate Change Champions.

Section 14.2 of the updated Integration Scheme specified that both NHS Lothian and the City of Edinburgh Council would provide the Edinburgh Integration Joint Board with sufficient support to enable it to fully discharge its duties in relation to risk management.

Since 2017, the EIJB Chief Finance Officer had also undertaken the role of Chief Risk Officer. The internal audit report into risk management arrangements had highlighted that good progress had been made in development of the EIJB's risk management framework with an effective audit outcome.

Whilst noting that the current arrangements were effective, members of the Board's Audit and Assurance Committee had expressed some concerns around a potential conflict of interest with the dual roles being undertaken by the same person and had referred the matter to the Board for consideration.

Decision

- 1) To appoint Councillor Miller as one of the Board's Climate Change Champions.
- 2) To agree that further information on the Climate Change Champion role be provided to George Gordon for his consideration.
- 3) To welcome the offer from EVOG to support the Board's Climate Change Champions through the work of their Climate Forum and the Scottish Government supported Climate Action Hub.
- 4) To agree to proceed with recruitment to the Chief Risk Officer post on a part-time basis.
- 5) To note there was no identified Edinburgh Integration Joint Board budget for this post and that the costs would require to be identified from within existing resources.

- 6) To welcome the offer of support from EVOC towards exploring innovative ways of advertising the post.

(References – EIJB Performance and Delivery Committee 30 November 2022; EIJB Audit and Assurance Committee 5 December 2022; report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

7. Drumbrae Care Home – Status Update

An update was provided on the actions taken leading up to the closure of Drumbrae as a care home together with the actions which had taken place post-closure of the facility.

Information was provided on an alternative development option with some alterations to the conditions set which would focus on ensuring withdrawal from Liberton Hospital and creating and maintaining flow across beds and go forward with operationalising 30 beds at Drumbrae and maintaining the lease on Ferryfield House until the end of its lease in October 2027.

This transitional position would give the Partnership time as a whole system to undertake the pathway review from hospital to community to understand the range of beds in use across the system and would inform strategic plans for community infrastructure and bed-based service provision in the medium to long term.

Decision

- 1) To note the briefing on the status of Drumbrae Care Home, the steps taken leading up to the closure of the facility as a care home and the actions taken post-closure.
- 2) To agree that a further update report be provided to the Board on Drumbrae Care Home as matters progressed.
- 3) To agree that a further report be brought to the Board to include information on the following:
 - The wider strategic issues of the bed-based review and the impact of the bed-based public consultation
 - Governance processes, methodology and current data around the NHS modelling of the bed-based review.
 - A full system-wide pathway review.
- 4) To refer the following process issues to the Audit and Assurance Committee for review with a request that the outcome of these considerations be reported back to the Board:
 - Ways of improving information sharing and communication with stakeholders, the workforce and Board members

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

8. Finance Update

An update was presented on the financial performance of delegated services for the first nine months of the year. This showed a projected year end overspend of £2.7m and represented a deterioration from the position reported to the Board in December 2022 driven by an increase in externally purchased care costs and prescribing expenditure.

Decision

- 1) To note the financial position for delegated services to 31 December 2022.
- 2) To note the moderate assurance of a break-even position for 2022/23 provided by the Chief Finance Officer.

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

9. Appointment to the Strategic Planning Group

Information was provided on a vacancy which had arisen on the Edinburgh Integration Joint Board's Strategic Planning Group following the resignation of the previous Public Health member on the Group.

Decision

To appoint Flora Ogilvie to the Strategic Planning Group as a non-voting member representing Public Health.

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

10. Committee Update Report

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

Decision

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

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

11. Edinburgh Integration Joint Board Vice-Chair

The Chair informed Board Members that Angus McCann, Vice-Chair would be stepping down from his role in June 2023.

Decision

The Board recorded its thanks to Angus for his considerable expertise and contribution to the work of the Edinburgh Integration Joint Board.

Meeting Name: Board Meeting date: 21 June 2023

Title: National Whistleblowing Standards – Annual Whistleblowing Performance Report 2022/23
--

Purpose and Key Issues of the Report:
--

DISCUSSION	X	DECISION		AWARENESS	
------------	---	----------	--	-----------	--

The attached performance report covers the key performance metrics on which Boards are required to report to the Scottish Public Services Ombudsman.

To note a slight reduction in the number of concerns received in 2022/23 (eleven) compared to 2021/22 (fourteen).

To note an increase in the number of anonymous concerns received in 2022/23 (seven) compared to 2021/22 (four)

To note the increase in time to close concerns from an annual average in 2021/22 of 37 days to 123 days in 2022/23.

To note that eleven Stage 2 concerns have been closed this reporting year with four of these having been received in 2021/22.

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

Recommendations:

Note:

The annual whistleblowing performance report and key metrics.

Author: Lynne Barclay Date: 31 May 2023	Director: Janis Butler Date: 2 June 2023
--	---

NATIONAL WHISTLEBLOWING STANDARDS – ANNUAL PERFORMANCE REPORT

1 Purpose of the Report

- 1.1 The purpose of this report is to present to the Board for noting the 2nd Annual Whistleblowing Performance report covering the period 1 April 2022 to 31 March 2023.

2 Recommendations

The Board is invited to note:

- 2.1 The content of the attached Annual Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 31 May 2023.
- 2.2 That during this reporting year (2022/23), eleven named concerns have been raised under the Standards compared with fourteen in the previous reporting year.
- 2.3 That the Annual Whistleblowing Performance report, in line with the requirements of the Standards, is published on the NHS Lothians Staff pages of the Internet and shared with the Independent National Whistleblowing Officer (INWO).

3 Discussion of Key Issues

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Annual Whistleblowing Performance report as attached at Appendix 1. Noting that the performance report was discussed and endorsed by the Staff Governance Committee at its meeting on the 31 May 2023.
- 3.2 Processes are in place to collect data from Primary Care and Local Contractors on a quarterly basis, services only need to report quarterly if they have had any concerns. If no concerns have been received there is no need to report. However, under the requirements of the Standards, on an annual basis Primary Care and Local Contractors must report concerns data to the Board, even if to report that there were no concerns raised.
- 3.3 Across the whole reporting year, eleven Stage 2 concerns were raised, no Stage 1 concerns were recorded. Specifically, in relation to Quarter 4 one Stage 2 concern was received, this compares to three Stage 2 concerns which were received in the same Quarter of the previous reporting year.
- 3.4 Although not covered by the Standards there has been an increase in the number of concerns which are received anonymously. During 2022/23 seven anonymous concerns were received, this compares with three over the previous reporting year.
- 3.5 Across the reporting year, eleven Stage 2 concerns were closed, four of these concerns were received during the previous reporting year. There are currently three Stage 2 concerns received during 2022/23 which are subject to ongoing investigation,

all of which were received during this reporting year. One Stage 2 concern was closed in Quarter 1 of 2023/24, which will be reflected in the next quarterly performance report.

- 3.6 The average number of days taken to close concerns received during the reporting year 2021/22 was 37 working days, this has risen significantly to 123 working days during 2022/23. There are a number of reasons which have contributed to the increase in timescale, these include but are not limited to, current system pressures, investigator capacity and the complexity of the concerns received.

In line with the Standards the Whistleblower is advised of the need to extend the timescales and is kept up to date, every 20 working days, with the progress of the investigation and when they are likely to receive the outcome.

- 3.7 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Annual Whistleblowing Performance report (Appendix 1).
- 3.8 In line with the Standards the Quarterly and Annual Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link [Whistleblowing Performance Reports](#)
- 3.9 Key learning across this reporting year is the need for whistleblowing outcomes and improvement actions to be visible and transparent to those teams affected. There is also a need to 'demystify' the term whistleblowing, in relation to what can and cannot be shared. Under the Standards there is an obligation to maintain the confidentiality of both the whistleblower and anyone who participates in the investigation, however the actions and learning can be and should be, as appropriate, shared with management teams and ward/service staff, through normal communication channels.
- 3.10 At the start of April a session was held with Chief Nurses, which provided the opportunity to share the learning to date, from whistleblowing concerns and provide context around sharing of both the actions and learning from concerns. In general, however concerns received to date remain complex, quite service specific and have been overlaid by cultural issues. A similar session is planned for later this year for Associate Medical Directors.
- 3.11 For all concerns closed during 2022/23 action/improvement plans are in place and monitoring arrangements remain via the Commissioning Executive through the whistleblowing process, to support the transition from whistleblowing to business-as-usual action monitoring and oversight.
- 3.12 As previously agreed all performance reports now contain information relating to those cases referred into the formal whistleblowing process via our Speak Up Service.
- 3.13 Currently there is one active case with the Independent National Whistleblowing Officer (INWO), which was initiated by the whistleblower and which we await the outcome of.
- 3.14 An internal audit was concluded in April into the Boards compliance with the Whistleblowing Policies and Procedures. The auditor's provided a moderate level of assurance and outlined areas of good practice. The audit recommendations have been considered by the Whistleblowing Reference and Advisory Group and have been incorporated into the whistleblowing communication plan which has been developed.

4 Key Risks

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Lynne Barclay

Whistleblowing Programme and Liaison Manager

31 May 2023

lynne.barclay@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Annual Whistleblowing Performance Report



Whistleblowing Annual Performance Report 2022/23

(Includes Q4 performance data)

Lynne Barclay
Whistleblowing Programme and Liaison Manager

Contents

Whistleblowing Concerns – 2022/2023	3
Context	3
Areas covered by the report	4
Implementation and Raising Awareness 2022/23	4
Our plans for 2023/24	5
Performance Information April 2022 – March 2023	5
Indicator 1 - Total number of concerns, and concerns by Stage	6
Indicator 2 - Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed	7
Indicator 3 - Concerns upheld, partially upheld and not upheld as a percentage of all concerns closed in full at each stage	8
Indicator 4 - The average time in working days for a full response	9
Indicator 5 - Number and percentage of concerns closed in full within set timescales	10
Concerns where an extension was authorised	10
Primary Care Contractors	11
Other Contracted Services – Not part of the wider National Procurement Framework	12
Anonymous Concerns	12
Learning, changes or improvements to services or procedures	12
Experience of individuals raising concerns	14
Level of staff perception, awareness and training	15
Whistleblowing and Speak Up	16
Whistleblowing Themes, Trends and Patterns	16
Named Concerns raised by Division across all 4 quarters	17

Whistleblowing Concerns – 2022/2023

Context

This is the 2nd annual report which has been produced in line with the National Whistleblowing Standards (the Standards). The role of the Independent National Whistleblowing Officer (INWO), undertaken by the Scottish Public Service Ombudsman (SPSO) came into effect on the 1 April 2021, and provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing concern.

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

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

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

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

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

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

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

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

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

Areas covered by the report

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

Implementation and Raising Awareness 2022/23

During 2022/23 we have:

- Continued to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- Continued to deliver awareness raising training for managers to help them understand the standards and the processes in place to support delivery against the standards.
- Expanded our pool of trained investigators.
- Worked with investigators and Executive Directors, to review the learning from the process and share as appropriate across the organisation. This included process improvements and more visible and transparent communications.
- Worked with our Speak Up Service, to support improvements, learning and to address any organisational concerns.
- Developed materials for our staff induction programme.
- As part of our Internal Audit Programme for 22/23 the design of controls to address key risks associated with the standards were evaluated and the operating effectiveness of these controls were tested. A moderate level of assurance was given.
- Introduced monthly reporting on whistleblowing cases to the Patient Safety Experience Action Group (PSEAG) to strengthen executive team oversight.
- Set up a Whistleblowing Reference/Advisory Group to support the whistleblowing process, to assist with improvements, provide advice to shape, and inform the infrastructure which supports the Standards.

- Delivered quarterly performance reports to the Board and regular reports to the Staff Governance Committee at each of its meetings.

Our plans for 2023/24

- Continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- Establish an investigators network, which will not only cover those who undertake whistleblowing investigation but anyone who could undertake an investigation.
- Work with our Speak Up Service, Partnership/Trades Union colleagues and services to run a successful Speak Up Week in October 2023.
- Continuous improvement of our processes based on learning and experience.
- Implement the recommendations from the Internal Audit Report.
- Implement the training and communication plans agreed by the Whistleblowing Reference/Advisory Group.
- Continue to work with our Speak Up Ambassadors to support improvement, learning and to take any appropriate actions in response to concerns raised.
- Continue to provide performance updates and reports to PSEAG, Staff Governance Committee and the Board.
- Develop and introduce additional feedback mechanisms for whistleblowers and others involved in the whistleblowing process.

Performance Information April 2022 – March 2023

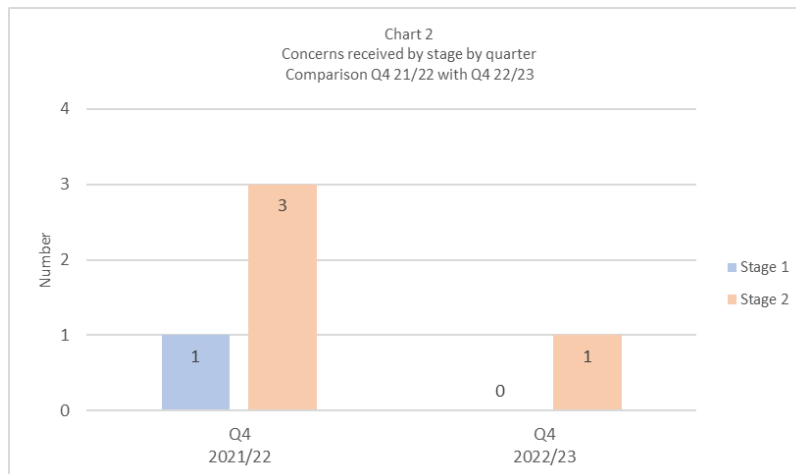
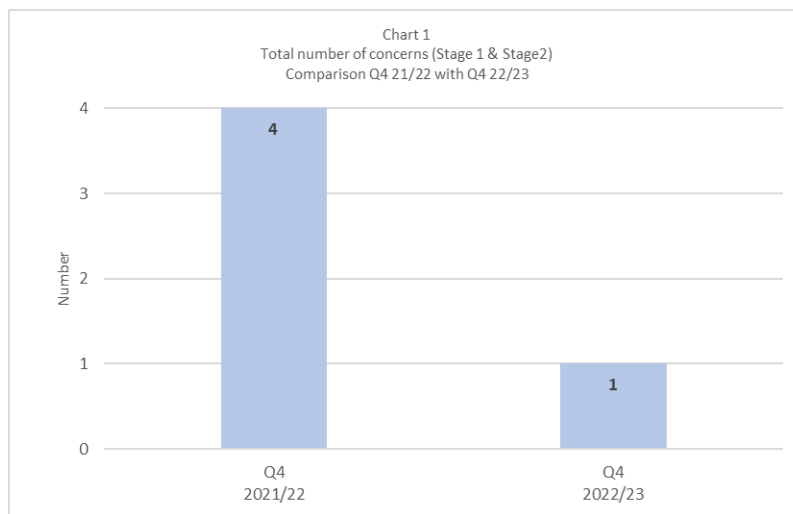
Under the terms of the Standards, the quarterly performance report must contain information on the following indicators:

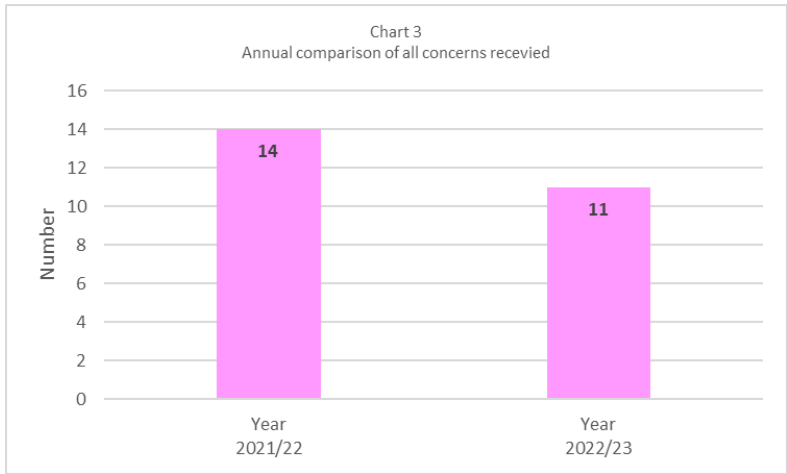
1. Total number of concerns received
2. Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed
3. Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each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

We have throughout the annual report provided a comparison against quarter 4 2021/22 with quarter 4 2022/23 and an annual performance comparison, 2021/22 against 2022/23.

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

During quarter 4 2022/23 one stage 2 concern was raised, no stage 1 concerns were received. In total across the reporting year 2022/23 eleven whistleblowing concerns have been received this compares with fourteen concerns received during the reporting year 2021/22. Chart 1 shows the total number of concerns received in Q4 2022/23 compared with Q4 2021/22. Chart 2 gives a break down on the number of concerns received at each stage of the whistleblowing process over the same period. Chart 3 provides details of year-on-year comparisons.

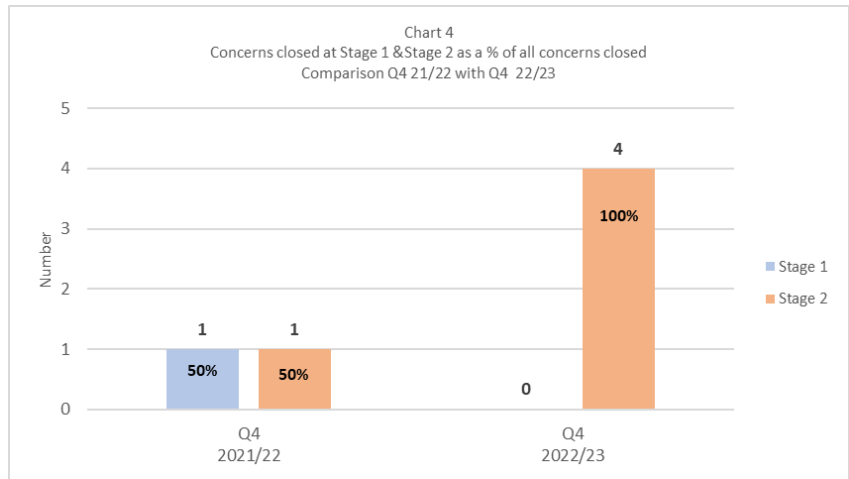


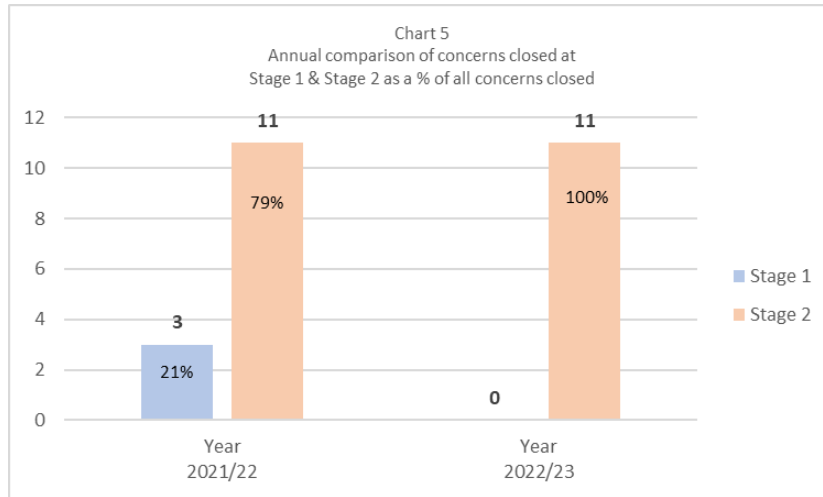


During 2022/23 no stage 1 concerns were received this compares with a total of three stage 1 concerns raised in 2021/22.

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

During quarter 4, four Stage 2 concerns were closed. No stage 1 concerns were received or closed during this quarter. Chart 4 shows the comparisons between quarter 4 this year with quarter 4 2021/22. The Annual performance comparison is included in Chart 5.





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

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

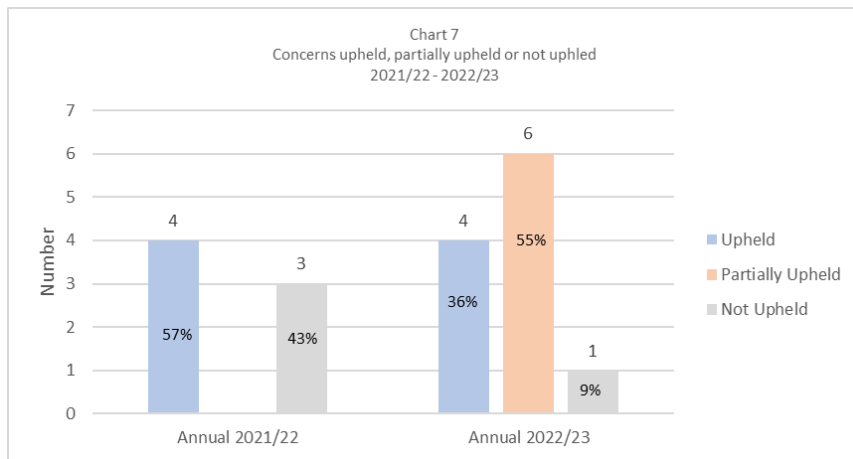
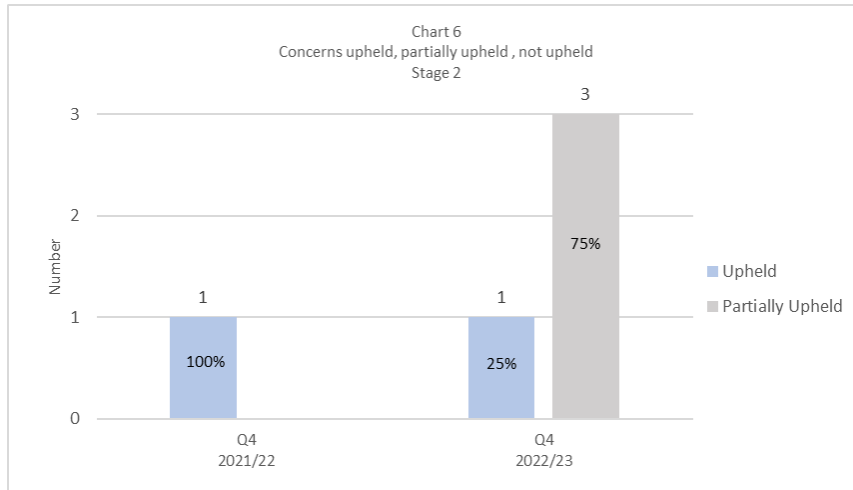
No stage 1 concerns were received or closed during this quarter; over the same quarter last year, one stage 1 concern was received which was upheld.

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

During the fourth quarter of this year, four stage 2 concerns were closed (100%) three of the four concerns were partially upheld the fourth was upheld. When compared to the same quarter last year, three stage 2 concerns were closed, one upheld, one partially upheld and the last not upheld.

There are currently three (3) stage 2 concerns which are subject to ongoing investigation. All were received during this reporting year.

Chart 6 below details the outcome of the four stage 2 concerns which have been closed at the end of quarter 4, compared with the same quarter last year. Chart 7 compares the outcomes for stage 2 concerns closed in 2021/22 with 2022/23. Given that there were no stage 1 concerns received during 2022/23 no comparison has been provided, however for fullness of reporting during 2021/22 all three stage 1 concerns which were received where upheld.

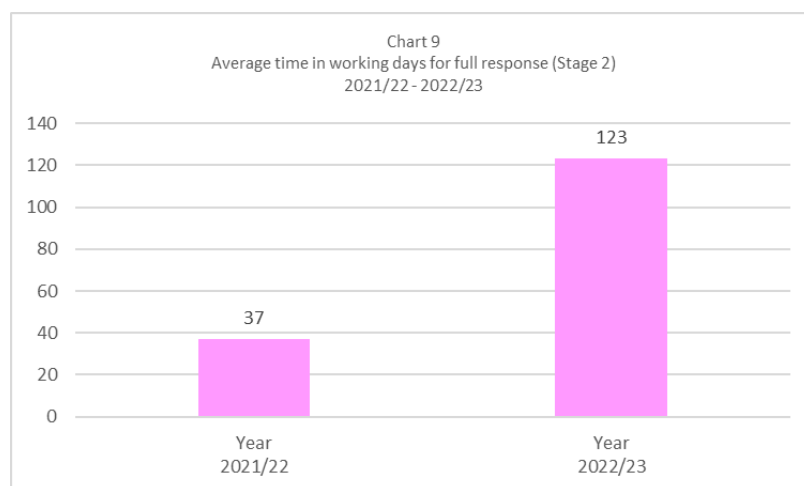
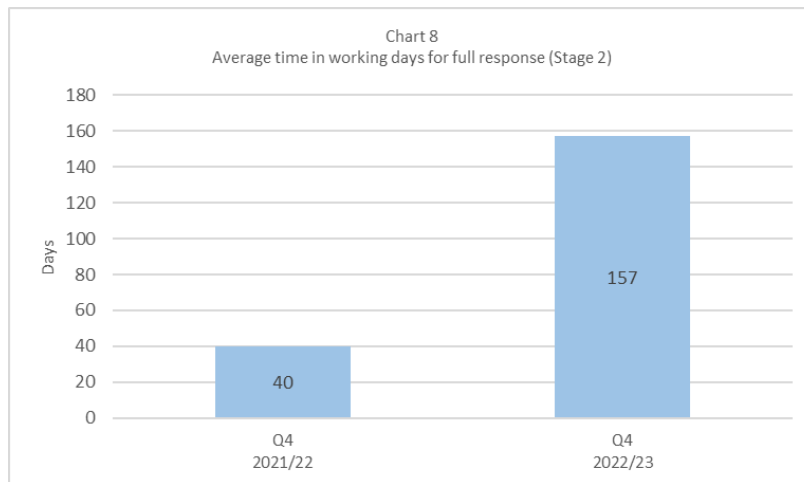


Indicator 4 - The average time in working days for a full response

During this quarter four (4) stage 2 concerns have been closed the average number of days taken to close the concerns is 157 days this compares to 40 days for the single concern closed in the same quarter during 2021/22.

There has been a significant increase in the average number of days taken to close the concerns received, this may be attributable to the complexity of the concerns received.

Chart 8 below shows the average time to close concerns in quarter 4 this year compared with the same quarter in 2021/22. No stage 1 concerns were closed in quarter 4 this year, and the single concern closed during this period in the previous year, was completed in 4 working days, which is within the 5 working days target. Chart 9 provides comparisons with timescales across both reporting years and the number of concerns closed over those periods. There has been a significant increase in the average number days in which concerns are closed.



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

No concerns were closed in this quarter within the set timescales of 5 or 20 working days. Across the reporting year 2022/23 no stage 1 concerns have been raised, and 11 stage 2 concerns have been raised, with 11 concerns having been closed.

Four of those closed this year were received in 2021/22, however the 20-working day timescale has not been achieved in any of the cases investigated. In all cases updates were provided to the whistleblower every 20-working days, in line with the requirements of the standards.

Concerns where an extension was authorised

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence, complexity of the investigation, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must be provided an update on the progress of any investigation every 20 working days. All Stage 2 concerns (11) received during this reporting year (100%) have had extensions

authorised. Whistleblowers are advised of the need to extend the timescales and are kept up to date with the progress of the investigation into their concerns throughout the process.

Primary Care Contractors

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

In total 130 returns were received for quarter 4. Details are outlined in the table below:

	Quarter 4				Annual 2022/23			
	No	%* ¹	Stage 1	Stage 2	Stage 1	Stage 2	Time to respond* ²	Outcome
GP Practices	81	69%	0	0	0	1* ³	160 days	Partially Upheld
Dental Practices	34	20%	0	0	1	0	5 days	Upheld
Optometry Practices	12	10%	0	0	0	0		
Community Pharmacies	3	2%	0	0	0	0		

No Stage 1 concerns were received or responded to in quarter 4. The Stage 2 concern received in Q2 was completed in Q4 and the concern was partially upheld.

*¹ based on the current primary care contractor cohort as detailed below

*² number of days

*³ This stage 2 concern was investigated by the Health Board

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

- 118 GP practices including the challenging behaviour practice
- 174 general dental practices
- 122 optometry practices including domiciliary only
- 182 community pharmacies

In terms of learning from the stage 2 concern investigated by the Health Board:

- Any contractors subject to investigation as a result of whistleblowing concerns raised should be signposted to support – in GP cases the Lothian GP Support and Advisory Group.
- Investigations under whistleblowing and by regulatory bodies should be kept separate.
- Administration support should be available for arranging meetings etc. and additional support for the investigator may also be required.

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

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

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

No information has been received in quarter 4 from any of the 36 local suppliers, who are not contracted through the National Procurement Framework. Over the reporting year 2022/23 no concerns have been raised from any of the local suppliers.

Anonymous Concerns

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

During this reporting year, the process for assessing the level at which anonymous concerns are investigated has been changed. Previously all anonymous concerns were raised at stage 2 on receipt, and investigators assigned. However, in October 2022 this process was changed, anonymous concerns are no longer automatically recorded as stage 2. On receipt of an anonymous concern the information provide is reviewed by Executive Directors, and the level of investigation required determined.

During quarter 4 no anonymous concerns, were received. In total over the 22/23 reporting year seven anonymous concerns have been received. This compares to three anonymous concerns during 21/22. In total since the implementation of the Standards in April 2021 ten anonymous concerns have been received.

Where appropriate and applicable the outcomes and actions from the investigations into anonymous concerns are shared with the service area through normal staff communication channels.

Learning, changes or improvements to services or procedures

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of whistleblowers. For each complaint that is upheld or partially upheld a documented action plan is put in place to address any shortcomings or apply the

identified learning. Learning has also been identified from concerns which from a whistleblowing perspective have not been upheld.

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

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

In relation to local and system-wide learning, processes are now in place to capture, and during quarter 1 2023/24 awareness raising sessions have been planned with Chief Nurses and Medical Directors, to share process changes and learning to date, explain the role of the Independent National Whistleblowing Officer, give an overview of the challenges faced in this space and the importance of 'Speaking Up', 'Listening Up' and 'Following Up'

A summary of learning from the concerns closed during this quarter are detailed below:

System wide learning

- Learning and actions from whistleblowing recommendations should be visible and transparent to the staff in the department or team(s) affected. The communications are unlikely to be a one off and regular communications should continue through BAU mechanisms until such times as the actions are closed off.
- Whistleblowing recommendations and action plans need to have a greater level of scrutiny and the evidence required to demonstrate the implementation of recommendations need to be agreed and documented.
- Processes for introducing any new services or changes to clinical services, must ensure that they consider patient safety as a priority and are implemented in collaboration with key stakeholders.
- Anonymous whistleblowing concerns are now assessed by the Executive Medical or Executive Nurse Director prior to any investigation being commissioned. Investigations will only take place where the concerns being raised are not currently part of a known concern and being investigated or part of an ongoing ER investigation.
- Clarity about the interrelationship of the Whistleblowing process and any ER process that might happen during and/or after the conclusion of a whistleblowing investigation.
- Communications and action plans need to be developed in a timely manner
- The need for ongoing communications with the Whistleblower to provide meaningful updates, recognising that this is likely to be over a period of time.

Service specific learning

- The need to ensure all staff working within a service understand the service objectives, standards expected, and that the operating context is understood

- The importance of undertaking PDPR discussions with staff on a yearly basis

Stage 2 concerns received to date, continue to be complex and are overlaid by behavioural, relationship and communication issues. All action plans now contain a specific action around communications, and the need to ensure that all staff in the ward/department to which the concern relates are advised of the outcome of the investigation and the actions being taken to address these. Action plans have also been revised to include details of 'expected outcomes' enabling the Board to take a more purposive approach, focussing on outcomes to be achieved as well as actions to be taken.

The 2022/23 Corporate Objectives included having a plan in place to deliver a 'real time' staff experience measurement tool to promote staff engagement and augment the annual iMatter survey as part of our quality management approach. Following a scoping and option appraisal exercise, which included the recurring investment required to roll this out across the organisation; the Corporate Management Team decided that in our current financial context this was not something that could be prioritised at the moment. However, in this year's national iMatter survey 2 new questions have been included to assess if staff feel able to raise concerns and if so, do they think their concerns will be responded to. This will provide a helpful temperature check and help us to formulate any additional improvement actions.

As part of the process review of the systems in place to support the Standards during quarter 4 we have continued to embed the changes and enhancement of roles in relation to whistleblowing investigation and scrutiny, these include:

- Reinforcing/enhancing the role of the Commissioner.
- Enhanced Scrutiny of whistleblowing outcomes, via the Patient Safety Experience Action Group (PSEAG).
- Improved processes around maintaining the confidentiality of the whistleblower.

Experience of individuals raising concerns

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

Level of staff perception, awareness and training

It is difficult to quantify staff perceptions, however 'lunch and learn' sessions continue to have good levels of attendance and we have continued to promote how to raise concerns. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Lothian and how this can be done. Lunch and Learn sessions will continue twice yearly on an ongoing basis, to allow new managers access to this training resource and for existing managers to refresh their learning.

Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

Two cohorts of staff have now completed the ACAS 'How to Undertake a Good Investigation' recognising the skills required can be used across all investigations which the organisation can be asked to undertake. The plan is now to create an investigators network, where lived experiences can be shared, learning resources will be available and where investigators will be able to share good practice/learning from investigations processes.

A programme of activities was put in place to support the inaugural Speak Up Week, although the Speak up Service is not solely there to support Whistleblowing the Speak Up Service does provide the confidential contact service to those who wish to whistle blow. A summary of the key activities is outlined below:

- Chief Registrars presented to all doctors in training and those interested in training a session on 'Promoting Raising Concerns.'
- The Speak Up Ambassadors and Advocates hosted a series of 'Meet the Confidential Contacts' events held over the week, on all acute sites.
- Nurse Director for Acute Service held a lunchtime drop-in session on both the St Johns and Royal Infirmary of Edinburgh sites.
- Emails and newsletters were issued promoting Speak up Week and outlining the role of the Speak up Service.
- The Speak Up Ambassadors attended a session of the Western General Hospital Partnership Forum to promote the importance of listening and following up.
- The Speak Up Ambassadors attended and presented to the Scottish Equalities and Minority Forum on the role of the confidential contact and the Scottish Speak Up network.
- A selection of electronic communications was also issued during the week, these included senior management team videos on the importance of Speaking up, tweets from the Non-Executive Whistleblowing Champion and Speak up Ambassadors. Facebook and tweets from Unions and the British Medical Association supporting Speak Up Week.

Whistleblowing and Speak Up

There were no stage 1 concerns received during this reporting year, and during quarter 4 no stage 2 concerns were raised through the Board's identified confidential contacts (the Speak Up Ambassadors, via the Speak Up Service). The single concern which was received during this quarter was raised directly with the Service.

However, of the eleven stage 2 concerns received during this reporting year, nine were raised through the Speak Up Service.

The Speak up Service has been in operation for 4 years, and as part of the service they have explored reasons for users not raising concerns via business-as-usual routes and the most common reported barrier is that normal processes have not resolved the issue. The Speak Up Ambassadors also ask contacts who proceed to raise concerns under the standards their reasons for using the Speak Up Service rather than their own management structure. In the majority of cases which were submitted as level 2 whistleblowing concerns, the individuals stated that their management structure were aware of the concerns and had not offered these to be considered under the standards.

Considerations and barriers for those who proceed to raise a concern under the standards are; the perception that the length of time taken to investigate a level 2 whistleblowing concern is so lengthy that the benefits are limited along with the fear of being seen as a troublemaker or suffering detriment for doing so. In addition, there is a growing perception that delivery of actions to address upheld concerns are not given the focus and attention expected when such concerns are found.

In 2023/24, the Speak Up Ambassadors will continue to promote the Speak Up Service, and considerations to how to listen up, act and follow up, for managers.

In relation to anonymous concerns, no anonymous concerns were received in quarter 4 via the Speak Up Services or any other route. In total over the reporting year, there have been seven concerns raised anonymously. Five of these have been via the Speak up Service, of these five, one whistle-blower subsequently came forward and the concern was progressed as a stage 2 concern under the standards. One of the anonymous concerns raised, following review, did not meet the definition of whistleblowing.

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 4 2021/22 and quarter 4 2022/23, and the annual figures for 2021/22 and 2022/23. The themes from the anonymous concerns are also included in the table below.

Theme* ¹	Q4 21/22	Q4 22/23	Year 2021/22	Year 2022/23
Patient Care and/or Patient Safety	3	1	12	21
Poor Practice	1	1	9	10
Unsafe working conditions	0	0	6	8
Changing or falsifying information about performance	0	0	1	0
Breaking legal obligations	0	0	1	1
Abusing Authority	2	0	5	6

*¹ more than one theme may be applicable to a single Whistleblowing concern

*² themes were broadened for reporting post April 2021

Named Concerns raised by Division across all 4 quarters

Division	Number
HSCP's	*
Acute Hospitals	*
Corporate Services	*
REAS	6
Facilities	*

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

Board
21 June 2023

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

1 Purpose of the Report

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

2 Recommendations

The Board is recommended to:

- 2.1 *Appoint* Dr John Hardman as a non-voting member of the East Lothian IJB and specifically as the "*registered medical practitioner whose name is included in the list of primary medical services performers*" with immediate effect and until 20 June 2026.
- 2.2 *Appoint* Dr Douglas McGown as a non-voting member of the West Lothian IJB and specifically as the "*registered medical practitioner whose name is included in the list of primary medical services performers*" with immediate effect and until 20 June 2026.

3 Discussion of Key Issues

East Lothian and West Lothian Integration Joint Boards

- 3.1 [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) determines the membership of integration joint boards. The NHS Board is required to appoint a person to each of the following non-voting positions on an IJB, under Regulation 3(1):

"(f) a registered medical practitioner (whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

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

(g) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and

(h) a registered medical practitioner employed by the Health Board and not providing primary medical services.”

3.2 The Order provides that the term of office for members of integration joint boards is not to exceed three years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.

3.3 Dr Jon Turvill previously held the position at (f) above on the East Lothian IJB. **Dr John Hardman**, Clinical Director for the East Lothian Health and Social Care Partnership, has been nominated to this vacant position. On the advice of the NHS Lothian Medical Director, it is therefore recommended that the Board approve Dr Hardman’s appointment as a new non-voting member of the IJB and specifically as the “...*registered medical practitioner whose name is on the list of primary medical services performers...*”, with immediate effect and until 20 June 2026.

3.4 Dr Elaine Duncan previously held the position at (f) above on the West Lothian IJB. **Dr Douglas McGown**, Clinical Director for the West Lothian Health and Social Care Partnership, has been nominated to this vacant position. On the advice of the NHS Lothian Medical Director, it is therefore recommended that the Board approve Dr Hardman’s appointment as a new non-voting member of the IJB and specifically as the “...*registered medical practitioner whose name is on the list of primary medical services performers...*”, with immediate effect and until 20 June 2026.

4 Key Risks

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

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Darren Thompson
Board Secretary
08 June 2023

Director of Finance

REVIEW OF STANDING FINANCIAL INSTRUCTIONS AND SCHEME OF DELEGATION**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board review and approve proposed revisions to its Standing Financial Instructions (SFIs) and Scheme of Delegation (SOD).
- 1.2 The proposed revisions were discussed by the Audit & Risk Committee on 17 April 2023, where the Committee recommended them for Board approval.
- 1.3 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board is invited to:
 - Consider and approve the proposed revisions to the Board's Standing Financial Instructions and Scheme of Delegation (presented as tracked changes in the attached documents and summarised below);
 - Note that the revisions have been considered and endorsed by both the Executive Leadership Team and by the Audit & Risk Committee; and
 - Note that, in future, these documents will be reviewed annually, in line with the requirements of the Blueprint for Good Governance second edition

3 Discussion of Key Issues***Background***

- 3.1 The SFIs and the SOD form part of a portfolio of documents or "operating guidance" that support good governance and, collectively, provide important direction to Board members, executive leaders and other senior managers within the organisation.
- 3.2 The maintenance and regular review of these documents support the following principle contained within the Blueprint for Good Governance: *"Good governance requires operating guidance that is agreed, documented, widely-communicated and reviewed by the Board on a regular basis."*
- 3.3 SFIs are issued in accordance with the financial directions made under the provisions of the NHS (Financial Provision) (Scotland) Regulations 1974, and all other enabling powers, for the regulation of the conduct of the Board, its members, officers and agents in relation to all financial matters.
- 3.4 The SOD, operating in conjunction with the SFIs and other policies and procedures, sets out how the Board delegates authority to committees, individual Board members or Board employees, to act on its behalf in financial matters.

- 3.5 The authority to approve the SFIs and the SOD, and any subsequent revisions to them, is reserved to the Board, via the Standing Orders. Both documents were last approved by the Board in April 2021.

Summary of Key Changes

- 3.6 General changes include updating terminology and language throughout, for example to reflect the Edinburgh and Lothian Health Foundation (ELHF) changing its name to “NHS Lothian Charity” or to ensure more inclusive or gender-neutral language (e.g., changing “manpower” to “workforce” or “he/she” to “they”, etc.).
- 3.7 Beyond this general level, the key changes to both documents are summarised in the table below.

<i>Standing Financial Instructions – main changes:</i>
<ul style="list-style-type: none"> • Paragraph 1.10 – confirming that SFIs will be reviewed annually by the Board, as per the requirements of the Blueprint. • Paragraph 3.4 – amended wording to remove references to “line management” or “annual appraisal” of the Chief Internal Auditor, reflecting the fact that Internal Audit is now an externally provided service. • Paragraph 5.21.1 – Frequency of Board financial reports changed from monthly to “each meeting of the Board”, as the Board no longer meets every month. • Section 7 – various changes requested by the Procurement Team. In particular, tender threshold figures updated and now exclusive, rather than inclusive, of VAT, to match Scottish Government approach. • Paragraph 8.15 removed as no longer relevant. • Paragraph 10.1 – revisions to reflect Scottish Government guidance on bank accounts in construction projects. • Paragraph 15.1 – removed linkage between Director of eHealth and SIRO roles as this is no longer the case (current SIRO is the Director of Public Health & Health Policy) • Paragraph 15.2 – wording updated to clarify that eHealth/digital strategy will be incorporated within organisational strategies (i.e., LSDF) • Section 16 – additional and updated wording on the retention and archiving of financial records. • Section 19 – Fraud section rewritten to provide more detail on role of Counter Fraud Service (CFS) and reflect adoption of NHS Scotland Counter Fraud Standard. Also, to include requirement for all staff to complete fraud awareness training module. • Paragraph 20.5 – removal of explicit reference to presenting an annual report at a public meeting (hasn’t happened for several years).
<i>Scheme of Delegation – main changes:</i>
<ul style="list-style-type: none"> • Throughout - revision to various job titles of Category A approvers, to better reflect current management structures. • Section 2 – changes to reflect SPPC role in reviewing the “Strategic Case” element of any Initial Agreements and F&RC role in reviewing or approving full IA. • Section 2 – various revisions to capital approval • Section 4 – updates to tendering thresholds and requirements (and noting that figures are exclusive of VAT), as per Procurement requested changes to Section 7 of the SFIs.

4 Key Risks

4.1 Failure to maintain clarity and effectiveness in guidance on the appropriate use of the Board's financial resources increases the risk of inefficiency, financial loss or fraud.

5 Risk Register

5.1 Robust and effective regulation of financial management within the Board supports further mitigation of the Finance Risk (3600) currently on the Corporate Risk Register.

6 Impact on Inequality, Including Health Inequalities

6.1 This paper relates to the Board's internal "operating guidance" and is not expected to impact specifically on any particular groups or communities.

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

7.1 The relatively minor changes proposed are not expected to impact on any particular groups.

8 Resource Implications

8.1 There are no direct or immediate resource implications.

Darren Thompson

Board Secretary

08 June 2023

darren.thompson@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Standing Financial Instructions (draft 4 April 2023)

Appendix 2: NHS Lothian Scheme of Delegation (draft 4 April 2023)

STANDING FINANCIAL INSTRUCTIONS



Author(s): Alan Payne
Category/Level/Type: 1- Policy
Status: DRAFT
Date of Authorisation: TBC
Date added to Intranet:

Version: 04-04-2023 – D Thompson
Authorised by: TBC
Review Date: April 2023

Key Words: SFI, SFIs, Finance, Standing Financial Instructions, Governance

CONTENTS

1	INTRODUCTION	2
2	KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE	5
3	ROLE OF INTERNAL AUDIT	10
4	EXTERNAL AUDIT	11
5	FINANCIAL MANAGEMENT	12
6	PAY EXPENDITURE	18
7	NON-PAY EXPENDITURE	21
8	ADDITIONAL MATTERS FOR CAPITAL EXPENDITURE	26
9	ASSET REGISTERS AND SECURITY OF ASSETS	29
10	BANKING AND CASH HANDLING	30
11	STORES	33
12	INCOME, FEES AND CHARGES	34
13	SERVICE AGREEMENTS FOR PATIENT SERVICES	35
14	RISK MANAGEMENT & INSURANCE	37
15	INFORMATION TECHNOLOGY	38
16	RETENTION OF DOCUMENTS	40
17	PRIMARY CARE CONTRACTORS	41
18	LOSSES AND SPECIAL PAYMENTS	42
19	THEFT, FRAUD OR ANY OTHER FINANCIAL OR LEGAL IRREGULARITIES <u>FRAUD, BRIBERY AND CORRUPTION</u>	43
20	ANNUAL ACCOUNTS AND REPORTS	46
21	PATIENTS' PROPERTY	47
22	FUNDS HELD ON TRUST (Endowments)	48

1 INTRODUCTION

General

- 1.1 These Standing Financial Instructions ('SFIs') form part of the NHS Lothian Standing Orders.
- 1.2 The SFIs explain the financial responsibilities to be observed by Lothian NHS Board ("the Board") and its employees.— They cover all activities, including when the Board is carrying out functions as directed by the Integration Joint Boards that it is a constituent authority of. The SFIs should be used with the Board's Standing Orders and the Board's Scheme of Delegation.
- 1.3 The principles underlying this document are:-
 - 1.3.1 The Board shall carry out its functions in line with relevant law and shall also comply with any directions or guidance issued by the Scottish Ministers and comply with integration joint board directions.
 - 1.3.2 The Board shall conduct its activities in an open and accountable manner. Its activities and performance will be auditable.
 - 1.3.3 The Board shall perform its activities within the available financial resources.
 - 1.3.4 The Board shall conduct its activities in a manner that is cost effective and demonstrably secures value-for-money.
- 1.4 To achieve the above, ***all*** employees must observe these SFIs and the above principles.
- 1.5 For Budget Holders and their staff, this will mean:-
 - 1.5.1 Agreeing their Budget and performing their duties strictly within that Budget.
 - 1.5.2 Following all of the Board's approved policies and procedures.
 - 1.5.3 Acting within their levels of delegated authority.
- 1.6 Failure to comply with these SFIs is a disciplinary matter, which could result in dismissal.
- 1.7 The Director of Finance shall:-
 - 1.7.1 Approve all financial procedures and working practices.
 - 1.7.2 Provide advice and support where there is any difficulties regarding the interpretation or application of the SFIs.

Terminology

- 1.7.3 "NHS Lothian" means all elements of the NHS under the auspices of Lothian NHS Board.
- 1.7.4 "Board" and "Health Board" mean Lothian NHS Board, the common name of Lothian Health Board.
- 1.7.5 "Budget" means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of the Health Board.
- 1.7.6 "Budget Holder" means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.
- 1.7.7 "Employee" means an employee of the Board. – Additionally, wherever the term "employee" is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.
- 1.7.8 "Local Authority Employee" means an employee of a local authority which is a party to an Integration Scheme with Lothian NHS Board, in circumstances where that employee carries out Directed Functions.
- 1.7.9 "Directed Functions" means a function which an Integration Joint Board has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 1.7.10 "Chief Executive" means the chief officer of the Health Board.
- 1.7.11 "Director of Finance" means the chief financial officer of the Health Board.
- 1.7.12 "Legal Adviser" means the properly qualified person appointed by the Health Board to provide legal advice.
- 1.7.13 "Integration Joint Board" means a public body created under Section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014, which the Board has delegated some functions to through an Integration Scheme.
- 1.7.14 "Integration Functions" mean the functions that the Health Board has delegated to an Integration Joint Board through the relevant Integration Scheme.
- 1.7.15 "Integration Scheme" means the scheme prepared by the Health Board and the local authority, and approved by the Scottish Ministers, for the local authority area under Section 1(2) of the Public Bodies (Joint Working) (Scotland) Act 2014.

- 1.7.16 “~~Edinburgh and Lothians Health Foundation~~NHS Lothian Charity” is the common name for registered charity called The Lothian Health Board Endowment Fund.—The members of the Board are trustees of the charity, and it is administered under the relevant sections of the National Health Service (Scotland) Act 1978 and in line with the Charities and Trustee Investment (Scotland) Act 2005.—The trustees are responsible for the general control and management of the charity, and they do so at arms-length from the conduct of the business of the Board.
- 1.7.17 “Accountable Officer” is the individual who is appointed to this role for the Board under the terms of Section 15 of the Public Finance and Accountability (Scotland) Act 2000 and the Accountability section of the Scottish Public Finance Manual.
- 1.8 Wherever the title Chief Executive, Director of Finance, or other nominated officer is used in these instructions, it shall be deemed to include anyone who has been authorised to represent them.
- 1.9 All Budget Holders shall be provided with a summary of these SFIs with instructions as to where the full version can be located.—Budget Holders are expected to comply with the SFIs whilst discharging their responsibilities and to ensure that employees in their area of responsibility are aware of the SFIs, and how the SFIs affect the conduct of their duties.
- 1.10 The Board shall review these SFIs annually, in line with the requirements of the NHS Scotland Blueprint for Governance second edition (December 2022)~~no longer than 3 years after the date of their approval.~~
- 1.11 Local Authority Employees will remain employees of the relevant Local Authority and will not become employees of the Board unless expressly agreed otherwise. Nonetheless, it is anticipated that for the limited purpose of delivering the relevant Directed Functions, such Local Authority Employees will require to comply with certain relevant Board policies, including these SFIs. Local management will identify such policies.

2 KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board & The Audit & Risk Committee

- 2.1 The Board shall approve these SFIs and the Scheme of Delegation.
- 2.2 The Board shall ensure and be assured that the SFIs and Scheme of Delegation are complied with at all times.
- 2.3 The Board shall agree the terms of reference for the Board's Audit & Risk Committee which, amongst other things, shall include:-
 - 2.3.1 Overall assurance on corporate governance, internal control and risk management, including regularly reviewing these SFIs and the Scheme of Delegation, and make a recommendation to the Board for their approval.
 - 2.3.2 Financial reporting.
 - 2.3.3 The internal audit and external audit functions.
- 2.4 The Audit & Risk Committee's terms of reference shall conform with extant Scottish Government instructions and other guidance on good practice.
- 2.5 The Board shall perform its functions within the total funds allocated by the Cabinet Secretary (within the Scottish Government).

The Chief Executive (Accountable Officer)

- 2.6 The Chief Executive is the Accountable Officer for the organisation.—As such, the Chief Executive is responsible and accountable for funds entrusted to the Board and is accountable, through NHS Scotland's Principal Accountable Officer, to the Scottish Parliament.—This responsibility is detailed in the Accountable Officer memorandum.
- 2.7 The Chief Executive has overall executive responsibility for the Board's activities and shall ensure that the Board's meets its financial targets.
- 2.8 The Chief Executive shall ensure that an integration joint board shall have such information as it may reasonably require for the purposes of:
 - a) Preparing its Strategic Plan or a replacement Strategic Plan
 - b) Carrying out a review of the effectiveness of its Strategic Plan
 - c) Preparing its Performance Report
 - d) Determining whether to give a direction to the Board, and what the content of that direction should be.
 - e) To provide information as may be required by the content of a particular direction.

- 2.9 The Chief Executive shall ensure that all directors and relevant employees and relevant Local Authority Employees are notified of and understand their responsibilities within these SFIs.

The Director of Finance

- 2.10 The Director of Finance shall:-

- 2.10.1 implement the Board's financial policies and co-ordinate any action necessary to further those policies;
- 2.10.2 maintain an adequate and effective system of internal financial control. – This shall include developing and implementing financial procedures that are consistent with the principles of internal control;
- 2.10.3 ensure that sufficient records are kept to show and explain the Board's transactions, and carry out its statutory duties;
- 2.10.4 be able to present the financial position of the Board, with reasonable accuracy, at any time;
- 2.10.5 provide financial advice to the Board and its directors and employees and relevant Local Authority Employees; and
- 2.10.6 propose accounting policies consistent with Scottish Government and Treasury guidance, financial reporting standards, and generally accepted accounting practice.

- 2.11 On behalf of the Chief Executive, the Director of Finance is also responsible for:-

- 2.11.1 ensuring arrangements are adequate to review, evaluate and report on the effectiveness of internal control including the establishment of an effective internal audit function (in accordance with the internal audit standards applicable to NHS bodies and the Scottish Government's Audit Committee Handbook); and
- 2.11.2 designating an officer as the Fraud Liaison Officer to work with NHS Scotland Counter Fraud Services and co-ordinate the reporting of frauds and thefts.

- 2.12 The Director of Finance is entitled without necessarily giving prior notice to require and receive:-

- 2.12.1 access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- 2.12.2 access at all reasonable times to any land, premises or employee of the health board or relevant Local Authority Employee;
- 2.12.3 the production of any cash, stores or other property of the health board under an employee's control or the control of a Local Authority Employee; – and

2.12.4 explanations concerning any matter under investigation.

All Directors and Employees and Local Authority Employees

2.13 All directors and employees and Local Authority Employees, individually and working together, are responsible for:

2.13.1 Keeping the property of the Board secure, and to apply appropriate routine security practices as may be determined by the Board. This includes:-

- a. ensuring that the assets within their area of responsibility are included within the appropriate asset register (see Section 9 of these SFIs);
- b. ensuring that asset records/registers are kept up-to-date;
- c. performing verification exercises to confirm the existence and condition of the assets, and the completeness of the appropriate asset register; and
- d. following any prescribed procedures to notify the organisation of any theft, loss or damage to assets.

2.13.2 avoiding loss;

2.13.3 implementing the Duty of Best Value in Public Services (see the [Scottish Public Finance Manual](#)); and

2.13.4 following these SFIs and any other policy or procedure that the Board may approve.

2.14 All Budget Holders shall ensure that:-

2.14.1 the Director of Finance receives all information that is required to prepare Budgets;

2.14.2 Budgets are only used for their stated purpose; and

2.14.3 Budgets are never exceeded.

2.15 When a Budget Holder expects his expenditure will exceed his delegated budget, he must secure an increased Budget, or seek explicit approval to overspend before doing so.

2.16 All NHS Lothian staff and Local Authority Employees who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and all employees and Local Authority Employees must remain beyond suspicion.

2.17 All NHS Lothian employees and Local Authority Employees shall observe the requirements of MEL (1994) 48, which sets out the Standards of Business Conduct for

all NHS staff.— There are 3 crucial public service values which underpin the work of the health service:-

2.17.1 Conduct

There should be an absolute standard of honesty and integrity which should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers; in the use of information acquired in the course of NHS duties; in dealing with the assets of the NHS.

2.17.2 Accountability

Everything done by those who work in the NHS must be able to stand the test of parliamentary and public scrutiny, judgements on propriety and professional codes of conduct.

2.17.3 Openness

The Board should be open about its activities and plans so as to promote confidence between the component parts of NHS Lothian, other health organisations and its staff, patients and the public.

2.18 All employees and Local Authority Employees shall:-

2.18.1 ensure that the interest of patients remain paramount at all times;

2.18.2 be impartial and honest in the conduct of their official business;

2.18.3 use the public funds entrusted to them to the best advantage of the service, always ensuring value for money;— and

2.18.4 demonstrate appropriate ethical standards of personal conduct.

2.19 Furthermore all employees and Local Authority Employees shall not:-

2.19.1 abuse their official position for the personal gain or to the benefit of their family or friends;

2.19.2 undertake outside employment that could compromise their NHS duties;
and/or

2.19.3 seek to advantage or further their private business or interest in the course of their official duties.

2.20 The Director of Finance shall publish supplementary guidance and procedures to ensure that the above principles are understood and applied in practice.

2.21 The Board shall approve a Code of Conduct for Board members, in accordance with the Ethical Standards in Public Life Act (2000).— An Integration Joint Board will also have its own Code of Conduct made under that Act, and any Board members or employees appointed to an Integration Joint Board shall be required to observe that Code.

- 2.22 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.
- 2.23 All employees and Local Authority Employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.

DRAFT

3 INTERNAL AUDIT

- 3.1 Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve the Board's operations.— It helps the Board accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
- 3.2 A panel chaired by a non-executive Board member, preferably the Chair of the Audit & Risk Committee, shall select and make a recommendation to the Board on whom to appoint as the Chief Internal Auditor. The Chair of the Audit & Risk Committee shall approve the composition of the panel. The Chief Internal Auditor shall lead the Board's internal audit function and be responsible for appointments to the internal audit team.
- 3.3 The Chief Internal Auditor shall ensure that the internal audit function operates in accordance with the Public Sector Internal Audit Standards (PSIAS), and shall provide assurance, at least annually, to the Audit & Risk Committee that this is being achieved.
- 3.4 While maintaining independence, the Chief Internal Auditor shall be accountable to 's management reporting line is to the Director of Finance and, who will undertake the Chief Internal Auditor's performance appraisal through them, to the Audit and Risk Committee.— Every year, the Chief Executive, Director of Finance and Chief Internal Auditor will review the management reporting lines of accountability to assess whether the independence of the internal audit function remains intact.— The Chief Internal Auditor shall report the results of this review to the Audit & Risk Committee.— If necessary, the Chief Executive shall revise the Chief Internal Auditor's management reporting line of accountability to ensure independence is maintained.
- 3.5 All employees and Local Authority Employees shall, at the request from the Chief Internal Auditor or another member of the internal audit function, provide:-
- 3.5.1 access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature;
 - 3.5.2 access at all reasonable times to any land, premises or employee of the health board or Local Authority Employees;
 - 3.5.3 the production of any cash, stores or other property of the health board under an employee's or Local Authority Employee's control;— and
 - 3.5.4 explanations concerning any matter under review or investigation.
- 3.6 The Audit & Risk Committee shall normally invite the Chief Internal Auditor to attend Audit & Risk Committee meetings and any of its sub-committees.— The Chief Internal Auditor shall have direct right of access to all Audit & Risk Committee members, the NHS Board Chair and the Chief Executive.— The Chief Internal Auditor has the right to meet in private with any of these individuals.
- 3.7 The Chief Internal Auditor shall prepare a risk-based Strategic Internal Audit Plan and an Internal Audit Charter for consideration and approval by the Audit & Risk Committee before the start of the audit year.

- 3.8 The Chief Internal Auditor shall issue a draft terms of reference for consideration by the lead executive (Audit Sponsor) and the relevant operational staff for the area under review (key contacts) before each audit. These shall set out the scope, objectives, resources and timescales for the audit.—The Chief Internal Auditor shall give the sponsor and key contacts adequate time to consider and respond to the draft terms of reference before it is finalised.—After that time, the Chief Internal Auditor may elect to finalise the terms of reference. The Chief Internal Auditor shall issue the final terms of reference before the start of the audit fieldwork.
- 3.9 The Chief Internal Auditor shall issue the draft report for an audit to the audit sponsor, and the audit sponsor shall have two weeks to provide a response. The sponsor, or his or her representative, should respond either in writing or during a close-out meeting with Internal Audit.—If an appropriate response is not received, the Chief Internal Auditor may elect to present the report without a response to the Audit & Risk Committee.—The Chief Internal Auditor shall develop an operational procedure for the distribution of all final reports, which will ensure that the Board's external auditor receives a copy of every report.
- 3.10 Management are responsible for ensuring that appropriate internal control systems exist within their own area (or parts thereof), and for deciding whether or not to accept and implement internal audit findings and recommendations.—Where internal audit recommendations are not accepted, the audit sponsor should provide a comprehensive explanation to the Audit & Risk Committee, normally as part of the management response within the associated internal audit report.
- 3.11 Management must address issues raised in audit reports by the agreed target dates. The Chief Internal Auditor shall follow-up on the completion of management actions, and provide the Audit & Risk Committee with a progress report at each meeting setting out completion rates.—The Audit & Risk Committee may invite the audit sponsor to attend meetings to respond to queries relating to outstanding internal audit recommendations for their area.
- 3.12 The Chief Internal Auditor shall prepare an Annual Internal Audit Report, in line with Public Sector Internal Audit Standards and any relevant Scottish Government directions, and present it to the Audit & Risk Committee to inform its review of the draft Governance Statement.

4 EXTERNAL AUDIT

- 4.1 The Auditor General for Scotland appoints the external auditor to the Board.
- 4.2 The appointed external auditor shall conduct their duties in line with what is required by law and Audit Scotland's Code of Audit Practice.
- 4.3 All employees and Local Authority Employees are to provide the external auditor:
- ❖ Access at all reasonable times to any documents or information that the Board holds; and
 - ❖ Any assistance, explanation, or information as the external auditor considers necessary
- 4.4 The Director of Finance shall prepare accounts and make arrangements to provide any information that the external auditor may require, so as to support the efficient conduct of the external audit.
- 4.5 It is important that the Board's external auditors are independent and seen to be independent in the work that they undertake.— It is therefore not appropriate for them to undertake any non-audit work that might be perceived to create a conflict of interest with their role as external auditors.
- 4.6 The Board's external auditors may be engaged to undertake additional services only if Audit Scotland has previously confirmed that it would be appropriate for them to do so.— These additional services include the external audit of patients' funds accounts. The ~~Foundation~~ NHS Lothian Charity trustees appoint the external auditor of the endowment fund accounts, and consequently that appointment is not regarded as additional services by the Board's external auditor.— The Director of Finance shall notify the Audit & Risk Committee of any such engagement at its next available meeting.
- 4.7 The Audit & Risk Committee shall:
- ❖ Approve the remuneration of the external auditors within the range that Audit Scotland has set
 - ❖ Examine any reason for the resignation or dismissal of the external auditor
 - ❖ Review and confirm the external auditor's strategy and plans
 - ❖ Receive and review the outputs from the work of the external auditor.
 - ❖ Ensure that the external auditor has direct access to the Board's Chair and the Chair of the Audit & Risk Committee.
 - ❖ Meet the external auditor once a year without the presence of management
 - ❖ Determine the process to monitor the performance of the external auditor; and reflect any such results from that process in the Audit & Risk Committee's annual report.
 - ❖ Receive assurance that the external auditor has arrangements in place to maintain their independence and objectivity. This should include consideration as to whether any of the audit staff have any business interest with Lothian Health Board, or personal relationships with any of the Board employees or Local Authority Employees, which could compromise independence and objectivity.

- ❖ Set out in its annual report whether the external auditor has provided any additional services during the year.

4.8 In the event that there is a problematic working relationship between the external auditor and the Board, the Chair of the Audit & Risk Committee shall advise the Board of the circumstances.

DRAFT

5 FINANCIAL MANAGEMENT

This section applies to both revenue and capital Budgets.

Planning

- 5.1 The Scottish Government has set the following financial targets for all boards:-
 - 5.1.1 To operate within the revenue resource limit.
 - 5.1.2 To operate within the capital resource limit.
 - 5.1.3 To operate within the cash requirement.
- 5.2 The Chief Executive shall produce an operational plan in the form and for the period which the Scottish Government may prescribe.—The Chief Executive shall submit an operational plan for approval by the Board that takes into account financial targets and forecast limits of available resources.—The operational plan shall contain:-
 - 5.2.1 a statement of the significant assumptions within the operational plan;—and
 - 5.2.2 details of major changes in workload, delivery of services or resources required to achieve the operational plan.
- 5.3 Before the financial year begins, the Director of Finance shall prepare and present a financial plan to the Board.—The report shall:-
 - 5.3.1 show the total allocations received from the Scottish Government and their proposed uses, including any sums to be held in reserve;
 - 5.3.2 be consistent with the operational plan;
 - 5.3.3 be consistent with the Board's financial targets;
 - 5.3.4 identify potential risks;
 - 5.3.5 identify funding and expenditure that is of a recurring nature;—and
 - 5.3.6 identify funding and expenditure that is of a non-recurring nature.
 - 5.3.7 identify the proposed payments to each Integration Joint Board for its Integration Functions; and
 - 5.3.8 identify the proposed amounts which are to be set aside for each Integration Joint Board for the Integration Functions carried out in large hospitals
- 5.4 The Director of Finance shall calculate the payments and set-aside for each Integration Joint Board in line with the process described in the relevant Integration Scheme.
- 5.5 The Health Board shall approve the financial plan for the forthcoming financial year.

- 5.6 The Health Board shall approve the payments and set-aside for each Integration Joint Board and the associated schedule of payments for the forthcoming financial year, in line with its financial plan.
- 5.7 Upon receipt of directions from the Integration Joint Boards, the Director of Finance shall assess whether the effect of those directions requires a change to the financial plan.
- 5.8 The Director of Finance shall continuously review the financial plan, to ensure that it meets the Board's requirements and the delivery of financial targets.
- 5.9 The Director of Finance shall regularly update the Board on significant changes to the allocations and their uses.
- 5.10 The Director of Finance shall monitor the expenditure incurred in carrying out integration joint board directions against the funding given with each direction.—The Director of Finance shall follow the processes described in the finance section of each Integration Scheme for any issues that may arise, and the results will inform the financial planning process for the following year.
- 5.11 The Director of Finance shall establish the systems for identifying and approving how the Board's capital allocation will be used.—The approval of business cases shall be as described in the Scheme of Delegation.
- 5.12 The Director of Finance shall release capital funds allowing for project start dates and phasing.

Budgetary Control

- 5.13 The Board shall approve the opening Budgets for each financial year on an annual basis. The Director of Finance shall review the directions of the Integration Joint Boards.—In the event that this review identifies a need to revise the opening Budgets, then the Director of Finance shall present the revised opening Budgets to the Board for approval.
- 5.14 The Chief Executive shall delegate the responsibility for budgetary control to designated Budget Holders.—The Scheme of Delegation sets out the delegated authorities to take decisions and approve expenditure for certain posts.—To support this process the Director of Finance shall administer a process to obtain evidence of their acceptance of the opening Budgets from the following Budget Holders:
- The Chief Executive and his or her direct reports.
 - The direct reports to the Chief Officer (Acute Services).
- 5.15 Where one of the above officers wishes to delegate the role of "Budget Holder" to one of his or her team, then the officer should ensure that the prospective Budget Holder confirms his or her acceptance of the Budget-, and confirms to observe the Board's policies and procedures which are relevant to discharge of their duties and to use whatever financial systems may be in place.

- 5.16 Where a Local Authority Employee is to be either a Budget Holder or is to be delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.
- 5.17 Employees and Local Authority Employees shall only act on their delegated authority when there is an approved Budget~~—~~ in place to fund the decisions they make.
- 5.18 Delegation of budgetary responsibility shall be in writing and be accompanied by a clear definition of:-
- 5.18.1 the amount of the Budget ;
 - 5.18.2 the purpose(s) of each Budget~~—~~ heading;
 - 5.18.3 what is expected to be delivered with the Budget~~—~~ in terms of organisational performance;~~—~~ and
 - 5.18.4 how the Budget Holder will report and account for his or her budgetary performance.
- 5.19 The Chief Executive may agree a virement procedure that would allow Budget Holders to transfer resources from one Budget~~—~~ heading to another.
- 5.20 If the Budget Holder does not require the full amount of the Budget delegated to ~~him~~ them for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.
- 5.21 The Director of Finance shall devise and maintain systems of budgetary control. These will include:-
- 5.21.1 ~~monthly~~ financial reports to each meeting of the Board in a form approved by the Board containing:-
 - a. net expenditure of the Board during the previous ~~month~~ period and for the financial year-to-date;~~—~~ and on a quarterly basis, a forecast of the Board's expected net expenditure for the remainder of the year.
 - b. movements in working capital;
 - c. capital project spend and projected outturn against plan;
 - d. explanations of any material variances from plan;
 - e. details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;

- 5.21.2 the issue of timely, accurate and comprehensible advice and financial reports to each holder of a Budget, including those responsible for capital schemes, covering the areas for which they are responsible;
- 5.21.3 investigation and reporting of variances from agreed Budgets;
- 5.21.4 monitoring of management action to correct variances;—_and
- 5.21.5 ensuring that adequate training is delivered on an on-going basis to Budget Holders.

Monitoring

- 5.22 The Chief Executive shall submit any required monitoring forms to the Scottish Government.
- 5.23 The Director of Finance shall provide monthly reports in the form requested by the Cabinet Secretary showing the charge against the Board's resource limit on the last day of each month.

6 PAY EXPENDITURE

Funded Establishment

- 6.1 The ~~manpower~~ workforce plans incorporated within the annual Budget will form the funded establishment.
- 6.2 The funded establishment of any department may not be varied without the approval of the Chief Executive, or without the application of any control procedure that the Board may put in place.
- 6.3 Only the Remuneration Committee can vary the establishment for posts directly accountable to the Chief Executive.
- 6.4 The Board shall follow national policy, procedures and guidance for the determination of commencing pay rates, conditions of service, etc, for employees.

Staff Appointments

- 6.5 The term “staff appointment” can mean to engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or agree to changes in any aspect of remuneration.—The engagement of agency staff shall only occur in accordance with procedures established by the Board.
 - 6.6 A director or employee or a Local Authority Employee may make a staff appointment if:-
 - 6.6.1 the organisation’s approved procedures permits the person to do so;—_or
 - 6.6.2 the Remuneration Committee has approved the appointment (for posts directly accountable to the Chief Executive)
- and**
- 6.6.3 the appointment is within the limit of their~~his~~ approved Budget and funded establishment.

Processing of Payroll

- 6.7 The Director of Finance is responsible for:-
 - 6.7.1 specifying timetables for submission of properly authorised time records and other notifications;
 - 6.7.2 the final determination of pay;
 - 6.7.3 making payment on agreed dates;—_and
 - 6.7.4 agreeing method of payment.
- 6.8 The Director of Finance shall issue instructions regarding:-

- 6.8.1 verification and documentation of data;
 - 6.8.2 the timetable for receipt and preparation of payroll data and the payment of employees;
 - 6.8.3 maintenance of subsidiary records for superannuation, income tax, national insurance and other authorised deductions from pay;
 - 6.8.4 security and confidentiality of payroll information;
 - 6.8.5 checks to be applied to completed payroll before and after payment;
 - 6.8.6 authority to release payroll data under the provisions of the law relating to data protection, records management and information security;
 - 6.8.7 methods of payment available to various categories of employee;
 - 6.8.8 procedures for payment by cheque, bank credit, or cash to employees;
 - 6.8.9 procedures for the recall of cheques and bank credits;
 - 6.8.10 pay advances and their recovery;
 - 6.8.11 verification, authorisation and payment of expenses;
 - 6.8.12 maintenance of regular and independent reconciliation of pay control accounts;—_and
 - 6.8.13 a system to ensure the recovery from leavers of sums of money and property due by them to the Health Board.
- 6.9 Nominated employees and local authority employees shall have delegated responsibility for:-
- 6.9.1 completing and submitting payroll documentation, and other notifications in accordance with agreed timetables and any instructions from the Director of Finance;—_and
 - 6.9.2 completing and submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement.—_Where an employee or Local Authority Employee fails to report for duty in circumstances that suggest they have left without notice, the Director of Finance, or relevant counterpart in the Local Authority which employs the Local Authority Employee, must be informed immediately.
- 6.10 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

Contracts of Employment

6.11 The Board shall delegate responsibility to the Director of Human Resources and Organisational Development for:-

6.11.1 ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant national NHS policies;—_and

6.11.2 dealing with variations to, or termination of, contracts of employment.

DRAFT

7 NON-PAY EXPENDITURE

7.1 This section shall apply to both revenue and capital expenditure.

Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

7.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

7.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of all NHS boards, and the Board shall implement these nationally negotiated contracts in line with CEL 2012 (05).

7.4 The Board shall operate within the processes established for the procurement of publicly funded construction work, utilising national and local contracts, including framework contracts ~~Frameworks Scotland~~.

7.5 The Board shall comply with The Public Contracts (Scotland) Regulations 2015 (and any subsequent relevant legislation) and the Procurement Reform (Scotland) Act 2014 (and any subsequent relevant legislation) for any procurement it undertakes directly.

7.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims.— Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

7.7 All other aspects of procurement activity must follow the requirements of these Standing Orders and these SFIs.— The Board must approve any decision to depart from the requirements of this section 7.

7.8 The lead senior officer for procurement shall:-

7.8.1 Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations (and any subsequent relevant legislation).

7.8.2 Prepare comprehensive procedures for all aspects of procurement activity.

7.9 The following basic principles shall be generally applied:-

7.9.1 procurement activity satisfies all legal requirements;

7.9.2 adequate contracts are in place with approved suppliers for the supply of approved products and services;

7.9.3 Segregation of duties is applied throughout the process;

7.9.4 Adequate approval mechanisms are in place before orders are raised;

- 7.9.5 All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made;—_and
- 7.9.6 All payments made are in accordance with previously agreed terms, and what the Board has actually received.
- 7.10 All procurement on behalf of the Board must be made on an official order.—_Official Orders must:-
- 7.10.1 be consecutively numbered;
- 7.10.2 be in a form approved by the lead senior officer for procurement;
- 7.10.3 state the Board's terms and conditions of trade;—_and
- 7.10.4 only be issued following the authorisation of the relevant officer or officers described in the Scheme of Delegation, or officers with the necessary delegated authority on the Authorised Signatory Database.
- 7.11 The Board shall not make payments in advance of need.—_However payment in advance of the receipt of goods or services is permitted in circumstances approved by the lead senior officer for procurement.—_Examples of such instances are:-
- 7.11.1 Items such as conferences, courses and travel, foreign currency transactions, where payment is to be made at the time of booking, or where the use of the corporate purchasing card is deemed necessary.
- 7.11.2 Where payment in advance of complete delivery is a legal or contractual requirement, e.g. maintenance contracts, utilities, rates.
- 7.11.3 Where payment ~~of~~ in advance is necessary to support the provision of services/delivery of a project by external providers (e.g. grants to local authorities or voluntary bodies.)
- 7.12 The Director of Finance shall issue procedures on the use of petty cash which all employees and Local Authority Employees shall follow.

Tendering and Contracting

- 7.13 Competitive ~~tenders~~ Regulated Procurements for the supply and disposal of all goods and services shall be invited unless:-
- 7.13.1 The Scheme of Delegation (Annex 4 of Standing Orders) permits otherwise.
- 7.13.2 The supply or disposal has been arranged by the National Services Scotland – National Procurement, Procurement Scotland, Office of Government Commerce, Hubco, or any other agreed collaborative procurement which NHS Lothian is entitled to call off from.
- 7.13.3 The supply has been arranged under a framework agreement such as those noted in 7.13.2 above ~~Frameworks Scotland.~~

7.13.4 The supply has been arranged under existing NHS Lothian Contract/Framework arrangements~~the local framework arrangements (for smaller capital/construction schemes) that have been established by the Estates function.~~

7.13.5 The method of supply or disposal is subject to existing contractual obligations, and the Board is not free to put the matter out to tender.

7.13.6 The supply value (~~including~~excluding VAT) is not greater than ~~£25,000~~£50,000, and paragraph 7.15 below applies.

7.13.7 The supply value (~~including~~excluding VAT) is greater than ~~£49,999~~£50,000, and the Director of Finance has approved a decision to waive the requirement to tender (see paragraphs 7.16-7.~~19~~20 below).

7.14 Tenders shall be issued when required in accordance with the Scheme of Delegation. The evaluation criteria and basis of scoring will be established prior to the issue of the tender. Normally, the Most Economically Advantageous Tender will be accepted. ~~—~~ If it is proposed to accept a tender other than the lowest (or for disposals the highest) in the interests of Best Value, a formal record shall be retained of the reasons for doing so.

Supply of Value up to ~~£25,000~~£50,000

7.15 Where the estimated expenditure is not greater than ~~£25,000 (including VAT)~~£50,000 (excluding VAT), then the following alternative arrangements should be followed by the Budget Holder:

<i>Value of Supply</i>	<i>Process to Follow</i>
£10,001 £25,000 <u>£30,000</u> <u>£50,000</u>	Competitive Quotation – at least two <u>three</u> written quotations should be considered.
£2,501 £10,000 <u>£15,000</u> <u>£30,000</u>	<u>Competitive Quotation – at least two written quotations should be considered.</u> One written quotation should be considered.
<u>£3,000 - £15,000</u>	<u>One written quotation should be considered.</u>
Under £2,501 <u>£3,000</u>	There is no requirement to get quotations.

In the event that it is not possible to satisfy the above requirements (e.g. it is not possible or practical to get two quotations), the lead senior officer (procurement) may waive the requirements. ~~—~~ The lead senior officer (procurement) ~~shall establish procedures to be followed in these cases~~may waive the requirements, with always having due regard to the circumstances used for the waiver of competitive tendering

~~Supply of Value from £25,001 – £49,999~~

~~7.16 Where the estimated expenditure is within this range, employees and Local Authority Employees should refer the matter to the lead senior officer for procurement who shall determine the most appropriate procurement process for the supply.~~

Supply of Value greater than ~~£49,999~~£50,000 - Waiver of Tender Requirements

This section must be read in conjunction with the Board's Scheme of Delegation, in particular *Section 4 – Requirements for Market Testing and Tendering (Capital and Revenue)*.

7.167 Budget Holders are expected to anticipate their procurement requirements in advance of when the supply is to be delivered, and routinely work with the Procurement Department to undertake the appropriate tendering and contracting as is required by the law and 7.13 above. However, the Director of Finance may waive the requirement to undertake tendering in the following circumstances:-

7.167.1 The timescale (from identification of need to the time of required delivery) genuinely precludes the appropriate form of market testing. This provision cannot be used if the limited timescale is due to a failure to anticipate the need for the supply.

7.167.2 The supply or disposal is for goods and services of a special nature or character in respect of which it is not possible or desirable to obtain competitive tenders.

7.167.3 Specialist expertise is required and is available from only one source.

7.167.4 The supply concerns a task that is essential to complete a piece of work, and arises as a consequence of a recently completed assignment, and engaging different suppliers for the new task would be inappropriate.

7.167.5 There is a clear benefit to be gained from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering.

7.178 The lead senior officer for procurement shall prepare a standard form to be used on every occasion to set out the reasons for a proposal to waiver ~~formal tendering~~ Regulated Procurement procedures, and which of the above clauses at 7.16 is being used.

7.189 The lead senior officer for procurement must confirm within that form whether the proposed waiver taken together with other associated procurement actions will breach The Public Contracts (Scotland) Regulations 2015 (and any subsequent relevant legislation) or the Procurement Reform (Scotland) Act 2014 (and any subsequent relevant legislation). If the waiver would constitute a breach, then the waiver cannot proceed. (N.B. Para 1.3 of these SFIs requires the Board to follow the law.)

7.1920 The Director of Finance must review the completed form before approving the waiver. The Director of Finance shall forward all waiver approvals to the lead senior officer for procurement. The lead senior officer for procurement shall maintain a waiver of tender register.

DRAFT

8 ADDITIONAL MATTERS FOR CAPITAL EXPENDITURE

Overall Arrangements for the Approval of the Capital Plan

- 8.1 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual (SCIM).—_The authorisation process is described in the Scheme of Delegation.
- 8.2 The Chief Executive shall ensure that:-
- 8.2.1 the Board's Asset Management Strategy is informed by the contents of the integration joint boards' strategic plans and the Board's strategic plan;
 - 8.2.2 to implement the Asset Management Strategy there is an adequate appraisal and approval process in place for determining capital expenditure priorities, which also considers the impact on revenue expenditure within the service arising from each proposal;
 - 8.2.3 all stages of capital schemes are managed, and are delivered on time and to cost;
 - 8.2.4 capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place;—_and
 - 8.2.5 all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

Implementing the Capital Programme

- 8.3 For every capital expenditure proposal the Chief Executive shall ensure:-
- 8.3.1 that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced, setting out:-
 - a. an option appraisal of potential benefits and risks compared with known costs to determine the deliverable option with the highest ratio of benefits to costs in light of the risks;—_and
 - b. appropriate project management and control arrangements;—_and
 - 8.3.2 that the Director of Finance has assessed the costs and revenue consequences detailed in the business case;

The above conditions shall apply unless the requirement for a business case is waived by the Board—_(and where applicable, with agreement from Scottish Government) as detailed in the Scheme of Delegation.

- 8.4 The approval of a business case, when required, and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme.—_The Chief Executive shall issue to the manager responsible for any scheme:-

- 8.4.1 specific authority to commit expenditure;—_and
 - 8.4.2 following the required approval of the business case, authority to proceed to tender.
- 8.5 The Scheme of Delegation shall stipulate where authority lies for:-
- 8.5.1 approval to accept a successful tender;—_and
 - 8.5.2 where a national framework/ procurement process applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.
- 8.6 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

Public Private Partnerships and other Non-Exchequer Funding

- 8.7 When the Scottish Government or Scottish Futures Trust directs the Board to use finance which is to be provided other than through its allocations, the following procedures shall apply:-
- 8.7.1 The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and implements the risk transfer to the private sector as laid out in Scottish Government or Scottish Futures Trust documentation.
 - 8.7.2 Where the sum involved exceeds the Board's delegated limits (as detailed in the Scheme of Delegation – see **section 2** of the Scheme of Delegation),, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
 - 8.7.3 The Board shall specifically agree the proposal and specify which officers are authorised to agree and sign the relevant contractual documentation.
 - 8.7.4 The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

Disposals of Assets

- 8.8 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL (1996)7:—_Sale of surplus and obsolete goods and equipment.
- 8.9 There is a requirement to implement the Duty of Best Value (see 2.13.3) when disposing of assets belonging to the Health Board.—_Competitive tendering should normally be undertaken.

8.10 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

8.11 All unserviceable articles shall be:-

8.11.1 Condemned or otherwise disposed of by an employee or Local Authority Employee authorised for that purpose by the Director of Finance.

8.11.2 Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of.—All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

Capital Accounting

8.12 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were.—The value of the assets shall be removed from the accounting records.—Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).

8.13 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.

8.14 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Scottish Government.

~~8.15 The Director of Finance shall calculate capital charges, which will contributed to the total net expenditure that shall be debited against the general fund.~~

9 ASSET REGISTERS AND SECURITY OF ASSETS

- 9.1 The Chief Executive is responsible for the control of all assets.—The Chief Executive shall establish a fixed asset register. The register shall hold the minimum data set required by the Scottish Government.
- 9.2 The Director of Finance shall:-
- 9.2.1 devise the format of the fixed asset register and the methods for maintaining it;—_and
 - 9.2.2 arrange for a physical check of assets against the asset register to be conducted at least once a year and ensure that any discrepancies are reported.
- 9.3 Additions to the fixed asset register must be clearly identified to an appropriate Budget Holder and be validated by reference to:-
- 9.3.1 authorised agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
 - 9.3.2 stores, requisitions and wages records for own materials and labour including appropriate overheads;—_and
 - 9.3.3 lease agreements in respect of assets held under a finance lease and capitalised.
- 9.4 The Director of Finance shall approve the systems of control and procedures for the general security of assets.—_These shall include:-
- 9.4.1 recording managerial responsibility for each asset;
 - 9.4.2 identification of additions and disposals;
 - 9.4.3 identification of all repairs and maintenance expenses;
 - 9.4.4 physical security of assets. Where practical, assets should be marked as Health Board property;
 - 9.4.5 periodic verification of the existence of, condition of, and title to, assets recorded;—_and
 - 9.4.6 identification and reporting of all costs associated with the retention of an asset.
- 9.5 The Chief Executive shall designate a senior officer as the Caldicott Guardian.—_The Caldicott Guardian shall establish the systems for the—_maintenance of an Information Asset Register, as part of the Board's system of Information Governance.

10 BANKING AND CASH HANDLING

- 10.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts.— This advice shall take into account guidance/directions issued from time to time by the Scottish Government.— The Director of Finance shall ~~be appoint~~ Board's a 'Project Bank Account' champion for project bank accounts on behalf of the Board who will facilitate the alignment and maintenance of organisational PBA processes involving a range of disciplines.-
- 10.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the HM Treasury ~~Scottish Government~~ banking contract (GBS),— the Scottish Government Banking Services framework (Commercial) and the Scottish Public Finance Manual.
- 10.3 The Board shall approve the banking arrangements.— No employee or Local Authority Employee may open a bank account for the Board's activities or in the Board's name, unless the Board or a committee of the Board (which the Board has delegated authority to open bank accounts) has given explicit approval.
- 10.4 The Director of Finance shall:-
- 10.4.1 establish separate bank accounts for non-exchequer funds;
 - 10.4.2 ensure payments made from bank or GBS accounts do not exceed the amount credited to the account, except where arrangements have been made;
 - 10.4.3 ensure money drawn from the Scottish Government against the Cash Requirement is required for approved expenditure only, and is drawn down only at the time of need;
 - 10.4.4 promptly bank of all monies received intact.— Expenditure shall not be made from cash received that has not been banked, except under arrangements approved by the Director of Finance;— and
 - 10.4.5 report to the Board all arrangements made with the Board's bankers for accounts to be overdrawn.
- 10.5 The Director of Finance shall prepare detailed instructions on the operation of bank and GBS accounts, which must include:-
- 10.5.1 the conditions under which each bank and GBS account is to be operated;
 - 10.5.2 ensuring that the GBS account is used as the principal banker and that the amount of cleared funds held at any time within exchequer commercial bank accounts is limited to a maximum of £50,000 (of cleared funds).
 - 10.5.3 the limit to be applied to any overdraft;

- 10.5.4 those authorised to sign cheques or other orders drawn on the Board's accounts;— and
- 10.5.5 the required controls for any system of electronic payment.

DRAFT

10.6 The Director of Finance shall:-

10.6.1 approve the stationery for officially acknowledging or recording monies received or receivable, and keep this secure;

10.6.2 provide adequate facilities and systems for employees or Local Authority Employees whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;— and

10.6.3 approve procedures for handling cash and negotiable securities on behalf of the Board.

10.7 Money in the custody of the Board shall not, under any circumstances, be used for the encashment of private cheques.

10.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers.— It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

11 STORES

- 11.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
- 11.1.1 kept to a minimum;
 - 11.1.2 subject to annual stocktake; ~~and~~
 - 11.1.3 valued at the lower of cost and net realisable value.
- 11.2 The Chief Executive shall delegate the responsibility for the control of stores to officers throughout the Health Board. For pharmaceutical stocks, the delegation of the responsibility must legally always sit with the Director of Pharmacy or a named deputy.
- 11.3 The Director of Finance shall set out procedures and systems to regulate the stores including records for receipt of goods, issues, and returns to stores, and losses.
- 11.4 The Director of Finance shall approve procedures for stocktaking, and there shall be a physical check covering all items in stock at least once a year.
- 11.5 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager/Director of Pharmacy or named deputy.
- 11.6 Where a complete system of stock control is not justified, alternative arrangements shall require the approval of the Director of Finance or the Director of Pharmacy or named deputy.
- 11.7 The designated Manager/Director of Pharmacy or named deputy shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. ~~The designated Officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice.~~ Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.
- 11.8 For goods supplied via central NHS warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. ~~The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall be satisfied that the goods have been received, before accepting the recharge.~~

12 INCOME, FEES AND CHARGES

General

12.1 The Director of Finance shall design and implement systems for the recording and collection of all monies due.

Fees and Charges

12.2 The Board shall follow the Scottish Government's guidance in setting prices for services.

12.3 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by statute.

12.4 All employees and Local Authority Employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

12.5 The Director of Finance shall approve the level of rentals for newly acquired property and shall regularly review rental and other charges.

12.6 The Director of Finance shall be consulted about the pricing of goods and services offered for sale and nationally negotiated rates shall be observed.

12.7 Independent professional advice on matters of valuation may be taken as necessary.

Debt Recovery

12.8 The Director of Finance shall take appropriate recovery action on all outstanding debts, including write-off action after all reasonable steps have been taken to secure payments.

12.9 Income not received shall be dealt with in accordance with losses procedures.

12.10 Overpayments should be detected (or preferably prevented) by the Board's system of control and recovery initiated and taken to resolution.

13 SERVICE AGREEMENTS FOR PATIENT SERVICES

General

- 13.1 The role of the Board is to achieve long-term health gain for the resident population of Lothian.— It pursues this through its strategic planning, public health and health promoting functions.
- 13.2 The Chief Executive shall negotiate service agreements for the provision of services to patients in accordance with any agreed plans, and for any non-contracted and unplanned activity.
- 13.3 The Director of Finance shall ensure all systems associated with service agreements operate in such a way as to maintain patient confidentiality, as agreed with the Board's Caldicott Guardian.
- 13.4 The Director of Finance shall ensure that all agreements satisfy the requirements of budgetary control and the Board's financial targets.

Where Lothian Health Board is the Provider

- 13.5 The Chief Executive shall ensure that service agreements for provision of services recover the costs borne by the Board, and minimise any risks to the Board.
- 13.6 The Director of Finance shall advise the Chief Executive regarding:-
- 13.6.1 costing and pricing of services;
 - 13.6.2 payment terms and conditions;— and
 - 13.6.3 amendments to agreements.
- 13.7 The Director of Finance shall set charges for services, including non-contracted activity (cross-border) and unplanned activity ('UNPACS') (cross-Health Board boundary), in accordance with national guidelines.
- 13.8 The Director of Finance shall produce regular reports to the Board detailing actual and forecast income, linked to activity, with a detailed assessment of the impact of the variable elements of income.

Where the Service Provider is any other Organisation

- 13.9 The Director of Finance shall ensure that:-
- 13.9.1 service agreements placed are within the resources available to the organisation;— and
 - 13.9.2 providers are paid in accordance with the terms of the service agreement, and any relevant national guidance.

13.10 The Director of Finance shall review service concession agreements with third parties for elements containing leases.— This is to ensure that the expenditure arising from these is properly accounted for under the requirements of the extant accounting standards.

DRAFT

14 RISK MANAGEMENT & INSURANCE

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management which will be approved and monitored by the Board and which complies with the standards issued by NHS Healthcare Improvement Scotland.
- 14.2 The programme of risk management shall include:-
- 14.2.1 a process for identifying and quantifying risks and potential liabilities;
 - 14.2.2 engendering among all levels of staff a positive attitude towards the control of risk;
 - 14.2.3 management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
 - 14.2.4 contingency plans to offset the impact of adverse events;
 - 14.2.5 audit arrangements including: internal audit, clinical audit, health and safety review;—_and
 - 14.2.6 arrangements to review the risk management programme.
- 14.3 An annual risk management report shall be prepared confirming whether adequate and effective risk management systems were in place throughout the year, and will highlight any areas of material risk.—_This shall be used as a source of assurance and will inform the content of the Governance Statement.
- 14.4 The Director of Finance shall ensure that insurance arrangements exist in accordance with the risk management programme.
- 14.5 The ~~Edinburgh and Lothians Health Foundation~~NHS Lothian Charity is responsible for establishing its own risk management arrangements.

15 INFORMATION TECHNOLOGY

- 15.1 The Chief Executive shall designate a senior officer as the lead senior officer for eHealth, ~~who shall also be the designated Senior Information Risk Owner (SIRO) (as defined by Scottish Government guidance)~~. eHealth is the use of information, computers and telecommunications in support of meeting the needs of patients and health of citizens.— The lead senior officer for eHealth is only responsible for those systems that are supported by the eHealth directorate.
- 15.2 The lead senior officer for eHealth shall ensure that ~~there is an NHS Lothian eHealth's contributions and priorities are fully and appropriately reflected within NHS Lothian's organisational strategies~~.— The lead senior officer for eHealth shall also ensure that effective operational plans are in place to support the delivery of any relevant strategic priorities determined by the Board and that there is effective engagement with healthcare professionals to inform the development and implementation of ~~the eHealth strategy~~priorities.
- 15.3 Executive directors shall ensure that the eHealth directorate has planning input to all new/refurbishment build projects to ensure that they incorporate the latest technologies to deliver the required services, but also ensure their compatibility with the existing NHS Lothian infrastructure.
- 15.4 The lead senior officer for eHealth shall ensure that on the acquisition of any new computer hardware or software Health Board procurement guidelines have been adhered to and adequate option appraisals undertaken.
- 15.5 In the case of computer systems which are proposed general applications (i.e., normally those applications which the majority of NHS organisations wish to sponsor jointly) all responsible directors and employees and Local Authority Employees will send to the lead senior officer for eHealth:-
- 15.5.1 details of the outline design of the system;
 - 15.5.2 contract details and/or standard contract conditions;— and
 - 15.5.3 in the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.
- 15.6 The lead senior officer for eHealth shall draw up an IT Security Policy and Standards document and ensure that it is effectively communicated to all members of staff of the Health Board. This will require to be approved by the Board's Caldicott Guardian.
- 15.7 The lead senior officer for eHealth shall draw up business continuity plans to ensure minimal disruption to business operations in the event of an interruption in the operation of Health Board IT/IS systems that are supported by the eHealth Directorate.
- 15.8 The Director of Finance, ~~who is~~ shall be responsible for the accuracy and security of ~~computerised~~the financial data of the Board and, shall:-

- 15.8.1 devise and implement any necessary procedures to ensure adequate protection of the Board's data, programs and computer hardware for which ~~he/she is~~ they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for law relating to data protection, records management and information security;
 - 15.8.2 ensure that adequate controls exist over financial data entry, processing, storage, transmission and output to ensure the security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
 - 15.8.3 ensure that, in the appropriate environments, adequate controls exist such that the computer operation is separated from development, maintenance and amendment; and
 - 15.8.4 ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as ~~he/she~~ they may consider necessary are being carried out.
- 15.9 The Director of Finance shall ensure that new financial systems and amendments to current financial systems are developed in a controlled manner and thoroughly tested before implementation.— Where this is undertaken by another organisation, assurances of adequacy will be obtained from them before implementation.
- 15.10 The Director of Finance shall ensure that for contracts for computer services for financial applications with another body, the Health Board shall periodically seek assurances that adequate controls are in operation.
- 15.11 Where computer systems have an impact on corporate financial systems the Director of Finance shall ensure that:-
- 15.11.1 systems acquisition, development and maintenance are in line with corporate policies such as an eHealth Strategy;
 - 15.11.2 data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
 - 15.11.3 Finance staff have access to such data; and
 - 15.11.4 such computer audit reviews as are considered necessary are being carried out.
- 15.12 For all other IT systems not currently supported by eHealth or the responsibility of the Director of Finance (as defined above), the executive director with lead responsibility for the system shall ensure that the requirements of this section 15 of these SFIs are applied to that system.

16 RETENTION OF ~~DOCUMENTS~~RECORDS

- 16.1 The Chief Executive shall be responsible for maintaining archives for all documents required to be retained under the Scottish Government Records Management Health and Social Care Code of Practice (2020) and the Board's Records Management Policy. ~~in accordance with the NHS Code of Practice on Records Management.~~ This applies to both health records and corporate records held by the Board.
- 16.2 The documents held in archives shall be capable of retrieval by authorised persons.
- 16.3 Documents held ~~under the Code~~ shall only be destroyed at the express instigation of the Chief Executive, and records shall be maintained of documents so destroyed.
- 16.4 A detailed description of the minimum retention periods for records, including finance records, is provided by the Retention and Destruction of Records Procedure, contained within the Board's Records Management Policy.
- 16.5 Financial records shall be managed in accordance with the Board's Records Management Plan, submitted and maintained under the requirements of the Public Records (Scotland) Act 2011.

17 PRIMARY CARE CONTRACTORS

- 17.1 In these SFIs and all other Board documentation, Primary Care contractor means:-
- 17.1.1 an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); ~~or~~
 - 17.1.2 an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.
- 17.2 The lead senior officer for primary care contracting; shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Lothian. ~~Systems shall include criteria for entry to and deletions from the registers.~~
- 17.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-
- 17.3.1 the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of Primary Care Contractors; ~~and~~
 - 17.3.2 the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of Primary Care Contractors.
- 17.4 The agreements at paragraph 17.3 shall comply with guidance issued from time to time by the Scottish Government. ~~In particular they shall take account of any national systems for the processing of income and expenditure associated with Primary Care Contractors.~~
- 17.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of Primary Care Contractors by the Board shall be subject to these SFIs.

18 LOSSES AND SPECIAL PAYMENTS

- 18.1 The Director of Finance shall issue procedures on the recording of and accounting for losses and special payments, to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 18.2 The Scheme of Delegation describes the process for the approval of the write-off of losses and making of special payments.
- 18.3 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interests in bankruptcies and company liquidations.
- 18.4 For any loss, the Director of Finance should consider whether any insurance claim can be made.
- 18.5 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action is recorded.

19 THEFT, FRAUD OR ANY OTHER FINANCIAL OR LEGAL IRREGULARITIES
FRAUD, BRIBERY AND CORRUPTION

- 19.1 This section should be read in conjunction with the NHS Lothian's Applying the Principles of Good Business Conduct, the Board Members' Code of Conduct, the Bribery Act 2010 and the national whistleblowing policy.
- 19.2 For practical purposes, fraud may be defined as the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party. This includes bribery and theft where deception is involved. NHS Lothian operates a zero-tolerance approach to bribery committed by any person working for or providing services to NHS Lothian. Any allegation of bribery will be investigated in accordance with relevant processes and procedures and may be reported to the authorities, as appropriate.
- 19.3 The Director of Finance shall, through staff briefings, intranet links and other methods of communication, ensure there is clear information available to employees on what to do if they suspect fraud.
- 19.4 Where any employee has grounds to suspect that fraud has occurred, they should notify their line manager without delay. If the employee feels unable to notify their line manager, they should contact the Fraud Liaison Officer (FLO) directly or contact Counter Fraud Services (CFS) directly on 0800 151 628 (www.cfs.scot.nhs.uk) or CrimeStoppers.
- 19.5 Any line manager receiving an allegation of fraud should immediately notify the FLO. The FLO will carry out such preliminary investigations as deemed necessary to establish whether or not there is a *prima facie* case of fraud. Where this is the case, the FLO will inform CFS.
- 19.6 CFS is a central resource for carrying out all fraud investigations, and a centre of expertise for investigations into potential frauds. The operations of CFS are outlined in the Partnership Agreement between NHS Lothian and CFS.
- 19.7 The partnership agreement includes the adoption of the Counter Fraud Standard across NHS Scotland from 1st April 2022, which further defines the roles of FLO, the Counter Fraud Champion (CFC) and the Director of Finance in managing the risk of fraud in each Health Board.
- 19.8 NHS Lothian will seek to adopt, as far as possible, the components of the NHS Scotland Counter Fraud Standard.
- 19.9 All employees and Local Authority Employees shall, at the request of the CFS Head of Service, or a delegated, identified and authorised CFS member of staff, and only for the express purposes of the investigation, detection and prevention of fraud or other irregularities against the Scottish Health Service, provide:
- i. access to all records, documents, correspondence or information relating to any transactions or matters, including documents of a confidential nature.
 - ii. access at all reasonable times to any land, premises or employee of the health board or Local Authority Employees.

- iii. the production of any cash, stores or other property of the health board under an employee's or Local Authority Employee's control.
- iv. explanations concerning any matter under review or investigation.

19.10 Where there is sufficient evidence, CFS will refer a case to the Crown Office and Procurator Fiscal Service (COPFS) as to whether a criminal investigation of the case will proceed.

19.11 Whether or not the COPFS determines that there are sufficient grounds on which to institute criminal proceedings, it remains open to NHS Lothian to consider pursuing disciplinary and other relevant proceedings.

19.12 Whether or not criminal proceedings are taken, or a criminal conviction is obtained, the public debt is not eliminated, and recovery of the debt should be pursued by any means available, subject to both financial viability and the likelihood of success. Internal management action must not, of course, prejudice any criminal proceedings but should continue with reference to any relevant employee conduct policies. The systems of control should subsequently be evaluated to prevent recurrence.

19.13 The FLO shall prepare a report for the Audit and Risk Committee, setting out the circumstances of the incident and any implications for management including changes to internal control systems which may require to be made.

19.14 All employees, local authority employees or an employee or volunteer of third parties contracted to NHS Lothian, when acting on behalf of the Board, must complete the Procurement Fraud Awareness module on TURAS.

~~Whenever any matter arises which involves, or is thought to involve, fraud, theft or other irregularity, the Director of Finance (the Board's designated Counter Fraud Champion) or the Board's designated Fraud Liaison Officer should be notified immediately. The Director of Finance shall ensure that guidance and contact information is made widely available throughout NHS Lothian.~~

~~19.2 The Board shall work in partnership with NHS Scotland Counter Fraud Services towards the prevention and detection of fraud and other irregularities. The Board will assist in any necessary investigations and comply with any reporting requirements. The Board and NHS Scotland Counter Fraud Services will work together in accordance with the terms of a partnership agreement. Following discussion with NHS Scotland Counter Fraud Services, the Board may also report cases of fraud to the Police.~~

~~19.3 The Fraud Liaison Officer shall facilitate the collation and reporting of returns in the event of thefts (of NHS property only). However, the local operational manager (whether an employee or local authority employee) is responsible for reporting thefts to the police, securing the area, and notifying the Fraud Liaison Officer (via the adverse event module on DATIX (or any other system the Board uses for this purpose)). The manager shall complete any required returns.~~

~~19.4 The Fraud Liaison Officer shall make information on frauds and thefts available for reporting, including for SFR 18 and supporting schedules.~~

~~19.5 The Director of Finance shall ensure comprehensive reports of frauds and thefts are available to the external auditor, and the Scottish Government as necessary. However, NHS Scotland Counter Fraud Services is responsible for nationally reporting fraud and other irregularities.~~

~~19.6 In the event of a loss through fraud or theft, the local manager is responsible for taking any necessary remedial action to prevent its recurrence, by reviewing the adequacy of the relevant systems of control. No such action should be taken however if it would prove prejudicial to the effective prosecution of the case.~~

DRAFT

20 ANNUAL ACCOUNTS AND REPORTS

- 20.1 The Director of Finance shall prepare and submit financial returns and reports to the Cabinet Secretary.— This will be consistent with any guidance issued by the Scottish Government and the Treasury, the Board's accounting policies, and generally accepted accounting practice.
- 20.2 The Audit & Risk Committee shall review the annual accounts prior to them being submitted to the Board for approval (in private session).
- 20.3 The Chief Executive shall ensure that there is a formal record of the presentation of the annual accounts to the Board.— Once the annual accounts have been laid before the Scottish Parliament, the Board will publish the annual accounts on its website.
- 20.4 The ~~Board shall publish an annual report, in accordance with the Scottish Government's guidelines on local accountability and requirements~~ Chief Executive shall arrange for the production and presentation of an Annual Report for NHS Lothian, in such format and via such channels as may be determined by the Scottish Government.
- ~~20.5 The Board shall present its annual report at a public meeting.~~

21 PATIENTS' PROPERTY

- 21.1 The Board has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 21.2 The Chief Executive shall ensure that patients or their guardians, as appropriate, are informed before or at admission, by:-
- 21.2.1 notices and information booklets;
 - 21.2.2 hospitals admission documentation and property records;— and
 - 21.2.3 the oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for patients' property brought into Health Board premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt.
- 21.3 The Director of Finance shall issue procedures on the collection, custody, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients.— Due care should be exercised in the management of a patient's property in order to maximise the benefits to the patient.
- 21.4 Where patients' property is received for specific purposes and held for safekeeping the property shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.
- 21.5 The Director of Finance shall prepare an abstract of receipts and payments of patients' property in the form laid down by the Scottish Government.— This abstract shall be audited independently and presented to the Audit & Risk Committee annually, with the auditor in attendance at the meeting.— The Committee is delegated the responsibility to review and recommend the approval of the abstract and draft management representation letter, to the Board.— The abstract, the management representation letter, and the associated audit report must be received and approved by the Board.

22 FUNDS HELD ON TRUST (ENDOWMENTS)

- 22.1 Members of Health Boards become trustees of the charity known as the “~~Edinburgh and Lothians Health Foundation~~NHS Lothian Charity” ex officio by reason of their Board appointment.— The appointment as trustee is legally distinct from the appointment as a Board member.— The trustees of NHS Lothian Charity, collectively, are an unincorporated body distinct from Lothian NHS Board.
- 22.2 The responsibilities of the trustees shall be discharged separately from the responsibilities of members of Lothian NHS Board and its employees.— The trustees shall be accountable to the Office of the Scottish Charityies Regulator for all charitable funds held on trust.
- 22.3 The overriding principle is that the integrity of each trust must be maintained and statutory and trust obligations met.— Materiality must be assessed separately from Exchequer activities and funds.— The Trustees shall separately approve a Charter and other policies and procedures as required to discharge their responsibilities as trustees.
- 22.4 These SFIs shall apply to the management of funds held on trust.— However the trustees may adapt the provisions of the SFIs in order to best serve the requirements of the charity.— The trustees may, in accordance with the ~~Edinburgh & Lothians Health Foundation~~NHS Lothian Charity Charter, issue instructions, procedures or internal control measures to support the discharge of the trustees’ responsibilities.— This includes the delegation of authority to individuals and committees.
- 22.5 The Director of Finance shall prepare annual accounts for funds held in trust, to be audited independently and presented annually to the Trustees.
- 22.6 The Chair of the trustees of the ~~Edinburgh and Lothians Health Foundation~~NHS Lothian Charity shall ensure that the trustees have a programme of risk management which will be approved and monitored by the trustees, and which complies with the standards set out by the Office of the Scottish Charity Regulator and the Charities SORP.

LOTHIAN NHS BOARD SCHEME OF DELEGATION

DRAFT

Category/Level/Type: 1- Policy and Procedure
Status: DRAFT
Key Words: Delegation, Limits, Expenditure,
authority, scheme
Page 1 of 38

Author A Payne
Authorised by: TBC
Version 10.1

Review Date: April 2023

INTRODUCTION

Lothian NHS Board (the “Board”) has developed and approved this Scheme of Delegation.— All of the Board’s policies and other publications are available on the intranet. Instructions from the Scottish Government (HDL, CEL etc.) and other material relating to NHS Scotland can be found at [SHOW - Scotland's Health On the Web](#)

GLOSSARY

“Executive Board Members”

These are individuals whom the Scottish Government have formally appointed to the Board, and for clarity the term does apply to every executive director.

Within this Scheme of Delegation there are certain higher value transactions which require the approval of one or more of the executive Board members.— You can confirm who the executive Board members are at any point in time by contacting the Board secretariat.

“Budget Holders” and “Employees”

It is quite possible that this Scheme of Delegation identifies a post which may be filled by an individual who is an employee of a local authority rather than the NHS Board.

When applying this Scheme, the following definitions for “budget holder” and “employee”, which are drawn from the Standing Financial Instructions, are to be used:

“**Budget Holder**” means the director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation. A Budget Holder may also be a Local Authority Employee, as defined below.”

“**Employee**” means an employee of the Board.— Additionally wherever the term “employee” is used, and where the context permits, it shall be deemed to include employees of third parties contracted to the Health Board (as defined in the Board’s Standing Financial Instructions) when acting on behalf of the Health Board, e.g. agency staff, locums, employees of service providers.

“**Local Authority Employee**” means an employee of a local authority which is a party to an Integration Scheme (as defined in the Board’s Standing Financial Instructions) with the Board, in circumstances where that employee carries out Directed Functions.

“**Directed Functions**” means a function which an Integration Joint Board as defined in the Board’s Standing Financial Instructions) has directed the Board to carry out under s.26 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

“Category A” Approvers

There are certain matters which require to be approved by the relevant person who is included in a defined list of individuals (“Category A” approvers).

Rather than repeat this extensive list throughout this Scheme of Delegation, the list of Category A approvers is set out below:

- Chief Executive
- Deputy Chief Executive
- Chief Officer, Acute Services
- Director of Finance
- Medical Director
- Director of Public Health & Health Policy
- Director of Strategic Planning
- Deputy Director of Public Health & Health Policy
- Executive Director for Nursing, Midwifery, & Allied Health Professionals
- Director of Human Resources & Organisational Development
- Director of Primary Care ~~Transformation~~
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of ~~Operations~~ (Estates & Facilities)
- Director of Digital
- Hospital Site Director
- Service Director (Royal Edinburgh & Associated Services)
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children’s Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Director of Operations (Edinburgh)
- Head of Operations (East Lothian)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

GENERAL PRINCIPLES TO APPLYING THIS SCHEME OF DELEGATION

- a) This Scheme of Delegation should be implemented together with the requirements of the Board's Standing Financial Instructions and all other policies and procedures.
- b) All Budget Holders are required to formally agree their annual budgets and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget. Officers must ensure that there is available budget in place before taking any decisions in line with their delegated authority.
- c) Where an employee of a local authority is to be either a Budget Holder or someone with delegated authority to approve expenditure of any type, it is the responsibility of the relevant Director of Health & Social Care (Chief Officer) to ensure that the individual has the necessary access to the Board's policies & procedures and the relevant IT systems (e.g. procurement, payroll & expenses), and the capability to competently implement the Board's policies and procedures.
- d) This Scheme of Delegation identifies certain positions in the management structure. The holders of those positions are allowed to delegate authority to approve transactions to other employees and this is usually done through the Authorised Signatory Database process. Nevertheless, the holders of the positions identified in the Scheme of Delegation remain personally accountable for all transactions in their area of responsibility, and the actions of the individuals to whom they delegate financial authority to.
- e) This general provision which allows post holders to delegate their authority (as described in paragraph d)) does not apply to expenditure that is described at Sections 6, and 9-14 of this Scheme of Delegation.— The officers identified in those sections must approve the proposed transaction.
- f) If a position identified in the Scheme of Delegation is vacant, or an officer with delegated authority is not available, then the matter should be referred up to the next level of authority as described in the relevant section of this Scheme of Delegation.—
- g) All figures in the Scheme are inclusive of VAT, unless otherwise stated.
- h) If for any reason an item of business has not been approved as described in this Scheme of Delegation, the Board may directly approve the item itself.
- i) The Board has delegated authority to the Director of Finance to approve amendments relating to job titles in this Scheme of Delegation, to keep it up to date with any changes to the organisation's management structure.

STRUCTURE OF THIS SCHEME OF DELEGATION

There are two broad categories of financial business – revenue and capital. The diagram below illustrates which sections of the Scheme of Delegation to refer to under these broad headings, and for different types of transactions. The vast majority of transactions will be in the Revenue column.

Section 7 of the Standing Financial Instructions relates to Non-Pay Expenditure for both capital and revenue, and sets out the arrangements for:

- Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services
- Tendering and Contracting

The Board does use nationally agreed procurement frameworks and supplier contracts, as well as locally agreed contracts. All employees are required to follow the systems and procedures put in place by the Procurement function, and use the Board's approved suppliers for the supply of approved products and services.

REVENUE	CAPITAL
<p>The Board will make use of national contracts or put in place local contracts with approved suppliers, to secure the supply of goods & services.</p> <p>Where a contract is not already in place for the supply, then this will need to be addressed through market testing (and possibly tendering) which leads to a contract being put in place.</p>	<ol style="list-style-type: none"> 1. Approval of items to be included in the NHS Lothian Capital Programme – Funding of the Initial Development of the Concept. 2. Approval of items to be included in the NHS Lothian Capital Programme – Business Cases 3. Approval of items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 32 or HUB
4. Requirements for Market Testing (Capital and Revenue)	
6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services.	5. Award of Capital Tenders
8. Revenue Expenditure – General Arrangements	7. Capital Expenditure – Delegation of Authority and Approval of Expenditure
9. Revenue – Use of Management Consultants	
10. Revenue – Travel and Reimbursement of Expenses	
11. Revenue – Private Finance Initiative / Public Private Partnership Payments	
12. Revenue – Payroll	
13. Revenue – Virement	
14. Revenue – Losses & Special Payments	
15. Asset Transactions (Capital and Revenue)	
16. Financial Services (Capital and Revenue)	
17. Signing of Contractual Documentation (Capital and Revenue)	

Within this Scheme of Delegation, there are references to certain roles in the context of the Board's capital programme.

The meanings of these roles are set out below. For simplicity the term 'project' is used, and applies to both programmes and projects:

SENIOR RESPONSIBLE OFFICER

The **Senior Responsible Officer** for the project needs to be a senior person within the organisation with the status and authority to provide the necessary leadership and clear accountability for the project's success.

Success is when a project meets its objectives and delivers its intended benefits.

The Senior Responsible Officer owns the overall service change which the project is supporting or enabling.

The Senior Responsible Officer chairs the Project Board, and ensures that the project remains focused on success, and has the resources to deliver it.

The Director of Finance is the executive lead for the overall systems of capital planning, financial planning, and budgetary control. Consequently, in the interests of respecting the principle of segregation of duties, and the ownership of services within the management structure, the Director of Finance may not be the designated Senior Responsible Officer for any project.

The Senior Responsible Officer may be any other officer who is in a position to carry out the role for the project. If the Senior Responsible Officer is not an executive Board member or an executive director, then there should be an identified executive Board member or executive director who will provide accountability to a Board committee or the Board itself if and when required.

Any individual who intends to take on the role of Senior Responsible Officer will be required sign an agreement which confirms his or her understanding of what the role requires and agreement to carry out the role.

PROGRAMME OR PROJECT DIRECTOR (referred to as **PROJECT DIRECTOR**)

The Project Director will be an individual who has adequate knowledge and information about the organisation and its functions and services to make informed decisions on behalf of the Senior Responsible Officer.

The Project Director is responsible for the ongoing day-to-day management and decision-making on behalf of the Senior Responsible Officer to ensure success.

The Project Director is also responsible for the development, maintenance, progress, and reporting to the Senior Responsible Officer.

Both the Senior Responsible Officer and the Director of Capital Planning & Projects will jointly determine who the Project Director is.— If the Director of Capital Planning & Projects is unavailable (e.g. vacancy or long-term absence) then the Director of Finance may jointly determine who the Project Director is (with the Senior Responsible Officer).

PROGRAMME OR PROJECT MANAGER (referred to as PROJECT MANAGER)

The Project Director or the Senior Responsible Officer will assign an individual or individuals to the role of Project Manager. Larger projects may have more than one Project Manager.

Those individuals should have the necessary knowledge, skills and experience to carry out the role.

The Project Manager will lead, manage and co-ordinate the project activities and the project team (if one exists) on a day-to-day basis. The Project Manager will be responsible and accountable to the Project Director for the successful day-to-day delivery of the project.

DIRECTOR OF CAPITAL PLANNING AND PROJECTS

This individual is responsible for the implementation of the Board's overall capital plan through;

- delivery of individual projects;
- applying project management resource and practices;
- jointly determining with the Senior Responsible Officer who should be the Project Director for the project;
- providing oversight of capital project technical assurance reporting; and
- providing oversight of appointment and performance of advisers and contractors.

The individual is responsible and accountable to the Director of Finance.

1. Approval of Items to be included in the NHS Lothian Capital Programme – Funding of Initial Development of Concept

What does this section cover?	This concerns the development of any concept or scheme for inclusion in the capital plan up to the approval of the Initial Agreement (where required – See Section 2 of this Scheme of Delegation).
Which Budget Holders are likely to incur revenue expenditure developing a future capital scheme?	<ul style="list-style-type: none">➤ Director of Capital Planning & Projects➤ Director of Operations (Estates & Facilities)➤ Associate Director of Operations (Estates & Facilities)➤ Director of Digital➤ The lead service director / manager for the area that will be the beneficiary of the capital scheme.➤ The Senior Responsible Officer of major capital projects
Delegated authority of Budget Holder.	<p>The Budget Holder is only limited by his or her<u>their</u> available budget and his or her<u>their</u> individual delegated authority (see Section 7 of this Scheme of Delegation).</p> <p>The Budget Holder must observe the principles within this Scheme of Delegation, namely that he/she<u>they</u> must have a budget in place before they incur expenditure, and that he/she<u>they</u> ensures that the resultant expenditure does not exceed his/her<u>their</u> available budget.</p>

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

Overview of Process

1) Defining the Board's requirements

The Board has to develop and submit to the Scottish Government a capital plan and a Property & Asset Management Strategy. Both of these documents are informed by a 'strategic assessment' which has to be prepared before any capital project is started. This section relates to the processes that are to be followed after the 'strategic assessment' has been approved.

2) The scope of the Board's authority

- a) For all capital projects, the Board has to comply with the Scottish Capital Investment Manual, which sets out the business case process. If land and property transactions are involved the Board also has to comply with the Scottish Government's Property Transactions Handbook concurrently with the business case process. The effect of this is that the Scottish Government has to approve certain matters before a transaction can proceed.
- b) The Scottish Government defines the level of authority of the Board to approve capital schemes. The Scottish Government can change the Board's level of authority at any time. If the Scottish Government publishes changes to these limits before this Scheme of Delegation is amended, the latest Scottish Government publication takes precedence. The Scottish Government also has the authority to take direct control of a capital project. If either of these events happen, then the Board and/or the Scottish Government may apply a different process to capital projects than what is described in this section. Where the Scottish Government has control of a project, the Board and the groups in this section may have a role in reaching a view on whether the Board supports any proposals.
- c) The Board's delegated limits for the approval of capital schemes is **£10m** for non-Information Management & Technology (non-IM&T) schemes and **£2m** for IM&T schemes. This section of the Scheme of Delegation sets out how the Board has delegated this authority within the organisation.
- d) Where the value of a capital scheme is greater than the Board's delegated limits, the Board must review any business case material before referring it to the Scottish Government.
- e) Any group (whether the Board, a committee, or other group) in this Section 2 of the Scheme of Delegation which has the authority to approve business case material can do so up to the value set out in the table below. Any such group can do so without any other group reviewing it first, or any other group expressing support or approval of the business case material. The Board may directly approve any item itself.
- f) The relevant management team for the service to which the capital project relates should agree the business case material before submitting it into the approval process set out in this Section 2 of the Scheme of Delegation. Where an initial agreement is being prepared, the NHS Lothian Corporate Management Team is the relevant management team.

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

- g) The approving groups (below) will require assurance from this process that all risks have been clearly identified, and that there are controls in place to manage those risks. The Lothian Capital Investment Group shall determine for construction projects the suitability of the application of Frameworks Scotland methodology, or any other local framework arrangements (See Section 3 of this Scheme of Delegation)
- h) The Board shall be entitled, with the agreement of the Scottish Government, to proceed with a combined business case (Outline Business Case and Full Business Case), rather than considering and approving an Outline Business Case and a Full Business Case in turn as discrete items.— The Board shall be entitled, with the agreement of Scottish Government to waive the requirement to prepare any of the business case material which is prescribed in the Scottish Capital Investment Manual.
- i) When an approving group (below) approves a capital scheme, the approving body shall approve the capital budget to be allocated, and who the Budget Holder for the scheme is. No person may commit the Board to expenditure for a capital scheme until a capital budget has been formally allocated by this process.

<p>Schemes over the Board’s delegated limit (£10m for non-IM&T, £2m for IM&T)</p>	<p>Following review by— the <u>Strategy, Planning and Performance and Development</u> Committee (for <u>the Strategic Case of</u> any Initial Agreement)— <u>and then</u> the Finance & Resources Committee (for <u>the Initial Agreement and for</u> any Outline Business Case and/or Full Business Case as applicable), the business case item must be referred to the Board.— The Board must approve the item, and provide confirmation of the Board’s approval when formally submitting the item to the Scottish Government for its approval.</p>
<p>Schemes from over £1m and up to (a) £10m for non-IM&T schemes and (b) £2m for IM&T schemes.</p>	<p>For Initial Agreements:</p> <ol style="list-style-type: none"> 1. <u>Strategy, Planning and Performance Committee (Strategic Case from IA) (review)</u> 1.2. Lothian Capital Investment Group (review) 2. Lothian Corporate Management Team (review) 3. 3.4. <u>Planning, Performance & Development</u> <u>Finance and Resources</u> Committee (approval) <p>For Standard Business Cases:</p> <ol style="list-style-type: none"> 1. Lothian Capital Investment Group (review) 2. Finance & Resources Committee (approval)
<p>Schemes from over £250k and up to £1m</p>	<p>Schemes within this range are typically local service developments, or perhaps the routine replacement of major medical equipment or investment in IT. As such they are typically concerned with the continuous development and maintenance of operational matters, rather than having a bearing on the Board’s strategic approach. The expenditure does however draw from the Board’s limited capital resources.</p> <p>Management may present proposals to secure the agreement on what the expenditure is to be spent on either through:</p>

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

- The Board's Property & Asset Management Strategy or the Board's Capital Plan, or
- Discrete initial agreements.

For the Property & Asset Management Strategy or Capital Plan:

1. Lothian Capital Investment Group (review)
2. Lothian Corporate Management Team (review)
3. Finance & Resources Committee (review)
4. Board (approval)

For initial agreements:

1. Strategy, Planning and Performance Committee (Strategic Case from IA) (review)
2. Lothian Corporate Management Team (review)
3. Lothian Capital Investment Group (review or approval if under £1m capital value in the business case)
4. Finance and Resources Committee (if above £1m capital value in the business case) (approval)

~~1. For initial agreements:~~

- ~~2. Lothian Capital Investment Group (review)~~
- ~~3. Lothian Corporate Management Team (review)~~
- ~~Planning, Performance & Development Committee (approval)~~

For ~~Standard~~ Business Cases with relevant local support (e.g., IJB / Acute SMT, etc.):

~~Where the need for investment was agreed through the Property & Asset Management Strategy or Capital Plan.~~

~~Lothian Capital Investment Group (approval)~~

Following approval of an initial agreement~~Where the need for investment was agreed through an initial agreement.~~

- 1 Lothian Capital Investment Group (review and approval if up to £1m capital value in the business case)
- 2 Finance & Resources Committee (if above £1m capital value in the business case) (approval)

2. Approval of Items to be included in the NHS Lothian Capital Programme – Business Cases

<p>Schemes up to and including £250k (<u>and replacement Medical Equipment</u>)</p>	<p>MEDICAL EQUIPMENT</p> <p>For <u>NEW</u> medical equipment under £250k, the first and second stage of the Capital Steering Group Pipeline documentation must be completed.</p> <p>For <u>REPLACEMENT</u> medical equipment under £250k, only an equipment form needs to be completed.</p> <p><u>For high value replacement medical equipment (single item £500k+) further due diligence reporting is required for LMERG approval.</u></p> <p><u>For £1m+ (single item replacement) the business case stages are followed - with appropriate detail and due diligence for an equipment replacement and submitted to LCIG for approval.</u></p> <p>The Lothian Capital Investment Group (LCIG) must agree the annual budget for replacement medical equipment. Thereafter the Lothian Medical Equipment Review Group (LMERG) must approve the schemes, including review and approval by the finance directorate.</p> <p>ALL OTHER SCHEMES</p> <p>The first and second stage of the <u>published</u> Capital Steering Group Pipeline documentation must be completed.</p> <p>The Finance Directorate must review and approve all proposals. Thereafter the item should be reviewed and approved by the Lothian Capital Steering Group or the Digital Senior Management Team (for schemes related to Digital).</p>
---	---

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB

<p>What does this section cover?</p>	<p>This section applies when the Board is a participating member of a procurement framework arrangement, or when the Board has set up a local framework.</p> <p>This explains the chronological steps of a scheme that is managed through Frameworks Scotland, and the officers / groups in NHS Lothian (as defined in the NHS Lothian Standing Financial Instructions) with delegated authority to make decisions at each stage. However, the same principles should be applied to any other framework.</p>
--------------------------------------	--

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
Approval of the suitability of, and the extent of application of Frameworks Scotland methodology or the local framework arrangements (for smaller schemes) to a construction project.	<p>This will be determined by the NHS Lothian Capital Investment Group (see Section 2 of this Scheme of Delegation).</p> <p>If a project is within the scope of Frameworks Scotland, then Frameworks Scotland must be used. The Board must approve any decision to depart from this process (per paragraph 7.7 of the Standing Financial Instructions).</p>
Appointment to the position of Project Director and Project Manager for capital construction projects.	<ul style="list-style-type: none"> • Director of Capital Planning and Projects in conjunction with the Appointed Senior Responsible Officer. <p>The posts must be in the funded establishment, or, for external appointments, affordable within the project budget. The Senior Responsible Officer shall formally communicate any delegated budgetary responsibilities to the Project Director and Project Manager(s).</p> <p>The nominees or holders of the position of Project Director and Project Manager(s) (if different individuals) and other members of the project team and project delivery resources (as appropriate given the scale of the project) must be clearly documented in the Initial Agreement documentation, and subsequently the Outline Business Case and Full Business Cases. Please refer to Health Facilities Scotland published guidance and the Scottish Capital Investment Manual on the role of the Project Director and Project Manager.</p> <p>The Project Senior Responsible Officer shall assign appropriate delegated authority to the Project Director and the Project Manager to permit them to approve project transactions that are associated only with the project and commensurate with their project responsibilities. This may mean that their personal transaction limit for specific projects is different from that conferred to them for routine revenue and capital expenditure.</p>
Approval of Project Initiation Document	<ul style="list-style-type: none"> • Appointed Senior Responsible Officer <p>The Project Director should prepare the PID for approval by the Senior Responsible Officer, and this should identify the resources available to the Project Director.</p>
Awarding of Professional Services Contracts (PSCs)	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Director of Operations (Estates & Facilities) (for projects with a capital value up to £500k) ➤ Project Director (for contracts specific to their project)

3. Approval of Items to be included in the NHS Lothian Capital Programme – Use of Frameworks such as Frameworks Scotland 2 or HUB	
Approval of the financial envelope within which the target price is to be agreed.	<p>Please refer to Section 2 of this Scheme of Delegation.</p> <p>The estimated financial value should be included in the Initial Agreement documentation (when required), and presented for approval-) as stipulated in Section 2.</p>
Selection and appointment of Principal Supply Chain Partners (PSCP)	<ul style="list-style-type: none"> • Appointed Senior Responsible Officer <p>The costs associated with this appointment must be within the previously agreed financial envelope.</p>
Negotiation with the PSCP to set the target price, with respect to the factors of time, quality and resources.	<ul style="list-style-type: none"> ➢ Director of Capital Planning & Projects ➢ Director of Operations (Estates & Facilities) (for projects with a capital value up to £500k) ➢ Project Director (for contracts specific to their project) <p>The above officers have delegated authority to negotiate details which satisfy the previously agreed financial envelope and timescale for the project.</p>
Approval of the Target <u>or Fixed</u> Price	<p>This depends on the scale of the project. Please refer to Section 2 of this Scheme of Delegation. It is expected that the target price should be incorporated within the Final Business Case (where required) as detailed in section 2 of this Scheme of Delegation.</p> <p>This should minimise risk exposure, as a more accurate target price will be based upon a substantially completed design. (Ref: Frameworks Scotland – The Guide, Issue 1.0, December 2008).</p> <p>Following approval of the target price, the approving body or Board (as applicable) shall specify what officer will implement its decisions, e.g., signing the Framework contract with the agreed details identified.</p>
Approval of project variations (time, quality and resources) within the agreed target price.	<ul style="list-style-type: none"> • Project Director or Capital Project Manager named in the contract. • Programme Director (Estates & Facilities) named in the contract.
Approval of Changes to the Target Price	<p>Approval to change the target price can only be given by the body that has final authority to agree the target price for that project. Please refer to Section 2 of this Scheme of Delegation.</p> <p>Following approval of the proposed change, the approving body or Board (as applicable) shall specify what officer will implement its decisions, e.g., agreeing the changes with the contractor, signing the Framework contract with the agreed details identified.</p>

4. Requirements for Market Testing and Tendering (Capital and Revenue)

<p>What does this section cover?</p> <p><u>NOTE: All financial amounts in this section are exclusive of VAT.</u></p>	<ul style="list-style-type: none"> The Board procures goods and services which are funded by capital and revenue budgets, and aims to secure Best Value whilst doing so. A key part of this is having a fair and transparent approach to the selection of the providers of goods and services. The Board shall observe the Key Procurement Principles as set out in CEL (05) 2012. If a supply is already covered by an existing contract as a result of a previous and current procurement process (e.g., Frameworks Scotland 2, NHS National Procurement, <u>or any other framework NHS Lothian is entitled to call off from</u>), then the Board does not need to conduct any market testing. (See Section 7 of the Standing Financial Instructions). <u>For all other expenditure, tendering or other market testing (where appropriate) must be conducted in accordance with the provisions below.</u> The Director of Finance has delegated authority to waive the tendering requirements for the supply of goods and services over £49,999 <u>£50,000</u> in certain circumstances. Section 7 of the Standing Financial Instructions sets out these circumstances and the process of approval. Managers should contact the Procurement <u>D</u>epartment in the first instance. For all supplies under £25,000 <u>£50,000</u>, in the event that it is not possible to satisfy the <u>below</u> requirements expressed below (e.g., it is not possible to get two quotations), the Procurement function may waive the requirements. The lead senior officer (procurement) <u>may waive the requirements, shall establish procedures to be followed by the Procurement function in these cases,</u> with due regard <u>to</u> the circumstances used for the waiver of competitive tendering (as described in the Standing Financial Instructions).
<p>Supply of goods and services over £49,999 <u>£50,000</u></p>	<p>This supply falls into the scope of the Public Contracts (Scotland) Regulations 2015 (and any subsequent amendments) and the Procurement (Reform) (Scotland) Act 2014 and will require to be managed in accordance with these legal requirements. Managers should contact the Procurement function for advice as to how to proceed.</p>
<p>Supply of goods and services over £25,000 <u>£30,000</u> and up to £49,999 <u>£50,000</u></p>	<p>Please contact the Procurement function which shall determine the most appropriate procurement process for the supply. <u>Competitive quotation – at least three written quotations should be considered.</u></p>
<p>Supply of goods and services from over £10,000 <u>£15,000</u> and up to £25,000 <u>£30,000</u></p>	<p>Competitive quotation - At least two written quotations should be considered.</p>
<p>Supply of goods and services from £2,501– £10,000 <u>£3,000 -</u> <u>£15,000</u></p>	<p>One written quotation should be considered.</p>

Supply of goods and services up to <u>£2,500</u> <u>under £3,000</u>	There is no requirement for a quotation.
---	--

5. Award of Capital Tenders

Overview of process

- This section applies where the Board has undertaken a tendering exercise for the procurement of goods or services, which will be funded from the capital programme. It therefore does not relate to schemes covered by an established procurement framework (as described in **Section 3**), or revenue expenditure.
- The following groups / individuals can award tenders up to the values stated below, provided that the value of the preferred bid is within the approved budget for the scheme).
- If the best tender is above the approved budget for the scheme in the Board's capital programme, then the tender cannot be awarded. In these circumstances the designated budget holder must apply to the relevant approval body (See **Section 2**) for an increase to the scheme's budget to cover the cost.
- Following the decision to award a capital tender, please refer to **Section 17** to determine which officers can sign the associated documentation required to form a contract.

Any tender award of a value from £1m	Two executive board members must approve the award.
Any tender award of a value under £1m	<p>The relevant lead for the service or function to which the project relates, from the following list;</p> <ul style="list-style-type: none"> ➤ Chief Executive ➤ Deputy Chief Executive ➤ Chief Officer – Acute Services ➤ Director of Finance ➤ Medical Director ➤ Director of Public Health & Health Policy ➤ Executive Director for Nursing, Midwifery, & AHPs ➤ Director of Human Resources & Organisational Development ➤ Director of Health and Social Care – Edinburgh ➤ Director of Health and Social Care – West Lothian ➤ Director of Health and Social Care – East Lothian ➤ Director of Health and Social Care – Midlothian ➤ Director of Capital Planning & Projects ➤ Deputy Director of Finance <p>For tender awards up to £500,000, in addition to the posts above, the relevant budget holder for the service to which the project relates, from the following list:-</p> <ul style="list-style-type: none"> ➤ Director of Operations (Estates & Facilities) ➤ Director of Digital ➤ Hospital Site Director ➤ Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care) ➤ Service Director (Women & Children's Services) ➤ Service Director (Outpatients & Associated Services) ➤ Nurse Director (Acute & Support Services) ➤ Director of Allied Health Professionals ➤ Medical Director (Acute) Head of Operations (East Lothian)

- Head of Operations (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian).

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Overview of process

What does this section cover?

Income

- Contracts for Research and Development income and expenditure.
- Income from other bodies for the provision of services by the Board.
- National Services Division Contracts
- Other specified contracts and service agreements

Expenditure

- Expenditure on NHS contracts and NHS service agreements, unscheduled activity with other NHS bodies.
- Purchase of healthcare from non-NHS organisations, e.g., private sector, voluntary organisations.
- Resource transfer.
- Other specified contracts and service agreements

All agreements entered into must be within approved budgets.

Furthermore, all agreements should be subject to competitive evaluation to determine if Best Value is being delivered, and to observe the Standing Financial Instructions. It is possible that strategic partnerships (e.g., with universities) may facilitate agreements that deliver Best Value within an agreed quality and resource framework. However, in all cases, the requirements of **Section 4** of this Scheme of Delegation apply. All expenditure should be directed through the Board's ordering systems as described in **Section 8**.

Contracts and Agreements for Expenditure on Healthcare Services

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Any amount over £1.5m per annum

Three executive Board members

£0.5m to £1.5m per annum

Any **two** from the following list (one of whom should be the budget holder);

- Chief Executive
- Deputy Chief Executive
- Chief Officer – Acute Services
- Director of Finance
- Medical Director
- Director of Public Health & Health Policy
- Executive Director for Nursing, Midwifery, & Allied Health Professionals
- Director of Human Resources & Organisational Development
- Deputy Director of Finance.

Up to £0.5m per annum

- Research & Development Director
- Director of Digital
- Director of Health and Social Care – Edinburgh
- Director of Health and Social Care – West Lothian
- Director of Health and Social Care – East Lothian
- Director of Health and Social Care – Midlothian
- Director of ~~Operations~~ (Estates & Facilities)
- Director of Operations (Royal Edinburgh Hospital & Associated Services)
- Hospital Site Director
- Service Director (Diagnostics, Theatres, Anaesthetics & Critical Care)
- Service Director (Women & Children's Services)
- Service Director (Outpatients & Associated Services)
- Nurse Director (Acute & Support Services)
- Director of Allied Health Professionals
- Medical Director (Acute)
- Head of Operations (East Lothian)
- Head of Operations (Edinburgh)
- Head of Primary Care and Older People (Midlothian)
- Head of Adults (Midlothian)
- Head of Health (West Lothian)

Occupational Health & Safety / Library Services / Regional NHS Education for Scotland Initiatives

Any amount over £250k per annum

- Three executive board members

£150k to £250k per annum

- Director of Human Resources & Organisational Development

Up to £150k per annum

- Director of Occupational Health & Safety (for occupational health & safety)
- ~~Head of Education and Employee Development~~ Associate Director for Organisational Development and Learning (-for library services and regional NHS Education for Scotland initiatives)

Maintenance Contracts / Utilities

6. Revenue Expenditure - Contracts and Service Agreements for Healthcare Services and other specified services

Any maintenance / utilities expenditure that is required to be directed through National Procurement must be contracted through that route. For expenditure out of the scope of National Procurement, the following officers have delegated authority to agree contracts and service agreements. This section does not relate to maintenance contracts for medical equipment. Those types of contracts should be considered as part of the procurement process for the equipment itself, and the expenditure subject to Section 8 – “Revenue Expenditure – General Arrangements

Any amount over £250k per annum

- Three executive Board members

£150k to £250k per annum

- ~~Executive Director for Nursing, Midwifery, & Allied Health Professionals~~ Medical Director (for Digital)

Up to £150k per annum

- Director of Capital Planning & Projects
- Director of ~~Operations~~ (Estates & Facilities)
- Associate Director of Operations (Estates & Facilities)
- Programme Director (Estate & Facilities)
- Director of Digital

Any Other Income Contract or Agreement not covered by the above

The value of the contract or agreement is over £250k per annum

Three executive Board members

The value of the contract or agreement (per annum) is over £150k and up to £250k

Two people have to approve the transaction, one of whom should be the budget holder.

- Any executive Board member PLUS
- Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (through the authorised signatory process) delegated authority to approve expenditure up to £250,000.

The value of the contract or agreement is up to £150k per annum

Please refer to the list of Category A approvers.

Management Consultants

Section 9 of this Scheme of Delegation sets out in detail the process that is to be followed when management are considering the use of management consultants. This highlights that either the Chief Executive or the Director of Finance must approve a “pre-engagement review form” before going to market.

7. Capital Expenditure – Delegation of Authority and Approval of Expenditure

- This section is concerned with expenditure arising from schemes approved as part of the Board's capital plan (**See Sections 2-5**).
- Capital schemes or projects can be made up of several smaller pieces of work. The approval process (**Sections 2-3**) will identify and approve a Budget Holder for each piece of work, and the finance directorate will assign a unique code to it. The designated budget holder is the authorised signatory for the code, and the approving body (**Section 2**) will determine ~~his or her~~ their delegated authority to approve expenditure for that code only. ~~As~~ **with all budgets this delegated authority can only be exercise when there is an available budget in the code, and the budget holder is responsible for monitoring this.** The delegated authority will end once the associated piece of work has been completed.
- The individual's established delegated authority for ~~his or her~~ their revenue budget (**Section 8**) has no bearing or relevance to the delegated authority for a code that is used for a capital scheme or project. **If any transaction is over £250,000 it will require two individuals each with a personal delegated authority of £250,000 (for the capital code) to approve the transaction.**
- The budget holder may delegate authority to others to approve expenditure against the code. Nevertheless the budget holder will remain personally accountable for all financial transactions for the code, and the actions of the individuals to whom they delegate financial authority to.
- There may be items of expenditure that are chargeable to the code that require to be recognised as revenue expenditure. This will be identified at the planning stage (**Section 2**), and the finance directorate shall establish a system to ensure that capital and revenue elements are distinctly accounted for.
- All expenditure must be processed on official orders through the approved procurement channels. The total value of an order should be recognised when determining who the appropriate signatory is for the order.
- Officers must establish systems to ensure that all ordered goods & services or works completed have in fact been received before "receipting" the supply in the ordering system. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- In the event of an invoice being received, and there is not an authorised and receipted order available, the invoice becomes the prime document for the approval of expenditure and the value of the invoice. The application of this Section will determine who the signatory must be. The absence of an approved order constitutes a breach of the Standing Financial Instructions.

8. Revenue Expenditure – General Arrangements

General Provisions for the delegation of authority and approval of expenditure

- All budget holders are required to formally agree their annual budgets with their line manager and are accountable for their budgetary performance. It is essential that expenditure levels do not exceed the agreed delegated budget.
- All expenditure must be processed on official orders through the approved procurement channels for that type of expenditure. **The necessary approvals must be given before placing the order.**
- All items procured should be in accordance with any contracts or agreements previously established as a result of the required market testing as described at **Section 4**. All procurement activity should be in accordance with the Standing Financial Instructions and administered through the systems that the Board establishes for that purpose.
- Where a contract for general supply to the organisation is in place, the total amount for a period of supply should be identified (if fixed amount) or reasonably estimated, and an appropriately authorised order should be raised on the system for that supply.
- Officers must establish systems to ensure that all goods & services ordered have been received prior to “receipting” the supply in the ordering system being used. For this purpose, the value of a particular invoice is not relevant to the application of this section: the officer is confirming receipt of a supply, rather than approving the expenditure. The officer confirming receipt must be different from the officer who approved the order.
- This section sets out the required authority levels for general ordering of goods and services. **However, employees should refer to Sections 6 and 10-14 for the specific requirements for certain types of revenue expenditure.**

Any item over £2m	Three executive Board members
Any item over £250,000 but under £2m	Two people have to approve the transaction, one of whom should be the budget holder. <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
Officers with a delegated authority up to £250,000	<ul style="list-style-type: none"> ➤ Any category A approver. ➤ Head of Operations (East Lothian) ➤ Service Director - Operations Head of Operations (Edinburgh) ➤ Service Director - Strategic Planning Chief Strategy & Performance Officer (Edinburgh) ➤ Chief Nurse (Edinburgh)
Officers with a delegated authority up to £150,000	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Programme Director (Estates & Facilities) ➤ Deputy Director of Finance

8. Revenue Expenditure – General Arrangements	
Officers with a delegated authority up to £100,000	<ul style="list-style-type: none"> ➤ Director of Pharmacy & Medicines ➤ Chief Quality Officer ➤ Deputy Director (Corporate Nursing) ➤ Consultant in Public Health (finance lead) ➤ Service Manager – Public Health & Health Policy ➤ Associate Director of Pharmacy ➤ General Manager Director (DATCC)
Officers with a delegated authority up to £75,000	<ul style="list-style-type: none"> ➤ General Manager (Medicine – WGH) ➤ General Manager (Surgery – WGH) ➤ General Manager (Cancer – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager – Scheduled Care (St John's) ➤ General Manager – Unscheduled Care (St John's) ➤ Associate Nurse Director (St John's) ➤ <u>Service Manager - Public Health & Health Policy</u>
Officers with a delegated authority up to £50,000	<ul style="list-style-type: none"> ➤ Director of Nursing, Primary/Community Care ➤ Site Chief Pharmacist ➤ Deputy Director of Human Resources ➤ Health Promotion Manager ➤ Smokefree Lothian Service Manager ➤ Research & Development Director ➤ Locality Manager (Edinburgh) ➤ Hospital and Hosted Services Manager (Edinburgh) ➤ Service Manager for Laboratories
Officers with a delegate of authority up to £20,000	<ul style="list-style-type: none"> ➤ General Manager (Primary Care Contracting Organisation) ➤ Associate Medical Director ➤ Clinical Director ➤ Clinical Service Manager ➤ Clinical Nurse Manager ➤ Chief Midwife ➤ Chief Professional ➤ Director of Communications, Engagement and Public Affairs ➤ Head of Medical Physics ➤ <u>Service Manager for Radiology</u> ➤ <u>Head of Operations Soft Facilities Management</u> ➤ <u>Head of Risk, Quality & Assurance</u> ➤ <u>Head of Operations Hard Facilities Management</u>

9. Revenue – Use of Management Consultants	
What does this section cover?	<ul style="list-style-type: none"> • This section has been prepared to support the application of Section 7 of the Standing Financial Instructions (Non-Pay Expenditure) for the subject of management consultancy. • This section sets out the process and the key controls to be followed with respect to the engagement of management consultants. <p>All expenditure should be directed through the Board’s ordering systems as described in Section 8.</p>
Key Definitions	<p>MANAGEMENT CONSULTANTS Management Consultants have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged to work on specific projects that are regarded as outside the usual business of the Lothian NHS Board and there is an identified endpoint of their involvement. 2. The responsibility for the final outcome of the project largely rests with Lothian NHS Board. <p>PROFESSIONAL ADVISORS Professional Advisors have two characteristics:</p> <ol style="list-style-type: none"> 1. They are engaged on work that is an extended arm of the work done in-house. 2. They provide an independent check. <p>An example of professional advice is the engagement of VAT advisors on the accounting treatment of VAT in relation to the Board’s activities. Professional Advisors are commonly engaged in major capital projects, e.g., architects, quantity surveyors, structural engineers.</p> <p>For the purposes of applying this section of the Scheme of Delegation, professional advisors are not management consultants, and this section does not apply to professional advisors.</p>
Step 1 – Clearly define what the assignment is.	<p>This is a task for the Senior Responsible Officer – the manager who has identified a potential need to engage management consultants.</p> <p>The scope and objectives of the assignment should be clearly defined – what is the problem that is to be solved? What is the scale of the activity, what departments/ services are involved?</p>

9. Revenue – Use of Management Consultants

<p>Step 2 – Assess whether internal resources (the Board’s own employees or suppliers within the scope of what they are already contracted to do) can perform the task.</p>	<p>The potential assignment should be critically reviewed and broken down into its constituent parts. If some or all of the work is within the responsibilities of employees or contractors, then normally it should be done by them. Management consultants should only be engaged if the assignment is beyond the capacity and/or capability of internal resources to complete the assignment within the required timeframe.</p> <p>The Senior Responsible Officer should reduce the costs and risks associated with engaging management consultants by ensuring that any elements of the assignment that can be done in-house to the required quality are completed in-house. This should include considering redeploying or seconding employees to do the work. On the occasions where it is decided that the assignment cannot be delivered by internal resources, go to Step 3.</p> <p>The Senior Responsible Officer should prompt a review of how capacity and capability can be put in place for future assignments.</p>
<p>Step 3 – Contact Procurement and document your requirements.</p>	<ol style="list-style-type: none">1. The Senior Responsible Officer must contact the Procurement Department and ask for a “Pre-engagement Review Form. The Form must be completed with the details of Steps 1 & 2.2. The Form must identify the benefits to the Board (in terms of outcomes criteria) from the assignment, and how management will use the outputs of the assignment. Procurement will use these criteria in the tender documentation, and they will be used to support monitoring of progress and post-completion evaluation.3. The Form must set out the minimum qualifying criteria for a bidder. This will be used by the Procurement function to advertise the assignment and short-list bids.4. The Form must include an estimate of the anticipated cost of the consultancy and identify the budget to cover the costs.5. The Form must be approved by one of the following officers before being returned to Procurement – Chief Executive; Director of Finance. (The approving officer and the Senior Responsible Officer should be different people). Procurement will not proceed unless this authorisation is in place.

9. Revenue – Use of Management Consultants

Step 4 – Going to Market

- The Procurement function will prepare and issue tender invitations to the market, based on the instructions given on the approved form.
- The Procurement will follow the requirements of Section 7 of the Board's Standing Financial Instructions with regard to tendering and contracting. In the event that it is decided that tendering processes are not appropriate, the requirements of the Board's Standing Financial Instructions must be followed. The Director of Finance must approve the decision to waive the tender process, and this must be formally documented. The lead senior officer for procurement ~~Head of Procurement~~ must place this in the Waiver of Tender Register.
- Assignments will be offered to the market as distinct items, i.e. a contractor will not be automatically given a follow-on assignment associated with another tendered assignment. However the Board may enter into a call-off framework contract with a number of consultancies in the interests of efficient procurement.
- The Procurement Department will maintain a register of all call-off contracts. The Procurement Department will perform and document systematic reviews of relationships with management consultants, to ensure that they are not self-perpetuating.
- The Procurement Department will use standard documentation to record the process of evaluation of bids and the award of contract. This will include a record of whether:
 - The Consultants are capable of performing the assignment.
 - The assignment will deliver Best Value.
 - The award of the contract is compliant with the Board's Standing Financial Instructions.

The Procurement Department will hold this record in a register.

- All assignments must have a defined contract duration, with a specified contract delivery or financial cap. The Procurement department will use a standard formal contract for all assignments. The contract will explicitly cover the payment of expenses and place a limit on the amount payable.

9. Revenue – Use of Management Consultants

Step 5 – Client Evaluation of the Performance of the Management Consultants at the conclusion of the assignment.

The Senior Responsible Officer shall prepare an evaluation report on each assignment immediately following its completion. The Procurement department will provide a standard template for this purpose.

The report shall cover:

- Was the work completed on time?
- Were the costs contained within the contracted figure?
- Did the consultants carry out all their contractual obligations?
- Were the terms of reference discharged?
- How did the consultants key people perform?
- Were effective and realistic solutions proposed?
- Did the engagement represent Best Value?

The Senior Responsible Officer must send this report to the officer who approved the assignment (See Step 3) and send a copy to Procurement. If the approving officer is satisfied, ~~he or she~~ they must notify the Procurement department, to confirm that the order for services has been satisfactorily completed. The Procurement department can then “receipt” the order on the ordering system, and this will allow the invoice to be paid.

10. Revenue - Travel and Reimbursement of Expenses

<p>What does this section cover?</p>	<p>The Finance Directorate provides services for all Travel and Accommodation that can be pre-booked. A dedicated Travel Team works directly with the Scottish Government National Procurement travel provider, through online facilities. The booking method ensures that NHS Lothian Standing Financial Instructions (SFIs) are complied with, and the best secure price can be achieved.</p> <p>Employees can find further information on Travel, as well as making bookings for external courses and conferences on the intranet at: Corporate Home > A-Z Directory > Finance Online > Ordering & Paying for Goods & Services including travel Financial Services > Travel Team</p> <p>Employees can also find advice on the process for claiming expenses, including mileage and information on car leasing on the intranet Payroll Helpdesk at:</p> <p>Payroll Portal - NHSL (service-now.com) Corporate > A-Z > Finance Online > Staff Pay and Expenses</p>
<p>Approval of any amount for an event in or journey made within the UK</p>	<ul style="list-style-type: none">➤ The relevant budget holder
<p>Approval of any amount for an event in or journey made to an overseas destination</p>	<ul style="list-style-type: none">➤ The relevant budget holder from the list of Category A approvers.➤ Deputy Director of Finance

11. Revenue – Private Finance Initiative / Public Private Partnership Payments

What does this section cover?

This refers to the expenditure that arises from PFI/PPP contracts, following the completion of the build phase and during the operational phase.

Any contractual payments: – fixed and variable (e.g., patient meals).

Approval of the order – Budget holder for the contract (or ~~his or her~~their delegate).

Confirmation of Receipt of goods or services – To be provided by the Director of ~~Operations (Estates & Facilities)~~ or Associate Director of Operations (Estates & Facilities) or their nominated officers.

Ad-hoc – minor works/ service changes

Approval of the order – The relevant budget holder must approve a minor works form.

Confirmation of Receipt of goods or services – To be provided by the Director of ~~Operations (Estates & Facilities)~~ or Associate Director of Operations (Estates & Facilities) or their nominated officers.

Additional Works

These are likely to be of a value higher than £5,000 and shall be directed through the capital approval route (**see Section 2**).

12. Revenue - Payroll

What does this section cover?

This section describes the processes in place to delegate authority to compile and approve data that is required to make payments through the payroll system.

Payment of Hours through SSTS

SSTS is an electronic time and attendance system accessed through NHS Lothian's intranet, in which all attendance (absence and overtime) is recorded for staff with an NHS pay number in Lothian. Relevant absence data, e.g., sickness and overtime, is uploaded to SSPS (Payroll system) electronically prior to each weekly and monthly payroll run. I

Users are set up on SSTS with access rights appropriate to their role:

- Compiler – can enter data into the system
- Approver – ability to approve the data for processing (and consequently the payment that it leads to)

The individuals selected to perform these roles will depend on the structure of the department concerned. ~~The Pay Office~~ Payroll shall only set up users on SSTS following receipt of an instruction from the person who has responsibility for the budget from the following list, and after confirming that the proposed approver has been given the authority on the authorised signatory database:

- Any post identified in Section 8 of this Scheme of Delegation.

Other Payments that cannot be processed via SSTS, e.g. allowance codes, waiting time initiatives payments per consultant contract

Payroll ~~Administration and Information Services~~ has issued a form that must be used in these circumstances, and this is available on ~~Finance Online~~ [Payroll Helpdesk](#)

The individual giving the final approval to make these payments must be the relevant person from the above list for the budget concerned. The Pay Office will check the authorised signatory database to confirm the person can approve the payments.

Additionally, the relevant Associate Medical Director must approve waiting time initiative payments (as defined in the Consultant Contract) to medical staff.

13. Revenue- Virement

<p>What does this section cover?</p>	<p>The process of virement is defined as follows: “The agreed transfer of money from one budget heading to another within a financial year. The budget headings can be under the control of one manager, or alternatively under the control of several managers.”</p> <p><u>The need to vire budget may arise as part of budget setting or during the financial year.– Virement can be defined as “the transfer of money from one budget heading to another’.</u> More specifically it <u>enables the transfer of budget between services or between pay and non-pay budgets</u></p> <p>The Standing Financial Instructions state: “5.197 The Chief Executive may agree a virement procedure that would allow budget holders to transfer resources from one budget heading to another.</p> <p>5.2018 If the budget holder does not require the full amount of the budget delegated to him for the stated purpose (s), and virement is not exercised, then the amount not required shall revert back to the Chief Executive.”</p> <p>The following officers are permitted to approve virement transactions for their budgets.</p>
<p>Any Amount</p>	<ul style="list-style-type: none"> ➤ Please refer to the list of Category A approvers. ➤ Deputy Director of Finance.
<p>Up to £100,000</p>	<ul style="list-style-type: none"> ➤ Director of Capital Planning & Projects ➤ Associate Director of Operations (Estates & Facilities) ➤ Programme Director (Estate & Facilities) ➤ Director of Pharmacy & Medicines ➤ General Manager (Cancer – WGH) ➤ General Manager (Medicine - WGH) ➤ General Manager (Surgery – WGH) ➤ Associate Nurse Director (WGH) ➤ General Manager (Medicine – RIE/ Liberton) ➤ General Manager (Surgery – RIE/ Liberton) ➤ Associate Nurse Director (RIE/ Liberton) ➤ Operational Manager (RIE/Liberton) ➤ General Manager – Scheduled Care (St John’s) ➤ General Manager – Unscheduled Care (St John’s) ➤ Associate Nurse Director (St John’s) ➤ Director of Operations (Royal Edinburgh Hospital & Associated Services) ➤ Site Chief Pharmacist

Up to £20,000	<ul style="list-style-type: none"> ➤ General Manager (Primary Care Contracting Organisation); ➤ Associate Medical Director; ➤ Clinical Director; ➤ Clinical Service Manager; ➤ Clinical Nurse Manager; ➤ Chief Midwife; ➤ Chief Professional; ➤ Director of Communications, Engagement and Public Affairs ➤ Operational Manager (RIE/ Liberton) ➤ Associate Director of Human Resources. ➤ <u>Head of Medical Physics</u> ➤ <u>Head of Operations Hard Facilities Management</u> ➤ <u>Head of Risk, Quality & Assurance</u> ➤ <u>Head of Operations Hard Facilities Management</u>
---------------	--

14. Revenue - Losses and Special Payments

What does this section cover?	<p>This section relates to the approval of losses and special payments as defined by CEL (2008) 44.</p> <p>The Director of Finance must periodically report all losses (of whatever class) to the Lothian NHS Board Audit & Risk Committee.</p> <p>For any type of losses or special payments, the responsible budget holder has delegated authority to approve them up to the value £10,000 provided that they have budgetary authority for the value of the loss or special payment. –</p> <p>All losses and special payments must be reviewed and counter-signed by one of; the Director of Finance <u>or</u>; the Deputy Director of Finance; or the Head of Management Accounting. – For losses and special payments up to £10,000 the following finance officers can also counter-sign them: the Head of Financial Control; the Deputy Head of Financial Control, or the Finance Manager (Order to Cash).</p> <p>For proposed losses to be written off and proposed special payments that are above the delegated limits, management must refer these items to the Audit & Risk Committee before seeking authorisation from the Scottish Government Health Directorate.</p>																					
Theft / Arson/ Wilful <u>Willful</u> Damage	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.</td> <td style="width: 75%;">Cash</td> <td style="width: 20%; text-align: right;">£20,000</td> </tr> <tr> <td>2.</td> <td>Stores/ Procurement</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td>3.</td> <td>Equipment</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>4.</td> <td>Contracts</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>5.</td> <td>Payroll</td> <td style="text-align: right;">£20,000</td> </tr> <tr> <td>6.</td> <td>Buildings/ Fixtures</td> <td style="text-align: right;">£40,000</td> </tr> <tr> <td>7.</td> <td>Other</td> <td style="text-align: right;">£20,000</td> </tr> </table>	1.	Cash	£20,000	2.	Stores/ Procurement	£40,000	3.	Equipment	£20,000	4.	Contracts	£20,000	5.	Payroll	£20,000	6.	Buildings/ Fixtures	£40,000	7.	Other	£20,000
1.	Cash	£20,000																				
2.	Stores/ Procurement	£40,000																				
3.	Equipment	£20,000																				
4.	Contracts	£20,000																				
5.	Payroll	£20,000																				
6.	Buildings/ Fixtures	£40,000																				
7.	Other	£20,000																				

14. Revenue - Losses and Special Payments

<p>Fraud, embezzlement & other irregularities (including attempted fraud)</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table border="0"> <tr> <td>8. Cash</td> <td>£20,000</td> </tr> <tr> <td>9. Stores/ Procurement</td> <td>£40,000</td> </tr> <tr> <td>10. Equipment</td> <td>£20,000</td> </tr> <tr> <td>11. Contracts</td> <td>£20,000</td> </tr> <tr> <td>12. Payroll</td> <td>£20,000</td> </tr> <tr> <td>13. Other</td> <td>£20,000</td> </tr> </table>	8. Cash	£20,000	9. Stores/ Procurement	£40,000	10. Equipment	£20,000	11. Contracts	£20,000	12. Payroll	£20,000	13. Other	£20,000
8. Cash	£20,000												
9. Stores/ Procurement	£40,000												
10. Equipment	£20,000												
11. Contracts	£20,000												
12. Payroll	£20,000												
13. Other	£20,000												
<p>Nugatory and Fruitless Payments</p>	<p>A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability.</p> <p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £20,000.</p>												
<p>Claims Abandoned</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to the following amounts:</p> <table border="0"> <tr> <td>a) Private Accommodation</td> <td>£20,000</td> </tr> <tr> <td>b) Road Traffic Acts</td> <td>£40,000</td> </tr> <tr> <td>c) Other</td> <td>£20,000</td> </tr> </table>	a) Private Accommodation	£20,000	b) Road Traffic Acts	£40,000	c) Other	£20,000						
a) Private Accommodation	£20,000												
b) Road Traffic Acts	£40,000												
c) Other	£20,000												
<p>Stores Losses</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 in the following categories:</p> <p>16. Incidents of the Service – Fire, Flood, Accident</p> <p>17. Deterioration in Store.</p> <p>18. Stocktaking Discrepancies.</p> <p>19. Other causes.</p>												
<p>Losses of Furniture & Equipment and Bedding & Linen in Circulation</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000 in the following categories:</p> <p>20. Incidents of the Service – Fire, Flood, Accident</p> <p>21. Stocktaking Discrepancies.</p> <p>22. Other causes.</p>												

14. Revenue - Losses and Special Payments

<p>Compensation Payments – Legal Obligation - Clinical</p>	<p>NHS Lothian is a member of the Clinical Negligence & Other Risks Indemnity Scheme (CNORIS). CNORIS provides indemnity to members in relation to clinical and non-clinical negligence compensation payments. The Scottish Government via the Central Legal Office gives the approval to settle claims under this scheme .</p> <p>The following officers can approve payments up to £250,000</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers <p>For amounts over £250,000 - Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
<p>Compensation Payments – Legal Obligation – Non-Clinical</p>	<p>The following officers can approve payments up to £100,000:</p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. <p>For amounts above £100,000 – Two people have to approve the transaction, one of whom should be the budget holder.</p> <ul style="list-style-type: none"> ➤ Any executive Board member PLUS ➤ Another individual who has been given delegated authority to approve revenue expenditure up to £250,000. This person may be a Category A approver, or someone to whom a Category A approver has (though the authorised signatory process) delegated authority to approve expenditure up to £250,000.
<p>EX-GRATIA PAYMENTS</p>	<p>Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or legal liability.</p>

14. Revenue - Losses and Special Payments

<p>Extra Contractual Payments</p>	<p>An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts might uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. A payment may be regarded as extra contractual even where there is doubt whether or not the health body is liable to make it, e.g., where the contract provided for arbitration, but a settlement is reached without recourse to arbitration. A payment made as a result of an arbitration award is contractual.</p> <p><u>An ex-gratia payment to a contractor</u> is one not legally due under the contract or otherwise, and usually represents compensation on grounds of hardship. Any such payment would have to be fully justified on value for money grounds. The aggregate of payments from whatever cause under a single contract governs the need for prior reference to the Scottish Government. If the Board has any reason to suspect that the ultimate total will exceed its delegated powers it should consult the Scottish Government.</p> <p>The delegated limit for this category is £20,000.</p>
<p>Compensation Payments – Ex Gratia – Clinical</p>	<p>The delegated limit for this category is £250,000.</p>
<p>Compensation Payments – Ex Gratia – Non-Clinical</p>	<p>The delegated limit for this category is £100,000.</p>
<p>Compensation Payments – Ex Gratia – Financial Loss</p>	<p>The delegated limit for this category is £25,000.</p>
<p>Compensation Payments – Ex Gratia – Other Payments</p>	<p>The delegated limit for this category is £2,500.</p> <p>In addition to the signatories above, the General Manager (Primary Care Contracts) has delegated authority to make these payments in this category for the Primary Care Contracting Organisation.</p>
<p>Damage to Buildings and Fixtures – Incidents of the Service – Fire, Flood, Accident, Other Causes</p>	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve the write-off of losses up to £40,000.</p>

14. Revenue - Losses and Special Payments

Extra-Statutory & Extra-regulatory payments	<p>These are payments considered to be within the broad intention of a statute or statutory regulation, but which go beyond a strict interpretation of its terms. In some cases where health bodies have followed departmental guidance, the Scottish Government will advise the health bodies to classify the payments as extra statutory. In all other cases where health bodies would be acting, or believe they may have acted, beyond the strict interpretation of statute or statutory regulation they must inform the Scottish Government who will advise them whether the payments may be treated as extra statutory or that the payments are beyond their powers (ultra vires). <u>Extra statutory or extra regulatory payments must not be classified as ex gratia.</u></p> <p>The Board has no delegated authority to approve these payments.</p>
Gifts in cash or kind	<p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve payments up to £20,000.</p>
Other losses	<p>These are losses that do not fall within the definitions of theft, arson, wilfulwillful damage, fraud, embezzlement and attempted fraud (loss categories 1-13 above) and would have fallen within the previously available categories of “Cash Losses – overpayment of salaries, wages and allowances” and “Cash Losses –other”.</p> <p>Note: There is a distinct process to be followed for overpayment of salaries. – Please contact the Head of Financial Control.</p> <p>The Director of Finance or the Deputy Director of Finance or the Head of Management Accounting can approve payments up to £20,000.</p>

15. Asset Transactions	
What does this section cover?	This section relates to miscellaneous asset transactions.
Disposal of fixed assets (other than land and buildings)	All transactions to be referred to the Director of Finance. The Director of Finance shall establish a procedure to approve these disposals and this may include delegating the approval of some disposals to other officers.
Land & Property and Equipment Leases	<p>For land, property and equipment leases the Present Value of the minimum payments required under the lease contract will determine the appropriate level of authority and signatory. Such payments will include any incidental fees, commissions, documentation or registration costs, or lease premiums as well as normal annual rentals payable over that minimum period.</p> <p>In such circumstances the Director of Operations (Estates & Facilities), Associate Director of Operations (Estates Facilities) or other managers will need to seek such appropriate financial advice as required on whether any lease agreement will require approval from the capital budget. The financial advice will consider the minimum period of the lease against the overall life of the asset (as determined by its depreciation period) and whether the minimum payments required over the lease represents substantially all of the equivalent normal capital cost of the asset being procured. Any lease or rental agreement where the total minimum payment over the lease period is less than £5,000 should be considered as revenue expenditure. For "grouped assets" (as defined by the Capital Asset Manual) where the total minimum payments over the lease period is less than £10,000, such agreements should also be treated as revenue expenditure.</p> <p>All leases should be reviewed to give assurance that the terms and conditions of the lease are satisfactory, and where applicable is in accordance with the Board's estates strategies and plans, and that the NHS Scotland Property Transactions Handbook has been followed.</p> <p>The value of the lifetime cost of the lease should be quantified, the signatory will be:</p> <p><u>Land & Property Leases:</u> Chief Executive or Director of Finance <u>Equipment Leases</u></p> <ul style="list-style-type: none"> • The relevant budget holder from the list of Category A approvers. • Deputy Director of Finance.
Notification and Certification of Property Transactions (per Property Transactions Handbook)	Chief Executive

16. Financial Services	
What does this section cover?	This section relates to financial functions and controls administered by Financial Services.
Statutory deductions from payroll i.e. PAYE, superannuation, national insurance deductions, and arretments. Voluntary deductions from payroll e.g. GAYE, trade union fees.	One of the following officers: Deputy Director of Finance; Head of Financial Control; Deputy Head of Financial Control or the Finance Manager (Order to Cash)
Establishment of a cash float (any amount)	The Head of Financial Control, Deputy Head of Financial Control or the Finance Manager (Order to Cash) must grant approval of the establishment of a cash float.
Cheque Signatories - General	All designated cheque signatories must be included in the bank mandate. Only the Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory may approve changes to the designated cheque signatories, and sign the letter to the bank to instruct it to alter the bank mandate. The required signatories depends on the value of the payment, as follows: > £100,000 – One Level 1 signatory plus any other signatory. £25,001 - £100,000 – One Level 1 or Level 2 signatory plus any other signatory. £2,000 - £25,000 – Any two signatories. < £2,000 – Any one signatory.
Cheque Signatories – Level 1	<ul style="list-style-type: none"> ➤ Director of Finance ➤ Deputy Director of Finance ➤ Deputy Chief Executive ➤ Medical Director ➤ Executive Director for Nursing, Midwifery, & Allied Health Professionals ➤ Director of Public Health & Health Policy <p>For cheques to the Central Legal Office only: Head of Financial Control</p> <ul style="list-style-type: none"> ➤ Head of Management Accounting
Cheque Signatories – Level 2	<ul style="list-style-type: none"> ➤ Head of Management Accounting ➤ Head of Financial Control ➤ Deputy Head of Financial Control ➤ Financial Controller <u>Finance Manager</u> (Financial Accounting <u>Order to Cash</u>) ➤ Finance Manager (Corporate Reporting and Governance)

16. Financial Services	
Cheque Signatories – Level 3	<ul style="list-style-type: none"> ➤ Any Business Partner ➤ Senior Finance Manager - Performance ➤ Financial Controller <u>Finance Manager</u> (Accounts Payable) ➤ Financial Accountant
Electronic Banking – General Provision	<p>On each occasion that a profile is to be allocated to an officer (per the 3 sections below), that allocation shall be recorded in an internal mandate. The Deputy Director of Finance (or the Director of Finance) PLUS one other Level 1 or Level 2 signatory must approve the mandate.</p> <p>The <u>Finance Manager</u> ial (Order to Cash) shall maintain a complete record of these mandates.</p>
Electronic Banking – Bankline	<p>The system profiles are granted to each of the following officers:</p> <p>Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser – Head of Financial Control; Deputy Head of Financial Services Control; <u>Finance Manager</u> (Order to Cash); Financial Manager <u>Controller</u> (Accounts Payable); Financial Accountant.</p> <p>Administrator - Head of Financial Control; Deputy Head of Financial Control; <u>Finance Manager</u> (Order to Cash); Treasury Team Leader.</p> <p>N.B. There is a systematic control that requires the approval of two administrators to authorise any administrative changes to the system.</p>
Electronic Banking – Government Banking Service	<p>The system profiles are granted to each of the following officers:</p> <p>Read only – Treasury Assistant</p> <p>Preparer – Treasury Team Leader; Senior Treasury Assistant</p> <p>Authoriser – Head of Financial Control; Deputy Head of Finance Control; <u>Finance Manager</u> (Order to Cash); Financial Controller <u>Finance Manager</u> (Accounts Payable); Financial Accountant.</p> <p>N.B. HM Treasury administer this system.</p>

16. Financial Services

Electronic Banking – BACS	<p>The system profiles are granted to each of the following officers:</p> <p>Preparer –Senior Treasury Assistant; Treasury Assistant.</p> <p>Authoriser –Head of Financial Control; <u>Deputy Head of Financial Contorl</u>; Head of Finance (PCGO); Financial Controller (Financial Accounting)<u>Finance Manager (Order to Cash)</u>; Financial Controller (Accounts Payable); Financial Accountant; Treasury Team Leader; Finance Manager (Corporate Reporting and Governance).</p> <p>Administrator - Head of Financial Control; <u>Deputy Head of Financial Control</u>; Financial Controller (Financial Accounting); Finance Manager (Corporate Reporting and Governance)<u>Finance Manager (Order to Cash)</u>.</p> <p>N.B. An administrator may grant the “Preparer” profile to another officer, in the event of a vacancy or absence of both a Senior Treasury Assistant and a Treasury Assistant. This will only be a temporary measure to support business continuity.</p>
Electronic Banking – Bankline	<p>A project Bank Account is an internet banking facility provided by a commercial bank to allow a commissioning body to pay the main contractor and supply chain firms which are named as beneficiaries of the trust deed.</p> <p><u>The Finance Manager (Order to Cash) will be the board's nominated Project Bank Account Champion</u></p> <p>The system profiles are granted to each of the following officers:</p> <p>Read only – Treasury Assistant, <u>Senior Treasury Assistant</u>, Main Contractor nominated staff</p> <p>Preparer – Main Contractor nominated staff</p> <p>1ST Authoriser Main Contractor nominated staff</p> <p>2nd Authoriser – <u>Head of Financial Control</u>; Deputy Head of Financial Services; Finance Manager (Order to Cash); Finance Controller (Accounts Payable); Financial Accountant</p> <p>Administrator – Head of Financial Control; Deputy Head of Financial Control; Finance Manager (Order to Cash); Treasury Team Leader.</p> <p>N.B. Bankline enforces segregation of duties between the preparer and the payment Authoriser.</p> <p>There is a systematic control that requires the approval of two administrators to authorize any administrative changes to the system.</p>

17. Signing of Contractual Documentation

What does this section cover?	The following individuals may sign contractual documentation on behalf of the Board, provided the decision to enter that contract has been made after following applicable due process.
Land and Property Transactions	<p>The power to purchase or dispose of land (and associated property) is reserved to the Scottish Ministers (per Section 79 of the National Health Service (Scotland) Act 1978. Officers shall follow the requirements of Section 2 of this Scheme of Delegation, and the NHS Scotland Property Transactions Handbook when considering these matters.</p> <p>Once the above processes have concluded and the necessary approvals are in place, only the following individuals may execute legal instruments on behalf of the Scottish Ministers. These individuals must take particular care to ensure that all prior Scottish Government approval required by the Property Transactions is in place before they exercise this delegated authority:</p> <p><u>All Acquisitions</u></p> <ul style="list-style-type: none">• Chief Executive• Director of Finance <p><u>Disposals where the subjects of sale or lease would not continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none">• Chief Executive• Director of Finance <p><u>Disposals where the subjects of sale or lease (such as health centres or partnership ventures) would continue to be used for NHS purposes by another party</u></p> <ul style="list-style-type: none">• The execution of legal instruments is reserved to the Scottish Ministers
Completion of associated contract documentation to put in place contracts as a result of decisions relating to building or maintenance projects or any procurement contracts	<p>The following individuals can sign off contractual documentation on behalf of the Board. However before doing so, that person needs to be satisfied that due procurement process has been followed, and the terms of the contract are acceptable to the Board. The signatory may not have been directly involved in the procurement processes, however should receive a report from the officers involved giving a briefing on the procurement exercise, and assurance that due process has been followed.</p> <ul style="list-style-type: none">➤ The relevant budget holder from the list of Category A approvers.➤ Deputy Director of Finance➤ Director of Capital Planning & Projects➤ Associate Director of Operations (Estates & Facilities)➤ Associate Director of Procurement

LOTHIAN NHS BOARD

21 June 2023

BOARD EXECUTIVE TEAM REPORT

Aim

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

1. Chief Executive

- 1.1 NHS Lothian met with the Members of the Scottish Parliament (MSPs) who were expressing ongoing concern regarding our Audiology service. The cross-party meeting was held on Tuesday 23rd May 2023 where all questions were addressed and supporting papers and information were circulated following the meeting.
- 1.2 On Tuesday 6th June 2023, I provided evidence to the Health, Social Care and Sport Committee at the Scottish Parliament, alongside Professor Caroline Hiscox, Chief Executive, NHS Grampian and Carol Potter, Chief Executive, NHS Fife. The key areas of focus included financial sustainability, waiting times, HSDU resilience and support for children and families affected from our recent Audiology challenges.
- 1.3 A meeting with the Cabinet Secretary for NHS Recovery, Health and Social Care, Michael Matheson, was held on Wednesday 7th June 2023 to discuss leadership and performance challenges experienced at the Edinburgh Integration Joint Board (IJB).
- 1.4 A meeting of the Edinburgh Integration Joint Board (IJB) was held on Tuesday 13th June 2023 to agree on Service and Finance recovery plans.
- 1.5 NHS Lothian continues to experience significant Mental Health Bed Pressures. Plans have been implemented to stabilise the service and put in place a business continuity arrangement should such significant pressures reoccur.

2. Deputy Chief Executive

- 2.1 Bed System and Capacity Model - Over Summer 2023 we are looking to establish a project to develop a bespoke, whole system scenario planning tool to assist NHS Lothian in understanding the needs of our services and suitability of our bed base to better plan for the health and social care needs of the population. The current and sustained challenges being experienced by our inpatient system require robust intelligence to understand drivers, impact and identify solutions. Further to this, it is well recognised that the projected population increases for Southeast Scotland together with population associated age demographics, will see increased demand for both our scheduled and unscheduled care services. This work will aim to provide insights to answer the following fundamental question; do we have enough of the

right kind of inpatient settings (health & social care beds) in Lothian for the patients that need them, considering demographics and other influencing factors? Significant engagement spanning key staff groups and sites will be a core requirement of this commission. These stakeholders will have a wealth of relevant knowledge and experience that will need to be taken into consideration to inform the model, so this can be impactful, sustainable and viable over the long-term. A procurement exercise is anticipated to commence in the coming weeks.

- 2.2 Estates & Facilities Workforce Day 2023 – The second National Healthcare Estates and Facilities Day will be celebrated this year on the 21st of June 2023. This is a perfect opportunity to recognise the role of our Estates & Facilities workforce and be a day to invite all to reflect on the work done by these highly skilled and dedicated staff and the value this gives to both our patients and staff. This includes a wide spanning range of tasks in different parts of the NHS such as; catering services, domestic services, linen services, housekeeping, skilled tradespeople, gardeners and grounds staff, area managers, traffic management, health & safety, fire safety, security staff, porters, stores & distribution staff and drivers. From Domestic services, Support services to Estates Services, they keep our hospitals, health centres, offices and surrounding estate fit for purpose. The team are in the process of arranging site visits which will consist of walk rounds and drop-in sessions across both the 21st and 22nd of June. Communications will be circulated closer to the time with further details.

3. Executive Director of Nursing, Midwifery, & AHPs

- 3.1 N&M Workforce Update - Supply & Demand - Of most significance is national work culminating in DL (2023) fourteen which resulted in the cessation of OFF CONTRACT agency from 1st June 2023. Local implementation has been overseen by weekly meetings of the Supplementary Staffing Grip and Control Group – all business units have local delivery plans and for high agency user areas there are specific action plans to reduce that reliance. There are triggers for accessing contract agency (which are more robust than previously) and break glass criteria for off contract should a need arise. There are heightened levels of authorisation – Acute Associate Nurse Directors and HSCP Chief Nurses for contract agency and Executive Nurse Director or designate Nurse Director for all off contract. At the time of reporting the first 4 days have generated an 80% reduction in off contract agency use over the same 4-day period in previous weeks.
- 3.2 Recruitment – the Subgroup of the N&M Workforce programme Board is gaining traction. We have reinstated face to face recruitment at bands 2 – 5 and the accelerated process for Newly Qualified Registrants has continued. The principles of recruitment to band two and band 5 roles is One Interview, One offer, One Decision. This allows the organisation to both host site based open days (e.g. St John's Hospital recruited approximately 80 new recruits (some from neighbouring Health Boards) but equally during these events recruit to all other vacant posts across Lothian. There is an annual plan for recruitment events, an underlying generic advert and the ability to shine a spotlight on areas of specific challenge such as the Prison Healthcare system being taken forward as part of their high use agency exit plan.
- 3.3 The Generic Recruitment service is currently delivering a Development and Improvement plan, and this will be further scrutinised through an internal audit of recruitment processes and controls.

4. Executive Medical Director

- 4.1 The first meeting of a new management group to develop stronger alignment between the University of Edinburgh and NHS Lothian was held, chaired by a senior academic from another institution with experience in leading an Academic Health science network. This will us grow our academic links and explore opportunities from the Bioquarter as it develops.
- 4.2 I participated in a short promotional film considering how to support the release of clinical time but gained valuable insights into broader thinking in this area.
- 4.3 I was pleased to attend one of the Primary Care Quality network events to hear presentations and view posters from individuals' practices about their QI work.
- 4.4 Dr Elizabeth Bream has been appointed as the AMD for Quality and Safety
- 4.5 The Data Protection Officer and I held the first formal joint meeting for those working in a delegated Caldicott Guardian role to support their learning and development and ensure underlying processes are clear.

5. Director of Finance

- 5.1 The Board is reporting a position of financial balance at the year-end for 22/23, although this position remains subject to External Audit review. This position has been achieved despite an NRAC funding shortfall and without the need for additional funding in the form of SG brokerage: we are one of only a few territorial boards in Scotland to achieve this outturn.
- 5.2 Moving into 23/24, the financial challenge continues and becomes greater still with an opening projected deficit of £52m. We remain in dialogue with Scottish Government (SG) colleagues about a range of issues including funding for pay awards and additional allocations. Work will continue to seek all opportunities to deliver an improvement to the forecast deficit position including further efficiency savings as well as additional resources, with an ambition to work this down to a value closer to financial balance. This will be a significant challenge when balanced against significant inflationary pressures and performance targets.
- 5.3 As a Board we are continuing to progress with the 3 key strategic capital projects, National Treatment Centre, PAEP and the Edinburgh Cancer Centre. Progress has been constrained for all 3 projects while we await feedback from the SG Capital Investment Group on the ability to progress to the next stage of the Business Case process. An Initial Agreement for Primary Care has been developed, outlining medium and long terms priorities and has been submitted for approval at the F&R Committee on the 7th of June 2023.
- 5.4 Contract mechanisms available to NHSL continue to be applied to Consort at the Royal Infirmary Edinburgh to incentivise improved performance. Consort has responded by taking measures to increase resources on site to improve

responsiveness to change requests, management of subcontractors, undertaking of lifecycle works and to develop asset information.

- 5.5 Consort has resubmitted a Schedule of Planned Maintenance (SoPM) including a lifecycle programme of works for 2023/24 to address previously identified shortfalls. The latest SoPM proposed the decanting of wards, from July 2023. Initial works will be restricted to fire stopping, flooring and internal decoration. Further decant space is under review with Consort to further accelerate lifecycle investment.
- 5.6 Rectification works have commenced at the Royal Hospital for Children and Young People regarding Hospital Square and the atrium. The scope of cavity barrier works is awaiting review and approval from City of Edinburgh Council's Building Control Department prior to works commencing on site. The cost of these work is being met by the provider/contractor.

6. Director of Human Resources and Organisational

- 6.1 Advancing Workforce Equalities - The Staff Governance Committee recently approved the Advancing Workforce Equalities Action Plan for 2023/24. One of the key actions going forward is a focus on training and the development of a Disability Passport. As part of our suite of Workforce Dashboards we recently launched new dashboards on Equality and Diversity, which will allow managers to see their workforce profile by protected characteristic on an ongoing basis rather than once a year as part of our Annual Equality and Diversity Monitoring Report. We would like to better understand the barriers to career progression amongst Black and Ethnic Minority (BME) nurses and midwives to help guide improvement action. We have therefore launched a survey (1st June) to capture feedback and learn from lived experience, the survey closes on 31st July and will inform our future work programmes.
- 6.2 Industrial Action Planning – It was announced on 13th June that BMA members (junior doctors) have rejected the 22-24 Scottish Government pay offer of 14.5 % (aggregate over the two years) and have announced a 72-hour period of industrial action 12th to 15th July. The Board's Junior Doctors Industrial Action Planning Group has been meeting since the end of April to plan our response to industrial action and our resilience planning is in hand. A communications plan is also being developed. At the time of writing this report no formal notice of industrial action has been received by the Board. Under employment legislation the BMA are required to give the Board 14 days' notice of any industrial action.
- 6.3 iMatter Survey 2023 - This years' national iMatter survey includes 2 new questions relating to raising concerns:
- I am confident that I can safely raise concerns about issues in my work workplace.
 - I am confident that my concerns will be followed up and responded to.
- This will give us a temperature check on how staff feel about raising concerns and inform any improvement action.
- 6.4 New Appointment – Head of Careers Development and Employability

I am pleased to advise that we have recently appointed Pauline MacDonald, to our Head of Careers Development and Employability role. Pauline currently works in the HR team as our Specialist Education Lead, Staff Experience & Engagement and has a background in social work and public protection. Pauline takes up post on 1st July and a key early focus will be developing a 'route map' to support our Anchors ambitions in the workforce space.

7. Director of Public Health and Health Policy

- 7.1. Regional Health Protection - The four East Region Health Boards: NHS Fife, NHS Borders, NHS Lothian and NHS Forth Valley are joining together to form a regional Health Protection Service. The main drivers for regional delivery are a desire to improve service resilience and sustainability, to reduce unnecessary duplication, to maximise the skills of the workforce and establish a modern service which would be attractive to work in. NHS Lothian's Board approved the strategic direction of the project in October 2021 and in early 2022, a series of workshops were held with staff to identify areas which required specific focus. A formal organisational change consultation process was initiated in December 2022 and continued for 12 weeks. Work has been underway over the last year to ensure that the necessary infrastructure for the service will be in place. The financial baseline position and financial principles have been agreed, led by Directors of Finance, to ensure an agreed shared contribution between Boards and that any financial risks are managed across the region. The leadership and governance arrangements have been agreed and the expectation is that the new service will be in place by late summer to provide additional resilience for Health Protection across the four Boards.
- 7.2. Healthy Respect - Healthy Respect is a team that work to support and improve the sexual health and wellbeing of young people in Lothian. Information provision is a key part of their approach, including online information. The team has been working hard to update their website ensuring the information is relevant to young people, but also to the workforce who engage and support them. A large engagement programme was undertaken to support the development of this redesigned site. The aim is to ensure all information is accessible (easy to use and understand) and inclusive, including for young people with additional support needs and/or learning disabilities.
- 7.3. The site was launched in May and has a dedicated area for professionals as well as young people. See here [Healthy Respect Website – Supporting young people's sexual health.](#)
- 7.4. The team is now working on an easy-to-understand sub site where all written content for young people will be produced in easy read (images and plain text). This site will benefit more than just young people with learning disabilities. Easy read information will support a range of people, including non-native English speakers, anyone with low health literacy, or people who find complex health information overwhelming. This will be launched in November 2023.

8. Chief Officer Acute Services

- 8.1 Since our last update Acute Unscheduled Care services continue to remain under pressure with high occupancy and front door queues. To address this a dedicated Royal Infirmary of Edinburgh 26-week improvement project has been established with a key area of focus being the implementation of a continuous flow model. This went live on 10th May 2023.
- 8.2 Acute Services have also now agreed a consistent 'business case' approach to Scheduled Care investments focused on value, affordability, impact, and deliverability against our priorities of improved Cancer performance, clinical prioritisation of urgent suspicion of cancer and urgent referrals and reduction in long waits. We have agreed delivery options to increase Orthopaedic joint replacement activity which is our key priority area for TTG performance. Other priority areas in Dermatology, Diagnostics including Endoscopy, Ophthalmology and Urology services will then be considered.
- 8.3 The Acute Nursing Team are currently working through comprehensive delivery plans to realise the directive of moving away from Non-Framework Agency. This has been driven through Acute Workforce Governance, with defined workstreams to ensure good roster management, reviews of skill mix, onboarding, and retention of new starts. The move away from use of all agency staff has also been set as an ongoing priority.
- 8.4 The Nursing Team are also working through the new Nursing and Midwifery Strategic Plan to ensure it links to workplans, objectives and education programmes.
- 8.5 Vikki Mulholland, Nurse Consultant for Urgent Care has also been awarded a Florence Nightingale Foundation Scholarship and we look forward to supporting her with her studies and realising the benefits for NHS Lothian.
- 8.5 Lastly, colleagues within Acute Services have been nominated for several NHS Lothian Celebrating Success Awards across a wide range of categories. These awards are designed to celebrate staff who embrace the core NHS Lothian values of care and compassion, dignity and respect, quality, teamwork and openness, honesty and responsibility. Winners will be announced on 7 September 2023 at a special awards ceremony for all finalists.

9. Director of Strategic Planning

- 9.1 The Directorate has continued to be across a wide range of issues local, regional and national. As would be expected, we have been heavily involved in bringing forward Corporate Objectives, the construction of the ADP and MTP submission, and developing the LSDF Annual Report. We remain, on a day-to-day basis, responsible for supporting each of the pillars of the LSDF and have seen excellent progress recently in bringing together the Primary Care Implementation Book, which we hope to bring to SPPC in September.
- 9.2 The team has been heavily involved in preparing for the second iteration of the capital prioritisation process, including preparing and providing education sessions and tailored support to teams.

- 9.3 We continue to drive forward work on the future provision for type 1 diabetes mellitus and developing the Women's Health Plan. The Director is heavily involved in the provision of support to services in Edinburgh, and unrelated, stepped down as Chair of NHS Scotland's Directors of Planning on 31st May.

10. Director of Primary Care

- 10.1 As highlighted previously, there continue to be challenges for patients registering with a GP practice, particularly in the Southeast of Edinburgh due to population pressures. There is a formal process for practices to close their lists to new patients, and currently there are five practices with closed lists. This is a dynamic process, and the measures are not taken lightly but are essential to ensure these practices can maintain the safe delivery of care. Information is updated on our website here [General Practitioners \(GPs\) – NHS Lothian | Our Services](#).
- 10.2 There also continue to be challenges for people seeking to register with a dental practice. This is being experienced across Scotland, and we await the outcome of the Chief Dental Officer's review of the General Dental Services contract. An announcement on the revised determination / payment system reform is anticipated in early Summer.
- 10.3 We have successfully appointed new Clinical Directors for the Oral Health Service; Judith Lopes as CD for the Public Dental Service, and Graeme Wright as CD for the Edinburgh Dental Institute. Both have worked within the Oral Health Service for several years and bring a wealth of experience and enthusiasm to further develop the service. I am delighted to welcome them to their new roles which they formally took up in May 2023.

11. Director of Communications, Engagement and Public Affairs

- 11.1 Scottish Hospitals Inquiry – Completion of the latest set of hearings, and the subsequent publication of a summary submission by Counsel to the Inquiry, has generated some media coverage which we are not in a position to comment on. This creates an unchecked public narrative however our own submission can now be developed in response.
- 11.2 Emergency Access Standard - Comms has been working with the EAS Programme Board, to support the launch and development of Flowthian, the seven-day-a-week continuous flow model and to create materials to help support teams at the front door to redirect patients who would be more appropriately seen and treated elsewhere.
- 11.3 CAMHS – A campaign aimed at teenagers with low mood, anxiety, worry or sadness has been developed and the first phase launched across TikTok and Instagram. The campaign helps young people check their mood, notice how their friends are feeling and provides source of support. The campaign has been designed in close collaboration with young people.

Following feedback and evaluation, phase 2 will launch to tie-in with the return to school after summer, when CAMHS services experience a peak in demand.

11.3 Media - Notable media has included the publication of the HIS Inspection report on RIE, a feature on Hospital at Home in Midlothian (BBC all outlets), the row over the Youth Navigator Pilot Project, and a pioneering non-invasive test developed and trailed by NHSL / University of Edinburgh at the WGH and now rolled out across Scotland that can detect returning cancer prior to any symptoms (STV).

12. Services Director – REAS

12.1 Psychological Therapies & CAMHs - SG asked that reviewed trajectories form part of this year's annual delivery plan. The main changes are around availability of staff to reach capacity but CAMHs will be within 18 weeks by end of summer 2023 and Psychological Therapies by early next year assuming all assumptions remain unchanged.

12.2 Escalation - The Cabinet Secretary has now formally de-escalated both services and feedback from SG is that they are extremely pleased with how NHS Lothian approached the reductions in waiting times for both services.

12.3 Occupancy - Bed occupancy remains above 100% in adult acute and the number of patients delayed in their discharge remains high in rehab, old age and Intellectual Disabilities. Work is ongoing with the 4 partnerships to develop plans to reduce occupancy over time. The Mental Welfare Commission continue to highlight occupancy levels as of significant concern.

12.4 Prison Healthcare - HMP Addiewell inspection report is available and there are several improvements required across the prison including healthcare. A new Director has been appointed by Sudexo and it is hoped that this person will give greater priority to healthcare. An action plan was in place prior to the inspection which was shared with the Inspectors and a new General Manager and Clinical Service Manager are in place. The Healthcare Manager post is now vacant and will be recruited to. A lead Nurse for improvement started earlier this year to lead on Clinical Governance and standardising processes.

12.5 Melville Unit - The new mental Health Minister visited the Melville Unit and spoke with staff. She was pleased to hear about the developments to improve the care of our young people including the new unscheduled care service.

13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 The numbers of people waiting for an assessment of their social care needs in the community remains steady with slight fluctuations within normal variation. Challenges remain in recruitment of social care staff, particularly Social Workers, Occupational Therapists and front-line carers. Adult Support and Protection referrals have remained significantly high. The overall impact continues to see high numbers of people waiting for assessment and therefore support. Delays have remained relatively steady and are currently lower than the same period last year.

13.2 There are several initiatives in flight across the EIJB at the same time (2 inspection response plans, improvement and sustainability programme legacy, mixed capital

programmes like the bed-based review). To address these three workstreams, a “One Plan” is being created which pulls together all programmes of work over 3 years.

- 13.3 The initial budget gap for the EIJB for 23/24 is estimated at £47m. Savings totalling £12m have been agreed but a material balance remains. To address this, a Medium-Term Financial Strategy (MTFS) is being developed which will be enacted in a series of tranches over 3 years. This is the start of a large-scale change for the EIJB with a focus on operational, cultural, digital and structural change. As a multi-year programme which will move the EIJB towards sustainability, many of the underpinning projects will not fully deliver financial benefits until year 3. A further set of savings proposals, aligned to the MTFS, will be presented to the EIJB in June for approval. These schemes have been developed to minimise impacts on the people of Edinburgh and our staff but are insufficient to fully balance the budget in year.

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

- 14.1 Provisioning Project (Community Hospitals and Care Homes) - The Community Hospitals and Care Homes Provision Board presented its final report and recommendations to the February meeting of the IJB. The next stage of this work will involve a public engagement and consultation exercise to gather stakeholder views on the development of services for older people based on the Board’s recommendations. The HSCP is working with the Consultation Institute to develop an engagement programme that reflects best practice and meets statutory requirements.
- 14.2 Care at Home - CapGemini has carried out work on behalf of the HSCP to analyse current Care at Home provision, forecast future demand, and develop financial and commercial models aimed at delivering efficiencies and better outcomes for service users. Analysis demonstrated that the current model of service provision in East Lothian is unsustainable and that the HSCP’s focus should be on developing an alternative model of service provision.
- 14.3 Inreach evaluation - A detailed evaluation report has now been completed in relation to the Inreach Project. This describes the impact of the pilot in terms of admissions, length of stay and patient outcomes. Funding has been identified to continue delivery until March 2024. It is anticipated that evaluation over this longer period will provide further evidence of impact, including on whole system flow.
- 14.4 Budget decisions - East Lothian Council’s formal budget offer to the IJB included an unplanned for £250k reduction and did not reflect the parameters set by the Scottish Government. IJB voted 4 to 3 against accepting the offer.

There has been no change to the Council position since, and the IJB has identified further savings to mitigate against this reduction (agreed at the May meeting of the IJB).

The IJB accepted a formal budget offer made by NHS Lothian following their Board meeting on the 5th of April. This was in line with an indicative offer provided in March and with the Scottish Government parameters.

14.5 System pressures and mitigation - Adult Social Work introduced a new operating model and supporting structures in 2021, with an emphasis on as many cases as possible being dealt with by the Duty system at the 'first point of contact'. This approach had enabled the waiting list for assessment to be maintained at around zero, with assessments being carried out at the first point of contact or passed on for allocation if required in most instances.

15. Director/Chief Officer, Midlothian Integration Joint Board

15.1 Systems pressure - Our sustained collaborative focus on flow and delays continues across the HSCP using a continuous improvement approach. Planned date of discharge continues to be embedded within Midlothian Community Hospital making use of the tools and guidance available through the Discharge Without Delay workstream. Refresher training on Capacity & Consent and the Choices Policy has been delivered alongside two Multi Agency Discharge Events and a series of Home First development sessions. Appropriate learning and actions have been identified from all events to inform next steps.

There has been a considerable improvement in the delays position and the teams are working hard to sustain this, with an overall aim of further improvement. Additionally, early data is indicating a marked reduction in length of stay at Midlothian Community Hospital because of the work undertaken.

The work has been showcased nationally by the Scottish Government as an example of best practice and a learning opportunity for others.

15.2 Ministerial Visit - On 23rd May 2023, our community AHP teams welcomed Maree Todd, Minister for Social Care, Mental Wellbeing and Sport, to Midlothian Community Hospital. The visit was organised by the AHP Federation for Scotland to launch a series of National Care Service (NCS) consultation events for people with lived experience of care, and for health professionals working in services which will be commissioned by the NCS. The visit was also an opportunity to showcase the crucial work which community AHP teams undertake to rehabilitate, prevent hospital admissions, enable early appropriate discharge from hospital and reduce reliance on social care by supporting people to maximise independence.

The Minister was complimentary about the work underway, seeing the value of the multidisciplinary team in rehabilitation and recognising the agile approach undertaken in Midlothian to adapt to individuals needs to optimise true person-centred care.

15.3 Midlothian's Implementation of Medication Assisted Treatment Standards - Midlothian HSCP have submitted their final submission of evidence on the implementation of MAT Standards 1- 5 which focuses on access, choice and support. The MAT Implementation Support Team [MIST] has projected a rag rating of green both for theoretical process and numerical data, which secures Midlothian as completed on target for March 23. During this submission process Midlothian had to rag rate its current position for MAT standards 6-10 which must be fully implemented by March 24. The MIST team have predicted rag rate of amber which places Midlothian in a good position for meeting the target for March 24.

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

- 16.1 Community Health and Social Care Bed Based Review - Over the last 18 months, the West Lothian HSCP has been reviewing the number of community hospital and care home beds required now and in the future. The review has looked at current demand, occupancy rates and is trying to anticipate the number of beds needed to reflect West Lothian's growing population of older people. A bed-based community health and social care stakeholder engagement on future options was launched by the IJB on 9th May 2023 and ran until 6th June 2023. There were two in person public engagement sessions, an online engagement session and an online survey for people to share their views. The engagement document can be accessed here: <https://westlothianhscp.org.uk/article/78055/West-Lothian-Integration-Joint-Board-s-Community-Health-and-Social-Care-Bed-Based-Review>
- 16.2 Mental Health - The West Lothian Health and Social Care Partnership has recruited a Health Improvement Lead; part of whose role is to be the Lead for Suicide Prevention in West Lothian. Work has commenced on engagement around the development of an Action Plan to implement Scotland's new Suicide Prevention Strategy, Creating Hope Together. The plan will focus on areas such as building community resilience and establishing a shared understanding of the factors which increase suicide; addressing possible 'locations of concern' where deaths may occur; developing an immediate response to suicide and learning from suicide. Work will be undertaken with a variety of agencies to understand what communities feel will reduce suicide including bereaved families or people who have survived suicide attempts. The Suicide Prevention Leadership Group, which reports to The Public Protection Chief Officers Group, will oversee the work and that brings together a range of agencies who are working to prevent harm from suicide.
- 16.3 Home First - Work continues across various projects within the Home First Programme:
- The Community Single Point of Contact (SPoC) is nearing the end of phase 1 and scoping work is underway to plan for phase 2 which will open the service out to a wider group of health and social care professionals
 - The discharge planning working group has made good progress since its establishment in March 2023 with patient journey mapping and agreement of discharge planning roles & responsibilities being the priority areas of the group.
 - Established working groups focussing on Dementia and Palliative Care services are ongoing with priority areas being discussed and agreed – formal project documents for these areas of work are currently being developed to help build momentum and drive the work forward.

A Home First conference has been set up in mid-June (run online over Monday 12 June and Tuesday 13 June). The conference will provide an opportunity to update stakeholders on progress and key areas of work within the programme from the past 12-18 months. It will also provide an opportunity for stakeholders to come together to help shape the future of the Home First priorities within the programme and across the partnership.

17. The Board is asked to receive the report.

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

Approved by

Name	Designation
Calum Campbell	Chief Executive

Author(s)

Name	Designation	Name	Designation
Calum Campbell	Chief Executive	Colin Briggs	Director of Strategic Planning
Jim Crombie	Deputy Chief Executive	Jenny Long	Director of Primary Care
Alison Macdonald	Executive Director of Nursing, Midwifery, & AHPs	Judith Mackay	Director of Communications, Engagement and Public Affairs.
Tracey Gillies	Medical Director	Tracey McKigen	Services Director - REAS
Craig Marriott	Director of Finance	Mike Massaro-Mallinson	Director/ Acting Chief Officer Edinburgh IJB/HSCP
Janis Butler	Director of Human Resources and Organisational Development.	Fiona Wilson	Director/Chief Officer East Lothian IJB/HSCP
Dona Milne	Director of Public Health and Health Policy	Morag Barrow	Director/Chief Officer Midlothian IJB/HSCP
Michelle Carr	Chief Officer Acute Services	Alison White	Director/Chief Officer West Lothian IJB/HSCP

Meeting Name: Board Meeting date: 21 June 2023 Agenda item: 8
--

Title: NHS Lothian Board Performance Paper					
Purpose of the Report:					
DISCUSSION	X	DECISION		AWARENESS	X
<p>The Board is being asked to consider the performance report so they are aware of the operational and strategic performance challenges which NHS Lothian experienced throughout 2022/23 ahead of the autumn publication of the Annual Accounts.</p> <p>There are several related corporate risks with corresponding action plans for the issues noted in this paper, with assurance and reporting structures in place for these across the Boards existing Sub-Committees.</p> <p>If further deeper dives are requested by the Board, it is requested that these are addressed in separate reports to maintain the structure of the core performance report.</p>					
Recommendations:					
<p>This report is being provided to;</p> <ul style="list-style-type: none"> • facilitate Board Member oversight across agreed metrics, an executive summary has also been included. • detail key points on the annual trend of the following KPIs over the financial year 2022-23: <ul style="list-style-type: none"> ➤ Emergency Access (4hr) Standard ➤ Delayed Discharges ➤ 95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment ➤ Cancer 31 Day standard ➤ Cancer 62 Day standard ➤ Treatment Time Guarantee (100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee) ➤ 90% of young people are to commence treatment for specialist CAMHS within 18 weeks of referral ➤ Psychological Therapies trajectories (total waiting list and those waiting over 18 weeks) 					
Author: Wendy Reid			Director: Jim Crombie		
Date: 07/06/23			Date: 09/06/2023		

NHS Lothian Board Performance Paper

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board note and discuss the initial summary shared relating to the annual performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans. A more comprehensive annual report will be produced following the publication of NHS Scotland's performance for key metrics over the summer months. Finally, a performance analysis summary will be available within the Annual Accounts report due for publication in autumn.
- 1.2 The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Strategy, Planning and Performance Committee (SPPC) which will report into the NHS Lothian Board.

Any member wishing additional information should contact the Executive Lead responsible for the service area in advance of the meeting.

2 Recommendations

- 2.1 The Board members are asked **to note** the key annual information relating to performance across NHS Lothian. A full summary will be provided within the Performance Analysis section of the 2022/23 Annual Accounts which will be published in autumn 2023.
- 2.2 **To acknowledge** that deeper analysis regarding the mitigation plans or assurance provided for the corporate risks will be addressed via existing governance channels and designated board sub-committee.
- 2.2.1 If further deeper dives are requested by the Board, these should be addressed in separate reports to maintain the structure of the core performance report.

3 Executive Summary: Key Messages

- 3.1 The financial year 2022-23 remained a period of significant challenge for NHS Lothian. Our performance in many areas improved but remained below where we would want it to be, and we saw particular challenges on our unscheduled care and inpatient admission fronts. We continue to see challenges presenting in other parts of the health and social care system, particularly in the level of delayed discharges.
- 3.2 We do not accept that our performance picture is what we would want to be delivering, however we are constrained significantly by the resourcing picture and compounded by COVID-19. If we take together the impact of COVID-19 and the legacy of shortfall in NRAC funding, this places a greater burden on NHS Lothian to achieve national performance standards in the future. We will continue to work with the Scottish

Government and our four IJBs to explore what the performance expectations of NHS Lothian are going forward, and how we can effectively respond to these challenges together.

- 3.3 **Emergency Access (4hr) Standard:** Due to pressures across the whole health and care system, the ability to treat, discharge or admit patients from our Emergency Departments (EDs) was compromised, linked significantly to high hospital bed occupancy. Pressure and a lack of capacity in other areas of the patient pathway, including in social care, added to challenges for patient flow through hospitals. These factors had a detrimental impact on our performance against the 4-hour emergency access standard, with performance remaining below the 95% standard throughout 2022/23. Similar pressures were evident across NHS Scotland, with the national average also remaining below the 95% standard throughout the year. NHS Lothian yearly average figures for 2022/23 remain below NHS Scotland with 61.5% compared to 68.8%.
- 3.3.1 As members will be aware, a 26-week improvement project has been established, with a Project Board continuing to meet weekly. The project's aim is to reduce the number of patients waiting 4, 8 and 12 hours for admission, discharge or transfer within the RIE ED by August 2023. This will be delivered by directing resource and support through a range of workstreams improving performance for the 4 Hour Standard. Following the initial phase of the project (including set up, identification of opportunities, assessment of impact and project plan development) coming to an end at the end of April, we are progressing to implementation and delivery. Throughout the implementation and delivery phase, we should begin to see the impact of our work and deliver the stated aims of the project.
- 3.3.2 Priority workstreams identified include 'Front Door Accommodation Reconfiguration', 'Flow Centre Pathways and Rapid Assessment Care Unit (RACU)', 'Redirection and Signposting', 'Admitted Pathways and Interface', 'Safe Delivery of Care' and 'Escalation and Operational management of Site Flow'.
- 3.3.3 Improvements demonstrated to date include a significant reduction in the number of patients waiting over 12hrs in the department (63% improvement since the start of the programme) and the number of patients waiting over 8 hrs (49% improvement). Furthermore, the average length of wait in the department has reduced by 33%, and in particular the average length of wait for a bed has reduced by 41%. These improvements are not reflected in performance against the 4hr standard and number of patients waiting over 4hrs, but are significant in terms of patient safety and experience.
- 3.4 **Delayed Discharges:** Having reached historic lows during the 2020/21 financial year, there were some clear signals in the data that our hospitals were struggling to discharge patients during 2022/23. The size of the workforce in the care sector has likely not kept pace with rising demand, and this often makes it more difficult to discharge patients with a social care need when demand also exists in the community and is critical to preventing admissions to hospital in the first place. Both internal services and those commissioned from independent providers experienced chronic problems throughout the year.

- 3.4.1 Improvements have been seen, however adequate funding, staffing vacancies and sickness levels, particularly within Social Work and Nursing staff groups continued to limit improvement.
- 3.5 **Scheduled Care:** Across Scotland, outpatient performance against the 12-week waiting time standard was approximately 47.3% at the end of March 2023, a figure skewed by the performance of the Golden Jubilee National Hospital, which was relatively unaffected by hospital flow pressures. Lothian's 12-week performance was slightly better than the Scotland average at around 49.6% at the end of March, with 73% of patients on the waiting list for less than 6 months by the end of 2022/23.
- 3.5.1 NHS Lothian and NHS Scotland have historically never achieved the treatment time guarantee. The number of patients seen and the performance against the guarantee has been on a steady downward trend since 2013. At the end of March 2023 NHS Lothian's performance was 55.6% vs an approximate 55.1% NHS Scotland average.
- 3.5.2 For Inpatient and Daycase procedures, the recovery of our Treatment Time Guarantee (TTG) performance has been more challenging than outpatients, with activity remaining below pre-pandemic levels in 2022/23. There has been continued focus of our limited capacity on our most clinically urgent patients this year and the waiting times for Urgent Suspicion of Cancer and Urgent patients have improved overall.
- 3.6 **Cancer:** NHSL Cancer performance deteriorated during the financial year and efforts have been made to recover this position through improvement actions and remobilisation plans.
- 3.6.1 In March 2023, the 31-Day Cancer Waiting Time performance was 90.7% and 86.5% for the 62-Day Cancer Waiting Time performance, both exceeded the local improvement trajectories agreed with Scottish Government of 87.4% (31-Day) and 82.3% (62-Day). The average 2022/23 performance for 31-Day performance was c91.8% and c74.9% for 62-Day performance. The available published data for other Boards in Scotland demonstrates the 62-day standard was not met by any NHS Health Boards up to quarter ending December 2022 and the NHS Scotland average remained below the 62-Day standard for the whole year and did not meet the 31-Day standard in Quarter 3 or Quarter 4.
- 3.7 **CAMHS:** For context, in quarter three of 2018 NHS Lothian was the second worst performing out of all of the Healthboards, had the longest average wait time and had the most young people waiting over 52 weeks in Scotland. In 2022/23, the focus remained on implementing the agreed NHSL Improvement Plan which resulted in significant improvements in the number of longest waiting patients compared to other boards in Scotland during this period. Like most Boards throughout NHS Scotland however, NHS Lothian has historically not met this performance standard. It is acknowledged that the pace of anticipated improvement was impacted by the challenges around recruitment and staff retention.
- 3.8 **Psychological Therapies:** The waiting times for NHSL Psychological Therapies decreased steadily throughout 2022/23 and represents a significant improvement compared to the position in 2016/17 when NHSL held a disproportionate number of the long waits in Scotland and was one of the worst performing boards. The rate at which

the treatment waits reduced in NHSL has been notably higher than the national average.

- 3.9 In the services that have been able to consistently reduce waiting times, there was some evidence that demand for Psychological Therapies is increasing. This will in part be due to primary care services being aware of reduced waits and in part in relation to higher acuity in the context of the current climate.

4 Key Risks

- 4.1 Any relevant risks have been included within the narrative of the appendix.

5 Risk Register

- 5.1 NHS Lothian's Risk Register includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan, Recovery Plans and Remobilisation Plans. The corporate risk register is subject to on-going review and update.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

- 7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.
- 7.2 Patients are kept informed by their clinical care teams.

8 Resource Implications

- 8.1 Financial reporting will remain within the remit of the Director of Finance.

Wendy Reid
Head of Performance and Business Unit, Deputy Chief Executive
07/06/23
wendy.reid3@nhslothian.scot.nhs.uk

Lauren Wands
Performance & Business Manager, Deputy Chief Executive
07/06/23
lauren.wands@nhslothian.scot.nhs.uk



Lothian Strategic Development Framework

Annual Report 2022-23
Draft for Strategic CMT
June 2023



Contents

Lothian Strategic
Development Framework

You said, we did

Progress & Challenges in 2022-23

What next?

Lothian Health & Care System Vision

Lothian Health & Care System

East Lothian Integration
Joint Board

Edinburgh
Integration Joint Board

East Lothian Integration
Joint Board

NHS Lothian

West Lothian Integration
Joint Board

System Vision

People in Lothian lead longer, healthier lives, with better outcomes from the care & treatment we provide

We connect health and social care services seamlessly, wrapping around the person in their home

We improve performance across our system, with better experiences for those who live in Lothian, and those who work for and with us

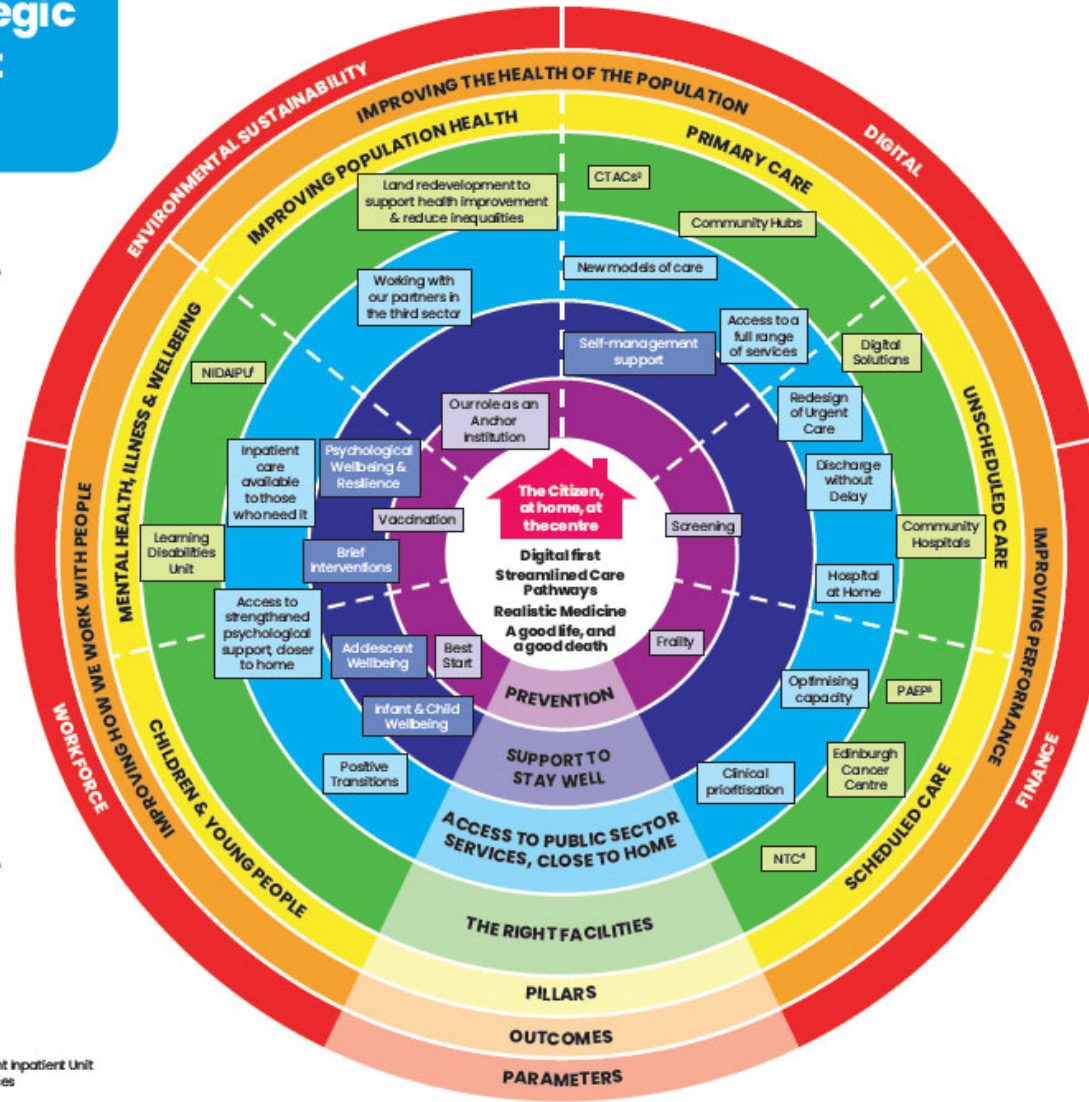
Lothian Strategic Development Framework

EAST LOTHIAN
INTEGRATION JOINT BOARD

EDINBURGH
INTEGRATION JOINT BOARD

MIDLOTHIAN
INTEGRATION JOINT BOARD

WEST LOTHIAN
INTEGRATION JOINT BOARD



1. National Intellectual Disability Adolescent Inpatient Unit
2. Community Treatment and Care services
3. Princess Alexandra Eye Pavilion
4. National Treatment Centre

NHS Lothian



Assumptions

- We will honour legally committed investment to date
- We will test fully approved investment (not yet legally committed) against our principles before legally committing
- We accept that there will be significant financial constraints
- We will start with large waiting lists and work through these according to clinical prioritisation
- Workforce availability will be a key consideration, and all models will need to reflect this
- The pandemic has and will continue to change our models of care. How significantly is uncertain
- There will be a requirement for redesign capacity to support change
- There will be an evolving context and narrative

Principles

- All cases and actions need to be clear on the question they seek to answer
- All cases and actions need to be able to demonstrate that they advance the organisational strategy
- All facilities will be flexible and multi-use
- We will work to reduce “on-site” attendances wherever we can
- We will separate emergency and elective activity where possible and maximise the use of “single-day” pathways
- We will align actions and facilities with our public and third-sector partners
- Non-clinical space will be minimised
- Our actions and facilities will align with the Climate Change (Scotland) Act which outlines a requirement for the public sector to achieve net-zero by 2045 at the latest.

Fixed Points

We will work to support people to stay well at home

The Royal Edinburgh Hospital

- a specialist mental health facility
- specialist learning disability and rehabilitation services

The Royal Infirmary of Edinburgh

- Unscheduled care centre
- Major Trauma, Neurosciences & Children's Services
- New Eye Pavilion



Fixed Points (2)



St John's Hospital

- District general hospital for West Lothian
- New National Treatment Centre

Western General Hospital

- New Edinburgh Cancer Centre

West Lothian Community Hospital

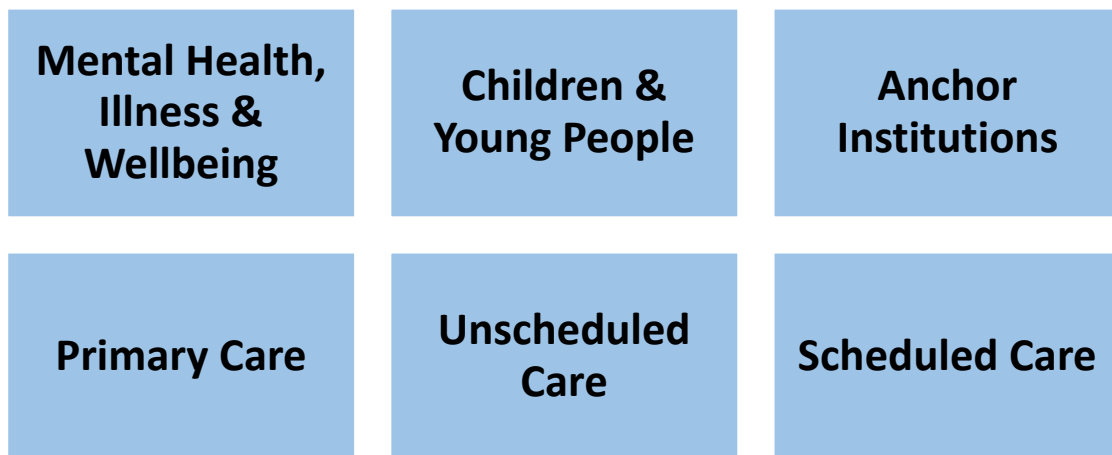
- A new model of care; a new building

Midlothian and East Lothian Community Hospitals

LSDF Pillars and Parameters

The outcomes we aim to achieve through the LSDF are delivered by our five-year plans.

These plans are separated into **6 Pillars**



Supported by **5 Parameters**



You said/We did: LSDF Engagement



- Changes & clarifications
- More detail
- Cross-cutting plans
- Continuing engagement, collaboration and co-design
- Tackling inequality

Support



whole heartily agree with the direction of travel

I am encouraged by your looking to the post-Covid future in such detail, and broadly agree with all of what you say

balancing current plans with the need for a wide re-think about how and where we deliver services

aspirational

many good ideas and commitments

.good to see that a strategy is being prepared to address some of the issues which currently exist

In the main we are supportive of the plan

welcome and interesting

Changes & clarifications

Make the role of Quality Management explicit within the LSDF

✓ Referenced on page 8

Make reference to the national Pharmacy strategy

✓ Referenced on page 21
→ Intent to develop Primary Care section

Update references to the refreshed national Digital Health & Care strategy

✓ Updated on pages 37-38
→ National strategy reflected within local plans

Ensure palliative and end of life care has a greater presence within the LSDF

✓ Referenced on page 15
→ Intent to develop our plans in this area

Add the Patient-Centred statement to the LSDF; and reference the emerging Patient Experience Strategic Plan

✓ The person at the centre is a key fixed point
→ Patient Experience Strategic Plan approved by NHS Lothian Board April 2023

Make the reference to pillars more explicit in the LSDF Summary & LSDF Suite

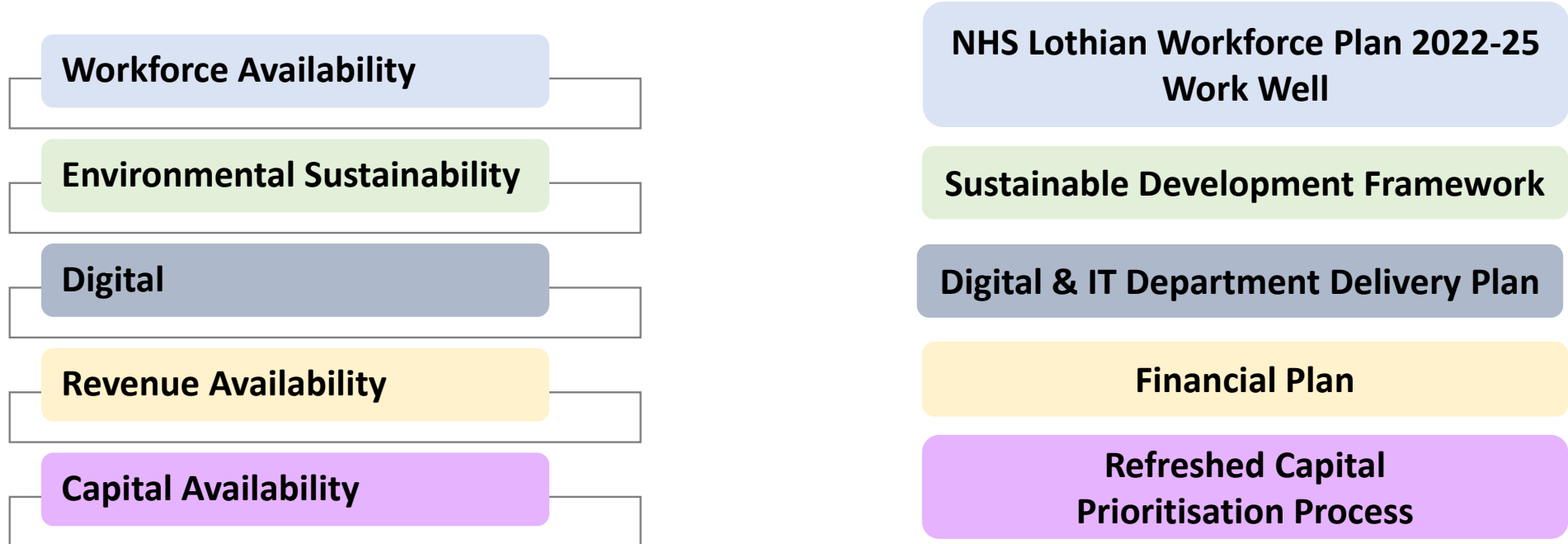
✓ Amended in contents, page 6 of the summary and in headings throughout

“The devil will be in the detail – how do we translate top-level thinking into real action?”

Pillar Implementation Books:



“The devil will be in the detail – how do we translate top-level thinking into real action?”



Cross-cutting plans



- Maternity
- Women's Health
- Cancer
- Rehabilitation
- Older people
- Palliative and End of Life Care

Engagement, collaboration & co-design

Continuing engagement, collaboration and co-design:

- Type 1 Diabetes Future Clinical Model
- Partnership with the Defence Medical Welfare Service
- Collaborating across the system to deliver Discharge without Delay
- Champions Boards

Learning from others:



Developing our approach to service design with HIS Community Engagement

Tackling Inequality



- LSDF IIA
- Equalities & Human Rights Strategic Plan
- Updating our Equality Outcomes
- Developing refreshed guidance for staff
- Developing the role of impact assessment in service design

Progress & Challenges in 2022-23





Anchor Institutions

Highlights

- ✓ Programme established
- ✓ Implementation Book

Next Steps:

- Land and assets test bed
- Corporate Objective



Children & Young People

Highlights:

- ✓ Corporate Parenting Board
- ✓ Agreed format for Children's Services Partnership Plans
- ✓ Whole Family Wellbeing Fund monies
- ✓ East Lothian Single Point of Access
- ✓ Programme Establishment and Implementation Book

Challenges:

→ Best Start

Next Steps:

- Single points of access for mental health and wellbeing
- Best Start Implementation
- Corporate Objective



Mental Health, Illness & Wellbeing

Highlights:

- ✓ CAMHS Performance Improvement
- ✓ Psychological Therapies Performance Improvement
- ✓ Implementation Book

Challenges:

- Delayed discharges (Edinburgh)
- REH Occupancy
- SJH transfers
- Dips in performance – CAMHS

Next Steps:

- Bed review & transformation programme
- Corporate Objective



Primary Care

Highlights:

- ✓ Primary Care Improvement Plan Recruitment
- ✓ Capital Prioritisation
- ✓ Replacement Practices (West Lothian & Edinburgh)

Challenges:

→ Primary Care Implementation Book

Next Steps:

- Develop Implementation Book
- Corporate Objective



Unscheduled Care

Highlights:

- ✓ Implementation Book
- ✓ Expansion of Hospital at Home
- ✓ Interim Care Beds

Challenges:

- Delayed Discharges (Edinburgh)
- Dips in Delayed Discharges performance
- RIE performance (Emergency Access Standard)
- Edinburgh Bed-based Review

Next Steps:

- Deliver Corporate Objective / 23-24 step
- RIE Project



Scheduled Care

Highlights:

- ✓ Implementation Book
- ✓ Outpatients improvement
- ✓ Diagnostic CT/MRI Improvement
- ✓ SJH Day of Surgery Assessment (DOSA)

Challenges:

- Treatment Time Guarantee (TTG) performance
- Orthopaedics
- Cancer Waiting Time Performance – Urology/Colorectal

Next Steps:

- Deliver Corporate Objective / 23-24 step



Revenue

Highlights:

- ✓ Breakeven 2022-23
- ✓ Finance Oversight Board Activities

Challenges:

→ Performance Choices

Next Steps:

- Develop Implementation Book
- Deliver Corporate Objective
- Manage forecast £52m gap



Capital

Highlights:

- ✓ Refreshed Capital Prioritisation process
- ✓ Progress on key projects: ECC, NTC, PAEP

In progress:

- Delays in approval of major projects

Next Steps:

- Develop Implementation Book
- Deliver Corporate Objective
- Capital Prioritisation Process – Iteration 2



Workforce

Highlights:

- ✓ Submission of Workforce Plan
- ✓ Trainee MH Nurse
- ✓ Development of Band 4 Nursing Role
- ✓ Work Well programme
- ✓ International recruitment

In progress:

- → Limited nurse pipelines - establishment gap grown from 6.29% to 9.96% in March 2023.
- Withdrawal of SG support - national Pharmacy Techs training programme, £ in some areas of Mental Health.
- Safe staffing tools for non-nursing professions scaled back by HIS – plan unclear

Next Steps:

- Deliver Corporate Objective



Digital

Highlights:

- ✓ Implementation Book
- ✓ Intensive Care Unit (ICU) System National Procurement
- ✓ Trak Theatres Implementation across all acute sites.
- ✓ Implementation of NHSL (HEPMA) System
- ✓ Digitised Trak based Person-centred Nursing Risk Assessments and Care Plans, including NEWS charts and overview boards
- ✓ NicoLab Stroke Viewer AI software

Next Steps:

- Deliver Corporate Objective / 23-24 step

Environmental Sustainability

Highlights:

- ✓ Annual emissions reporting in place, working towards Net Zero
- ✓ Electric Vehicles (EV) replacing older vehicles in fleet
- ✓ E-bike fleet of e-bikes and e-cargo bikes
- ✓ Progressing “Green Theatres”

Next Steps:

- Continue to progress the Sustainable Development Framework



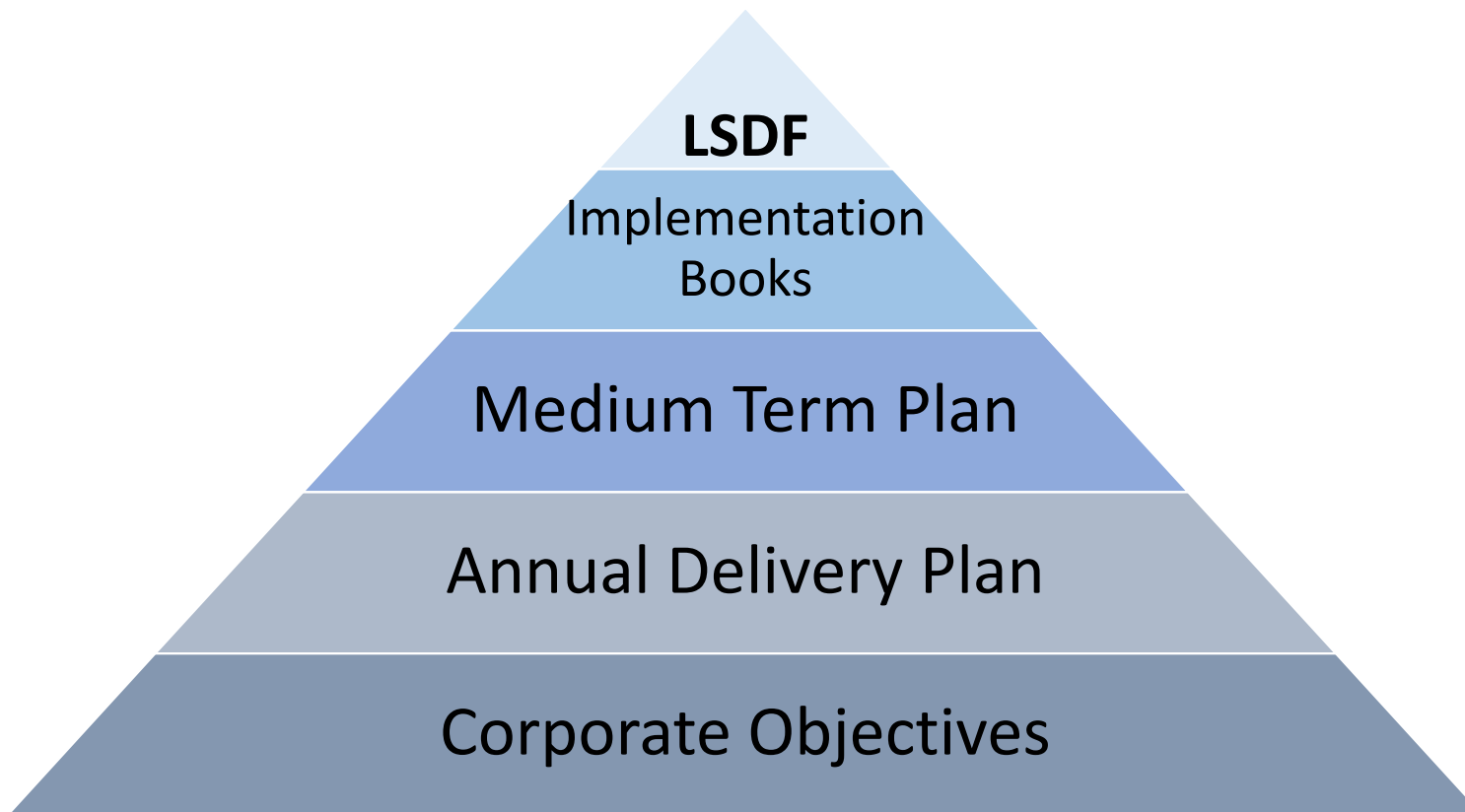
Other

In progress:

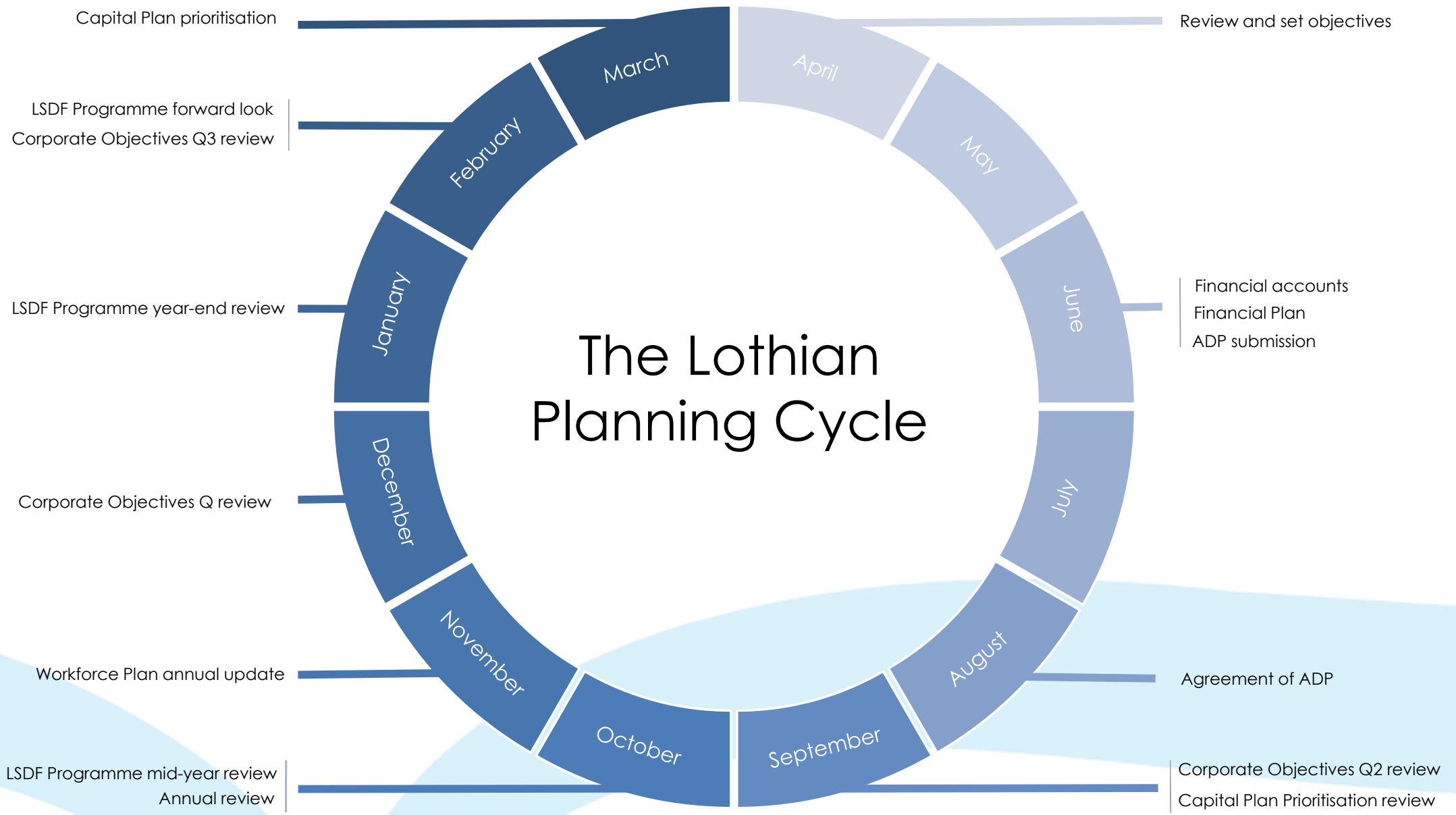
→ Women's Health Plan for Lothian



Next Steps: Strategic Alignment



The Lothian Planning Cycle



CORPORATE OBJECTIVES

1 Purpose of the Report

- 1.1 The purpose of this report is to seek approval from the Board for the Corporate Objectives for 2023-24.
- 1.2 Any member wishing additional information should contact the Executive Leads in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to;
 - **Note** process used to build the Corporate Objectives for 2023-24
 - **Agree** these as the Corporate Objectives for 2023-24

3 Discussion of Key Issues

- 3.1 Board members will recall that the Corporate Objectives came, in draft, to the Strategy, Planning, and Performance Committee (SPPC) at its May session. A paper came to SPPC for its March meeting outlining the process to be followed, but this session was truncated due to the declaration of a major incident.
- 3.2 Board members will therefore recall that the intent of the Corporate Management Team (CMT) was to reduce the number of objectives included and to focus more clearly on the coherent and effective implementation of the Lothian Strategic Development Framework (LSDF).
- 3.3 Members will also recall that these objectives were to be based on careful review of progress during the 2022-23 financial year, and were to link to the Implementation Books we have in place as the core of our work.
- 3.4 Over and above these 11 core objectives, we have discussed and agreed the need to demonstrate the system's commitment to prevention of ill-health, the provision of quality services, and planning ahead for the hand-back of the Royal Infirmary of Edinburgh.
- 3.5 The final draft of the Corporate Objectives was agreed at Strategic CMT on 6th June 2023 and are re-presented at appendix 1 to this paper.
- 3.6 Board members will also recall that these high-level objectives are underpinned by the actions outlined ("layered") in the 2023-24 step diagrams for our Implementation Books. Examples of this are retained in the appendix.

4 Key Risks

- 4.1 The Corporate Objectives are focussed on improving the management of our major organisational risks. There is, of course, a risk that the actions to deliver these objectives are insufficient to contribute to the management of these risks.

5 Risk Register

- 5.1 No implications per se.

6 Impact on Inequality, Including Health Inequalities

- 6.1 There are not direct impacts from the Corporate Objectives in these areas. However, each objective and supporting workplan can and will have an impact on inequality and health inequalities. The CMT has committed to ensuring a more robust assessment of these impacts at every step, in line with the Board's *Equality and Human Rights Strategy*.

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

- 7.1 The Board has in place a commitment to continuous engagement. This engagement commenced with the LSDF and the vision, principles, assumptions, and fixed points were all part of this engagement, and remain so. These Corporate Objectives will be in the public domain and reflect the work ongoing on a daily basis in our programmes.

8 Resource Implications

- 8.1 No specific implications for undertaking the process.

Colin Briggs
Director of Strategic Planning
Colin.briggs@nhslothian.scot.nhs.uk
8th June 2023

Appendices

1 – Corporate Objectives 2023-24

CORPORATE OBJECTIVES 23-24

Corporate Objectives - pillars

Objective area	CMT lead	Delivery mechanism	Draft objective
Developing NHS Lothian as an Anchor Institution	Dona Milne	Anchor Institutions Programme Board	Implement the 2023-24 of the LSDF Anchor Institutions pillar Implementation Book, with a specific focus on meeting outcomes related to employability, procurement, land and assets and sustainability that demonstrate our role as an Anchor organisation in addressing inequalities.
Valuing our work with Children and Young People as the ultimate investment in prevention	Calum Campbell	Children and Young People's Programme Board (Chair: Allister Short)	Implement the 2023-24 step of the LSDF CYP LSDF pillar Implementation Book, with a particular focus on completing the drafting of the 4 new 2023-26 Children's Services Partnership Plans and ensuring there are appropriate linkages between these partnership plans/groups and NHSL's CYP Strategic Board and structure.
Ensuring that our Primary Care system remains robust and delivering high quality care	Jenny Long	Primary Care Joint Management Group	Collectively agree the five-year LSDF Primary Care Implementation Book and implement the 23/24 step, with a particular focus on ensuring all residents can register with a GP practice and can access urgent dental care; further development of HSCP primary care improvement services; and roll-out of the Community Glaucoma Service.
Continuing to develop the provision of services for Mental Health, Illness, and Wellbeing , with an emphasis on preventing ill-health	Alison White	Mental Health, Illness, and Wellbeing Programme Board	Implement the 23-24 step of the LSDF MHIWB Implementation Book, with a particular focus on implementing plans to reconfigure our bedded capacity in adult mental health and services for people with intellectual disabilities, reflecting the longer-term vision for people to live in communities and not institutions wherever possible.
A more effective Unscheduled Care system prioritising the delivery of care and support as close to the citizen's home as possible	Fiona Wilson	Unscheduled Care Programme Board	Implement the 23-24 step of the LSDF USC Implementation Book, with a particular focus on maintaining and improve our current 60% performance with the 4 Hour Emergency Access Standard (EAS). We will put in place the actions from the 2023-24 'step' of the USC Programme with the aim of consistently achieving 70% performance against the 4 Hour EAS by March 2024.
The recovery of our Scheduled Care services	Michelle Carr	Scheduled Care Programme Board	Implement the 23-24 step of the LSDF SC Implementation Book, with a particular focus on delivering activity, cancer waiting times, long wait, and diagnostic trajectories and productive opportunities in line with Scottish Government Planned Care Guidance submission for 2023/24 within available resource.

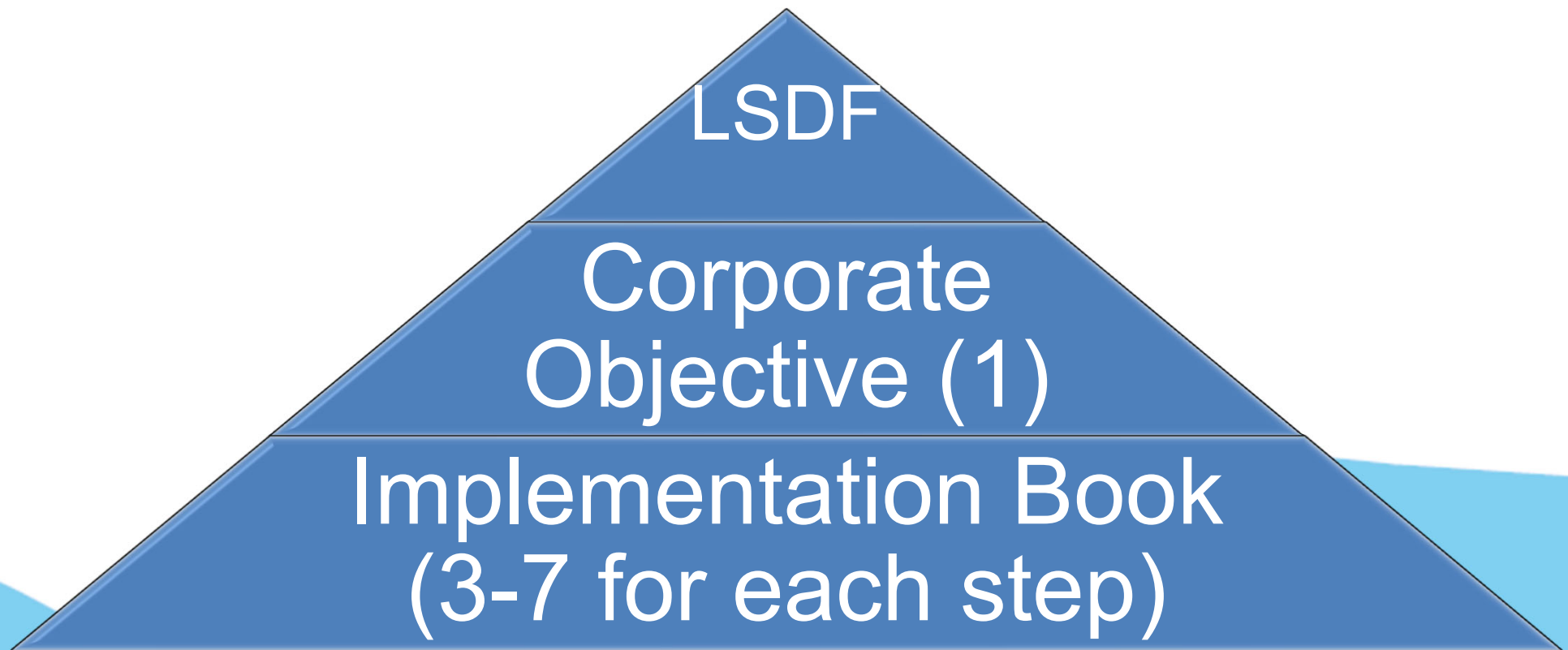
Corporate Objectives - parameters

Objective area	CMT lead	Delivery mechanism	Draft objective
Working towards financial balance	Craig Marriott	Financial Oversight Board	Maximise options to achieve break even in 2023/24 by reducing the opening financial plan deficit of £52m through delivery of 3% cash releasing efficiency programme and identification of corporate flexibility, <i>whilst managing the risks inherent in achieving the £52m forecast</i> . Reduce the organisational recurring deficit of £104m to improve long term financial sustainability
Supporting and developing our Workforce	Janis Butler	Workforce Development Programme Board	Optimise workforce capacity and capability by delivering the Year 1 actions of the 3 Year Workforce Plan and its enabling frameworks (Work Well and Staff Engagement and Experience Framework) and agree the Year 2 actions in support of the 3 Year Workforce Plan.
A coherent and deliverable Capital plan	Craig Marriott/ Colin Briggs	Lothian Capital Investment Group	Develop a coherent and credible capital plan based around the capital prioritisation process by 31 st December.
An ambitious approach to Digital working and systems;	Martin Egan	Digital Delivery Board	Agree Digital Implementation Book and deliver the 23/24 step and funded components thereof.
A clear commitment to Environmental Sustainability	Morag Campbell	Environmental Sustainability Programme Board	Agree Environmental Sustainability Implementation Book and implement 23/24 step.

Corporate Objectives - other

Objective area	CMT lead	Delivery mechanism	Draft objective
Promoting, protecting, and improving, the people's health	Dona Milne	Corporate Management Team	Develop collaborative strategies which address the social determinants of health, tackling poverty and inequality by taking a place and wellbeing approach and increasing our focus on prevention within the Lothian health and care system.
Working towards safe and quality service delivery resulting in safe and effective person-centred care.	Tracey Gillies and Alison MacDonald	Corporate Management Team	Strengthen healthcare governance through reliable reporting of person centred and effective care in annual reports from services. · Ensure the voices of patients and families are clearly articulated and incorporated into our quality improvement work · Implementation the Adverse Event improvement plan to enable high quality reviews, which inform service improvement plans.
Preparing RIE handback	Craig Marriott Jim Crombie Colin Briggs Michelle Carr	Executive Leadership Team	Agree mitigation measures to increase patient safety at the RIE with a specific focus on fire detection and control. Conclude a commercial agreement with Consort on the potential escalation of a Serious Issues Event and identify decant space to accelerate lifecycle maintenance works. Develop and agree a project plan with Consort to progress a handback survey

Layering



Pillar	Unscheduled Care
Corporate Objective	Implement the 23-24 step of the LSDF USC Implementation Book, with a particular focus on maintaining and improve our current 60% performance with the 4 Hour Emergency Access Standard (EAS). We will put in place the actions from the 2023-24 'step' of the USC Programme with the aim of consistently achieving 70% performance against the 4 Hour EAS by March 2024.
Implementation Book themes and actions	
<i>Reduce attendances</i>	<p>Continue to optimise 111 public pathway – RUC Phase 1 - 5% reduction in attendance</p> <ul style="list-style-type: none"> • Work collaboratively with ED teams to embed signposting policy consistently throughout all acute front door settings • Review and agree MIU Pan Lothian referral criteria, review scheduling processes and pathway, map capacity and demand to enable scheduling of Minor Injuries. • Review current urgent care pathways to identify and prioritise what is working well, what requires to be improved/developed and agree processes for monitoring and reviewing pathways. • Review current clinical model within Lothian Flow Centre to identify the service model required to transition to Flow Navigation Centre • Undertake evaluation of each Single Point of Contact in 4 HSCPs, provide recommendations for future service requirements and ongoing service clinical model. • HSCPs and Patient Anticipatory Care define optimal model to support and prevent ED Frequent Attenders.

Pillar	Unscheduled Care
Corporate Objective	Implement the 23-24 step of the LSDF USC Implementation Book, with a particular focus on maintaining and improve our current 60% performance with the 4 Hour Emergency Access Standard (EAS). We will put in place the actions from the 2023-24 'step' of the USC Programme with the aim of consistently achieving 70% performance against the 4 Hour EAS by March 2024.
<i>Reduce Length of Stay</i>	<ul style="list-style-type: none"> • Evaluate Impact of Discharge without Delay and Planned Date of Discharge (PDD) in MoE speciality with Edinburgh HSCP (Phase 1) • Finalise pan Lothian measurement framework for PDD • Support transition on Trak from Estimated Date of Discharge to Planned Date of Discharge • Length of Stay across specialities in Acute Sites and Community Hospitals to provide optimal flow. • Develop spread plans to support implementation of Planned Date of Discharge – across Acute and Community Hospitals taking a QI approach with iterative implementation over 5 Phases. • Phase 2 - Planned Date of Discharge – identify wards within Acute and Community Hospitals, develop improvement aim for high impact areas identified, align to ought to be LoS and utilising tools and resources developed in Phase 1.
<i>Reduce admissions</i>	<p>Expand Same (or Next) Day Emergency Care Service (SDEC)</p> <ul style="list-style-type: none"> • Enhance alternatives to hospital admission – Ambulatory Interface Care with an initial focus • OPAT and Respiratory Interface Care services • Phase 1 – map capacity and demand for WGH, including GP Flow from Edinburgh North and South • Phase 2 – develop Pan Lothian model • Develop a consistent model for delivery Hospital at Home (H@H) across each HSCP with defined benefits, costs and expansion plans. • Review existing Hospital at Home Models and capacity against current national recommendations. Develop and implement action plan to meet recommendations.
<i>Other</i>	RIE Access, Care, and Safety Plan

Pillar	Scheduled Care
Corporate Objective	Implement the 23-24 step of the LSDF SC Implementation Book, with a particular focus on delivering activity, cancer waiting times, long wait, and diagnostic trajectories and productive opportunities in line with Scottish Government Planned Care Guidance submission for 2023/24 within available resource.
Implementation Book themes and actions	
<i>Embed Realistic Medicine</i>	<p>Shared Decision Making Ongoing communication with patients, offering PIR, PFB across specialties. Show use of BRAN / Collaborate / It's OK to Ask.</p> <p>Personalised Approach to Care ACRT to ensure OP attendances adding value to patients. Increase uptake virtual consultations. Develop cancer specific programme to increase palliative care & anticipatory care planning. Audit use of patient facing letters & increase.</p> <p>Reduce Harm and Waste Double q fit primary & secondary care; access to RefHelp for all specialties; PIR/PFB/text reminders implemented; introduce 3 stage validation longest waiting patients; continue ERAS in orthopaedics, colorectal & introduce in gynaecology, general surgery. Develop prehabilitation proposal.</p> <p>Reduce Unwarranted Variation Evaluate atlas of variation data to focus BADs improvement; develop protocols & procedures for ERAS.</p> <p>Manage Risk Better Clinical prioritisation of cancer, urgent then longest waiting patients. Scope surveillance & return waiting list management.</p> <p>Improve and Innovate Expand Robotic Assisted Surgery RAS programme beyond current specialties. Acute robotic steering group established Feb 23 to oversee / inform next phase roll out.</p>

Pillar	Scheduled Care
Corporate Objective	Implement the 23-24 step of the LSDF SC Implementation Book, with a particular focus on delivering activity, cancer waiting times, long wait, and diagnostic trajectories and productive opportunities in line with Scottish Government Planned Care Guidance submission for 2023/24 within available resource.
Implementation Book themes and actions	
<i>Optimise current resource and capacity</i>	<p>Continue clinical prioritisation of cancer, urgent then longest waiting patients. Scope development of surveillance & return waiting list management.</p> <p>Increase IP & DC activity- optimising theatre utilisation aligned to CfSD priorities through e-scheduling, BADs benchmarking & maximising day case capacity</p> <p>Focus on efficiency & productivity gains including :- BADs target top 10 highest volume procedures, same day arthroplasty, 8 cataracts per session. Continue roll out of Out-patient modernisation programme</p> <p>Develop processes to support 3 stage validation and implement in specialties with longest waiting patients. Extend AI validation</p> <ul style="list-style-type: none"> • Expand CfSD heatmap including maximum adoption of Opt In / EQUiP pathways & actions arising from specialty delivery groups • Continue with OP modernisation programme & focus on increasing virtual consultations. • Manage demand through updated RefHelp, qFIT, ACRT , effective cancer framework • Maximise move from IP to DC to OP • Align additional capacity to priorities and available finance through Additional Capacity Board Governance • Continue to reduce diagnostic waiting lists through maximising internal, external capacity & service redesign such as outpatient delivered flexible cystoscopy. • Expand direct access diagnostics in selected specialties. On board new endoscopy / cystoscopy patient info

Pillar	Scheduled Care
Corporate Objective	Implement the 23-24 step of the LSDF SC Implementation Book, with a particular focus on delivering activity, cancer waiting times, long wait, and diagnostic trajectories and productive opportunities in line with Scottish Government Planned Care Guidance submission for 2023/24 within available resource.
Implementation Book themes and actions	
<i>Support and develop workforce</i>	<p>Ongoing targeted recruitment to reduce nursing workforce gap – theatres & endoscopy.</p> <p>Maximise access to training programmes to optimise pipelines</p> <p>Continue in house training programme to support endoscopy.skills</p> <p>Evaluate & expand skill mix changes- Band 3 and 4, non medical endoscopists, cystoscopists , orthopaedics, Dexa.</p> <p>NTCL workforce plan implementation including Appointment GM NTCL & medical associated post education lead. Work to confirm support staffing requirements – Estates, admission / discharge.</p> <p>Ongoing implementation theatres and endoscopy workforce plans including Band 4 development & access to training programme.</p> <p>Maintaining training all surgical & anaesthetic specialties.</p> <p>Establish ERAS nursing roles within general surgery, gynaecology & extend in orthopaedics.</p>
<i>Secure sustainable additional capacity</i>	<p>Progress business case development for NTCL including enabling FBC & OBC addendum</p> <p>Commence enabling works SJH for NTCL</p> <p>PAEP complete revised project brief, reappoint PSCP, complete OBC March 24. Identify options for protected elective orthopaedic capacity</p> <p>Work with site masterplanning groups to ensure coherence with Scheduled Care priorities</p>

Pillar	Children & Young People
Corporate Objective	Implement the 2023-24 step of the LSDF CYP LSDF pillar Implementation Book, with a particular focus on completing the drafting of the 4 new 2023-26 Children's Services Partnership Plans and ensuring there are appropriate linkages between these partnership plans/groups and NHSL's CYP Strategic Board and structure.
Implementation Book themes and actions	
Improving maternal health and tackling poverty	<ul style="list-style-type: none"> • Implement fourth maternity continuity of care team • Implement hub pilot and agree financial plan to roll out of hub model within Best Start programme • Strengthen midwives collaboration with third sector agencies providing maternity support across Lothian • Agree on measures for complex maternal social factors • Finalise process for sharing data between health and education to maximise children's outcomes • Expand delivery of trauma-informed training • Develop referral pathways in midwifery, health visiting and FNP for community income max provision in four local authority areas. • Training sessions offered to key staff groups on poverty, raising the issue of financial wellbeing, and referral pathways
Infant and child health and wellbeing	<ul style="list-style-type: none"> • Wider group of colleagues chairing actual child death reviews/contributing to clinical governance reviews • Improving communication, written and verbal, with families prior to and after child death reviews • Recruitment of child bereavement lead /coordinator • Deliver and evaluate current PAIRS service and identify opportunities for expansion • UNCRC incorporation and use of Children's Rights & Wellbeing Impact Assessments as a tool to influence spatial planning and LDPs • Identifying the proportion of CYP utilising community assets and benefits such as libraries and free bus travel. • Develop a UNICEF sustainability action plan. • Work with CMT to identify guardians to promote and support UNICEF work across NHSL. • Develop action plans within MIN team to address inequalities across infant feeding • Continue roll out of the Solihull Approach by offering Foundation • Continue roll out of Henry program to community partners • Develop new trier two child healthy weight model and revise service level agreements

Pillar	Children & Young People
Corporate Objective	Implement the 2023-24 step of the LSDF CYP LSDF pillar Implementation Book, with a particular focus on completing the drafting of the 4 new 2023-26 Children's Services Partnership Plans and ensuring there are appropriate linkages between these partnership plans/groups and NHSL's CYP Strategic Board and structure.
Implementation Book themes and actions	
Adolescent health and wellbeing	<ul style="list-style-type: none"> • Consult young people about developmentally appropriate adolescent health services • Develop recommendations and new model of care for adolescent health services with quality standard and outcomes measures • Partner with LAYC as umbrella organisation for Lothian youth groups to provide individualised support to CE YP for recruitment and enable robust supported access for CE YP to PYP • Transitions delivery options paper to be developed • Electronic flag on Trak created & prioritised by eHealth for transitioning CYP
The Promise & Corporate Parenting	<ul style="list-style-type: none"> • Trialling and implementing the following actions; <ul style="list-style-type: none"> • Strengthening of CExp component on Impact Assessments • Was not brought policy tested in practice • Improve initial health assessment consent rate • Roll out annual health assessments (conducted in part by School Nurses) • Single points of access for Mental Health & Emotional Wellbeing tested in each HSCP area + bespoke CExp 3rd sector support explored • Strengthen information midwifery and FNP to enable 22-26y/o's being offered programme • Test 'Progress your Potential' again working closely with 3rd sector organisations to improve uptake • Test guaranteed interviews for CExp CYP for certain roles • "Fast-Tracking" test underway in specific services and evaluated at end of 12-month PDSA. • Online signposting / information hub available for staff as well as comms plan that complements staff training events • Cultural and shift of language used • Seek participation of CExp CYP through a range of engagement strategies e.g., Champions Board • Monitor staff usage of signposted CExp resources • Outcome and project indicators monitored and used to inform service change / evaluation of project • Systems change underway to ensure information sharing / notifications • Improve the analysis of Health Assessment data to improve service planning

New 2023-26 Partnership Childrens Services Plans

Plan Priorities	Edinburgh	Midlothian	East Lothian	West Lothian	LSDF
Single Point of Access	✓	✓	✓	✓	✓
Neurodevelopment Pathway	✓	✓	✓	✓	✓
Whole Family Support	✓	✓	✓	✓	✓
Poverty Action Plans	✓	✓	✓	*	✓
Joint Commissioning	✓	✓	**	✓	✓
Trauma Informed Care	✓	✓	✓	✓	✓
UNCRC	✓	✓	✓	✓	✓
The Promise/Corporate Parenting	✓	✓	✓	✓	✓
Maternal Complex social issues	✓	✓	✓		✓
GIRFEC/ Information Sharing	✓	✓	✓		✓
Place and Planning	✓	✓	✓	✓	✓
Youth Work	✓		✓	✓	✓
Transitions		✓		✓	✓
Reduce Harmful Behaviour for Children and Young People in Conflict with the Law				✓	
Raising Achievement and Attainment				✓	
Reduce the Harm from Substance Use				✓	

* Referenced but the LCPAC will sit separate to the CSP

** Joint commissioning process of non recurring funds tested and in place

2023-26 CHILDREN'S SERVICES PARTNERSHIP PLANS

1 Purpose of the Report

- 1.1 The purpose of this report is to inform NHS Lothian Board of the 2023-2026 Children's Services Plans (CSP) for Edinburgh, East Lothian, Midlothian and West Lothian.

Any member wishing additional information should contact the Senior Project Manager in advance of the meeting.

2 Recommendations

The Board are recommended to:

- 2.1 **Approve** the Children's Services Plans for Edinburgh, East Lothian, Midlothian and West Lothian for 2023 to 2026.
- 2.2 **Note** that these plans now have direct linkages with the LSDF.

3 Discussion of Key Issues

- 3.1 The [Children and Young People \(Scotland\) Act 2014](#) (the Act) requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period. The Scottish Government will review all Children's Services Plans between April and October of the year of submission.

- 3.2 The plans are to be written in accordance with the [Children and Young people \(Scotland\) Act 2014: Statutory Guidance on Children's Services Planning – Second Edition 2020](#). To ensure the purpose and impact of plans was optimised, the Children's Services Partnership boards agreed a set of overarching principles, Edinburgh included the additional principle of Equality, diversity and anti-racism. The principles underpinning the plan include:

- **Multiagency** – ensuring all objectives are multi-agency to make best use of the partnerships' collaborative gain and the influence that combined service provision can have to address complex social issues.
- **Voice of children and young people** - ensuring children and young people are at the heart of developing interventions as they are best placed to determine what they need.
- **Prevention and early intervention** – the aim is to provide an environment that supports good health and wellbeing, as well as ensuring any issues are addressed before they become crises, thereby allowing resources to be used more effectively. When need is identified, services will react quickly and provide the right services at the right time, to support better outcomes.
- **Addressing inequality** – ensures that our work seeks to address the fundamental causes of inequality, including tackling poverty.

- **Equality, diversity, and anti-racism** - embeds equality, diversity, and antiracist practice in all strands of its work. The partnership will aim to engage with marginalised voices, encourage people with lived experience play an active role in decision-making spaces

3.3 NHSL has used the Lothian Strategic Development Framework (LSDF) to inform and influence priorities within the four CSPs to ensure alignment to NHSL strategic priorities. The priorities of the individual plans differ slightly to address local needs. The table below highlights the priorities across the four council areas and the LSDF for comparison.

Plan Priorities	Edinburgh	Midlothian	East Lothian	West Lothian	LSDF
Single Point of Access	✓	✓	✓	✓	✓
Neurodevelopment Pathway	✓	✓	✓	✓	✓
Whole Family Support	✓	✓	✓	✓	✓
Child Poverty	✓	✓	✓	1	✓
Joint Commissioning	✓	✓	2	✓	✓
Trauma Informed Care	✓	✓	✓	✓	✓
UNCRC	✓	✓	✓	✓	✓
The Promise/Corporate Parenting	✓	✓	✓	✓	✓
Maternal Complex Social Issues	✓	✓	✓	3	✓
GIRFEC/ Information Sharing	✓	✓	✓	4	✓
Place and Planning	✓	✓	✓	✓	✓
Youth Work	✓	3	✓	3	✓
Transitions	3	✓	3	3	✓
Reduce Harmful Behaviour for Children and Young People in Conflict with the Law				✓	
Raising Achievement and Attainment				✓	
Reduce the Harm from Substance Use				✓	

¹ Referenced but the LCPAC will sit separate to the CSP

² Joint commissioning process of non-recurring funds tested and in place

³ Work ongoing through LSDF, but not referenced as specific partnership priority

⁴ Referenced and integrated throughout the plan as opposed to framing as a priority

4 Key Risks

4.1 The CSPs priorities are predominately aligned to the LSDF, however there is some minor variation of the priorities within between each local authority area. Whilst a minority of components of the LSDF have not specifically referenced as priorities in all the CSPs, work is still underway in each area in relation to these LSDF programmes.

4.2 The current budgetary environment within the NHSL and councils may impact the delivery of the children's services plans.

5 Risk Register

5.1 N/A

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment was not carried out, impact assessments will be done within various programmes of work.

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

7.1 The individual plans outline the consultation that occurred to inform the various plans.

8 Resource Implications

8.1 There may be resource implications arising from individual programmes within the CSPs. Specifically, however, there is a desire in all partnerships to collaborate on joint commissioning processes that are aligned to these CSPs. This will require NHS Lothian to collate and review any non-recurring funding we receive in relation to Children & Young People's Services.

Kelly Hayden

Senior Project Manager

16/05/23

Kelly.hayden@nhslothian.scot.nhs.uk

List of Appendices

The appendices are high level strategic plans and more detailed implementation plans are being developed to support the delivery of the plans.

Appendix 1: Plan on a Page – Edinburgh, East Lothian, Midlothian and West Lothian

Appendix 2: Draft Edinburgh Children's Services Plan

Appendix 3: Draft East Lothian Children's Services Plan

Appendix 4: Draft Midlothian Children's Services Plan

Appendix 5: Draft West Lothian Children's Services Plan

Appendix 1

Childrens Services Partnership Plans 2023-26

Children's Services Partnerships

- Children's Services Partnerships are integral to the strategic planning and delivery of services aimed at improving outcomes for children, young people, and families.
- The Children's Services Partnerships has representatives from the NHS Board, Council, Police & Fire Services, Colleges, and the Voluntary Sector
- Children's Services Partnerships are established through [legislation](#) and involve a collaborative effort from all organisations that contribute to enhancing outcomes.
- The legislation requires Children's Services Partnerships to develop and publish their Children's Services Plans every three years, setting out how the partnership will work together collaboratively to improve outcomes for children and young people in their area.

Who currently sits around the table?

- The membership will differ in each local authority area, however there are commonalities between the membership lists. Each CSP will include;
- Health Reps;
 - Nursing (HV/SN)
 - Public Health
 - Strategic Planning
 - AHPs
 - CAMHS
 - Midwifery
- Council Reps
 - Education
 - Educational Psychology
 - Early Years
 - Childrens Services (social work)
 - Housing
- 3rd Sector Reps
- Police & Fire Services

What should be in the plans?

- Broadly speaking the Children's Services Plans are expected to meet certain criteria set out by Scottish Government.
- These include ensuring there are references to/they include the following themes;
 - Clear vision
 - Reference to the national performance framework
 - Priorities based on a joint strategic needs assessment / include analysis of data
 - Manageable and measurable priorities
 - Reference to prevention & early intervention
 - GIRFEC
 - Children's rights
 - CYP engagement & ownership
 - Reference to family support
 - How 'resources' i.e. ££ Will be used
 - Links to existing plans & reports

What's specifically in our 4x plans ?

- NHS Lothian is required to have 4x Childrens Services Plans, one with each local authority within Lothians territory. The following table details the key priorities in each of the plans and references linkages to the priorities in the [LSDF](#) (NHS Lothian Board Strategy 22-27).

Plan Priorities	Edinburgh	Midlothian	East Lothian	West Lothian	LSDF
Single Point of Access	✓	✓	✓	✓	✓
Neurodevelopment Pathway	✓	✓	✓	✓	✓
Whole Family Support	✓	✓	✓	✓	✓
Poverty Action Plans	✓	✓	✓	1	✓
Joint Commissioning	✓	✓	2	✓	✓
Trauma Informed Care	✓	✓	✓	✓	✓
UNCRC	✓	✓	✓	✓	✓
The Promise/Corporate Parenting	✓	✓	✓	✓	✓
Maternal Complex social issues	✓	✓	✓	✓	✓
GIRFEC/ Information Sharing	✓	✓	✓	4	✓
Place and Planning	✓	✓	✓	✓	✓
Youth Work	✓	3	✓	3	✓
Transitions	3	✓	3	3	✓
Reduce Harmful Behaviour for Children and Young People in Conflict with the Law				✓	
Raising Achievement and Attainment				✓	
Reduce the Harm from Substance Use				✓	

¹ Referenced but the LCPAC will sit separate to the CSP

² Joint commissioning process of non recurring funds tested and in place

³ Work ongoing through LSDF, but not referenced as specific partnership priority

⁴ Referenced and integrated throughout the plan as opposed to framing as a priority

Edinburgh

Plan on a Page

Children's Services Plan 2023 - 2026

Edinburgh's children and young people enjoy their childhood and achieve their potential.

PRINCIPLES

Principles that we will ensure every programme adheres to:

- Multi-agency**
- The voice of children and young people shapes direction**
- Equality, diversity, and anti-racism**
- Reduces inequalities**
- Focuses on prevention and early intervention**

AIM

PROGRAMME

We will ensure Edinburgh's CYP have timely access to appropriate emotional and mental health support	Single Point of Access
We will ensure Edinburgh's CYP receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns	Neurodevelopmental Pathway
We will work to increase community-based opportunities for Edinburgh's CYP in safe spaces with trusted adults	Youth Work
We will provide families with holistic support to help to deliver improved outcomes for children, young people and families	Whole Family Support
We will reduce the number of families and children living in relative poverty	Poverty Action Plans
Partner agencies will work together to commission the services that are needed to fulfil the priorities identified in the Children's Services Plan	Commissioning
All professionals are appropriately trained and equipped to deliver services in a trauma-informed way	Trauma Informed Practice
We will ensure the rights of every CYP in Edinburgh are upheld by embedding UNCRC into daily practice and processes	UNCRC
We will work to ensure families are supported to stay together at home	The Promise
Families are supported in a way that demonstrably improves outcomes for mothers and babies	Maternal Complex Social Factors
We will ensure GIRFEC remains embedded in daily practice and information is shared proactively to aid prevention and early intervention	GIRFEC & Enhanced Data Sharing
We will ensure Children and Young People have access to healthy environments, in line with UNCRC, to support their health and wellbeing and enable them to fulfil their potential.	Place and Planning

Edinburgh Governance Structure



Midlothian

Plan on a Page

Children's Services Plan 2023 - 2026

Children and young people in Midlothian to have the best possible start in life and live safe, healthy, active, happy and independent lives.

PRINCIPLES

Principles that we will ensure every programme adheres to:

Multi-agency

The voice of children and young people shapes direction

Reduces inequalities

Focuses on prevention and early intervention

AIM

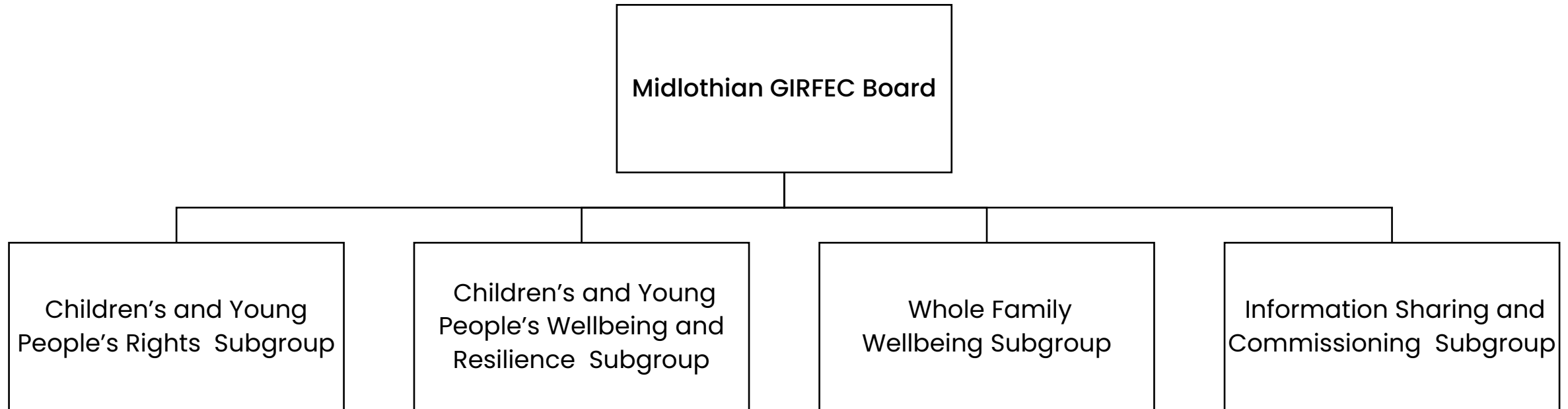
PROGRAMME

We will ensure Midlothian's CYP have timely access to appropriate emotional and mental health, and wellbeing support	Single Point of Access
We will ensure Midlothian's CYP receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns	Neurodevelopmental Pathway
We will provide families with holistic support to help to deliver improved outcomes for children, young people and families	Whole Family Support
We will reduce the number of families and children living in relative poverty	Poverty Action Plans
Partner agencies will work together to commission the services that are needed to fulfil the priorities identified in the Children's Services Plan	Commissioning
We will ensure CYP will where required transition into adult services in a planned, safe, and seamless manner	Transitions
All professionals are appropriately trained and equipped to deliver services in a trauma-informed way	Trauma Informed Practice
We will ensure the rights of every CYP in Midlothian are upheld by embedding UNCRC into daily practice and processes	UNCRC
We will work to ensure families are supported to stay together at home	The Promise
Families are supported in a way that demonstrably improves outcomes for mothers and babies	Maternal Complex Social Factors
We will ensure GIRFEC remains embedded in daily practice and information is shared proactively to aid prevention and early intervention	GIRFEC & Enhanced Data Sharing
We will ensure CYP are able to safely and easily make use of facilities and activities across the county	Place and planning

Healthy / Active / Nurtured	Achieving / Responsible
-----------------------------	-------------------------

10/18	Respected / Included	Safe / Nurtured	275/398
-------	----------------------	-----------------	---------

Midlothian Governance Structure



East Lothian

Plan on a Page

Children's Services Plan 2023 - 2026

East Lothian's children and young people are happy, healthy and heard

PRINCIPLES

we will ensure every programme adheres to:

Multi-agency

The voice of children and young people shapes direction

Reduces inequalities

Focuses on prevention and early intervention

AIM

PROGRAMME

Ensure the rights of every CYP in East Lothian are upheld by embedding UNCRC into daily practice and processes	UNCRC
Deliver The Promise and the new Corporate Parenting plans to ensure families are supported to stay together at home	The Promise
Ensure GIRFEC remains embedded in daily practice and information is shared proactively to aid prevention and early intervention	GIRFEC
Work to increase community-based opportunities for East Lothian's CYP in safe spaces with trusted adults	Youth Vision
Further develop our single point of access to ensure children and young people have timely access to appropriate mental health and wellbeing support and timely neurodevelopmental assessment	Single Point of Access
Ensure East Lothian's CYP receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns	Neurodevelopmental Pathway
Implement Trauma Informed Practice throughout the partnership workforce	Trauma Informed Practice
Implement our whole family wellbeing approach to provide holistic support to families	Whole Family Wellbeing Fund
Reduce the number of children, young people and families living in relative poverty	Poverty Action Plans
Develop a partnership approach to test bespoke supports offered throughout pregnancy for women experiencing maternal complex social factors	Maternal Complex Social Factors
Increase community-based opportunities for children and young people in safe spaces with trusted adults	Spatial Planning

EL Governance Structure

TBC on 15/06/23

West Lothian

Plan on a Page

Children's Services Plan 2023 - 2026

We believe that every child should have the best start in life to enable them to: have high aspirations, build the foundations for living well in the future, and realise their potential

PRINCIPLES

Principles that we will ensure every programme adheres to:

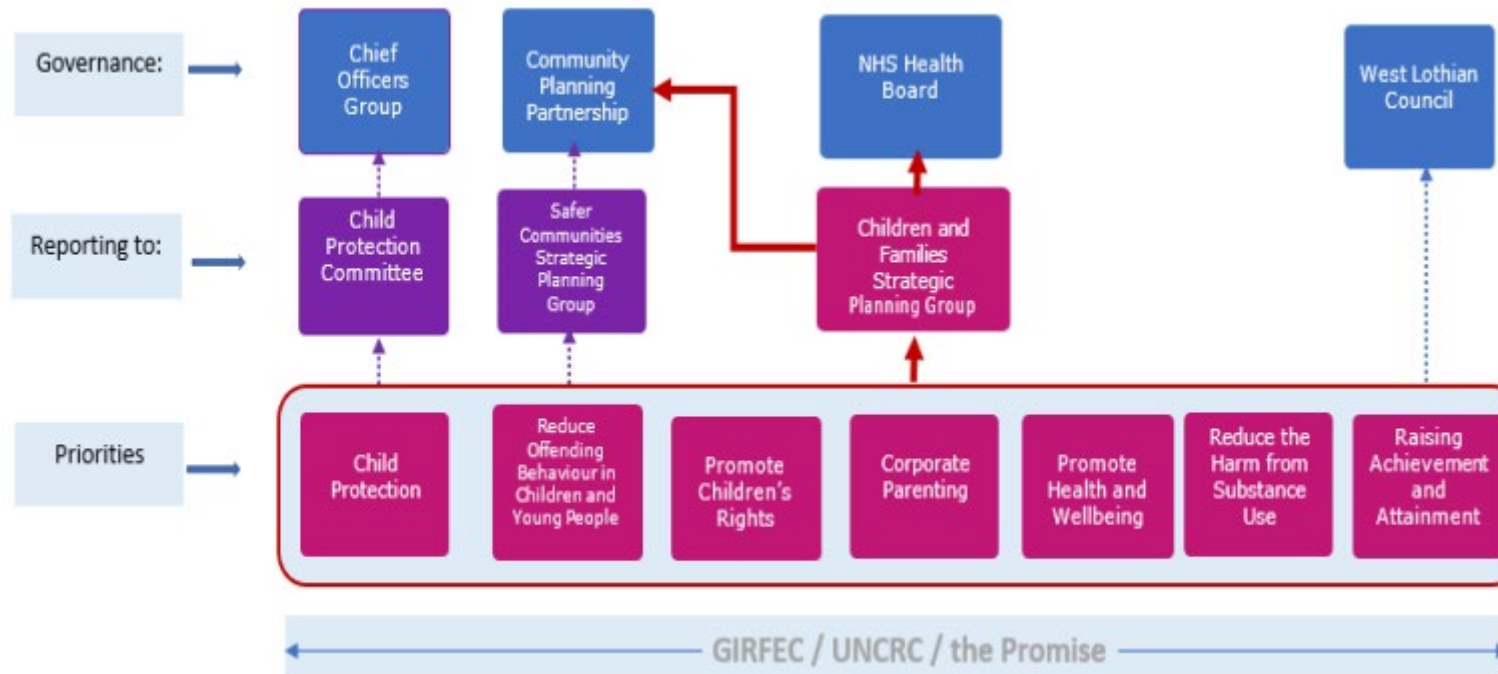
- Improved Integrated working**
- Re-distributing resources towards targeted activities with individuals, groups and communities**
- Improving outcomes for the individual child and their family**
- Focusing on early intervention by shifting resources from managing crisis to prevention and building resilience**

AIM

PROGRAMME

Child Protection	Missing Children and Young People
	Child Protection Committee
	GIRFEC
Promote Health and Wellbeing	Whole Family Support
	Child Healthy Weight
	Single Point of Access
	Trauma Informed Practice
	Neurodevelopmental Pathway
Raising Achievement and Attainment	Poverty Action Plan
Corporate Parenting	The Promise & Corporate Parenting
Promote Children's Rights	UNCRC
Reduce the Harm from Substance Use	Youth Work
	Maternal Complex Social Factors
	UNCRC
Reduce Harmful Behaviour for Children and Young People in Conflict with the Law	Trauma Informed Practice

WL Governance Structure



Next Steps

- Sub group structures developed in all areas (East due 15/06)
- Sub group chairs appointed
- Sub groups chairs have been tasked with developing;
 - Step diagrams detailing 1/2/3 year objectives
 - Process & outcome KPIs
 - Agreeing membership
- Further discussion at NHSL CYP Strategic Board how we ensure there is ongoing linkages
- The Board to **note** linkages & **approve** plans.
- Reports to then go to SG once approved by partners

Appendix 2

Edinburgh

Plan on a Page

Children's Services Plan 2023 - 2026

Edinburgh's children and young people enjoy their childhood and achieve their potential.

PRINCIPLES

Principles that we will ensure every programme adheres to:

Multi-agency

The voice of children and young people shapes direction

Equality, diversity, and anti-racism

Reduces inequalities

Focuses on prevention and early intervention

AIM

PROGRAMME

We will ensure Edinburgh's CYP have timely access to appropriate emotional and mental health support	Single Point of Access
We will ensure Edinburgh's CYP receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns	Neurodevelopmental Pathway
We will work to increase community-based opportunities for Edinburgh's CYP in safe spaces with trusted adults	Youth Work
We will provide families with holistic support to help to deliver improved outcomes for children, young people and families	Whole Family Support
We will reduce the number of families and children living in relative poverty	Poverty Action Plans
Partner agencies will work together to commission the services that are needed to fulfil the priorities identified in the Children's Services Plan	Commissioning
All professionals are appropriately trained and equipped to deliver services in a trauma-informed way	Trauma Informed Practice
We will ensure the rights of every CYP in Edinburgh are upheld by embedding UNCRC into daily practice and processes	UNCRC
We will work to ensure families are supported to stay together at home	The Promise
Families are supported in a way that demonstrably improves outcomes for mothers and babies	Maternal Complex Social Factors
We will ensure GIRFEC remains embedded in daily practice and information is shared proactively to aid prevention and early intervention	GIRFEC & Enhanced Data Sharing
We will ensure Children and Young People have access to healthy environments, in line with UNCRC, to support their health and wellbeing and enable them to fulfil their potential.	Place and Planning

Midlothian

Plan on a Page

Children's Services Plan 2023 - 2026

VISION

Children and young people in Midlothian to have the best possible start in life and live safe, healthy, active, happy and independent lives.

PRINCIPLES

Principles that we will ensure every programme adheres to:

Multi-agency

The voice of children and young people shapes direction

Reduces inequalities

Focuses on prevention and early intervention

AIM

PROGRAMME

We will ensure Midlothian's CYP have timely access to appropriate emotional and mental health, and wellbeing support	Single Point of Access
We will ensure Midlothian's CYP receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns	Neurodevelopmental Pathway
We will provide families with holistic support to help to deliver improved outcomes for children, young people and families	Whole Family Support
We will reduce the number of families and children living in relative poverty	Poverty Action Plans
Partner agencies will work together to commission the services that are needed to fulfil the priorities identified in the Children's Services Plan	Commissioning
We will ensure CYP will where required transition into adult services in a planned, safe, and seamless manner	Transitions
All professionals are appropriately trained and equipped to deliver services in a trauma-informed way	Trauma Informed Practice
We will ensure the rights of every CYP in Midlothian are upheld by embedding UNCRC into daily practice and processes	UNCRC
We will work to ensure families are supported to stay together at home	The Promise
Families are supported in a way that demonstrably improves outcomes for mothers and babies	Maternal Complex Social Factors
We will ensure GIRFEC remains embedded in daily practice and information is shared proactively to aid prevention and early intervention	GIRFEC & Enhanced Data Sharing
We will ensure CYP are able to safely and easily make use of facilities and activities across the county	Place and planning

East Lothian

Plan on a Page

Children's Services Plan 2023 - 2026

East Lothian's children and young people are happy, healthy and heard

PRINCIPLES

we will ensure every programme adheres to:

Multi-agency

The voice of children and young people shapes direction

Reduces inequalities

Focuses on prevention and early intervention

AIM

PROGRAMME

Ensure the rights of every CYP in East Lothian are upheld by embedding UNCRC into daily practice and processes	UNCRC
Deliver The Promise and the new Corporate Parenting plans to ensure families are supported to stay together at home	The Promise
Ensure GIRFEC remains embedded in daily practice and information is shared proactively to aid prevention and early intervention	GIRFEC
Work to increase community-based opportunities for East Lothian's CYP in safe spaces with trusted adults	Youth Vision
Further develop our single point of access to ensure children and young people have timely access to appropriate mental health and wellbeing support and timely neurodevelopmental assessment	Single Point of Access
Ensure East Lothian's CYP receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns	Neurodevelopmental Pathway
Implement Trauma Informed Practice throughout the partnership workforce	Trauma Informed Practice
Implement our whole family wellbeing approach to provide holistic support to families	Whole Family Wellbeing Fund
Reduce the number of children, young people and families living in relative poverty	Poverty Action Plans
Develop a partnership approach to test bespoke supports offered throughout pregnancy for women experiencing maternal complex social factors	Maternal Complex Social Factors
Increase community-based opportunities for children and young people in safe spaces with trusted adults	Spatial Planning

West Lothian

Plan on a Page

Children's Services Plan 2023 - 2026

We believe that every child should have the best start in life to enable them to: have high aspirations, build the foundations for living well in the future, and realise their potential

PRINCIPLES

Principles that we will ensure every programme adheres to:

- Improved Integrated working**
- Re-distributing resources towards targeted activities with individuals, groups and communities**
- Improving outcomes for the individual child and their family**
- Focusing on early intervention by shifting resources from managing crisis to prevention and building resilience**

AIM

PROGRAMME

Child Protection	Missing Children and Young People Child Protection Committee GIRFEC
Promote Health and Wellbeing	Whole Family Support Child Healthy Weight Single Point of Access Trauma Informed Practice Neurodevelopmental Pathway
Raising Achievement and Attainment	Poverty Action Plan
Corporate Parenting	The Promise & Corporate Parenting
Promote Children's Rights	UNCRC
Reduce the Harm from Substance Use	Youth Work Maternal Complex Social Factors
Reduce Harmful Behaviour for Children and Young People in Conflict with the Law	UNCRC Trauma Informed Practice

Appendix 3



Edinburgh Children Service's Plan 2023/26

[Document subtitle]

Version 11

Contents

Foreword.....	2
Our Vision.....	3
Our Partnership.....	3
Our Principles.....	3
Assumptions.....	4
Previous Plan.....	5
National policy drivers	5
Integrated planning.....	6
The Promise	6
Tackling Child Poverty.....	7
The National Performance Framework.....	7
United Nations Conventions on the Rights of the Child	7
Getting it Right for Every Child	8
Enablers.....	9
The needs of our children and young people	10
Engagement with children, young people and families.....	12
Our Priorities.....	14

Foreword

I am thrilled to introduce the new Edinburgh integrated children's services plan covering the years 2023-2026. This plan is the culmination of extensive collaboration and dedication from a range of professionals and community members who are committed to improving outcomes for children and families in Edinburgh.

The aim of this plan is to provide a framework for delivering high-quality, integrated services that are tailored to meet the needs of children and families across the city. We recognise that children and young people are at the heart of our communities and that we must work together to create an environment in which they can thrive.

At the core of this plan is the belief that every child in Edinburgh deserves the best possible start in life, and that early intervention is essential to addressing issues before they become more significant. We aim to promote an integrated approach to children's services, breaking down barriers between different agencies and working collaboratively to deliver effective support.

We know that every child is unique, and their needs will differ depending on their circumstances. Therefore, our plan aims to provide a range of services that are flexible and responsive to individual needs, whether that be in education, health, social care, or other areas.

I am confident that this plan will make a significant difference to the lives of children and families in Edinburgh. By working together, we can create a city where **all of Edinburgh's children and young people enjoy their childhood and achieve their potential.**

Thank you to everyone who has contributed to this plan, and I look forward to seeing the positive impact it will have on our community

Signed by?

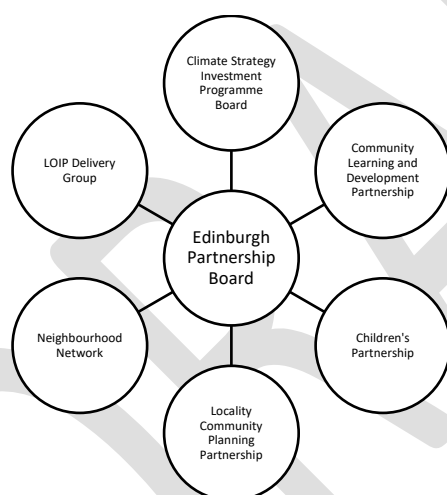
Our Vision

Edinburgh's children and young people enjoy their childhood and achieve their potential.

Our Partnership

The Edinburgh Children's Partnership (the Partnership) is the statutory partnership as outlined in the Children and Young People (Scotland) Act 2014 which requires council and NHS Health boards along with other key partner agencies to work together to plan, provide and deliver services for children and their families. The partnership directs the strategic planning, development and delivery of children and young people's services on behalf of the Edinburgh Partnership. Our partnership organisations represent local government, health, social care, education, government organisations and third sector voluntary organisations.

Edinburgh Children's Partnership reports into the Edinburgh Partnership Board and supports the Edinburgh Partnership Board to deliver against the wider [Edinburgh Partnership Community Plan 2018-2028](#) priorities of enough money to live on; access to work, learning and training opportunities; and a good place to live.



Our Principles

This plan is built around a set of core principles that guide everything we do together. The objectives and implementation plan we set for this plan will need to be guided by and adhere to these principles to ensure we as a partnership deliver the maximum benefit for our children and young people.

The four core principles every action must adhere to:

Multi-agency Collaboration

By ensuring all objectives are multi-agency we make best use of the partnerships' collaborative gain and the influence that combined service provision can have to address complex social issues. All priority programmes within the implementation plan will need to have more than once agency involved in the delivery.

Prevention and early intervention

The partnership will prioritise objectives that help protect our children and young people from poor outcomes. Through a range of universal and specialist interventions and services, we will ensure that every child and young person has better opportunities to fulfil their potential. Our aim is to provide an environment that supports good health and wellbeing, as well as ensuring any issues are addressed before they become crises, thereby allowing our resources to be used more effectively. When need is identified, we will react quickly and provide the right services at the right time, with the knowledge that early intervention and support led to better outcomes. Our services and partners will put measures in place to ensure we understand our ability prevent poor outcomes and intervene early when required.

Voice of the child and young people

We are committed to ensuring children and young people are at the heart of developing the future of Edinburgh. Children, young people, and their families are best placed to determine what they need to live healthy and happy lives. We will empower children, young people, and their families to contribute to how we support their communities and design solutions to address any issues.

Reducing Inequalities

The Edinburgh Children's Partnership is committed to increasing the life chances of all children and young people and reducing the inequalities in outcomes that currently exist. It is therefore essential that the Edinburgh Children's Partnership Board ensures that our work seeks to address the fundamental causes of inequality, including by tackling poverty.

Equality, diversity, and anti-racism

The Edinburgh Children's Partnership is committed to increasing the life chances of all children and young people and understands that this is only possible through reducing inequalities. The COVID-19 pandemic has brought several challenges, and has also, sadly, magnified the existing disadvantages that some groups face for reasons including their age, gender, race, disability or experience of poverty. It is therefore essential that the Edinburgh Children Partnership Board embeds equality, diversity, and antiracist practice in all strands of its work. The partnership will aim to engage with marginalised voices, encourage people with lived experience play an active role in decision-making spaces. To enable the core aims of the partnership to be achieved for all children we will strengthen the systematic evaluation of our plans from the viewpoint of preventing discrimination as described in article 2 of the UN Convention of the Rights of the Child.

Assumptions

The current plan was developed on the assumption that services are provided in the way which –

1. best safeguards, supports and promotes the wellbeing of children in the area concerned,
2. ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
3. is most integrated from the point of view of recipients,
4. constitutes the best use of available resources, and
5. related services in the area are provided in the way which, so far as consistent with the objects and proper delivery of the service concerned, safeguards, supports and promotes the wellbeing of children in the area concerned.

Previous Plan

In the 2020/23 Edinburgh Children's Services Plan, our priorities were the 3Bs -

- Best Start - Every child should have love, care and support
- Bridging the Gap - Every family should have enough money to live on
- Being Everything, You Can Be – All children and young people should have access to a safe place and someone they can talk to

Best Start

This working group successfully progressed tests of change across areas of Edinburgh which focused on the sharing of information (at both individual and strategic level) from Health Visitors with Early Years centres, thus improving the uptake of Early Years placements as well as the supports offered to children.

Bridging the Gap

Although this working group started before the completion of 2020-2023 Plan this area of work was subsumed into the Local Outcome Improvement Plan (LOIP), given the Priority area of *Enough Money to Live On* within the LOIP, to avoid duplication of work with Community Planning.

Being Everything, You Can Be

This working group progressed two main areas of work relating to mental health and wellbeing and school attendance.

Mental health and wellbeing

In the last three years a Community Mental Health Framework was embedded which allowed for the development Single Point of Access for mental health and wellbeing supports within Edinburgh. The implementation of the Single Point of access is key priority within 2023-2026 Plan.

School attendance

Gracemount High School was identified as a priority school through a local Collaborative Enquiry to bring education and community partners together and work with young people experiencing issues with school attendance to identify key barriers. We will continue to build upon this work within 2023-2026 Plan.

National policy drivers

The Partnership acknowledges there is a range of national strategies and plans that pertain to improving the lives of children, young people and their families in Edinburgh. Many of

these plans have interconnections and common goals/aims to improve the health, wellbeing and development of children and young people.

- [Getting it Right for Every Child \(GIRFEC\)](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [The Promise](#)
- [The Scottish Government's Tackling Child Poverty Delivery Plan](#)
- [The Children and Young People's Mental Health and Wellbeing Action Plan](#)
- [The Scottish Attainment Challenge](#)
- [The Youth Employment Strategy](#)
- [The Children and Young People's Rights and Participation Strategy](#)

Integrated planning

Building strong relationships is important in Edinburgh's children's services. Creating and keeping these relationships helps when working with children and young people, families, and different agencies. The Edinburgh Children's Partnership wants to make things easier by reducing issues and delays in the city's children's sector.

To do this, the partnership is finding new ways to use available resources, staff, and funding. This will help lower the needs and inequalities that affect children and their families.

By working together, people in the children's sector can support each other and follow the values of both the trauma-informed approach and Edinburgh's Promise Fundamentals.

The Promise

No bigger is the change than that expected of keeping the Promise. Published in 2020 (ahead of the pandemic) the Promise sets out a 10-year children's sector transformational programme, concluding in 2030. Such is the size and scale of the Promise, that this is scaled to three, three-year plans. This plan for Edinburgh moves from the 21-24 plan, and the 24-27 plan. Edinburgh's Promise all children, and all family circumstances – from living away from home and being the care system, as well as the preventative and supportive work to ensure wherever possible that Edinburgh's Children remain in the care of their families.

Keeping the Promise is far bigger than the activities of the Children's sector in Edinburgh. Significant work underway is aimed as areas as diverse and as key as:

- To realise a child's rights, you must support their family— whether it's one they're born into or not. And all families need support at different times.
- All children in Scotland's "care system" will have a good, loving childhood. They will feel loved. They will have their needs met. And they will have their rights upheld.
- Ensuring that where children and young people cannot remain with their families, that the significant relationships that they have with family, friends and others are supported, promoted and maintained.
- Ensuring children and young people have access to activities outside of school to support their development and interests, and that children and young people's health needs will be responded to as a priority.
- Supporting young people who are unable to live with their family, go onto have the life chances expected of their peers and to break the stigma of care experience.

Tackling Child Poverty

Edinburgh aims to eliminate child poverty by 2030. Although previous Children's Services plans have made progress, the current cost-of-living crisis shows more work is needed to protect children from poverty. Child poverty was increasing before the pandemic, which only further exposed families to social and economic inequality. There is a clear link between child poverty, adverse childhood experiences, and later health outcomes, as highlighted in the [NHS Lothian Director of Public Health Annual Report](#).

To address this, the Partnership is continuing to make child poverty prevention a core focus of its plan. Edinburgh's child poverty landscape is vast and complex, involving many partners. A review will be conducted to ensure clear responsibilities and well-coordinated activities across the city, including in relation to [Edinburgh's Annual Child Poverty Report](#), which measures success and identifies challenges.

Key areas of work during this plan's implementation will include strengthening financial well-being support in relevant service areas to help those most in need. The ongoing review of welfare services across the city will also be supported as it enters its next phase of delivery. Staff in key services will receive training to enhance their skills in addressing welfare and debt issues, enabling them to confidently refer and signpost people in need.

The upcoming incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into Scottish law offers a rights-based perspective on addressing child poverty. This approach can reduce stigma by helping children, young people, and their families understand their right to social and economic assistance

The National Performance Framework

this framework aims to improve outcomes for the people of Scotland by increasing opportunities, increasing wealth, creating sustainable and inclusive growth and reducing inequalities. The framework sets out eleven national outcomes against which progress will be measured. These include people growing up loved, safe and respected, able to realise their full potential; people live in inclusive, empowered, resilient and safe communities; people are well educated and skilled; people are healthy and active, and that poverty is tackled by sharing opportunities, wealth and power more equally



United Nations Conventions on the Rights of the Child

The Partnership's commitment to Children's Rights continues into this plan. With the expected inclusion of the UNCRC into Scottish law, there is a need to begin to see, hear, and observe children's rights as being at the fore of decision making at operational and strategic levels.

Over the next 3 years we need to work to ensure that our community understands the rights of the child. Adults need to know their actions in and around children (and their family's lives) first and foremost of as participation, protection and provision in those rights.

Workforce development will be undertaken to ensure the normalisation of discussions around children and young people as being not only rights supporting but also ensuring that children's rights - including their rights for their views to be respected; their rights to access information; education and health; their rights to have their basic needs met in terms of food, clothing and a safe home; and their rights to rest; play and access cultural and arts opportunities in safe and healthy environments - are a constant focus across all decision making, planning, monitoring and evaluating of services.

Getting it Right for Every Child

The 2022 GIRFEC refresh continues to support Edinburgh's children's services work against a unified framework that is well embedded and established. GIRFEC provides colleagues with a framework of understanding a child's life against eight wellbeing indicators. Safety, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included are all key indicators of the success and development of a young person along their life course as shown by the SHANARRI wheel (see right). It also aids consistent assessment of where gaps exist in someone's development and where support can be offered to remedy that gap.



GIRFEC will continue to be used to support services to consistently approach children and their families' circumstances, supporting decision making on when and where offers of support and assistance are required to ensure that we get it right for every child.

Healthy Places

Children's health and wellbeing is shaped by the places in which they live, including their homes, schools, neighbourhoods, parks and leisure facilities and the infrastructure and transport options that allow them to access the places they need. The UNCRC sets out the specific rights that all children have, with their rights to health, education, rest, play and to grow up in healthy environments being essential to allow them to realise their full potential.

Edinburgh Children's Partnership will support children's rights to grow up in healthy places, as well as supporting children to know about, feel welcome in and access these places. This will include accessing places within their local community but also enabling and encouraging them to access the wide range of health-promoting places, including green and blue spaces, libraries, museums and other cultural opportunities that exist across the city.

The children's partnership will take forward a number of areas of collaborative work to ensure children's voices are included in place-making decisions, particularly in relation to 20-minute neighbourhoods, as well as to ensure children are supported to access the places they need in their communities and beyond. This aligns with the Edinburgh Poverty Commission's calls to action that Edinburgh's citizens should have '*Opportunities that drive justice and prospects*' as well as '*Connections in a city that belongs to us*'.

Enablers

Commissioning

The Partnership are in the process of developing a framework for commissioning that will benefit children and their families by maximising the money that comes to Partnership members, to be used to support and develop services for children, young people and their families.

Work continues to develop a joint commissioning framework, which will support the Partnership in agreeing upon, planning for, developing, and commissioning new services. The framework will begin to allocate the Scottish Government funding for Edinburgh's Whole Family Support transformation, so that family support is in place in a consistent manner across the city, being offered at the right time, for the time it is needed for, and at times which fit with the family and not with traditional opening hours.

Enhanced data sharing

Over the last 18 months a significant piece of work has been undertaken to review the existing (2015) Data Sharing Agreement (DSA) between the NHS Lothian/City of Edinburgh Council and voluntary sector organisations working with children. The new DSA has been developed in line with the Edinburgh's Promise and the principles and data protection provisions of the GIRFEC refresh, recently published by the Scottish Government.

Through this DSA, which sets out how the proportionate and timely sharing of relevant information will be managed, access to services for children and young people should no longer be dependent on families negotiating barriers and the experience for all will be more positive, inclusive, and effective. All organisations wishing to sign up to this Data Sharing Agreement will receive training on it and the standards they will be expected to meet, as well as being provided with operational guidance on what this may mean in practice for your organisation.

The needs of our children and young people

Edinburgh is home to 87,551 children and young people under the age of 18, equating to roughly 20% of Edinburgh's overall population (Edinburgh Council, 2021).

Educational outcomes in Edinburgh have shown steady improvement over the years. According to the latest Scottish Index of Multiple Deprivation (SIMD) data (Scottish Government, 2020), the city has seen a rise in the percentage of pupils achieving the expected Curriculum for Excellence levels in literacy and numeracy. School leaver attainment levels and positive destinations (higher education, employment, or training) have also increased, surpassing the national average. However, the attainment gap between the most and least deprived pupils persists, highlighting the need for targeted interventions to promote equal opportunities for all.

In general, the city is doing well against a range of key outcomes. With regard to pregnancy, indicators show that the percentage of women classed as 'obese' in Edinburgh is lower than that seen in Scotland, 17.11 to 26.1. There are risks associated with being overweight in pregnancy such as developing conditions like pre-eclampsia and gestational diabetes. It is worth noting there is significant discrepancies between population groups, with poorer outcomes seen for those living in areas of higher socio-economic deprivation. This is demonstrated by the fact that over 20 per cent of pregnant women living in the most deprived areas are classified as obese, compared with less than 10 percent of those living in the least deprived areas. The same trends are seen for other indicators, with nearly 20 per cent of women in the most deprived areas smoking in pregnancy, compared with less than 1 per cent in the least deprived areas.

The number of babies reported to be exclusively breastfed at their 6-8 week check up is 48.95, this is higher than the Scottish number of 31.9%. This has been steadily increasing across the city since around 2012/13, in line with Scotland, although at a faster rate. Regarding developmental concerns recorded for children at their 27-30 month review, the percentage of children with one or more was 10.1% compared to the Scottish percentage of 14.7%.

In Edinburgh, 73.3% of children in primary 1 have a healthy weight, compared to 9.8% of children across Scotland, this has declined, however since 2018/19. Regarding oral health, 77.5% of P1 children were shown to have good dental health, this increases to 79.3% for children in P7. In both cases, this is higher than the percentage seen across Scotland.

The mental health and wellbeing of those aged 16+ in Edinburgh is shown to align with national levels, this is the same for S4 pupils. Over two-thirds of students travel to school made by walk, cycle, scoot or skate compared to the national average of 50%.

The percentage of girls completing the Human Papilloma Virus (HPV) vaccination course, which protects against the cancers caused by the virus, by the end of S3 has been consistently lower than that seen in Scotland. In 2020 this was 77.6% compared to 84.9% for the rest of Scotland.

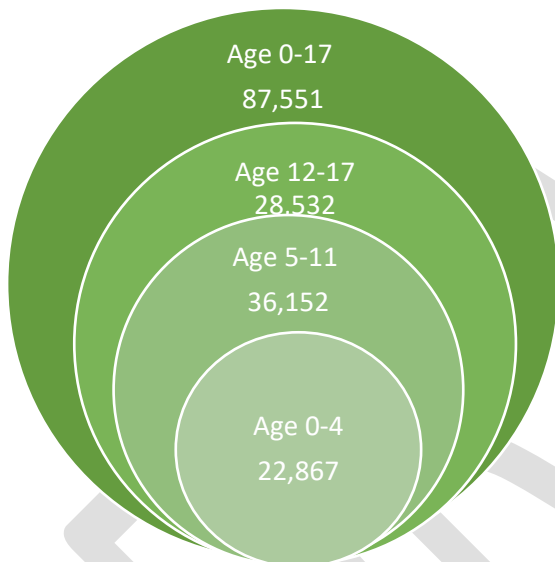
Local data from the 2021/2022 Health and Wellbeing Census Scotland survey, conducted with Primary 5 to Secondary 6 pupils, demonstrated the following in relation to education, mental health, neighbourhood, life at home and physical health for this age range living in Edinburgh:

- 81.1% strongly agreed or agreed they enjoyed learning new things

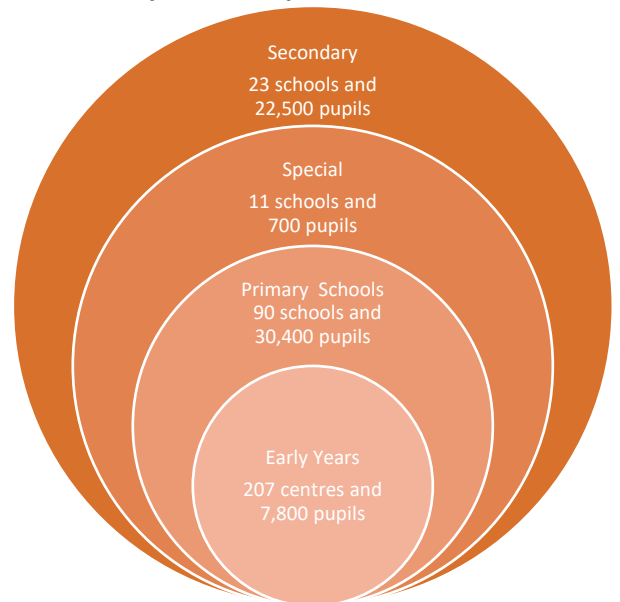
- 64.9% agreed that adults are good at listening to what they say
- 67.3% said the area in which they live is a good place to live
- 65.2% said they always have an adult in their life who they can trust and talk to about personal problems
- 63.4% of P7-S6 pupils said they never went to bed hungry (this question is not asked below Primary 7 age)

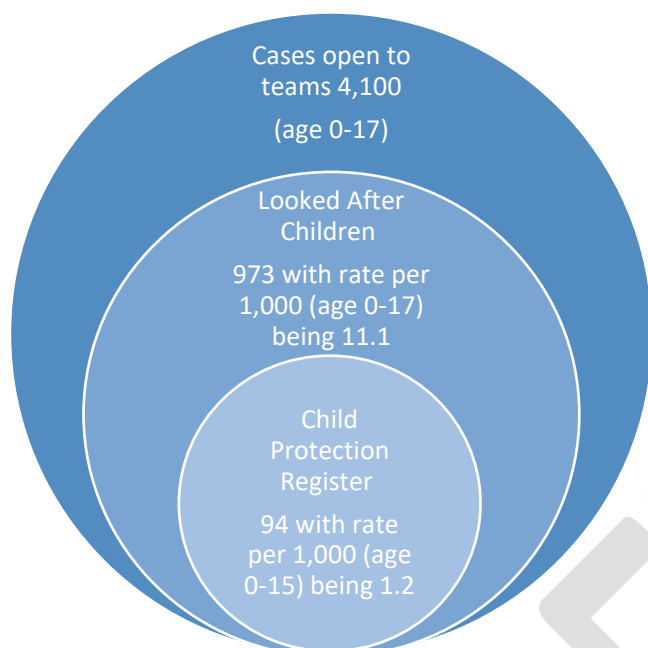
While Edinburgh has made progress in many areas related to the well-being of children and young people, there is still room for improvement. Addressing the attainment gap between the most and least deprived pupils, tackling mental health issues, and reducing obesity rates are key priorities for the city. Continued investment in targeted programs, collaboration among local stakeholders, and the evaluation of existing initiatives are crucial for ensuring that Edinburgh remains a supportive and inclusive environment for all its children and young people.

Population (2021 mid-year estimates)

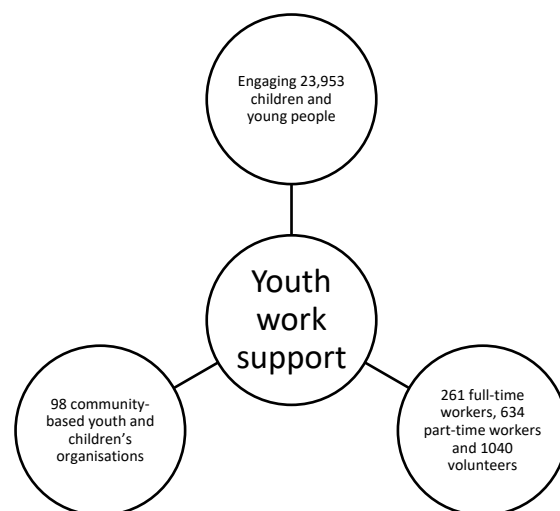


Schools and Early Years - September 2022





LAYC Membership Outputs



Engagement with children, young people and families

Over the last three years children and young people were regularly consulted through Youthlink Scotland, Scottish Youth Parliament, Young Scot and Children's Parliament, with Lockdown Lowdown and How Are You Doing surveys.

Data from these consultations have been drawn upon locally to influence strategic planning.

In December 2020, an Edinburgh Family Support Mapping consultation was undertaken, with a recommendation that information gathered from this consultation should influence resource allocation decisions taken by Community Planning Partnerships.

Participation in Implementation

During COVID-19 lockdown, a Family Support Mapping Exercise, Parental Consultation and Schools Consultation with over 2600 parents and carers, schools and organisations was carried out on behalf of the Edinburgh Children's Partnership (ECP).

As a result of this process, the following 7 key priority areas for improving Family Support were identified building on existing good practice across the board.

1. Accessible Outreach Support For Families
2. Support for Parents of Children with Additional Support Needs (ASN)
3. Supporting Parents with their own and their children's Mental Health
4. Improving Confidence in Parental Engagement/ Family and Home Learning
5. Increasing Access to Low Cost Family Activities

6. Antenatal and Perinatal Support
7. Better Signposting and Information on Available Family Support

Edinburgh Youth Action

In November 2022 there was approval at Full Council Committee to progress what was then referred to as “Young People’s Assembly” but likely to be known as Edinburgh Youth Action following consultation with a group of young people in January 2023.

Local youth forums will be started alongside a citywide forum, this aim of which will be to enable the voices of young people to be heard.

Edinburgh Children’s Services Partnership will look to engage with Edinburgh Youth Action as part of the ongoing delivery and implementation of 2023-2026 Children’s Services Plan.

Champions Board

Edinburgh Champions Board is a platform for young people with care experience to influence the policy and practice of corporate parents through a range of participant and engagement activities.

For this reason, Edinburgh Children’s Services Partnership should also engage with this group in addition to the Edinburgh Youth Action.

Our Priorities

AIM	PROGRAMME DESCRIPTION
We will ensure Edinburgh's Children and Young People have timely access to appropriate emotional, mental health, and wellbeing support	Developing a single point of access to efficiently allocate mental health & wellbeing supports
We will ensure Edinburgh's Children and Young People receive the appropriate needs-based support whilst they are assessed for neurodevelopmental concerns	Utilising the single point of access to implement a neurodevelopmental pathway in line with the SG service specification
We will work to increase community-based opportunities for Edinburgh's Children and Young People in safe spaces with trusted adults	Working with our 3 rd sector partners to sustainably embed youth work into service models.
We will provide families with holistic support to help to deliver improved outcomes for children, young people and families	Implementing our whole family support strategy and effectively utilise the whole family wellbeing fund.
We will reduce the number of families and children living in relative poverty	Implementing and delivering on the actions set out in the Local Poverty Action Plan
Partner agencies will work together to commission the services that are needed to fulfil the priorities identified in the Children's Services Plan	Develop robust joint commissioning processes and oversight
All professionals are appropriately trained and equipped to deliver services in a trauma-informed way	Implementing Trauma Informed Practice throughout the partnership workforce
We will ensure the rights of every Children and Young People in Edinburgh are upheld by embedding UNCRC into daily practice and processes	Developing a plan to ensure UNCRC is implemented across all partnership services
We will work to ensure families are supported to stay together at home	Delivery of The Promise and the new Corporate Parenting plans within Edinburgh
Families are supported in a way that demonstrably improves outcomes for mothers and babies	Developing a partnership approach to testing bespoke supports offered throughout pregnancy and early years for families experiencing complex social factors
We will strengthen GIRFEC practice and ensure information is shared proactively to aid prevention and early intervention	Developing a plan to ensure GIRFEC practice is strengthened across all partnership services, and information is shared between partners effectively.
We will ensure Children and Young People have access to healthy environments, in line with UNCRC, to support their health and wellbeing and enable them to fulfil their potential.	Develop a partnership approach to place and planning , ensuring that children's voices are included in decisions about their environment and that they are supported to make use of facilities and activities across the city.

Appendix 4

East Lothian Children Service's Plan 2023-2026

Contents Page

Foreword

Introduction

Community planning is a way of working together using all of the available resources to improve people's lives and is governed by the Community Empowerment (Scotland) Act 2015. The East Lothian Children's Strategic Partnership involves a range of partners that provide services to safeguard, support and promote the wellbeing of all our children and young people by helping to prevent and reduce adversity and working in partnership to take action to meet their needs at the earliest appropriate time. The Children Services Plan 2023-26 outlines the way we will work together to ensure all of the different people who work with our babies, children and young people do so in a joined-up way. In this post-pandemic period, many families find themselves seeking support for the first time for finance, emotional or mental health and maintaining a lifestyle that enables them to meet the needs of their children. The plan will allow us to continue to build on our strengths and successes whilst supporting the delivery of new ways of working and strengthening our joint approaches to planning and resourcing services to improve the lives of our children, young people and families. The partnership is committed to keeping the Promise and recognises the collective responsibility of all partners to intervene early and effectively to provide the most meaningful help and support to enable children and young people to thrive within resilient and loving families. Seeking and hearing the voice of children and young people will guide this work and be placed at the centre of service delivery and partnership working.

Our Vision

The East Lothian Children's Strategic Partnership is committed to safeguarding, supporting and promoting the wellbeing of all children and young people in East Lothian. We recognise this is a challenging goal to achieve. We have a lot of advantages in East Lothian, in many ways it is a great place to live, work, go to school and bring up a family. We have a growing population and are forecast to increase further, bringing potential economic benefits but also increasing pressure on services. However, within this, there are wide disparities between and within our communities. Relative poverty is growing in all of our communities. We know that growing up and living in poverty is linked with poorer educational outcomes and poorer health. The mental health of our children and young people was a concern pre COVID-19, and this has only increased. Families are struggling to cope, and a lack of resilience is resulting in an increased referrals to social work and an increased need for more care placements. Reporting of domestic abuse is increasing year on year, and it is now a major part of the workload of our local police. While we will not eradicate all of these disparities over the period of this plan, this plan sets out the work that we need to do to address the most significant of these challenges for further improvement.

At the heart of this work is our vision, our shared ambition as a Children's Services Partnership: ***'Making sure East Lothian's babies, children and young people are Happy, Healthy and Heard'***

Our Principles

The Partnership is built on strong relationships and recognises that we can all make a difference to the lives of children and young people, however, to overcome complex issues that have no clear single agency solution we need to work together.

This plan is built around a shared set of principles that will guide and shape the culture and behaviours we expect our collective workforce to demonstrate as they work together to achieve our ambitions:

Multi-agency Collaboration

By ensuring all objectives are multi-agency we make best use of the partnerships' collaborative gain and the influence that combined service provision can have to address complex social issues. All priority programmes within the implementation plan will need to have more than once agency involved in the delivery.

Prevention and Early Intervention

The partnership will prioritise objectives that help to protect our children and young people from poor outcomes. Through a range of universal and specialist services, we will ensure that every child and young person is signposted to and has access to opportunities which will allow them to explore and fulfil their potential. Our aim is to provide an environment that supports good health and wellbeing, as well as ensuring any issues are addressed before they become crises, thereby allowing our resources to be used more effectively. When need is identified, we will react quickly and provide the right services at the right time, with the knowledge that early intervention and support led to better outcomes. Our services and partners will put measures in place to ensure we understand our ability prevent poor outcomes and intervene early when required.

Voice of Children and Young People

We are committed to ensuring children and young people's rights are at the heart of developing the future of East Lothian. Children, young people, and their families are best placed to determine what they need to live healthy and happy lives. We will empower children, young people, and their families to contribute to how we address issues and design solutions to support their communities. We will ensure all interventions will have community input and inclusion of children's rights into their design with clear plans and reporting mechanisms.

Reducing Inequalities

East Lothian's Children's Partnership is committed to increasing the life chances of all children and young people and reducing inequalities in outcomes that currently exist. It is therefore essential that East Lothian's Children Strategic Partnership ensures that all actions embed equality, diversity, and anti-discriminatory practice.

Data Driven

East Lothian's Children's Partnership will use a data-driven approach to enable us to use the information available to us to make informed decisions to better serve the community. By using data to drive our actions we can target our approach and

focus on the greatest needs in the community. We will also ensure we measure the impact of our interventions to ensure we are meeting our objectives or adapt our approach where necessary.

National Policy Drivers

The Partnership acknowledges there is a range of national strategies and plans that pertain to improving the lives of children, young people and their families in East Lothian. Many of these plans have interconnections and common goals/aims to improve the health, wellbeing and development of children and young people and include:

- [Getting it Right for Every Child \(GIRFEC\)](#)
- [Children and Young People \(Scotland\) Act 2014](#)
- [The Convention on the Rights of the Child: The children's version | UNICEF](#)
- [The Scottish Government's Tackling Child Poverty Delivery Plan](#)
- [The Children and Young People's Mental Health and Wellbeing Action Plan](#)
- [The Scottish Attainment Challenge](#)
- [The Youth Employment Strategy](#)
- [The Children and Young People's Rights and Participation Strategy](#)

Our Previous Plan

East Lothian's Children and Young People

East Lothian is one of the few Scottish local authorities with an increasing child population (a 17.1% forecasted increase to 2028/29 for P1 to S6 pupils based on the 2020-census roll). East Lothian also has a rapidly growing population which is projected to increase by 7.2% (2018 based) by 2028. This would be the second highest increase in the whole of Scotland showing that East Lothian is a desirable place to live. Therefore, it is essential for the right supports and services to be put in place to meet the needs of a fast-growing subsection of the county's population. This increase poses a significant opportunity to consult with children, families and young people to ensure their voices are being heard in fostering warm, welcoming and supportive communities in the near future which offer resources and amenities to support their residents to the highest possible standard.



Consultation with Children, Young People

The Children's Partnership take into account the views, needs and experiences of children, young people, families and communities in a variety of ways including: feedback from school pupils via small group discussions around specific topics such as the impact of poverty; focus groups for those with lived experience of issues such as poverty to share their thoughts and reflect on how their personal knowledge can help to ensure good decision making takes place; and liaison with the Champions Board to give input on behalf of children and young people who are care experienced. The common themes that emerged throughout were the need for:

- Faster access to support when it is needed,
- Opportunities to be involved in decision-making; and
- Better resources in localities

The most frequently highlighted area was the need for quicker access to mental health supports. Many have found they are needing support in this area for the first time. People were also keen to have more of a voice in their local community. They want to have their say in how resources are distributed across the county and ensure they are able to communicate more easily with decision-makers. Other themes clearly identified were financial support and the cost-of-living crisis. We also heard concerns about community safety and about the need to help children and adults who people who had experienced domestic violence.

The Voice Lead Officer also carried out a key piece of consultation in early 2023 specifically on the vision of happy, healthy and heard. This involved gathering opinions of cohorts who are often underrepresented in decision making influence and participation, these included people with disabilities, those within the Youth Justice system, Young Carers, those in Through Care, Supported young people in residential care and those under Child Protection. The key themes that were identified included:

- Relationships with the important people in my life – family, teachers, carers and social workers
- Understanding my rights and getting better supports for children with hidden disabilities
- Being able to access sports and activities is really important
- Healthy food and connections – pets and friends
- Networks and connections – my family, friends and pets
- Opportunities and activities and play

Our Priorities

The three priority areas for this plan aim to support the safeguarding, support and promotion of the wellbeing of all children and young people in East Lothian in line with our collective vision for all children and young people to be **happy healthy and heard** they are:

Priority 1: Children's and Young People's Rights

- Ensure the rights of every CYP in East Lothian are upheld by embedding **UNCRC** into daily practice and processes
- Deliver **The Promise** and the new **Corporate Parenting plans** to ensure families are supported to stay safely together at home
- Work to increase **community-based opportunities** for East Lothian's CYP in safe spaces with trusted adults
- Ensure **GIRFEC** remains embedded in daily practice and information is shared proactively to aid prevention and early intervention

Priority 2: Children's and Young People's Mental Health

- Further develop our **single point of access** to ensure children and young people have timely access to appropriate mental health and wellbeing support and timely neurodevelopmental assessment
- Ensure East Lothian's CYP receive the appropriate needs-based support whilst they are assessed for neurodevelopmental concerns
- Implement **Trauma Informed Practice** throughout the partnership workforce

Priority 3: Whole Family Wellbeing

- Implement our **whole family wellbeing approach** to provide holistic support to families
- Reduce the number of children, young people and families living in relative **poverty**
- Develop a partnership approach to test bespoke supports offered throughout pregnancy for women experiencing **maternal complex social factors**

References

LINKS TO OTHER ELC PLANS ETC

Midlothian Children Service's Plan 2023/26

DRAFT

Midlothian Children's Service Plan

Contents

Foreword.....	2
Our Community Planning Partnership	3
Our Vision.....	3
Our Principles.....	4
National policy landscape	5
The Promise	5
Poverty Action.....	6
United Nations Conventions on the Rights of the Child (UNCRC)	6
Healthy Places.....	8
Commissioning.....	8
Enhanced data sharing.....	8
Our Previous Plan.....	9
What the data tells us.....	10
Consultation with children, young people and families	1
Our Priorities.....	0

Foreword

It is with immense pride and great enthusiasm that I present the Midlothian Children's Services Plan for 2023-2026. This comprehensive and forward-thinking plan is the result of a dedicated collaboration among key stakeholders, service providers, and the wider community. As we embark on this new chapter, we recognise the importance of nurturing our most valuable resource: the children and young people who will become the future leaders, and responsible citizens of our society.

The world today is changing at an unprecedented pace, with new challenges and opportunities emerging every day. We must equip our children with the resilience, empathy, and adaptability needed to thrive in this ever-evolving landscape. This plan is a testament to our commitment to create an environment where every child and young person in Midlothian feels safe, supported, and empowered to achieve their full potential.

We aim to provide equitable access to high-quality education, healthcare, and social services, ensuring that no child or young person is left behind, regardless of their background, ability, or circumstance. Collaboration is the key to delivering impactful and coordinated support. We will continue to forge partnerships among service providers, local authorities, and community members to harness their collective wisdom and resources for the benefit of our children and young people.

As we look to the future, we recognise the importance of engaging with our children, their families, and the wider community to shape the direction of our services. Their invaluable insights and perspectives will inform our decision-making and guide us on our path to creating a brighter tomorrow for all children and young people in Midlothian.

The journey ahead will not be without challenges, but we are confident that through our shared commitment, passion, and determination, we will achieve our vision of a thriving, inclusive, and vibrant community where every child and young person is given the chance to succeed.

We invite you to join us in this noble endeavour, and together, let us make the Midlothian Children's Services Plan for 2023-2026 a reality. The future of our community is in our hands, and with your support, we will create a lasting legacy of opportunity and hope for generations to come.

Yours sincerely,

Our Community Planning Partnership

Community planning is a way of working together using all of the available resources to improve people's lives and is governed by the [Community Empowerment \(Scotland\) Act 2015](#). Key organisations, across Midlothian's statutory and third sector, work together with communities to plan services that will deliver better outcomes for people. A Community Planning Partnership is the name given to all those services that come together.

The Community Planning Partnership group who has developed this plan are called **Midlothian's GIRFEC Board (Getting it Right for Every Child)**, involving a wide range of organisations who provide services to children and young people in Midlothian.

Our Vision

Our vision is for **children and young people in Midlothian to have the best possible start in life and live safe, healthy, active, happy and independent lives.**

The national *Getting It Right for Every Child* Wellbeing Framework forms the foundation of our plan. We have developed a set of **priorities** that we believe will make a significant contribution to achieving the wellbeing outcomes outlined in the diagram below. Our new **success criteria measures** will help us to gauge how well we are doing across the partnership and the impact we are making to the lives of Midlothian children and young people and their families.



Getting it right for every child wellbeing framework

Progress towards achieving our vision will contribute towards the Scottish Government's National Performance Framework aspirations:

"We do all we can to ensure our children grow up in an atmosphere of happiness, love and understanding. We enhance their life chances through our early years provision and by supporting families when they need it. We ensure childhood is free from abuse, tobacco, alcohol, drugs, poverty and hunger. Our children are not left worried or isolated. We include and involve children in decisions about their lives and world, and protect their rights, dignity and wellbeing.

Our communities are safe places where children are valued, nurtured and treated with kindness. We provide stimulating activities and encourage children to engage positively with the built and natural environment and to play their part in its care. We provide the conditions in which all children can be healthy and active. Our schools are loving, respectful and encouraging places where everyone can learn, play and flourish. We provide children and young people with hope for the future and create opportunities for them to fulfil their dreams."

The work will also contribute towards the success of our Local Outcome Improvement Plan called the **Single Midlothian Plan**, developed by the Midlothian Community Planning Partnership. The Single Midlothian Plan outlines how we will meet the needs of our local communities and brings together all the priorities for Midlothian into one place. Our priority outcomes for the next five years are listed below:

1. Individuals and communities have improved health and learning outcomes
2. No child or household living in poverty
3. Significant progress is made towards net zero carbon emissions by 2030.

Our Principles

This plan is built around a set of core principles that guide everything we do together. The objectives we set for this plan will need to be guided by these principles to ensure we are getting value from the partnership and the most benefit for our children and young people.

The five core principles are to:

Multi-agency

Ensuring all objectives are multi-agency to maximise the best use of the partnerships' collaborative gain and the influence that combined service provision can have to address complex social issues. All priority programmes within the implementation plan will need the involvement of at least two agencies.

Prevention and early intervention

The partnership will prioritise objectives that help to protect our children and young people from poor outcomes. Through a range of universal and specialist services, we will ensure that every child and young person is signposted to and has access to opportunities which will allow them to explore and fulfil their potential. We will look to address problems before they become a crisis allowing our resources to be used more effectively. When need is identified, we will react promptly and endeavour to provide the right services at the right time, with the knowledge that early intervention and support lead to better outcomes.

Voice of the child and young people

We are committed to ensuring children and young people's rights are at the heart of developing the future of Midlothian. Children, young people, and their families are best placed to determine what they need to live healthy and happy lives. We will empower children, young people, and their families to contribute to how we address issues and design solutions to support their communities. We will ensure all interventions will have community input and inclusion of children's rights into their design with clear plans and reporting mechanisms.

Reducing Inequalities

The Midlothian Children's Partnership is committed to increasing the life chances of all children and young people and understand that this is only possible through engagement of families from a wide range of social and economic backgrounds. It is

therefore essential that the Midlothian Children Partnership Board ensures that all actions embed equality, diversity, and anti-discriminatory practice.

Data Driven

The partnership will use a data-driven approach to enable us to use the information available to us to make informed decisions to better serve the community. By using data to drive our actions we can target our approach and focus on the greatest needs in the community. We will measure the impact of our interventions to ensure we are meeting our objectives or adapt our approach where necessary.

National policy landscape

The Partnership acknowledges there is a range of national strategies and plans that pertain to improving the lives of children, young people, and their families in Midlothian. Many of these plans have interconnections and common goals/aims to improve the health, wellbeing and development of children and young people.

- Getting it Right for Every Child (GIRFEC) - GIRFEC is a national approach in Scotland to improving outcomes for children and young people by ensuring that they receive the right help at the right time. It is based on the idea that all children and young people should be able to grow up feeling loved, safe and respected, and that they should have the support they need to reach their full potential.
- Children and Young People (Scotland) Act 2014 - This Act aims to improve the lives of children and young people in Scotland by providing a range of measures to promote their welfare, safety, and rights. It includes provisions on early years and early intervention, children's services planning, and the role of the lead professional in supporting families and children.
- The Scottish Government's Tackling Child Poverty Delivery Plan - This plan aims to reduce child poverty in Scotland by setting out a range of actions to increase household income, reduce costs, and improve access to services and support. It includes measures to increase access to affordable housing, improve education and training opportunities, and support families with the cost of living.
- The Children and Young People's Mental Health and Wellbeing Action Plan - This plan outlines the Scottish Government's approach to improving mental health and wellbeing for children and young people. It includes measures to improve access to mental health services, promote positive mental health in schools, and provide support for parents and carers.
- The Scottish Attainment Challenge - This initiative aims to close the attainment gap between children from disadvantaged backgrounds and their peers. It includes a range of measures to improve literacy, numeracy, and health and wellbeing outcomes for children and young people in disadvantaged areas.
- The Youth Employment Strategy - This strategy aims to increase employment opportunities for young people in Scotland, by providing support and training to help them enter the labour market. It includes a range of measures to improve education and training, as well as support for employers to recruit and train young people.

The Promise

In February 2020, Scotland made [a promise](#) to care experienced children and young people:

*“You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept.**”*

The Promise sets out a 10-year transformational programme, concluding in 2030. Such is the size and scale of The Promise, that this is scaled to three, three-year plans. This plan for Midlothian moves from the 21-24 plan, and the 24-27 plan.

The five underpinning **Foundations of The Promise** are:

1. **Voice** - voice of the children must be heard at all stages.
2. **Family** - what all families need to thrive.
3. **Care** - care that builds childhoods for children whom Scotland has responsibility.
4. **People** - people with a relentless focus on the importance of relationships.
5. **Scaffolding** - scaffolding, so that the structure is there to support children and families when needed.

Poverty Action

Our efforts are focused on helping the Scottish Government achieve their goal of eradicating child poverty. Our primary objective throughout this plan is to decrease the number of families and children in Midlothian experiencing relative poverty. The Child Poverty (Scotland) Act 2017 outlines interim goals for Scotland to attain by 2023/24 to reach the ambitious 2030 targets. In 2020/21, an estimated 20% of Midlothian's children lived in low-income households, affecting 3,539 children. Although previous Children's Services and Child Poverty plans have led to a minor decrease in child poverty rates, the Covid-19 pandemic and the ongoing cost-of-living crisis continue to impact families. Substantial work is necessary to protect Midlothian's children from the consequences of poverty.

We have re-evaluated our planning and governance structures to better address child poverty's root causes through local actions. The Improvement Service has assisted us in conducting a self-assessment, and we will continue collaborating with them to refine our poverty strategy and respond to the cost-of-living crisis.

The issue of child poverty in Midlothian is extensive and intricate, involving numerous partners. We plan to thoroughly examine this landscape, along with its outcomes and activities, to ensure clear accountability and well-coordinated efforts across Midlothian. The Child Poverty Working Group is tasked with creating the annual [Local Child Poverty Action Report](#), which outlines our actions to combat child poverty and documents our progress.

Throughout this plan's duration, we will prioritise reviewing welfare and debt advice support in Midlothian, enhancing financial well-being pathways for families in need, and promoting parental employability. We are currently developing a Midlothian Poverty Profile to track our progress using key poverty and risk indicators and to ensure we collect, analyse, and utilise relevant data to inform our actions in reducing poverty.

United Nations Conventions on the Rights of the Child (UNCRC)

Every child and young person under the age of 18 has rights, no matter who they are, where they live or what they believe in. Fundamental to those rights is the notion that children and young people are entitled to expect appropriate care, protection and consideration from adults.

The UNCRC is based on four key principles –

- All rights belong to all children without discrimination or exception
- The best interests of the child should be the first consideration for actions that affect them
- All children have the right to life, survival and development
- All children have the right to participate

The Children and Young People (Scotland) Act 2014, Part 1 (section 2) highlights the duties on public authorities in relation to the UNCRC. Public authorities (including all local authorities and health boards) are required to publish a report on the steps it has taken every three years to ensure they are meeting their responsibility with regard to the UNCRC requirements.

The UNCRC provides the GIRFEC Partnership with a platform to help us determine if we are improving and promoting the wellbeing of children. The Convention Rights can also compliment the Getting It Right for Every Child (GIRFEC) wellbeing indicators, which are Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANNARI).



UNCRC Articles

Our Partnership is focusing on raising awareness and understanding about the rights of children and young people - what we say connected to the UNCRC. We will ensure the UNCRC is applied to all our work to make sure our children and young people have their rights protected and their voices heard.

Healthy Places

The health and wellbeing of children are influenced by their surroundings, including where they live, play, learn, and relax, as well as the infrastructure and transportation options that enable them to move between these locations. The United Nations Convention on the Rights of the Child (UNCRC) outlines specific rights that all children have in order to fulfil their potential. Some of these rights are related to their environment, such as the right to be heard in matters affecting them (Article 12) and the right to play, rest, leisure, and access to cultural life (Article 31).

The Midlothian Children's Partnership supports children's rights to grow up in healthy environments and access a variety of health-promoting places and spaces. Identifying areas with high concentrations of deprivation enables the Partnership to make better-informed decisions about targeting place-making activities.

Creating healthy environments will be supported by collaborative working between various stakeholders, such as communities, housing, transportation, community development, health and wellbeing, business, leisure, and education. Place-making for children and young people supports the National Performance Framework outcome "We grow up loved, safe, and respected so that we realize our full potential." This focus also benefits children and young people in other key National Outcomes, including community, culture, education, environment, health, and human rights.

There are several key place-based programmes of work aligning to this integrated plan. Examples include:

- A Whole Systems Approach to Type II Diabetes Prevention pilot in Mayfield and Easthouses. Eleven actions in this plan aim to increase opportunities for better health and wellbeing for children and young people. Governance is through the Whole Family Wellbeing subgroup. In 2023/24 the programme will enter its delivery phase.
- Midlothian Council has launched its review of the Local Development Plan. This sets out proposals and policies for the development and use of land and for the protection and conservation of natural assets and amenity. When adopted, it will set out how Midlothian will develop over the 10-year period 2026-2036.

Commissioning

The Partnership are investigating the development of a framework for family wellbeing services by maximising the money that comes to Partnership members

Work continues to develop a joint commissioning framework, which will eventually support the Partnership in, planning, developing, and commissioning new services. The framework will begin to address the Scottish Government funding for Midlothian's Whole Wellbeing Service transformation, so that family support is in place in a consistent manner across the county being offered at the right time, for the time it is needed for, and at times which fit with the family.

Enhanced data sharing

Enhanced data sharing across Midlothian can bring significant benefits to improve outcomes for children. This kind of sharing helps to create a more coordinated approach to providing services for children, young people and their families, which can lead to better outcomes for

those who need support. For example, when all relevant professionals involved in a child's care have access to the same information, they can make better-informed decisions about the best course of action for that child. This can help to ensure that any support or interventions are tailored to the child's specific needs, which can result in improved outcomes in areas such as education, health, and social development. Enhanced data sharing can also help to identify patterns and trends in the needs of children and families, which can inform future service provision and policy development. Overall, enhanced data sharing has the potential to improve the quality and effectiveness of services for children and families in Midlothian, ultimately leading to better outcomes for all involved.

Our Previous Plan

The work undertaken during 2020 - 2023 contributed towards three priority outcomes:

1. More children and young people are safe, healthy and resilient.
2. More children and young people receive timely and effective support when they need it, including those who are care experienced.
3. Inequalities in learning are reduced.

Our work in the 2020-2023 GIFREC plan was interrupted when the UK Government announced a nationwide lockdown to reduce the spread of Covid-19 infections. This resulted in agencies within the partnership needing to quickly change how they delivered their services. Many organisations within our community acted beyond pre-pandemic scope of practice as the needs of children, young people and families changed because of the lockdown.

The COVID-19 pandemic had a significant impact on the wellbeing, education and lives of our children and young people.

Partnership working has been critical to providing different supports to meet the changing needs of children and families through and out of the pandemic. The cost-of-living crisis has exacerbated further the impact of the pandemic on children and families. Addressing these needs is the focus of this 2023-2026 Integrated Children's Services Plan.

What the data tells us

Midlothian has a relatively young population, with around 26% of residents aged between 0-22 years of age. This demographic trend is expected to continue, with the population of young people projected to increase by 6% over the next decade (Midlothian Council, 2019).

In general, the county is doing well against a range of key outcomes. It is worth noting, that these average figures for the whole county population mask significant discrepancies between population groups, with poorer outcomes seen for those living in areas of higher socio-economic deprivation. In the general Midlothian community, there has been a decrease from 21.3% (2012-15) to 12.6% (2019-22) of women who smoke when pregnant. However, of women living in the most deprived areas of Midlothian, 30% are recorded as smoking in pregnancy. Smoking in pregnancy can lead to several health and developmental issues for babies and children. The percentage of children and young people aged 0-25 years old living in the 20% most access deprived areas has increased from 18% (2011) to 27.7% (2020) (Source: [Public Health Scotland ScotPHO Inequalities Profiles](#) Tool) and highlights an area of increasing inequity experienced by Midlothian's children and young people.

Physical and mental health

[Scotland's Wellbeing: The Impact of COVID-19](#), outlines key findings on the harmful impacts the pandemic had on children and young people's education and training, social isolation and anxiety, financial stress and resilience on support programs, digital exclusion, and access to healthcare services. The social and language development of young children were particularly impacted as Early Learning Education could not be replicated in remote learning in the same way that older children's education might be.

Midlothian children and young people are in general as healthy as their counterparts in other parts of Scotland. There has been a significant reduction in the rates of dental decay in children, with 77% of P7 children showing no obvious dental decay in 2019 (increase from 44% in 2012). There has also been an increase from 23.8% (2010-2013) to 33.7% (2019-22) of babies who have been exclusively breastfed at their 6–8-week review.

Since 2012, the percentage of children with healthy weight has decreased from 77.5% to 70.3% in 2020/21. This highlights a trend of more young people being overweight, which increases their risk for type 2 diabetes.

There has been a decrease in girls completing HPV vaccination course from 89.8% (2009-12) to 74.5% (2017-20) (Source: [Public Health Scotland ScotPHO Inequalities Profiles](#) Tool).

Children and Young People in Need

In 2020/21, an estimated 20% of Midlothian's children and young people lived in low-income households, affecting 3,539 children and young people. In 2022/23, 110 households with children presented as homeless in Midlothian, with 18 of these involving Single Parents under 25 years of age. Two hundred and twenty-eight children and young people currently live in temporary accommodation.

One hundred and seventy-one children and young people are in Care (Looked After), with 61 children and young people in Kinship Care (Snapshot at 31/03/22). Over 200 children and young people identify as Young Carers (1%).

Thirty-eight children and young people (0.2%) are on the Child Protection Register (Snapshot at 31/03/22). The Child Protection Register is a confidential list of those who have been identified as being at risk of significant harm.

Education

Most of Midlothian's students are white Scottish, whilst 19.1% are black or another minority; with 6.2% of students speak a language other than English at home. According to the Scottish Government's National Improvement Framework, Midlothian's primary schools have seen an improvement in reading, writing, and numeracy outcomes in recent years (Scottish Government, 2021). However, there are still areas for improvement, with secondary school attainment rates in Midlothian falling slightly below the national average (Midlothian Council, 2019). In 2022, 40% of Midlothian's students required additional support, which is an increase of 13% since 2018. Three hundred and thirty-one children and young people with disabilities and/or long-term conditions attend Schools in Midlothian.

All Children and Young People

Total children and young people (aged 0-21): 23,779

Age 18-21 4,687
Age 12-16 5,186
Age 5-11 8,223
Age 0-4 5,683

19.1% of children and young people are black or another minority

6.2% of children and young people speak a language other than English at home

Our Schools

High school 5,999 pupils
Primary school 8,066 pupils
Special school 102 pupils

All Pupils 14167

Vulnerable Children

Low birth weight babies: 40
Homeless presentations (families): 110 households
Number of children in temporary accommodation: 227
Single Parents Homeless (under 25): 18 households
Teenage pregnancies (under 20yrs): 28.2 per 1,000
Children affected by domestic violence: 93
Number of children referred to Children's Hearing: 110
children referred 224 children's hearings held
Free school meals registrations 2022 N (%):
Secondary – 13.3%,
Primary (P6+P7 only) - 16.7%
Young Carers N (%): 128 (0.9%)
Children with disabilities/long term conditions N (%):
High school 123 - 2.1%,
Primary school 111 - 1.4%,
Special school 97 - 95.1%

Care Experienced Children

Child Protection Investigations 461

Looked After Children 171

Child Protection Register 38

Consultation with children, young people and families

In Midlothian we take account of the views, needs and experiences of children, young people, families and communities in a variety of ways. This plan has been informed by the collection of local data from children, young people and families, and qualitative information from a range of partner agencies.

In October 2022, our first **Youth Community Planning Hackathon** took place at the Dalkeith Campus which provided a platform for Midlothian's children and young people to voice their views. Sixty-seven young people from across Midlothian attended the event where they discussed a wide range of themes. They told us:

- Focus on well being
- Increase the voice and influence of children and young people
- Provide information on support, activities and places for young people
- Deliver more activities and spaces for children and young people.

The Midlothian Youth Platform (MYP) is an independent and youth-led organisation involving young people aged 12 -21. MYP encourages youth participation and provides young people in Midlothian a platform to share their views with policy makers and to influence decision making processes. ([Midlothian Youth Platform \(MYP\) | Midlothian Council](#)).

The Midlothian's Champions Board are our forum for care experienced young people. They consult widely with care experienced young people and meet regularly with senior officers to highlight issues and to inform children's services planning and service delivery. In response to consultation with our Champions Board our Leisure Services have introduced a leisure card which offers free or substantially reduced fees for a range of sporting and leisure activities. We have worked to redesign and decorate the Hearing Centre into a much less clinical and young person friendly environment. More recently, our Champions Board are developing a "family firm" approach to offering employment opportunities for our care experienced young people.

The National Lottery funded Midlothian Early Action Partnership undertook a [systems mapping](#) of mental health services and supports available in Midlothian. Forty-nine children and young people participated in this research.

We regularly hold focus groups with our pupils throughout all our schools to consult with our children and young people on local and national issues. On a national level, the view and opinions we gathered from children and young people on the Scottish Government's 'The National Discussion' allowed us to share how they feel about their education and what their suggestions and priorities were for the future of education in Scotland. On a local level, we are currently carrying out a statutory consultation with children and young people on a proposal to build a new school within our local authority. As this may result in changes to our catchment areas and provide the opportunity for learners to attend a new school in their area, their input is essential.

Our Priorities

AIM	PROGRAMME DESCRIPTION	
We will ensure Midlothian's children and young people have timely access to appropriate emotional, mental health, and wellbeing support	Develop a single point of access to efficiently allocate mental health and wellbeing supports	Healthy / Active / Nurtured
We will ensure Midlothian's children and young people receive the appropriate needs-based support whilst they are assessed for neurodevelopmental concerns	Utilising the single point of access to implement a neurodevelopmental pathway in line with the Scottish Government's service specification	
We will provide families with holistic support to help to deliver improved outcomes for children, young people and families	Implement our whole family wellbeing approach and effectively utilise the whole family wellbeing fund	Achieving / Responsible
We will reduce the number of families and children living in relative poverty	Implement and deliver on the actions set out in the Local Poverty Action Plan	
Partner agencies will work together to commission the services that are needed to fulfil the priorities identified in the Children's Services Plan	Develop robust joint commissioning processes and oversight	
We will ensure children and young people with Additional Support Needs (ASN) transition into adult services in a planned, safe, and seamless manner	Develop Transitions Framework for ASN children and young people to support local services and processes	Respected / Included
All professionals are appropriately trained and equipped to deliver services in a trauma-informed way	Consistently demonstrate Trauma Informed Practice throughout the partnership workforce	
We will ensure the rights of every child and young person in Midlothian are upheld by embedding UNCRC into daily practice and processes	Collectively demonstrate UNCRC is implemented across all partnership programmes	
We will work to ensure families are supported to stay together at home	Delivery of The Promise and the new Corporate Parenting plans within Midlothian	Safe / Nurtured
Families are supported in a way that demonstrably improves outcomes for mothers and babies	Apply a partnership approach to test targeted support during pregnancy and early years to reduce inequalities	
We will strengthen GIRFEC practice and ensure information is shared proactively to aid prevention and early intervention	Develop a strengthened information sharing between partners to effectively support prevention and early intervention measures	
We will ensure children and young people are able to safely and easily make use of facilities and activities across the Midlothian	Develop a partnership approach to Spatial Planning that ensures Midlothian is a place that children enjoy growing up in.	

References:

Midlothian Council. (2019). Midlothian Council Child Wellbeing Strategy 2019-2022.

https://www.midlothian.gov.uk/download/downloads/id/24028/midlothian_council_child_wellbeing_strategy_2019-2022.pdf

National Records of Scotland. (2021). Midlothian: Key facts and figures. <https://www.nrscotland.gov.uk/files//statistics/population-estimates/midlothian-council-area/midlothian-ka-2021.pdf>

Scottish Government. (2021). National Improvement Framework. <https://education.gov.scot/improvement/scotlands-national-improvement-framework>"

DRAFT

Appendix 6

West Lothian

Children's Services Plan

2023-2026



Getting it Right for West
Lothian's Children and Families

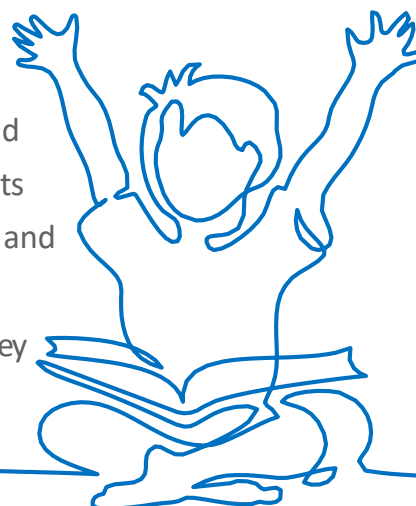


West Lothian
COMMUNITY PLANNING PARTNERSHIP

Children's Services Plan 2023-2026

Foreword	3
Our Plan at a Glance	4
West Lothian Profile	5
Working in Partnership	7
National and Local Context	8
Developing the Plan	12
Participation and Engagement	13
Early Intervention and Prevention Approaches	14
Our Priorities	15
How we Work Together	32
Workforce Development	33
Performance Management	34
National Performance Indicators	35
Budget Resources	37
Appendix 1	38

In West Lothian we recognise that investment in our children and young people is one of the most valuable long-term investments we can make. By investing our shared resources in the delivery and development of services that focus on prevention and early intervention we can ensure that children's needs are met and they are supported to achieve their full potential.



Planning Services for Children, Young People and Families

As in previous years and in accordance with the Children and Young People's (Scotland) Act 2014, local and national partners who deliver services for West Lothian's children and families have come together to design and publish our Children's Services Plan for 2023 - 2026. The West Lothian Children's Services Plan ('the Plan') does not exist in isolation, and this Plan aligns with relevant existing plans and strategies across West Lothian and nationally.

We are committed to providing services that are holistic, and developed with families themselves and partner agencies; that tackle inequalities, and focus on improved outcomes for children and deliver the **Right Help at the Right Time**.

To ensure that children and young people have a head start in life, we are focused on the importance of early intervention and preventative work with families to improve opportunities and outcomes, help families cope with the pressures of parenting, as well as providing statutory early intervention and child protection services when this is needed.

This joint Children's Services Plan outlines the work of the West Lothian Children and Families Strategic Planning Group and follows a Whole Systems Approach to planning as led by the West Lothian Community Planning Partnership (CPP). West Lothian's Local Outcomes Improvement Plan (LOIP) sets out how the CPP will deliver improved outcomes for its communities.

The plan is a continuation of the Children's Services Plan 2020-2023. Consultation and feedback from stakeholders, partners, staff and children and families and findings from strategic needs assessments, suggests that current priorities are still relevant for this iteration of the plan.

The Plan highlights partners' commitment to delivering outcomes for children and young people in West Lothian through active participation in joint planning and delivery structures. We listen to the voices of children and their families and carers and ensure their views are valued and respected and include them in the planning process.

The plan will be underpinned by a detailed action plan which reflects the priorities we have agreed and how we will achieve the best outcomes for children and young people in West Lothian. National and local Key Performance Indicators and a robust performance management system will ensure we monitor our progress and achievements and help identify where we can improve outcomes for children, young people and their families.

Siobhan McGarty

Chair of the Children & Families Strategic Planning Group



Plan at a Glance

The West Lothian Children's Services Plan 2023-2026:

- Defines the approaches and mechanisms which partners use in West Lothian to plan and deliver those joint services, initiatives and activities geared towards the delivery of outcomes for children, young people and their families
- Defines the key priorities which have been agreed by partners as multi- agency actions
- Explains the way in which activity relating to each of these priorities will be linked to key outcomes, will be monitored through the use of meaningful performance indicators and will be driven by challenging targets

Our Vision underpins the national programmes of Curriculum for Excellence, Getting It Right for Every Child (GIRFEC), the United Nations Convention on the Rights of the Child (UNCRC) and the Promise with desired outcomes that all children become successful learners, confident individuals, effective contributors and responsible citizens through being safe, nurtured, healthy, active, included, achieving, respected and responsible.

VISION	
We believe that every child should have the best start in life to enable them to: have high aspirations, build the foundations for living well in the future, and realise their potential	
PRINCIPLES that we will ensure the priorities adheres to:	
✓ Re-distributing resources towards targeted activities with individuals, groups and communities	
✓ Improving outcomes for the individual child and their family	
✓ Improved Integrated working	
✓ Focusing on early intervention by shifting resources from managing crisis to prevention and building resilience	
PRIORITIES	
✓ Child Protection	✓ Raising Achievement and Attainment
✓ Corporate Parenting	✓ Promote Children's Rights
✓ Promote Health and Wellbeing	✓ Reduce the Harm from Substance Use
✓ Reduce Harmful Behaviour for Children and Young People in Conflict with the Law	
Themes running through all the priorities	
Early Intervention and Prevention Approaches GIRFEC / UNCRC / the Promise Partnership working and associated strategies and plans	

West Lothian's Children – Profile

In planning for the development and delivery of services for children, young people and their families, the profile of West Lothian children and families has been considered. West Lothian has a population of approximately 185, 580 (mid 2021) and is one of the fastest growing and youngest in the country. Between 2001 and 2021, the population of West Lothian has increased by 16.7%. This is the fifth highest percentage increase out of the 32 local authority areas in Scotland. Over the same period, Scotland's population rose by 8.2%.

Between 2018 and 2028, the population of West Lothian is projected to increase to 192,812. Based on 2021 mid-year population estimates of West Lothian population of children and young people aged 0-15 years 35,133 which is 18.9% of the total population. This is a 0.5% increase since 2001 compared with an 6.1% decrease of the 0-15 year old population across Scotland for the same time period.



14,632 people in West Lothian (8.1% of the county's population) live within the 15% most deprived areas in Scotland.

The most recent child poverty statistics (2021) show that 21.1% of West Lothian children were living in poverty. This is a decrease of 3.51% from 2020 (24.6%)



Youth unemployment in West Lothian stands at 4.6%, which is slightly greater than the Scotland rate of 4.5% and lower than the UK rate of 13.2%.



Babies exclusively breastfed at 6-8 weeks – this is 29.5% in West Lothian and 41.4% for NHS Lothian

In West Lothian 92.5% of eligible children receive a 13-15 month review compared with 92.2% across Lothian and 92% receive a 27-30 month review compared with 91.5% across Lothian

0.9% of the total 0-17 years population in West Lothian care experienced. The Scottish average for the same period was 1.3%

Primary aged children registered for free school meals was 11,703 and 2009 within Secondary education

West Lothian Homeless Applications by 16-25 years olds was 396 which is 33.3% of all Homeless Applications

In 2021, there were 1,727 births in West Lothian. This is an increase of 4.% from 2020. Whilst West Lothian, in keeping with other areas in Scotland, is experiencing an increasingly aging population, the area has seen a birth rate higher than the national average (9.8 per 1,000 population compared to 8.7 across Scotland). However, the increase in birth rate is not expected to continue and it is anticipated that the numbers of children aged 0 – 15 will decrease by 1% by 2028.

Population projections by age

Age	Population size (2021)	Current % of Population	% Change by 2028
0-15	35,133	18.9%	-1%
16 to 24	18,486	7.8%	6%
25 to 44	48,148	25.9%	4.7%
45 to 64	52,260	28.1%	-2%
65 to 74	18,067	9.7%	14.8%
75 and over	13,486	7.3%	28.2%

The table below of Births by age of mother, indicates an increase in the age in which mothers are giving birth in West Lothian, with the greatest increases in mums aged 35 years and over. Whilst the trend in West Lothian is reflected across Scotland, birth rates amongst older mothers is a third higher in West Lothian, compared to the Scottish average (31.9% higher).

Age group of mother	Population size 2021	% change since 2001	Scotland % change
All ages	1,727	-12.8%	-9.0
0 to 19	36	-78.8%	-76.5
20 to 24	197	-43.4%	-38.6
25 to 29	462	-23.0%	-6.8
30 to 34	608	5.4%	2.2
35 to 39	358	45.5%	25.6
40 and over	66	69.2%	63.4

In 2021, the number of households in West Lothian was 80,932. This is a 1.3% increase from 2020. In the previous 20 years, the number of households in West Lothian has increased by 24.4%. This is the 4th highest percentage change out of the 32 local authority areas in Scotland and a more rapid increase than at Scotland level (+15.2%).

Sources for statistics – National Records Scotland www.nrscotland.gov.uk, West Lothian Council Housing, [Children's social work statistics - gov.scot \(www.gov.scot\)](http://Children's social work statistics - gov.scot (www.gov.scot)), Scottish Government - School Meals Survey, www.publichealthscotland.scot/publications/infant-feeding-statistics, Health and care - Themes - Scottish Health and Social Care Open Data (nhs.scot)

Working in Partnership

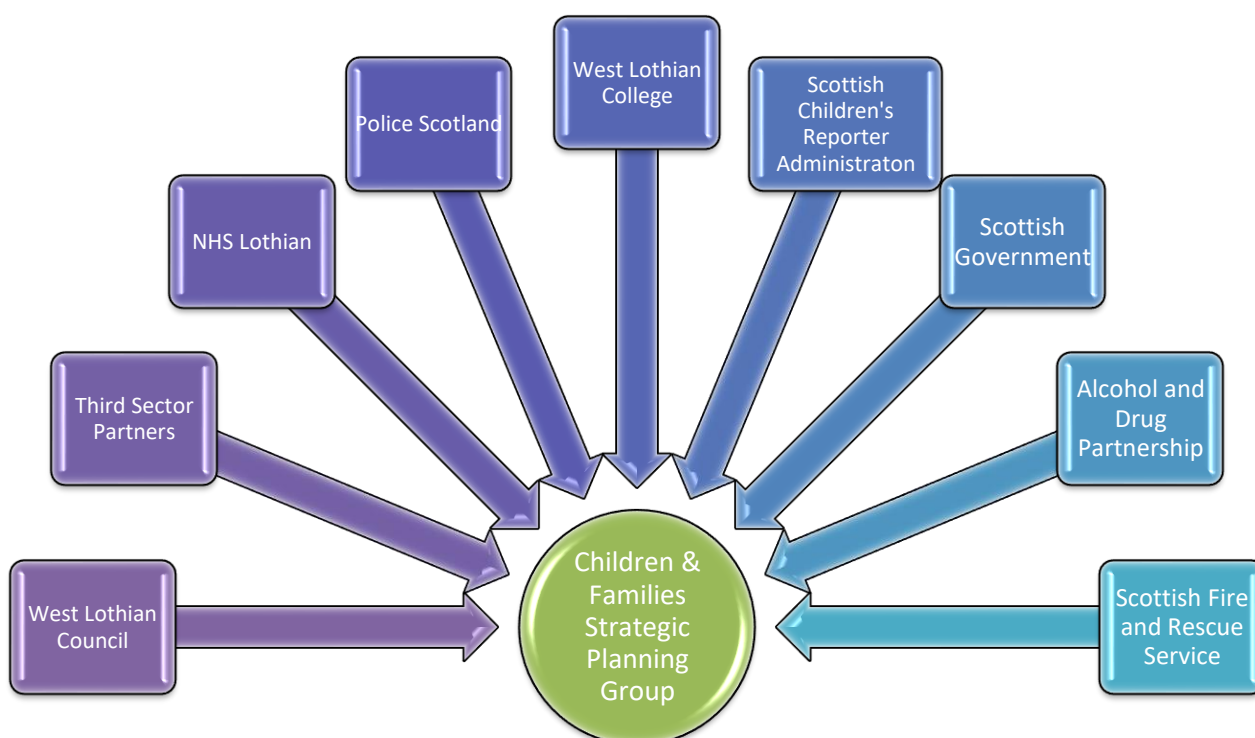
As in previous years and in accordance with the Children and Young People (Scotland) Act 2014 (Part 3), local and national partners who deliver services for West Lothian children and families have come together to publish our Children's Services Plan for the period 2023-2026. Based on a wide-ranging assessment of local needs, partners have agreed a plan which, at its heart, aims to improve the wellbeing of local children, young people, and their families. Children's planning has a very high profile in West Lothian and all partners have again demonstrated enthusiasm to engage with young people, parents and the communities they reside within to inform this plan.

The Children and Families Strategic Planning Group (C&FSPG) is responsible for integrated children's service planning in West Lothian and reports to the West Lothian Community Planning Partnership.

Members are senior officers from key community planning partners with collective responsibility for:

- Monitoring the plans developed by sub-groups to take forward the vision of the Children and Families Strategic Planning Group
- Overseeing the progress of the Corporate Parenting Plan and the Promise
- Developing strategic commissioning for children and families
- Ensuring that progress towards achieving key outcomes is monitored and reported through the community planning process
- Acting as a conduit between community planning partnership and operational activity
- Identifying cross cutting issues across sub-groups and develop integrated multi-agency solutions
- Acting as a key consultative group for major policy development
- Developing processes which maintain a regular and effective means of communication between partnerships
- Supporting and developing shared information and intelligence systems;
- Promoting joint staff training and development

Membership of the C&FSPG includes senior officers from:



National and Local Context

Within the integrated partnership working arrangements there are many national and local associated strategies, plans, frameworks and legislation that directly informs and aligns to the Children's Services Plan that we collectively work towards to achieve to ensure the best outcomes for all children, young people and their families. The West Lothian Children's Services Plan aligns with National legislation including Children and Young People (Scotland) Act 2014, Human Rights Act 1998, Equality Act 2010 and aligns to the newly published West Community Planning Partnership Local Outcomes Improvement Plan (LOIP) 2023-2033.

NATIONAL:

- The United Nations Convention on the Rights of the Child (UNCRC)
- Getting it Right for Every Child (GIRFEC)
- The Promise
- Scotland's National Performance Framework (NPF)
- National Children, Young People and Families (CYPF) Outcomes Framework
- Scottish Fire and Rescue Strategic Plans
- Strategic Police Priorities for Scotland
- Working with Children in conflict with the law 2021: standards
- National Strategy for Community Justice
- Scotland's Public Health Priorities

LOCAL:

- Community Planning Partnerships Local Outcomes Improvement Plan (LOIP) 2023-2033
- Lothian Strategic Development Framework 2023-2028
- Corporate Parenting Plan 2023-2026
- Anti-Poverty Strategy 2023-2028
- Carers Strategy 2023-2026
- Alcohol and Drug Development Plan
- Raising Attainment Strategy 2023-2028
- Local Housing Strategy 2023-2028
- Gender Based Violence Strategy 2021-2024
- Autism Strategy 2022 – 2025



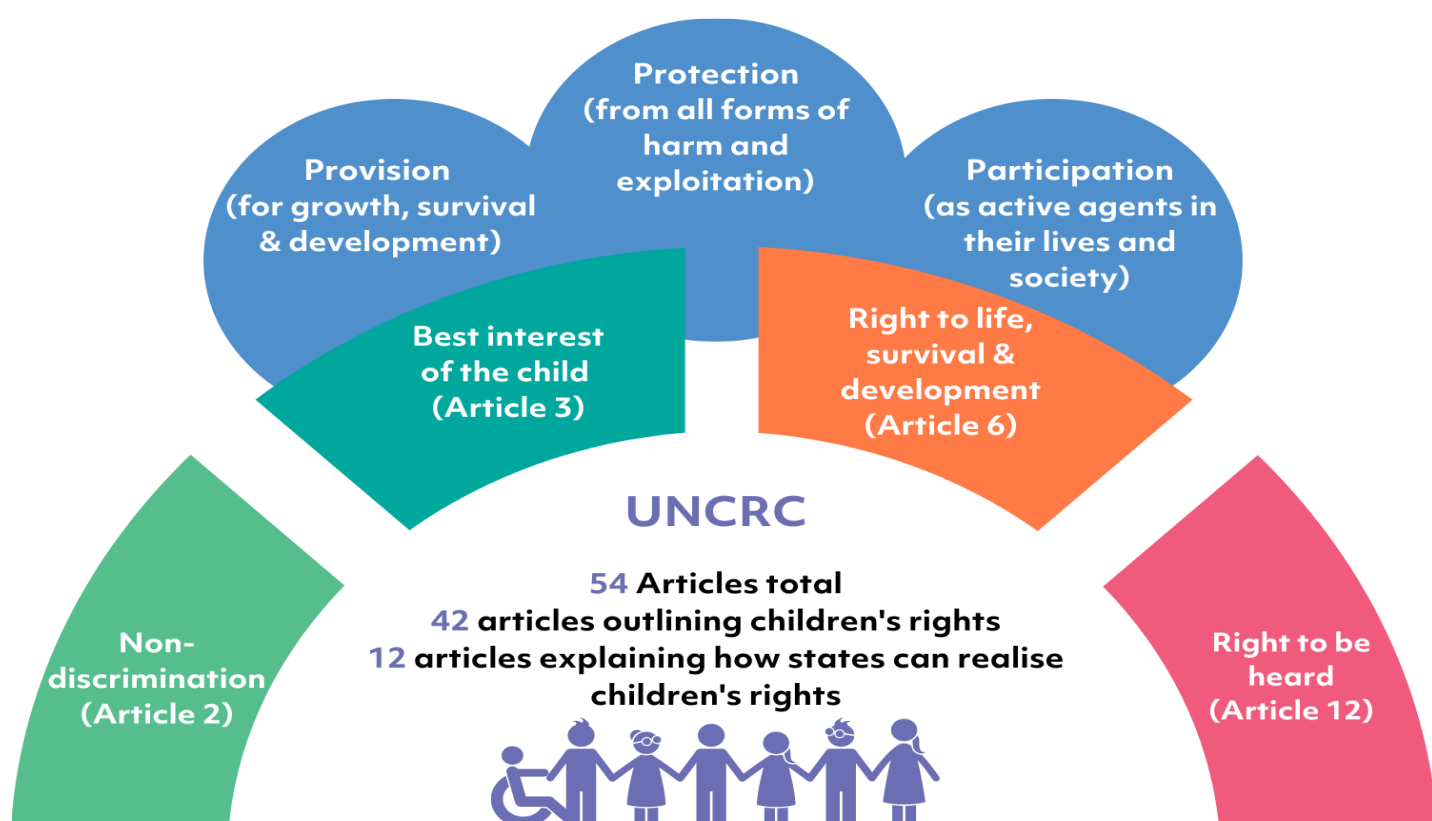
National and local Context

United Nations Convention on the Rights of the Child (UNCRC)

The United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Bill sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard.

The Scottish Government is committed to the incorporation of the UNCRC into scots law to the maximum extent possible.

In West Lothian, a main priority is Promoting Children's Rights and this includes imbedding all of the articles of the UNCRC into all service delivery to ensure children are aware of and understand their rights and know what to do if they feel their rights are not being met.



Getting It Right For Every Child (GIRFEC)

GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people. It is locally embedded and positively embraced by organisations, services and practitioners across Children's Services Planning Partnerships, with a focus on changing culture, systems and practice.

In response to learning from Learning Review processes in West Lothian, a multiagency GIRFEC group was established in 2022 to refresh and develop revised guidance for Child's Planning Meetings, to assist practitioners in understanding the role and function of planning meetings and to ensure timely and effective use of meetings. The guidance defines the named person and lead professional and outlines timescales. The voice of the child is highlighted and prioritised within the preparation, delivery and recording of Child Planning Meetings in line with The Promise.

National and local Context

The 42 articles of the UNCRC outlining children’s rights align directly to the GIRFEC wellbeing indicators SHANARRI:



The Promise

Scotland launched Plan 21-24, on 31st March 2021 which sets out the Five Priority Areas and Five Fundamentals which will be essential to achieving the transformational change required to improve outcomes for care experienced children and young people. Strong connections have been developed nationally with The Promise Scotland to support the progress of the West Lothian’s Call to Action Plan which will ensure all partners understand the actions required to realise the change programme.

In West Lothian, significant work has been undertaken to support language, practice and cultural changes and work continues on the changes required by all partners to ensure young people grow up loved, safe and respected. A number of new developments have been established which strengthen community based, whole family services which work in partnership across West Lothian, providing a variety of services to support families at the right time for them.



“Transformation of the scale required needs collective, collaborative and persistent work to make the promise a reality...”



LOCAL CONTEXT

The Community Planning Partnership Local Outcomes Improvement Plan (LOIP) 2023-2033 is the Community Planning Partnerships 10-year plan for West Lothian. It sets out the long-term strategic vision for West Lothian and outlines how the partnership will work together to improve the quality of life for everyone who lives, works and does business in West Lothian. The LOIP is an area-wide plan and sets out key local priority issues and how partners will work together to tackle these and improve outcomes. The LOIP has a key focus on those specific issues that require additional partnership action and is based on the added value that working in partnership can bring. This plan is based on key principles of tackling inequalities, prevention, inclusiveness and community resilience and empowerment.

Impact of Child Poverty

Children who grow up experiencing poverty are more likely to face health inequalities, bullying and lower educational attainment, leading to fewer job opportunities and higher risk of financial insecurity in adulthood.

The Community Planning Partnership (CPP) Anti-Poverty Strategy for 2023 – 2028 sets out how partners work together to tackle poverty in West Lothian. These priorities are closely linked with the drivers of poverty identified in the Scottish Government's Tackling Child Poverty Delivery Plan. The strategy recognises that poverty can have a profound impact on the life chances of those affected. The West Lothian Local Child Poverty Action Report (LCPAR) describes actions taken to address child poverty and sets out the drivers of child poverty as set out by the Scottish Government.

Youth Homelessness

The Children's Services Plan has key links to housing and related services. The Local Housing Strategy 2023-2028 and the Rapid Rehousing Transition Plan gives specific consideration to children and families in terms of preventing homelessness and addressing and responding to housing needs through a range of suitable housing options with support to sustain a successful outcome. There is ongoing engagement with the Children and Families Team to support the development of the new Local Housing Strategy and the update of the Rapid Rehousing Transition Plan.

West Lothian has one of the highest rates of youth homelessness in Scotland and partners are aiming to address this through preventing homelessness where appropriate or providing suitable housing options so that young people can receive the help and support they need to access suitable accommodation and to be able to sustain their tenancy.



Young Carers

One of the outcomes of the Carers (Scotland) 2016 Act is that young carers are supported and protected from inappropriate caring and negative impacts on their education, social lives and future development.

West Lothian has established a Carers Strategy Implementation Group and Young Carers are one of the main priorities in the strategy. This Children's Services plan aligns to the young carers priority areas to support young carers wellbeing to help them to continue in their caring roles and to be children first and receive the same opportunities as their peers to succeed in life.

Young Carers are also a key targeted group of young people in the Promoting Children's Rights Group to ensure they understand and know their rights in their caring role and can access the support they need.

Children and Young People impacted by Gender Based Violence

In West Lothian the Gender Based Violence Partnership is committed to challenging and eliminating, all forms of gender-based violence, to create a society for West Lothian's Children and Young People where they can feel safe, supported, and respected and have their rights to live life free from abuse and violence protected. The West Lothian Gender Based Violence Strategy 2021-2024 has strong links to the work of the Children and Families Strategic Planning Group.

The West Lothian Domestic and Sexual Assault Team (DASAT) support children and young people aged between 5-16 who have experienced domestic abuse and children from the age of 13 who have suffered sexual violence. Support is delivered in a range of ways to meet their individual needs. This can include individual support and group work programmes, tailored to suit their age, ability, awareness and individual needs and circumstances.

The partnership works closely with Education in supporting the mentors in violence prevention (MPV) programme to raise awareness and engage in early intervention work around behaviours and attitudes.

Developing the Plan

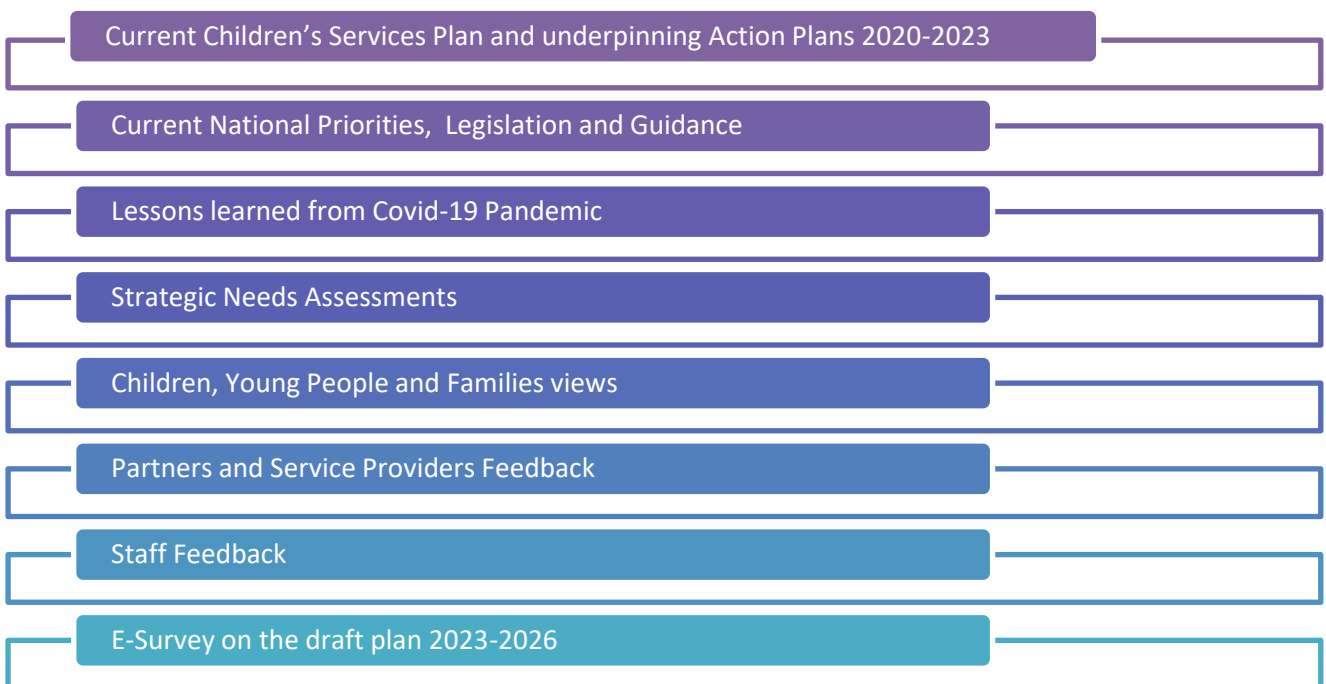
Development of this plan has involved both targeted and open consultation with service users, carers, families, service providers from the third and independent sectors and staff from across the HSCP. Engagement with local communities provides a key mechanism for ensuring that services are planned and led in a local way.

This Plan is a continuation of the West Lothian Children’s Services Plan 2020 to 2023. The priorities have been reviewed considering feedback from national drivers feedback over the past three years of the current plan, the experiences and lessons learned from the covid-19 pandemic, feedback received from various engagement events and forums and two Strategic Needs Assessments (SNAs) undertaken to understand any potential changing local needs, gaps or duplications in service delivery.

The review of the priorities and needs in West Lothian confirmed that our 7 priorities agreed for the Children’s Services Plan 2020-2023 are still relevant and meet the aims of our Plan 2023-2026 to tackle inequalities and give children and young people in West Lothian the best possible start in life.

Children’s Services Plan 2023-2026 Development Methods

what we have considered when preparing this plan



Participation and engagement with children, young people and their families is necessary to ensure we are hearing the voices of our young people and their views are taken into account. We seek children's views on a wide range of issues using appropriate and inclusive tools. Some examples include:

We routinely consult with children when new policies are being developed and reviewed. An example of this was the engagement of young people and staff with West Lothian's Children's Residential Services to support the production of the 'Intervening Safely Policy'. A one-page user friendly version of the policy was produced to ensure children and young people understood the meaning of the policy and for them to express their views about it.

Who Cares? Scotland is commissioned to provide independent advocacy to children and young people who are or have been cared for away from home up to the age of 26. The service is also accessible for children and young people who are looked after at home and where there are child protection processes.

Having Your Say is a well established forum in West Lothian for care experienced children and young people that promotes participation, provides peers support, opportunities to discuss important themes and informs on children's rights.

In November 2022, Community Education arranged and hosted a consultation event which was led by young people at Howden Park Centre in Livingston. This was a peer led experience involving numerous youth groups from around West Lothian. Our care experienced young people from Having Your Say who were P7 and secondary age attended. Seven questions covering three categories: Poverty, Climate change and Mental Health were discussed and were then fed back to the larger group. Two councillors from West Lothian were present and hosted a panel at the end for any emerging questions. Overall feedback reflected that the young people had more knowledge of climate change than poverty and they agreed that having someone they saw regularly where they lived or importantly within school would be very helpful to them. All experienced poor mental health at one time or another.

Parents, carers and family members are by far the most important influences in their children's lives. When parents are involved in their child's education, children do better on a wide range of measures including attainment, attendance, behaviour, confidence and attitudes towards learning. This is why it is so important that schools work in partnership with parents throughout the child's learning journey. West Lothian are developing plans in line with Education Scotland's Strategic Framework for Parental Involvement, Parental Engagement, Family Learning and Learning at Home, to allow children's needs to be properly communicated to ensure they are addressed to meet the needs of the individual young person.

All school pupils from Primary 5 to Secondary 3rd year are given the opportunity to complete an annual 'Pupil Ethos Survey' which covers national and local topics and this feedback is collated and used to inform actions to address any emerging themes that arise.

Questions to address the 21 national wellbeing indicators agreed in the national Children, Young People and Families Outcomes Framework (CYPF) will be included in this survey to ensure we can report locally on the national outcomes.

Having Your Say have been involved in presenting the work the group undertake and showcasing their achievements during the recent Customer Service Excellence Assessment. This encouraged care experienced young people to share how they are involved in various forums across West Lothian and ensuring their voices are heard within this.

Children and young people were involved in designing a logo for our listen and link service and they will also be involved in raising awareness of the service to ensure the voice of the young people who use the service are at the heart of it.

Early Intervention and Prevention Approaches

In West Lothian early intervention and prevention is the strategic approach that runs through all the priorities in the Children's Services Plan and is supported through robust multi-agency partnership working. The benefits of preventing crisis and creating conditions to allow children and young people to thrive is recognised as the best outcome for the individual, the wider family and the community.

We adopt holistic whole family models of support to engage with families who have complex needs and with the most entrenched social issues using asset based, co- production ways of working. This has the benefit of working with families on their own terms, addressing issues that are live and important for the family by building strong and persistent relationships between professionals and families, supporting them to navigate and negotiate services and realise the strengths already present within the family to best improve outcomes.

We have invested in a wide range of prevention and early intervention approaches, that have focused on:

- Ensuring access to an effective portfolio of early years services from pre-birth to school age
- Improving child/parent attachment
- Ensuring that children are supported to meet their developmental milestones
- Improving family learning
- Ensuring that children and parents access and are supported to play
- Ensuring access to intensive parenting programmes and family supports for vulnerable parents
- Ensuring appropriate access for mental health and wellbeing supports in the community
- Addressing the poverty gap
- Addressing access to healthy eating options for children, young people and their families

The Lothian Strategic Development Framework sets out what will happen across Lothian's Health and Care system over the next five years. It sets out action across several areas, including on the health of children, young people and families. Four priority areas have been identified, which focus on prevention and early intervention across the life course:

- Improving maternal health and tackling poverty
- Infant and child health and wellbeing
- Adolescent health and wellbeing
- The Promise: supporting care experienced children, young people, and families

The Scottish Government's 2021-22 Programme for Government committed to investing £500 million of Whole Family Wellbeing Funding (WFWF) over the lifetime of the Parliament to support the development of holistic whole family support services. It forms part of the Scottish Government's Keeping the Promise implementation plan, responding to the report from the Independent Care Review that called for a radical overhaul of Scotland's care system.

West Lothian have received an allocation of £1.140M and we await confirmation on the level of funding we will receive over the lifetime of the Parliament. A Whole Family Wellbeing Fund Planning Group has been established with the remit to plan and co-ordinate the investment of the WFWF. To achieve its aims, the group will take cognizance of various stakeholders including the views of individuals who use services.

A local Strategic Needs Assessment (SNA) was commissioned to inform the targeting of the WFWF in West Lothian to ensure that it addresses local need and deliver the desired outcomes.

Examples of early intervention and prevention services and initiatives are highlighted in the priority sections.

Our Priorities

In developing this plan, the priorities and needs in the Children's Services Plan 2020 – 2023 were reviewed and the Children and Families Strategic Planning Group members confirmed that the Seven priorities agreed for the Children's Services Plan 2020-2023 are still relevant and meet the aims of the Plan 2023-2026 to tackle inequalities and give children and young people in West Lothian the best possible start in life.

Seven high level priorities:

- ✚ Child Protection
- ✚ Promote Health and Wellbeing
- ✚ Raising Achievement and Attainment
- ✚ Corporate Parenting
- ✚ Promote Children's Rights
- ✚ Reduce the Harm from Substance Use
- ✚ Reduce Harmful Behaviour for Children and Young People in Conflict with the Law



Child Protection

To ensure that every child in West Lothian has the best start in life they must be safe.

Child protection is the responsibility of all who work with children, families and adults, regardless of whether that work brings them into direct contact with children.

Child protection must be seen within the wider context of supporting families and meeting children's needs through the principles of Getting It Right for Every Child by:

- putting children's needs first,
- ensuring that they are listened to,
- supporting them to understand decisions that affect them.
- making sure children get the right help when they need it.

Partnership working is at the heart of everything we do and plays a vital role in ensuring the protection of West Lothian's children and young people.

The Child Protection Committee (CPC) is the key local body for developing, implementing and improving child protection strategy across and between agencies and the local community.

The CPC is committed to continuous improvement in child protection work and is responsible for ensuring staff are equipped to work in partnership to protect those at risk of abuse and harm. The CPC ensures members of the public have access to relevant information and know who to contact if they have any concerns that a child or adult may be at risk of harm.

Wellbeing Outcome: Safe		UNCRC articles: 11,19,22,32,33,34,35,36,37,38
We will work together to:	How we will measure this	
Keep children and young people safe	National CYPF Wellbeing Indicators: <ul style="list-style-type: none"> • Protection from Harm: Number of children subject to interagency Referral Discussions Local: <ul style="list-style-type: none"> • Percentage of children who report feeling safer as a result of intervention by specialist domestic abuse services. • Percentage of children on the child protection register as at 31st March who had been previously on the register • Monitor progress of the Child Protection Improvement Plan • Annual report published 	
Provide strong and clear leadership and direction		
Ensure staff learning and development		
Evaluate performance and ensure continuous improvement		
Communicate & engage with children, young people & families.		

Child Protection

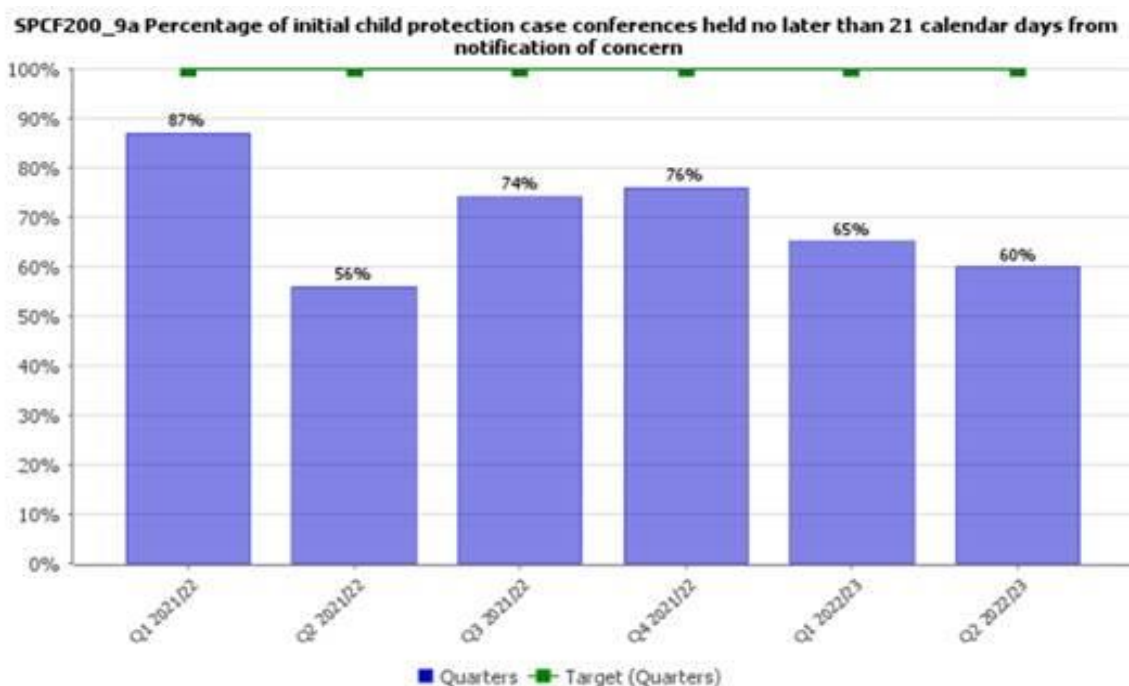
To support this priority, West Lothian partners work collaboratively to safeguard children and young people.

Activity includes:

- Missing Children and Young People: The missing young person's group is a multi-agency forum focusing on the highest number of missing incidents and those who are assessed as being the most vulnerable or those at the most risk. The group monitors performance and intervention related to missing children and young people within West Lothian and enables strategic discussion between partners. West Lothian has worked closely with the national missing persons coordinator service as part of the missing persons implementation project in reviewing our documents, processes and training. The missing young person's group will be overseeing the recommendations from this project.
- The Child Protection Committee has 3 subcommittees to support the work: Quality Assurance & Self Evaluation (QASE), Practice and Training (P&T) and a Learning Review subcommittee. The work of the subcommittees includes audit and evaluation of child protection work, promoting multi-agency training and events for practitioners and identifying areas of improvement and learning from case reviews.
- The child protection committee oversees progress of the Child Protection Improvement Plan.
- The child protection Committee has strong links with the Children and Families Strategic Planning Group with its overall oversight and leadership of Getting It Right for Every Child in West Lothian.

Key Performance Indicator for this priority:

This is an indicator of the extent to which Child Protection Case Conferences are meeting the requirements set out in the agreed Lothian's Child Protection guidance in relation to case conferences taking place within 21 days. The performance has been variable; however, the result can be strongly influenced by the number of child protection cases in any quarter and the circumstances of the case. The quality assurance subcommittee of the child protection committee reviews all data to consider trends and possible actions for improvements.



Promote Health and Wellbeing

Good health and wellbeing is key to ensuring children and young people in West Lothian have the best start in life. Work to improve children's health and wellbeing starts prior to conception and includes maternal health, growth and development, physical and mental health, feelings of happiness, satisfaction and successful social functioning. It influences the way children and young people interact in their environments. A strong sense of wellbeing provides children with confidence and optimism which maximises their learning potential and life chances.

Improving health and wellbeing is at the core of what we do and is where we focus the majority of our preventative work intervening and providing support, early enough to prevent deterioration or escalation. We recognise however that for some children and young people specialist help will be required to address more complex needs that impact health and wellbeing. Across the partnership we have a range of services in place to support these young people and ensure that they get the right support at the right time.

Wellbeing Outcomes: Healthy, Active		UNCRC articles: 3,6,23, 24,31,39,
We will work together to:	How we will measure this	
Support children to have the best start in life and to meet their developmental milestones through Whole Family Support.	<p>National CYPF Wellbeing Indicators:</p> <ul style="list-style-type: none"> • Proportion of children under 16 living in households with at least one person age 16-64 where all individuals aged 16+ are in employment • % of P5-S3 children who agree that their friends treat them well • % S1-S3 children participating in positive leisure activities • Number of children in temp accommodation at 31 March • % P5-S6 children that had at least 1 hour of exercise the day before the survey • Mental Health and Wellbeing Mean score on Stirling wellbeing scale (P5-S1 children) & Warwick Edi Mental Wellbeing Score (S2-S6 children) (WEMWBS) • % P5-S6 children who eat both fruit and vegetables every day • % children with a concern at their 27-30 month review (as a % of children reviewed) • % of P5-S6 children who say they <i>always</i> have an adult in their life they can trust and talk to about any problems <p>Local:</p> <ul style="list-style-type: none"> • Achievement of early developmental outcomes • Breastfeeding attrition rates • HENRY programme outcomes • Monitor and report progress of the Trauma Informed Practice action plan 	
Improve children's nutritional outcomes.		
Support positive mental and emotional wellbeing of parents, children and young people by establishing a Single Point of Access to ensure help is provided at the right time and by the most appropriate service.		
Ensure children and young people's services are trauma informed		
Ensure West Lothian's children and young people receive the appropriate needs based support whilst they are assessed for neurodevelopmental concerns		

Promote Health and Wellbeing

To support this priority, West Lothian partners work collaboratively on numerous projects to ensure every child has the support to reach their full potential through early intervention and prevention programmes and services. These include:

- **Early Learning and Childcare - eligible 2-year-old Early Learning and Childcare places:** A joint working group works to increase uptake of Eligible 2 placements through the simplification of application processes and increasing eligibility criteria. This has resulted in a significant increase in families accessing early learning and childcare support. West Lothian has also established a process to deliver discretionary places for two-year olds who do not meet the eligibility criteria, but are still deemed in need of support.
- **Early Years:** In accordance with the Universal Pathway, Health Visitors see all children in West Lothian under 5 years of age and conduct an assessment at each contact with families. If there is any cause for concern the Health Visitors will link in with other services and will input into any child planning meetings which arise from this.
- **HENRY (Healthy Eating and Nutrition to the Really Young):** Child Healthy weight work in West Lothian in 21/22 from the Maternal and Infant nutrition service was undertaken using funding from Scottish Government Early intervention and prevention of childhood obesity fund. The funding was used to pilot the delivery of a training package, HENRY (Healthy Eating and Nutrition to the Really Young) to community-based family support workers, nursery nurses and teachers to improve their knowledge confidence and skills around discussing food with families.
- **Infant feeding work:** Within West Lothian, we are using Quality Improvement methodology to pilot a project, Delivering Early Breastfeeding Support (DEBS) a midwife led model of care which proactively supports families to reduce breastfeeding drop off at 6-8 weeks.
- **Children and Young People Mental and Emotional Wellbeing:** For the most part, children and young people will experience good mental health along with the normal challenges and stresses of growing up. There will of course be a proportion of children and young people who will need extra help at some point, some of whom may even require additional or specialist services intervention. to ensure the Children and Young People who need some additional support can access the help they need.

In West Lothian there is a dedicated Mental Health Lead Officer who is driving forward the transformation of mental health services. This work is supported by the values and principles of the Community Mental Health & Wellbeing Supports and Services Framework and associated funding. Work is undertaken to ensure a connection to all national developments, including changes in legislation, policies, regulations and guidance; research evidence and best practice examples is maintained.

- **Child and Adolescent Mental Health Services (CAMHS:)** are actively developing Single Points of Access (SPA) in each Local Authority area to streamline access to mental health care for children and young people. The SPA serves as a centralised hub for referrals, ensuring timely and efficient signposting to suitable early intervention and community-based support systems. By addressing mental health concerns at earlier stages, the SPA aims to reduce the demand for higher-intensity Tier 3 CAMHS appointments, ultimately fostering a more proactive, collaborative, and accessible mental health care system for the younger population.

Additionally, a new multi-agency neurodevelopmental pathway will be tested. This will utilise the SPA to ensure a neurodevelopmental diagnosis is not a prerequisite to support being offered, rather support will be offered through the SPA at the point of referral based off need. This pathway will also ensure all neurodevelopmental conditions are assessed for simultaneously, as opposed to having separate condition specific pathways.

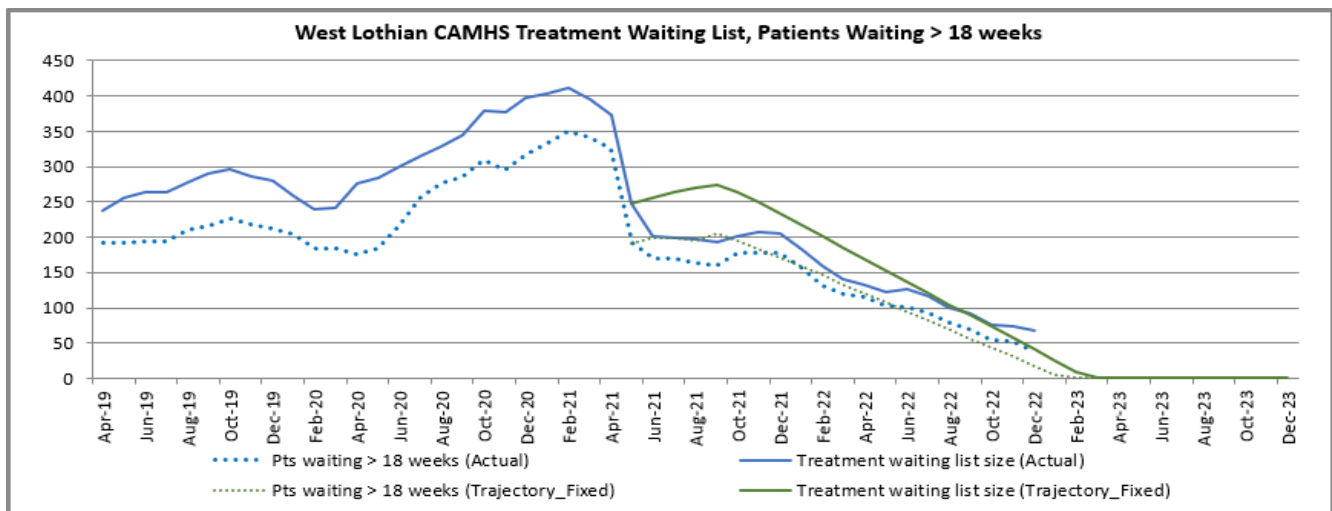
- **Roots:** This is a Public Social Partnership (PSP) which piloted a new approach to service provision. It involves a partnership of third sector organisations in collaboration with West Lothian Council and provides direct mental health supports to children, young people and their families aged 5- 26 years. The model takes into account the strengths that exist within the family networks and the new approach ensures that families have choice and control over where they would benefit from additional supports.
- **The Inclusion and Support Early Intervention and Prevention Service:** The Service provides support to children, young people and their families with additional support needs. The service provides educational support and a range of other interventions including outreach parenting support and family work, parenting group work and counselling. The service has a holistic approach and has developed interventions informed by assessed need and engagement with families.
- **Listen and Link:** To compliment the work of the Roots PSP and our Inclusion and Support Early Intervention and Prevention Services, West Lothian have developed a self-referral service which empowers families to manage their own wellbeing by providing a listening ear, signposting to appropriate services that meet their needs and providing further support where required. This service ensures a streamlined process to enabling families to get the right support at the right time without having to experience multiple referrals.

Key Performance Indicator for this priority:

In 2021, NHS Lothian commenced a long-term improvement programme within CAMHS. The programme comprehensively details the planned improvements required to achieve the CAMHS Local Delivery Plan (LDP) Access Standard by March 2023 in West Lothian. The aim is to meet the LDP standard that at least 90% of children and young people (CYP) to start CAMHS treatment for their mental health (MH) within 18 weeks of referral.

Significant improvements have been made for MH treatment waiting times for CYP in West Lothian as highlighted below;

- In January 2021 there was a total of 403 CYP waiting for treatment of their MH within CAMHS West Lothian Outpatient Team, of the 403 CYP waiting, 333 had been waiting over 18 weeks.
- In January 2021 there was a total of 96 CYP waiting for initial assessment (choice) within CAMHS West Lothian Outpatient Team, of the 96 CYP waiting, 2 had been waiting over 18 weeks.
- As of the end of December 2022 there is a total of 68 CYP waiting for treatment of their MH within CAMHS West Lothian Outpatient Team, of the 68 CYP waiting, 38 have been waiting over 18 weeks.
- As of the end of December 2022 there is a total of 117 CYP waiting for initial assessment (choice) within CAMHS West Lothian Outpatient Team, of the 117 CYP waiting, 3 have been waiting over 18 weeks.



Raising Achievement and Attainment

West Lothian aims to help young people make the most of their opportunities and to go on to achieve positive outcomes in their lives and achieve their potential. We believe that the quality of learning and teaching that our young people receive in schools, pre-schools and nurseries is a critical factor in their ability to succeed.

The Raising Attainment Strategy 2018-2023 set out the activities that will take place to ensure that all learners are enabled to achieve positive outcomes through education.

In support of the council's Corporate Plan 2018/23 and the eight priorities, the Raising Attainment Strategy is the mechanism by which attainment and achievement of all learners will be supported. It will directly influence and impact on the delivery of the Council's number one priority of improving attainment and positive destinations.

It aims to ensure that children and young people are well placed to move into adult life and employment or further/ higher education. There is an expectation that effective learning and teaching throughout each young person's school experience enables them to maximise their potential.

West Lothian is committed to improving attainment for all children and young people in line with the National Improvement Framework and through the effective delivery of Curriculum for Excellence. Schools in West Lothian have consistently demonstrated their capacity to improve attainment. Within the strategy, the overarching themes are to raise the attainment of all in achieving excellence, and to ensure equity through closing the gap in education outcomes between children from the most and least deprived backgrounds.

Wellbeing Outcome: Achievement		UNCRC articles: 4,18,28,29
We will work together to:	How we will measure this	
Raise attainment for All	National CYPF Wellbeing Indicators:	
Ensure the curriculum is co-designed with learners and partners to ensure it meets the needs of all children and young people, providing them with skills for learning, life and work.	% school leavers in positive destinations at 9-month follow up % P7-S6 children with access to the internet at home / on phone / another device % of P1, P4 & P7 children achieving expected CfE literacy levels (reading, writing, listening & talking) % of P1, P4 & P7 children achieving expected CfE numeracy levels % settings provided ELC achieving Care Inspectorate grades of <i>good or better</i> across all 4 quality themes	
Close the Poverty Related Attainment Gap	Local:	
Work with children, young people and their families to identify and remove barriers to attendance.	% of school leavers that achieved five or more level 6 awards or above Raising Attainment Strategy – performance indicators Positive destination data School attendance figures Primary school data on curriculum design	

Raising Achievement and Attainment

To support this priority, West Lothian partners work collaboratively on numerous projects to ensure every child has the support to reach their full potential through early intervention and prevention approaches. These include:

- **Equity Team/Pedagogical Practice:** Provides universal support to schools and ELCs focused around evidence-based approaches to tackling the poverty-related attainment gap and making effective use of Pupil Equity Funding.
- **Secondary Attendance:** A focus on attendance levels in secondary schools across the authority to identify young people at risk of or currently affected by poor attendance which is impacting on their attainment potential
- **Additional Support Needs (ASN) Interrupted Learner Service:** This is aimed at children and young people who have not been able to attend school due to emotional, behavioural and anxiety issues. The Service is taking a whole family approach to supporting these pupils, most of whom have a neurodevelopment disorder, particularly autism. The project is developing a network of partners who can all help to support our most vulnerable pupils.
- **Level Up Project (CECYP targeted):** This project employs an intensive, multi-agency approach to re-engage our care experienced learners with minimal engagement in their education and who are at risk of care placement break down.
- **Level Up Plus (CECYP mainstream):** To support care experienced learners to fully access and engage in their learning, identify practical supports and useful strategies to keep care experienced learners engaged in their education
- **Senior Phase Equity Pathways:** This project is designed to add value to the work currently being undertaken within schools themselves, work being done by the Developing Young Workforce (DYW) team and college as well as building on the development of future learning opportunities afforded by the further enhancement of the West Lothian Digital Strategy
- **Cost of the School Day:** A project focusing on school related costs and the impact that this may have on children, young people (CYP) and their families, particularly those in Q1.
- **Youth Homeless Prevention:** To provide both intervention and ultimately prevention of youth homelessness within West Lothian.

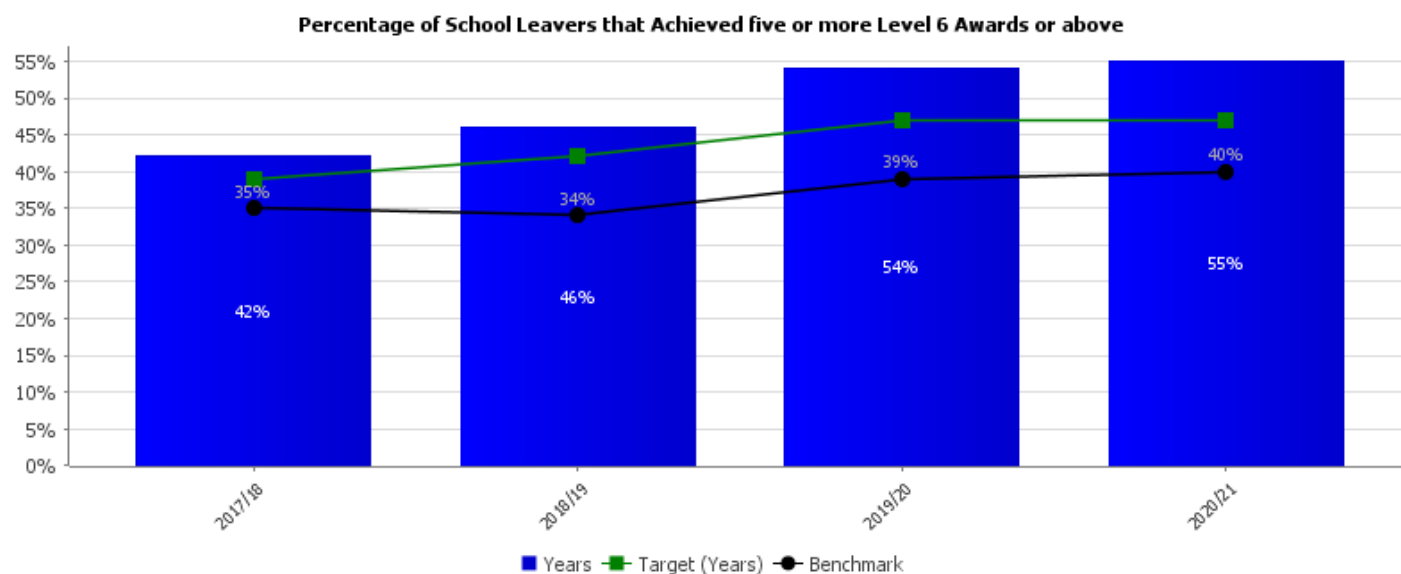


Raising Achievement and Attainment

Key Performance Indicator for this priority:

Performance in this indicator in 2020/21 was 55% which was above performance in 2019/20 of 54% and above the target of 47% due to our ongoing review of curricular models and delivery to maximise and raise attainment.

Entry and attainment figures for the years up to and including 2019 are derived from different awarding approaches than 2020 and, separately, 2021. Comparisons of entries, attainment volumes and attainment rates should only be made with full consideration and recognition of each of these different approaches.



Corporate Parenting

The Children and Young People (Scotland) Act 2014 defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers". This includes infants, children, young people and care leavers who are:

- in residential care, including secure care
- in foster care
- in kinship care, who live with a family member other than a parent
- looked after at home
- disabled and who receive overnight respite
- left care – up to the age of 26 years

In West Lothian, the Corporate Parenting Plan is developed by the multi-agency Corporate Parenting Strategic Group. Partners in West Lothian are committed to keeping the Promise.

There are four priority areas that partners will work together on as outlined below and these form the basis of West Lothian’s Corporate Parenting Plan.

Wellbeing Outcomes: Nurtured, Respected, Included	
UNCRC articles: 2,3,4,5,8,12,13,14,16,17,18,20,21,25,27,30	
We will work together to:	How we will measure this
1. Improve our care and care planning	<ul style="list-style-type: none"> • Percentage of children and young people who participate in Looked After Children (LAC) reviews
2. Improve the health and wellbeing of looked after children	<ul style="list-style-type: none"> • Average time taken from point of accommodation for a child under the age of 5 to obtain a permanent placement decision • Percentage of looked after children who report they feel safer as a result of intervention or support
3. Raise attainment and promoting positive destinations	<ul style="list-style-type: none"> • Percentage of Looked After Children in the Senior Phase Achieving Level 4 Literacy
4. Provide effective through care and aftercare support and services	<ul style="list-style-type: none"> • Percentage of school leavers (Looked After Children) entering a positive destination • Percentage of young people eligible for an Aftercare service experiencing one or more episodes of homelessness • Monitor and report on the Corporate Parenting Action Plan

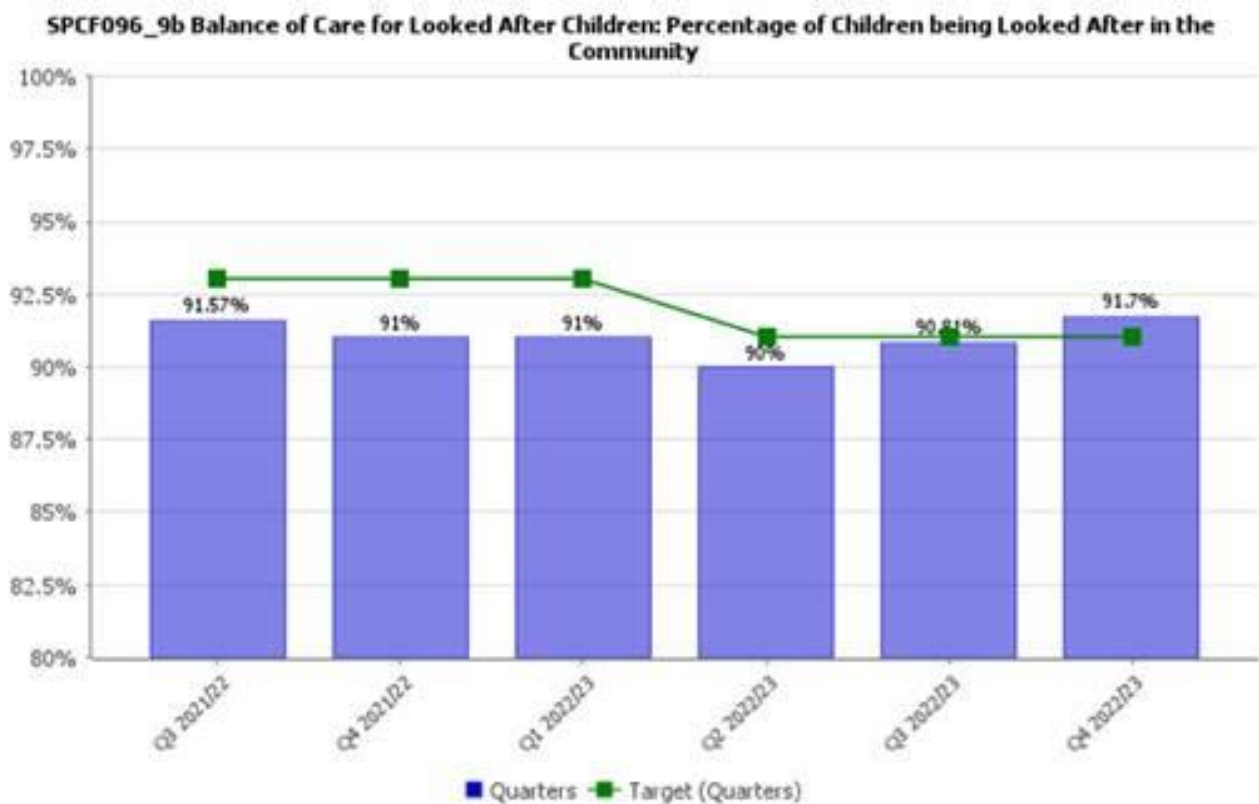
Corporate Parenting

To support this priority, West Lothian partners work collaboratively on actions to deliver on the priorities:

- The improvement actions and activity for each priority area are progressed by workstreams that report to the Corporate Parenting Strategic Group.
- There is a commitment to shift the balance of care: supporting families at the earliest opportunity and ensuring children remaining placed within their own family networks and communities when possible.
- A participation and engagement strategy is being developed to support the framework for engaging with care experienced children, young people, families and carers in service design and delivery.
- Having Your Say provides support and a platform for experienced young people in West Lothian.
- Advocacy services are accessible and promoted for looked after and care experienced children and young people.

Key Performance Indicator for this priority:

The service has been striving to sustain and improve to support children in community placements. The challenges have been supporting young people to move on to independent living from residential placements when appropriate supported options are limited and there have also been circumstances where children have required specialist provision due to complex needs. Performance in this area is under significant scrutiny and is being closely monitored.



Promote Children's Rights

All partners are committed to progressively realising the embedding of children's rights in all of the services we deliver. As duty bearers we will work to respect, protect and fulfil all children's rights working compatibly with the UNCRC requirements.

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1st September 2020 and was passed unanimously on 16th March 2021. The UNCRC sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard

The GIRFEC approach is based on the United Nations Convention on the Rights of the Child (UNCRC), and requires those who work with children and young people to put children at the centre of their day-to-day practice.

Putting children at the centre in particular meets the requirement to consider the best interests of the child (Article 3) and the need for children's views to be considered when decisions are being made about matters which affect them (Article 12).

The UNCRC has 54 articles in all, each outlining in detail the basic rights of every child. These can be summarised into four core principles:

- Non-discrimination
- Devotion to the best interests of the child
- The right to life, survival and development
- Respect for the views of the child

Wellbeing Outcomes: Respected, Included UNCRC articles: 2,3,4,6,8,12,13,14,16,17,18,23,26,27,30	
We will work together to:	How we will measure this
Proactively promote, protect and enable the implementation of UNCRC into practice, supporting all children to know their rights	National CYPF Wellbeing Indicators: <ul style="list-style-type: none"> • % P5-S3 children who say they feel safe when out in their local area <i>always or most of the time</i> • % of P5-S3 children who agree their local area is a good place to live • % P5-S3 children who say they were bullied in the last year • % P5-S3 children who agree adults are good at taking what they say into account Local: <ul style="list-style-type: none"> • Establish a system to measure the % of children who say they know what their rights are? • Establish a child friendly complaints and remedy system to understand where rights are considered to be violated • Report annually / 3 yearly on the Implementation of the UNCRC
Ensure duty bearers across the multi agency partnership understand their roles and responsibilities and act compatibly with UNCRC requirements in delivering services	
Empower all children to be human rights defenders with a voice in all matters affecting them and access to an effective remedy where their rights are considered to have been violated.	
Ensure CYP are able to safely and easily make use of facilities and activities across West Lothian	

Promote Children's Rights

To support this priority, West Lothian partners work collaboratively and are part of a children's rights working group. Together they work on numerous projects to ensure every child has the support to reach their full potential through early intervention and prevention approaches. These include:

- A Children's Achievement Awards event is hosted annually to celebrate the successes of the children and young people living in West Lothian.

The latest event took place in November 2022 when 100 young people were celebrated at an award ceremony. Children and young people were fully involved and their views informed the planning and hosting of this ceremony (article 12, article 31)

The ceremony recognised the achievements of young people under 5 categories:

1. **Caring for/helping others**
2. **Successful learners**
3. **Achievement in physical activities**
4. **Achievement in Arts**
5. **Contributing to the community**



- A children rights officer for court ordered contact ensures that children have a voice in decisions that are being made about them in Child Welfare Hearings. The model is based on a research project with children and young people who have experienced domestic abuse and have court ordered contact. The service works collaboratively with Education, Health, Police and the Domestic and Sexual Assault Team (DASAT). The approach is informed by the Lundy model of child and young people's participation. This has been a positive development and working relationships have been developed with Sheriffs, with the views of the child provided directly to the Sheriff (articles 12 and 13)
- West Lothian's Having Your Say care experienced participation group has been active for 20 years. Young people lead this group and set the agenda for sessions. The young people supported Children's Hearing panel member training and contributed to Scottish Government consultations on such topics as the Children (Scotland) Act 2020 and the Rights of Siblings.
- My planning meetings enable regular reviews and ensure the views of children and young people are gathered as part of this process (articles 25, 12 and 13)
- NHS Lothian's Health Visitors are supporting children's rights in various ways:
 - supporting parents to access housing and referring for income maximisation to promote the right to be free from financial harm and poverty
 - supporting parents to access eligible 2 nursery placements to promote the right to education
 - supporting children and families to access health appointments such as referrals to speech and language, child development clinics and supporting access to GP's and immunisations to promote the right to be healthy
 - universal pathway supports parents to important health advice and signposting to appropriate services to promote the right to be healthy and inclusion.

Reduce the Harm from Substance Use

The Children’s Rights Group are currently agreeing relevant local Key Performance Indicators to evidence our progress and impact on embedding children’s rights into all aspects of service delivery and ensuring all children and young people know and understand their rights.

Substance use can affect children and families in a variety of ways. Children and young people may experience direct harm from their own drug or alcohol use, or through their parent’s use.

Those who experience harm from substance use may have experienced difficult life circumstances and be among the most vulnerable in society.

Parents who use substances may have challenges in caring for their children or providing them with the necessary emotional and physical support to help them develop and grow. Improving outcomes for children affected by parental substance use (CAPSU), is a priority in West Lothian.

We recognise that some young people are at high risk of developing addiction issues in adulthood if not supported. Often, these young people are already known to services and engage in other risk-taking behaviours.

The ADP aims to improve its services aimed at preventing children or young people taking up drug or alcohol use, as they may go on to experience serious harm, particularly if they start using substances at a young age.

Evidence shows that young people at risk of addiction do not engage well with intervention models currently used for adults. They do however engage in services which offer them a persistent key working relationship, meaningful activities and assistance to improve their educational attendance and achievement or their employability.

The ADP have developed a Whole Family Approach Public Social Partnership (PSP) to coordinate existing approaches, as well as trial a range of additional interventions. These services adopt preventative and early interventions strategies, as well as providing direct support to both children or their families who are using substances.

Wellbeing Outcomes: Respected, Included UNCRC articles: 2,3,4,6,8,12,13,14,16,17,18,23,26,27,30	
We will work together to:	How we will measure this
Deliver a Rights Based Approach to Alcohol and Drug strategy development and service provision for children and families	<p>Services will be evaluated through Scottish Government’s Survey on Services for Children and Young People and Holistic Whole Family Approaches/Family Inclusive Practice.</p> <p>The West Lothian Alcohol and Drug Partnership will develop a series of measures of effectiveness for preventative approaches and service delivery.</p> <p>The ADP and C&G SPG will coproduce approaches in partnership with families, children, and young people, as well as wider engagement in localities to ensure they are involved in service design and development.</p>
Ensure there is a robust plan for prevention of problematic substance use by children and young people. This will address the link between problematic substance use and social / economic inequality	
Continue to provide specialist support for children and young people who use drugs or alcohol	
Work directly with whole families affected by substance use, including children affected by parental substance use as well as parents, such as trialling a Dad’s Worker	
Continue to develop alternatives to treatment-based approaches, such as youth work and diversional approaches	
Pilot a perinatal worker to enhance the delivery of coordinated whole family support from pregnancy booking to one year postnatal	

Reduce the Harm from Substance Use

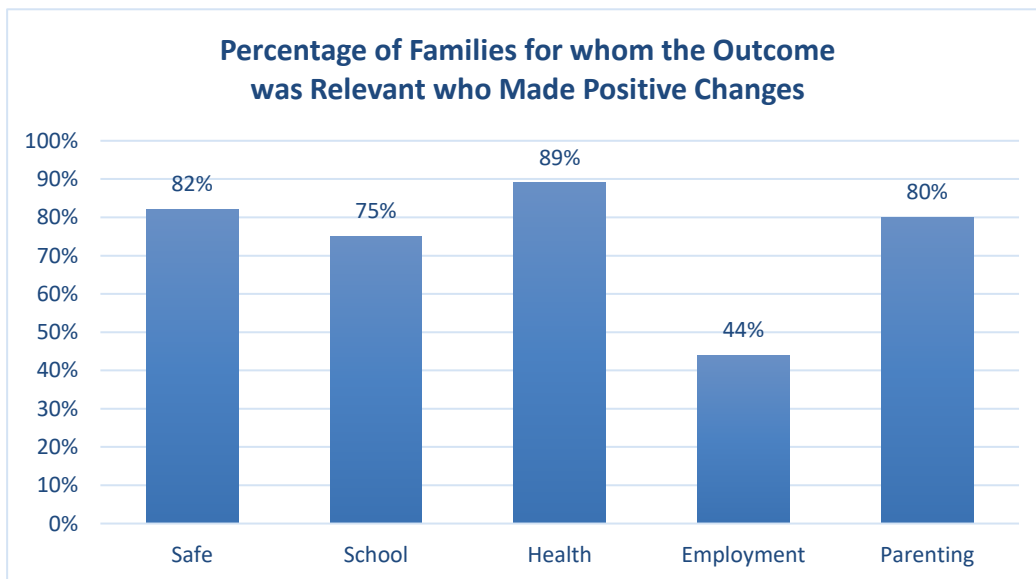
To support this priority, West Lothian partners work collaboratively on numerous projects to ensure every child has the support to reach their full potential through early intervention and prevention approaches. These include:

- **Therapeutic Support Service:** This service provides counselling & support to young people in West Lothian, aged 12-18, who are using drugs or alcohol at levels which are impacting on family relationships, education, offending or mental health.
- **Holistic whole family support:** a service for families affected by substance use, including 3 family outreach workers and a Fathers worker.
- **Families Together Service:** offers support to young women who are engaged in risk taking behaviour, including substance misuse.
- **Youth Inclusion Project:** offers a consistent resource and support for vulnerable young people aged 16-25 and aims to break down and overcome barriers which can prevent them moving on to positive destinations in all aspects of their lives.
- **Specialist Addiction Workers:** Work with families experiencing harm from drug or alcohol use.

Key Performance Indicator for this priority:

The family support service often termed 'Children affected by parental substance use' (CAPSU) service has 6 reporting areas agreed with WLADP and report on a quarterly basis:

- Families supported – 32 families from April 21 to March 2022
- Domestic Abuse - 15 of 32 families have been impacted by Domestic Abuse
- Treatment & Recovery - 20 of 32 families have a parent in treatment and recovery services.



Reduce Harmful Behaviour for Children and Young People in Conflict with the Law

No single agency has sole responsibility for supporting young people to make positive lifestyle choices.

Within West Lothian we are committed to working in Partnership to tackle the causes and impact of harmful behaviour for those in conflict with the law. We ensure adequate early intervention is provided through the Whole Systems Approach (WSA).

All partner agencies are working together to maintain consistent planning, assessment and decision-making processes which support those in conflict with the law to receive the right help at the right time. This approach ensures community safety remains a focus.

We are focused on the development of a rights respecting approach which ensures all of the children, young people and families we are working with are supported to share their views on all decisions that affect them and have an understanding of their rights.

Wellbeing Outcome: Responsible	UNCRC articles: 3,12,14,15,40
We will work together to:	How we will measure this
Develop a rights based youth justice service compatible with UNCRC which promotes participation and engagement	Local: <ul style="list-style-type: none"> • Police Scotland Youth Offending monthly comparison figures • Percentage of Early and Effective Intervention (EEI) cases 12 to 17 years who do not become known to the Youth Justice Team within 12 months • Percentage of young people who offend 18 years up to the age of 22 receiving a custodial sentence following completion of a Criminal Justice Social Work Report. • Percentage of young people who were previously Looked After Children (LAC) who become involved with the Justice Service within 12 months of ceasing to be LAC
Increase diversion from formal measures using a whole systems approach to improve life chances for children and young people in conflict with the law	
Focus on early intervention and prevention supports to reduce harmful behaviour	
Ensure multi-agency working and streamlined systems to support reintegration and transitions for young people	
Deliver trauma informed services which acknowledge the impact of harmful behaviours and support communities to feel safe from crime.	

Reduce Harmful Behaviour for Children and Young People in Conflict with the Law

To support this priority, West Lothian partners work collaboratively on numerous projects to ensure every child has the support to reach their full potential through early intervention and prevention approaches. These include:

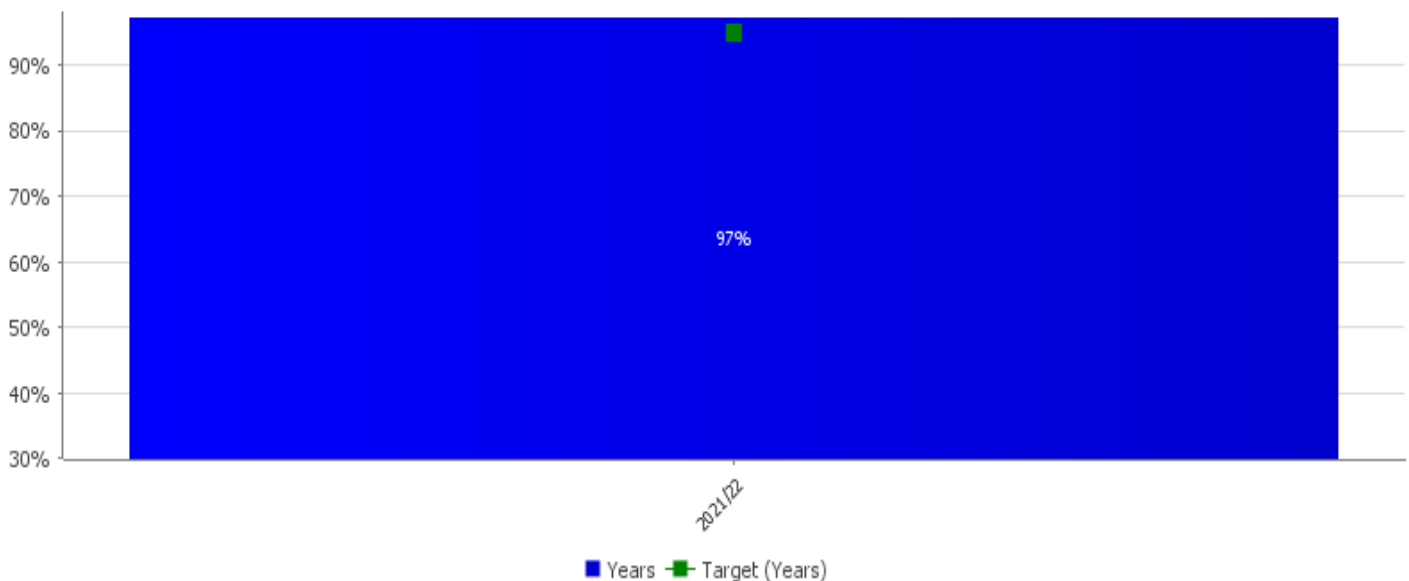
- **Fire Safety Education:** Partner agencies work together to raise awareness of fire safety and provide education regularly about the associated risks around fire. In addition, targeted education work is undertaken in relation to children and young people who have been involved in fire setting.

- **Seasonal Safety Actions:** Thematic plans are put in place to ensure actions are undertaken during specific seasonal periods, for example fire safety during bonfire season, water safety during hot weather and winter safety.
- **Community safety partnership** - weekly meetings are held to highlight operational issues that require a partnership approach by sharing intelligence and identifying locality areas to target the provision of street work and community interventions. This supports children and young people to remain safe in the community, prevent anti-social behaviour and reduce the numbers of young people who may come into conflict with the law.
- **Early and Effective intervention (EEI)** - this service works with young people who have been cautioned and charged with an offence (12-17 years). EEI provides a tailored plan of support for that young person to refocus the young person and assist them in making positive choices which prevent any further incidences of them being in conflict with the law.
- **Trauma Therapy** – a trauma therapist provides early intervention to young people (13-25) who are the survivors of sexual violence to ensure they are supported at the point of reporting abuse and continues to support them through any court processes. A safe space with therapeutic input enables the processing of and recovery from experiences of sexual violence. In addition, the therapist facilitates consultation with other practitioners working to support survivors of domestic and sexual assault to ensure they deliver supports that are trauma informed.

Key Performance Indicator for this priority:

This indicator was introduced in 2021/22 in response to the age of criminal responsibility being increased from 8 to 12 years on 17th December 2021. Previous data and commentary can be seen on the archived indicator: CP:SPCJ103a_9b. This indicator has been developed to help the service assess the impact Early and Effective Intervention is making on supporting young people not to reoffend.

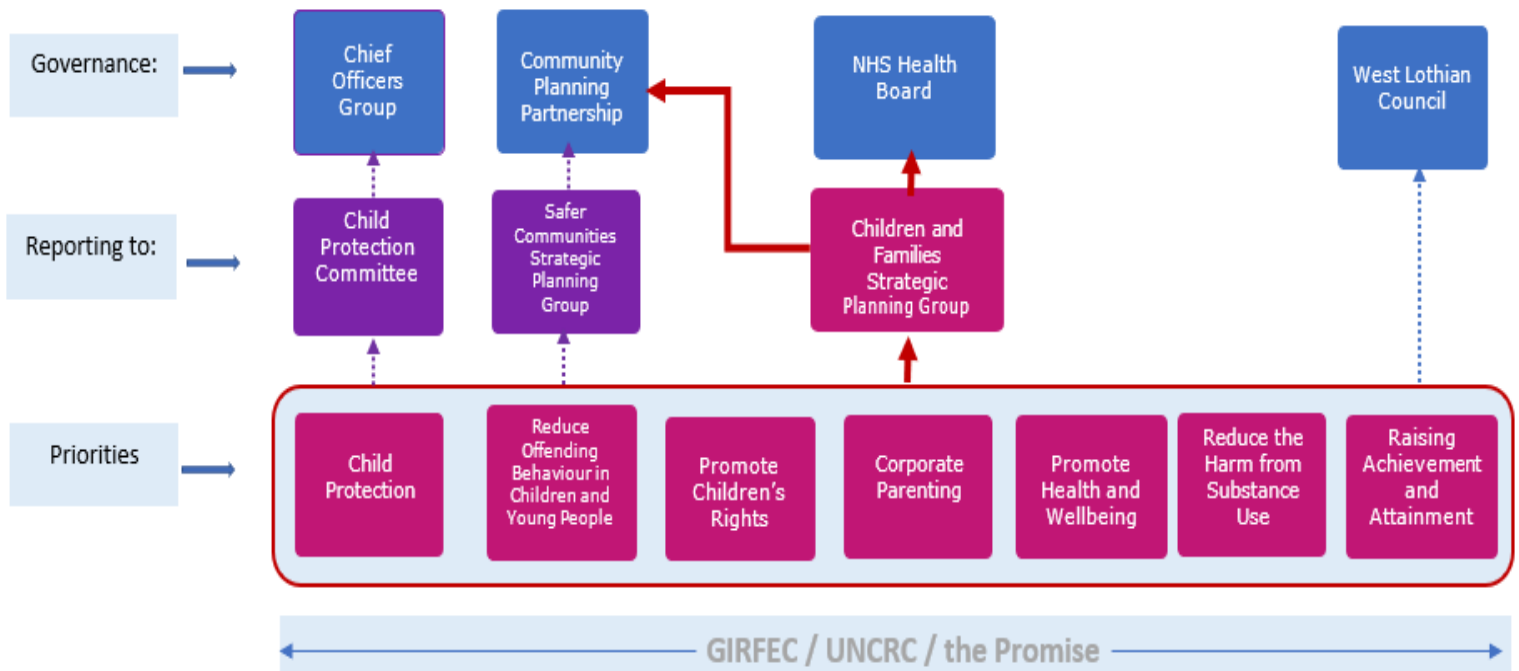
Percentage of Early and Effective Intervention (EEI) cases 12 to 17 years who do not become known to the Youth Justice Team within 12 months



How We Work Together

The governance arrangements for the planning and delivery of services for children, young people and their families were reviewed in 2015 in light of the implementation of The Public Bodies (Joint Working) (Scotland) Act 2014 and The Children and Young People (Scotland) Act 2014. Services for children, young people and families are planned and monitored at a West Lothian wide level by the Children and Families Strategic Planning Group (CFSPG) along with other partnership groups. We recognised that the planning landscape is complicated however our arrangements provide clear linkages to:

- Community Planning Partnership (CPP)
- West Lothian Council
- NHS Lothian
- The Chief Officer Group (COG) for Child Protection
- Community Safety
- Alcohol and Drug Partnership (ADP)
- Community Justice Partnership



The quality and effectiveness of our services rely on the commitment, dedication and ability of staff across West Lothian. On a daily basis, staff make a difference to the lives of children, young people and their families. The partnership is committed to ensuring that our collective workforce has the necessary skills and knowledge to provide a high quality services in this challenging environment. Access to appropriate training and development opportunities are promoted so staff are supported in their role, and also to support staff retention.

Creating a Trauma Informed Workforce

Adverse childhood experiences (ACES) are highly stressful and potentially traumatic events or situations that occur during childhood and/or adolescence. These experiences can include violence, neglect, grief and loss, and can have a long lasting effect on people's physical and mental health, affecting how they behave and their relationships with other people in their lives.

Evidence of the full impact of trauma has been emerging for several decades, establishing beyond doubt that its effects can be wide-ranging, substantial, long-lasting and costly. Trauma informed systems and practice being embedded can result in better outcomes for those who have experienced trauma.

Acknowledging the impact of such adversity West Lothian's Children's Services have been working from a trauma informed standpoint. By definition being trauma informed means being able to recognise when someone may be affected by trauma, adjusting how we work to take this into account, and responding in a way that supports recovery, prevents further harm, and recognises and supports people's resilience.

The Scottish Government has made a commitment to preventing Adverse Childhood Experiences (ACES) and to supporting the resilience and recovery of all children and adults affected by psychological trauma. A shared ambition to develop a trauma informed and trauma responsive workforce across Scotland has been published.

The aim of this work is to ensure services are delivered in ways which prevent further harm or re-traumatisation for those who have experienced psychological trauma or adversity.

Work is being undertaken in West Lothian to support the development of trauma informed approaches and the improved understanding of the impact of trauma by our workforce. In driving this change a trauma champion has been identified along with a Business Support Officer and a trauma board has been established. The remit includes co-ordinating the rollout of the National Trauma Training Programme and embedding the use of the trauma informed practice toolkit to support cultural and organisational change. Work has also been undertaken to ensure strong connections and good awareness exists with all of the national developments supporting this work.

During 2021 the Scottish Government worked with COSLA and Children's Services Planning Partnerships to develop a nationally agreed, Children, Young People and Families Outcomes Framework (CYPF) and a Core Wellbeing Indicator Set, which provide a holistic overview of wellbeing at local and national level and ensure they meaningfully reflect what matters to children, young people and families and enables measurement of progress.

The CYPF Outcomes Framework is being developed to provide an over-arching holistic picture and understanding of children and young people's wellbeing in Scotland. Its approach is grounded within GIRFEC, with children's rights at its core.

To align our local indicators to the newly established national indicators, a West Lothian Performance Management Framework has been produced to ensure the Children and Families Strategic Planning Group has identified its specific contribution to the delivery of the outcomes detailed within The National Performance Framework (NPF) and the CYPF.

Our priorities have been agreed and a robust suite of indicators using the SMART framework, aligned to the actions agreed in our action plan have been, or are being developed to ensure we achieve our intended outcomes in meeting Children and Young People's needs to achieve their potential. Indicators will be tracked through partner's performance information systems. Performance reports on the progress of the plan and the indicators will be submitted regularly to the Children and Families Strategic Planning Group and Children's Services Annual Reports and the 3-yearly UNCRC progress report will be submitted to the Community Planning Partnership to report progress of our Plan.

The West Lothian Assessment Model (WLAM) is a quality model that is used by West Lothian Council staff to improve the overall quality and performance of our services. The model and the process of self-assessment are part of a continuous improvement approach that helps the council and our stakeholders to monitor what we are delivering for West Lothian, particularly in our corporate priorities. The corporate Priorities are reviewed in consultation with key stakeholders every 5 years, in line with the corporate planning periods.



National Performance Indicators

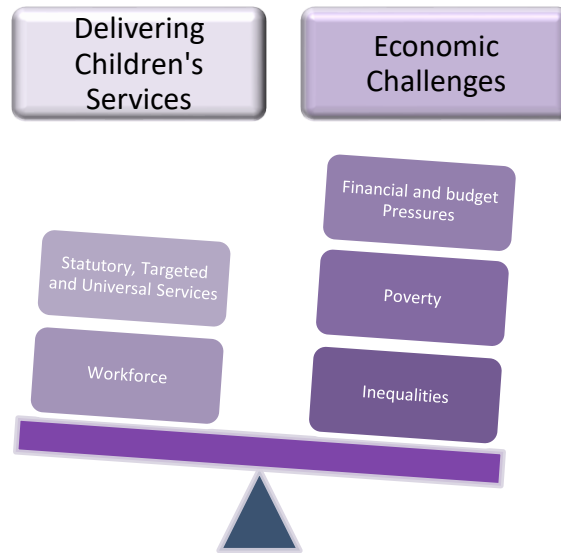
The Scottish Government's, Children, Young People and Families Outcomes Framework (CYPF) identify 21 Core Wellbeing Indicators. The Scottish Government have not set targets for these indicators but West Lothian will collate the indicator data and establish meaningful local targets to measure our performance of national indicators within our local area. West Lothian's priorities have been aligned to these indicators as well as the SHANARRI wellbeing indicators and articles of the UNCRC as follows:

CYPF Topic of wellbeing	CYPF Core Wellbeing Indicator	West Lothian CSP Priority	SHANARRI Wellbeing Indicator	Links to UNCRC articles
Positive destinations of school leavers	% school leavers in positive destinations at 9-month follow up	Raising Achievement and Attainment	Achieving Included	12, 13, 17, 23, 26, 28, 29
Adult Employment - % Children in working households	Proportion of children under 16 living in households with at least one person age 16-64 where all individuals aged 16+ are in employment	Promote Health and Wellbeing (Anti-Poverty)	Included	18, 26, 27, 28, 29
Digital Inclusion	% P7-S6 children with access to the internet at home / on phone / another device	Raising Achievement and Attainment	Included Achieving	15, 16, 26, 27, 28, 29
Peer relationships	% of P5-S3 children who agree that their friends treat them well	Promote Health and Wellbeing	Included Nurtured Safe	12, 13, 14, 15, 16, 23, 28, 29, 31, 33, 34, 36
Neighbourhood safety	% P5-S6 children who say they feel safe when out in their local area <i>always or most of the time</i>	Promote Children's Rights	Safe Included	12,19,28,29,33, 34, 35,36,37, 39,40
Play / participation in leisure activities	% S1-S3 children participating in positive leisure activities (at least one from list options)	Promote Health and Wellbeing	Active Respected	12, 15, 17, 18, 23, 24, 26, 27
Neighbourhood satisfaction	% of P5-S6 children who agree their local area is a good place to live	Promote Children's Rights	Included Respected Safe	12, 15, 17, 18, 23, 24, 26, 27
Bullying	% P5-S3 children who say they were bullied in the last year	Promote Children's Rights	Safe Respected	6, 13, 14, 15, 16, 19, 23, 30, 31, 33, 36, 37 39
Protection from harm	Number of children subject to interagency Referral Discussions	Child Protection	Safe Respected Nurtured Healthy Achieving Included	3, 4, 6, 9, 11, 12, 13, 18, 19, 20, 21, 23, 24, 26, 27, 32, 33, 34, 35,36
Housing security	Number of children in temp accommodation at 31 March	Promote Health and Wellbeing	Included Nurtured	20, 25, 26, 27
Physical activity yesterday	% P5-S6 children that had at least 1 hour of exercise the day before the survey	Promote Health and Wellbeing	Active Respected	15, 23, 24, 26, 27, 29

CYPF Topic of wellbeing	CYPF Core Wellbeing Indicator	West Lothian CSP Priority	SHANARRI Wellbeing Indicator	Links to UNCRC articles
Literacy	% of P1, P4 & P7 children achieving expected CfE literacy levels (reading, writing, listening & talking)	Raising Achievement and Attainment	Achieving Included	12, 13, 17, 23, 26, 28, 29
Numeracy	% of P1, P4 & P7 children achieving expected CfE numeracy levels	Raising Achievement and Attainment	Achieving Included	12, 13, 17, 23, 26, 28, 29
Mental Health / Mental Wellbeing	% S2-S6 children with <i>slightly raised, high or very high</i> Strength & Difficulties score	Promote Health and Wellbeing	Healthy Nurtured Included	14, 15, 19, 23, 24, 27, 31, 36, 39
Mental Health / Mental Wellbeing	Mean score on Stirling wellbeing scale (P5-S1 children) & Warwick Edi Mental Wellbeing Score (S2-S6 children) (WEMWBS)	Promote Health and Wellbeing	Healthy Nurtured Included	14, 15, 19, 23, 24, 27, 31, 36, 39
Being listened to and involved in decision-making	% P5-S6 children who agree adults are good at taking what they say into account	Promote Children's Rights	Respected Responsible	4, 5, 12, 13, 14, 15, 17, 40
Diet	% P5-S6 children who eat both fruit and vegetables every day	Promote Health and Wellbeing	Healthy Nurtured Responsible	6, 23, 24, 27
Pre-school development	% children with a concern at their 27-30 month review (as a % of children reviewed)	Promote Health and Wellbeing	Nurtured Healthy Achieving	5, 6, 9, 18, 19, 20, 21, 23, 24, 25, 27, 28, 29, 31
Relationships – Trusted Adults	% of P5-S6 children who say they <i>always</i> have an adult in their life they can trust and talk to about any problems	Promote Health and Wellbeing	Nurtured Safe Included	5, 6, 12, 13, 17, 18, 19, 20, 21, 23, 24, 25, 27, 28, 29, 31
Child Poverty	Relative child poverty rate (after housing costs)	Promote Health and Wellbeing (Anti-Poverty)	Included Nurtured Healthy Achieving	6, 15, 18, 19, 23, 24, 26, 27, 28, 29, 31
Quality Services - Easy access to good quality, responsive support	% settings provided ELC achieving Care Inspectorate grades of <i>good or better</i> across all 4 quality themes	Raising Achievement and Attainment	Nurtured Included Achieving	6, 15, 18, 19, 23, 24, 26, 27, 28, 29, 31

Budget Resources

This Plan highlights how we seek to deliver Children's Services by achieving the best balance between statutory services and universal and targeted services, re-distributing resources towards targeted activities with individuals, groups and communities and providing a greater focus on early intervention and prevention and building resilience.



Economic Challenges

All partners are facing significant financial challenges and will therefore need to make substantial savings and change the way that services are delivered, as the funding available will be insufficient to meet the increasing cost of service delivery. The financial challenges reinforce the reasons why partnership working is more important than ever to deliver excellent services for children young people and their families.

Appendix 1

Explanation of the SHANARRI Indicators and UNCRC Articles

Wellbeing Indicator	Suggested Links to the UNCRC
<p>Safe</p> <p>Protected from abuse, neglect or harm at home, at school and in the community</p>	<p>(11) abduction and non-return of children, (19) protection from violence, abuse and neglect, (22) refugee children, (32) child labour, (33) drug abuse, (34) sexual exploitation, (35) abduction, sale and trafficking, (36) other forms of exploitation, (37) inhumane treatment and detention, (38) war and armed conflicts</p>
<p>Healthy</p> <p>Having the highest attainable standards of physical and mental health, access to suitable healthcare and support in learning to make healthy, safe choices</p>	<p>(3) best interests of the child, (6) life, survival and development, (24) health and health services, (39) recovery and rehabilitation of child victims</p>
<p>Achieving</p> <p>Being supported and guided in learning and in the development of skills, confidence and self-esteem, at home, in school and in the community</p>	<p>(4) Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights, (18) parental responsibilities and state assistance, (28) right to education, (29) goals of education</p>
<p>Nurtured</p> <p>Having a nurturing place to live in a family setting, with additional help if needed, or, where possible, in a suitable care setting</p>	<p>(4) Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect these rights, (5) parental guidance and a child's evolving capacities, (18) parental responsibilities and state assistance, (20) children deprived of a family, (21) adoption, (25) review of treatment in care, (27) adequate standard of living</p>
<p>Active</p> <p>Having opportunities to take part in activities such as play, recreation and sport, which contribute to healthy growth and development, at home, in school and in the community</p>	<p>(3) best interests of the child, (23) children with disabilities, (31) leisure, play and culture</p>
<p>Respected</p> <p>Having the opportunity, along with carers, to be heard and involved in decisions that affect them</p>	<p>(2) non-discrimination, (3) best interests of the child, (4) Governments must do all they can to make sure every child can enjoy their rights in systems that promote and protect those rights. parental guidance and a child's evolving capacities, (8) protection and preservation of identity, (12) respect for the views of the child, (13) freedom of expression, (14) freedom of thought, belief and religion, (16) right to privacy, (17) access to information; mass media, (18) parental responsibilities and state assistance, (30) the right to learn and use the language, customs and religion of their family</p>
<p>Responsible</p> <p>Having opportunities and encouragement to play active and responsible roles at home, in school and in the community, and where necessary, having appropriate guidance and supervision, and being involved in decisions that affect them</p>	<p>(3) best interests of the child, (12) respect for the views of the child, (14) freedom of thought, conscience and religion, (15) freedom of association, (40) juvenile justice</p>
<p>Included</p> <p>Having help to overcome social, educational, physical and economic inequalities, and being accepted as part of the community in which they live and learn</p>	<p>(3) best interests of the child, (6) life, survival and development, (18) parental responsibilities and state assistance, (23) children with disabilities, (26) social security, (27) adequate standard of living</p>



Getting it Right for West Lothian's Children & Families 

Director of Finance

2022/23 FINANCIAL POSITION

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position for 2022/23 for NHS Lothian.
- 1.2 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is asked to:
 - **Accept** NHS Lothian has achieved its financial target of breakeven for the year 2022/23, subject to external audit review.

3 Discussion of Key Issues

Financial Position as at March 2023

- 3.1 NHS Lothian has operated within its Revenue Resource Limit for 2022/23, although this position remains subject to external audit. An underspend of £984k is reported for the year ending 31st March 2023.
- 3.2 This position reflects a baseline operational overspend position of £9,513k offset by the net release of reserves flexibility of £10,497k. A summary of the year-to-date position is shown in Table 1 below with further detail by expenditure type attached in Appendix 1 and by Business Unit in Appendix 2.

Table 1: Financial Position to 31st March 2023

	YTD £k
Pay	(15,972)
Non Pays	(1,874)
Income	8,332
Operational Position	(9,513)
Flexibility	10,497
Total	984

- 3.3 The Financial Plan presented to the Board in April 2022 projected a deficit for the year of circa £28m. In-year benefits from an improved operational position and other one-off items of flexibility have contributed to achieving the final year-end underspend position.
- 3.4 During 22/23, the SG issued a £47.2m funding allocation for Covid with a further £7.2m for Test & Protect, and these allocations have been fully utilised in year. In addition, £8.4m IJB Covid reserves have been used to offset the Partnership Covid costs. The breakdown of these Covid costs to date are shown in Table 2 below.

Table 2: Summary Breakdown of Covid-19 Costs Incurred

Covid Costs	YTD £'000	22/23 Covid Expenditure	YTD £'000
Covid-19 Vaccination	16,411	Board Covid Costs	£54,455
Other Additional Staff Costs	13,264	Partnership NHS	£8,431
Other	6,174	Total Covid Costs Incurred	£62,886
Drugs	5,682	SG Allocation	£54,455
Testing	4,955	IJB Earmarked Reserves	£8,431
Additional Bed Capacity/Change in Usage	4,448	Total Covid Allocations	£62,886
Additional FHS Prescribing	3,918		
Additional Infection Prevention and Control Costs	1,847		
Contact Tracing	1,661		
Loss of Income	1,446		
Additional Equipment and Maintenance	1,254		
Scale up of Public Health Measures	935		
Flu Vaccination	604		
Payments to Third Parties	269		
Community Hubs	20		
Remobilisation -Digital & IT costs	4		
Total	62,886		

3.5 The challenge remains for 23/24 to reduce Covid Costs via Covid exit arrangements and these plans have been reviewed through the Financial Improvement Group (FIG).

Efficiency & Productivity

3.6 Despite the impact of Covid and operational pressures, in total £23.8m of savings were delivered in the operational units. of which £9m was delivered on a non-recurrent basis. Table 3 shows the delivery of the savings by Business Unit. There was a £2m shortfall against original planned savings, with table 3 also showing that the shortfall was recorded within acute services.

Table 3: Efficiency Savings Achieved 2022/23

	Planned £k	Achieved			Shortfall £k
		Recurring £k	Non Recurring £k	Total £k	
Acute Services Division	16,039	10,262	1,034	11,296	(4,742)
Corporate Services	647	50	597	647	(0)
East Lothian Partnership	515		591	591	76
Edinburgh Partnership	2,764	275	2,298	2,573	(191)
Midlothian Partnership	484		585	585	101
West Lothian Hsc Partner	2,045		2,566	2,566	521
Facilities And Consort	2,197	3,370	1,147	4,517	2,320
Reas	1,250	750	241	991	(259)
Grand Total	25,941	14,707	9,060	23,767	(2,175)

Integration Joint Boards Year End Outturn

3.7 All four IJBs have achieved a balanced outturn for NHS services this year. However all IJBs have required additional non-recurring support to deliver this as follows:

- East Lothian IJB £31k
- Edinburgh IJB £3,537k
- Midlothian IJB £1,480k
- West Lothian IJB £1,659k

3.8 The above allocations to support the IJBs has not had a detrimental impact on NHS Lothian's financial position.

- 3.9 The four IJBs continue to carry forward earmarked reserves being carried into 2023/24 for specific ongoing projects. Appendix 3 sets out the outturn position by IJB, showing the outturn before reserves and the value of the earmarked reserves being utilised and carried forward into the new financial year that resulting in a balanced NHS position across all IJBs.

Financial Position into 2023/24

- 3.10 As reported to the Board in April, the overall gap for next year totals £52m. That represents a baseline gap of £104m, additional in year cost growth of £97m, assumed additional resources of £108m and £41m of Efficiency savings identified to date.
- 3.11 As we move into 23/24 reporting there are further steps now required to refine the plan as information is made available and plans are updated. Confirmation of uplifts for 22/23 and 23/24 pay award settlements is a key element of this.
- 3.12 Other key elements for review include:
- Ongoing dialogue with Integration Joint Boards on efficiency initiatives.
 - Assessment of the continued requirement for previously agreed investment.
 - Recovery actions/efficiency schemes to be continually developed.
 - Implementation plans produced to close the financial gap within Business Units.
 - Review and assessment of any ongoing covid related costs.
 - A review of growth estimates.
- 3.13 Moving into the new year with a gap of £52m, the potential volatility of some key cost areas and uncertainty about funding alongside the challenge of recovery and remobilisation will require close management and control.

4 Risk Register

- 4.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

- 4.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

5 Impact on Inequality, Including Health Inequalities

- 5.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

- 6.1 The implementation of the financial plan and the delivery of a breakeven outturn will require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

7 Resource Implications

7.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

Craig Marriott

Director of Finance

8th June 2023

Craig.Marriott@nhslothian.scot.nhs.uk

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st March 2023

Appendix 2 - NHS Lothian Summary by Operational Unit to 31 March 2023

Appendix 3 – NHS Lothian year-end outturn, by IJB

Appendix 1 - Lothian Income & Expenditure Summary to 31st March 2023

Description	Annual Budget (£k)	YTD Budget (£k)	YTD Actuals (£k)	YTD Variance (£k)
Medical & Dental	332,740	332,740	347,199	(14,459)
Nursing	569,315	569,315	571,631	(2,317)
Administrative Services	163,572	163,572	163,339	233
Allied Health Professionals	105,579	105,579	102,246	3,333
Health Science Services	50,418	50,418	51,926	(1,508)
Management	8,459	8,459	7,994	465
Support Services	88,679	88,679	93,151	(4,472)
Medical & Dental Support	17,628	17,628	17,953	(325)
Other Therapeutic	59,852	59,852	56,474	3,378
Personal & Social Care	2,970	2,970	2,606	364
Other Pay	(12,272)	(12,272)	(12,132)	(139)
Emergency Services	0	0	29	(29)
Vacancy Factor	(496)	(496)	0	(496)
Pay	1,386,444	1,386,444	1,402,416	(15,972)
Drugs	146,339	146,339	161,486	(15,147)
Medical Supplies	107,034	107,034	115,092	(8,058)
Maintenance Costs	6,640	6,640	14,351	(7,711)
Property Costs	38,161	38,161	44,227	(6,066)
Equipment Costs	39,089	39,089	48,466	(9,376)
Transport Costs	7,792	7,792	10,400	(2,608)
Administration Costs	150,727	150,727	85,251	65,476
Ancillary Costs	12,010	12,010	16,886	(4,876)
Other	(29,161)	(29,161)	(30,262)	1,101
Service Agreement Patient Serv	50,147	50,147	60,165	(10,018)
Savings Target Non-pay	(364)	(364)	0	(364)
Resource Trf + L/a Payments	135,533	135,533	130,298	5,235
Non-pay	663,947	663,947	656,361	7,588
Other Payments/reimbursements	(5)	(5)	(5)	0
Gms2 Expenditure	157,893	157,893	159,810	(1,918)
Ncl Expenditure	813	813	892	(79)
Other Primary Care Expenditure	87	87	77	10
Pharmaceuticals	164,999	164,999	171,954	(6,955)
Primary Care	323,787	323,787	332,729	(8,943)
Other	(1,338)	(1,338)	(831)	(507)
Income	(381,155)	(381,155)	(389,487)	8,332
Revenue Resource Limit	0	0	12	(12)
CORE POSITION	1,991,685	1,991,685	2,001,200	(9,513)
Additional Reserves Flexibility	10,497	10,497	0	10,497
TOTAL	2,002,182	2,002,182	2,001,200	984

Appendix 2 - NHS Lothian Summary by Operational Unit to 31 March 2023

Description	Acute Services Division (£k)	Reas (£k)	Directorate Of Primary Care (£k)	East Lothian Partnership (£k)	Edinburgh Partnership (£k)	Midlothian Partnership (£k)	West Lothian Hsc Partnership (£k)	Facilities And Consort (£k)	Corporate Services (£k)	Strategic Services (£k)	Research + Teaching (£k)	Inc + Assoc Hlthcare Purchases (£k)	Reserves (£k)	Total (£k)
Annual Budget	911,954	126,735	44,093	87,399	339,451	74,812	132,601	139,932	220,773	73,080	(9,583)	(155,548)	16,483	2,002,182
Medical & Dental	(12,040)	(578)	(708)	(405)	(679)	9	72	(30)	70	2	(173)	0	0	(14,459)
Nursing	(2,631)	(1,096)	(6,249)	2,539	6,835	(176)	904	(77)	(1,432)	371	(1,304)	0	0	(2,317)
Administrative Services	1,353	131	(2,723)	(71)	557	(114)	(162)	139	1,227	354	(455)	(1)	0	233
Allied Health Professionals	(929)	117	(51)	497	1,278	1,225	919	52	205	0	19	0	0	3,333
Health Science Services	(1,816)	(33)	(48)	0	654	(16)	29	(11)	(482)	0	215	0	0	(1,508)
Management	(234)	10	(18)	11	11	17	5	(4)	251	421	(6)	0	0	465
Support Services	23	48	(1,066)	(11)	(71)	15	0	(3,102)	(461)	110	43	0	0	(4,472)
Medical & Dental Support	(1,267)	(61)	838	156	(15)	(15)	(3)	0	42	0	0	0	0	(325)
Other Therapeutic	(73)	1,739	(203)	336	281	15	104	0	1,218	0	(40)	0	0	3,378
Personal & Social Care	(31)	65	13	11	72	0	0	0	234	0	0	0	0	364
Other Pay	14	0	49	(6)	101	20	2	33	(352)	0	0	0	0	(139)
Emergency Services	0	0	0	0	0	0	0	(29)	0	0	0	0	0	(29)
Vacancy Factor	(23)	0	(32)	0	(441)	0	0	0	0	0	0	0	0	(496)
Pay	(17,655)	342	(10,199)	3,057	8,585	979	1,871	(3,029)	521	1,258	(1,700)	(1)	0	(15,972)
Drugs	(11,164)	(757)	(2,039)	(404)	(692)	(226)	43	(8)	664	(564)	0	0	0	(15,147)
Medical Supplies	(3,334)	(34)	(764)	(299)	(1,063)	(65)	(422)	(1,516)	(561)	(0)	(0)	0	0	(8,058)
Maintenance Costs	(655)	(396)	(1,386)	(92)	(166)	(28)	(181)	(3,057)	(1,759)	9	0	0	0	(7,711)
Property Costs	(77)	(58)	(766)	(4)	40	107	(22)	(3,390)	1	(1,898)	0	0	0	(6,066)
Equipment Costs	(5,179)	(854)	(16)	(602)	(824)	(295)	(471)	222	(1,295)	(51)	(12)	0	0	(9,376)
Transport Costs	(1,321)	(33)	(416)	(174)	(111)	(121)	13	(260)	(185)	23	(9)	(14)	0	(2,608)
Administration Costs	(4,108)	623	(1,225)	386	2,448	450	(4,646)	1,082	(5,485)	69,532	375	59	5,986	65,477
Ancillary Costs	(547)	(7)	(232)	(40)	30	(24)	(11)	(2,628)	(1,417)	(0)	(0)	0	0	(4,876)
Other	(216)	4	(1)	0	(1)	0	(1)	144	1,171	(0)	0	0	0	1,101
Service Agreement Patient Serv	(93)	771	(19)	574	75	467	(114)	12	(222)	(11,208)	(9)	(253)	0	(10,018)
Savings Target Non-pay	(421)	0	(0)	0	0	8	0	0	50	(0)	0	0	0	(364)
Resource Trf + L/a Payments	(71)	(29)	0	(118)	(166)	(48)	5,899	(51)	(182)	0	0	0	0	5,235
Non-pay	(27,187)	(771)	(6,863)	(772)	(428)	224	89	(9,450)	(9,219)	55,842	345	(208)	5,986	7,588
Other Payments/reimbursements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gms2 Expenditure	(24)	(12)	61	(335)	(1,078)	(432)	(54)	4	(48)	0	0	0	0	(1,918)
Ncl Expenditure	1	0	(81)	0	0	0	0	0	0	0	0	0	0	(79)
Other Primary Care Expenditure	10	0	0	0	0	0	0	0	0	0	0	0	0	10
Pharmaceuticals	0	0	370	(1,075)	(3,741)	(759)	(1,750)	0	(0)	0	0	0	0	(6,955)
Primary Care	(13)	(12)	350	(1,410)	(4,819)	(1,191)	(1,804)	4	(48)	0	0	0	0	(8,943)
Other	0	(1)	(0)	0	(20)	0	(55)	(81)	(1)	0	0	(349)	0	(507)
Income	1,767	(94)	(6)	(11)	12	(82)	22	2,678	(17)	(4,692)	509	8,247	0	8,332
Extraordinary Items	0	0	0	0	0	0	0	0	0	(12)	0	0	0	(12)
CORE POSITION	(43,087)	(536)	(16,719)	864	3,330	(71)	122	(9,877)	(8,765)	52,396	(845)	7,690	5,986	(9,513)
Additional Reserves Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	10,497	10,497
TOTAL	(43,087)	(536)	(16,719)	864	3,330	(71)	122	(9,877)	(8,765)	52,396	(845)	7,690	16,483	984

Appendix 3 – NHS Lothian Year-end Outturn, by IJB

	YTD Variance £'000	2022/23 Year-End Variance				
		East Lothian IJB £'000	Edinburgh IJB £'000	Midlothian IJB £'000	West Lothian IJB £'000	Non Delegated £'000
		Annual Budget (excl Non-Cash Limited Budget)	2,002,182	128,602	515,558	104,297
Delegated	(20,239)	(5,651)	(16,952)	(993)	3,357	0
Set Aside	(11,774)	(1,196)	(5,536)	(1,091)	(3,380)	(571)
Non Delegated	8,262	0	0	0	0	8,262
IJB Reserves Movement - Covid & Specific	24,735	6,816	18,951	604	(1,636)	0
NHS Lothian Non Recurring Flexibility	0	31	3,537	1,480	1,659	(6,707)
Total Expenditure Variance	984	0	0	0	0	984

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 Committee is recommended to:

- 2.1. Review the March 2023 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1, these will be considered by the June 2023 Board.
- 2.2. Note that any materially worsening risks will be set out in the CRR paper, which will be submitted to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 2.3. Note the February 2023 Corporate Management Team increased the grading for 4-Hour Emergency Access risk, the Hospital Bed Occupancy risk and Access to Treatment risk from Very High (20) to Very High/Extreme (25) due to worsening performance and impact on patient experience and outcome of care. Risk mitigations plans were to be presented to May SPPC from a performance perspective and May Healthcare Governance Committee from a person-centred, safe, effective care perspective, both Committees accepted Limited Assurance that the plans in place mitigate the risk.

3. Discussion of Key Issues

3.1. Role of the Corporate Management Team

- 3.1.1. It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance

committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper.

- 3.1.2. The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHS Lothian risk management system including our assurance system.

3.2. Escalation of Risks – Divisional Very High/High Risks

- 3.2.1. Understanding the very high and high risks at divisional and corporate level is a key component of Lothian’s risk management system and an area identified for improvement in the Risk Management Internal Audit 2021. The current very high and high risks at Acute, REAS and HSCP level were reviewed at the July 2022 and November 2022 CMT. The next review of the very high and high risks will be presented to the CMT in July 2023 and will also include risks on the corporate single system risks registers such as Public Health, Nursing and Pharmacy.
- 3.2.2. There is a requirement that all very high and high divisional and corporate risks have plans in place to mitigate the risk which are monitored proactively. If the risk cannot be managed by a director, it will be escalated to CMT for discussion.

4. **Key Risks**

- 4.1. The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.
- 4.2. The Director of HR and Employee Director are in discussion concerning how to enable staff to pursue their legal right to take industrial action, whilst also working to maintain patient safety. It is recognised that in the event of industrial action, service disruption is inevitable.

Once we are clear on any specific industrial action, business continuity arrangements for the affected areas will be reviewed.

5. **Risk Register**

- 5.1. Will positively impact on the CRR and associated risk system.

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

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

01 June 2023

jo.bennett@nhsllothian.scot.nhs.uk

List of Appendices

Appendix 1: Risk Assurance Table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5360	<p>Covid-19</p> <p>There is an ongoing significant risk to the health of the population, particularly those who are clinically vulnerable, if we are unable to protect the population through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, leading to increased morbidity and mortality.</p> <p>New public health risk added April 2022.</p> <p>Executive Lead: Dona Milne</p>	<p><u>Healthcare Governance & Risk Committee (HGC)</u></p> <ul style="list-style-type: none"> • May 2022 – Healthcare Governance – accepted moderate assurance. • July 2022 – Healthcare Governance – accepted moderate assurance. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 update</u></p> <ul style="list-style-type: none"> • No change to January 2023 update <p><u>March 2023 update</u></p> <ul style="list-style-type: none"> • National IMT meets monthly and occasionally more frequently if required due to rising Covid levels • VAM team will cease to exist at the end of March as SG funding has stopped and the situation has moved on. A national surveillance team is in place within Public Health Scotland and local board leads and PHS leads meet weekly. PHS are establishing a Field Epidemiology team that will work closely with local boards • JCVI guidance on a spring Covid booster was published and plans are underway to vaccinate those within priority groups to reduce the risk of significant harm. 	
Risk Grading:		CMT February 2023	CMT March 2023
		High 15	High 15
3600	<p>Finance</p> <p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • November 2020 – F&R continued to accept limited assurance on the management of this risk. • March 2021 – significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021. Limited 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>because of a combination of the level of resource available both capital and revenue and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Craig Marriott</p>	<p>assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22.</p> <ul style="list-style-type: none"> January 2022 – F&R accepted limited assurance. Paper submitted to the August F&R Committee setting out the risk and risk mitigations plans- Limited assurance accepted. The Board is also aware of the finance risk increase in grading and rationale. Limited assurance accepted at the March F&R Committee. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> The financial consequences of winter and non-pay inflation continue to impact on current spend, however we are currently not asking for brokerage. This is also impacting on planning for next year and as a result we do not have a balanced financial plan. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> NHS Lothian will achieve break even for 2022/23. The future financial plan continues to demonstrate a significant financial gap, due to a number of factors out with the Board’s control which includes, the disparity in NRAC funding, financial consequences of COVID, growth in acute medicines expenditure and pay/non pay inflation such as increasing energy costs. 	
	Risk Grading:	CMT February 2023 Very High 25	CMT March 2023 Very High 25
5186	<p>4 Hours Emergency Access Target</p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care_</p> <ul style="list-style-type: none"> November 2020 - HGC accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED Unscheduled Care Winter Plan, May 2021 HGC accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021 Scheduled for review as part of acute service report at November 2022 meeting. <p><u>Strategic Planning and Performance Committee</u> – Performance</p> <ul style="list-style-type: none"> June 2021 – Board agreed downgrade of risk from very high to high December 2021 – Board agreed upgrading from high to very high 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> • Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. • September 2022 - Limited assurance accepted. • Paper to May meeting of SPPC to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25) deferred from March due to critical incident. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • CMT agreed to increase grading to very high (25) at February meeting due to worsening performance and impact on patient experience and outcome of care • Risk mitigations plans be presented to the SPPC <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • Existing risk mitigation plans to meet Scottish Government targets are not having the impact required to meet access standards within the context of unscheduled care demand, high volume delayed discharges, highly occupied sites, workforce, and capacity pressures • Management cannot produce a recovery mitigation plan with significant immediate impact because the necessary resources are not available • Our Pan Lothian performance against the 4Hr Emergency Access Standard remains below 95% and stable, however most significantly at the RIE • We are also seeing ongoing increased media attention with questions raised in parliament and MP/MSPs concerns • A dedicated rapid 26-week improvement project is underway to reduce the number of patients waiting 4, 8 and 12 hours for admission in the Emergency Department at the Royal Infirmary of Edinburgh by August 2023 • The Unscheduled Care Programme continues to focus on scheduling care and ensuring referral pathways are optimal • A paper to provide assurance on risk mitigation in relation to safe, effective, person-centred care will be presented to HGC in May 2023. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	Very High 25
3726	Hospital Bed Occupancy	<u>Healthcare Governance Committee</u> – person-centred, safe, and effective care.	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian's capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> • September 2020 – delayed discharge was discussed as part of HSCP annual reports, with moderate assurance accepted. • November 2020 - HGC accepted moderate assurance on the Winter plan, which includes timely discharge. • Unscheduled Care Winter Plan, May 2021 HGC accepted Significant Assurance with respect to the Delayed Discharges to March 2021. • Scheduled for review as part of acute service report at November 2022 meeting. • HSCPs contribution to mitigation to be picked up as part of service report in September 2022. • September 2022 – HGC accepted moderate assurance on LUCs and all HSCP annual reports, except for EHSCP which was limited. <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> • June 2021 – Board agreed to downgrade risk from very high to high • April 2022 – Board agreed re-framed risk (previously timely discharge) with grading very high (20) • September 2022 – Limited assurance accepted. • Paper to May meeting of SPPC to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25) deferred from the March SPPC due to the critical incident. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 update</u></p> <ul style="list-style-type: none"> • CMT agreed to increase grading to very high (25) at February meeting due to worsening performance and impact on patient experience and outcome of care • Risk mitigations plans be presented to the SPPC <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • Existing risk mitigation plans to meet Scottish Government targets are not having the impact required to meet access standards within the context of unscheduled care demand, high volume delayed discharges, highly occupied sites, workforce, and capacity pressures • Management cannot produce a recovery mitigation plan with significant immediate impact because the necessary resources are not available • We continue to observe an increasing number of occupied bed days and the consequent disruption to facilities that are leading to significant knock-on effects across our system but particularly within our ED departments • A paper to provide assurance on risk mitigation in relation to safe, effective, person-centred care will be presented to HGC in May 2023.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		CMT February 2023	CMT March 2023
	Risk Grading:	Very High 20	Very High 25
3829	<p>Sustainability of Model of General Practice</p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> July 2020 – HGC continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda. Update paper went to HGC May 2021 - No assurance level of assurance proposed or agreed as paper setting out the current position. May 2022 – HGC accepted moderate assurance September 2022 – HGC accepted moderate assurance on LUCs and all HSCP annual reports, with the exception of EHSCP which was limited 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 update</u></p> <ul style="list-style-type: none"> No change to January 2023 update <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> Strategic IA for GMS infrastructure will now be presented to LCIG March 2023. Delay due to decisions on all capital projects being paused and Boards asked to re-prioritise at Scottish government request PCIP trackers continue to be 'on track' SG second funding tranche for PCIPs for 2022/23 confirmed in March, and confirmation that funding will continue for 23/24, although work underway by SG to work through how AfC uplift included into this allocation Next version completed PCIP trackers due for submission to SG May 2023 Three practices now have closed lists to new patients, down from six practices which previously had closed lists to new patients Risk assurance paper to be presented to May HGC 	
		Risk Grading:	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
5185	<p>Access to Treatment</p> <p>There is a significant risk that NHS Lothian will fail to achieve waiting time standards and that waits further increase for inpatient, day case procedures, Out-patients, diagnostic and cancer patients which has been compounded by COVID 19 cancellations with demand exceeding capacity. This will lead to delay in diagnosis and potential progression of disease and hence poorer experience and outcomes for patients.</p> <p>New risk created from previous risks 3211 & 4191. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee – person-centred, safe and effective care_</u></p> <ul style="list-style-type: none"> • November 2020 – HGC accepted moderate assurance on the Clinical prioritisation plan. • December 2020 – the Board accepted limited assurance that Remobilisation will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. • January 2021 – HGC discussed recommendation of moderate assurance in relation to CAMHs, however deferred decision on assurance level with request to bring back further detail in 6 months. • March 2021 – HGC accepted moderate assurance that lung cancer patients are being managed appropriately, despite challenges of Covid-19. <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> • October 2020 – Board accepted limited assurance that Remobilisation plans will mitigate growing volumes of long wait patients for scheduled care/ cancer services, against rising Covid infections & Winter. • September 2022 – paper delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. • November 2022 – levels of assurance agreed by service as noted in previous papers • Paper will go to May SPPC meeting to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25). Paper was deferred by the March SPPC due to the critical incident <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • CMT agreed to increase grading to very high (25) at February meeting due to worsening performance and impact on patient experience and outcome of care. • Risk mitigations plans be presented to the SPPC. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • Management cannot produce a recovery mitigation plan with significant immediate impact because the necessary resources are not available • Services continue to focus on available non-urgent capacity on longest waiting patients • Scheduled Care Recovery Board is overseeing a number of Multidisciplinary Groups focussed on increasing theatre throughput and utilisation. There has been limited impact so far due to workforce and bed availability which must improve first • In addition, programmes continue with the Centre for Sustainable Delivery (CfSD) on specific workstreams where improvement opportunities have been identified.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> A paper to provide assurance on risk mitigation in relation to safe, effective, person-centred care will be presented to HGC in May 2023. 	
	Risk Grading:	CMT February 2023 Very High 20	CMT March 2023 Very High 25
5388	<p>HSDU Capacity (New Risk)</p> <p>There is a risk that HSDU is unable to meet current or future capacity demands for theatre equipment due to physical space limitations of the current department and lack of staff with appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience.</p> <p>New risk accepted onto CRR by June Board.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance and Resources Committee</u></p> <ul style="list-style-type: none"> Will be presented to F&R in October 2022 for assurance. Submitted but not considered due to re-prioritisation of agenda Limited assurance accepted at December 2022 meeting Limited assurance on the risk mitigation plan accepted at March meeting <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> The reprovision project has now moved to OBC stage and is subject to the Capital Prioritisation process. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> The reprovision project is in OBC stage and is subject to the Capital Prioritisation process. We previously submitted the IA to Capital Investment Group at SG All Washer Disinfectors have now been replaced as per the original programme of works. This provides a higher level of assurance as pertains to this control area as we now have a more resilient machine capacity. At present, despite further review, it is not anticipated that external providers alone would be able to provide enough contingency in the event of an outage, to cope with the demands of the HSDU (i.e. volume of trays to be processed). Work continues around the workforce proposed model and the subsequent productivity and outputs 	
	Risk Grading:	CMT February 2023 Very High 20	CMT March 2023 Very High 20
5187	<p>Access to Psychological Therapies</p> <p>There is a risk that patients will wait longer than the national waiting times standards for Psychological</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe and effective care.</p> <ul style="list-style-type: none"> New risk pertinent to HGC. Approved at June 2021 Board Scheduled for review HGC in January 2023 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board.</u></p> <p>Executive Lead: Calum Campbell</p>	<ul style="list-style-type: none"> Annual report submitted to January 2023 meeting, which included mitigation plans for Psychological Therapies – moderate assurance accepted for the annual report <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. Risk mitigation plan to report in September 2022 PPDC. Assurance and risk mitigation plan submitted to the November 2022 PPDC. Risk mitigation plan submitted to December SPPC – no level of assurance offered. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> The January ELT agreed immediate actions to reduce the shortfall in SG funding and accepted the remaining financial risk. Performance continues to improve month on month and as such the grading of the risk has been reduced from very high (20) to high (16). <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> Performance continues to improve Await SG response re- escalation status Await confirmation of funding allocation from SG for 2023/24 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	High 16
5188	<p>Access to CAMHS</p> <p>There is a risk that patients will wait longer than the national waiting times standards for CAMHS which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board</u></p>	<p><u>Healthcare Governance Committee – person-centred, safe, and effective care.</u></p> <ul style="list-style-type: none"> CAMHS Medical Workforce paper went to March 2022 HGC, and moderate assurance accepted. Paper also planned to go to the Staff Governance committee. New risk pertinent to HGC. Approved at June 2021 June. July 2021 HGC accepted limited assurance with respect to plans in place to improve access, acknowledging significant work is taking place to rectify the current position. An assurance paper was considered in February 2022 moderate assurance accepted with respect to clinical workforce plan and implementation as sustainable service provision. Scheduled for review HGC in January 2023. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Calum Campbell	<ul style="list-style-type: none"> Annual report submitted to January 2023 meeting, which included mitigation plans for CAMHS – moderate assurance accepted for the annual report. <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> Considered at each Board through the Performance Report, no specific levels of assurance proposed or agreed. To report on risk mitigation plans in September 2022 Assurance and risk mitigation plans submitted to the November 2022 PPDC. Risk mitigation plan submitted to December SPPC – no level of assurance offered. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> The January ELT agreed immediate actions to reduce the shortfall in SG funding and accepted the remaining financial risk. Performance continues to improve month on month and as such the grading of the risk has been reduced from very high (20) to high (16). <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> Performance continues to improve Await SG response re-escalation status Await confirmation of funding allocation from SG for 2023/24 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	High 16
3828	<p>Nursing Workforce</p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan. October 2020 – verbal update provided no new level of assurance agreed. December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Alison MacDonald	<p>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> <ul style="list-style-type: none"> • May 2021 – Staff Governance accepted grading reduced from very high to high. • Paper went to Private Board August 2021 and agreed to increase grading from high to very high. Follow up paper to go to September 2021 Board. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. • The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. • Verbal update given to December Committee and paper will be submitted to the February 2023 meeting. • Paper submitted to the February Staff Governance Committee. Moderate assurance accepted <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Mechanisms set out in the January update above continue. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • There is a more robust, consistent approach to recruitment of nursing staff across NHS Lothian, including communication/messaging within and out with Lothian. Acknowledging that there remain significant gaps in establishment in Lothian and across the UK as a whole. • The re-establishment of generic recruitment process, post pandemic will be a key mechanism for recruiting at pace. • The next processes, to be reliably re-established to pre-pandemic levels, are those related to sickness and staff absence management • The National Task and Finish Group have recommended, that all Boards significantly reduce agency spend. NHS Lothian is in a good position to deliver this, and a plan will be going to the next Staff Governance Committee. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5020	<p>Water Safety and Quality</p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence. This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p> <p>New risk – approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> October 2020 – limited assurance accepted. May 2021 - Limited assurance was agreed by the NHS Lothian H&S committee March 2022 - Staff governance committee accepted limited assurance July 2022 - Limited assurance accepted Staff Governance Committee July 2022 accepted limited assurance and requested list of premises Verbal update provided to October 2022 Staff Governance Committee December 2022 - limited assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> No change to January 2023 update <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> Verbal update was provided to March Staff governance committee noting an increase in control of actions from facilities Responses are still awaited from 16 practices 29 out of the 48 sites have said they have a water risk assessment (WRA) and 28 have provided evidence 19 state that they have a Written Scheme of Controls There are remedial actions to undertake and some queries around the quality of the WRAs and we are following up on those Legionella tests are still being conducted in areas where it has been identified Health and Safety committee agreed to have the water safety group sign off on the SOP for removing British Standard (SMTF01) water filters, as agreed to be less risk than awaiting national agreement Papers to be presented to the April Water safety group and May Staff Governance Committee. 	
	Risk Grading:	CMT February 2023 High 12	CMT March 2023 High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5189	<p>RIE Facilities</p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> • Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) • Water quality and management of water systems (flushing, temperature control, periodic testing) • Window safety and maintenance • Wire Safety <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p><u>New risk approved by June 2021 Board</u></p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • New risk approved by Board June 2021 • Paper due to go to F&R August 2022. • October 2022 - Limited assurance accepted. • F&R December meeting received and supported a paper on Scottish fire and rescue services (SFRS) audit action plan. 	
	<p>Outcome of Executive Lead Discussions</p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Black Start test date still tbc as all identified risks relating to this have not yet been mitigated • Limited capital funding may create sustained risk issues • An audit into medical gases has identified some workplace risk and this is subject to further review and investigation • The capacity of the EQUANs team remains a concern • ESG continue to receive updates and inform the prioritisation of key critical systems. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • Black Start test date scheduled for May 2023. A SLWG has been established to work through all identified risks relating to this and ensure mitigations are in place • Limited capital funding may create sustained risk issues • An audit into medical gases has identified some workplace risk and this remains subject to further review and investigation • The capacity of the EQUANs team remains a concern • ESG continue to receive updates and inform the prioritisation of key critical systems • An update was provided to F&R on Fire Systems; this remains under enhanced scrutiny with the committee. 		
	Risk Grading:	CMT February 2023	CMT March 2023
		High 15	High 15
3455	<p>Violence & Aggression (Reported at H&S Committee)</p> <p>There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • October 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions. • December 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>harm to person and poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Alison MacDonald</p>	<ul style="list-style-type: none"> • May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety. • December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings. • March 2022 – verbal update provided to Staff Governance. • June 2022 - Staff Governance – accepted Moderate Assurance • Staff Governance Committee in October 22 accepted that across the breadth of this risk there was over all limited assurance, however when you consider the component parts set out in the risk mitigation plan, they acknowledged the following: <ul style="list-style-type: none"> ○ Policy development - Medium assurance ○ Purple pack - Medium assurance ○ Training - Limited assurance ○ Lone working- Moderate assurance ○ Roles and Responsibilities - Limited assurance ○ Data/assurance - Moderate assurance. • Verbal update given to December Committee and paper will be submitted to the February 23 meeting. • Paper submitted to the February Staff Governance Committee. • The February Staff Governance continues to accept overall limited assurance but recognises the progress across a number of risk mitigation workstreams. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Workshop took place on the 30th of January and confirmed the two outstanding internal audit recommendations will be completed by the 31st of March 23. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • The further review of the risk assessment tool in the purple pack is due to complete by June 23, to ensure the content is fit for purpose. • The finalised risk assessment tool will inform training requirements and inform the BC for V&A training and related capacity. • The H&S review is complete and with management, including outline job descriptions for consideration. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 15	High 15

Datix ID	Risk Title & Description	Committee Assurance Review Date
3328	<p>Roadways/Traffic Management</p> <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • October 2020 – limited assurance accepted regarding safe traffic management at the acute sites. • December 2020 – limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites. • June 2021 Board – Governance and Management remain the same as does grading and adequacy of controls • March 2022 -accepted following levels of assurance accepted: <ul style="list-style-type: none"> ○ Moderate – Astley Ainslie hospital, East and Midlothian premises ○ Limited – Little France site, REH, WGH, St John's • July 2022 - limited assurance accepted • December 2022 - limited assurance accepted • Paper to be submitted to May meeting
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> • Alternative approach to managing and reducing significant risks are being explored • REB Turning Circle (Obstruction Risk) <ul style="list-style-type: none"> ○ Application for extension of Traffic regulation order (TRO) submitted ○ a barrier is being costed to ensure the turning circle is preserved 24/7 (circa £50k) • Whitburn Health Centre <ul style="list-style-type: none"> ○ SLWG convened to explore tighter controls (by the HC staff) and more frequent deliveries in smaller vehicles as plan to purchase a piece of land from West Lothian Council and install ANPR and a barrier system to mitigate the risks of larger vehicles (up to 7.5 t) reversing back out the site may not now be possible • Little France <ul style="list-style-type: none"> ○ a traffic management subject matter expert (from a transport company) has reviewed the 3 significant site risks and the associated risk assessments; and provided possible solutions for 2 of the 3 areas which would reduce the risk but would cost circa £80/£90k <p>The third risk area (ED) is much more problematic and there is a proposal (from the site TMG and the Pan Lothian Car Parking Group) that a separate SLWG is set up to review the ED environs as may affect service delivery.</p> <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> • Alternative approach to managing and reducing significant risks continue to be explored

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> The mitigating actions to reduce the known risks across the campuses are reliant on additional capital funding, which is now under consideration by the organisation in terms of capital prioritisation and backlog maintenance The site Traffic Management Groups (TMG) and Pan Lothian TMG continue to oversee this risk and the mitigation plans in place 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 12	High 12
1076	<p>Healthcare Associated Infection</p> <p>There is a risk of patients developing an infection as a consequence of receiving healthcare because of practice, equipment, and environment where care is provided is inadequate or has inconsistent implementation and monitoring of HAI prevention and control measures and the threat of emerging and novel pathogens including Covid-19 leading to potential harm and poor experience for both staff and patients.</p> <p>Executive Lead: Alison MacDonald</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> January 2021 - Moderate assurance accepted. Standing item on HGC agenda. March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres. May 2021 – HGC accepted Moderate Assurance against plans in place to deliver the standards. July 2021 and January 22 – HGC accepted Moderate Assurance against plans in place to deliver the standards. August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report. March 2022 – HGC accepted moderate assurance with respect to plans to mitigate this risk. July 2022 – HGC accepted moderate assurance. The risk mitigation plan is to report to HGC in the new year (23), with routine HAI reporting continuing to take place as per schedule. Risk mitigation paper to go to HGC in March 23. Next paper to HGC planned for April 23 as part of routine reporting. Risk mitigation paper to go to the May HGC Committee. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> HAI risks across the system were discussed at the Pan Lothian Infection Control and Prevention Committee. These are initially being reviewed through the Nurse Directors. The review will then inform the corporate risk and the Pan Lothian Committees priorities and workplan. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> The review of HAI risks across the system is ongoing, to ensure a consistent approach to risk mitigation. The review will be presented to the next Pan Lothian Infection and Prevention Committee in April and will inform the corporate risk. The risk reviews will also inform NHS Lothian response to SG National Workforce Strategy. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 16	High 16
5322	<p>Cyber Security</p> <p><u>New risk approved by Board February 2022</u></p> <p>There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Finance and Performance Review Committee</u></p> <ul style="list-style-type: none"> Paper now planned to go to F&R May 2022 and for Board discussion May 2022. Paper presented to F&R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed. <p><u>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk Risk assurance paper to be presented to April Audit and Risk Committee <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> Risk mitigation plans in place and on target with progress regularly reported and monitored through management and governance structures Internal Audit on IT security commenced (Grant Thornton) – draft report now expected February 2023 <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> Grant Thornton (Internal) Audit report 2022/23 on Information Security completed and presented to Audit and Risk Committee February 2023. The audit identified a number of areas for improvement, as well as some risks. The overall rating was Moderate assurance with no areas of high risk identified. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5510	<p>Royal Edinburgh Bed Occupancy</p> <p><u>New risk approved by Board December 2022</u></p> <p>There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose.</p> <p>Executive Lead: Calum Campbell</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> A local operational group is in place with membership from REAS and the HSCPs. Performance and plans are reviewed every 2 weeks at REAS SMT. Assurance paper going to January 2023 Healthcare Governance Committee. Annual report submitted to January 2023 meeting, which included mitigation plans for REH bed capacity – moderate assurance accepted for the annual report. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>February 2023 Update</u></p> <ul style="list-style-type: none"> Interviews for the GM position for REAS have taken place. The post holder is now in place and will further develop and lead on the plans to mitigate this risk. <p><u>March 2023 Update</u></p> <ul style="list-style-type: none"> GM in post and has a remit to focus on care pathways with partnership colleagues. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 25	Very High 25

Removed Risks and Rational 22/23 - Corporate Risk

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	23/07/19	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	04/04/19	Waste Management	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been

Risk ID	Opened	Risk Title	Recommendation	Rationale
				addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	26/07/13	Medical Workforce	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	04/04/19	Brexit/EU exit	Board approved closing the risk as per 1 December 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	13/02/2013	Learning from Complaints	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.
5034	29/06/2020	Care Homes	Board approved closing the risk 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HGC setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	16/02/2012	Facilities Fit for Purpose	Board approved closing the risk 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures.

Risk ID	Opened	Risk Title	Recommendation	Rationale
				The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.