

Agenda

09:30 - 09:35 **1. Welcome**
5 min
Verbal John Connaghan

09:35 - 09:37 **2. Apologies for Absence**
2 min
Verbal John Connaghan

09:37 - 09:40 **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

09:40 - 09:45 **4. Items proposed for Approval or Noting without further discussion**
5 min
Decision John Connaghan

4.1. Minutes of Previous Board Meeting - 21 June 2023

For Approval John Connaghan

 4.1 Draft Minutes of Board Meeting 21 June 2023.pdf (8 pages)

4.2. Healthcare Governance Committee Minutes - 23 May 2023

For Noting Fiona Ireland

 4.2 Healthcare Governance Committee Minutes - 23 May 2023.pdf (8 pages)

4.3. Healthcare Governance Committee Revised Terms of Reference

For Approval Fiona Ireland

 4.3 Healthcare Governance Committee ToRs for Board Approval 23-08-2023.pdf (6 pages)

4.4. Finance and Resources Committee Minutes - 07 June 2023

For Noting *Angus McCann*

 4.4 Finance & Resources Committee Minutes - 07 June 2023.pdf (7 pages)

4.5. Staff Governance Committee Minutes - 31 May 2023

For Noting *Bill McQueen*

 4.5 Staff Governance Committee Minutes - 31 May 2023.pdf (12 pages)

4.6. Audit and Risk Committee Minutes - 17 April 2023

For Noting *Martin Connor*

 4.6 Audit & Risk Committee Minutes - 17 April 2023.pdf (7 pages)

4.7. Midlothian Integration Joint Board Minutes - 16 March & 13 April 2023

For Noting *Val de Souza*

 4.7 (a) Midlothian IJB Minutes - 16 March 2023 (Special).pdf (5 pages)

 4.7 (b) Midlothian IJB Minutes - 13 April 2023.pdf (7 pages)

4.8. East Lothian Integration Joint Board Minutes - 25 May 2023

For Noting *Shamin Akhtar*

 4.8 East Lothian IJB Minutes - 25 May 2023.pdf (7 pages)

4.9. Edinburgh Integration Joint Board Minutes - 21 March, 13 & 27 June 2023

For Noting *Katharina Kasper*

 4.9 (a) Edinburgh IJB Minutes - 21 March 2023.pdf (3 pages)

 4.9 (b) Edinburgh IJB Minutes - 13 June & 27 June 2023 (reconvened).pdf (14 pages)

4.10. West Lothian Integration Joint Board Minutes - 21 March, 18 April & 27 June 2023

 4.10 (a) West Lothian IJB Minutes - 21 March 2023.pdf (6 pages)

 4.10 (b) West Lothian IJB Minutes - 18 April 2023.pdf (6 pages)

 4.10 (c) West Lothian IJB Minutes - 27 June 2023.pdf (9 pages)

4.11. National Whistleblowing Standards – Performance Report Quarter 1 2023/24

Information *Janis Butler*

 4.11 National Whistleblowing Standards - Q1 Performance Report (August 2023).pdf (16 pages)

4.12. Appointment of Contractor Pharmacist Member to Pharmacy Practices Committee

For Approval *John Connaghan*

 4.12 Pharmacy Practices Committee appointment (23.08.23).pdf (2 pages)

Items for Discussion

09:45 - 09:50 5. Board Chair's Report - August 2023

5 min

Verbal *John Connaghan*

09:50 - 10:00 6. Board Executive Team Report - August 2023

10 min

Discussion *Calum Campbell*

10:00 - 10:05 **7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness**
5 min

Verbal John Connaghan

10:05 - 10:35 **8. NHS Lothian Board Performance Paper**

30 min

Discussion Jim Crombie

8. Board Performance Report 23 August 2023.pdf (5 pages)

8 (a). Public Board Performance Paper Appendix August23 Final.pdf (16 pages)

10:35 - 11:00 **9. Corporate Risk Register**

25 min

Discussion Tracey Gillies

9. Board Corporate Risk Register 23 August 2023.pdf (29 pages)

11:00 - 11:10 **BREAK**

10 min

11:10 - 11:30 **10. Estates & Facilities Reinforced Autoclaved Aerated Concrete (RAAC) Briefing**

20 min

Discussion Jim Crombie

10. NHS Lothian Board Paper - Estates & Facilities - RAAC Briefing - August 2023.pdf (8 pages)

11:30 - 11:50 **11. NHS Lothian 2023/24 Financial Position**

20 min

Discussion Craig Marriott

11. NHS Lothian 2023-24 Financial Position - 23 August 2023.pdf (10 pages)

11:50 - 11:55 **12. Any Other Business**

5 min

Verbal John Connaghan

11:55 - 12:00 **13. Reflections on the Meeting**

5 min

Verbal John Connaghan

12:00 - 12:05 **14. Future Meeting Dates**

5 min

For Noting John Connaghan

- 04 October 2023
- 06 December 2023

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 10.30am on Wednesday 21 June 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Chair); Cllr S. Akhtar; Ms N. Akta; Mr P. Allenby; Mr A. Cogan; Mr M. Connor; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Ms F. Ireland; Cllr S. Jenkinson; Mr P. Knight; Mr A. McCann; Mr B. McQueen; and Ms V. de Souza.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Mr C. Briggs (Director of Strategic Planning); Ms M. Carr (Chief Officer, Acute Services); Ms R. Kelly (Deputy Director of Human Resources); Ms J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications and Public Engagement); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr O. Campbell (Strategic Programme Manager, Maternal and Child Health); Mr M. Duff, Audit Scotland (Observer, Board's External Audit Team); Mr D. Thompson (Board Secretary) and Ms B. Pillath (Corporate Governance Team, minutes).

Apologies for absence: Cllr H. Cartmill (Non-Executive Board Member); Prof. J. Innes (Non-Executive Board Member); Ms K. Kasper (Non-Executive Board Member); Ms T. A. Miller (Employee Director and Non-Executive Board Member); Cllr D. Milligan (Non-Executive Board Member); Mr P. Murray (Non-Executive Board Member); Ms J. Butler (Director of Human Resources); Ms T. McKigen (Services Director, Royal Edinburgh Hospital and Associated Services); Ms A. White (Chief Officer, West Lothian IJB).

17. Declaration of Interests

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

ITEMS FOR APPROVAL OR NOTING**18. Items proposed for Approval or Noting without further discussion**

- 18.1 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.
- 18.2 Minutes of Previous Board Meeting held on 05 April 2023 – Minutes were approved.
- 18.3 Healthcare Governance Committee Minutes – 14 March 2023 – Minutes were noted.
- 18.4 Finance and Resources Committee Minutes – 20 March 2023 – Minutes were noted.
- 18.5 Staff Governance Committee Minutes – 01 March 2023 – Minutes were noted.

- 18.6 Audit and Risk Committee Minutes – 20 February 2023 – Minutes were noted.
- 18.7 Midlothian Integration Joint Board Minutes – 15 December 2022 & 09 February 2023 – Minutes were noted.
- 18.8 East Lothian Integration Joint Board Minutes – 23 February & 23 March 2023 – Minutes were noted.
- 18.9 Edinburgh Integration Joint Board Minutes – 28 February 2023 – Minutes were noted.
- 18.10 National Whistleblowing Standards - Annual Performance Report 2022/23 – The Board noted the report.
- 18.11 Appointments to Members of Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- **To 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.
 - **To 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.
- 18.12 Review of the Standing Financial Instructions and Scheme of Delegation
- 18.12.1 The Board approved the changes proposed to both the Standing Financial Instructions and the Scheme of Delegation. Members agreed to delegate authority to the Director of Finance to approve any remaining non-material amendments required, prior to publication.

ITEMS FOR DISCUSSION

19. Board Chair’s Report – June 2023

- 19.1 The Chair gave a verbal update, reflecting upon:
- The most recent briefing session held for elected MPs and MSPs, some of whom continued to demonstrate interest in the Board’s Paediatric Audiology service.
 - His recent visit to the Emergency Department (ED) at the Royal Infirmary of Edinburgh (RIE) to discuss progress against issues raised in the recent Healthcare Improvement Scotland Report. He had welcomed engagement from ED Consultants, in particular.
 - Positive recognition of NHS Lothian’s cancer performance during recent discussions with the Cabinet Secretary.

20. Board Executive Team (BET) Report – June 2023

- 20.1 The Chief Executive presented the report and the following points were highlighted or discussed by the Board:
- 20.2 National Healthcare Estates and Facilities Day – Board members recognised that the meeting coincided with this important date and took the opportunity to formally acknowledge and appreciate the essential work of all members of the Lothian Estates and Facilities Team in the delivery of services.
- 20.3 Scottish National Spine Service – Following recent claims made in the media about

waiting list management in this national service hosted by NHS Lothian, an audit had been conducted by Public Health Scotland. The outcome had provided assurance that NHS Lothian consistently complied with waiting times protocols and that quality and service improvement measures were well embedded.

- 20.4 NRAC funding formula – Following long running discussions with the Scottish Government about NHS Lothian’s NRAC funding deficit in relation to current and historical population growth, there had been some changes in the national allocation methodology. This would bring NHS boards to within 0.6% of parity, rather than 0.8%, and resulted in an additional allocation of £8m for NHS Lothian in 2023/24. There had been further additional funding allocations for NHS Lothian linked to the Voluntary Pricing and Access Scheme (VPAS) and sustainability. However, the Board noted that there remained a £52m funding gap for 2023/24, which assumed the achievement of a £42m efficiency target. The ongoing uncertainty and anticipated tightening of capital funding availability remained a significant concern and a risk for the Board.
- 20.5 Cessation of use of off-contract agency staff – the Board noted the implementation of actions in response to DL (2023) 14 “Supplementary Staffing – Agency Controls” and a resulting significant decrease in the use of off-contract agency staff, particularly in nursing. Higher availability and use of Bank Staff was expected to improve levels of patient safety and the quality of service due to having greater oversight of staff. Financial savings were also expected to accrue, and these had been incorporated into current planning assumptions. It was confirmed that all boards were working to the same model and there was ongoing communication between them.
- 20.6 Restricted admissions at the Royal Edinburgh Hospital (REH) – It was noted that admissions at the REH had recently been temporarily closed due to the number of admissions exceeding the number of beds available, including where contingency beds were utilised. The closure had remained in place for 36 hours and patients were instead admitted to available beds in the Mental Health unit at St John’s Hospital. Whole system working was already built into the service and following the incident a protocol was being put into place which would ensure that in a similar event in the future discussions would be held earlier, before the contingency beds were utilised, so that there was no interruption to patient flow. There was also work ongoing with the Edinburgh Health and Social Care Partnership as delayed discharge was one of the reasons for exceeding capacity.
- 20.7 Healthy Respect Team – It was confirmed that the Team worked closely with schools.
- 20.8 Use of TikTok – It was confirmed that the Board’s use of the TikTok social media platform was limited to advertising in order to reach young people and ensure they are aware of services relevant to them. The Board did not hold a TikTok account and therefore did not create or post content directly.
- 20.9 HMP Addiewell – The healthcare related findings of a recent inspection report on HMP Addiewell prison would be the subject of initial discussion at the next meeting of the Healthcare Governance Committee in July with a detailed report expected to come to the following meeting.
- 20.10 Bed Model Review – The Board noted that the process for the procurement of a bed modelling system had begun. It was likely that the system would initially cover Acute Services and Edinburgh Health and Social Care Partnership with the other partnerships to be added subsequently. The data already available on public health bed modelling would be part of this. Once a factual base had been established this could be used for scenario planning. Board members sought assurance that the model would be able to accommodate complexity and that ownership of the intellectual property for any model

would be retained by the Board.

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

- 21.1 *Finance and Resources Committee* – The Chair of the Finance and Resources Committee highlighted the discussion from the meeting on the delays caused by compliance with the NHS Assure process for capital projects and the absence of a formal Service Level Agreement. He also noted that the Committee had received a presentation on the positive work being carried out by the Board’s Sustainability and Value Team in finding areas in the system for efficiency savings.
- 21.2 *Midlothian Integration Joint Board* – The Chair of the Midlothian IJB advised that, following the earlier decision by Midlothian Council not to pass on funds expected by the IJB for 2023/24, she had written to the Scottish Government, on behalf of the IJB. A sympathetic response had been received and it was expected that civil servants would be bringing IJBs together to discuss common challenges and difficulties.

22. NHS Lothian Board Performance Report

- 22.1 The Deputy Chief Executive presented the Board Performance Paper, noting that the system remained under significant duress, driven primarily by the combined factors of hospital occupancy levels, workforce challenges and financial pressures. He highlighted a range of specific points within the Performance Paper, noting in particular that previous improvements in the area of delayed discharges during 2021 appeared to have been reversed, with little change between 2022 and 2023. This had resulted in continuing constraints on the availability of acute hospital beds. The Deputy Chief Executive also noted that the Board’s use of the independent sector to alleviate key pressures had been constrained due to both financial capacity and increased activity within the independent sector itself.
- 22.2 The Chief Executive informed the Board about a recent meeting with a group of consultants from the RIE Emergency Department to discuss improvement plans and respond to some specific concerns raised by the group. The consultants’ call for increased staffing and greater levels of support from other areas had been acknowledged. At the same time, it had been communicated that the current improvement plan had been developed in full collaboration with medical leaders within the RIE ED and endorsed by the Scottish Government’s National Director of Unscheduled Care. Further suggestions for improvement had been welcomed and would be considered through subsequent planned meetings.
- 22.3 Board members considered the potential to learn lessons from other EDs in Scotland. It was reported that discussions were underway about the standardisation of pathways, as a means of supporting and encouraging change. Increased efforts were also being made to communicate to the public that attendance at the ED should only be for genuine emergencies and to provide redirection to other services, where appropriate. It was too early to measure the impact of these efforts. However, it was felt that there also needed to be a change of culture and practice internally to fully realise potential benefits.
- 22.4 Board members queried the impact of staff absences on unscheduled care performance and delayed discharges. It was acknowledged that, whilst the overall absence rate was within the national average, some individual areas were experiencing higher rates and absences had increased post-Covid. The Staff Governance Committee continued to

provide scrutiny in this area and appropriate attendance management procedures were being deployed.

22.5 Board members expressed concerns around the reported loss of progress in addressing delayed discharges and the subsequent impacts on unscheduled care performance. In particular, there was a desire to understand the impacts of the anticipated removal of interim beds in Edinburgh. In response, the Chief Executive highlighted a commitment made by the Edinburgh Integration Joint Board at its recent meeting on 13 June to maintain an appropriate level of performance, despite the removal of interim beds. It was also reported that there was significant engagement between IJBs and the Scottish Government to try and address performance challenges e.g., by reducing lengths of stays. It was agreed that further discussion on this area of performance would be arranged for the next meeting of the Board's Strategy, Planning and Performance Committee (SPPC).

22.6 The Board accepted the recommendations laid out in the paper.

23. Lothian Strategic Development Framework Annual Report

23.1 The Director of Strategic Planning presented the previously circulated draft report, which reflected previous discussions at the Strategy, Planning and Performance Committee on 17 May. He noted that the draft report had been discussed at the Lothian Partnership Forum and, following Board approval, would be communicated to staff and the wider public. A narrated slide show for this purpose had been circulated separately to board members, for information. It was intended that the report would be available to all staff via a link on the main page of the Intranet and highlighted via regular all-staff communications. It was hoped that the format of this would ensure that information was presented to staff in a fully accessible way.

23.2 The Board agreed to the content and sharing of the Lothian Strategic Development Framework Annual Report.

24. NHS Lothian Corporate Objectives 2023/24

24.1 The Director of Strategic Planning introduced the previously circulated paper, which had also been discussed at the Strategy, Planning and Performance Committee in May. The Board was reminded of the revised approach, whereby the total number of Corporate Objectives had been reduced to support a priority focus on the pillars and parameters of the Lothian Strategic Development Framework. The paper also demonstrated how each Corporate Objective would be supported by an underpinning series of themes and actions, drawn from the LSDF Implementation Books.

24.2 Board members noted some variability in references to digital delivery across the different LSDF Implementation Books and sought assurance that digital opportunities would be equally reflected and embedded in all areas. The Director of Strategic Planning confirmed that the aim was to have digital working embedded in every service and that the team was working to ensure that this was included in all Implementation Books including those for Scheduled Care, Unscheduled Care and Workforce. Improving digital skills and maturity within the workforce was part of this. A digital implementation plan was being developed that reflected the requirements of all LSDF pillars and parameters and also aligned with the Scottish Government's approach to digital.

24.3 Board members queried the progress made in developing implementation plans for the Environmental Sustainability Parameter of the LSDF. The Director of Strategic Planning expected an Implementation Book to be considered by the Corporate Management Team

in November 2023. There were a number of expectations from the Scottish Government in this area with a long timescale and the team was focussed on this.

- 24.4 Clarity was sought on the appropriate measurement for the Unscheduled Care Corporate Objective. It was suggested that, whilst achieving 70% compliance against the 4-hour emergency access standard was the overall target agreed in relation to the RIE, a higher rate of compliance may reasonably be expected for less pressurised acute sites. It was agreed that the description of the measure would be reworded in acknowledgement of this.
- 24.5 Members noted that, although there was no specific Corporate Objective on diversity and equality, this area was fundamental to all the Board's work and therefore would underpin all the objectives. There was a separate Equality and Human Rights Strategy, approved by the Board in April 2023, and a supporting action plan.
- 24.6 The Board accepted the recommendations laid out in the paper and, subject to the minor revision discussed above, agreed the Corporate Objectives for 2023/24.

25. Children's Services Partnership Plans

- 25.1 The Director of Strategic Planning introduced the Children's Services Partnership Plans for Edinburgh, East Lothian, Midlothian and West Lothian, noting that the Strategic Programme Manager for Maternal and Child Health was in attendance to respond to any questions.
- 25.2 The Board noted that each Plan had been prepared against a consistent set of principles and that the contents specifically reflected those areas of activity that could only be addressed through multi-agency collaboration and partnership working. The plans had also been constructed to ensure consistency and commonality with the pillars and parameters of the Lothian Strategic Development Framework. Following approval by the Board, a more detailed implementation plan would be developed by each partner IJB, with appropriate actions and KPIs.
- 25.3 In response to questions from board members, it was confirmed that:
- Impact would be monitored and reported as part of the workplan of the Children and Young People's Programme Board.
 - Population data referenced within each Plan, by necessity, reflected the most recently published formal statistics available. However, teams involved in delivery would utilise more recent data in practice.
 - Progress in delivering "The Promise" and the Board's corporate parenting duties was overseen by the Corporate Parenting Board, chaired by the Chief Executive.
 - Improvements to pathways for children's mental health were expected to come via the Single Point of Access initiative and a commitment to this was reflected within each Plan.
- 25.4 The Board accepted the recommendations laid out in the paper and approved the Children's Services Plans for Edinburgh, East Lothian, Midlothian and West Lothian for 2023 to 2026.

26. NHS Lothian 2022/23 Financial Position

- 26.1 The Director of Finance presented the previously circulated paper. The Board accepted that NHS Lothian had achieved its financial target of breakeven for the year 2022/23,

subject to external audit review. The Board expressed its collective thanks to the Finance Team and every budget holder within NHS Lothian for helping to bring this about.

26.2 The Director Finance reflected upon the 2023/24 Corporate Objective related to “working towards financial balance”. He emphasised that, notwithstanding the achievement of breakeven in 2022/23, maintaining financial balance in the current year represented an unprecedented challenge for the Board, exacerbated by a range of factors that included inflationary pressures and ongoing service recovery demands.

26.3 Immediate efforts were focused on delivering an agreed 2023/24 efficiency target of 3%, managing expenditure and reducing the remaining projected financial deficit of £52m as much as possible.

27. Corporate Risk Register

27.1 The Executive Medical Director presented the previously circulated paper. She highlighted the risks associated with the planned junior doctors’ industrial action on 12-15 July 2023 and the continuity plans to ensure patient safety across Acute Services, Health and Social Care Partnerships and GP practices if the strike were to go ahead. The Director of Communications advised that the Scottish Government had planned communications to raise public awareness of the strike. Lothian communications would be focussed on operational planning.

27.2 The Board accepted the recommendations laid out in the paper and accepted that the risk status for 4 Hour Emergency Access, Hospital Bed Occupancy and Access to Treatment had been increased from ‘Very High’ to ‘Very High/Extreme’ with risk mitigation plans in place.

27.3 The Board welcomed the opportunity to record its appreciation and thanks to Ms Jo Bennett, Associate Director for Quality Improvement and Safety, who was due to retire before the next Board meeting. In particular, the Board noted Ms Bennett’s significant contributions to reviewing and improving the Risk Management Framework in recent years.

28. Any Other Business

28.1 No other items of competent business were identified.

29. Reflections on the Meeting

29.1 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.

30. 2023 Board Meeting Dates

30.1 The remaining Board meeting dates for 2023 were noted:

- 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 23 May 2023 by video conference.

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

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms H. Cairns, Chief Allied Health Professional; Ms H. Cameron, Chief Allied Health Professional; Mr C. Campbell, Chief Executive; Mr M. Carr, Chief Officer, Acute Services; Ms K. Dee, Deputy Director of Public Health and Health Policy; Mr M. Dolan, Head of SMART Services (item 7.1); Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr S. Garden, Director of Pharmacy; Ms J. Gillies, Programme Director; Ms T. Gillies, Medical Director; Ms L. Hutchison, Equality, Diversity, Inclusion and Human Rights Lead (item 5.1); Ms J. Long, Director of Primary Care; Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Mr K. McLeish, Service Manager, Vaccination Programme (observing); Ms J. Morrison, Head of Patient Experience; Ms M. Perez-Botella, Director of Midwifery (item 4); Ms B. Pillath, Committee Administrator (minutes); Ms H. Tait, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership (item 7.1); Mr A. Short, Service Director, Women's and Children's Services; Mr D. Thompson, Board Secretary; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Ms L. Guthrie, Associate Director, Infection Control; Ms F. Stratton Chief Nurse Midlothian Health and Social Care Partnership; Dr C. Whitworth, Medical Director, Acute Services.

Chair's Welcome and Introductions

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

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

1. Patient story

- 1.1 Ms Botella-Perez read out feedback from a patient who had given birth by caesarean section following several failed pregnancies and whose baby was cared for in the neonatal unit for five weeks. The patient was positive about the communication and care given by staff who understood the patient's concerns during surgery, while the baby was in the neonatal unit, and with follow up care by the neonatal community team.
- 1.2 Members noted the positive experience of this patient and recognised that a key factor in this was that each woman had a primary midwife who continued in contact

during the full patient pathway. This was part of the continuity of care in the 'best start' guidance.

2. Minutes from Previous Meeting (14 March 2023)

- 2.1 Subject to some small changes which would be circulated around the Committee, the minutes from the meeting held on 14 March 2022 were approved as a correct record.
- 2.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

3. Emerging Issues

3.1 Addiewell Prison Inspection Report

- 3.1.1 Ms Gillies advised that the inspection reported had included a number of recommendations, some of which were for NHS Lothian which was responsible for the prison health centre. The team at Royal Edinburgh Hospital and Associated Services were working through the recommendations and would provide a report on actions in July or September 2023. **TG**

4. Women's Services Assurance Report

- 4.1 Ms Botella-Perez gave a presentation, and Mr Short presented the previously circulated paper. Although the recommendations in the paper offered moderate assurance that comprehensive systems were in place to deliver robust healthcare governance, Mr Short asked to revise this and offered limited assurance.
- 4.2 Mr Short advised that an early intervention service that was provided by the neonatal community team as part of the Best Start programme; as the funding for this was ending consideration would be given as to how to continue the service, including gathering evidence to show the impact early intervention had on future demand for services.
- 4.3 It was noted that the figures for total birth rate and live birth rate were incorrect in the paper and this would be corrected following the meeting. The still birth data collected as part of the MBACE report was adjusted for deprivation status as well as taking into account tertiary centres such as the Royal Infirmary who would treat more complex cases from across Scotland.
- 4.4 Ms Clark supported the innovative strategies implemented to support staff wellbeing including flexible working and peer support as well as rotation of midwives between teams. Ms Botella-Perez advised that the feedback from the rotation was mainly positive and any problems were being worked through with individual members of staff.
- 4.5 Ms Morrison noted the good data on keeping in touch following adverse events, which had been a challenge in other areas. The success was due to the continuity of care that was offered by the primary community midwife contact who was with each patient throughout her pathway. After an adverse event the patient would be offered a meeting as soon as they were ready to discuss what had happened, even if the

report had not concluded. It was noted that the advantage of having this contact in place could be difficult to replicate in other services.

- 4.6 Mr Short advised that implementation of the LACAS standards in the service was progressing and would be in place soon.
- 4.7 The risk associated with the proposed national three centre model for neonatal transfers was noted. The three centres would be Lothian, Glasgow and one other. Once a decision had been made by the Scottish Government the pathways could be put in place. It would improve flow if all three centres had the policy of keeping mothers and babies together as Lothian had.
- 4.8 Ms Gillies noted that there were instances of avoidable harm in the service and that better governance links needed to be in place. A lot of work was in place to reduce the occurrence of these incidences, but these processes were at the early stages currently.
- 4.9 Members accepted the recommendations laid out in the paper but agreed to accept limited assurance rather than moderate at recommendation 2.1. A further report would be brought to the Committee specifically focussing on outcomes data and progress on the four areas of improvement that had been identified in the paper. **MC**

5. Person Centred Care

5.1 Equality Outcomes 2021-25

- 5.1.1 Ms Hutchison presented the previously circulated paper. The Committee was asked to approve the publication of the updated outcomes on NHS Lothian's website. Once this was agreed a more detailed action would be produced including measures.
- 5.1.2 Ms Hutchison advised that the presentation of the report would include the 'problem' or 'significant inequality' that each outcome sought to address and would show how this would be achieved, while linking to the organisation's priorities.
- 5.1.3 Members accepted the recommendations laid out in the paper and approved the outcomes for publication.

6. Safe Care

6.1 Edinburgh Health and Social Care Partnership Joint Inspection Report – Adult Support and Protection

- 6.1.1 Mr Massaro-Mallinson gave a verbal update. The inspection had taken place in February 2023 and identified substantial areas for improvement and areas of weakness in processes and for the management team, particularly in social work, adult support processes and continuity across the city. A second inspection specifically on social work and social care had since taken place which also identified leadership weaknesses.
- 6.1.2 An action plan was being prepared to cover the recommendations from both inspections and this would be submitted to the Edinburgh Integration Joint Board and

City of Edinburgh Council meeting in June. A report and action plan would be submitted to the Healthcare Governance Committee at the next meeting in July 2023.

MM-M

- 6.1.3 Ms MacDonald noted that the Public Protection Action Group would also discuss the health recommendations in detail and would monitor the responses and the action plan.
- 6.2 Medicines Governance Strategy
- 6.2.1 Mr Garden presented the previously circulated paper. Members accepted the recommendations laid out in the paper.
- 6.3 Healthcare Associated Infection Update
- 6.3.1 Ms MacDonald presented the previously circulated paper. She noted that workforce redesign was being considered to resolve workforce challenges in the Infection Prevention and Control Team.
- 6.3.2 There had been an incidence of *Legionella* species found in the water supply at Bonnyrigg Health Centre and a programme of work was underway to resolve this. There had been no cases of disease.
- 6.3.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance. The risk mitigation plan noted in recommendation 2.2 was part of the Corporate Risk Register.
- 6.4 Management and Learning from Adverse Events
- 6.4.1 Ms Bennett presented the previously circulated paper. It was noted that the Being Open work in maternity services where the key contact following an incident was usually the patient herself was difficult to replicate in other services when the key contact was usually a family member, for instance in the case of a patient death.
- 6.4.2 The structured mortality review tool would be used to identify whether an adverse event was one where learning and change in practice could make improvements. Peer review would be in place to ensure that the decisions made were appropriate.
- 6.4.3 The reporting on learning and improvements following adverse events would be through service reports, the annual Quality Report and the Patient Safety Report. Ms Bennett agreed to ensure that these were clearly identified in service annual assurance reports and would adjust the reporting template accordingly.
- 6.4.4 Members accepted the recommendations laid out in the paper.
- 6.5 Health and Safety – Clinical Governance and Performance Annual Report
- 6.5.1 Ms Gillies presented the previously circulated paper which focussed on the four Health and Safety risks which related to patient care, noting that the main oversight for Health and Safety was at the Staff Governance Committee.

- 6.5.2 Appendix 1 of the report gave the assurance levels for 2022/23 using data from October and December 2022. Following actions taken, there was now a greater level of focus on the fire safety risk and the need for improved evacuation plans.
- 6.5.3 Ms Gillies advised that NHS Lothian retained responsibility for the use of buildings even when they were owned by different organisations, and it was NHS Lothian's responsibility to manage known risks and provide evidence including following up with relevant organisations.
- 6.5.4 The Midlothian Community Hospital environmental ligature points and prevention of falls from windows and balconies were listed as nil assurance in the appendix. Ms Gillies advised that this was due to a nil return of data at the time of the assurance report, but that there had been an update on this to the Staff Governance Committee since that date.
- 6.5.5 Members accepted the recommendations laid out in the paper and accepted the assurance levels offered for each risk.

6.6 Microsoft Access Database Review Update

- 6.6.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid in the paper and accepted limited assurance. There would be a further update in six months' time. TG

7. **Effective Care**

7.1 SMART Services Strategic Improvement Plan

- 7.1.1 Ms Tait presented the previously circulated paper. Since the writing of the paper, £201,000 of funding had been approved by NHS Lothian, but the decisions of the partner Boards NHS Borders and NHS Fife had not yet been made. The East Region Board would meet the following week. Once the funding decision was known, capacity of the service could begin to be increased from June 2023.
- 7.1.2 Mr Campbell noted that whatever the position of NHS Borders and NHS Fife the funding from NHS Lothian would be provided. If the other Boards did not agree to fund, a differential waiting list would be implemented.
- 7.1.3 Members noted that the improvement plan had not yet been agreed until the funding decision had been made, and that the impact of this on safe, effective, person centred care needed to be articulated.
- 7.1.4 Recommendation 5 in the report was to work to ensure compliance with the updated Medical Devices Regulations. Mr Dolan advised that the service was compliant with the current regulations and that there was a strategic group in place to ensure compliance with the new regulations to be implemented in 2025, along with the other services that were required to comply with the regulations. This was being progressed separately to the service improvement plan.

7.1.5 Ms Ireland, Ms Gillies and Mr Campbell agreed to discuss outwith the meeting where the gaps in assurance were and to update the outcome of the discussion at the next meeting. **FI / TG / CC**

7.2 Physiology Services

7.2.1 Ms Gillies gave a verbal update on progress. A written report would be submitted at the next meeting. **TG**

7.3 Research and Development Annual Report

7.3.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out in the report.

8. Risk Mitigation Plan

8.1 GP Sustainability Risk Mitigation Plan

8.1.1 Ms Long presented the previously circulated paper. With regards to retendering of properties, Ms Long advised that she was confident the two practices would progress, but that negotiation had been required and a different model may be considered for next time.

8.1.2 The Capital Planning Team and Finance and Resources Committee would oversee the use of the section 25 funding contribution for providing health services in areas of new housing. Ms Long agreed to add this to the mitigation plan.

8.1.3 Members accepted the recommendations laid out in the paper.

8.2 Acute Services Risk Mitigation Plans

8.2.1 Ms Carr presented the previously 4 Hour Emergency Access, Bed Occupancy and Access to Treatment Risk Mitigation Plans and noted that all three were now classified as 'extreme' risks.

8.2.2 Ms McAuley advised that governance on safe, effective and person centred care when making service changes to improve access was monitored through review of proposed changes from peers external to the site who consider the overall impact changes might have. The levels of assessment could be given using the Fundamentals of Care template which was based on feedback from Healthcare Improvement Scotland. There were also longer term plans to implement use of the LACAS standards in front door areas.

8.2.3 Ms Bennett noted that adverse events and complaint monitoring were also part of governance processes and Ms Carr agreed to articulate this in the mitigation plan.

8.2.4 Ms McAuley agreed to circulate a paper outwith the meeting outlining the governance process and monitoring of outcomes including key measures and monitoring of the system in place. **GMcA**

8.2.5 Ms Carr advised that there had been close engagement with the Centre for Sustainable Delivery to improve the efficiency of treatment. A self assessment had been completed which identified areas where efficiencies could be made. The Royal Infirmary had been put forward to be a pilot site so that it could be part of early improvements.

8.2.6 Members accepted the recommendations laid out in all three risk mitigation plans.

9. Exception Reporting Only – reports provided

There had been no papers for exception reporting.

10. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

10.1 Clinical Management Group, 14 March 2023, 23 April 2023;

10.2 Area Drug and Therapeutics Committee, 3 February 2023.

11. Corporate Risk Register

11.1 Ms Bennett presented the previously circulated paper. It was agreed that in future annual assurances reports for each service would include risk mitigation plans for any risks on the Corporate Risk Register which were allocated to the Healthcare Governance Committee as an appendix so that they could be seen in the context of the service report. Ms Bennett agreed to update the reporting guidance to include this. **JB**

12. Healthcare Governance Committee Annual Report

12.1 Ms Bennett presented the previously circulated paper. Members considered the items at 3.2.1 in the paper which highlighted areas where limited assurance had been received to determine which of these would be submitted to the Audit and Risk Committee and included in the Corporate Governance Statement. It was agreed that the item on clinical documentation and patient information would be removed as this was not a material risk and the work of the Patient Outcomes Programme Board was working to mitigate the risk.

12.2 The SMART Service, GP Sustainability and the three acute services risk mitigation plans were to remain on the list following limited assurance received in these areas at this meeting. Paediatric Audiology quality control would also be added to the list.

12.3 Ms Bennett, Ms Ireland and Ms Gillies would discuss whether the Edinburgh Haemophilia Comprehensive Care Centre and the Microsoft Access Databases risks would remain on the list or if sufficient mitigation was in place. **JB / FI / TG**

12.4 The Healthcare Improvement Scotland Report on the Emergency Department was discussed, but it was agreed that as this Committee had not yet reviewed the report it could not be included in the Annual Report. The report had been reviewed by the Strategic Planning and Performance Committee which agreed that future monitoring

would be by the Healthcare Governance Committee. This would be added as an item at the next meeting. **JB**

12.5 Ms Bennett would make the changes agreed to the Annual Report and finalise this with Ms Ireland before submitting to the Audit and Risk Committee. **JB / FI**

12.6 As a response to the results of the Committee Effectiveness survey completed by Committee members, it was agreed that a half day development session for members should be repeated as the membership had changed. It was also agreed to trial an additional meeting in the year to split the September agenda where the Health and Social Care Partnership reports were reviewed to ensure sufficient time for discussion. The proposal was for an additional meeting in October. **BP**

13. Reflection on the Meeting

13.1 The position with SMART Centre governance, and the decision to trial an extra meeting in the year for the Committee, would be raised at the Board in the Committee Chairs' updates section.

14. Date of Next Meeting

14.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 18 July 2023** by video conference.

15. Further Meeting Dates

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

Signed by the Chair: 18/07/2023

REVIEW OF HEALTHCARE GOVERNANCE COMMITTEE TERMS OF REFERENCE**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board approve revised Terms of Reference for its Healthcare Governance Committee (HGC).
- 1.2 Any member wishing additional information should contact the Medical Director (or the Chair of the HGC) in advance of the meeting.

2 Recommendations

- 2.1 The Board is asked to approve the revised Terms of Reference provided at **Appendix 1**, noting that these were discussed and endorsed by the HGC on 18 July 2023.

3 Discussion of Key Issues

- 3.1 The Committee's current terms of reference were approved in February 2017. Under the Blueprint for Good Governance, the terms of reference for Board committees form part of the "Operating Guidance" that should be reviewed annually by the Board. Therefore, undertaking an annual review of each Committee's terms of reference is a governance requirement.
- 3.2 Following discussions at the HGC meeting on 18 July 2023, a range of revisions are proposed to update and clarify the Committee's existing terms of reference. A revised Terms of Reference document is presented in Appendix 1, below. For the purposes of comparison, the current HGC terms of reference can be viewed here: [Board-Committee-Terms-of-Reference-v45-071222.pdf \(nhslothian.scot\)](#).
- 3.3 The revisions to the HGC's terms of reference can be broadly summarised as:
 - 3.3.1 Emphasising the HGC's ability to seek or provide assurance on relevant matters from or to other committees, not just the Staff Governance Committee;
 - 3.3.2 Rationalising the description of the HGC's core assurance functions, particularly in relation to the quality, effectiveness and safety of services;
 - 3.3.3 More clearly describing the membership of the HGC and the officers and senior staff required or expected to be in regular attendance at meetings;
 - 3.3.4 Accommodating the potential to appoint up to two external members to represent the voice of patients and/or the public (subject to appropriate appointment processes first being approved by the Board);
 - 3.3.5 Clarifying that, if and when required, voting rights are reserved to non-executive members of the Committee; and
 - 3.3.6 Emphasising the requirement for all proposals to be subject to appropriate equality impact assessments, in line with agreed policies.

4 Key Risks

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

5 Risk Register

- 5.1 There are no direct implications for NHS Lothian's Corporate Risk Register (CRR). However, effective terms of reference will enable the HGC to provide assurance more effectively against any relevant risks on the CRR.

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

- 8.1 There are no resource implications from this report

Darren Thompson

Board Secretary

25 July 2023

darren.thompson@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Revised HGC Terms of Reference, discussed and approved by the HGC on 18 July 2023.

HEALTHCARE GOVERNANCE COMMITTEE
DRAFT FOR APPROVAL

1. REMIT

- 1.1. The Healthcare Governance Committee (HGC) will provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard.
- 1.2. The Committee will also provide assurance to the Board that NHS Lothian meets its responsibilities with respect to:
- National Standards for Community Engagement and Participation¹
 - Volunteers/Carers
 - Information Governance
 - Protection of Vulnerable People including children, adults, offenders
 - Relevant Statutory Equality Duties
- 1.3. The Board authorises the Committee to investigate any activity within its terms of reference, to request any Board member or employee to attend a Committee meeting and request a written report or seek any information it requires. The Board directs all employees to co-operate with any Committee request.
- 1.4. The HGC may seek assurance from other Board committees, as required, in relation to any governance, risk or performance issue pertinent to the discharge of its remit. In turn, the HGC may provide assurance to other Board committees, from time to time.
- 1.5. The Board authorises the Committee to determine the processes for the approval of Board policies, except for the following types of policy:
- Policies that are reserved for approval by the Board through its Standing Orders.
 - Human Resources Policies.
 - Finance Policies.

2. CORE FUNCTIONS

- 2.1. The Committee shall seek assurance on the following:
- a) The quality, effectiveness, and safety of care of services within NHS Lothian is regularly monitored, reported and reviewed and specifically:
 - i. Clinical care delivered across NHS Lothian meets NHS, HIS and other relevant standards and that unacceptable clinical practice is detected and addressed
 - ii. Effective quality assurance and quality improvement systems are in place covering all aspects of service delivery
 - b) Continuous improvement of clinical care drives decision-making about the provision, organisation, and management of services

¹ As set out by Health Improvement Scotland – Community Engagement within *The Quality Framework for Community Engagement and Participation* (April 2023)

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- c) Medicines Management, including the management of Controlled Drugs
- d) There is a systematic and documented approach for the production, implementation and evaluation of clinical policies
- e) An open and transparent culture exists with respect to the reporting, investigation and corrective action taken following adverse events, reviews, fatal accident inquiries, ombudsman reports or other internal or external reports
- f) Complaints and patient feedback are handled in accordance with national standards/guidance, and lessons learned from their investigation and resolution, including reports from the Scottish Public Sector Ombudsman and Mental Welfare Commission
- g) All individuals engaged by the Board to carry out its functions and services are appropriately trained to develop the skills and competencies required to deliver the care needed; that continuing personal and professional development and lifelong learning are supported; and that there are mechanisms for developmental training and assessment where necessary (specific assurances will be sought from the Staff Governance Committee)
- h) High-quality research and development, teaching and training are supported in partnership with other public or private sector bodies, and meet relevant guidance/governance standards, and complies with Research Framework for Health & Community Care.
- i) Information governance across NHS Lothian meets NHS, HIS and other relevant standards, and that unacceptable practice will be detected and addressed, including Codes of Practice on openness and related strategy processes all applied and monitored
- j) The Board's adherence to legislative requirements and the implementation of relevant directives and other instructions from Scottish Government with respect to equality, diversity and human rights, including addressing and responding effectively to health inequalities in the population (additionally, the HGC will seek assurance that Integration Joint Boards are taking appropriate account of equality, diversity and human rights matters when planning and commissioning services)
- k) The protection of vulnerable adults (adults, children, offenders) complies with legislative requirements and national standards
- l) The HGC's remit is addressed in a systematic and documented manner through clear policies and procedures, and adequate and effective systems of internal control.

2.2. In order to support the delivery of its remit and core functions, the HGC shall:

- Monitor and review outcomes and processes across NHS Lothian, seeking assurance that the appropriate structures, processes, and controls are in place and operating effectively.
- Encourage and support co-ordination and whole system learning activities across NHS Lothian, especially the sharing of good practice and the effective use of data, such as national clinical audits, to benchmark performance and delivery.
- Delegate any necessary authority to groups or sub-committees to undertake the detailed consideration and resolution of specific matters on behalf of the Committee.
- Ensure there is an annual workplan for the discharge of its remit, and that there is

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- an annual report on its activities.
- Ensure that any required action is undertaken swiftly in order to provide reassurance to the Board and the public.
- Inform the development of relevant Board strategies.
- Monitor, review and inform updates to any relevant risk assurance and mitigation plans.
- Ensure that, where required, any item presented for decision-making is subject to an appropriate impact assessment process, in line with NHS Lothian policy.

3. MEMBERSHIP

3.1. The membership of the HGC will be:

- Five non-executive members of the Board, appointed by the Board (one of whom shall be the Chair of the Area Clinical Forum)
- Up to two staff side representatives, nominated from and by the NHS Lothian Partnership Forum

3.2. Should it choose to do so, the HGC may appoint up to two external members to represent the voice of patients and/or the public. Any such appointments will be made in accordance with a procedure approved by the Board.

3.3. The Chair of the HGC will be appointed by the Board from amongst the five non-executive members. If the Chair of the HGC is not present at a meeting, the members present may appoint one of the other non-executive board members present to preside.

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

In Attendance:

3.5. The Chair of the NHS Lothian Board should not be a member of the HGC but may attend meetings.

3.6. Officers and senior staff of the Board will be expected to attend meetings of the Committee when issues within their area of responsibility are being considered. The role of an attendee is to provide information and advice and to participate in discussions, either for the whole duration of the meeting or for particular agenda items. The Committee Chair will agree with the Lead Officer to the Committee which officers or senior staff should attend meetings, routinely or otherwise, and for which items. Attendance requirements will be based upon the HGC's Annual Work Plan. Notwithstanding this, the following staff will be in regular attendance at HGC meetings:

- The Chief Executive
- The Executive Medical Director
- The Executive Director of Nursing, Midwifery & AHPs
- The Director of Public Health & Health Policy
- The Director of Pharmacy
- The Associate Director for Quality Improvement

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3.7. The Executive Medical Director shall serve as the Lead Officer to the Committee.

4. QUORUM

4.1. No business shall be transacted at a meeting of the HGC unless a quorum has been established. A meeting will be considered quorate when at least three of the five non-executive members are present.

4.2. There may be occasions when due to the unavailability of a non-executive member, the Board Chairman may ask any other non-executive members of Lothian NHS Board to act as members of the Committee so that a quorum is achieved.

5. VOTING

5.1. Should a vote need to be taken, only the non-executive members of the Board appointed to the HGC (or nominated to act as members of the HGC under 4.2 above) shall be entitled to vote, either by show of hands or a ballot.

6. FREQUENCY OF MEETINGS

6.1. The Committee will normally meet six times in each calendar year but may elect to have additional meetings, at the discretion of the Chair. The Committee will conduct its meetings in line with the Standing Orders of the Board.

7. REPORTING ARRANGEMENTS

7.1. The Committee will report to the Board by means of submission of its approved minutes to the next available Board meeting. The Board will provide a standing invitation to the Chair of the Committee to report verbally on any key issues which the Committee considers should be brought to the Board's attention and to identify any issues that may require to be addressed in the future.

7.2. The Committee Chair will provide an annual report on the Committee's discharge of these Terms of Reference to the Audit and Risk Committee, to inform the Board's annual review of the effectiveness of its systems of risk management and internal control. This will be a source of information and assurance for the preparation of the Board's Governance Statement, published within the annual accounts.

DATE OF APPROVAL OF THESE TERMS OF REFERENCE

TBC

REVIEW DATE

TBC

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 7 June 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 A. Fleming, Non-Executive Board Member; Mr G. Gordon, Non-Executive Board Member; Mr B. McQueen, Non-Executive Board Member.

In attendance: Ms M. Campbell, Director of Estates and Facilities; Ms D. Carmichael, Special Projects and Assurance Associate Director; Mr J. Crombie, Deputy Chief Executive; Ms T. Gillies, Medical Director; Mr I. Graham, Director of Capital Planning and Projects; Mr C. Kerr, Programme Director (item 3.2); Ms J. Long, Director of Primary Care; Mr C. Marriott, Director of Finance; Mr S. McBurney, Associate Director of Pharmacy (item 4.3); Mr A. McCreddie, Deputy Director of Finance; Mr D. Mill, Senior Project Manager, Facilities; Ms B. Pillath, Committee Administrator (minutes); Ms L. Seville, Programme Lead (item 4.4); Mr D. Thompson, Board Secretary.

Apologies: Mr C. Campbell, Chief Executive; Ms M. Carr, Chief Officer, Acute Services; Dr J. Hopton, Programme Director, Facilities; 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.

1. Minutes and Actions from Previous Meeting (20 March 2023)

- 1.1 Members accepted the minutes from the meeting held on 20 March 2023 as a correct record.
- 1.2 The updated cumulative action note had been previously circulated. Updates discussed would be included in the action plan circulated before the next meeting.

2. Committee Business

2.1 Finance and Resources Committee Annual Report

- 2.1.1 Mr Thompson presented the previously circulated draft annual report which had been updated following the feedback on the draft presented at the previous meeting. A couple of additions were suggested which were made during the meeting and the revised draft was recirculated and approved for submission to the Audit and Risk Committee on 19 June 2023.

2.1.2 The results of the members' survey on committee effectiveness showed that members would welcome more development opportunities. It was proposed that hour length sessions could be held between meetings on particular topics according to need. Suggestions for topics could be made to the chair.

2.1.3 Members accepted the recommendations laid out in the paper.

3. Capital

3.1 Property and Asset Management Investment Programme

3.1.1 Mr Graham presented the previously circulated paper, and Ms Carmichael was also in attendance. Ms Carmichael advised that the 'green' status on the Laboratory Information Management System (LIMS) project referred to the Lothian position, although the project was not currently progressing as a national programme was awaited. She agreed to check the expected completion date for this and update in the next report. **IG**

NHS Scotland Assure

3.1.2 The NHS Scotland Assure Memorandum of agreement had been circulated. This document fell short of a formal Service Level Agreement which was still expected. It was noted that Assure would only provide assurance on certain technical areas and not the overall capital programme.

3.1.3 Mr Graham agreed to bring back a further update specifically on NHS Scotland Assure and the Assurance Framework for capital projects which was in use in Lothian. **IG**

3.1.4 Overall assurance on the capital programme was provided by the project teams; reviews were carried out on all projects with lessons learned informing other projects, and there was dialogue with the other health boards to share ideas and problems. Scottish Government assurance processes were in place for architecture design and planning, some of which were part of NHS Scotland Assure. There was also core technical guidance and technical notes. This would be detailed in the report to this meeting for information.

3.1.5 NHS Lothian's obligation to engage with NHS Scotland Assure was based on a director's letter. If NHS Scotland did not support a project at the Key Stage Review Process then capital funding would not be released by the Scottish Government.

3.1.6 Mr Graham and Mr Marriott advised that although the Assure process was causing delays, they had raised some useful issues so far. It was felt that the process remained at a bedding in stage and any issues highlighted through the programme boards were addressed individually with the Assure team to try to drive the process in a direction that would work for health boards.

3.1.7 The risk for programme delivery of the delays to projects caused by the NHS Scotland Assure process would be discussed when the next update was received. Any delays were recorded within each programme with the associated cost.

Post project reviews

- 3.1.8 It was noted that post project reviews were carried out for all projects and would come to the Finance and Resources Committee where projects were above a certain value. It was agreed that a summary of themes and key learning points from the reviews would be developed and would be part of the project tracker in future.
- 3.1.9 Problems reported with current projects were noted. Mr Graham advised that these were being reviewed as part of the governance process for each project. Some design problems had been due to changes in guidance. Project resource problems were especially due to moving resources between projects. Skill mix in the team would be reviewed at the next recruitment opportunity.
- 3.1.10 Members accepted the recommendations laid out in the paper and accepted significant assurance on the delivery of the programme.

3.2 Primary Care Premises Programme Initial Agreement

- 3.2.1 The chair welcomed Ms Long to the meeting and she presented the previously circulated paper. Mr Kerr was also in attendance. The urgency of GP and primary care provision in response to the growing population in Edinburgh and the Lothians in the past few decades was noted.
- 3.2.2 The Scottish Government had requested this strategic initial agreement which covered a number of projects in each of the Health and Social Care Partnerships. Ms Long would check whether subsequent individual initial agreements would be needed for each project.
- 3.2.3 It was noted that as part of the national planning framework it should be possible to get to the position where new houses were not being built without planned infrastructure to support them.
- 3.2.4 Shared use of buildings was a strategy which had been made use of in all four areas, whereby health centres could share premises with other new council funded buildings such as leisure centres and schools. Ms Akhtar suggested that the initial agreement better demonstrate the benefits already seen in using approach.
- 3.2.5 The projects were categorised in order of priority based on urgency, but Ms Long advised that if an opportunity arose for funding or shared premises with council partners then the order could be flexible. Any such decisions would be discussed at the Programme Board.
- 3.2.6 It was noted that some of the papers referring to the projects were from 2021 and that the position may have already changed. Ms Long advised that these were the papers that had been approved at the Integration Joint Boards, but that the project teams had up to date working documents. Work would be done to ensure the up to date documents were included as part of the submission to the Scottish Government.
- 3.2.7 Members accepted the recommendations laid out in the paper and agreed to submission of the document to the Scottish Government Capital Investment Group.

3.3 Community Empowerment Act

3.3.1 Mr Marriott presented the previously circulated paper. There had been no applications under the Act during the year of reporting. Mr Marriott advised that information about the rights of members of the public under the scheme were available on NHS Lothian's website in compliance with government guidance.

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

4. **Revenue**

4.1 Financial Position 2022/23

4.1.1 Mr McCreadie presented the previously circulated paper. Members commended the hard work across the team in achieving breakeven for the year 2022/23 despite significant challenges across the organisation. It was noted that around five boards required brokerage to achieve financial balance; a number of these boards had also required brokerage in pre covid years.

4.1.2 The current deficit remained in excess of what it had been in previous years and there was ongoing discussion on recovery actions and efficiency schemes including with the Integration Joint Boards.

4.1.3 Members accepted the recommendations laid out in the paper.

4.2 NRAC Funding Parity

4.2.1 Mr Marriott presented the previously circulated paper. He continued to highlight to the Scottish Government the deficit in NRAC funding in NHS Lothian compared to population growth and the historic and current underinvestment resulting in potential inability to provide services to the population. The two council areas with the fastest growing populations in Scotland were East Lothian and Midlothian. It was hoped that there could be a change in the Scottish Government position on this due to underfunding resulting in poor performance due to lack of capacity.

4.2.2 It was suggested that compensation for lack of NRAC funding could be made from the Scottish Government by increasing capital funding, but there was no evidence that this had happened as funding had not yet been approved for three major capital projects.

4.2.3 A paper would be brought to the Committee in August on regional and local authority planning and work ongoing to improve engagement between health and planning departments in the Scottish Government to reduce instances of population growth without healthcare infrastructure to support it. **CM**

4.2.4 Members accepted the recommendations laid out in the paper.

4.3 Primary Care Prescribing

- 4.3.1 Mr McCreadie and Mr McBurney presented the previously circulated paper. NHS Lothian had a good record of cost efficient prescribing in comparison to the average across Scotland but a significant overspend was projected for the year 2023/24. The paper outlined work to reduce costs.
- 4.3.2 Variations in spend against funding as shown in appendix 1 were due to a number of factors including implementation of new drugs faster than other boards resulting in an earlier increase in spend, demographic differences and differences in patient treatment pathways between different boards.
- 4.3.3 With reference to the review of use of specific drugs it was noted that a decision not to prescribe could result in complaints from patients while not reducing spend due to the funding system which meant that payments to community pharmacy would be spread across other drugs dispensed.
- 4.3.4 A project to introduce direct purchasing for dressings through national procurement rather than through community pharmacies could reduce spend but the change in process for supply was complex.
- 4.3.5 There had been review of the implementation of pharmacists working in GP practices to oversee prescribing using data on serial prescribing and compliance with the formulary, and results show that this was having a positive effect.
- 4.3.6 The implementation of serial prescribing by GPs, which allowed savings to be made as community pharmacies could plan ahead, was being carried out using a quality improvement approach. Starting from a low base rate, some practices were now issuing 20% of their prescriptions through serial prescribing. This type of prescribing was not suitable for all interventions or patients.
- 4.3.7 It was agreed that a development session for the Committee on primary care prescribing would be organised with Mr McBurney. **AMcCa**
- 4.3.8 Members accepted the recommendations laid out in the paper.

4.4 Sustainability and Value – efficiency savings processes

- 4.4.1 A paper had been previously circulated and Mr McCreadie and Ms Seville gave a presentation. The intension was to demonstrate that every effort was being made to make efficiency savings in the face of a doubling of savings expectations for this year, which would be a significant challenge. Even if breakeven was not achieved, the Scottish Government required an efficiency saving of 3% to be demonstrated.
- 4.4.2 In response to a question about linking with the Centre for Sustainable Delivery to change practices rather than seeking to reduce costs within existing service models, Ms Seville advised that the Sustainability and Value team worked with the Centre for Sustainable Delivery at the assessing value stage of projects which could include service redesign. The sustainability toolkit was used for value improvement.
- 4.4.3 Recovery planning would consider overall pathways and may include service redesign, this was overseen by the strategic programmes and the scheduled and

unscheduled care boards. The Sustainability and Value team looked at reducing costs of components of the pathway.

- 4.4.4 The Integration Joint Boards and Councils had been asked to impact assess the proposed efficiency savings projects across the system to ensure there were no unintended effects on performance in other areas. This would be done yearly as part of the financial planning cycle.
- 4.4.5 Release of funds from long improvement cycles was monitored as part of each project, including direct impact on expenditure and triangulation with other datasets.
- 4.4.6 Members accepted the recommendations laid out in the paper.

5. Scottish Hospitals Inquiry

5.1 Scottish Hospitals Inquiry Update

- 5.1.1 Mr Marriott presented the previously circulated update. Members accepted the recommendations laid out in the paper and accepted significant assurance.

6. Sustainability

6.1 Climate Emergency and Sustainability

- 6.1.1 Mr Mill presented the previously circulated paper. The resource required for carrying out the sustainability programme was constantly changing as the requirements from the Scottish Government increased. Four new posts specifically for energy reduction had recently been recruited to. Resource was mainly through ring fenced Scottish Government funding for specific projects which must be applied for. Mr Crombie noted that the small team in place was bringing forward important projects which were having an impact, and that they would continue to highlight to the Scottish Government that more could be done with more resources.

- 6.1.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance on the programme status report.

6.2 Environmental Management System Policy and Implementation

- 6.2.1 Mr Mill presented the previously circulated paper. He advised that there was discussion ongoing on whether to embed the Environmental Management System into existing sustainability systems or to use a separate management structure. There was collaboration with other Boards on this decision.

- 6.2.2 Members accepted the recommendations laid out in the paper.

7. Reflection on the Meeting

- 7.1 It was agreed that Mr McCann would highlight the following topics of discussion from the meeting at the next Board meeting in the Committee Chair's reports section of the agenda: update on the position with NHS Scotland Assure; update on the position

with NRAC parity and the need for action; the good work demonstrated by the Sustainability and Value team in planning for efficiency savings in the coming year.

8. Date of Next Meeting

8.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 9 August 2023**.

9. Further Meeting Dates in 2023

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

Signed by the Chair: 09/08/2023

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 31 May 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; **Ms K. Kasper**, Non-Executive Board Member; **Dr S. Chandran**, Non-Executive Board Member; **Ms T Miller**, Employee Director.

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; **Mr D. Thompson**, Board Secretary; **Ms J. Clark**, Partnership Representative; **Ms H. Fitzgerald**, Partnership Representative; **Mr A. MacKay**, SJH Site Director; **Ms C. McDowall**, Work Well Specialist Lead / Speak Up Ambassador; **Mrs L. Barclay**, Whistleblowing Programme and Liaison Manager; **Ms F. Ogundipe**, Consultant, Occupational Health; **Ms T. McBurnie**, Chair, Carers' Staff Network; **Ms A. Paton**, Head of HR Management Info Systems and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms D. Marklow, Clinical Vaccination Manager; **Ms C. McIntyre**, Head of Medical Physics; **Mr C. Miller**, Primary Care and Community Pharmacy Coordinator; **Mr C. Munro**, Head of Service, Manual Handling; **Mr G. Ball**, Business Manager, REAS; **Mr G. McGuire**, Assistant Finance Manager; **Ms H. Charles**, Head of Research Governance; **Ms J. Browning**, Associate Director of Pharmacy; **Ms K. Hood**, Strategic Lead for Practice Learning, Nursing and Midwifery; **Ms L. Swadel**, Programme Manager, Midlothian Community Health Partnership; **Ms L. Watson**, Associate Head of Health Records; **Ms M. Reid**, Programme Manager, Outpatient And Associated Services

Apologies:

Ms N. Akta, Non-Executive Board Member

CHAIR'S WELCOME AND INTRODUCTIONS

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

58 Declaration of Conflicts of Interest

58.1 No interests were declared.

59 Presentation – Carers’ Staff Network

- 59.1 The Chair of the Carers’ Staff Network, provided an update on the Network. The Network had been established for several years and was now shifting its focus towards providing direct guidance and assistance for staff with caring responsibilities, supporting them to work while simultaneously exercising their carer responsibilities.
- 59.2 The Carers’ Network met bi-monthly and provided a forum for distributing and sharing key information with staff. Recent successes had included lunch and learn sessions for carers and the direct involvement of carers in “coffee roulette” sessions to ensure that their concerns were heard by leaders in the organisation. In the coming year, it was expected that members of the Network would contribute to the development of the NHS Lothian Carer’s Passport.
- 59.3 The Network encouraged staff to come along and ask for support and provided a safe space to discuss any issues they may have at home and within the workplace. General issues and themes identified via the Network were shared with the Deputy HR Director, where appropriate.
- 59.4 The Network was growing, with 120 members and a confidential mailing list for staff with a range of caring responsibilities. It was felt that this growth reflected a wider societal shift towards individuals increasingly requiring and receiving care from immediate family members as opposed to professional care staff. As such, there was an increased need for employers to support staff with caring responsibilities and to adjust their policies in response. The Carers’ Network had identified that NHS Lothian policies required clarification around the availability of carer leave and that some staff were utilising annual leave to support their caring responsibilities. It was felt that this would lead to an increased likelihood of stress and burnout.
- 59.5 The Committee welcomed the presentation, noting the growth and success of the Network. Members discussed the significant potential for the Network to provide insight on the perceptions and experiences of staff with caring responsibilities and to inform the development of organisational policies and approaches that better supported them. In response to a question about the volume of staff with caring responsibilities, the Director of HR and OD said this was estimated to be around 1 in 7, although some staff were unlikely to disclose this or even recognise that they were carers.
- 59.6 It was acknowledged that the work on developing a Carer’s Passport would likely improve the number of staff recognising or disclosing their caring responsibilities. It was also noted that national work on formalising NHS Scotland’s approach to agile and hybrid working should provide greater clarity and support to those with caring duties.
- 59.7 It was agreed that a further update should be provided to the Committee in 15-18 months’ time.

TMc/RK

60. Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 1 March 2023

60.1 The Minutes of the previous meeting were approved as an accurate record. All actions were up to date.

61. Matters Arising

61.1 There were no matters arising.

STAFF EXPERIENCE

62 Advancing Equalities Action Plan 2022/23 – Update and Action plan 2023/24

62.1 The Deputy HR Director provided an update on the Advancing Equalities Action Plan for 2022/23. She confirmed that some actions were not completed due to staff pressures but these actions had been rolled forward into the plan for the current year.

62.2 A range of key achievements were highlighted, including coffee roulette sessions, development of the workforce dashboard on equality and diversity, the creation of the Women's Network, ensuring protected working time for staff to take part in meetings, and agreement on the Equality and Diversity Recruitment Plan. Guidance on Reasonable Adjustments had also been approved and a range of Staff Networks continued to be promoted.

62.3 The action plan for 2023/24 set out concisely the key actions to be achieved in the current year. Particular areas of focus would include: improving and increasing the collection of staff equality & diversity data, the rollout of new communication methods and the practical implementation of the Reasonable Adjustments Guidance. The establishment of the Carer's Passport would be accompanied by the introduction of disability passports. A key benefit of the passport model was that staff retained their information and any adjustments when they changed roles within the organisation.

62.4 The Chair welcomed the progress made in meeting the plan's objectives and enquired as to the underlying principles of the disability/carers passport. The Deputy HR Director advised that a number of organisations had such passport models in place, allowing employees to move around the organisation, in different roles, without being required to discuss their personal circumstances with each new manager. This was a best practice approach that NHS Lothian was adopting.

62.5 The Chair asked what more could be done to encourage staff to update their eESS record. A dashboard had been developed to show the 'gaps' in the criteria and it was noted that staff sometimes exercised a personal choice not to provide data. However, there were ongoing efforts to encourage staff to update their personal information by explaining the wider benefits of better understanding the diversity of the organisation.

62.6 The Committee agreed to take moderate assurance on the delivery of actions for 2022/23 and 2023/24.

63 Whistleblowing Report

- 63.1 The Director of HR and OD introduced the Whistleblowing Report and a summary of activity from the Independent National Whistleblowing Officer (INWO). She noted that one case from between August 2022 and May 2023 remained open with the INWO, and that an update had been requested from the INWO.
- 63.2 It was reported that two new questions were included in the iMatter survey for the current year that would help to assess how employees felt about reporting concerns within the organisation and how confident they were that matters raised would be addressed.
- 63.3 A report on the performance indicators set by INWO would be provided to the June Board meeting as part of the Annual Report for 2022/23.
- 63.4 The Non-Executive Whistleblowing Champion took the opportunity to acknowledge the extensive efforts undertaken within NHS Lothian to ensure effective and compliant Whistleblowing policies and procedures, noting also that this had been reflected in the results of a recent report by the Internal Audit Service. The Chair echoed this view and offered his thanks for detailed report provided.
- 63.5 During discussions, the Committee sought to understand the influencing factors in cases where the timescales for completion had stretched beyond the expected maximum. Members also sought reassurance on how staff might be more confident that any concerns raised would be addressed.
- 63.6 Adherence to the tight timescales set by the INWO was acknowledged as an ongoing challenge. The Director of HR and OD explained that the often complex nature of Stage Two complaints, in particular, and the need to undertake detailed enquiries, with multiple parties or witnesses, did not always allow for a swift resolution. These issues were sometimes compounded by annual leave as well as the impact of ongoing service pressures.
- 63.7 The Director of HR and OD also advised that significant efforts were made to keep whistleblowers updated on progress throughout each case, from initial acknowledgement through to completion.
- 63.8 It was asked whether a Whistleblowing investigation would ever be carried out simultaneously with an Employee Relations (ER) investigation process. The Director of HR and OD acknowledged that, often, the two areas could become intertwined. However, it was important to ensure that the Whistleblowing process did not become used as means to raise issues that should be addressed through other routes, such as ER issues or grievances.
- 63.9 The Committee agreed to take moderate assurance, based on the information contained in the Report, that systems and processes are in place to help to create a culture in NHS Lothian which ensures staff have confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured those concerns raised will be acted upon.
- 63.10 The Committee approved the NHS Lothian Annual Whistleblowing Performance Report 2022/23, prior to its presentation to the Board on 21 June.

64 Speak Up Report

- 64.1 The Workwell Specialist Lead provided an update on the six-monthly Speak Up Report. She advised that staff continued to be supported in raising concerns via the Whistleblowing process.
- 64.2 The Committee heard that the Speak Up service had received a steady number of contacts of around 20 per quarter, with an increase in Q3 compared to previous years. However, this coincided with the first national Speak Up campaign and a similar trend had occurred elsewhere. In response to recent feedback from staff about uncertainty in the process, efforts had been made to improve signposting to ensure that the correct route was being used in each case.
- 64.3 The Speak Up Ambassadors were responding to feedback, indicating that some staff were not raising issues via normal line management routes in cases where this was the most appropriate first step. This was an effective route of resolution that needed to be used more frequently.
- 64.4 There were plans to recruit an additional Speak Up Ambassador in due course, to better support the volume of activity. Amabassadors continued to help address staff expectations on timescales by communicating the complexity of cases and the resources required to investigate and allow a thorough conclusion to be reached.
- 64.5 The Committee noted the paper and the ongoing delivery of the Speak Up Service.

65 Real Time Staff Experience Feedback

- 65.1 The Associate Director for OD & Learning provided an update to the Committee on the ongoing efforts to develop a real time staff experience measurement tool.
- 65.2 A proposal for funding of this project had been presented to the Corporate Management Team (CMT) in February, including an overview of work undertaken so far. Following discussion, the CMT had commended the work but agreed not to support further investment at this time due to current financial pressures and other service delivery priorities.
- 65.3 The Committee noted the progress made to date and CMT's decision not to prioritise financial investment for this work. It was also noted that the Organisational Development Team would continue to use existing diagnostic tools when working with specific teams.

66 Cost of Living Work Programme Update

- 66.1 The Associate Director of OD & Learning provided an update on the cost of living programme, explain that the paper circulated outlined work completed over the last year with support from HR, Public Health and Staff Side to respond to the cost of living crisis.
- 66.2 The Associate Director of OD & Learning confirmed a key element of this work was to curate and signpost to trusted resources on finance and wellbeing, making these accessible to staff in both digital and print formats.

- 66.3 There was a comprehensive communication plan rolled out and a number of in-person road shows undertaken at NHS Lothian sites, targeted at staff that did not have access to digital resources. This included partnering with companies including Home Energy Scotland and support with education with support from NHS Lothian Charity. Activities had particularly been designed to destigmatise financial hardship and better equip and support staff to deal with potential financial difficulty.
- 66.4 The Short Life Working Group, convened in September 2022 to inform and guide the response, had been paused, but would reconvene in the Autumn.
- 66.5 The Committee noted the work undertaken to respond to the cost-of-living crisis and took a moderate level of assurance that NHS Lothian, as a responsible employer, was supporting its staff appropriately.

ASSURANCE AND SCRUTINY

67 Corporate Risk Register

67.1 Corporate Risk 3455 – Management of Violence and Aggression

- 67.1.1 The Executive Nurse Director provided a verbal update on the Corporate Risk relating to the Management of Violence and Aggression. She reminded the Committee that, at its previous meeting, moderate assurance had been accorded to all aspects of the work, with the exception of the development of the Training Pack, where only limited assurance had been taken.
- 67.1.2 Although this remained a high risk, a range of ongoing work served to provide effective mitigation. This included the expectation that the Purple Pack risk assessment would be concluded in the summer and that the appropriate training would be rolled out to staff.
- 67.1.3 It was noted that there had been improvement in compliance levels and that the use of devices by lone workers was business as usual.
- 67.1.4 The Chair asked if the Audit and Risk Committee had reviewed the position. The Executive Nurse Director confirmed this risk had not been to Audit and Risk explicitly, although the the Committee did review the Corporate Risk Register and its contents in full on a regular basis.
- 67.1.5 The Committee noted the update provided and welcomed the improvements achieved in compliance.

67.2 Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels

- 67.2.1 The Executive Nurse Director provided an update on nurse workforce staffing levels and confirmed that national work in relation to off-contract agency was set to commence on 1 June. Significant work had been undertaken around the implementation plan, overseen by the supplementary staff group. She confirmed that triggers for accessing contract and agency staff will be more robust with a 'break glass' criteria for off-site contracts.

67.2.2

There had been significant planning on safe delivery and this work would go live on 1 June. Nurse staffing for the next period was positive but challenging with a reduction in off-site contracts, but the correct process is in place at a national level.

67.2.3

The Executive Nurse Director confirmed the reinstatement of face to face interviews for Band 2-5 staff and that site open days had taken place at St John's Hospital with 80 new recruits and a number of nurses registered outwith Lothian being appointed. The recruitment in prisons had been successful, with almost all the vacant posts to be filled by September.

67.2.4

A review of the recruitment and control procedures for bands 2 to 5 had been requested by Internal Audit.

67.2.5

The Chair asked if recruitment would be repeated during the summer, and whether other Boards were doing something similar. The Nurse Director confirmed that there was a recruitment plan for acute sites and HSCP's, but it was important to capitalise on recruitment of students completing University courses. Work was planned with the Scottish Government on alternative routes of training, building on the Board's recent success with Open University students.

67.2.6

The Executive Nurse Director confirmed difficult areas of recruitment were being prioritised. There was competition for staff from other Boards, but NHS Lothian was promoting itself effectively in this space.

67.2.7

The Committee agreed that a verbal update should be provided to the Board meeting on 21 June around the off-contract agency work.

67.3 Corporate Risk 5020 – Water Safety

67.3.1 The Medical Director provided the Committee with an update on the water safety risk, describing the current level of assurance available on compliance with legislation and technical guidance relating to the provision of water delivery and quality on all NHS Lothian sites and within those of third-party providers.

67.3.2 It was noted that a Water Safety Group (WSG) had been established to assess increased instances where Legionella had been detected, arising due to the reduced use and access of buildings during Covid. She confirmed ongoing work to ensure the identification of base documentation about statutorily required checks. This would ensure that NHS Lothian was able to evidence and demonstrate that the required actions were in place.

67.3.3 The Committee noted that:

- several incidents of Legionella detected at community sites were currently being managed;
- that a Standard Operating Procedure (SOP) for the maintenance and handover of water issues for new build projects and refurbishments requiring closure of an area had been approved by the WSG; and
- an updated Water Safety Management Policy had been approved by the WSG and submitted to the NHS Lothian Policy Approval Group

67.3.4 The paper outlined a number of outstanding actions and the steps in place to deliver them.

- 67.3.5 The Committee accepted a limited level of assurance on water safety, primarily due to the currently incomplete work on water safety plans and written schemes of control at third party and PFI sites (including GP surgeries and community premises).
- 67.3.6 The Committee requested further assurances on the timeline for the completion of all outstanding documentation checks and asked whether contractual obligations may be relied upon to ensure swifter action from third parties. The Medical Director explained that differing attitudes and levels of understanding amongst independent GPs about the water safety risks were contributing to the problem.
- 67.3.7 The Chair asked whether there is any financial risk to the board. The Medical Director advised that there had been some discussion and agreements on this, but she would make further enquiries.

67.4 Corporate Risk 3328 – Traffic Management

- 67.4.1 The Deputy Chief Executive provided an update on the Traffic Management risk. He explained that the position remained similar format to previous reports with six red rated areas across four sites. However, each red risk area now had a proposed action plan, with financial approvals being sought through LCIG. These plans would reduce and minimise risks in all red rated areas.
- 67.4.2 Adverse events had continued and had increased in the last quarter, reflecting the poor behaviour of some individuals accessing NHS Lothian sites. Significant efforts were in place to ensure that these behaviours did not become normalised and to communicate NHS Lothian's zero tolerance policy for such behaviour.
- 67.4.3 The Committee accepted the recommendations in the paper and agreed to accept limited assurance on this risk, based on the information provided.

68 Health and Safety Assurance

- 68.1 The Medical Director provided an update on Health and Safety Assurance and confirmed that the format is the same as previous updates with individual items discussed by local management committees set out in Appendix 1.
- 68.2 The 12 health and safety key risks had remained unchanged for a number of years and were currently being reviewed to determine their continued relevance and to identify any new or emerging risks. It was intended that, in future, individual management committees should focus in particular on those areas of risk most appropriate to them.
- 68.3 Positive progress had been made in the area of Violence and Aggression (V&A), and this had been welcomed by the Chair of the Committee. There had also been positive discussions on fire safety training.
- 68.4 It was noted that work to improve fire detection and protection measures at the RIE building was the responsibility of the building service provider and discussions in this area were ongoing. NHSL have a responsibility for fire safety and training of staff, as well as updated plans in all NHSL buildings where patients are treated.

- 68.5 The Chair acknowledged that a review of the 12 key risks was timely and appropriate.
- 68.6 The Committee noted the assurance levels identified in the annual plan for Q4 and noted the updates provided on other risks.

69 Staff Governance Committee Annual Report

- 69.1 The Deputy HR Director presented the Staff Governance Committee Annual Report for 2022/23. This followed the format established by the Board for annual reporting and included the statement of assurance required by the Audit & Risk Committee to inform its scrutiny of the annual Governance Statement and the required disclosures within it.
- 69.2 The Committee was invited to consider those areas within its Annual Report and its Statement of Assurance where limited assurance had been taken during 2022/23 and to consider whether any significant issues required to be disclosed within the Board's Governance Statement. The Committee agreed that no significant issues required to be disclosed.
- 69.3 The Committee undertook some further discussion on fire safety, acknowledging that these specific risks are monitored via other governance committees. Staff uptake of fire safety training was felt to be a concern for the Committee but it was recognised that there had been improvements due to enhanced communications on this.
- 69.4 The Committee approved its Annual Report for 2022/23, agreeing that no significant issues within its remit required disclosure via the Board's Governance Statement.

70 Staff Governance Workplan 2023/24

- 70.1 An update of the Staff Governance Workplan was presented by Director of HR and OD, This covered both corporate and local priorities .
- 70.2 The Board had updated its approach to the setting of Corporate Objectives for 2023/24, reducing the overall number significantly and improving their relevance and alignment with the Lothian Strategic Development Framework.
- 70.3 The Director of HR and OD confirmed an intention to optimise workforce capacity and capability by delivering the actions set out in the plan. Particular areas of focus would be the 2023-26 Staff Engagement Framework, the Work Well Strategy and Staff Engagement and Experience Framework as part of this work, linking particularly to the E&D work that the Head of Equality, Diversity and Human Rights is leading on.
- 70.4 The Director of HR and OD advised that the leadership event in October is being developed, and further information on this would be shared at the next meeting in July.
- 70.5 The Committee noted the new Staff Governance Work Plan for 2023/24.

SUSTAINABLE WORKFORCE

71 Workforce Report

- 71.1 The Deputy HR Director introduced the report, highlighting information on the levels of absence, sickness and recruitment in addition to the workforce reports concerning specific issues and the equality and diversity dashboard for managers.
- 71.2 An overview of the NHSL workforce and equality dashboard was presented by the Head of HR Information Systems. The Committee heard that the dashboard provided a wide range of data on staff groups, allowing users to focus on a particular site or individual service and to filter data by areas such as age group, job band and ethnicity.
- 71.3 The Chair asked if that information was updated on a daily basis. It was confirmed that information was updated monthly alongside other dashboards.
- 71.4 The Committee congratulated the team on the development of the dashboard and the work that had gone into producing it. Members enquired about the duration of use and any feedback received from users. The Deputy HR Director confirmed this had only been live for one month, so no feedback had yet been received. Further communications were planned around this.
- 71.5 The Chair asked if we would be able to use any experience in Acute Services with retire and return to be more successful in this area. The Director of HR and OD advised that there were active discussions promote use and increase uptake in this area.
- 71.6 The Committee noted the Workforce Report and the ongoing actions being taken to address some of the issues raised within it.

72 Equality and Diversity Monitoring Report

- 72.1 The Deputy HR Director presented the Equality and Diversity Monitoring Report, which was required to be submitted at the end of the financial year. The report described the full composition of the NHS Lothian workforce, providing data according to the protected characteristics under the UK Equality Act (2010). The report also provided updates in the areas of staff training, education, promotions, and departures.
- 72.2 The Deputy HR Director confirmed that trends and information had been reviewed and analysed to inform wider aims and objectives. As in previous years, the Network Chairs would have a workshop to look at the report in more detail.
- 72.3 The Chair noted a recommendation seeking assurance that information was being used in a meaningful way and asked how this could be demonstrated. In particular, he sought assurance that the data would support better discussions and improve equality and diversity efforts. The Deputy HR Director explained that the HR & Equality and Diversity Group, which all Network Chairs attend, would consider improvements based on the information provided.

- 72.4 The Committee noted the Report and accepted moderate assurance that:
- systems and processes are in place to ensure that information about staff is captured that the information would be used meaningfully; and
 - information is currently being used in a meaningful way to improve the experience for all staff regardless of ethnic background, gender, disability and age

73 Gender Pay Gap Report

- 73.1 The Deputy HR Director provided information on the Gender Pay Gap Report, which was published on 30 April and is published bi-annually.
- 73.2 The data and analysis presented demonstrated an overall positive position, including a reduction in the overall gender pay gap in NHS Lothian. There had also been a reduction in the gender pay gap in respect of executive and senior managers and, to a lesser extent, the medical and dental groups.
- 73.3 The Director of HR and OD reminded the Committee that the pay scales were set nationally and that Boards did not have a great deal of discretion around pay, terms and conditions. Length of service had a significant impact.
- 73.4 There were plans to hold a meeting with the Women's Network to discuss the results in more detail.
- 73.5 The Committee noted the Report and accepted a significant level of assurance that NHS Lothian was complying with the requirements of the Equality Act 2010 in respect of gender pay gap reporting.

FOR INFORMATION AND NOTING

74 Staff Governance Monitoring Framework Return 21/22 – Scottish Government Feedback letter

- 74.1 The Committee noted the Scottish Government's feedback on the monitoring framework.

75 Staff Governance Monitoring Framework Return 22/23 – Scottish Government letter advising of the process

- 75.1 The Committee noted the Scottish Government's 2023 Framework Statement and the deadline of 4 December. It was agreed to bring a draft to the October meeting.

76 Staff Governance Assurance Statement

- 76.1 The Committee agreed that a new Statement of Assurance be added for the next meeting for the statements received to date.
- 76.2 It was agreed that the report on the survey of members and the functioning of this committee should be recirculated.

REFLECTIONS ON THE MEETING

77 Matters to be highlighted at the next Board meeting

77.1 The Committee agreed to highlight its discussion of the nursing off-contract agency work at the August Board meeting.

78 Matters to be highlighted to another Board Committee

78.1 There were no matters to be highlighted to other Board Committees.

79 Any Other Competent Business

79.1 There were no further matters arising

80 Date of Next Meeting: Wednesday 26 July 2023 at 9.30am

Signed by the Chair: 26/07/2023

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 17 April 2023 via MS Teams.

Present:

Mr M. Connor (Chair), Non-Executive Board Member; Ms K. Kasper, Non-Executive Board Member, Councillor H. Cartmill, Non-Executive Director.

In Attendance:

Ms J. Bennett, Associate Director for Quality Improvement & Safety; Ms C. Campbell, Chief Executive; Mr J. Crombie, Deputy Chief Executive; Mr J. Fraser, Grant Thornton; Ms C. Grant, Audit Scotland; Mr C. Marriott, Director of Finance; Ms E. Mayne, Grant Thornton; Mr A. McCreadie, Deputy Director of Finance; Mr C. Miller, Observer; Ms O. Notman, Head of Financial Services; Mr S. Nugent, Audit Scotland; Mr J. Old, Financial Controller; Ms I. Robertson, eHealth; Ms L. Swadel, Observer; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Apologies: Mr P. Allenby, Non-Executive Board Member.

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. The Chair also welcomed Ms Mayne, the new Chief Internal Auditor at Grant Thornton. 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.

1. Minutes of the previous meeting held on 20 February 2023

- 1.1 The minutes of the meeting held on 20 February 2023 were accepted as an accurate record and approved.
- 1.2 The Committee agreed that there were no other matters arising from minutes that were not covered in the running action note.

2. Running Action Note

- 2.1 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.
- 2.2 Internal Audit Report 2022/23 Mandatory and Statutory Training - The Director of Human Resources had agreed to update the Mandatory and Statutory Training Policy to update training referenced with the most up to date versions. Mr Fraser would confirm that the action had been progressed and could be closed off from the running note by the June 2023 Audit and Risk Committee. **JF**

2.3 Counter Fraud Activity Update – the Central Legal Office (CLO) had advised that civil cases could only proceed once a criminal case was not proven. The Director of Finance had written to Mr Allenby to advise of the outcome of his discussions with the CLO and information was added to the Standing Financial Instructions based upon the advice received.

2.3.1 It was agreed that the action would be closed off.

2.4 The Committee accepted the running action note and the information therein.

3. Risk Management

3.1 NHS Lothian Corporate Risk Register (CRR) - The previously circulated report was received.

3.1.1 The Committee reviewed the February 2023 updates provided by the leads concerning risk mitigation and noted that they will be considered by the April 2023 Board.

3.1.2 The Committee noted that any materially worsening risks would be set out in the CRR paper, which would be submitted to the Strategic Planning and Performance Committee (SPPC) prior to its submission to the Board.

3.1.3 The Committee noted that the February Corporate Management Team (CMT) agreed to increase the grading from Very High 20 to Very High/Extreme 25 for the access to treatment risk, the 4-hour emergency department and the hospital bed occupancy risk due to sustained worsening performance and impact on patient experience and outcome of care, prior to risk mitigation plans with proposed levels of assurance being submitted to the March SPPC. It was noted that discussion on the risk had been delayed due to the March SPPC being cancelled due to a critical incident and plans will be submitted in May.

3.1.4 The Committee noted that the March 2023 Healthcare Governance Committee (HGC) accepted that the SPPC will provide assurance on the performance aspects of a number of performance related risks pertinent to HGC and inform the overall assurance level assigned by HGC, who remain the principal committee for providing assurance to the Board on these assigned risks.

3.1.5 It was noted that the April Board approved the updated risk management policy and procedure.

3.1.6 Members welcomed the reduction of the Psychiatry and CAMHS risks and the work that has supported it despite the significant pressure that remained within the system.

3.2 Risk Management Annual Report 2022/23 – The previously circulated report was received.

3.2.1 The Committee accepted moderate assurance that there were systems in place to manage risk across NHS Lothian based on a range of improvements that had been put in place during 2022/23 to further strengthen the risk system.

- 3.2.2 It was noted that Healthcare Governance Committee (HGC) which seeks assurance on the management of adverse events and had accepted the following in November 2022:
- Significant assurance that local processes were in place to identify events which require to be reported to Healthcare Improvement Scotland (HIS) to comply with the new national notification process and noted a number and types of events reported.
 - Moderate assurance in the progress made in improving processes for management of significant adverse events (SAEs) and in addressing the backlog.
 - Moderate assurance on process for safety alerts and the associated reports up to September 2022.
 - NHS Lothian Duty of Candour Annual Report at its September 2022 meeting prior to publication on NHS Lothian internet site in line with national requirements.
- 3.2.3 It was noted that the April 2023 Board had approved the updated risk policy and procedure including a revised risk appetite statement.
- 3.2.4 The Committee noted that the consultation on the revised Adverse Event Policy and Procedure aims to be in draft by mid-April and to be considered by NHS Lothian Policy Approval Group in June 2023.

4. Internal Audit

- 4.1 Cyber Security Risk – The previously circulated report on the cyber security risk was received.
- 4.1.1 The Committee discussed legacy issues around out of date technology and the accelerated programme of work in place to replace them. Members welcomed the plans in place to address the out of date operating systems and noted that future focus would address issues around old versions of office that remained.
- 4.1.2 Members noted the significant work carried out by eHealth including the extensive number of audits that they were contributing too:
- The NISR Scottish Government Competent Authority Mandatory annual audit; Audit “overall compliance score” 2020 74%, 2021 July 81% and 2022 July 84% NIS programme next scheduled evidence submission is 17 April 2023.
 - Information Commissioner’s Office (ICO) Audit Nov 2022, Overall Assurance rating High (79% High, 21% reasonable).
 - National Cyber Security Centre (NCSC) “Exercise in a Box“ Cyber incident simulation complete and lessons learned.
 - Internal Audit on Information Security (Grant Thornton) Feb 2023, Moderate Assurance.
 - Internal Audit on Information Sharing (Grant Thornton) Feb 2023 Significant Assurance.
 - Healthcare Governance Committee (HGC) Information Governance (IG) annual Report February 2023.
 - 7 Advanced Healthcare Cyber-attack impacting AdastrA systems across NHS.

- 4.1.3 Members recognised that the timing of the new cycle of the NISR Scottish Government Competent Authority Mandatory Annual Audit, Lothians deadline for submission and the training scheduled relating new categories within the audit had put NHS Lothian at a disadvantage and as a consequence a lower audit ranking than the previous 74% was expected.
- 4.1.4 A cover letter would be submitted with the latest NISR Scottish Government Competent Authority Mandatory Annual Audit expressing disappointment that the current audit schedule did not afford NHS Lothian the opportunity to ask the necessary questions regarding new categories, so that the organisation could provide a comprehensive response.
- 4.1.5 It was noted that although there were no formal consequences to achieving a lower ranking it could affect the reputation of the organisation and in the interest of equality the organisation should be given the same opportunities to understand fully what is asked of them, so that they can perform to their best ability.
- 4.1.6 The Committee accepted moderate assurance on the risk mitigation plan.
- 4.1.7 Members noted the progress and implementation of the risk mitigation plan to date.
- 4.2 Internal Audit Progress Report – April 2023 – the previously circulated report was received.
- 4.2.1 It was noted that, since the February 2023 meeting the reports for information sharing and whistleblowing had completed.
- 4.2.2 It was noted that reports for West Lothian, East Lothian and Edinburgh were completed and would be reviewed by the IJB Audit Committees at their next meetings.
- 4.2.3 The Committee discussed and accepted the deferral of the medicines management audit to early 2023/24.
- 4.2.4 The Committee accepted the report.
- 4.3 Internal Audit Follow-up of Management Actions Report (April 2023) – The previously circulated report was received. It was noted that, in the period since February 2023, 15 management actions had been closed, and 22 new actions were added. Of the remaining open management actions, 16 were not yet due, and nine actions were carried forward.
- 4.3.1 It was noted that 4 of the outstanding actions were 3 months overdue. Further updates had been provided by management and requests for a revised target dates made. Internal Audit would continue to monitor these actions closely to ensure that they were closed off by the revised deadlines.
- 4.3.2 The Committee accepted the report.

- 4.4 NHS Lothian Internal Audit Report 2022/23 – Compliance with Whistleblowing Policies and procedures - The previously circulated report was received.
- 4.4.1 The audit focused on the compliance with whistleblowing policies and procedures had identified one medium finding and provided a moderate level of assurance to the Committee. Management had accepted the finding relating to completion of the National Whistleblowing Modules and proposed actions to improve compliance.
- 4.4.2 Members agreed that there were a number of other modules that would take priority over whistleblowing therefore making it mandatory would not be possible. It would be more viable to focus on ensuring that all staff were aware where they could access whistleblowing policies and procedures online.
- 4.4.3 The Committee accepted this approach and the report.
- 4.5 Internal Audit Report 2022/23 Information Sharing – The previously circulated report was received.
- 4.5.1 The audit focused on information sharing had identified 4 low rating findings and provided a significant level of assurance to the Committee. The findings related to the management, review and retention of guidance documentation and the arrangements in place for this once the new Information Asset Register App was implemented.
- 4.5.2 The Committee welcomed the positive outcome and how it linked to the work of the Cyber Security Team.
- 4.5.3 The Committee accepted the report.
- 4.6 Internal Audit Plan 2023/24 – The previously circulated documentation was received.
- 4.6.1 The Committee welcomed the introduction of the advisory reviews and the assurance and value that they would bring the organisation as they move forward with the 2023/24 internal audit programme.
- 4.6.2 The ambitious programme of work was discussed in detail. Members expressed some concerns around the contingencies in place for additional audits that may occur throughout the year but were assured by the Chief Internal Auditor that there was flexibility within the plan to replace those audits that did not consider key requirements.
- 4.6.3 It was agreed that the audit on the recovery of scheduled care should focus on the controls in place and the governance of the process rather than the strategic decisions taken.
- 4.6.4 The Committee accepted the report but noted that the timeline for the audit of the recovery of unscheduled care was subject to further discussion with the new Chief Officer.
- 4.6.5 It was noted that the format of the internal audit reports would change to align with the public sector standards. This would mean that they would move away from

the current format agreed by the Board. Members agreed that prior to the changes being implemented further discussions were required with Mr Thompson and Mr Marriott to ensure that the new format meets the Boards requirements. Mr Marriott would pick this matter up with Ms Mayne and Mr Thomson outwith the meeting and bring an update to the June 2023 Audit and Risk Committee.

EM/ CM/ DT

Due to information technology (IT) issues Ms Kasper left the meeting, making it inquorate.

5. Counter Fraud

- 5.1 Counter Fraud Activity – The previously circulated report on counter fraud activity was received.
- 5.2 The Committee noted that Counter Fraud Services' (CFS) awareness products would be available to staff via TURAS going forward. At the end of Quarter 4 a total of 354 members of staff had completed 1 of the 2 CFS modules.
- 5.3 The Committee noted that two intelligence alerts had been received from Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.
- 5.4 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.
- 5.5 The Committee accepted the report as a briefing on the current status of counter fraud activity.
- 5.6 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.

6. External Audit

- 6.1 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 summarised the key elements of the workplan for the 2022/23 audit and work carried out to date.
- 6.2 The Committee accepted the update on progress made by Audit Scotland.

7. Committee Business

- 7.1 Survey of Effectiveness of Audit and Risk Committee 2022/23 – The previously circulated paper was received.
 - 7.1.1 The Committee reflected on the results of the survey and noted that only 2 members had replied. It was noted that some members were new to the Committee and therefore could not comment on past activity. Members agreed to accept the survey and the positive outcomes therein and look for further feedback from members in 2023/24.

- 7.2. Accounting Policies - The previously circulated report was received. The presentation drew attention to IFRS16 Leases and how it would impact NHS Lothian.
- 7.2.1 The Committee reviewed and approved the accounting policies and confirmed that they were appropriate for the Board at the present time for the purpose of giving a true and fair view.
- 7.3 Standing Financial Instructions and Scheme of Delegation – the previously circulated report was received.
- 7.3.1 The Committee considered the proposed revisions to the Board’s Standing Financial Instructions and Scheme of Delegation.
- 7.3.2 It was noted that these revisions have been considered and endorsed by the Executive Leadership Team (ELT) and shared with the Corporate Management Team (CMT).
- 7.3.3 The Committee agreed to recommend that the Standing Financial Instructions and Scheme of Delegation is considered and approved by the Board at its June 2023 meeting.
- 7.3.4 The Committee noted that in future the Standing Financial Instructions and Scheme of Delegation would be reviewed annually, in line with the requirements of the Blueprint for Good Governance second edition.
- 8. Any Other Competent Business**
- 8.1 Internal Audit Report West Lothian Integrated Joint Board Sustainability of Primary Care – The Committee noted the previously circulated report and the information therein.
- 8.2 Committee Quorum – Ms Kasper re-joined the meeting within 30 minutes and homologated the decisions taken in respect of the Counter Fraud Activity, External Audit Plan 2022/23, Committee Membership Survey, Accounting Polices and Standing Financial Instructions and Scheme of Delegation reports.
- 8.3 There were no other items of competent business for consideration.
- 9. Reflections on the meeting**
- 9.1 The Committee reflected that there was nothing to report to the Board at this time.
- 10. Date of the Next Meeting**
- 10.1 The next meeting of the Audit and Risk Committee will be held on Monday 19 June 2023 at 9.30 a.m. will be held in Meeting Room 8 & 9 Waverley Gate and via Microsoft Teams.

Minutes Signed by the Chair 19th June 2023

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Special Midlothian Integration Joint Board	Thursday 16 March 2023	2.00pm	Virtual Meeting held using Microsoft Teams

Present (voting members):

Val de Souza (Chair)	Andrew Fleming	Angus McCann
Cllr Derek Milligan	Cllr Kelly Parry	Cllr Pauline Winchester
Peter Knight (substitute for Nadin Akta)	Cllr Stuart McKenzie (substitute for Cllr Colin Cassidy)	

Present (non-voting members):

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

In attendance:

Cllr David Virgo	Kevin Anderson (Executive Director Place)	Craig Marriott (Director of Finance)
Nick Clater (Head of Adult & Social Care)	Kay Jenks (Audit Scotland)	Gill Main (Integration Manager)
Elouise Johnstone (Performance Manager)	Fergus Grierson (Communications Officer)	Mike Broadway (Clerk)

Apologies:

Cllr Colin Cassidy (Vice Chair)	Nadin Akta	Johanne Simpson (Medical Practitioner)
Keith Chapman (User/Carer)	Wanda Fairgrieve (Staff side representative)	Jordan Miller (Staff side representative)

Midlothian Integration Joint Board

Thursday 16 March 2023

1. Welcome and introductions

The Chair, Val de Souza, welcomed everyone to this virtual Special 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, however statements of transparency were made by Councillors Milligan, Parry, Winchester and McKenzie all of who had been involved in setting the Midlothian Council's budget.

4. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>4.1 Chair's Update - Presented by Val de Souza</p> <p>Val de Souza reported the appointment of Andrew Fleming as a MIJB Voting Member and Peter Knight as a Proxy Voting Member for Nadin Akta, and welcomed both to the meeting.</p> <p>Val then went on to remark on the unprecedented budgetary pressures being faced by both partners and the potential challenges this was likely to present not just for them but for the IJB also.</p>	<p>(a) To endorse the appointment of Andrew Fleming as a MIJB Voting Member and Peter Knight as a Proxy Voting Member for Nadin Akta; and</p> <p>(b) To otherwise note the Chair's update</p>	All To Note	
<p>4.2 Midlothian Council Finance Update - Verbal update from Kevin Anderson, Executive Director Place, Midlothian Council</p> <p>The Board heard from Kevin Anderson, Executive</p>	To note the update.		

Midlothian Integration Joint Board

Thursday 16 March 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Director Place regarding the budget position facing the Council. He emphasised that the formal budget offer to the MIJB should be considered in the context of an extremely challenging financial climate, forecasted expenditure and the resulting financial gap.</p>			
<p>4.3 NHS Lothian Finance Update - Verbal update from Craig Marriot, Director of Finance, NHS Lothian</p> <p>The Board, then heard from Craig Marriott, Director of Finance regarding the budget positions facing NHS Lothian. He sought to emphasise that whilst work on the formal budget offer was progressing, the indicative position should similarly be considered in the context of a no less challenging financial climate than that facing the Council, forecasted expenditure and the resulting financial gap</p>	<p>To note the update.</p>		
<p>4.4 Financial Update – Budget Offers from Partners for 2023/24 - Paper presented by Claire Flanagan, Chief Finance Officer</p> <p>The purpose of this report was to provide the Board with confirmation of the formal Midlothian Council budget offer to the MIJB and an update on the current indicative proposed budget offer and principles for 2023/24 from NHS Lothian. Further to this the report also set out the IJBs updated medium term financial plan projections and the financial recovery plans and assumptions to support the IJB balancing its budget in 2023/24. A</p>	<p>(a) Agreed to defer consideration of the formal budget offers from Partners for 2023/24 to the April MIJB Board meeting;</p> <p>(b) Agreed to enter into discussions with both Partners regarding their budget offers and to explore in particular possible alternative options to address the remaining financial gap of £1.3m for 2023/24 and the resultant recurring funding gap;</p>	<p>Chief Finance Officer</p>	

Midlothian Integration Joint Board

Thursday 16 March 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>position of the IJB reserves was included covering both general and earmarked reserves. Finally, the reports asked the IJB to agree to request options for the remaining financial gap of £1.3m for 2023/24 be developed further and brought to April's IJB meeting.</p> <p>The Board heard from Chief Finance Officer, Claire Flanagan, who in acknowledging the challenging financial landscape, sought to address the "fair and adequacy" measure used by the Board when considering the partners' budgetary offers.</p> <p>The Board, in considering the offers made by its partners, discussed how the remaining financial gap of £1.3m for 2023/24 had arisen; ways in which it could potentially be addressed; and the most appropriate way to proceed in terms of governance.</p>	<p>(c) Agreed to seek further clarity on the Scottish Government's funding requirements for IJBs in view of the current funding offers;</p> <p>(d) Agreed to share draft letter to Scottish Government with IJB members; and</p> <p>(e) To otherwise note the current report.</p>		
<p>4.5 Midlothian IJB Directions 2023/24 - Paper presented by Gill Main, Integration Manager</p> <p>With reference to paragraph 5.5 of the Minutes of 9 February 2023 there was submitted a report the purpose of which was to present the proposed MIJB Directions for 2023-24.</p> <p>The Board, having received an overview from Integration Manager, Gill Main who responded to Members' questions and comments, discussed the proposed MIJB Directions for 2023-24.</p>	<p>(a) Approved the Directions for 2023/24; and</p> <p>(b) Agreed to delegate authority to the Chief Officer to issue the Directions for 2023/24 to the Chief Executives of NHS Lothian and Midlothian Council on 31st March 2023.</p>	<p>Integration Manager/ Chief Officer</p>	

Midlothian Integration Joint Board

Thursday 16 March 2023

5. Private Reports

No private business to be discussed at this meeting.

6. Date of next meeting

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

- Thursday 13th April 2023 2pm Midlothian Integration Joint Board
- Thursday 11th May 2023 1pm Development Workshop

(Action: All Members to Note)

The meeting terminated at 3.50 pm.

Midlothian Integration Joint Board



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 13 April 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Val de Souza (Chair)	Andrew Fleming	Peter Knight (Proxy for Nadin Akta)
Angus McCann	Cllr Connor McManus	Cllr Derek Milligan
Cllr Kelly Parry	Cllr Pauline Winchester	

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)	Fiona Stratton (Chief Nurse)
Keith Chapman (User/Carer)	Miriam Leighton (Third Sector)	James Hill (Trade Union Representative) Substitute for Grace Chalmers

In attendance:

Andrew Fleming (NHS Lothian)	Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and Older Peoples Services)
Gill Main (Integration Manager)	Emma-Jane Gunda (Assistant Strategic Program Manager)	Matthew Curl (Digital Program Manager)
Lynn Freeman (OT team lead)	Fiona MacKinnon (Epilepsy Specialist Nurse)	Jim Sherval (Consultant in Public Health)
Andrew Henderson (Democratic Services Officer)		

Apologies:

Nadin Akta	Grace Chalmers (Trade Union Representative)	Kevin Dick (Audit Scotland)
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Midlothian Integration Joint Board

Thursday 13 April 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

With regard to the order of business the Chair outlined that item 5.10 in advance of item 5.9 to allow for more in depth discussion.

3. Declarations of interest

Peter Knight made a point of transparency in relation to telecare confirming he was undertaking consultancy work.

4. Minute of previous Meetings

4.1 The Minutes of the MIJB held on 09 February 2023 were approved subject to the following amendment – Andrew Fleming was noted as not being in attendance.

4.2 The Minutes of the Special MIJB held on 16 March 2023 were approved as a correct record.

4.3 The Minutes of the Strategic Planning Group held on 26 January 2023 were 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 made reference with regard to the self evaluation survey issued by the improvement service, confirming that an extension had been issued until the 19th of April for completion. Val De Souza took the opportunity to urge all board members to respond.</p>	To note the Chair's update	All To Note	

Midlothian Integration Joint Board

Thursday 13 April 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer</p> <p>Morag Barrow provided a brief overview of the report making reference to the directions for 2023/24, Hybrid IJB meetings, the appointment of a Clinical Lead Physiotherapist, progress of the governance assurance framework, workforce planning, third sector partners and anticipatory care planning.</p> <p>In response to comments regarding when feedback from the third sector summit would be available, Morag Barrow confirmed that an overview would be presented at a future meeting.</p>	<p>To note the content of the Chief Officer’s Report.</p>	<p>All to Note.</p>	
<p>5.3 Proposed Meeting Schedule and Development Session Dates for 2023 and 2024 - Presented Andrew Henderson, Democratic Services Officer</p> <p>Andrew Henderson provided a brief overview of the report making reference to the schedule of meeting dates for 2023-24 and the approach to be taken with regard to service visits.</p> <p>Following a brief discussion, it was agreed that the report would be resubmitted with consideration to school holiday dates being given.</p>	<p>The board agreed for the report to be resubmitted with consideration to school holiday dates.</p>	<p>Democratic Services</p>	<p>Ongoing</p>

Midlothian Integration Joint Board

Thursday 13 April 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.4 Finance Update – Budget Offers from Partners for 2023/24 - Presented by Claire Flanagan, Chief Finance Officer</p> <p>Claire Flanagan provided a brief overview of the report making reference to the formal budget offer from NHS Lothian, the reduced offer from Midlothian Council and provided further details in relation to recovery plans and reserves.</p> <p>A discussion ensued in relation to the paper with reference being made to the financial challenges faced by both Midlothian Council and the MIJB, the possible impacts to the MIJB in the event of accepting or not accepting the Council’s offer, the possibility of writing to the Scottish Government, the use of non-recurrent funding to cover the funding gap and possible service transformation.</p> <p>Claire Flanagan took the opportunity to clarify that Midlothian Council have historically provided budget offers to the MIJB which were above the minimum requirement.</p> <p>After further discussion, board members unanimously agreed to accept the budget offer from NHS Lothian. Val De Souza, seconded by Andrew Fleming, moved to not accept the IJB budget offer from Midlothian Council for 2023/24. Councillor Parry, seconded by Councillor Milligan, moved to amend the report to accept the budget offer from Midlothian Council for 2023/24. Thereafter, a vote</p>	<p>The MIJB agreed;</p> <p>(a) To accept the budget offer from NHS Lothian; and</p> <p>(b) To not accept the IJB budget offer from Midlothian Council for 2023/24 and;</p> <p>(c) Letter to Scottish Government to be circulated to board members in advance of sending.</p> <p>(d) To otherwise note the update from Midlothian Council on the support from their Capital Planning Board with capital funding for the one-off purchase of digital alarms, subject to Council.</p>	<p>Claire Flanagan</p> <p>Claire Flanagan</p> <p>Val De Souza</p> <p>Claire Flanagan</p>	

Midlothian Integration Joint Board

Thursday 13 April 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>ensued in which 5 votes were received for the motion and 3 for the amendment.</p>			
<p>5.5 Financial Recovery options following reduced budget offer from Midlothian Council - Presented by Morag Barrow, Chief Officer</p> <p>Morag Barrow provided a brief overview of the report making reference to the different options as outlined. Morag Barrow highlighted that the recommendation was for the board to approve recovery options 1, 2 and 7.</p> <p>A discussion ensued with board members querying the possible cost implications and timescale requirements for option 1. Morag Barrow took the opportunity to clarify that a decision would be required in advance of June 2023 as staff would need to be recruited. Clare Flanagan further clarified that in 2024/25 £6.5 million in savings would be required.</p> <p>Members then took the opportunity to highlight the lack of equalities impact assessment and requested that further details be provided in relation to possible benefits to providing care within a single complex. After further discussion, members agreed to pause the progression of extra care housing at Normandy Court pending further discussion.</p>	<p>(a) To defer the paper to the June board meeting for further consideration; and</p> <p>(b) Pause the progression of extra care housing at Normandy Court pending further discussion; and</p> <p>(c) A briefing for board members to be set up exploring possible recovery options.</p>	<p>Chief Officer</p> <p>Chief Officer</p> <p>Chief Officer/Democratic Services</p>	

Midlothian Integration Joint Board

Thursday 13 April 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.10 IJB Performance Report - Presented by Elouise Johnstone, Performance Manager</p> <p>Elouise Johnstone provided a brief overview of the report making reference to the move from monthly to quarterly performance reporting.</p> <p>Board members took the opportunity to recommend that the Performance Assurance and Governance Group looks forward to developing a small number of local improvement goals.</p>	<p>(a) Members noted the performance against the IJB Improvement Goals for 2022/23 (Appendix 1).</p> <p>(b) Noted the change in the Public Health Scotland (PHS reporting schedule) from monthly to quarterly</p> <p>(c) Noted the ongoing requirement to report on the goals set by the Scottish Government Ministerial Strategic Group for Health and Community Care and consider if additional local performance goals may be more useful for regular IJB review.</p> <p>(d) Approved commissioning the Performance, Assurance and Governance Group (PAGG) to develop more locally set performance goal options for the Boards consideration.</p>	<p>All to note</p> <p>All to note</p> <p>All to note</p> <p>Elouise Johnstone</p>	
<p>5.6 Analogue to Digital Transition 2023/24 – Presented by Matthew Curl, Digital Programme Manager</p> <p>5.7 Midlothian IJB Mainstreaming Equalities Report and Action Plan - presented by Gill Main, Integration Manager</p> <p>5.8 Integrated Governance Report - presented by Fiona Stratton, Chief Nurse</p> <p>5.9 Director of Public Health Annual Report and Planned Midlothian Response - Presented by Jim Sherval, Consultant in Public Health</p> <p>Board members agreed to drop Items 5.6 – 5.9 of</p>	<p>(a) Board members agreed; to drop the papers from the agenda due to time constraints; and</p> <p>(b) To note that urgent business would be dealt with in accordance to standing order 15.1 which states: If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair, Vice-Chair and Standards Officer, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board</p>	<p>Morag Barrow</p> <p>All to note</p>	

Midlothian Integration Joint Board

Thursday 13 April 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
the agenda due to time constraints, to be heard at the next meeting whilst noting that any urgent business would be dealt with in accordance to standing order 15.1. Which states: If a decision which would normally be made by the Integration Joint Board or one of its committees, requires to be made urgently between meetings of the Integration Joint Board or committee, the Chief Officer, in consultation with the Chair, Vice-Chair and Standards Officer, may take action, subject to the matter being reported to the next meeting of the Integration Joint Board or committee.	or committee.		

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.

8. Date of next meeting

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

- Thursday 11 May 2023 2pm Development Workshop (Members only)
- Thursday 1 June 2023 2pm MIJB Audit and Risk Committee
- Thursday 22 June 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 25 MAY 2023
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

Councillor S Akhtar (Chair)
Councillor L Bruce
Mr A Cogan
Ms E Gordon
Ms F Ireland
Councillor L Jardine
Councillor C McFarlane
Mr P Murray

Non-voting Members Present:

Mr D Aston	Mr D Binnie
Dr P Conaglen	Ms L Cowan
Ms C Flanagan	Mr I Gorman
Ms C MacDonald	Ms M McNeill
Mr T Miller	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 J Ogden-Smith

Clerk:

Ms F Currie

Apologies:

Ms L Byrne

Declarations of Interest:

None

Sederunt: Shamin Akhtar, Peter Murray, Andrew Cogan, Marilyn McNeill, David Aston and Claire MacDonald left the meeting.

As both the Chair and Vice Chair were absent from the meeting for Item 1 of the business, the members were asked to elect a temporary Chair for this item. Lachlan Bruce and Fiona Ireland proposed and seconded Lyn Jardine for the role and this was agreed unanimously.

1. CHANGES TO THE IJB MEMBERSHIP AND CHAIR/VICE CHAIR

A report was submitted by the Chief Officer informing, and where required, seeking approval from the IJB regarding changes to its membership and the appointment of a new Chair and Vice Chair.

The Clerk outlined the background and contents of the report. The Chair invited questions or comments from members but there were none.

The Chair moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB agreed:

- i. the appointment of Councillor Shamin Akhtar as the Chair of the IJB until 31 March 2025;
- ii. the appointment of Peter Murray as Vice Chair of the IJB until the end of his term of office on 31 January 2024;
- iii. the appointment of Marilyn McNeill and David Aston as service user representatives and non-voting members of the IJB for a period of three years;
- iv. the appointment of Claire McDonald as independent sector representative and non-voting member of the IJB for a period of three years;
- v. to note the appointment of Lyndsey Byrne as a non-voting member of the IJB, replacing Judith Tait in the role of Chief Social Work Officer and Head of Children's Services; and
- vi. to note the appointment of Andrew Cogan, replacing Val de Souza as a voting member of the IJB representing NHS Lothian.

Sederunt: Councillor Akhtar, Mr Murray, Mr Cogan, Ms McNeill, Mr Aston and Ms MacDonald re-joined the meeting.

Councillor Akhtar was now in the Chair.

2. MINUTES OF THE MEETINGS OF THE EAST LoTHIAN IJB ON 23 FEBRUARY and 23 MARCH 2023 (FOR APPROVAL)

The minutes of the IJB meetings on 23rd February and 23rd March were approved.

3. MATTERS ARISING FROM THE MEETING ON 23RD MARCH 2023

The following matters arising were discussed:

Item 6 (Provisioning For Older People) – in response to a question from Councillor Jardine, Iain Gorman confirmed that Item 7 on today's agenda would provide an update on the engagement process.

4. CHAIR'S REPORT

The Chair and Vice Chair (Mr Murray) provided a summary of the issues discussed at a recent meeting with Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health & Social Care. A paper had been presented on IJB finances across Scotland and Mr Murray had spoken of the challenges facing IJBs more broadly but including financial assurance and budget forecasting/planning. There was also discussion on primary care improvement plans, whole system planning with the example of the Lothian Strategic Development Framework. The Chair had highlighted the good work taking place in East Lothian, as well as the challenges from demographic growth and taking cognisance of this in forward planning.

The Chair and Mr Murray reported that the Cabinet Secretary had taken the view that staff absence and ineffective planning for absences had led to an upturn in Delayed Discharges across Scotland. He also wished to involve IJBs in shaping winter planning. Fiona Wilson confirmed that the Scottish Government has asked IJBs for feedback and that discussions were ongoing.

The Chair also informed members of a forthcoming meeting, likely to be September, between IJB Chairs/Vice Chairs and those involved in preparation for the new National Care Service.

She concluded references to events relating to Carers' Week and Dementia Friendly Week and a community conversation event in North Berwick.

Following a question from Fiona Ireland, Claire Flanagan agreed to circulate a copy of the national finance paper, referred to by Mr Murray, to IJB members.

Responding to a question from Ms McNeill, Ms Flanagan confirmed that the reduction in funding from East Lothian Council would be recurring. Ms McNeill urged that the impact of this reduction be considered as part of provisioning work.

Ms Flanagan also replied to questions from Ms Ireland and Elizabeth Gordon. She informed members that she had written to the Council's Executive Director for Council Resources but as there had been no movement in the Council's position, she had to progress with further mitigation measures. She said that the next steps would be to set up a meeting with the IJB's partners, including the Chief Executives and Chief Finance Officer.

Ms Ireland emphasised the importance of recording, within the minutes, that the Council's budget offer remained out with the parameters set down by the Scottish Government despite further discussions between officers. She also considered it important to record that, at present, the Council could not guarantee being in a position to provide financial reporting information for each IJB meeting.

Ms Flanagan confirmed that the Council's Finance Team remained in business continuity measures and that this had been recorded on the IJB's risk register. She added that she was working with colleagues to ensure this could be resolved and that she would receive financial information as quickly as possible.

Mr Murray urged close monitoring of this situation. While he noted the recording within the risk register, he was concerned about the potential for the IJB to be negatively affected by an inability to receive timely and accurate information on how budgets were being spent.

Councillor Jardine said it would be useful to have a better understanding of the IJB's finances. She had received some information in response to a prior query but would appreciate more detail. Referring to the financial challenges, she said it was important to get the information needed to make decisions but also to be focussed on areas, such as prevention, which could have an impact on available budgets.

Ms Flanagan agreed to provide further background information to Councillor Jardine. In reply to a question from the Chair, she advised that it would be for the IJB's partners to manage individual services within agreed budgets as these were operational matters. However, the IJB would continue to monitor the position through regular financial reporting.

The Chair suggested that it would be useful to all members to have a further development session on financial oversight. Ms Flanagan agreed noting that this should also include financial planning for 2024/25 and beyond.

Mr Murray agreed with the Chair and Ms Flanagan that members needed to have an understanding of the limitations of the budget. There would be difficult decisions ahead and financial challenges may limit opportunities and require the IJB to scale back some of its ambitions.

The Chair agreed to take forward the following action points: to follow up with the Council's Finance Team on the matter of timely financial reporting; and to progress arrangements for a development session for IJB members on finance matters.

The Chair moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB agreed:

- i. The recommendation to accept the IJB budget offer from NHS Lothian for 2023/24; and
- ii. To note the further financial recovery action to mitigate the remaining £0.25M financial gap for the IJB for 2023/24.

6. EAST LOTHIAN IJB PARTICIPATION AND ENGAGEMENT STRATEGY 2023-25

The Chief Officer of the IJB submitted a report on the Participation and Engagement Strategy which demonstrated the IJB's commitment to participation and engagement and set out the actions and areas of activity required to deliver this commitment.

Laura Kerr presented the report. She outlined the background and content of the strategy which built on the HSCP's development of robust networks to support participation and engagement, and took account of feedback from a wide range of sources. This was reflected in the strategy's greater focus on co-production, which had come about through feedback from recent engagement exercises. Ms Kerr added that any comments from members could be incorporated before the document was finalised.

Mr Murray offered his appreciation to officers and his support for the strategy. He said it would give confidence to people in East Lothian that the IJB was serious about engaging with them to make services as effective as possible. He hoped that the strategy would help people to feel part of the process.

Councillor Jardine welcomed the focus on the 'easy to ignore' groups and on getting as wide a range of partners on board to reach as many people as possible. She believed that this approach would help the IJB to make better strategic decisions to meet as many needs as possible, rather than just responding to the loudest voices.

The Chair asked about the role of the Health and Wellbeing Sub Groups and Patient Participation Groups and how to improve engagement with young people. Ms Kerr agreed that the feedback loop for Health & Wellbeing Groups did need to be worked on and she agreed that it was important to work with these groups. She was aware that colleagues in Primary Care were keen to strengthen the role of GP Patient Participation Groups. She also acknowledged the need to include young people in existing groups.

Ms McNeill agreed that there was a need to raise the profile of Area Partnerships, and their sub groups, and for them to be seen as partners with the IJB. She suggested that it might be useful for the Strategic Planning Group or IJB to see the Area Plans, which were developed annually and included issues such as health inequalities.

Ms Kerr observed that being available to attend these group meetings was a challenge as there were so many. However, she agreed with Ms McNeill's point about keeping the links between the IJB and Area Partnerships and that this was a work in progress.

The Chair agreed that this was a very important piece of work that underlined the need for clear messaging and broad consultation to ensure the development of effective services. She thanked officers for their work on the strategy and moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB agreed to approve the East Lothian IJB Participation and Engagement Strategy.

7. PROVISIONING FOR OLDER PEOPLE – UPDATE ON COMMUNITY ENGAGEMENT AND CONSULTATION

The Chief Officer had submitted a report updating the IJB on the plans for developing community capacity.

Mr Gorman presented the report. He summarised the progress since the IJB's last meeting and the revisions made to the engagement approach. He advised that, following work with the Consultation Institute, the team had been issued with a certificate of 'consultation readiness' in advance of the launch, which acknowledged that the process was fair and in line with national guidelines. It was their intention to engage with all stakeholders across East Lothian, rather than the previous more targeted approach, with the consultation taking place between July and December 2023. Engagement would be mainly via face-to-face meetings, unless any group had a preference for virtual meetings. Officers would then pull together feedback over a period of 3 months and work on a suite of solutions for areas across East Lothian. This work should conclude in early 2024. He added that although there was no Integrated Impact Assessment (IIA) for this report, IIAs would be conducted, as appropriate, at various points in the process.

Ms McNeill welcomed the progress but was concerned about the word 'consultation' as, at one stage, there had been talk of 'co-production' and that communities would be involved from an early stage. She asked about the possibility of community representatives being included in the planning group.

Mr Gorman explained that the purpose of this exercise was to present the information gleaned from earlier provisioning work and to ask communities across the county whether there were other relevant issues, and from there to mutually develop solutions. Ms Kerr added that the process would change and evolve as it progressed and there would be a short document available explaining the steps involved. She said that the team was already working to ensure that people were ready and well-informed to be able to engage effectively in the process.

Mr Murray referred to Councillor Jardine's point in the last item about 'quiet voices'. He said it was crucial that the IJB obtained credibility for the process it employed and the involvement of the Consultation Institute would provide this. It was important to assure people that the engagement exercise was being done on as wide a scale as possible.

Andrew Cogan commended the quality of the reports presented to the IJB by officers. He then asked about the involvement of clinicians in this project. Ms Kerr confirmed that general practice and HSCP staff had been involved and their feedback had been taken on board.

Councillor Jardine said that she had looked at the Consultation Institute website and noted that their understanding of co-production was demonstrated in the process outlined by Ms Kerr and Mr Gorman. She asked if the certificate of consultation readiness was transferable to other pieces of work.

Ms Kerr expected that it only applied to this specific project but they would take lessons from this exercise and incorporate them in any future work. Mr Gorman agreed that there were opportunities for learning from this exercise but the team may also decide to use the Institute again in the future.

Ms Wilson referred to a consultation process in another area which had not used the Consultation Institute. She advised that the involvement of the Institute had given this exercise an assurance level and she was keen for the process to be as transparent as possible.

The Chair observed that the Institute's involvement was building capacity and knowledge for future consultations and helping to develop skills in-house.

Mr Gorman agreed, pointing to the training that the Institute could provide and the real skill set required in co-production and engagement. He said it was sometimes beneficial to get outside support for a project of this size; not least because future decisions taken on the basis of this work may be open to legal challenge.

Mr Murray agreed that it would do no harm to get outside expertise and support to deal with the challenges of such a project.

The Chair fully supported the engagement process but said it was important that it was meaningful and that it included all groups. She welcomed the extension to the timescale and noted the resource implications for the project. The Chair moved to the vote on the recommendations, which were approved unanimously.

Decision

The IJB agreed to:

- i. Note the decision to plan engagement and consultation in partnership with the Consultation Institute in order to ensure the best possible process; and
- ii. Note the decision to engage with all Partnership Areas within East Lothian at the same time.

The Chair noted that this was Mr Gorman's last meeting before moving onto his new role within NHS Lothian. She commended his diligence and hard work in his current role and his positive contribution to the IJB. She also recognised his involvement in supporting frontline HSCP staff during the pandemic. She thanked him on behalf of the IJB and wished him well in his new role.

The Chair also noted that Matthew Kennedy would shortly be moving onto a new role. She acknowledged his valuable contribution to the IJB and especially his work in Social Work and his efforts during the pandemic. She noted that he would be working with the Edinburgh IJB and she wished him well in his new role.

Signed

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board

Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 21 March 2023

Held 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, Ruth Hendery, Kirsten Hey, Peter Knight, Jacqui Macrae, Grant Macrae, Councillor Claire Miller, Councillor Max Mitchell, Allister McKillop, Peter Murray, Councillor Vicky Nicolson, Moira Pringle and Judith Proctor.

Officers: Jessica Brown

1. Minutes

The minute of the Edinburgh Integration Joint Board of 28 February 2023 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Savings and Recovery Programme 2023-2024

The proposed 2023-2024 Savings and Recovery Programme was submitted to the Board for consideration. The Programme had been developed in tandem with the medium term financial strategy for the Integration Joint Board.

Engagement had taken place with stakeholders across the Edinburgh Integration Joint Board, Council, NHS Lothian, elected members and third sector partners.

Within the Savings and Recovery Programme there were 12 savings projects and proposals which had been identified. Assuming the proposals were approved in full, a savings gap of £35.55m would still remain.

Decision

- 1) To agree proposals 8 to 12 which formed the Savings and Recovery Programme for 2023-2024 as set out in Appendix 2 of the report by the Chief Finance Officer, Edinburgh Integration Joint Board.
- 2) To agree the proposed plan to review and finalise Integrated Impact Assessments for individual projects and the programme as set out in appendix 4 of the report.

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

Declaration of Interests

Grant Macrae declared a non-financial interest as he had a family member in receipt of Self-Directed Support, as a Board Member of St Columba's Hospice Care and as a Board Member of the Scottish Police Authority.

Christine Farquhar made a transparency statement as the carer of a person in receipt of a direct payment from the City of Edinburgh Council.

Bridie Ashrowan made a transparency statement as she was the Chief Executive of EVOC which received funding from the Edinburgh Health and Social Care Partnership.

3. 2023-2024 Financial Plan

The draft 2023-2024 Financial Plan for the Edinburgh Integration Joint Board was presented. The Financial Plan incorporated the latest available information including the budgets from the Board's partners and compared these to projected costs based on the current forecast outturn, anticipated growth and assumptions around additional resources.

To address the projected financial shortfall over a 3-year period, a medium-term financial strategy was being developed. This would set out a range of initiatives, aligned wherever possible to the Board's strategic plan which, over time, would support financial balance. Delivering a plan of this complexity would require appropriate resource.

To bridge this gap, an initial in-year savings and recovery programme had been presented to the Board. However, even with this, the modelling indicated that delivering financial balance by the end of the year was not achievable without negative impact on outcomes for people and performance more generally.

This position had been the subject of tripartite talks with partners. All involved in these discussions recognised and accepted a number of complex inter-related factors, namely, the ongoing improvements in performance, the likely increased demand for services as the IJB emerged from the Covid pandemic and the IJB's structural deficit and inflation price pressures.

In this context, partners were supportive of the proposed approach and committed to working with IJB officers to bridge the financial gap as the year progressed.

Proposal

- 1) To note the 2023/24 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme.
 - 2) To acknowledge the need for further development of the financial strategy.
 - 3) To agree to issue a direction to the City of Edinburgh Council for the uplifting of contracts in line with nationally agreed methodology if fully funded.
 - 4) To request that an updated financial strategy be returned to the next meeting of the EIJB that provides additional funding options or, if required, further savings to enable the EIJB to set a balanced budget as well as further detail that would allow the EIJB to approve a medium-term financial strategy.
- moved by Councillor Mitchell, seconded by Councillor Miller

Decision

To approve the proposal by Councillor Mitchell.

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

Declaration of Interests

Grant Macrae declared a non-financial interest as he had a family member in receipt of Self-Directed Support, as a Board Member of St Columba's Hospice Care and as a Board Member of the Scottish Police Authority.

Christine Farquhar made a transparency statement as the carer of a person in receipt of a direct payment from the City of Edinburgh Council.

Bridie Ashrowan made a transparency statement as she was the Chief Executive of EVOC which received funding from the Edinburgh Health and Social Care Partnership.



Minute

Edinburgh Integration Joint Board

**Tuesday 13 June 2023 and Tuesday 27 June 2023
(reconvened on 27 June 2023)**

Hybrid Meeting – Dean of Guild Court Room / Microsoft Teams

Present on 13 June 2023 (items 1 to 9)

Board Members

Councillor Tim Pogson (Chair), Katharina Kasper (Vice-Chair), Bridie Ashrowan, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Elizabeth Gordon, George Gordon, Ruth Hendery, Kirsten Hey, Peter Knight, Jacqui Macrae, Grant Macrae, Councillor Claire Miller, Councillor Max Mitchell, Allister McKillop, Peter Murray, Councillor Vicky Nicolson and Moira Pringle.

Officers

Lesley Birrell, Jack Blaik, Angela Brydon, Calum Campbell, Tony Duncan, Emma Gunter, Linda Irvine-Fitzpatrick, Andrew Henderson, Andrew Kerr, Gavin King, Deborah Mackle, Mike Massaro-Mallinson, Peter Pawson, Emma Pemberton and Heather Tait.

Apologies

Robin Balfour and Colin Beck

Present on 27 June 2023 (items 10 and 11)

Board Members

Councillor Tim Pogson (Chair), Katharina Kasper (Vice-Chair), Bridie

Ashrowan, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Andrew Flemming (substituting for Peter Murray) Kirsten Hey, Fiona Ireland (substituting for Elizabeth Gordon), Jacqui Macrae, Craig Marriot (substituting for George Gordon), Mike Massaro-Mallinson, Councillor Claire Miller, Tracey-Anne Miller (substituting for Peter Knight) Councillor Max Mitchell, Allister McKillop, Councillor Vicky Nicolson and Moira Pringle.

Officers

Colin Briggs, Jack Blaik, Angela Brydon, Calum Campbell, Tony Duncan, Helen Fitzgerald, Andrew Henderson and John McKee.

Apologies

Robin Balfour, Elizabeth Gordon, George Gordon, Ruth Hendery, Peter Knight and Peter Murray

1. Deputations

a) Trades Unions in Communities (TUIC)

A deputation was submitted in relation to Item 7.1, Adult Support and Protection and Social Work and Social Care Inspection Improvement Plans.

The deputation made the following key points:

- That the act of driving Social Health Care into the hands of the private sector was resulting in the deterioration of working conditions for migrant workers who are being exploited in conditions similar to modern day slavery.
- That foreign workers are being brought to the UK on tier two visas are then at the beck and call of their employers 7 days a week and that staff are being punished for not working on days off.
- The deputation asked that members take this into consideration and asked them to take this into consideration when considering item 7.1.

Decision

To thank the deputation for their presentation.

b) UNISON

A deputation was submitted in relation to item 7.3 Bed Base Review.

The deputation made the following key points:

- Staff morale was low and care home residents and families

were worried about their future and public trust had been lost.

- The deputation expressed concern that elected members had been left out of the decision-making process and that there had been no active participation from staff in the creation of the report submitted by the Edinburgh Assistance Programme.
- That information provided regarding the future of Drumbrae Care home was incomplete, inaccurate, or out of context.
- Understood there was to be a public consultation regarding the care homes and that it was decided arbitrarily that this would focus on closure. It was highlighted that the EIJB did not make this decision, nor were they privy to it.
- The deputation highlighted that if the proposals submitted by the Service Director were accepted, trade unions would take their seats at the table and urged members to consider the need for the future in addition to Self Directed Support for the future.

Decision

To thank the deputation for their presentation.

c) Community Wellbeing Collective

A deputation was submitted in relation to Item 7.1 Adult Support and Protection and Social Work and Social Care Inspection Improvement Plans, Item 7.2 Medium Term Financial Strategy and 2023-24 Financial Plan Update and Item 7.4 Self Directed Support – Direct Payments

The deputation made the following key points:

- That Social Care must be more robust and should respond to diagnosis and that vulnerable people deserve dignity when meeting the needs for their care.
- Those who are working class find themselves isolated outside networks of care.
- Front line workers are seeing the impact of savings proposals.
- The deputation asked the IJB to write to Scottish ministers outlining the impact of the savings proposals and that members vote against the savings proposals.

Decision

To thank the deputation for their presentation.

d) UNITE Edinburgh Not for Profit Branch

A deputation was submitted in relation to item 7.2 Medium Term Financial Strategy and 2023-24 Financial Plan Update, Item 7.3 Bed Base Review and Item 7.4 Self Directed Support – Direct Payments.

The deputation made the following key points:

- The deputation outlined that the local authority is relying on the third sector to provide services to relieve pressure whilst the third sector is in its own staffing crisis with nothing being done to affect the root causes.
- Third sector organisations are struggling to recruit staff with little being done to tackle the root causes of the crises. In addition, the impact of long hours and stress on staff and that use of staffing agencies, results in increased costs and that appropriate staff training can not be guaranteed.
- Agreed that assessment of needs is necessary but that restricting funding to only substantial or critical needs is misguided and that this runs counter to the aim for early intervention.
- Expressed concern that if there is no investment the partnership could fail to meet statutory requirements.
- The deputation asked that when writing to Scottish ministers:
 - i) Highlight that officers do not support the consequences caused by funding cuts and include impacts on third sector staff and service users.
 - ii) Request funding is adequate and that enough is provided to ensure that service provision is above what is required to minimally meet statutory obligations.
 - iii) To make the letter public.
- With reference to the report published highlighting that the Edinburgh H&SCP found that two thirds of care homes inspected were not compliant with health and safety law, The deputation asked that the EIJB begin effective health and safety monitoring.

Decision

To thank the deputation for their presentation.

e) Edinburgh Trade Union Council

A deputation was submitted in relation to item 7.2 Medium Term Financial Strategy and 2023-24 Financial Plan Update, Item 7.3 Bed Base Review and Item 7.4 Self Directed Support – Direct Payments.

The deputation made the following key points:

- The deputation supported writing to Scottish ministers and asked that the contents and funding requested should be specifically approved by the EIJB and should be capable of attracting public support.
- The deputation asked the board to vote against the savings proposals or to postpone the decision until meaningful consultation had been undertaken.

Decision

To thank the deputation for their presentation.

2. Minutes

The minute of the Edinburgh Integration Joint Board of 21 March 2023 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

3. Rolling Actions Log

The Rolling Actions Log updated to June 2023 was presented.

Decision:

- 1) To agree to close the following actions:
 - Action 6 Annual Cycle of Business
 - Action 8A 1 & 2 Drumbrae Care Home – Status Update
 - Action 8B Drumbrae Care Home – Status Report
 - Action 9 2023-2024 Financial Plan
- 2) To agree to continue the following actions:

Action 2.1 & 2.3 to remain open until the next meeting pending completion of the action.

Action 7.1 & 7.2 to remain open until the dialogue with Scottish Government and NHS Lothian had concluded.
- 3) To otherwise note the remaining outstanding actions.
(Reference – Rolling Actions Log, submitted)

4. Annual Cycle of Business

The annual cycle of business was presented.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted)

5. Appointments to the Edinburgh Integration Joint Board and Committees

An update was provided in relation to changes to membership of the Edinburgh Integration Joint board and its committees.

Decision

- 1) To note that on 4 May 2023, The City of Edinburgh Council re-appointed Councillor Tim Pogson as Chair of the Joint Board.
- 2) To note that the Lothian NHS Board had agreed to appoint Katharina Kasper to replace Angus McCann as its lead voting member on the Joint Board and as Vice-Chair, with effect from 5 April 2023.
- 3) To note that in accordance with the Integration Scheme, Katherina Kasper would take up the position of Chair of the Joint Board and Councillor Tim Pogson would take up the position of Vice-Chair, with effect from 27 June 2023.
- 4) To note that in accordance with the Strategic Planning Group Terms of Reference, Katharina Kasper took up the position of Chair of the Group with effect from 5 April 2023.
- 5) To note that, in accordance with the Strategic Planning Group Terms of Reference, Councillor Tim Pogson took up the position of Vice-Chair of the Group with effect from 4 May 2023.
- 6) To note that Councillor Tim Pogson would take up the position of Chair of the Strategic Planning Group and that Katharina Kasper would take up the position of Vice-Chair with effect from 27 June 2023.

(Reference – report by Service Director, Operations, Edinburgh Health and Social Care Partnership, submitted)

6. Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans

An update was provided the actions taken in response to the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care. The Joint Board was requested to agree the improvement plan in response to the Inspection of Social Work and Social Care.

Proposal 1

- 1) To note the Adult Support and Protection Improvement Plan submitted to the Care Inspectorate.
 - 2) To review the progress underway to implement necessary improvements.
 - 3) To agree the plan to implement further improvements, in response to the Social Work and Social Care Inspection
 - 4) To agree that implementation of the Improvement Plan would be overseen and scrutinised by the EIJB Performance and Delivery Committee, with reports relating to governance referred to the Clinical and Care Governance Committee and to note that reporting and scrutiny would also be in place within the Council through the Policy and Sustainability Committee.
 - 5) To agree that an annual review of the Improvement Plan be undertaken that actively engages stakeholders including people using services and carers.
- moved by Councillor Pogson, seconded by Councillor Davidson.

Proposal 2

To approve the report recommendations as set out in Proposal 1 and to add the following recommendation:

To note this would be further discussed at the City of Edinburgh Council meeting on 22 June 2023 and to note this may raise additional actions.

- moved by Councillor Nicolson, seconded by Councillor Miller

In accordance with Standing Order 10(1), the Board reached a consensus and agreed to include Proposal 2 as an addendum to Proposal 1.

Decision

- 1) To note the Adult Support and Protection Improvement Plan submitted to the Care Inspectorate.
- 2) To review the progress underway to implement necessary improvements.
- 3) To agree the plan to implement further improvements, in response to the Social Work and Social Care Inspection
- 4) To agree that implementation of the Improvement Plan would be overseen and scrutinised by the EIJB Policy and Development Committee, with reports relating to governance referred to the Clinical and Care Governance Committee and to note that reporting and scrutiny would also be in place within the Council through the Policy and Sustainability Committee.
- 5) To agree that an annual review of the Improvement Plan be undertaken that actively engaged stakeholders including people using services and carers.
- 6) To note this would be further discussed at the City of Edinburgh Council meeting on 22 June 2023 and to note this may raise additional actions.

(Reference – report by Service Director, Operations, Edinburgh Health and Social Care Partnership, submitted)

Declaration of Interests

Councillor Miller made a transparency statement as a member of Unite the Union.

Councillor Nicolson made a transparency statement as a member of UNISON.

Councillor Pogson made a transparency statement as a member of Unite the Union.

Grant Macrae made a transparency statement in relation to a family member who was in receipt of self-direct support and as a Board Member of St Columba's Hospice Care.

Bridie Ashrowan made a transparency statement as Chief Executive of EVOC which received funding from Edinburgh Health and Social Care Partnership.

Christine Farquhar made a transparency statement as the carer of a person in receipt of a direct payment from the City of Edinburgh Council.

7. Medium Term Financial Strategy & 2023/24 Financial Plan Update

An overview was provided of the outturn for 2022/23 together with an update on progress with the medium-term financial strategy (MTFS). Phase 2 savings proposals for 2023/24 were also outlined and the range of options which would be required to balance the plan in-year. Good progress was noted regarding the development of the MTFS and, initial modelling had indicated that a near balanced position could be achieved over a 3-year period.

It was acknowledged that elements of the MTFS were congruent with the improvement plan and that priority had been given to workstreams which supported the three aims of improving lives, services and reducing costs simultaneously. Whilst the plan could be balanced over 3 years there remained a material in-year financial gap of £14m.

Proposal 1

- 1) To note that, subject to external audit, a balanced outturn position was achieved in 2022/23.
- 2) To agree to reallocate £4m of slippage on reserves to reduce the 2023/24 financial deficit.
- 3) To agree proposals 1 to 4 which formed the second phase of the savings programme for 2023/24 as set out in the report and associated appendices.
- 4) To agree that the Chair write to Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which would be needed should additional funding not be made available to the IJB, and requesting that funding be increased.

- 5) To agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council, NHS Lothian and the Scottish Government to bridge the remaining anticipated in-year shortfall.

- moved by Councillor Pogson, seconded by Councillor Davidson

Proposal 2

To replace recommendation 3 in the report with:

- 1) To note £160,000 had been spent since November 2022 on a contract with Gatenby Sanderson to progress the EIJB medium term financial plans. Further notes this sum was never approved at the EIJB and was kept from Councillors and agreed off-table with the Council's Finance Committee Convener being the only elected member involved in the decision to spend this level of funding.
- 2) To remove the Community transport proposal to cut services by £300,000 due to the impact on vulnerable people accessing lifeline services.
- 3) To note the proposals for community equipment and agrees to the improved managed process set out in the proposal but rejects a review of criteria for provision to protect service access.
- 4) To agree that further work will be carried out to identify the total spend on agency and separately on overtime citywide and per locality and measures to reduce this spend, including increasing pay for staff to retain within service and attract new talent into the sector, paying rates directly to frontline staff that can enhance pay while reducing the amount paid to external companies.
- 5) To note the positive impact of One Edinburgh and request this involves a data-driven approach to enable care maximisation – without taking any additional savings and using any additional maximised capacity to provide additional care to those on the waiting lists.
- 6) To note the Care Inspectorate report which found “limited implementation of self-directed support” is at odds with the contents of the report and agrees this element of saving is not agreed and comes back for future consideration when an effective SDS regime is in place to minimise claw backs of residents' entitlements and maximise the availability of creatively finding solutions and building people's strengths.
- 7) To agree that work to close the remaining budget gap takes learning and adopts best practise from well-performing IJB's across Scotland on the allocation of care and clinical approach to assessment of support.
- 8) To agree the remaining proposals subject to regular monitoring.

- moved by Councillor Nicolson, seconded by Councillor Miller

Voting

For Proposal 1: 8 votes

For Proposal 2: 1 vote

Abstention: 1

(For Proposal 1 – Councillor Davidson, Elizabeth Gordon, George Gordon, Katharina Kasper, Peter Knight, Councillor Mitchell, Peter Murray and Councillor Pogson.

For Proposal 2 – Councillor Nicolson.

Abstention - Councillor Miller.)

Decision

- 1) To note that, subject to external audit, a balanced outturn position was achieved in 2022/23.
- 2) To agree to reallocate £4m of slippage on reserves to reduce the 2023/24 financial deficit.
- 3) To agree proposals 1 to 4 which formed the second phase of the savings programme for 2023/24 as set out in this report and associated appendices.
- 4) To agree that the Chair write to Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which would be needed should additional funding not be made available to the IJB, and requesting that funding be increased.
- 5) To agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council, NHS Lothian and the Scottish Government to bridge the remaining anticipated in-year shortfall.

Dissent – Councillor Miller requested that her dissent be recorded to the above decision.

(References – Edinburgh Integration Joint Board 21 March 2023 (item 3); report by Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

8. Bed Base Review Update

An update was provided on the status of the bed-base review and approval was sought to undertake a strategic commissioning exercise on older people's bed-based services.

A separate briefing paper would be circulated to members addressing the decisions and actions that had led to this point.

Decision

- 1) To approve the request to undertake a strategic commissioning exercise on older people's bed-based services to validate work completed to date and to expand the scope to all older people's bed requirements.

- 2) To agree that a voting member of the Edinburgh Integration Joint board would sit as Chair of the implementation group.
- 3) To agree to pause the proposed consultation until the strategic commissioning exercise was completed and agree at that point the purpose of any consultation.

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

Declaration of Interests

Councillor Miller made a transparency statement as a member of Unite the Union.

Councillor Nicolson made a transparency statement as a member of UNISON.

Councillor Pogson made a transparency statement as a member of Unite the Union.

Grant Macrae made a transparency statement in relation to a family member who was in receipt of self-direct support and as a Board Member of St Columba's Hospice Care.

Bridie Ashrowan made a transparency statement as Chief Executive of EVOC which received funding from Edinburgh Health and Social Care Partnership.

Christine Farquhar made a transparency statement as a carer of a person in receipt of a direct payment from the City of Edinburgh Council.

9. Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership

a) Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership

Approval was sought to progress the recruitment process for the permanent appointment of a Chief Officer.

Decision

- 1) To note that following the departure of the previous Chief Officer, there was a requirement for permanent arrangements to be put in place in relation to the role of Chief Officer for the Edinburgh Integration Joint Board.
- 2) To approve the proposed recruitment arrangements.
- 3) To appoint Councillor Miller and Peter Murray as the Joint Board's representatives on the recruitment committee along with the Chair, Vice-Chair and Chief Executives of the City of Edinburgh Council and NHS Lothian.

(Reference - report by the Service Director, Human Resources, City of Edinburgh Council, submitted)

b) Appointment of Interim Chief Officer

The Board agreed, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 1, of Part 1 of Schedule 7A of the Act.

A verbal update was provided in relation to the arrangements for the appointment of an interim Chief Officer.

Decision

Detailed in the Confidential Schedule, signed by the Chair, with reference to this minute.

10. Self Directed Support – Direct Payments

An update was provided on the process for reclaiming unused funds from people receiving a direct payment.

Proposal 1

- 1) To note the operational approach to determining if those in critical need had underspent.
- 2) To note the impact on outcomes for people in need of removing allocated support.
- 3) To note the budget setting process and financial impacts.
- 4) To note that officers had committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website.

- moved by Councillor Pogson, seconded by Councillor Davidson

Proposal 2

- 1) To note the operational approach to determining if those in critical need had underspent.
- 2) To note the concerning impact on outcomes for people in need of removing allocated support with such a large sum “£5.6m in the 2022/23 financial year” coming back out of resident’s self-directed support accounts who have been assessed as being entitled to this funding.
- 3) To note the budget setting process and financial impacts require more consideration in relation to self-directed support with £3.4m projected claw back in 2023/24 remaining a significant level which will undermine meeting people’s needs.

- 4) To note that officers had committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website and to agree that, within the process prior to all claw backs, service users would be offered the opportunity to engage with disabled people's organisations for advocacy and guidance owed to the main reason for claw backs being the lack of service availability and failure to deliver as the service currently had an "emphasis on needs and deficits rather than building on people's strengths and finding creative solutions" according to the Care Inspectorate findings.
- 5) To request a further report in 2 cycles identifying levels of clawback resources held at the locality levels as described in sections 17 and 19 of the report and to agree this report should also set out a plan on how this process could be reformed to be fit for purpose, providing accurate levels of financial entitlements and wide enough scope of opportunities and services to creatively meet people's statutory needs.

- moved by Councillor Nicolson, seconded by Councillor Miller

In accordance with Standing Order 10(1) the Board reached a consensus and agreed paragraphs 1 and 3 of Proposal 1 and paragraphs 2 and 4 of Proposal 2 together with an additional verbal proposal by Councillor Pogson.

Decision

- 1) To note the operational approach to determining if those in critical need had underspent.
- 2) To note the budget setting process and financial impacts.
- 3) To note the concerning impact on outcomes for people in need of removing allocated support with such a large sum "£5.6m in the 2022/23 financial year" coming back out of resident's self-directed support accounts who had been assessed as being entitled to this funding.
- 4) To note that officers had committed to revising information for recipients of direct payments by September 2023 and publish this on the Edinburgh Health and Social Care Partnership website and to agree that within the process, prior to all claw backs, service users would be offered the opportunity to engage with disabled people's organisations for advocacy and guidance owed to the main reason for claw backs being the lack of service availability and failure to deliver as the service currently had an "emphasis on needs and deficits rather than building on people's strengths and finding creative solutions" according to the Care Inspectorate findings.
- 5) To note that Self Directed Support was included in the Adult Support and Protection and Social Work & Social Care Inspection Improvement Plans

approved by the Joint Board on 13 June 2023 and that practice would continue to be reviewed.

(References – Act of Council No.10 of 16 March 2023; Policy and Sustainability Committee of 23 May 2023 (item 21); report by Service Director - Operations, Edinburgh Health and Social Care Partnership, submitted)

Declaration of Interests

Christine Farquhar made a transparency statement as the carer of a person in receipt of a direct payment from the City of Edinburgh Council.

Bridie Ashrowan made a transparency statement as Chief Executive of EVOC which received funding from Edinburgh Health and Social Care Partnership.

11. Committee Update Report

An update was provided on the work of the Board's Committees which had met since the last Board meeting.

Decision:

To note the work of the Board's Committees.

(Reference – report by the Service Director – Operations, Edinburgh Health and Social Care Partnership, submitted)

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 21 MARCH 2023.

Present

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

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

Apologies – Ann Pike

In attendance – Robin Allen (Senior Manager, Older People Services), Neil Ferguson (General Manager Primary Care and Community Services), Hamish Hamilton (West Lothian HSCP Business Partner), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), Karen Love (Senior Manager, Adult Services), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addictions Services and Kerry Taylor (Project Officer)

1 ORDER OF BUSINESS

The Chair ruled that agenda item 14 (*Primary Care Premises Capital Investment Priorities Follow Up*) would be considered after agenda item 8 (*Chief Officer Report*).

2 DECLARATIONS OF INTEREST

There were no declarations of interest made.

3 MINUTES

The IJB approved the minutes of its meeting held on 10 January 2023 as a correct record.

4 MINUTES FOR NOTING

a The IJB noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 21 December 2022.

b The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 16 February 2023.

5 MEMBERSHIP & MEETING CHANGES

The Clerk advised that Karen Adamson's membership had ceased on 16 March 2023 and that a new non-voting member nomination was being sought from the NHS.

The Chair advised that Katharina Kasper would be moving to the Edinburgh IJB and therefore a new voting member as well as Chair of the SPG would have to be appointed.

6 TIMETABLES OF MEETINGS 2023/24

A proposed timetable of meetings for IJB and a proposed timetable of meetings for the Strategic Planning Group 2023/24 session had been circulated for approval.

Decision

1. To approve the IJB timetable of meetings for 2023/24.
2. To approve the Strategic Planning Group timetable of meetings for 2023/24.

7 CHIEF OFFICER REPORT

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

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

Decision

To note the terms of the report.

8 PRIMARY CARE PREMISES CAPITAL INVESTMENT PRIORITIES FOLLOW UP

The IJB considered a report (copies of which had been circulated) by the General Manager, Primary Care and Community Services providing the additional information requested at the meeting on 10 January 2023 in relation to priorities for capital investment in primary care premises. The IJB had asked for further information to be presented on:

- The data used to determine the priorities and consideration of whether a more appropriate source was available; and

- The NHS Lothian capital planning process.

The additional information requested was outlined in the paper.

Population growth trends were being considered and would continually be assessed while reviewing priorities; it was noted that a complete set of information on population growth should be reviewed before making decisions on transferring patients to the Winchburgh practice.

It was recommended that the IJB:

1. Approve the identified priorities for submission to the NHS Lothian Primary Care Initial Agreement Programme Board;
2. Agree that the identified priorities would be reflected in NHS Lothian's submission to the Scottish Government for capital funding for primary care premises; and
3. Note that work to determine the impact of ongoing housebuilding would continue and be used to inform future business cases and delivery options.

Decision

To approve the terms of the report.

9 2022/23 QUARTER 3 FINANCE UPDATE

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

It was recommended that the IJB:

1. Consider the forecast outturn for 2022/23 taking account of delivery of agreed savings;
2. Note the currently estimated financial implications of Covid-19 on the 2022/23 budget and the latest position on funding provided for costs associated with the pandemic; and
3. Note the current position in terms of year end management, consistent with the approved Integration Scheme, to allow the IJB to achieve a breakeven position for 2022/23.

Decision

To note the terms of the report.

10 WEST LOTHIAN IJB 2023/24 BUDGET AND MEDIUM-TERM

FINANCIAL PLAN

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer setting out the outcome of the financial assurance process on the budget contributions West Lothian Council and NHS Lothian had identified to be delegated to the IJB for 2023/24. The report also sought approval for a three-year budget plan as part of an overall five-year strategy. In addition, the report sought approval for the issue of Directions to Partner bodies for delivery of 2023/24 delegated functions and to implement and further progress work associated with 2023/24 to 2025/26 budget savings.

Members acknowledged the difficulties of balancing the budget and asked a number of questions on using reserves, demographic considerations at fund allocation, prescribed savings and quality of care between private and public care settings. The possibility of further amending the budget in years 2 and 3 was discussed. Members were assured that timings of further proposals for future decisions by the IJB would allow ample time for consideration and debate before decisions were made.

It was recommended that the IJB:

1. Note the financial assurance work undertaken to date on Partner budget contributions for 2023/24;
2. Agree that West Lothian Council and NHS Lothian core budget contributions for 2023/24, as set out in Appendix 1 and 2 of the report, be used to allocate funding to Partners to operationally deliver and financially manage IJB delegated functions from 1 April 2023;
3. Agree that the 2023/24 Budget Directions attached in Appendix 3 of the report be issued to West Lothian Council and NHS Lothian respectively;
4. Note current assumptions around Covid-19 funding and expenditure for 2023/24;
5. Agree the 2023/24 to 2025/26 revenue budget plan and budget saving measures included in Appendix 4 of the report as part of the wider five-year financial strategy prepared;
6. Note the risks to deliverability of the proposed budget reduction measures, as summarised in Appendix 5 of the report;
7. Agree the Directions included in Appendix 6 of the report be issued to Partners in respect of operational delivery of saving measures;
8. Note the result of the equality impact assessment of the proposed budget reduction measures as set out in Appendix 7 of the report;
9. Note the latest position in respect of Scottish Government plans to implement a National Care Service;

10. Agree the proposals in respect of use of IJB reserves;
11. Note the update on compliance with the CIPFA Financial Management Code as set out in Appendix 8 of the report; and
12. Agree the updated IJB Annual Financial Statement attached in Appendix 9 of the report.

Decision

To approve the terms of the report.

11 THE WEST LOTHIAN IJB STRATEGIC PLAN 2023-2028

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the approach taken in developing the new IJB Strategic Plan and seeking the Board approval to publish the draft plan included as Appendix 1 to the report.

It was recommended that the IJB:

1. Note the approach that had been taken to the development of the new IJB Strategic Plan;
2. Consider the draft Strategic Plan included in Appendix 1 of the report and note that detailed delivery plans would be developed for each of the plan's priorities; and
3. Approve the West Lothian IJB Strategic Plan 2023–2028 and agree to its publication.

Decision

To approve the terms of the report.

12 STRATEGIC COMMISSIONING PLAN UPDATE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Development providing an update on the progress made with regard to the actions detailed within each of the strategic commissioning plans.

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

Decision

To note the terms of the report.

13 INTERIM PERFORMANCE REPORT

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

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

Decision

To note the terms of the report.

14 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan, subject to adding an item on the response to members' survey to the April meeting agenda.

15 CLOSING REMARKS

The Chair noted that this was Elaine Duncan's last IJB meeting and on behalf of the IJB thanked her for her work and contribution to the Board and wished her all the best for the future.

DATA LABEL: Public

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 18 APRIL 2023.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, Damian Doran-Timson, George Gordon, John Innes, Andrew McGuire and Anne McMillan

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

Apologies – Lesley Cunningham and Ann Pike

In attendance – Neil Ferguson (General Manager Primary Care and Community Services), Hamish Hamilton (West Lothian HSCP Business Partner), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), Karen Love (Senior Manager, Adult Services), Douglas McGowan (NHS), James Millar (Standards Officer) and Kerry Taylor (Project Officer)

1 OPENING REMARKS

The Chair advised that the NHS Board had appointed Prof John Innes to replace Katharina Kasper on the West Lothian IJB and thanked Katharina Kasper for her work and contribution to the IJB.

2 ORDER OF BUSINESS

It was noted that the Appendix to agenda item 12 had been circulated to members separately as there had been issues with opening the online attachment.

3 DECLARATIONS OF INTEREST

There were no declarations of interest made.

4 MINUTES

The IJB approved the minutes of its meeting held on 21 March 2023 as a correct record subject to amending item 10 by adding: "Steven Dunn made strong representations noting his concern that several of the options would entail unwelcome outcomes for staff and potentially for citizens needing and receiving care; he invited the IJB to remit the proposals back to the constituent bodies for reconsideration" before the sentence starting "Members were assured...".

5 MINUTES FOR NOTING

The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 30 March 2023.

6 MEMBERSHIP & MEETING CHANGES

The Clerk advised the following:

- The Health Board had appointed Prof John Innes as voting member of the IJB, replacing Katharina Kasper as of 6 April 2023.
- The IJB was to appoint a voting member to the IJB Audit, Risk and Governance Committee.
- Appointment of Chair and Vice Chair of the IJB Appointments Committee was pending.
- Appointments to any resulting SPG vacancies would also need to be made by the IJB.
- Non-voting members to replace Karen Adamson and Elaine Duncan were in the process of being appointed and would be confirmed at a future meeting.

Decision

1. To note the appointment of Prof John Innes as voting member, replacing Katharina Kasper as of 6 April 2023.
2. To delegate appointment of a voting member to replace Katharina Kasper on the Audit, Risk and Governance Committee to the Chief Officer in consultation with the IJB Chair, IJB Vice-Chair and Audit, Risk and Governance Committee Chair.
3. To note appointment of Chair and Vice-Chair of the Appointments Committee was pending.
4. To note that appointments to any resulting SPG vacancies would also need to be made by the IJB.
5. To note that non-voting member appointments to replace Karen Adamson and Elaine Duncan were in the process of being made and would be confirmed at a future IJB meeting.

7 CHIEF OFFICER REPORT

Councillor Damian Doran-Timson left the meeting during consideration of this item and did not participate in the remaining items of business.

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

those related to Covid-19.

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

Decision

To note the terms of the report.

8 CHIEF FINANCE OFFICER REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on key financial matters relating to West Lothian IJB.

It was recommended that the IJB note and consider the finance updates in respect of the IJB which were included in the report.

Decision

To note the terms of the report.

9 TRANSFORMATION MEASURES - PROGRESS MONITORING AND REPORTING

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Development providing an overview of the proposed approach to the monitoring and reporting of the progress made in taking forward the transformation measures agreed as part of the 3-year Revenue Budget Plan agreed by the Board on 21 March. The report also provided an overview of the proposed governance arrangements for the Transformation Fund that had also been agreed by the Board on 21 March 2023.

It was recommended that the IJB:

1. Consider the proposed approach to the monitoring and reporting of progress on the measures outlined in the 2023/24 to 2025/26 Revenue Budget Plan; and
2. Consider the proposed arrangements for the Transformation Fund.

Decision

To note the terms of the report.

10 DRAFT WEST LOTHIAN CARERS STRATEGY 2023-2026

Prof John Innes left during consideration of this item and did not

participate in the remaining items of business.

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services presenting the draft West Lothian Carer Strategy for 2023–2026 for comment.

Members requested further updates in due course, when a more detailed action plan had been designed following approval of the strategy. These details would help determine frequency of updates required in future. Supporting young carers was also discussed. Members also highlighted the importance of appropriate communications for the promotion of the strategy.

It was recommended that the IJB:

- Approve the Draft West Lothian Carers Strategy 2023–2026; and
- Note that an update on implementation would be submitted to the Board on an annual basis with a full review of the strategy in three years.

Decision

To approve the terms of the report.

11 WEST LOTHIAN PRIMARY CARE IMPROVEMENT PLAN

The IJB considered a report (copies of which had been circulated) by the General Manager for Primary Care and Community Services presenting the West Lothian Primary Care Improvement Plan (PCIP) for approval. The paper provided a high-level summary while the complete plan was attached at Appendix 1 of the report.

It was recommended that the IJB note the achievements to date of previous PCIP iterations and support the direction for this latest PCIP version 6.

It was agreed that further discussions on engagement with service users were needed and feedback of patients regarding GP practices should be considered when updating the plan. A further update on patient feedback on GP practices would be provided to the IJB in due course. Progress updates on the tracker currently being implemented to also be provided.

Decision

1. To approve the terms of the report.
2. To provide an update on patient feedback on GP practices at a future meeting.
3. To provide progress updates on the tracker currently under implementation.

12 UPDATE ON ADULT SUPPORT AND PROTECTION ACTIVITY

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services providing an update on the progress of actions following the Joint inspection of Adult Support and Protection and subsequent publication of the report on 6 September 2022.

It was recommended that the IJB:

1. Note the progress of work being progressed; and
2. Note the actions to be taken to address the areas for improvement.

Decision

To note the terms of the report.

13 COMING HOME IMPLEMENTATION: A REPORT FROM THE WORKING GROUP ON COMPLEX CARE AND DELAYED DISCHARGE

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services providing an update on progress of work being carried out in West Lothian since the publication of the Scottish Government and CoSLA report titled 'Coming Home Implementation: A report from the working group on complex care and delayed discharge'.

It was recommended that the Integrated Joint Board note the contents of the report and the ongoing work to support the implementation of people returning to West Lothian.

Decision

To note the terms of the report.

14 SELF-ASSESSMENT SURVEY UPDATE

The IJB considered a report (copies of which had been circulated) by the Project Officer providing an update on the progress made after the results of the self-assessment questionnaire of the Board's administrative arrangements and activity.

It was recommended that the IJB:

1. Note the contents of the report; and
2. Discuss if any further actions should arise.

Decision

1. To note the terms of the report.

2. Officers to consider suggested change to the style of minutes to include summary of discussion and discuss with the Chair and Vice-Chair prior to potentially submitting a report for consideration by the IJB.

15 PROGRESS ON GOVERNANCE ISSUES

The IJB considered a report (copies of which had been circulated) by the Project Officer providing an update on the progress of the issues identified for attention in the Board's annual governance statement.

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

Decision

To note the terms of the report.

16 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 27 JUNE 2023.

Present

Voting Members – Bill McQueen (Chair), Tom Conn, Martin Connor, Damian Doran-Timson, George Gordon, John Innes and Andrew McGuire

Non-Voting Members – Lesley Cunningham, Steven Dunn, Hamish Hamilton, David Huddleston, Jo MacPherson, Ann Pike, Alison White and Linda Yule

Apologies – Douglas McGown

Absent – Alan McCloskey

In attendance – Rob Allen (Senior Manager – Older People), Ashley Goodfellow (Consultant in Public Health), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addiction Services), Diane Stewart (Health Improvement Lead), Kerry Taylor (Project Officer), Patrick Welsh (Finance and Property Services) and Jeanette Whiting (Strategic Programme Manager)

1 DECLARATIONS OF INTEREST

Hamish Hamilton left the meeting until agenda item 7 had been considered, as the report under item 7 concerned his appointment to the IJB.

Councillor Andrew McGuire stated that he was a member of Unison.

2 MINUTES

The IJB approved the minutes of its meeting held on 18 April 2023 as a correct record.

3 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 8 March 2023.
- b The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 2 March 2023.
- c The IJB noted the minutes of the West Lothian Integration Joint Board Health and Care Governance Group held on 24 May 2023.

4 MEMBERSHIP & MEETING CHANGES

The Clerk advised the following:

- One of the four councillor members had resigned. The council had tried to find a replacement at its meeting on 30 May but had not been able to secure a replacement. That meant there is a temporary vacancy in the council's membership. The council would be asked again to nominate a fourth councillor at its meeting on 26 September.
- The Health Board had appointed Dr Douglas McGown as non-voting member of the IJB as of 20 June 2023.
- George Gordon had been appointed to the Audit, Risk and Governance Committee.
- Appointments for Appointments Committee Chair and Vice Chair and for SPG Chair would have to be made by the IJB.

Decision

1. To note the resignation of one of the councillor members and that the council was in the process of appointing a replacement.
2. To note the appointment of Dr Douglas McGown as non-voting member of the IJB as of 20 June 2023.
3. To note the appointment of George Gordon to the Audit, Risk and Governance Committee.
4. To delegate the appointment of SPG Chair to the Chief Officer, in consultation with the Chair, any other voting members required, the Strategic Planning Officer and the Project Officer.

5 CHIEF FINANCE OFFICER APPOINTMENT

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing an update on the interim appointment of a new Chief Finance Officer to the Board and seeking a decision on the permanent appointment of the Chief Finance Officer.

It was recommended that the IJB:

1. Note that on 1 May 2023, Hamish Hamilton had been appointed as the Interim Chief Finance Officer to West Lothian Integration Joint Board; and
2. Appoint Hamish Hamilton as Chief Finance Officer on a permanent basis.

Decision

To approve the terms of the report and appoint Hamish Hamilton as Chief

Finance Officer.

6 2023/24 BUDGET

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2023/24 budget position based on current partner funding assumptions. The report also provided a brief update on the status of 2023/24 budget savings measures.

It was recommended that the IJB:

1. Note the confirmed financial contribution received from NHS Lothian in respect of 2023/24 IJB delegated functions;
2. Note the 2023/24 IJB budget resources available and the budget monitoring arrangement
3. Note the three-year budget plan;
4. Note the status of budget saving measures agreed as part of the revenue budget plan for 2023/24; and
5. Note the motion agreed at Council Executive on 20 June 2023 to sustain West Lothian Council long term care homes.

Decision

To note the terms of the report.

7 CONSIDERATION OF ANNUAL ACCOUNTS 2022/23 (UNAUDITED)

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer asking members to consider the unaudited 2022/23 Annual Accounts of the West Lothian Integration Joint Board.

It was recommended that the IJB:

1. Consider the overall 2022/23 Annual Accounts prior to submission to Audit Scotland for audit and publication; and
2. Agree that the letters provided by West Lothian Council and NHS Lothian along with financial ledger reports presented throughout the year provided assurance concerning the year end expenditure and funding contained in the unaudited accounts.

Decision

To approve the terms of the report.

8 BED BASED COMMUNITY HEALTH AND SOCIAL CARE IN WEST

LOTHIAN

The IJB considered a report (copies of which had been circulated) by the Chief Officer providing further information on the options available to achieve the budget savings measures agreed in relation both to community hospital provision and council run care homes. In addition, the report sought a decision from the board on the options that should be progressed.

It was recommended that the IJB:

1. Note the saving measures in relation to community hospital provision and council run care homes;
2. Note that those savings were additional to £18.123 million efficiencies that had been made by social policy delegated services over the last 5 years;
3. Note the overview of current community hospital and care home provision in West Lothian;
4. Note the care home, nursing home, community hospital demand analysis;
5. Note the approach that has been taken to stakeholder engagement and the results of that activity (Appendix1 of the report);
6. Consider the options and recommendations set out in sections 5, 6 and 9 of the report;
7. Agree that officers progress with the option(s) recommended; and
8. Agree that Directions be issued to West Lothian Council and NHS Lothian.

Consequences of the proposals on care provision were discussed and members asked questions about interruption of care, staffing numbers, and impacts on staff morale, as well as the practicalities of relocating and closing some of the facilities. It was also noted that concerns about care homes were similar across the country. Officers provided assurances that quality of care was at the forefront of any proposals.

Steven Dunn noted the regrettable position care homes were currently in and wished to thank staff, residents and their families for their support. He also raised concerns regarding private care homes prioritising profit over staff retention.

The Standards Officer clarified that the IJB had made a decision regarding Redesign of Deans House and Burnside facility in March and this could be changed if the Chair ruled that there had been a material change in circumstance.

The Chair then ruled in terms of Standing Order 13 that the decision

made by the IJB on 21 March 2023 could be changed as West Lothian Council Executive had agreed to allocate more resource to the IJB, which constituted a material change of circumstance.

Motion

To approve the terms of the report, noting that all members were in agreement regarding bullet points 2 (Craigmail Interim Care Facility closure), 6 (council offer for three internal care homes), 7 (non-recurring funding by council) and 8 (further review of the three care homes) in section 9 of the report.

- Moved by the Chair and seconded by Martin Connor.

Amendment

West Lothian IJB notes the financial position as presented to the board on 21st March 2023.

In relation to the first recommendation, the West Lothian IJB notes that a significant savings gap has to be identified for the coming 5 year-period.

West Lothian IJB notes and accepts the second, third, fourth and fifth recommendations.

In relation to the sixth, seventh and eighth recommendation, West Lothian IJB agrees the recommendations, subject to the following:

- Section 6: to accept Option 1 'Consider offer made by West Lothian Council to establish reserve for the three long term placement care homes' as set out in item 6 and agreed that offers progress with this option
- Section 5:
 - To defer decision on the options set out because the board has been provided with insufficient information with regard 'Community Based Hospitals- Summary of Options' and instructs the Chief Officer to provide further information to the next board meeting to allow further discussion and decision making for board members. Further information should provide detail on retaining Tippethill Hospital and re-opening St Michael's Hospital and should provide board members with detailed costings on required upgrade works on both of these buildings as well as costs that may be associated with upgrade work at Craigmail if required
 - That the Chief Officer makes the appropriate arrangements for site visits to each of the facilities for board members to have the opportunity to familiarise themselves as to the issues

In addition, West Lothian IJB agrees:

- That a letter is sent to Foyso Choudhury MSP, Sarah Boyack MSP, Angela Constance MSP and Fiona Hyslop MSP as a follow

up to their co-signed letter to IJB members requesting that we find the financial resources to retain community care homes and request their public support that the Scottish Government provide the IJB/LHB with the financial resources to retain and develop the St. Michael's Hospital, Linlithgow and Tippethill Hospital, Armadale sites to continue to deliver quality local care

- To seek an urgent meeting with the above mentioned MSPs and the Chair of Lothian Health Board to discuss local concerns.
 - To seek an urgent meeting with Michael Mathieson, Cabinet Secretary for NHS Recovery, Health and Social Care
- Moved by Councillor Andrew McGuire and seconded by Councillor Tom Conn.

The Standards Officer advised that in terms of Standing Order 12.3 where there is a temporary vacancy in the voting membership of the Board, the vote which otherwise would have been cast by a member of the constituent authority to be appointed to the vacancy may be exercised jointly by the other members appointed by that constituent authority.

A roll call vote was taken, which resulted as follows:

Motion

Martin Connor
George Gordon
John Innes
Bill McQueen

Amendment

Tom Conn
Damian Doran-Timson
Andrew McGuire

Council members agreed that the fourth council vote would be cast in favour of the amendment.

An equal number of votes for the motion and the amendment were therefore cast. As there was no casting vote, the Chair brought consideration of the matter to a close for that meeting, and gave direction to the Chief Officer on how the matter should be taken forward.

Decision

1. To agree the Recommendations in the report, but in relation to the fifth and sixth recommendations:
 - To agree only bullet points 2 (Craigmair Interim Care Facility closure), 6 (council offer for three internal care homes), 7 (non-recurring funding by council) and 8 (further review of the three care homes) in section 9 of the report
 - To defer consideration of the remaining recommendations in section 9 to a future meeting, there having been a tied vote and no decision made to accept or reject them.
2. To note the Chair's instruction, in terms of Standing Order 12, to the Chief Officer to meet with the Chair and Councillor Andrew

McGuire (in the absence of a Vice-Chair) to identify a way forward, if necessary requesting assistance from the Chief Executives of the two constituent authorities.

9 DRAFT IJB ANNUAL PERFORMANCE REPORT 2022/23

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting an initial draft of the Integration Joint Board's Annual Performance Report for 2022/23 acknowledging that data were not yet available for inclusion in the report, and seeking a decision from the IJB to delegate authority to the Chief Officer to approve the final version of the annual performance report once data were available and ensure publication by the deadline of 31 July 2023.

It was recommended that the IJB:

1. Consider the outline draft of the IJB's annual performance report;
2. Note that published data were incomplete and in the process of being finalised nationally and therefore not available for inclusion in the report;
3. Agree that when the national data set was finalised, it would be included in the report which would then be published in time for the deadline set out in legislation of 31 July each year; and
4. Agree to delegate authority to the Chief Officer to approve publication of the finalised report.

Decision

To approve the terms of the report.

10 DEVELOPMENT OF IJB STRATEGIC PLAN DELIVERY PLANS

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance providing an update on the approach taken in developing the new IJB Strategic Plan Delivery Plans and seeking the Board's approval to publish the draft delivery plans plan included as Appendix 1–3 to the report.

It was recommended that the IJB:

1. Note the approach taken to the development of the new delivery plans;
2. Consider the draft of the delivery plans and contract information included in Appendix 1–3 to the report; and
3. Approve the West Lothian IJB Strategic Plan 2023–2028 Delivery Plans and agree its publication.

Decision

To approve the terms of the report.

11 ALCOHOL AND DRUGS PARTNERSHIP (ADP)

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addiction Services presenting the Alcohol and Drugs Partnership Annual Survey that was to be submitted to the Scottish Government.

It was recommended that the IJB approve the ADP Annual Survey to be submitted to the Scottish Government, attached to the report as Appendix 1.

Decision

To approve the terms of the report.

12 CHIEF OFFICER REPORT

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

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

Decision

To note the terms of the report.

13 WEST LOTHIAN PUBLIC HEALTH PARTNERSHIP AND PLACE TEAM

The IJB considered a report (copies of which had been circulated) by the Consultant in Public Health providing an update on the work of the West Lothian public health team, including progress with activity in 2022/23 and development of an outcomes planning approach which informed team activity in 2023/24 and onwards.

It was recommended that the IJB note the content of the report on the West Lothian Partnership and Place Team and request a further update on progress in 6 months' time.

Decision

To note the terms of the report.

14 WORKPLAN

A workplan had been circulated for information.

Decision

1. To note the workplan.
2. It was also agreed that the September meeting would be held in person, with further arrangements to be confirmed.

Meeting Name:	Board
Meeting date:	23 August 2023

Title: National Whistleblowing Standards – Quarter 1 Whistleblowing Performance Report (April – June 2023)

Purpose and Key Issues of the Report:			
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DISCUSSION	X	DECISION		AWARENESS	
<p>To note that:</p> <p>Three whistleblowing concerns were raised in Q1 2022/23, one Stage 1 and two (Stage 2).</p> <p>Two whistleblowing concerns received during the previous reporting year (22/23) are still being investigated.</p> <p>Three whistleblowing concerns (one) Stage 1 and (two) Stage 2 were closed in Quarter 1.</p> <p>Work continues to improve the communications around learning and service improvements as a result of whistleblowing concerns and investigations.</p>					

Recommendations:

<p>That the attached performance report covers the key performance metrics on which Boards are required to report to the Scottish Public Services Ombudsman.</p> <p>The content of the Quarter 1 2023/24 Whistleblowing Performance, and that there was a slight reduction in the number of concerns received in Quarter 1 2023/24 compared with the same quarter of the previous reporting year (2022/23).</p>

Author: Lynne Barclay
Date: 1 August 2023

Director: Janis Butler
Date: 2 August 2023

**NATIONAL WHISTLEBLOWING STANDARDS
QUARTER 1 2023-24 PERFORMANCE REPORT**

1 Purpose of the Report

- 1.1 The purpose of this report is to present to the Board for noting the Quarter 1 Whistleblowing Performance report covering the period 1 April 2023 to 30 June 2023.

2 Recommendations

The Board is invited to note:

- 2.1 The content of the attached Quarter 1 Whistleblowing Performance report which was approved by the Staff Governance Committee at its meeting on the 26 July 2023.
- 2.2 That the Quarterly report, in line with the requirement of the Standards, will be available on the NHS Lothian Staff pages of the Internet.

3 Discussion of Key Issues

- 3.1 As required by The National Whistleblowing Standards the Board are asked to note the content of the Quarter 1 Whistleblowing Performance report as attached at Appendix 1. Noting that the performance report was discussed and noted by the Staff Governance Committee at its meeting on the 26 July 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.
- 3.3 During Quarter 1 2023/24, three whistleblowing concerns were received, one at Stage 1 and two at Stage 2. During the same period last year four Stage 2 concerns were received.
- 3.4 Two Stage 2 concerns received during the previous reporting year, are yet to conclude, they were still under an ongoing investigation at the end of Quarter 1. In line with the Standards the Whistleblowers are advised of the need to extend the timescales and is kept up to date every 20 working days, with the progress of the investigation and when they are likely to receive the outcome.
- 3.5 Details of all the performance measures associated with the National Whistleblowing Standards are contained within the attached Quarter 1 Whistleblowing Performance report (Appendix 1).

3.6 In line with the Standards the Quarterly and Annual Whistleblowing Performance reports are made available to both staff and members of the public via the NHS Lothian Staff pages on the Internet under on the Raising Concerns page at the following link [Whistleblowing Performance Reports](#)

3.7 As part of this year's iMatter survey an additional two questions were included which specifically relate to raising concerns,

1. I am confident that I can safely raise concerns about issues in my workplace.
2. I am confident that my concerns will be followed up and responded to.

Reports have been received for those services within Cohort 1 (Corporate Services, REAS and Acute Services). 10819 responses were received with 70% of respondents agreeing or strongly agreeing with statement 1 and 56 % agreeing or strongly agreeing with statement 2.

Responses for Cohort 2 will be available in August, at which time a full comparison and breakdown against each Directorate will be available and included in the Quarter 2 performance report.

3.8 An integral part of the quarterly performance report is the recognition of learning, changes and/or improvement to services. During this quarter, it was recognised that it was important across all services and departments that:

- Standard Operating Procedures are reviewed and updated on a regular basis and that staff are made aware of both the content and appropriateness of the SOP and any relevant changes, which apply to their roles.
- Training records are reviewed regularly to ensure compliance with both statutory and mandatory training requirements for roles across the organisation.
- Clarity was provided 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 needed to be developed in a timely manner.
- There was a need for ongoing communications with the Whistleblower to provide meaningful updates, recognising that this is likely to be over a period of time.

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 and should, as appropriate, be shared with management teams and ward/service staff, through normal communication channels.

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

1 August 2023

lynne.barclay@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Whistleblowing Performance Report 23-24 Q1 (April – June 2023)



Whistleblowing Performance Report

Quarter 1 April to 30 June 2023

Lynne Barclay
Whistleblowing Programme and Liaison Manager

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Whistleblowing Concerns – Quarter 1 (April – June) 2023-24

Context

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

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

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

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

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

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

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

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

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

Areas covered by the report

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

Implementation and Raising Awareness

As reported in our 2022/23 Annual Report considerable work has taken place to raise awareness of the Standards and during this reporting year, we will revisit the local processes in place and revise/refresh in light of any learning.

In addition, our plans for 2023/24 include, but are not limited to the actions outlined below:

- 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 other involved in the whistleblowing process.

Quarter 1 Performance Information April 2023 – June 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

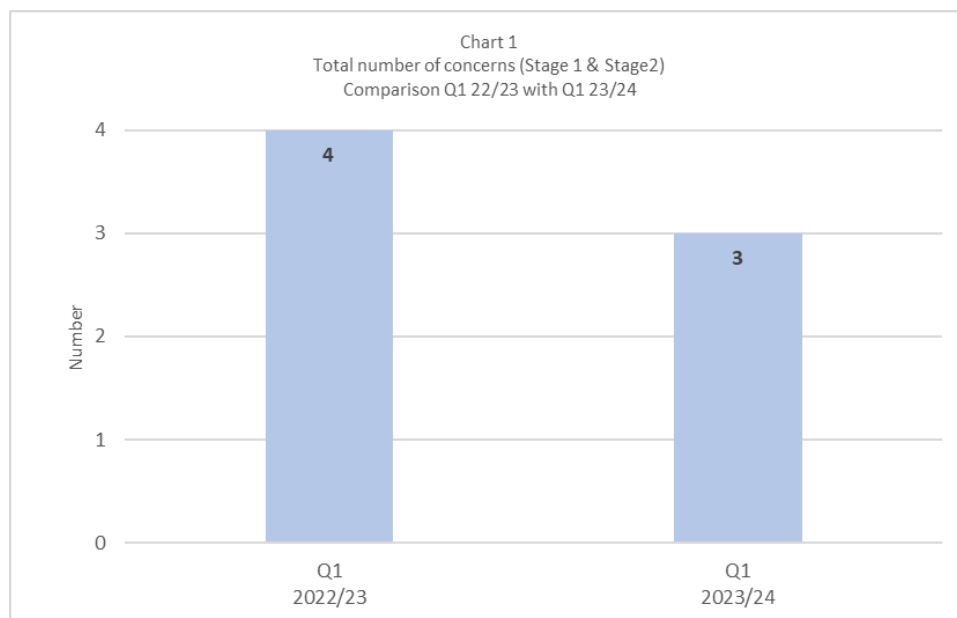
4. The average time in working days for a full response to concerns at each stage of the whistleblowing procedure
5. The number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days
6. The number of concerns at stage 1 where an extension 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

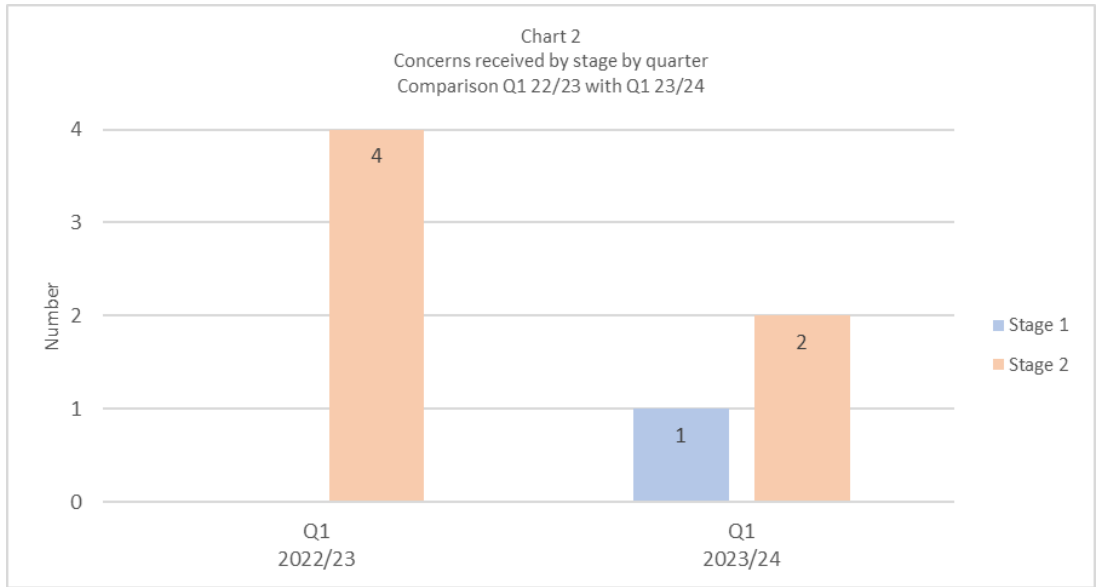
Due to the nature of whistleblowing concerns, some concerns received during 2022/23 remained open at the end of the previous reporting year (2022/23). These concerns will be reflected in the performance information for this reporting year. At the of quarter 4 2022/23 four stage 2 concerns were still being investigated.

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

During quarter 1 2023/24 a total of three concerns were received, one at stage 1 the other two at stage 2. A further concern was received during this quarter, and we are currently considering whether the concern meets the definition of whistleblowing and should be investigated under the Standards. This compares to a total of four concerns received during the same quarter last year.

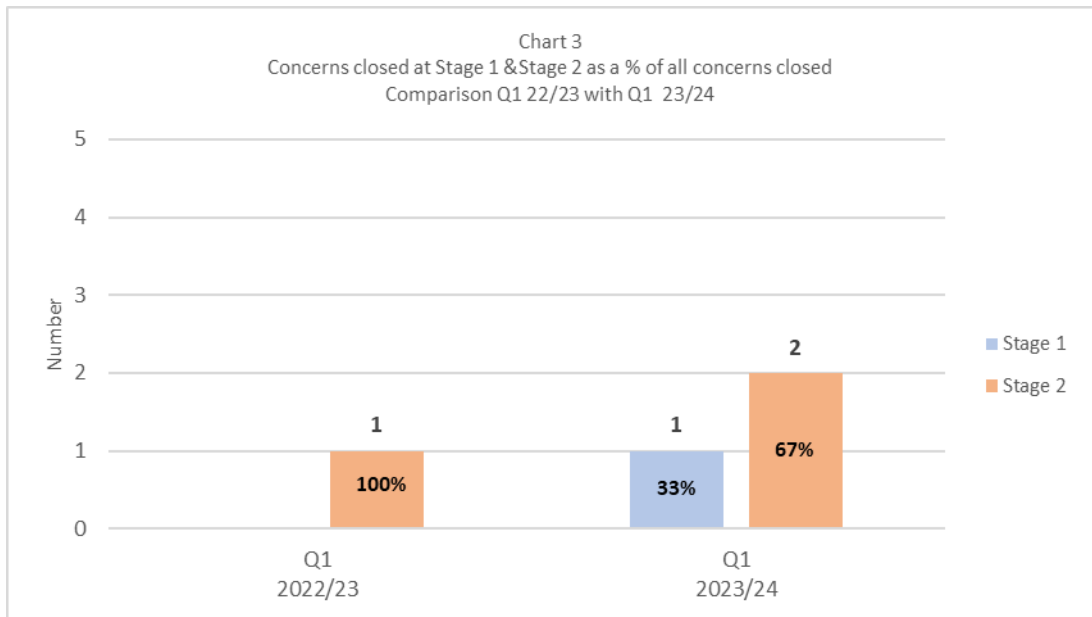
Chart 1 shows the total number of concerns received in Q1 2023/24 compared with Q1 2022/23. Chart 2 gives a break down on the number of concerns received at each stage of the whistleblowing process over the same period.





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

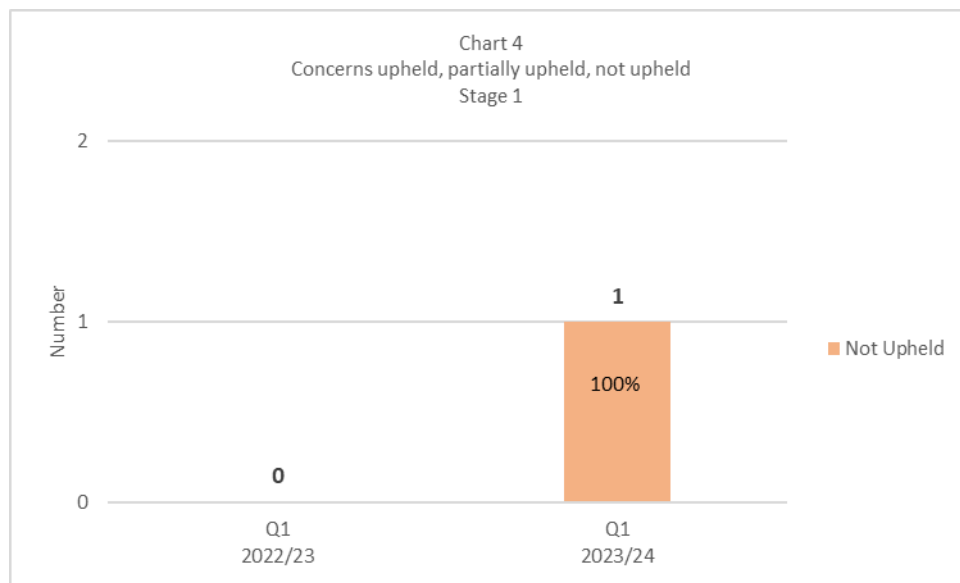
During quarter 1, two stage 2 and one stage 1 concerns were closed. Both stage 2 concerns were received in the previous reporting year, one in quarter 3 the other in quarter 4. As at the end of quarter 1 2023/24, there are still two stage 2 concerns from the previous reporting year, being investigated, along with the two new concerns received during this quarter. The stage 1 concern received this quarter has been closed.



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

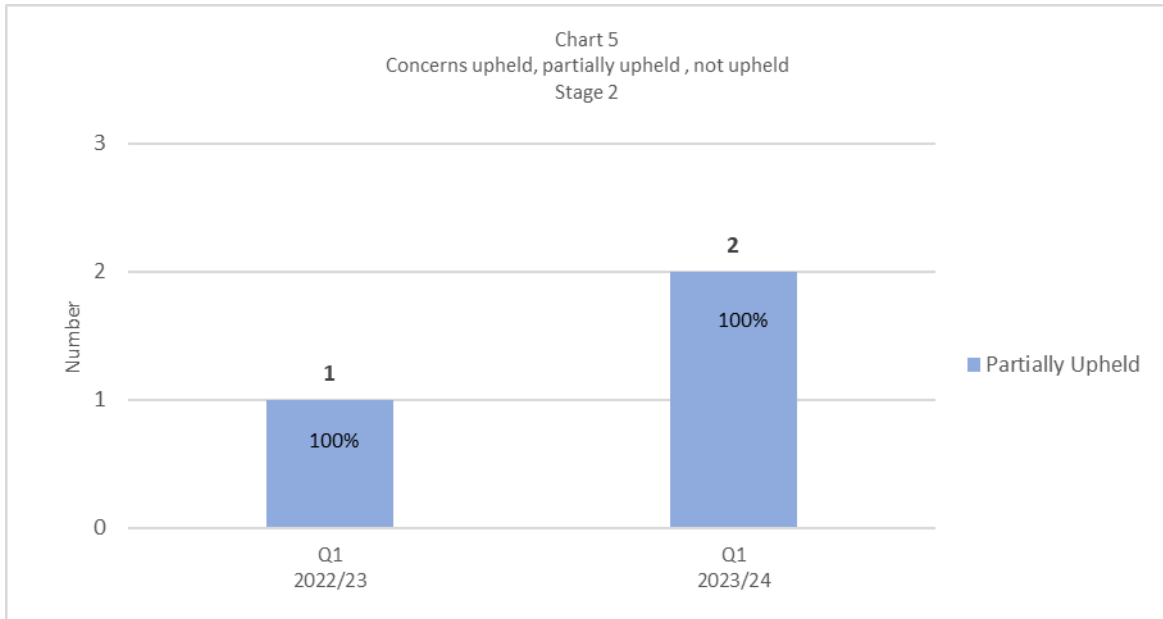
The definition of a stage 1 concern - Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

Chart 4 below details the outcome of the one stage 1 concern which was closed during this quarter, the concern was not upheld. There were no stage 1 concerns received or closed in the same period last reporting year.



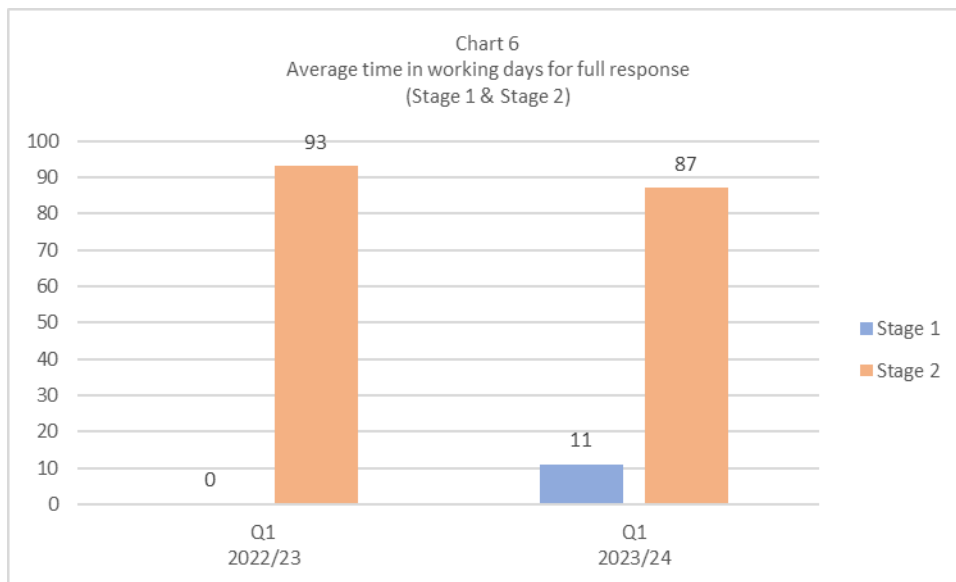
The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Chart 5 below details the outcome of the two stage 2 concerns which were closed during quarter 1, both were partially held. In comparison in the same quarter last year one stage 2 concern was closed, which again was partially upheld. There are currently four stage 2 concerns which are subject to ongoing investigations. Two of which were received in 2022/23 and the two received this quarter.



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

During this quarter one stage 1 and two stage 2 concern were closed, this compares with one stage 2 concern being closed over the same period last year, no stage 1 concerns were closed during this period. Chart 6 below details the average number of working days to respond to Stage 1 and Stage 2 concerns.



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. This has been attributed to the complexity of the cases being raised under the

whistleblowing policy and which are currently being investigated. Other factors out with the control of the investigators, for example periods of annual leave or more people coming forward and wishing to speak to them during their investigation, have also contributed to the time taken to complete investigations.

Concerns where an extension was authorised

Under the terms of the standards, for both Stage 1 and Stage 2 concerns there is the ability, in some instances, for example staff absence or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns must provide an update on the progress of any investigation every 20 working days. Of the two concerns received during quarter 1, extensions have been agreed for both. An extension was also agreed to the timescales in relation to the Stage 1 concern received during this quarter. The whistleblowers were advised of the need to extend the timescales and were 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 97 returns were received for quarter 1. Details are outlined below:

	No of Q1 Returns received	% Based on number of practices
GP Practices	62	52.54%
Dental Practices	19	10.92%
Optometry Practices	3	10.92%
Community Pharmacies	13	1.66%

No stage 1 or stage 2 concerns were received during this quarter.

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
- 119 optometry practices including domiciliary only
- 181 community pharmacies

The Director of Primary Care wrote to all Primary care contractors in June, reminding them of the requirement in terms of the Standards to provide data in relation to concerns received. The communication also provided links to the TURAS Learn training modules.

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 1 from any of the 36 local supplies, who are not contracted through the National Procurement Framework.

Anonymous Concerns

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

No anonymous concerns, during this quarter.

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 individual 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. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards, this is principally the Executive Medical or Nurse Directors.

An action/improvement plan is in place for the concerns closed during this quarter. And we continue to monitor the remaining actions plans, to support the transition from monitoring through the whistleblowing process to business-as-usual action/improvement plans.

In relation to local and system-wide learning processes are now in place to capture and through the Executive Director commissioning the investigation we will agree how best this will be shared and the appropriate forums for sharing.

In general, the concerns received to date have been complex and have been overlaid by cultural, relationship and communication issues. As part of this year's iMatter survey an additional two questions were included which specifically relate to raising concerns,

1. I am confident that I can safely raise concerns about issues in my workplace.

2. I am confident that my concerns will be followed up and responded to.

As at the end of quarter 1 70% of respondents agree or strongly agree with statement 1 and 56 % agree or strongly agree with statement 2. All staff will have had the opportunity by the end of September to have participated in the iMatter survey, and final response rates will be contained within the quarterly report.

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. During this quarter we have also started to gather information directly from whistleblowers on their experience of using the whistleblowing process. Returns to date have been limited, however once more information has been received this will be included in future performance reports.

Level of staff perception, awareness and training

It is difficult to quantify staff perceptions, however prior to implementation of the standards, lunch and learn sessions were established and attendance at these was good. Managers and staff guides have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns have been or are being set up. We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Lothian and how this can be done. Lunch and Learn sessions will continue twice yearly on an ongoing basis, to allow new managers access to this training resource and for existing managers to refresh their learning. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

Whistleblowing and Speak Up

Of the two stage 2 concerns received during quarter 1 one was raised through the Speak Up Service, the Board's identified confidential contacts. The other directly with the service area.

Work will continue during 2023/24 with the Speak Up Ambassadors to more fully understand the barriers which staff perceive to raising concerns through the line management structure.

Whistleblowing Themes, Trends and Patterns

Analysis of the concerns raised by key themes is provided below and shows comparisons between quarter 1 2022/23 and quarter 1 2023/24. The themes from anonymous concerns are also included in the table below.

Theme* ¹	Q1 22/23	Q1 23/24
Patient Care and/or Patient Safety	8	3
Poor Practice	3	0
Unsafe working conditions	4	0
Breaking legal obligations	1	0
Abusing Authority	4	0

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

Concerns raised by Division

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

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

**APPOINTMENT OF CONTRACTOR PHARMACIST MEMBER TO
PHARMACY PRACTICES COMMITTEE****1 Purpose of the Report**

- 1.1 [Lothian NHS Board's Standing Orders](#) state that "The Board shall appoint all Committee members". This report has been presented to the Board so that it may consider the recommendations from the Chair on committee appointments.
- 1.2 Any member wishing additional information should contact the Chair or the Board Secretary in advance of the meeting.

2 Recommendations

The Board is recommended to:

- 2.1 *Appoint* Chris Freeland, Contractor Pharmacist, to the Pharmacy Practices Committee, for a three-year term with immediate effect (23 August 2023 to 22 August 2026).

3 Discussion of Key Issues**Pharmacy Practices Committee**

- 3.1 There are specific Regulations which prescribe the membership and operation of the Pharmacy Practices Committee (PPC). It has seven members, being one NHS Non-Executive Board member, three pharmacists, and three lay members. A Non-Executive Board member convenes the PPC each time it meets. The Regulations allow deputies to be used, provided that when the PPC meets the prescribed membership categories are appropriately filled. For practical reasons the NHS Board has appointed several individuals to fill the required positions, as this facilitates convening the PPC each time a hearing is required and also allows a fresh panel to consider any appeals.
- 3.2 The Lothian Area Pharmaceutical Committee has identified the individual above to be appointed as a contractor pharmacist member of the PPC and ratified this at its meeting on 3 August 2023.

4 Key Risks

- 4.1 The PPC is unable to convene due to a lack of available members, 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 a committee, 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.

Chris Graham
Secretariat Manager
03 August 2023

LOTHIAN NHS BOARD23 August 2023

Chief Executive

BOARD EXECUTIVE TEAM REPORT AUGUST 2023**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 On 29th of June, the Corporate Management Team (CMT) met with around one hundred senior staff from across NHS Lothian at Edinburgh Napier University to discuss the LSDF and the organisational priorities going forward.
- 1.2 I had the pleasure of joining colleagues at the RIE on the 1st of August where Janet Dalzell, Professional Lead for Scotland UNICEF UK Baby Friendly Initiative, presented a plaque to recognise the achievement of UNICEF Baby Friendly Accreditation to the Neonatal Services.
- 1.3 On 9th of August, the Executive leadership met with Consort and Engie in a Board-to-Board meeting to discuss our ongoing concerns regarding the performance against the key performance indicators for the RIE contract.
- 1.4 On 11th of August, Katherina Kasper (Chair of Edinburgh IJB) and I, along with colleagues from the IJB and Edinburgh City Council, met with the Minister for Social Care, Mental Wellbeing and Sport to update on the Edinburgh Assistance Programme.

2. Deputy Chief Executive

- 2.1 Bed System and Capacity Model - Over Summer 2023 we have been working to establish a project to develop a bespoke, whole system planning tool to assist NHS Lothian in understanding the needs of our services. This project seeks to understand the suitability of our bed base to better plan the future health and social care needs of the population. As mentioned in the June BET Report, the first phase will focus on the four adult acute sites (RIE, REH, WGH, SJH) with the plan to develop an adjustable tool to incorporate all non-acute hospital beds across the HSCPs, non-NHS beds including care home places, maternity and children's services, theatres, endoscopy, interventional labs, outpatients, and ambulatory care. The procurement stage is currently underway at the time of drafting this update. The next stage is the selection and evaluation of bidding Healthcare Planners. NHSL anticipates the need for a first phase model in early autumn to deploy for testing during the 2023/24 Winter Planning approach.

2.2 Perinatal Intensive Care Unit – I am pleased to confirm that a new intensive care model for the highest risk pre-term babies has been agreed nationally. Three specialist intensive care neonatal units for babies born at highest risk will be based in Aberdeen Maternity Unit, Edinburgh Royal Infirmary and Queen Elizabeth University Hospital. The new model of neonatal intensive care was recommended by The Best Start Report and is based on evidence that care for babies at highest risk is safest in units which can treat a high volume of patients.

3. Executive Director of Nursing, Midwifery, & AHPs

3.1 N&M Workforce Update - Supply & Demand - The reduction in off contract agency use has been sustained. Over June the reduction in off contract agency was 78%. Controls are in place to ensure safety is maintained whilst supplementary staffing supply is migrated from off contract to on contract and bank supply pending the recruitment of the newly qualified registered nurses and other recruits. The focus on agency has identified areas for improvement in alternate supply, such as seeking bespoke induction for bank workers to work in the Prison Healthcare environments. As a consequence of the open days and other recruitment events led by the Generic Recruitment team 112 new registered nurses have taken up posts in 2023 with a further 650 due to accept posts over the coming months, 512 of whom have unconditional offers at the time of writing. Additionally 40 band 3 and 198 band 2 HCSW recruits are under active recruitment. The band 4 recruitment is underway to offer 1 shift / week to final year student nurses. NHS Lothian were one of few Boards to offer this in 2022/23 and it was very highly received by those students who accepted the offer. We have 57 new band 3 recruits into trainee nurse posts to undertake OU nurse training who will also accept their posts in September.

3.2 Recruitment – The principles of recruitment to band two and band 5 roles is One Interview, One offer, One Decision. These recruitment efforts will make a substantial impact on the establishment gap. The Generic Recruitment service is currently delivering a Development and Improvement plan, and the internal audit process is underway.

4. Executive Medical Director

4.1 The ballot on the pay offer for doctors in training is still open and will not close until 16 August, but much time and effort from a large number of people went into the industrial action planning ahead of the dates 12-15 July which did not go ahead.

4.2 In July we said goodbye to Jo Bennett, Associate Director of Quality who has played such a key role in all aspects of our clinical governance, risk and quality management. Most recently Jo has completed the revision of the Lothian Quality strategy, extending this to 2027, developed and led the review of our physiology services which she presented to the most recent Healthcare Governance committee meeting and overseen the revision of the risk management processes supporting the board.

4.3 We welcome Jill Gillies, starting in September as the new Associate Director of Quality

4.4 On 2 August more than a thousand doctors in training changed posts and rotated to posts in NHS Lothian, with support from the Medical Education team for their

induction. Foundation doctors started work in the NHS for the first time with 158 starting as FY1s in NHS Lothian. We offer eight days of induction for these doctors with simulation and shadowing time on the wards prior to their first official day. Additional support is also offered to International Medical Graduates at all levels who are new to UK practice.

5. Director of Finance

- 5.1 The financial plan set out an estimated deficit for 23/24 of £52m. The Quarter 1 forecast has updated this projection to an overspend of £25m. The improvement is significantly due to additional funding allocated by the Scottish Government to offset costs of new medicines, and to support sustainability more broadly. Work will continue to seek all opportunities to deliver further improvement to the forecast deficit position including additional efficiency savings to meet the 3% target as well as securing additional resources where available, all with the ambition to close the gap further to achieve financial balance.
- 5.2 Progress continues to be made with the St John's National Treatment Centre Full Business Case. The current focus is on collaborating with the contractor to develop the design and construction planning phase of the project. Issues continue to be escalated to the Scottish Government on the extent of rework required to finalise the Outline Business Case
- 5.3 Contract mechanisms available to NHSL continue to be applied to Consort at the Royal Infirmary Edinburgh to incentivise improved performance. Consort has continued to respond 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 albeit the rate of progress has slowed. This is in part due to increased resources now being deployed to conclude intrusive survey work to establish potential fire infrastructure shortfalls and processes to address.
- 5.4 At the RIE Ward 203 was decanted at the end of June and Consort are now midway through works to make it suitable for future decant works to facilitate investment in fire stopping, flooring, internal decoration, and replacement of nurse call alarm system. It is then planned to decant Ward 101 into Ward 203, followed by Ward 201. In preparation for this, the scope of works for these wards is currently being finalised including the provision of dementia appropriate finishes. The costs for lifecycle work, other than changes to the original requirements, are being met by Consort. Further additional decant options continue to be under review with Consort to accelerate lifecycle investment.
- 5.5 Initial rectification works commenced at the Royal Hospital for Children and Young People regarding Hospital Square and the atrium, with both being completed prior to the Royal visit. Further atrium works are due to commence in the coming month. The scope of cavity barrier works is being formalised with City of Edinburgh Council's Building Control Department via the submission of a building warrant. We await the outcome of this submission.

6. Director of Human Resources and Organisational

- 6.1 Employability - Members of the HR team were recently in attendance and asked to speak at two events run by partners Edinburgh Project Search and Scran Academy. The Edinburgh Project Search graduation event celebrated the achievements of 15 young people, who have learning disabilities or neurodiversity. The individuals are matched to work placements as interns across employers in Edinburgh and this includes rotating through five NHS Lothian placements. Two young people have gone on to secure permanent employment with us.

The Scran Academy event marked the graduation of young people from the 'Scrancements' Programme. This is an employability and leadership development programme, empowering 15–19-year olds to take control of their futures.

As well as our partnership through the Scran Café at Comely Bank, there are real opportunities to enhance our employability work. We're hosting the next 'Scrancements' Programme at Comely Bank Centre and contributing to elements of the learning activity.

- 6.2 Staff Wellbeing - A detailed set of papers went to the July meeting of the Staff Governance Committee on staff wellbeing. The papers outlined the strategy year 2 evaluation report and the year 3 delivery plan. The Staff Governance Committee are taking a moderate level of assurance that NHS Lothian (with the support of NHS Lothian Charity) are committed to and are progressing a strong focus on supporting staff wellbeing via our Work Well Strategy and that evaluation indicates a positive impact and focus on staff wellbeing.
- 6.3 International Recruitment - During 22/23 in response to a Scottish Government funded initiative we commenced on a programme of recruiting international nurses in conjunction with Yeovil NHS Trust who are very experienced in the sourcing and recruiting of international recruits. We agreed a target of 40 international nurses to be appointed during 2022/23. The target of 40 has been achieved and all 40 international nurses have now joined NHS Lothian. 30 of these nurses have completed all of the relevant tests and are now fully registered with the Nursing and Midwifery Council and are able to work as registered nurses in the UK. It is anticipated that the remaining 10 will be fully registered over the next couple of months. They have been appointed to a range of specialities such as medical, surgical, critical care and Theatres across all acute sites. Further Scottish Government funding has been allocated on an NRAC basis for 2023/24 and a target of 37 international nurses has been set. Work has commenced on sourcing relevant candidates with the focus on Theatres and the specialities of burns, ENT and plastics at St John's Hospital.
- 6.4 NHS Lothian Leadership Conference 2023: 'Make It Happen, Make it Matter' - On the 25th of October 2023 NHS Lothian will deliver its 5th annual leadership conference. Previously we have delivered the event in person twice and virtually twice (during C-19). The event will be delivered at the O2 Academy for 150 staff. The event will also be live streamed for people to view virtually. Last year, in the region of 450 people accessed the event via the live stream. The event will have a focus on our anchor institute aspirations and Scran Academy will be providing the catering for the event.

7. Director of Public Health and Health Policy

- 7.1. Maternal and Infant Nutrition - In June 2023, the Neonatal unit at RIE and Special Care Baby Unit at St John's hospital were accredited as UNICEF Baby Friendly. Calum Campbell, Alison MacDonald, Dona Milne, Mercedes Perez-Botella and Allister Short along with members of the infant feeding team and neonatal staff attended the presentation by Janet Dalzell, Profession Lead for Scotland, UNICEF UK.

UNICEF accreditation is a quality assurance programme mandated by Scottish Government to support meeting the stretch aim of reducing breastfeeding drop off at 6-8 weeks by 10% by 2025. It ensures all staff are trained to be confident in the knowledge and skills to support families with infant feeding and building a relationship with their new-born baby.

Work has been underway since 2015 to achieve the UNICEF standards with training, support and audit undertaken and was completed with an external inspection by UNICEF assessors. This is the first time NHS Lothian has been fully accredited across Neonatal, Maternity, Health Visiting and Family Nurse Partnership services.

Work will continue with the universal services to embed good practices and NHS Lothian has committed to achieving the UNICEF sustainability award.

- 7.2. East Region Health Protection Service - Work is almost complete for this service to start from 1st October 2023.
- 7.3 Deputy Director of Public Health - Ashley Goodfellow has been appointed Deputy Director of Public Health for NHS Lothian. She will attend the Board meeting on 23rd August as an observer prior to taking up post.
- 7.4 Covid and Flu vaccination programmes - You may have seen from recent press coverage that the JCVI has provided advice on vaccinations for flu and covid this winter and whilst this advice has been accepted by the Scottish Government, in Scotland there will also be continuation of the extended offer of flu vaccination of those aged 50 – 64 years with no underlying health conditions, however this cohort is no longer eligible for Covid vaccination. JCVI recommendations associated with how the Covid vaccine is to be deployed for the winter vaccination campaign is awaited (<https://publichealthscotland.scot/news/2023/august/winter-flu-and-covid-19-vaccination-programme/>). Our plans are well underway for this programme of work, but some negotiations are still taking place with Scottish Government and Public Health Scotland. A briefing will be shared with Board members in early September when plans have been completed.

8. Chief Officer Acute Services

- 8.1 Unscheduled Care - The 26-week improvement programme established in February at Royal Infirmary of Edinburgh (RIE) is nearing completion. While significant improvements have been delivered to date, including a 14% improvement against the Emergency Access Standard and a 60% reduction in the number of patients waiting over 12 hours, we still have not achieved our local target of 70% for Emergency Department performance. The programme is being refreshed and will continue in its new format from the beginning of September.

- 8.2 Scheduled Care - Further to June 2023's update, funding submissions have now been received and approved using the agreed 'business case' approach for specialties identified by Scheduled Care Recovery Board as a priority including Dermatology, Ophthalmology, Urology and Endoscopy. Development of this approach continues and supports our ongoing focus on priorities of long waiting, urgent and suspected cancer patients. Work is also continuing to ensure ring fenced capacity is available for Orthopaedics from September and discussions are underway to extend some existing external capacity as a short-term element of specialty recovery plans.
- 8.3 Cancer 31-day performance - Improved tracking and escalation processes are supporting clinical teams to improve performance. June 2023 has been the top performing month for in the last 12 months, achieving 95.2% performance against the 31-day target.
- 8.4 RIE Decant programme - An essential programme of lifecycle, general maintenance and fire safety works has commenced at the RIE to upgrade and future-proof facilities. Focussing initially on inpatient wards, the work will improve the quality of the environment for our patients and teams and in turn increase the quality of care and patient safety. A rolling programme of works commenced within Medicine of the Elderly (MOE) on July 3rd in Ward 203 which has been designated as a decant ward. Additional inpatient capacity of 20 beds has been secured in Midlothian Community Hospital to support the programme, the full duration of which is expected to be 5 years.
- 8.5 Workforce - Thematic workforce programmes are developing throughout Acute Services to support the delivery of sustainable workforce solutions for the future, whilst ensuring that there are clear processes in place with regards grip and control and workforce monitoring.
- 8.6 Quality and Safety - The Western General Hospital (WGH) have achieved a 10% sustained reduction in the rate of inpatient falls. Following a recent visit to the site, Healthcare Improvement Scotland (HIS) commented that there is an evident link between local and organisational priorities, and learning and noted the depth and breadth of work to improve safer mobility and reduce falls. These clinical and system-wide change ideas have been shared by the Associate Nurse Director via the Professional Nurse Forum and HIS have distributed them to the national SPSP Falls Network. We would like to acknowledge the collaborative working with the Site Team, Quality Team, and LACAS team that has supported this improvement.
- 8.7 Royal Visits - Their Majesties The King and Queen celebrated 75 years of the NHS with a visit to the RIE on July 4th, visiting Maternity and Medicine of the Elderly services, including the Meaningful Activities Centre, taking the opportunity to speak to staff and patients and hear about the fantastic work we do to support and care for the population of Lothian and beyond.

We were delighted to welcome HRH The Princess Royal to officially open RHCYP, DCN and CAMHS on July 5th. The visit included the Outpatients Department and Dalhousie Ward, where HRH met with patients, staff and families to learn more about the excellent work of children's services, including the important role of the play therapy team. There then followed a visit to the Department of Clinical

Neurosciences, which included meeting Allied Health Professional staff, the Neurophysiology department and Ward 230 to hear and see the high quality of care being delivered to patients. The visit concluded with The Princess Royal being treated to some Scottish tunes from Katie the piper before unveiling a plaque to mark the official opening.

9. Director of Strategic Planning

- 9.1 As would be expected, the implementation of the LSDF remains the key focus of the Directorate's activities, with work on the mental health, unscheduled care, and primary care implementation books in particular occupying significant time. In addition, Rebecca Miller has made excellent progress with the Women's Health Plan, and we expect to see this come forward to Strategy, Planning, and Performance Committee. We also continue to support Edinburgh IJB in taking forward their plans for mental health and bed-base.
- 9.2 We continue to work on the second cycle of the Capital Prioritisation Process and work with finance on a difficult choices' methodology. We await feedback from SGHSCD on our Annual Delivery Plan and feedback to date has been broadly positive, with minor points to be clarified in the final submission. We would anticipate that the final version will come back to the Board in October.
- 9.3 Finally, I would note that Jill Gillies leaves us in early September to accept the post of Associate Director of Quality for NHS Lothian. Jill has helped us develop our approach to unscheduled care excellently in her current role and we are delighted that she has gained this promotion. We will be sad to see her go but comforted by the fact that she will be moving about fifty feet down the office floor and so still available for insight and advice. She will significantly develop our approach to Quality and be an asset to us all.

10. Director of Primary Care

- 10.1 I attended a national group at the end of July tasked with pulling together two briefing papers about NHS Dental Services for the Board Chief Executives and Chief Officer groups to highlight the current operational environment and scenario planning for the future to ensure access to NHS dental care. This is in parallel to the Chief Dental Officer's review of the Statement of Dental Remuneration which we expect to be rolled out in November 2023.
- 10.2 I continue to attend the national leadership group focussing on sustainable General Practice Out-of-Hours services. This group has been established to review implementation of the recommendations of the 2015 Ritchie Review
- 10.3 Lloyds Pharmacy informed NHS Lothian that the pharmacies in Meadowbank and Straiton Sainsbury's Retail Stores were to be permanently closed from 13 June 2023. This is part of a wider withdrawal of Lloyds from the UK market. We expect all other Lloyds stores in Lothian to be transferred to new owners and the primary care contracts team are processing the relevant change of ownership requirements.
- 10.4 The Pharmacy Practices Committee met to consider an application to open a pharmacy in Haddington on 20 April 2023 and the application was rejected. The

Committee also met to consider an application to open a pharmacy in Winchburgh on 18 May 2023 and the application was rejected.

- 10.5 The draft strategic primary care programme Initial Agreement which sets out the priorities for general practice / primary care premises across Lothian was agreed by the Finance and Resources Committee in June 2023. Once the accompanying design statement is finalised, this will be submitted to the Scottish Government Capital Investment Group for approval.
- 10.6 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 seven 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](#).

11. Director of Communications, Engagement and Public Affairs

- 11.1 Royal Visits – NHS 75TH Anniversary and opening of RHCYP - The visit of TM The King and Queen to RIE to mark the 75th anniversary of the NHS attracted huge engagement from staff, patients and the public. The tour took in maternity services and the Meaningful Activity Centre in Medicine of the Elderly, representing the lifelong care provided by the NHS. The following day on 5TH July the Princess Royal formally opened RHCYP and toured DCN in a visit that was also warmly received. Events surrounding the opening were supported by NHS Lothian Charity and Edinburgh Children’s Hospital Charity focussed very much on children’s activity with a children’s party that included visits from Star Wars characters, a magician, arts and craft activities and lots of cake.
- 11.2 Urgent Care - Edinburgh Festival - A campaign to direct visitors to access the right healthcare during the Edinburgh festival is underway. The campaign is running on trams, taxis and city centre flyer kiosks as well as digitally on the festival / fringe websites and social media.
- 11.3 Planning With People – Director of Comms and Comms and Public Involvement Manager met Health Improvement Scotland to discuss the relatively new Planning With People guidance on conducting engagement and the supporting Quality Framework.
- 11.4 Winter – Planning has begun nationally on a co-ordinated approach to winter comms.
- 11.5 Internal Comms - A pilot project is underway aimed at improving access to corporate comms for those who are not desk based. The pilot is running in the Estates and Facilities Directorate.
- 11.6 Notable Media - A feature on the Lothians and Edinburgh Abstinence Programme (LEAP) received a huge amount of engagement. [The BBC’s online piece](#) received over 350,000 hits in the morning it was published, (exceptionally high) which prompted them to run it as their lead story on the main evening TV news programme Reporting Scotland and was also prominently covered by STV and Evening News / Scotsman. [The Daily Record](#) published a powerful authored piece from the service’s

Clinical Director. The coverage generated a lot of feedback to NHS Lothian direct from the public, including offers from some to act as volunteer supporters for the service.

The Closing Statement to the Scottish Hospitals Inquiry provided by Thomson's solicitors on behalf of patient families generated coverage on BBC and The Herald. We were sufficiently concerned by factual inaccuracy in the statement that we issued our own media statement which was included in the [BBC's piece](#).

Events to mark LGBTQ+ Pride month and the award of the LGBT Charter to Children's Services generated critical coverage most notably in The Times who pursued sever angles over a number of days.

[STV covered](#) a research trial using blood samples to test for cancer – so called 'liquid biopsies'

12. Services Director – REAS

12.1 Mental Health Nurse Trainees - A second cohort of 22 Mental Health Nurse Trainees has been recruited to commence in REAS in September 2023 to undertake their BSc Nursing (Mental Health) through the Open University whilst employed as Band 3 Health Care Support workers. This 'Earn while you Learn' pilot is being hailed across Scotland as innovative in the face of the national mental health nursing workforce shortages.

12.2 New Roles / Ways of Working - Advanced Nurse Practitioners and Physician Associates are being recruited into adult acute mental health wards to support the physical health and wellbeing of patients, enhancing MDT skill mix. This is part of the New Ways of Working stream of the Adult Patient Flow Improvement Programme and will provide consistent ward cover releasing consultant and trainee time to focus on their development pathways.

This is the 2nd year that we have promoted training for Enhanced Psychological Practitioners (EPP's) to work in a range of settings on the 18-month NES supported training programme. The trainees benefit from study modules over the initial 6 months before working in placements over the following 12 months. At the end of training, EPP's are skilled to provide a range of low intensity interventions, supervised by a psychologist. We are anticipating that these staff will be able to work in both inpatient wards as well as primary care settings.

12.3 Trauma Informed Care and Training - A plan to promote training in trauma informed care and service provision has been established for all NHS services. All staff will be able to access training through Empower or through training on MS teams which will be promoted on the Intranet. Acute and Rehabilitation Mental Health Wards in St Johns and the Royal Edinburgh are successfully adopting a trauma informed model of care in the inpatient units to good effect. Staff have reported the benefit of this training with the ongoing support provided through psychologists to implement this model of care into clinical work.

12.4 Prison Healthcare - Following the HMP Addiewell inspection a number of improvements required across the prison have now been introduced, the new Sudexo Director, is now in post, with changes being implemented almost immediately.

Increased searches, increased use of sniffer dogs and a collaborative approach to induction and training has been commenced. Changes to the NHS Management with the new General Manager and Clinical Service Manager as well as the new Lead Nurse, Lead Pharmacist and Acting Healthcare Manager, is seeing a shift in culture and improved monitoring of required standards.

Of the 44 actions for NHS only 15 require further work. It is anticipated these will be closed off by September 2023. A follow up conference call has been arranged for 3rd August with the HIS Inspection team with potential for a further 1-day visit to HMP Addiewell in September.

- 12.5 Occupancy across the Royal Edinburgh Hospital remains extremely high with all specialties at or above 100%. Delays remain high and work is ongoing with Edinburgh to identify alternative pathways for patients.

13. Director/Chief Officer, Edinburgh Integration Joint Board

- 13.1 Performance - Although we continue to see fluctuations in individual measures, performance in the key areas of delayed discharges, people waiting for a package of care and those awaiting assessment remains relatively stable over recent months. For each of these indicators we have seen a marked improvement compared to the same period last year. Of particular note has been the success implementation of discharge without delay in 2 wards at the Western General Hospital. This initiative has reduced the length of stay for Edinburgh patients by 9 days.

To support the continued positive trend the Interim Chief Officer has agreed a performance framework with NHS Lothian colleagues. This will cover routine fortnightly and quarterly reporting and incorporate benchmarking against national and Lothian indicators.

- 13.2 Older people's commissioning plan - Previously known as the bed-based review, the IJB agreed a fresh approach in June 2023. A strategic commissioning exercise was agreed, which will establish the full bed requirements across acute and community settings, underpinned by a full system pathway review. The work will be closely aligned to the pan Lothian bed model currently being procured by NHS Lothian. In the shorter term, detailed plans are being developed for the move of health services from the Liberton site. An operational lead has been identified to drive the work forward and, again, this is being progressed collaboratively with colleagues in NHS Lothian.

- 13.3 Update on progress on delivery of improvement plan - The improvement plan to address the findings of the two Care Inspectorate inspections, one into Adult Support and Protection and one into Adult Social Work and Social Work has now been agreed. The full report presented to the IJB is here and progress will be scrutinised through both IJB and Council governance processes.

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

- 14.1 Continuation of the In-Reach project - Following the successful first phase of the Inreach project, funding was secured to continue the approach until April 2024. This extension will allow further evaluation of the impact of this enhanced partnership approach on improvements in East Lothian patient flow within the Royal Infirmary of Edinburgh (RIE).

Quarterly reports to date have shown improvements in length of stay for patients discharged with the support of the East Lothian Discharge to Assess (D2A) service and reduced numbers of admissions to the RIE from the Emergency Department for over 65s.

Phase two will focus on embedding the new pathway within the RIE, high level data evaluation and ongoing data-informed development to optimise this new pathway.

- 14.2 Move of the Vaccination Centre from the Corn Exchange, Haddington to New Settings - East Lothian HSCP has used the Corn Exchange in Haddington as the main vaccination centre for East Lothian, since leasing it from East Lothian Council in December 2021. Following review of the vaccination sites in East Lothian and to reduce accommodation costs, the HSCP ended the lease in June 2023. Some work has transferred to East Lothian Community Hospital where a smaller vaccination hub will operate.

A new vaccination hub will also run out of Belhaven Hospital in Dunbar. This will improve access for people living in the Dunbar area.

A vaccination clinic will continue to run from the Edington Hospital in North Berwick and the vaccination bus will operate in rural settings across East Lothian.

The main vaccination hub for East Lothian will become Musselburgh Primary Care Centre. During the Winter 2023-24 COVID and Seasonal Influenza vaccination programmes this will also operate a weekend service.

- 14.3 Final Riverside Medical Practice Review Report - The Independent Panel has published a report summarising progress over the six months since their substantive report was published. A copy of the report is available from the following link: [Final Progress Report Regarding Access to Musselburgh Health Services](#).

The HSCP has worked with Riverside Practice to progress the report recommendations, with ongoing work required. The HSCP and Practice are currently reviewing the contract and service level agreement arrangements for service delivery.

A significant success for the HSCP has been the improvement in the support to Riverside from the CWIC service. In 2022 the average episodes of care provided by CWIC to Riverside was 138. Over the last 8 weeks this has on average increased to 278.

- 14.4 Elective Orthopaedics Recovery Plan - This plan, funded through the elective recovery programme, focuses on two primary initiatives:

- expansion of unscheduled orthopaedic rehabilitation capacity
- ringfencing of elective orthopaedic capacity.

Together these initiatives are estimated to result in an increase of elective arthroplasty (hips and knees) of approximately 800 procedures per year, prorated to an estimated 465 for fiscal year 2023/24. This will reduce waiting lists, support orthopaedic rehabilitation across all of Lothian, and improve patient outcomes.

Governance for the project is provided by a Project Board with membership from NHS Acute, East Lothian HSCP, Edinburgh HSCP, Midlothian HSCP and West Lothian HSCP. The Board has supported excellent collaboration between the HSCP and Acute teams to develop the proposal and work towards delivery. A best-case target launch date of 4th September has been set; however recruitment challenges may result in delay. To mitigate this risk, planning for phased opening starting with 8 beds (of 24 total) will allow earliest possible delivery of Ward 5 capacity at the East Lothian Community Hospital.

15. Director/Chief Officer, Midlothian Integration Joint Board

- 15.1 Midlothian Local Development Plan - Supported by the Midlothian IJB Strategic Planning Group (SPG), the HSCP have undertaken a significant piece of work to understand the impact of the scale of growth in Midlothian between 2023 and 2036. This has included reviewing the anticipated change in local demographics and impact on 20 minutes communities as a result of an additional 12,500 houses in Midlothian. Work is ongoing to ensure that the right information from Midlothian Health and Social Care can positively influence decisions relating to future planning and potential developer contributions. Joint working continues with Midlothian Council Planning Team, Elected members, Midlothian HSCP services, GPs, Public Health, and Community Pharmacy.
- 15.2 Annual Performance Report (APR) - A significant focus in the last quarter for the HSCP team has been Midlothian IJB's Annual Performance Report (APR) 2022-23. Work this year has focused on describing impact and not just activity. This will be presented to the IJB at the August Board meeting, end then for publication.
- 15.3 Midlothian IJB Strategic Commissioning Plan 2025-28 - The HSCP have begun work creating and initiating the project plan for the development of the new Midlothian IJB Strategic Commissioning Plan 2025-28. This includes a significant scoping and stakeholder consultation period. The team are looking forward to sharing preliminary data and ideas for consideration and development in January 2024 to Midlothian IJB.
- 15.4 Measuring Personal Outcomes and Impact - The HSCP contributed to the 'Towards Relational Public Services' conference 2023, held at Northumbria University. As a result, Audit Scotland and Health Improvement Scotland have both reached out to learn from our work in relational performance and outcome measurement (Outnav digital reporting tool). The team have also been invited to share their work at the Government Outcomes Lab Social Outcomes Conference in September 2023.

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

- 16.1 Vaccination Update - The focused programme is due to commence on 04 September 2023 to 11 December 2023, with the extended programme continuing to 31 March 2023. The flu vaccinations will commence from September and the new variant vaccine will be available from October 2023, co-administration will be maximised where possible.

There will be a focus on delivery within local communities in West Lothian, with additional accommodation venues within GP practices, Health and Social Care Partnership sites and Community Pharmacies. It is estimated that approximately 7000 appointments will be scheduled per week, with evening and weekend

appointments included. There will also be extended appointment time for priority cohorts.

Routine Pneumococcal and Shingles vaccination programmes will be on hiatus during this time. Unscheduled vaccination service will continue as normal and there will be child friendly settings and independent scheduling.

16.2 Home First - A two-day conference took place on MS TEAMS in mid-June. The conference was well attended by health and social care professionals and other stakeholders across the organisation with over 170 people attending across the two days and meaningful engagement throughout.

The conference provided an opportunity to update stakeholders on progress and key areas of work within the West Lothian HSCP Home First Programme over the last 12-18 months. It also provided an opportunity for discussion on where the potential future priorities within the “Home First” landscape would be. The following areas were covered over the two days:

- Community Assessment & Review
- Technology Enabled Care
- Community Single Point of Contact (SPoC)
- Integrated Discharge Hub
- Home First “Shaping the Future with You”

Project work continues within the programme, with a particular focus on:

- Implementation of SPoC – ongoing 2-year test of change
- MDT (community and acute) discharge planning in St. John’s Hospital; embedding the principles of “Planned Date of Discharge” (PDD) within the acute wards.
- Community and Acute Bed Base reviews
- Dementia and Palliative Care services – ongoing priority areas being discussed, and projects being developed.

16.3 West Lothian IJB Annual Performance Report - The initial draft of the IJB Annual Performance Report 2022/2023 was presented to the June meeting of the Integration Joint Board. The full report was approved by the Chief Officer as agreed and published on the West Lothian Health and Social Care Partnership’s website by the statutory deadline of 31 July 2023. The report can be accessed here: <https://westlothianhscp.org.uk/article/78998/West-Lothian-IJB-Annual-Performance-Report-2022-2023>

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:	23 August 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 performance challenges as NHS Lothian progresses throughout 2023/24.</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 that the following KPIs are not meeting the standard or trajectory agreed at the latest reporting point: <ul style="list-style-type: none"> ➤ 12 Weeks 1st Outpatient Appointment ➤ Treatment Time Guarantee ➤ 18 Weeks Referral to Treatment ➤ Accident and Emergency Waiting Times ➤ CAMHS Waiting Times ➤ Cancer Waiting Times ➤ Smoking Cessation ➤ Psychological Therapies Waiting Times 			
Author: Wendy Reid		Director: Jim Crombie	
Date: 03/08/23		Date: 07.08.23	

NHS Lothian Board Performance Paper

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to the Lothian Performance Recovery Programme, National Standards and Remobilisation Plans.
- 1.2 The indicators included in this report are a high-level set of performance standards which are supported by a comprehensive framework of measures reviewed across existing committees. These are reported to and monitored by the relevant responsible officers and their clinical and senior professional staff. A key vehicle for monitoring the wider performance metrics in our health and care system will be managed through the Strategy, Planning and Performance Committee (SPPC) which will report into the NHS Lothian Board.

Any member wishing additional information should contact the Executive Lead responsible for the service area in advance of the meeting.

2 Recommendations

- 2.1 The Board members are asked to **note** the performance across NHS Lothian in relation to the metrics included in this paper.
- 2.2 To **note** the new format of this Board paper for the reporting year 2023/24.
- 2.3 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.
 - 2.3.1 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 **Workforce:** A workforce report is available from Staff Governance Committee in July 2023 and has a particular focus on sickness absence. Absence levels increased between April and May, although NHS Lothian has the second lowest level of sickness absence when compared with other Territorial Boards in NHS Scotland. The Board will also be aware there is a Scottish Government Department Letter (DL) in place regarding use of off-contract agency staff and NHS Lothian is complying with this. Patient safety remains the priority and this is ensured using an Escalation Framework which has Executive Nurse Director approval. Since the implementation of this approach, NHS Lothian has seen a reduction in off-contract agency staffing use and an increase in bank and on-contract agency use.

- 3.2 **Primary Care:** General Practice activity across Lothian shows that activity has stabilised slightly above pre-pandemic levels. In June 2023 there was an estimated 437,000 patient consultations across the 118 General Practices in Lothian, the equivalent of around 19,900 consultations a day. There remains a significant challenge across Primary Care to meet patient demand with this existing capacity, especially with increasing population pressures. Whilst there was a significant shift in the mode of consultation due to the onset of the pandemic, subsequently face-to-face consultations have increased and telephone consultations have decreased over the past two years, however this now appears to be stabilising. However, the changes implemented due to the pandemic have resulted in more ways to access care through remote appointments or by consulting with more appropriate health services first, such as local pharmacies for minor illnesses.
- 3.3 **Flow:** Due to pressures across the whole Health and Care System, the ability to treat, discharge or admit patients from our Emergency Departments/Front Doors continues to be compromised, linked significantly to high hospital occupancy. Pressure and a lack of capacity in other areas of the patient pathway, including in social care, have also added to challenges for patient flow through hospitals. The system is improving in its ability to move people on to their next care setting, however there was 258 patients across Lothian's acute hospitals medically fit for discharge remaining in a hospital bed in June 2023. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard which was 67.4% in June 2023. Across Scotland the average 4-hour figure was 72% over the same time period. A rapid 26-week improvement project remains in place at the RIE to reduce the number of patients waiting for admission and has seen 4-hour performance increase to an average of 54.6% in June 2023 vs 41.4% in February 2023. Expected seasonal variation is not demonstrated in the last two years of data, with 4-hour performance at RIE in June 2023 48.9% vs 50.1% in February 2022. 4-hour performance at RHCYP remains close to the 95% standard at 93.3% in June 2023, however the remaining sites remain consistently below the 95% standard with SJH at 68.5% and WGH at 68.7% in June 2023. Delayed discharge performance trajectories are currently in development with the four HSCPs.
- 3.3.1 Similarly, a proportion of Mental Health Acute Beds continue to host patients delayed in their discharge. The agreed safe REH adult acute capacity is 110 patients following agreement at CMT that this is the safe number of beds for the site. All areas within REH remain at 100% occupancy including rehabilitation, old age and intellectual disabilities. There are a high proportion of delays in these three areas and work continues with Edinburgh HSCP to look into alternative options for care for those patients delayed in their discharge. It is a concern that this level of delayed discharges generally across the system has become the norm and therefore is a sign that our local system is under significant strain in terms of capacity. Tackling delayed discharges continues to be a key priority for the Board and the Royal Edinburgh Hospital Bed Occupancy Corporate Risk remains at a Very High/Extreme grading with ongoing oversight from Healthcare Governance Committee.
- 3.3.2 **Scheduled Care:** Despite the challenges faced in Unscheduled Care, most of our outpatient services continue to exceed planned activity levels, providing more people with access to the care they are waiting for. Most services continue to focus on reducing the backlog of long waits which accrued during the pandemic; in line with the Scottish Government targets to eliminate long waits referenced in previous Board

papers. The latest Scottish Government target was no outpatients waiting over 52 weeks by March 23 which was not met. In March 23 (latest available published data), NHS Lothian had 6.5% of outpatients waiting over 52 weeks (Scotland average of 6.6%).

- 3.3.3 The 12-week outpatient Waiting Time performance (%) has remained stable during 2023 and significantly below the national standard. This is due to available routine capacity being directed to reducing the number of long waiting patients, rather than to those waiting less than 12 weeks.
- 3.4 NHS Lothian had 11.6% of inpatients and day cases waiting over 78 weeks which matches the Scotland average. The number of patients waiting over 78 weeks is gradually improving including in Orthopaedics which has been an area of focus. The majority of long waiting patients are within Orthopaedics, then General Surgery and Urology. Most specialties have no patients waiting over 78 weeks and numbers are decreasing in General Surgery and Urology. The number is projected to further increase significantly in Orthopaedics, based on anticipated activity levels.
- 3.5 NHS Lothian 62-day cancer performance remained below the local trajectory of 81.3% and the 95% national standard with performance at 77.2% in June 2023 compared to Scotland's 62-day performance which was 70.9%. 31-day cancer performance remains just below the 95% standard but has exceeded the 89.3% local trajectory agreed with 94.9% performance in June 2023. There is significant assurance provided in our improvement actions and remobilisation plans as noted in appendix 1 of this report for 31-day performance, however limited assurance remains for the delivery of 62-day performance.
- 3.6 **REAS:** The moderate assurance level provided to the delivery of Psychological Therapies will be dependent on recruitment to posts within the service and the management of demand.

4 Key Risks

- 4.1 Any relevant risks have been included within the narrative of the appendix.

5 Risk Register

- 5.1 NHS Lothian's Risk Register includes the risks associated with delivery of performance standards outlined in the Annual Operational Plan, Recovery Plans and Remobilisation Plans. The corporate risk register is subject to on-going review and update. Some of the key linked corporate risks to this paper have been included throughout appendix 1.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment associated with this grouping of performance metrics has not been undertaken. The directors for each service area are responsible for ensuring an integrated impact assessment is carried out where new services, redesign of services and new strategies/plans are referenced to allow NHS Lothian's Lead on Equalities and Humans Rights to follow up and review whether the necessary assessments have been completed as appropriate.

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

- 7.1 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of the Remobilisation Plan which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of the plan remains with this programme of work.
- 7.2 Patients are kept informed by their clinical care teams.

8 Resource Implications

- 8.1 Financial reporting will remain within the remit of the Director of Finance.

Wendy Reid

Head of Performance and Business Unit, Deputy Chief Executive

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Lauren Wands

Performance & Business Manager, Deputy Chief Executive

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Joanna McKee

Project and Delivery Manager, Deputy Chief Executive



NHS LOTHIAN BOARD PERFORMANCE

August 2023

APPENDIX I

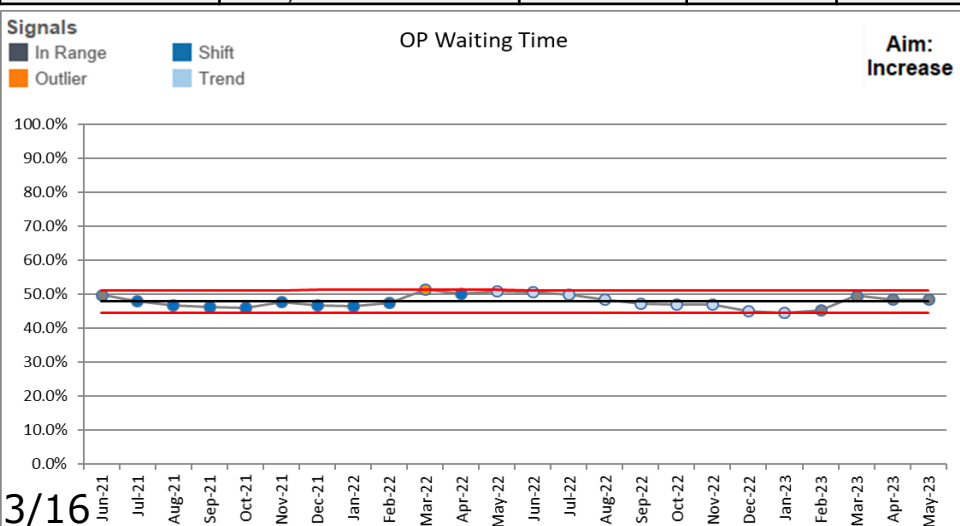
OVERVIEW 23-24 NHS Lothian Board Indicators

Indicator	Page	Linked to Corporate Risk?	Performance vs Trajectory/Standard			Assurance for Delivery Against Standard/Trajectory by end of 2023/24	Latest month
			Latest Actual	Target	Performance		
12 Weeks 1 st Outpatient Appointment (core national standard)	p3	5185 – Access to Treatment	48.5%	95%	Not Met	Limited	May 2023
Treatment Time Guarantee (core national standard)	p4	5185 – Access to Treatment	56.4%	100%	Not Met	Limited	May 2023
18 Weeks Referral to Treatment (core national standard)	p5	5185 – Access to Treatment	72.5%	90%	Not Met	Limited	June 2023
Accident and Emergency Waiting Times (core national standard)	p8	5186 – 4 Hours Emergency Access Target	67.4%	95% 70%+ - local trajectory	Not Met	Limited	June 2023
CAMHS Waiting Times (core national standard)	p13		76%	90%	Not Met	Moderate	June 2023
Cancer Waiting Times (core national standard)	p6+7	5185 – Access to Treatment	94.6% - 31 Day	95%	Not Met/Met Local Trajectory	Limited	June 2023
			77.2% - 62 Day				
Early Access to Antenatal Services (core national standard)	p11		93.4%	80%	Met	Significant	May 2023
IVF Waiting Times (core national standard)	p10		95%	90%	Met	Significant	June 2023
Psychological Therapies Waiting Times (core national standard)	p12		82%	90%	Not Met	Moderate	June 2023
Smoking Cessation (core national standard)	p14		99	295	Not Met	Moderate	September 2022
General Practice Activity Measures	p15+16	3829 - Sustainability of Model of General Practice		N/A	n/a	N/A	June 2023
Number of Delayed Discharges per month	p9	3726 – Hospital Bed Occupancy	238	TBC	n/a	Limited	2 June 2023

12 WEEKS FIRST OUTPATIENT APPOINTMENT

Reporting Month:	May 2023	Oversight Mechanism:	Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. ELT and Acute Senior Management Group.
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risks:	ID 5185 - Access to Treatment- Extreme; ID 5186 - 4 Hours Emergency Access Target – Extreme.	ID 3600 – Finance – Extreme; ID 3726 - Hospital Bed Occupancy – Extreme; ID 3828 - Nursing Workforce – Very High; ID 5189 - RIE Facilities – High; ID 3328 - Roadways/Traffic Management – High.	

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (May 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	95 per cent of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment (measured on month end Census).	48.5%	Internal Management	Limited



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

- There is a continued focus on cancer, urgent referrals and long waiting patients for outpatients.
- The latest Scottish Government target was no patients waiting over 52 weeks by March 23 which was not met however:
 - Services are continuing to deliver outpatient activity above pre-COVID levels.
 - There are very small numbers of patients waiting over 104 weeks and numbers over 78 weeks are continuing to improve with numerous actions planned and underway to address.
- In March 23 (latest available published data), NHS Lothian had 6.5% of outpatients waiting over 52 weeks versus the Scotland average of 6.6%.

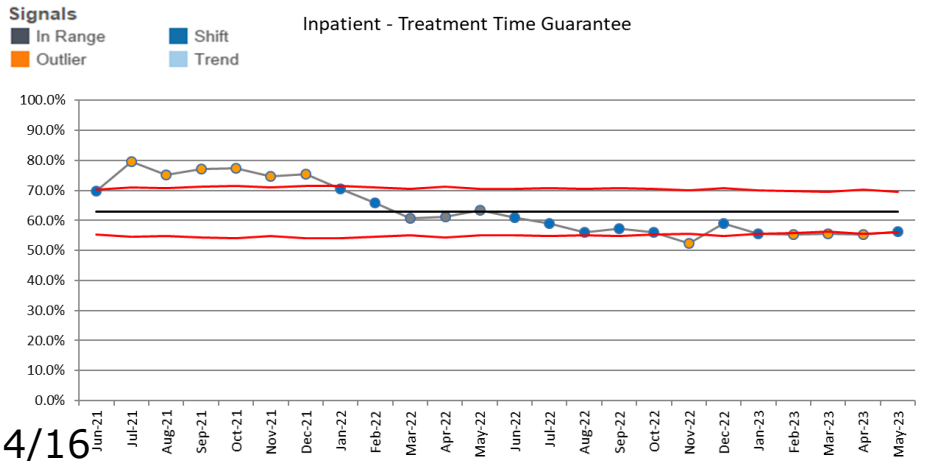
Improvement actions planned, timescales and when improvements will be seen:

- Outpatient WL validation – digital pilot has seen a removal rate of 27.5% across 6 large specialties. Evaluation currently underway with a view to developing and implementing a rolling validation programme.
- Outpatient redesign programme – Continues rolling out improvements to booking processes and waiting list management with an expected completion date of August 2025:
 - 40 acute specialties complete
 - 15 to commence by end of August including Ophthalmology, Dermatology and Urology.
 - 25 specialties still to be completed (9 of which are smaller paediatric specialties).
- Utilisation of available additional capacity e.g., Optical Express for Ophthalmology cataract patients.

TREATMENT TIME GUARANTEE

Reporting Month:	May 2023	Oversight Mechanism:	Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. ELT and Acute Senior Management Group.
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risks:	ID 5185 - Access to Treatment- Extreme; ID 5186 - 4 Hours Emergency Access Target – Extreme.	ID 3600 – Finance – Extreme; ID 3726 - Hospital Bed Occupancy – Extreme; ID 3828 - Nursing Workforce – Very High; ID 5189 - RIE Facilities – High; ID 3328 - Roadways/Traffic Management – High.	

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (May 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).	56.4%		Limited



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

- For inpatients, there is an ongoing focus on cancer, urgent and long waiting patients.
- Services are continuing to increase activity to pre-COVID levels achieving 90% for most of this year despite workforce challenges.
- There has been a significant reduction in the long waits in General Surgery through ring fencing of day surgery capacity at St Johns.
- In March 23 (latest available published data), NHS Lothian had 11.6% of inpatients and day cases waiting over 78 weeks which matches the Scotland average.
- The number of patients waiting over 78 weeks is gradually improving including a reduction of approximately 100 patients for Orthopaedics which has been the biggest challenge.

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

- Recovery Boards continue to develop actions plans to mitigate these risks.
- To support the work in Orthopaedics, it has been agreed to ring fence capacity at the Royal Infirmary of Edinburgh alongside additional rehabilitation beds at East Lothian Community Hospital. The aim is for this to be in place by September 2023.
- Commence streaming of Orthopaedic patients to Fife National Treatment Centre in August 2023 for treatment in September 2023.
- Improvement work has allowed Ophthalmology to increase the capacity on many cataract lists to 8 per session.

18 WEEKS REFERRAL TO TREATMENT

Reporting Month:	May 2023	Oversight Mechanism:	Diagnostics, OP and IPDC activity and individual waiting times standards are monitored as described earlier.
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risks:	ID 5185 - Access to Treatment- Extreme; ID 5186 - 4 Hours Emergency Access Target – Extreme.	ID 3600 – Finance – Extreme; ID 3726 - Hospital Bed Occupancy – Extreme; ID 3828 - Nursing Workforce – Very High; ID 5189 - RIE Facilities – High. ID 3328 - Roadways/Traffic Management – High.	

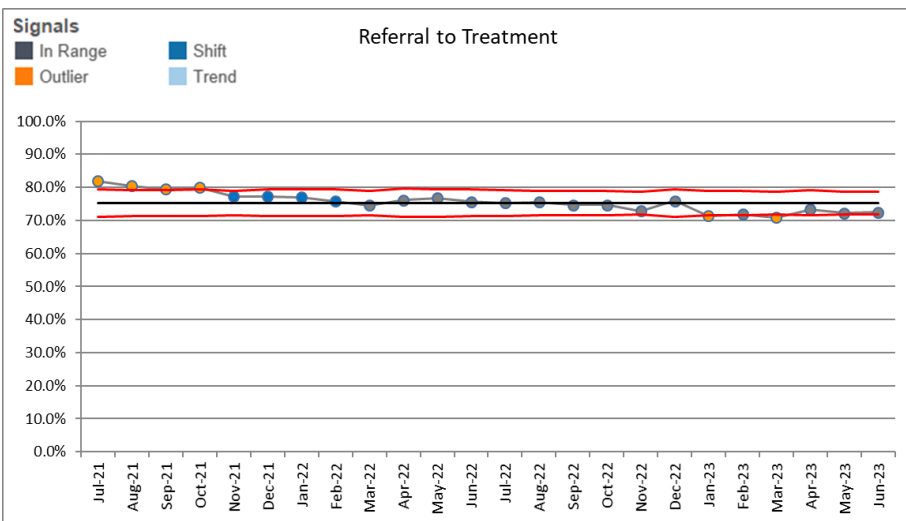
Background, what the data is telling us, underlying issues and risks:

- 18-week performance is directly linked to performance against the other stages of Treatment Standards on slides 3 & 4.
- Actions described in previous slides for outpatients and inpatient/day cases will support an improvement in 18 weeks performance. There are no separate issues of note to mention.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90% of planned / elective patients to commence treatment within 18 weeks of referral.	72.5%	Internal Management	Limited

The information detailed below is focussed on Radiology which is a key stage in many 18-week pathways.

- Radiology focus on long waiting patients over 26 weeks.
- CT – maintaining position with <10 cases over 26 weeks.
- MR - maintaining position with <10 cases over 26 weeks.
- General US – 59 cases over 26 weeks. Improved position from 145 previous month.



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

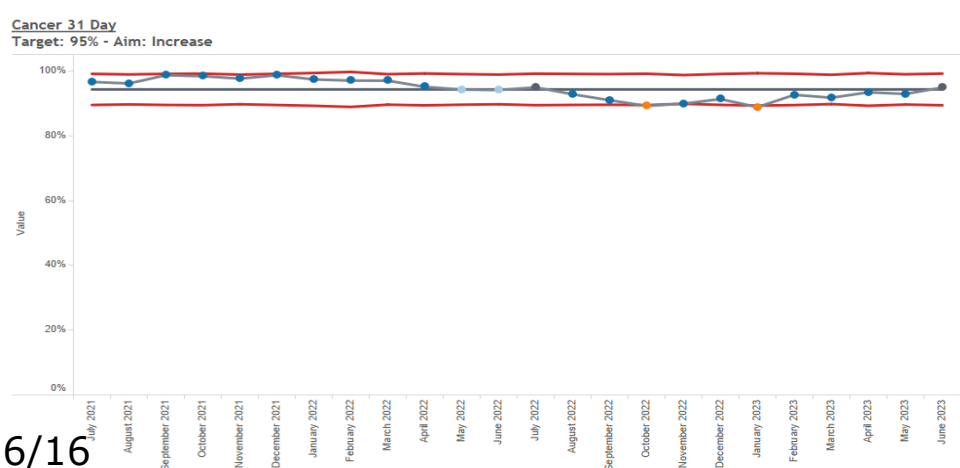
- Recruitment of consultant posts being progressed (2.5WTE). Interviews in August. Start dates in September/October.
- GUS Long waiting patients will be directed to other sites to ensure reduction of length of waits and maximising use of all available capacity across NHS Lothian. Plan will maintain position in July.
- Locum sonographers are being employed at WGH and SJH. In place, improvements in July.

CANCER WAITING TIMES – 31 DAY

Reporting Month:	June 2023	Oversight Mechanism:	Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. ELT and Acute Senior Management Group.
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risks:	ID 5185 - Access to Treatment- Extreme; ID 5186 - 4 Hours Emergency Access Target – Extreme.		ID 3600 – Finance – Extreme; ID 3726 - Hospital Bed Occupancy – Extreme; ID 3828 - Nursing Workforce – Very High; ID 5189 - RIE Facilities – High; ID 3328 - Roadways/Traffic Management – High.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat	94.9%	Internal Management	Limited
Met	89.3% Local Trajectory	94.9%	Internal Management	Significant

Signals 31 ■ In Range ■ Outlier ■ Shift ■ Trend



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

- NHS Lothian is exceeding local trajectory performance however is slightly below national performance of 95.5% for June 2023.
- Improved tracking and escalation processes are supporting clinical teams to improve performance June 2023 has been the top performing month for 31-day performance in the last 12 months.
- Note - Public Health Scotland (aggregated and cleansed) data reports NHS Lothian 31-day performance of 95.2% for June 2023.

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

- Following review with Scottish Government, revised and improved 31-day trajectories have been submitted
- Implementation of the Framework for Effective Cancer Management (FECM) is ongoing and managed by the Cancer Recovery Board.
- Individual actions within FECM have been agreed for completion during 2023/24.

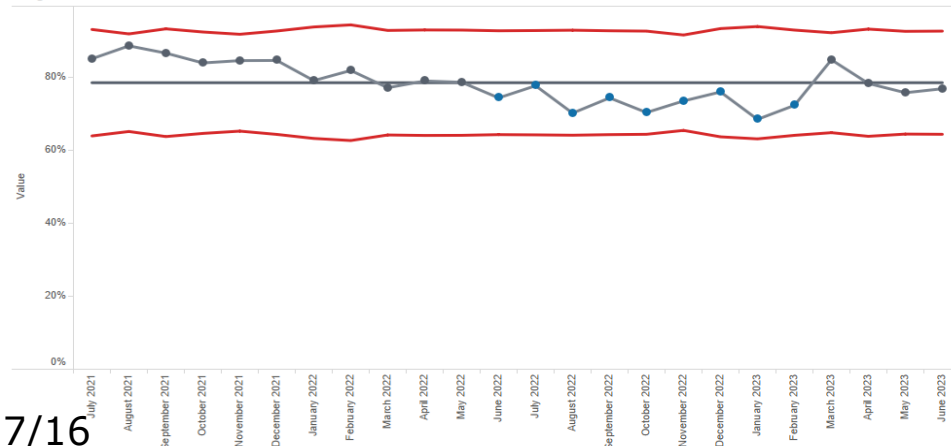
CANCER WAITING TIMES – 62 DAY

Reporting Month:	June 2023	Oversight Mechanism:	Outpatient Recovery Board, Inpatient/Day case Recovery Board, Scottish Cancer Recovery Board (SCRB) is the agreed organisational structure to monitor/performance manage recovery of Cancer Waiting Times and Cancer Recovery Board reports to that. ELT and Acute Senior Management Group.
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risks:	ID 5185 - Access to Treatment- Extreme; ID 5186 - 4 Hours Emergency Access Target – Extreme.	ID 3600 – Finance – Extreme; ID 3726 - Hospital Bed Occupancy – Extreme; ID 3828 - Nursing Workforce – Very High; ID 5189 - RIE Facilities – High; ID 3328 - Roadways/Traffic Management – High.	

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.	77.2%	Internal Management	Limited
Not Met	81.3% Local Trajectory	77.2%	Internal Management	Limited

Signals 62 ■ In Range ■ Shift

Cancer 62 Day
Target: 95% - Aim: Increase



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

- NHS Lothian performance is above national performance of 70.9% for June 2023 however currently lower than local trajectory.
- There has been an increase in referral volumes (100-150 more a week for April-June23/24 compared with April-June22/23) impacting diagnostic and triage demand
- Urology Prostate pathway remains challenging to deliver in 62-day timeframe (reflected by National Prostate Performance).
- Note -Public Health Scotland (aggregated and cleansed) data reports NHS Lothian 62-day performance of 77.7% for June 2023.

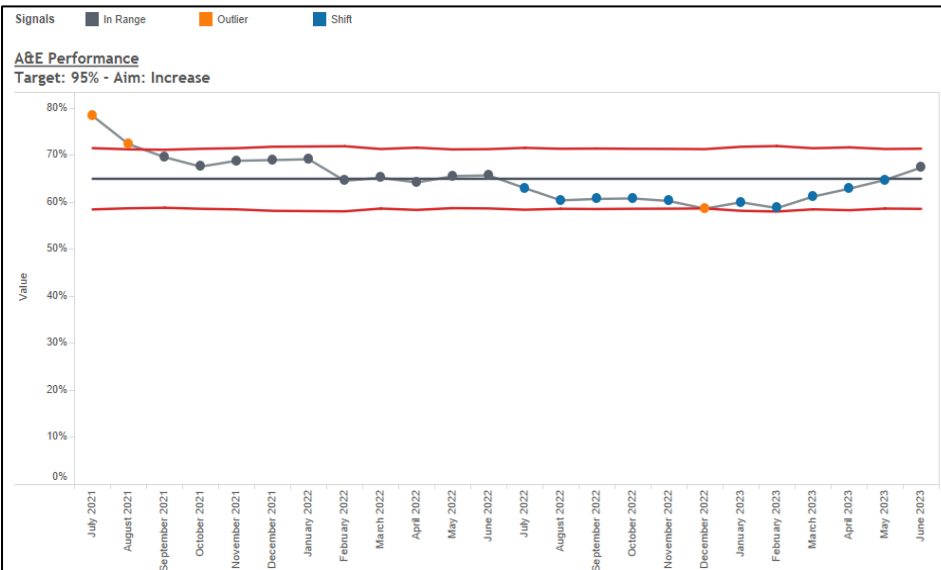
Improvement actions planned, timescales and when improvements will be seen:

- Following review with Scottish Government, revised and improved 31-day trajectories have been submitted
- Implementation of the Framework for Effective Cancer Management is ongoing and managed by the Cancer Recovery Board.
- Individual actions within FECM have been agreed for completion during 2023/24.
- Options appraisal underway focused on Urology capacity and performance with proposals being considered by the Scheduled Care Board with Urology as a priority area for investment.

ACCIDENT AND EMERGENCY WAITING TIMES

Reporting Month:	June 2023	Oversight Mechanism:	Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.
Responsible Director(s):	Michelle Carr Fiona Wilson	Relevant Papers:	
Corporate Risk Grading if applicable:	(25) Extreme	Corporate Risk(s) if applicable:	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Extreme; Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Extreme.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment. Boards to work towards 98%.	67.4%	Internal Management	Limited
Not Met	70%+ (local trajectory)	67.4%	Internal Management	Limited



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

There continues to be significant challenges in delivering the 4-hour emergency access standard, however performance has been steadily improving from 61.2% in March 2023 to 67.4% in June 2023.

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

- Royal Infirmary of Edinburgh 26-week Improvement Programme: Work underway to implement a range of improvements across the site (Feb – Aug 23). Improvements will be rolled out to St John's Hospital and Western General Hospital as appropriate.

NHS Lothian Unscheduled Care improvement actions are outlined for implementation during 23-24 step of the LSDF USC Implementation Book, as summarised below:

- Implement Signposting and redirection at acute front doors
 - RIE signposting went live in June 2023.
- Transition Lothian Flow Centre to a Flow Navigation Centre (FNC)
 - Scoping other FNC centres has been completed and an engagement session on optimal FNC undertaken with key themes in development and workforce model being developed.
- Scheduling Minor Injuries
 - Scoping of current minor injuries processes underway to support scheduling.
- Create robust urgent clinical pathway guide to ensure patients are referred via optimal pathway
 - Pathways prioritisation for review has commenced and process for pathway development and SOP are currently in development.
- Support ED Frequent Attenders (FAs)
 - SLVG has been established to develop hybrid model to support ED FAs in the community.
- Pan Lothian Rapid Assessment and Care Unit (RACU) previously (SDEC)
 - Test of change underway to reduce attendance at RIE ED with all Edinburgh DVT/STP patients being seen at WGH RACU.
- Delivering a consistent expanded Hospital at Home (H@H) across each HSCP
 - Phase 1 and 2 H@H expansion evaluation complete and an application to HIS for further funding has been successful.
- Enhancing OPAT Services Pan Lothian
 - Testing of change to commence East Lothian HCP OPAT service is underway.
- Enhancing Respiratory Services Pan Lothian
 - Recruitment to support expansion plans underway.

NUMBER OF DELAYED DISCHARGES PER MONTH

Reporting Month:	June 2023	Oversight Mechanism:	Unscheduled Care Programme Board, with additional reporting at Performance Oversight Board, Executive Leadership Team, Acute Senior Management Group (SMG) and GOLD.
Responsible Director(s):	Michelle Carr Fiona Wilson	Relevant Papers:	
Corporate Risk Grading if applicable:	(25) Extreme	Corporate Risk(s) if applicable:	Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC) – Extreme; Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC) – Extreme.

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

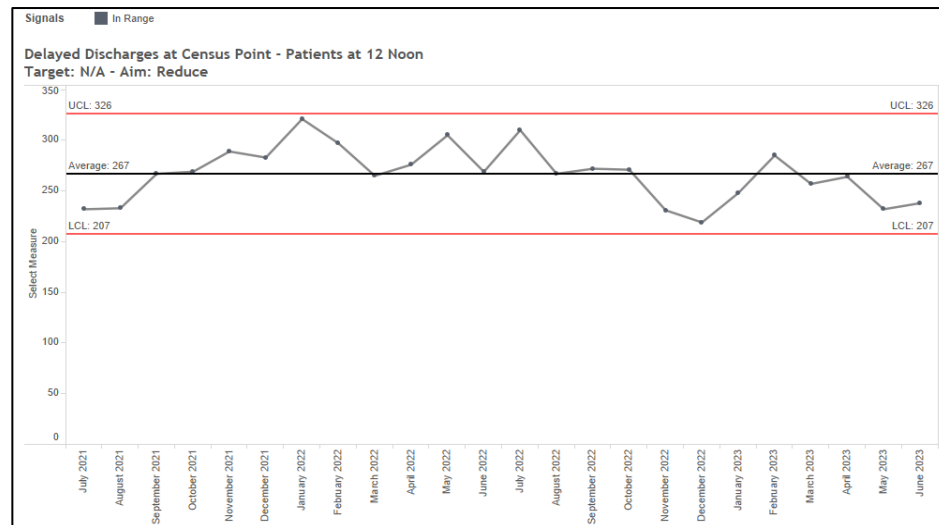
- Data is showing common cause variation.
- With the continued challenges in reducing delayed discharges tackling this performance continues to be a key priority for the Board.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
N/A	To be agreed for 2023/24	238	Internal Management	Limited

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

Improvement actions are outlined for implementation during 23-24 step of the LSDF USC Implementation Book, as summarised below:

- Implement Discharge without Delay Programme - Phase 1
 - Evaluation complete and outputs key events have been shared with stakeholders for wider dissemination amongst local teams
- Discharge without Delay – Phase 2
 - Scoping now complete, including a DCAQ on HSCP discharge pathways, Next steps for each acute site and HSCP develop aim/improvement trajectory to improve discharge processes and enhance capacity of pathways with gaps.



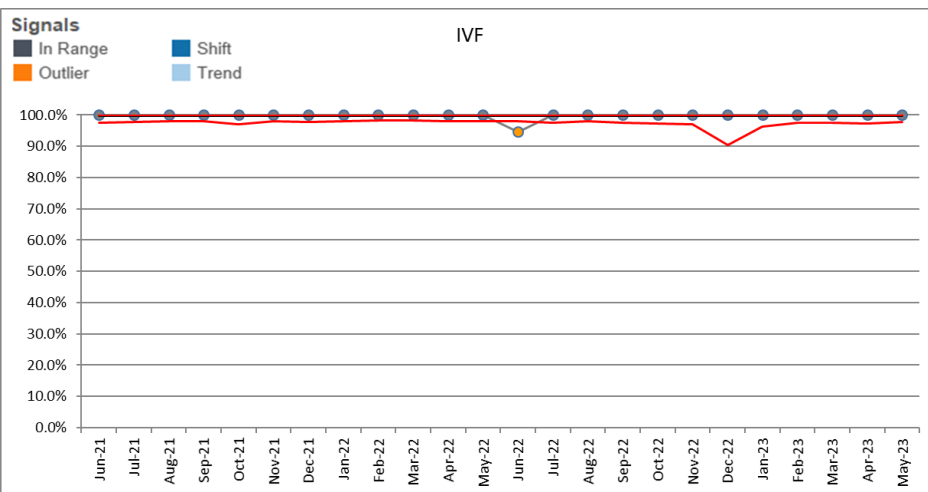
IVF WAITING TIMES

Reporting Month:	June 2023	Oversight Mechanism:	Acute Senior Management Group (SMG)
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risk Grading if applicable:	N/A	Corporate Risk(s) if applicable:	N/A

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

- The target of 90% of eligible patients to commence IVF treatment within 12 months of referral continues to be met.
- In the last 24 month rolling period, no month has dropped below the 90% target with a minimum of 92% (n=1 breach) being achieved in October 2021.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Met	90% of eligible patients to commence IVF treatment within 12 months of referral.	95%	Tableau	Significant



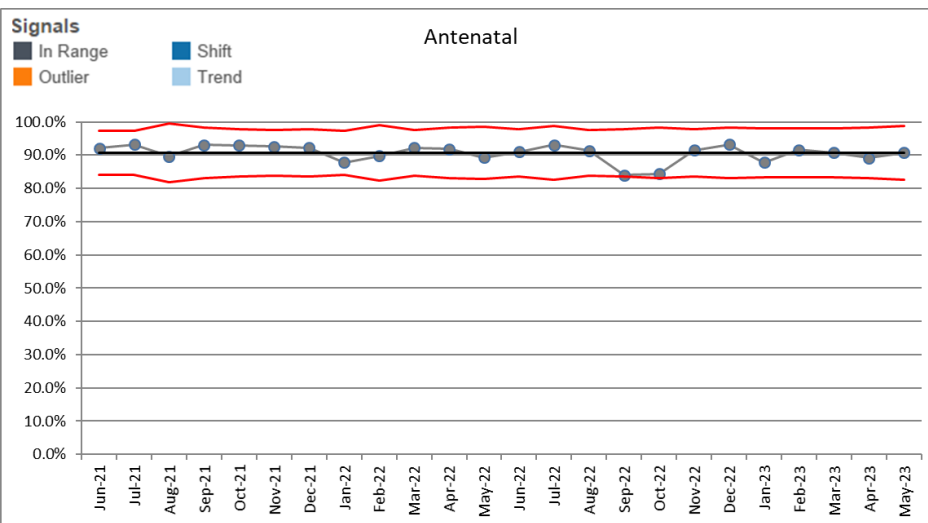
EARLY ACCESS TO ANTENATAL SERVICES

Reporting Month:	June 2023	Oversight Mechanism:	Acute Senior Management Group (SMG)
Responsible Director(s):	Michelle Carr	Relevant Papers:	
Corporate Risk Grading if applicable:	N/A	Corporate Risk(s) if applicable:	N/A

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

- The target of 80% of pregnant women in each SIMD quintile being booked for antenatal care by the 12th week of gestation continues to be met.
- In the last 24 month rolling period, no quintile has dropped below the target, with the lowest performance of 84.51% of patients in quintile 2 being booked in October 2022.
- Whilst there has been an upward trend in booking over the last 6 months, there has not been significant change noted in the last 24 months.

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (May 2023)	Data Source	Assurance Level – Delivery by 2023/24
Met	At least 80% of pregnant women in each SIMD (Scottish Index of Multiple Deprivation) quintile will have booked for antenatal care by the 12th week of gestation.	93.41%	Trak	Significant



PSYCHOLOGICAL THERAPIES WAITING TIMES

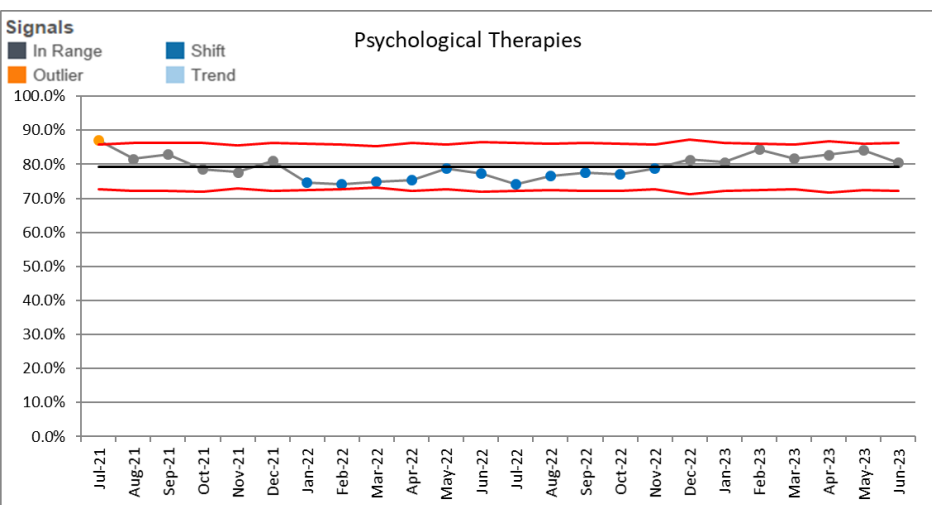
Reporting Month:	June 2023	Oversight Mechanism:	Mental Health, Illness and Wellbeing Programme Board Reported via REAS Senior Management Team, CMT, Performance Support Oversight Board and SPPC, clinical and corporate risk(s) overseen by Healthcare Governance Committee.
Corporate Risk Grading if applicable:		Corporate Risk(s) if applicable:	

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

The current performance for the number of patients seen within 18 weeks of referral is 82% (June 2023). The data suggests a shift in the median which has not been calculated in the graph opposite however local performance data suggests that the median has shifted from 78% to 82%.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	82%	Internal Management	Moderate

Across all the assessment and treatment waiting lists, the total number of patients waiting has decreased over the last 2 months. The number of new patient appointments offered across AMH General Services is consistent with the expected numbers in job plans.



In some areas the staffing levels are not at the level they should be, for example in Midlothian the staffing complement is 50% less than the establishment. However, lower staffing levels are generally expected in June to September as staff move to promoted training posts. Some of these posts have been filled with staff expected to start in July to September.

Moderate assurance level provided to the delivery of Psychological Therapies will be dependent on recruitment to posts within the service and the management of demand.

CAMHS WAITING TIMES

Reporting Month:	June 2023	Oversight Mechanism:	Mental Health, Illness and Wellbeing Programme Board Reported via REAS Senior Management Team, CMT, CAMHS SMT, Performance Support Oversight Board and PPDC, clinical and corporate risk(s) overseen by Healthcare Governance Committee.
Corporate Risk Grading if applicable:		Corporate Risk(s) if applicable:	

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

Referrals to CAMHS in June 2023 were 488 compared to an average of 439 referrals per month over the previous 6 months. Accepted referrals in June were 425 (87.5%).

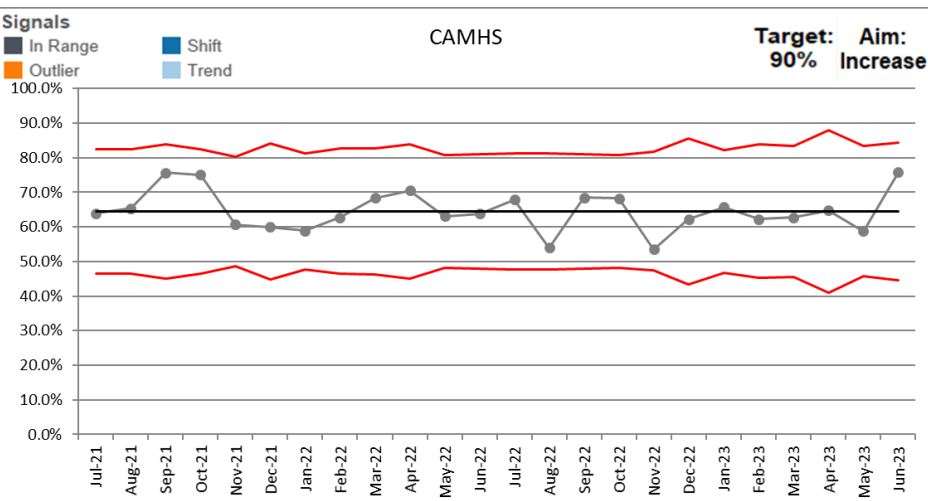
In terms of treatment demand, there were 122 additions to the MH treatment list in June 2023, compared to an average of 90 over the previous 6 months.

Removals from the waiting list at the end of June 2023 were 84, compared to an average of 92 over the previous 6 months.

As of 24th July 2023, East team had 2 patients waiting >18 weeks (1 appointment booked and 1 admin error); Midlothian had 4 waiting >18 weeks (2 appointments booked and 2 admin errors); West team had 5 waiting >18 weeks (4 of which now have appointments booked); South team had 52 waiting >18 weeks; and North team had 63 waiting >18 weeks.

The overall establishment gap for the 5 outpatient teams in June 2023 is 17.98WTE against the staff projected to deliver the trajectory. However, the North and South teams have the largest establishment gap and further work is ongoing to look at job plans and length of treatments.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	76%	Internal Management	Moderate



SMOKING CESSATION

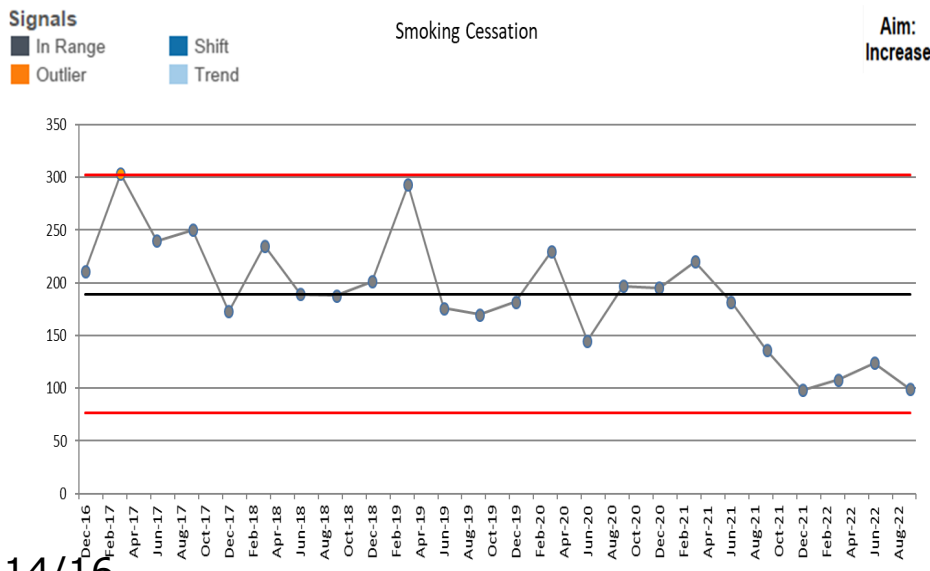
Reporting Month:	June 2023	Oversight Mechanism:	Public Health and Health Policy Core Senior Management Team
Responsible Director(s):	Dona Milne	Tobacco Control Oversight Group and Population Health SLT	Tobacco Control Annual Report to Healthcare Governance – Nov/Dec 2023
Corporate Risk Grading if applicable:	N/A	Corporate Risk(s) if applicable:	N/A

Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (September 2022)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	NHS Boards to sustain and embed successful smoking quits at 12 weeks post quit, in the 40 per cent most deprived SIMD areas (60 per cent in the Island Boards).	99 of 295 in Q2 2022-23	PHS	Moderate

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

- These data confirm a long-term decline in smoking cessation numbers.
- Smoking cessation improvement work was prioritised in the second part of 2022 and is now the main focus of the NHS Lothian Tobacco Control Action Plan 2023-24.
- Key activity has involved recruitment, staff realignment, and quality improvement work.
- The Public Health Senior Management Team is monitoring activity closely and recently requested that Internal Audit review the existing processes within the service. Expert advice is provided by Lothian Tobacco Expert Advisory Group

*PHS collates data for all NHS Boards. There is a 6-9 month reporting lag to allow for 12 week quits to be recorded and data verification.



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

- Tobacco Control Action Plan 2023-24 includes two year trajectory for LDP compliance.
- The Internal Audit review report for Quit Your Way is being considered at Audit and Risk Committee on 21st August 2023. Recommendations will be captured in the Tobacco Control Action Plan 2023-2024 and a project team is being set up to progress priority actions.

PRIMARY CARE

Reporting Month:	June 2023	Oversight Mechanism:	Primary Care Joint Management Group
Responsible Director(s):	Jenny Long	Relevant Papers:	Healthcare Governance Committee May 2023 'Sustainability of Model of General Practice – Risk Mitigation Plan'
Corporate Risk Grading if applicable:	High	Corporate Risk(s) if applicable:	Risk 3829 - Sustainability of the model of general practice

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 2023)	Data Source
N/A	Estimated General Practice (in hours) activity		DataLoch
N/A	General Practice Out-of-Hours (LUCS) activity		Adastra

Note: Direct encounters are defined as a direct contact with a patient: face to face surgery consultation, telephone, video, clinic, home visit, e-consultation. These figures for Lothian have been estimated based on general practice activity from a sample of 32 GP practices. Please note this sample represents only approx. 29% of the Lothian GP practice registered patients. Figures should be interpreted with caution and only used as a general indication of level

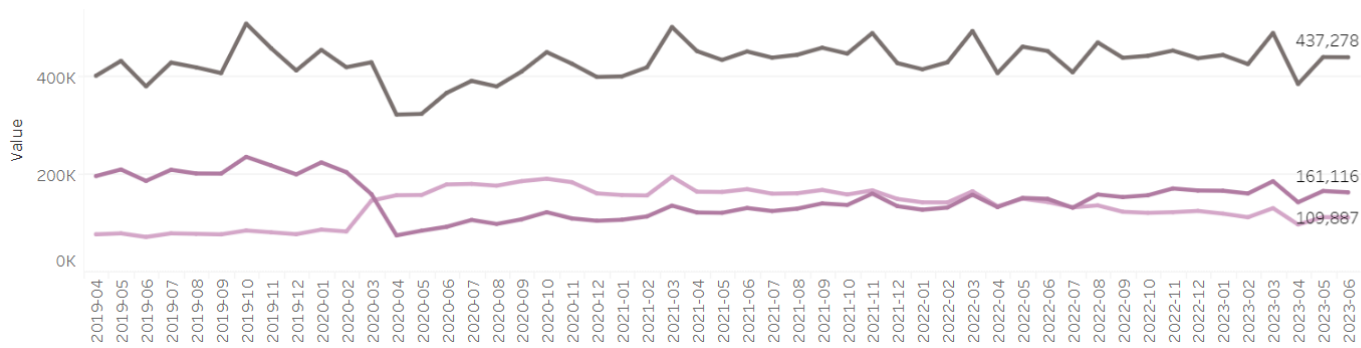
Background, what the data is telling us, underlying issues and risks:

- Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) activity across Lothian based upon a sample of 32 practices where data reporting is robust. This data shows that activity has stabilised slightly above pre-pandemic levels, following a drop in activity between April and October 2020. In June 2023 there was an estimated 437,000 patient consultations across the 118 General Practices in Lothian, the equivalent of around 19,900 consultations a day. There remains a significant challenge across Primary Care to meet patient demand with existing capacity, especially with increasing population pressures.
- Chart A demonstrates the significant shift in the mode of consultation due to the pandemic, and shows that face-to-face consultations with a GP in the surgery (dark purple line) have increased, and GP telephone consultations (light purple line) have decreased over the past two years. This appears to be stabilising at a new post-pandemic normal.
- Chart B provides the Lothian GP Out-of-Hours (LUCS) service activity. The spikes in activity represent public holidays. The data feed has recently been reinstated following the clinical management system (Adastra) outage, however the data for that period (August – September 2022) is not available in this format. The average weekly activity in June 2023 was 2,700 patient consultations.

PRIMARY CARE (2)

Chart 1: Number of encounters in Lothian by month (ESTIMATE).

A



Measure

- (All)
- GP Surgery Consultation
- GP Telephone Consultation
- Total Direct Encounters

Measure

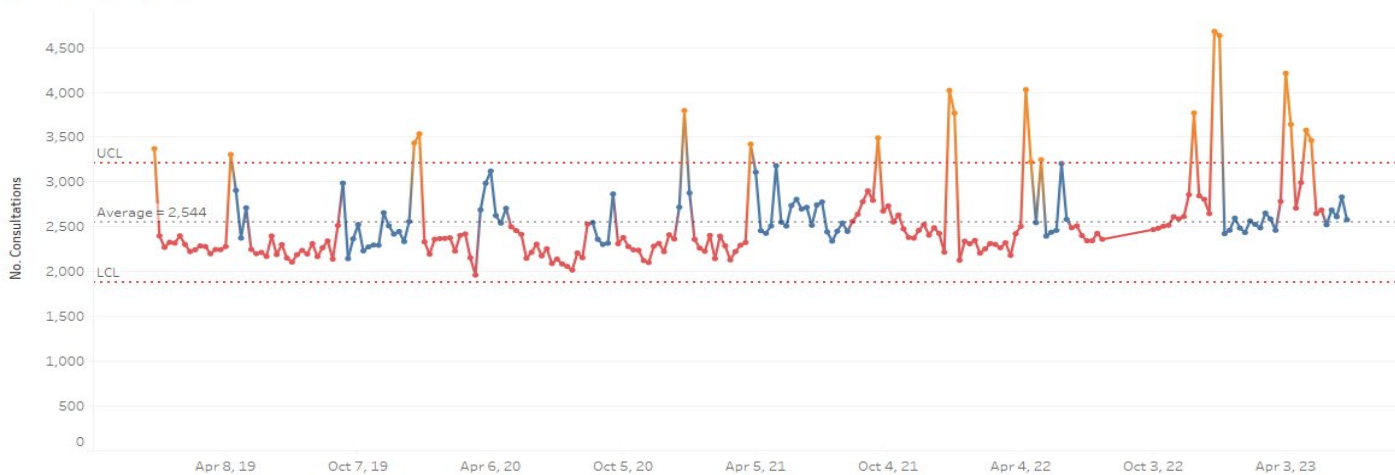
- GP Surgery Consultation
- GP Telephone Consultation
- Total Direct Encounters

NOTES:

1. Data are sourced from Data
2. An estimate of the number of encounters in Lothian is based on a sample of

B

WEEKLY LUCS ACTIVITY - ALL



Meeting Name: Board Meeting date: 23 August 2023

Title: Corporate Risk Register

Purpose of the Report:				
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DISCUSSION		DECISION	X	AWARENESS	
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The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

Recommendations:				
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The Board is recommended to:

- 2.1. Review the June/July 2023 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- 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. Approve the CMT recommendation to remove the 'COVID' risk from the CRR.
- 2.4. Approve the CMT recommendation to remove the 'Access to CAMHS' risk from the CRR.
- 2.5. Approve the CMT recommendation to remove the 'Access to Psychological Therapies' risk from the CRR.
- 2.6. Approve the CMT recommendation, to accept the risk regarding 'Inappropriate and inadequate accommodation in the secure estate' onto the CRR.

Author: Sue Gibbs Date: 2 August 2023	Director: Tracey Gillies Date: 2 August 2023
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CORPORATE RISK REGISTER

1. Purpose of the Report

- 1.1. The purpose of this report is to review NHS Lothian's Corporate Risk Register (CRR) and associated processes to ensure it remains fit for purpose.

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

2. Recommendations

The Board is recommended to:

- 2.1. Review the June/July 2023 updates provided by the leads concerning risk mitigation, as set out in the assurance table in Appendix 1.
- 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. Approve the CMT recommendation to remove the 'COVID' risk from the CRR.
- 2.4. Approve the CMT recommendation to remove the 'Access to CAMHS' risk from the CRR.
- 2.5. Approve the CMT recommendation to remove the 'Access to Psychological Therapies' risk from the CRR.
- 2.6. Approve the CMT recommendation, to accept the risk regarding 'Inappropriate and inadequate accommodation in the secure estate' onto the CRR.

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 2023 CMT. Please note this is the first time that this has included 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.

3.3. Proposed Change - Removal of Three Risks

3.3.1 **Covid-19 Risk Description - Executive Lead Dona Milne**

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.

This risk was added to the CRR in April 2022. The Healthcare Governance Committee have accepted in May 2022 and July 2022 moderate assurance and the current grading is high 15.

Rationale for Removal

It is proposed that the COVID risk is stood down in line with national, UK and global direction. In May 2023, the WHO declared an end to COVID-19 as a global health emergency. The WHO noted that the pandemic had been on a downward trend over the last 12 months, with immunity increasing due to the highly effective vaccines. Death rates had decreased and the pressure on once overwhelmed health systems, had eased. The National Incident Management Team was stood down on 27th April 2023, in line with the other nations and the UK wide response. Reporting of COVID data was incorporated into business-as-usual reporting and moved to monthly publications.

3.3.2. **Access to Psychological Therapies Description – Executive Lead Calum Campbell**

There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.

This risk was added to the CRR in June 2021. REAS annual report submitted to Healthcare Governance committee in January 2023, which included mitigation plans for Psychological Therapies – moderate assurance was accepted for the annual report.

Rationale for Removal

It is proposed that the grading of the risk is reduced to medium (8) and removal from the CRR recommended to the Board due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.

3.3.3. **Access to CAMHS Description – Executive Lead Calum Campbell**

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.

This risk was added to the CRR in June 2021. REAS annual report submitted to Healthcare Governance committee in January 2023, which included mitigation plans for Access to CAMHS – moderate assurance was accepted for the annual report.

Rationale for Removal

It is proposed that the grading of the risk is reduced to medium (8) and removal from the CRR recommended to the Board due to continued improvement of performance leading to de-escalation by Scottish Government from level 3 to level 2. There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board. The risk will remain on the REAS risk register for continued management and monitoring.

3.4. Proposed Change – Acceptance of a new risk **Inappropriate and inadequate accommodation in the secure estate - Executive Lead Calum Campbell**

Context

Development of plans to mitigate this risk await decisions by Scottish government. The Minister for mental health has asked Board CEOs to revisit where female high secure accommodation could be provided. There is initial agreement with Scottish Government with respect to low secure accommodation, as part of phase 2a for REH re-provision and is included in NHS Lothian capital prioritisation. Further progress is

dependent on capital allocation from Scottish Government. The Board is therefore asked to accept the following risk onto the corporate risk register.

Risk Description

There is a risk that female patients who require high secure accommodation or any patient requiring low secure accommodation will be inappropriately placed because there is a lack of female high secure accommodation in Scotland and a lack of low secure accommodation for any patient in Lothian. This could potentially lead to harm to patients themselves, other patients, and staff as well as the potential for legal challenge against the level of security which is a risk to the organisation.

Governance

Healthcare Governance Committee is the governance committee for this risk receiving assurance through a scheduled annual report on governance and quality arrangements with additional reporting on specific issues as required.

Management

- The Executive leadership team (ELT) has direct accountability for oversight of this risk and operational management is through REAS SMT
- The CEO, Medical Director and Mental Health Service Director manage specific instances on a case-by-case basis, with use of out-of-area placements if required.

Adequacy of controls and Grading

Weak - The controls in place have not made any material difference and the level of risk cannot be reduced.

Grading – Very High 25

4. Key Risks

- 4.1. The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.
- 4.2. The Director of HR and Employee Director are in discussion concerning how to enable staff to pursue their legal right to take industrial action, whilst also working to maintain patient safety. It is recognised that in the event of industrial action, service disruption is inevitable.

Once we are clear on any specific industrial action, business continuity arrangements for the affected areas will be reviewed.

5. Risk Register

- 5.1. Will positively impact on the CRR and associated risk system.

6. Impact on Inequality, Including Health Inequalities

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.

Sue Gibbs

Quality and Safety Assurance Lead

3 August 2023

sue.gibbs@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>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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> • Recommendation to July CMT to recommend to Board removal of this risk 	
Risk Grading:		CMT February 2023	CMT March 2023
		High 15	High 15
3600	Finance	<u>Finance & Resources Committee</u>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is because of a combination of the level of resource available both capital and revenue and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Craig Marriott</p>	<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 assurance on delivering a balanced financial position in 21/22 based on NHS Lothian 5-year Financial Outlook and Outline Plan 21/22. • January 2022 – F&R accepted limited assurance. • Paper submitted to the August F&R Committee setting out the risk and risk mitigations plans- Limited assurance accepted. • The Board is also aware of the finance risk increase in grading and rationale. • Limited assurance accepted at the March F&R Committee. <p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> • The service is continuing to plan and progress efficiency savings and SG has recognised NRAC disparity (further 8 million this year), however there still remains a significant gap, much of which is driven by external forces as set out in the March update above. 	
	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</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 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
	<p>flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> <p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> • Scheduled for review as part of acute service report at November 2022 meeting. <p><u>Strategic Planning and Performance Committee – Performance</u></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 • 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>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. <p><u>June/July 2023 Update</u></p>

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • HGC noted the change from very high (20) to extreme (25) as the existing mitigating actions are not having the intended impact on 4 hours emergency access target • HGC accepted that clinical leadership and accountability in relation to the risk is provided through whole system representation at the Unscheduled Care Programme Board • HGC highlighted that adverse events and complaint monitoring are also part of governance processes and should be articulated in the mitigation plans – acute services nurse director leading on this action • A further paper outlining the governance processes and monitoring of outcomes/ mitigating actions was requested 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	Very High 25
3726	<p>Hospital Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high level of bed occupancy, leading to increased risk of harm, poor patients and staff experience and impacting on flow resulting in crowding in front door areas and long waits for admission, cancellation of elective procedures and NHS Lothian’s capacity to achieve national standards.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Healthcare Governance Committee</u> – person-centred, safe, and effective care_</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</u> – Performance</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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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>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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> HGC noted the change from very high (20) to extreme (25) as the existing mitigating actions are not having the intended impact on 4 hours emergency access target HGC accepted that clinical leadership and accountability in relation to the risk is provided through whole system representation at the Unscheduled Care Programme Board HGC highlighted that adverse events and complaint monitoring are also part of governance processes and should be articulated in the mitigation plans – acute services nurse director leading on this action A further paper outlining the governance processes and monitoring of outcomes / mitigating actions was requested 	
	Risk Grading:	CMT February 2023 Very High 20	CMT March 2023 Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
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 May 2023 – HGC accepted limited assurance as moderate residual risk which cannot be mitigated against due to issues out with Board control i.e. population growth, workforce challenges, funding, and premises infrastructure. <p><u>Outcome of Executive Lead Discussions</u></p> <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 <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> Strategic IA for GMS/PMS premises infrastructure presented to LCIG in March 2023, SPPC in May 2023 & F&R in June 2023. Due to be submitted to Scottish Government Capital Investment Group in August 2023 following completion of design statement (a requirement as part of the CIG submission). However, there continues to be a delay on all capital projects due to decisions

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>being paused. A board-wide capital prioritisation exercise, including primary care requirements, has taken place</p> <ul style="list-style-type: none"> • PCIP trackers continue to be 'on track'. PCIP 6 trackers submitted May 2023 • Five practices currently have closed lists to new patients 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 12	High 12
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>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<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. • A paper to provide assurance on risk mitigation in relation to safe, effective, person-centred care will be presented to HGC in May 2023. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> • HGC noted the change from very high (20) to extreme (25) as the existing mitigating actions are not having the intended impact on access to treatment • HGC accepted that clinical leadership and accountability in relation to the risk is provided through whole system representation at the Scheduled Care Recovery Programme Board • HGC highlighted that adverse events and complaint monitoring are also part of governance processes and should be articulated in the mitigation plans – acute services nurse director leading on this action • A further paper outlining the governance processes and monitoring of outcomes / mitigating actions was requested. 	
	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</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 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>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>Outcome of Executive Lead Discussions</u></p> <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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> The reprovision project is now with Scottish Government for further governance, however agreed in principle that this now forms part of the National Treatment Centre programme with further update(s) to be taken through F&R Recent failures with steam generation on site have now been rectified with no further failures noted between time of repair (April 2023) and now (July 2023) Further update paper to be taken to F&R in August 2023 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	Very High 20
5187	<p>Access to Psychological Therapies</p> <p>There is a risk that patients will wait longer than the national waiting times standards for Psychological Therapies which has been exacerbated by Covid 19 cancellations, impacting on patients/family experience and outcomes of care.</p> <p><u>New risk approved by June 2021 Board.</u></p> <p>Executive Lead: Calum Campbell</p>	<p><u>Healthcare Governance Committee</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 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</u> – Performance</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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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>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 <p><u>June/July 2023 Update</u> Reduce grading to medium (8) and recommend removal from the CRR due to the following:</p> <ul style="list-style-type: none"> Performance continues to improve SG have de-escalated from level 3 to level 2 There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board 	
	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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	Executive Lead: Calum Campbell	<ul style="list-style-type: none"> • Scheduled for review HGC in January 2023. • 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>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 <p><u>June/July 2023 Update</u> Reduce grading to medium (8) and recommend removal from the CRR due to the following:</p> <ul style="list-style-type: none"> • Performance continues to improve • SG have de-escalated from level 3 to level 2 • There is an agreed performance trajectory based on confirmed funding by SG plus a clear escalation process based on performance which is monitored through the Performance Oversight Board 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	High 16

Datix ID	Risk Title & Description	Committee Assurance Review Date
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>Executive Lead: Alison MacDonald</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 across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation. • May 2021 – Staff Governance accepted grading reduced from very high to high. • Paper went to Private Board August 2021 and agreed to increase grading from high to very high. Follow up paper to go to September 2021 Board. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. • The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. • Verbal update given to December Committee and paper will be submitted to the February 2023 meeting. • Paper submitted to the February Staff Governance Committee. Moderate assurance accepted. • Risk mitigation paper to be presented at the July 2023 Staff Governance Committee. <p><u>Outcome of Executive Lead Discussions</u></p> <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

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> The work has commenced at a national and local level to reduce off contract agency utilisation. Locally this includes daily risk assessment, escalated level of authorisation and weekly monitoring, which have enhanced the understanding of workforce variation and constraints to inform planning. Exit plans are in place for areas of highest agency utilisation The new processes are showing early signs in reducing off contract agency and increase in Bank usage The processes set out in the March update also continue 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 20	Very High 20
5020	<p>Water Safety and Quality</p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</p> <p>This may lead to harm to patients, staff and the general public, potential prosecution under H&S law. In addition, the ability to remobilise services following Covid-19 will be affected where we are not able to demonstrate safety of water systems.</p>	<p><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 May 2023 – limited assurance accepted <p><u>Outcome of Executive Lead Discussions</u></p> <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 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>New risk – approved by Board 12 August 2020.</p> <p>Executive Lead: Tracey Gillies</p>	<ul style="list-style-type: none"> • 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. <p><u>June/July 2023 Update</u> Note that ownership of this risk has now transferred to deputy CE, Jim Crombie</p> <ul style="list-style-type: none"> • Collation of Water risk assessments, safety plans and written schemes of control continues but is still incomplete • Legionella tests are still being conducted in areas where it has been identified • A SOP for maintenance and handover of water issues for new build projects and refurbishments requiring closure of an area is complete and has been approved by the WSG. This SOP describes flushing and testing requirement for outlets during refurbishment and prior to reopening to patients and staff • An updated Water Safety Management Policy has been approved by the NHS Lothian Policy Approval Group. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 12	High 12
5189	<p>RIE Facilities</p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out</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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>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>	<ul style="list-style-type: none"> • 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>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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> • Black Start test will now be re-scheduled from June 2023 due to concerns surrounding one of the main generators on site. The generator has developed a fault which has resulted in reduced resilience should an issue occur during Black Start. New date to be arranged in due course. • NHS Lothian has now appointed a Senior PFI Estates Lead for the Little France Campus. 	
	Risk Grading:	CMT February 2023 High 15	CMT March 2023 High 15
3455	<p>Violence & Aggression</p> <p>There is a risk of violent and/or aggressive behaviour of individuals, in mental health, learning disability services, and emergency departments; resulting in harm to person and</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>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 2023 meeting. • Paper submitted to the February 2023 Staff Governance Committee. • The February Staff Governance continues to accept overall limited assurance but recognises the progress across a number of risk mitigation workstreams. • Risk Mitigation paper to go to July 2023 Staff Governance Committee. <p><u>Outcome of Executive Lead Discussions</u></p> <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 2023, 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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> • The review of the risk assessment tool is on track to complete by the end of June 2023

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> • The Violence and Aggression Policy has been approved and includes agreed roles and responsibilities • Both of the above actions will inform the training plan • The rollout of the Lone working devices continues, with all 4 cohorts underway, compliance is being monitored. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		High 15	High 15
3328	<p>Roadways/Traffic Management</p> <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John's, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Staff Governance Committee</u></p> <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>March 2023 Update</u></p> <ul style="list-style-type: none"> • Alternative approach to managing and reducing significant risks continue to be explored • 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 	

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		<ul style="list-style-type: none"> The site Traffic Management Groups (TMG) and Pan Lothian TMG continue to oversee this risk and the mitigation plans in place <p>June/July 2023 Update</p> <ul style="list-style-type: none"> Alternative approach to managing and reducing significant risks continue to be explored, however these are relatively minor and, in some cases, do not have a significant impact Mitigating actions with required impact to reduce the known risks across the campuses are reliant on additional capital funding, which is now under consideration by LCIG Committee also noted continued reporting of concerns regarding traffic management on sites, including car parking staff being exposed to verbal abuse, though no events with harm were noted 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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. The May 2023 HGC accepted moderate assurance re infection control and prevention. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> The review of HAI risks across the system is in the initial phase Undertaking a self-assessment against the National Workforce Strategy, which will be presented to NHS Lothians Workforce Programme Board Capacity of the central team remains a risk and is an issue across Scotland, including analytical capacity Surveillance posts are currently out to advert 	
	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><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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<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>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 <p><u>Outcome of Executive Lead Discussions</u></p> <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 assurance paper to be presented to April Audit and Risk Committee <p><u>June/July 2023 Update</u></p> <ul style="list-style-type: none"> Plans on target with progress regularly reported and monitored through management and governance structures NIS Audit submitted April 2023 – interim result 82% (final awaited). Noted by auditor that Lothian would have achieved 91% based on last year’s audit (2023 audit included a new and additional set of controls on which health boards have not previously responded). PPDC have requested update in 6 months on audit score Internal Audit on Information Sharing completed (Grant Thornton) final report in April 2023 with significant assurance. 	
	Risk Grading:	CMT February 2023 High 12	CMT March 2023 High 12
5510	<p>Royal Edinburgh Bed Occupancy</p> <p><u>New risk approved by Board December 2022</u></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. 	

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 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>	<ul style="list-style-type: none"> • 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>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. <p><u>June/July 2023 Update</u></p> <p>This risk remains at very high/extreme 25 grading as capacity continues to be a significant safety issue. Plans have been put in place to mitigate this risk which include:</p> <ul style="list-style-type: none"> • When REH reaches 100% capacity (N=105 places occupied), HSCP Chief offers are brought together to expedite discharge and manage admissions., along with seeking support from other Boards. • When REH is at 110 capacity (unsafe environment) SG and the Board are informed and REH will be closed to admissions plus partnership working across the system. • The above processes are being laid out in a protocol, which has been agreed by all partners • Edinburgh HSCP is the largest contributor to REH occupancy, and they are developing a plan to reduce discharge delays, which will be monitored via the Performance Oversight Board. 	
	Risk Grading:	CMT February 2023	CMT March 2023
		Very High 25	Very High 25

Removed Risks and Rational 2022/23 - Corporate Risk

Risk ID	Opened	Risk Title	Recommendation	Rationale
4813	23/07/19	Royal Hospital for Children & Young People/Dept of Clinical Neurosciences	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Services will be fully operational by the end of March 2021.
4694	04/04/19	Waste Management	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	This risk was accepted onto the CRR due to unforeseen external provider availability which resulted in additional financial risk and H&S issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	26/07/13	Medical Workforce	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	04/04/19	Brexit/EU exit	Board approved closing the risk as per 1 December 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	13/02/2013	Learning from Complaints	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.

Risk ID	Opened	Risk Title	Recommendation	Rationale
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. The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.

**ESTATES & FACILITIES – REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC)
BRIEFING****1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the NHS Lothian Board are briefed surrounding the NHS Lothian Estates and Facilities directorate response to the Safety Action Notice (SAN2302) issued in February 2023 by Health Facilities Scotland relating to the potential for RAAC presence within our buildings.

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

2 Recommendations

- 2.1 Members are asked to;
- 2.1.1 **Review** and **discuss** the contents of this report with particular focus surrounding the work carried out, to date.
- 2.1.2 **Agree** with the Estates and Facilities recommendations for next steps contained within this report.
- 2.1.3 Be **aware** of the potential risks and issues in the event that RAAC is found within our buildings with particular awareness around buildings that are found to have RAAC which has significantly deteriorated.

3 Discussion of Key Issues**3.1 Background**

- 3.1.1 Autoclaved Aerated Concrete (AAC) is different from normal dense concrete. It has no coarse aggregate, and is made in factories using fine aggregate, chemicals to create gas bubbles, and heat to cure the compound.
- 3.1.2 It is relatively weak with a low capacity for developing bond with embedded reinforcement. It was used in two main forms of structural elements: lightweight masonry blocks and structural units (such as roof planks, walls, and floor units).
- 3.1.3 When reinforced to form structural units, the protection of the reinforcement against corrosion is provided by a bituminous or a cement latex coating. This is then made into planks which are primarily found in roof construction and, on some occasions, walls, and floors.
- 3.1.3.1 Specific concerns that have arisen with roof planks made from RAAC are as follows.
- a) Rusting of embedded reinforcement leading to cracking of the AAC cover.

- b) Cracking, of varying degrees of severity, thought to be associated with moisture and temperature related movement in planks.
- c) Excessive movement.
- d) Floor and roof planks tending to act independently rather than as a single, structural, entity.
- e) Limited visible exposure of panels to assess their condition could result in catastrophic failure with no prior warning.

3.1.4 RAAC buildings are widely believed to be beyond their design life and are proven to not have the same longevity as some other types of construction.

3.1.5 In February of 2023, all Health Boards in Scotland were requested to conduct checks for RAAC following a roof collapse within a school building in England. This applies to buildings constructed between 1960 through to 1980 although some use of RAAC has been found in buildings constructed in the 1990's. Any buildings built after this date will not contain RAAC as its use was phased out.

3.1.6 As a result of the above NHS Scotland Assure contacted all Boards to request a list of properties which could potentially contain RAAC. The property list was compiled and has been used to engage a specialist survey partner (Currie & Brown) who will ensure specialist review and support.

3.1.7 A desktop 'assessment on likelihood' was carried out as part of the initial phase of works by Currie & Brown, on each Board in Scotland, to ascertain the likelihood of RAAC being present within the estate portfolio. The criteria for the survey were as follows;

- Year of building construction.
- Form of construction (where known).
- Presence of any concrete looking material.
- Presence of flat roofs.
- Presence of low-pitched roofs.

3.1.8 Initial findings of the survey for sites within NHS Lothian are listed within **Appendix 1** of this paper with a summary of the output contained within the table below. **The risk categories highlighted relate to the likelihood of RAAC being found within buildings and not the current risk profile of the overall building.**

Board	High Risk	Medium Risk	Low Risk	Total
NHS Lothian	8	27	12	47

3.1.9 Buildings contained within the high risk category are highlighted below;

- Bonnyrigg Health Centre
- Lauriston Building
- Princess Alexandra Eye Pavilion
- Royal Edinburgh Hospital – Cullen/River Centre Extension
- Royal Edinburgh Hospital – Link Corridor/X-Ray
- Stoneyburn Health Centre
- Tranent Medical Practice
- Western General Hospital – Gas Store

3.1.10 It is worth noting that the risk ratings noted above are based on a desktop exercise and the afore mentioned criteria. They do not confirm the presence of RAAC within our buildings.

3.2 Current Situation

3.2.1 The next stage of the process, as defined by NHS Scotland Assure, will be for discovery surveys to be undertaken, by Currie & Brown, which will confirm the presence of RAAC, or not, within our buildings. The output of the discovery surveys will provide further information on any recommended remedial actions including indicative costs.

3.2.1.1 The discovery surveys will take the form of a physical site visit, by Currie & Brown, who will walk the site and review building infrastructure. Where potential RAAC is highlighted, this will be investigated, confirmed, and then reported back to NHS Lothian via the provision of a formal report. This report will detail a RAG rating of risks found along with remedial work suggestions and costings.

3.2.2 The NHS Lothian Estates and Facilities Hard FM team have now submitted the site listing to NHS Scotland Assure of sites which are to form part of the discovery survey process.

3.2.2.1 Following submissions of the finalised site listing for discovery surveys to be carried out NHS Lothian have now had provisional dates issued. These dates are further detailed in the programme contained within **Appendix 2** of this report. It should be noted that NHS Lothian has had no involvement in the order of surveys being undertaken.

3.2.2.2 The provisional dates referenced in section 3.2.2.1 are subject to change dependant on what is found on each site. Survey visits are also dependant on access being available and the submission of asbestos register and floor plan detail for each site. This information will aid Currie & Brown to identify specific areas/rooms within each site to carry out inspections. The NHS Lothian Hard FM team will ensure all relevant information is submitted prior to visits being arranged including notifying clinical colleagues where required.

3.2.2.3 The Director of NHS Lothian Estates and Facilities has formally written to Currie & Brown to express concerns around the length of time proposed to survey buildings deemed as high risk, with the majority not currently scheduled until November or December of 2023. A separate note has been issued to NHS Scotland Assure to ask that High Risk sites be the priority for upcoming surveys.

3.2.3 Any RAAC found as part of the discovery survey process will be risk assessed based on current condition with additional information provided where required. Where any immediate health and safety concerns are observed urgent contact will be made with NHS Lothian highlighting the urgency of the works along with the suggested remedial actions required in order to make the situation safe.

3.3 Impact on PFI and non-NHS owned buildings.

3.3.1 Following initial notification of the issues described in this report a full review was carried out of all NHS Lothian PFI buildings by the Estates and Facilities Land and Property team.

3.3.2 The output of the review clarified that no PFI property was built prior to 1990 (with the oldest build date of current PFI buildings being the year 2000). As such, no PFI property is considered a risk.

3.3.3 In recognition of our duty of care to all staff members the NHS Lothian Estates & Facilities team are in the process of obtaining a list of non NHS Lothian owned / leased buildings that we have staff present in, from HSCP leads, and will look to obtain assurance for these buildings in relation to RAAC presence.

3.4 Future Maintenance Considerations

3.4.1 If RAAC is discovered on any sites within NHS Lothian, there will be a responsibility on the Hard Facilities Management team to provide ongoing maintenance checks where an immediate fix is not possible. This will require a structural engineer or building surveyor training programme to ensure our team is competent to carry out the relevant maintenance. NHS Scotland Assure are currently investigating options surrounding this.

3.4.1.1 Where additional maintenance is required, as described in section 3.4.1 above this would be documented and tracked via the Computer Aided Facilities Management system (Agility).

4 **Key Risks**

4.1 There is a risk that if the detail and steps proposed by NHS Scotland Assure are not followed NHS Lothian will be unable to correctly identify buildings containing RAAC.

4.2 There is a risk that survey findings may raise a requirement for immediate partial or whole building closure as has been seen in other public organisations (for example educational settings) or the installation of intrusive temporary supports as an interim safety measure. This will be based on a number of factors (use/condition/feasibility of remedial repairs) and will have to be dealt with on a case by case basis.

4.3 It is important to recognise that currently pre these works; NHS Lothian Buildings infrastructure does not provide the capacities we require to fully deliver compliant access to services for our increasing population and our population demographic.

4.4 Operational impact may be seen during survey phase if invasive works are required. Loss of part of or whole buildings will have a detrimental impact on operational delivery and would likely impact on access times for patients.

4.5 We are yet to understand the financial implications of this work and its consequential findings, important to also note, there is no confirmation from Scot Gov as to the availability of support funding at this time.

4.6 There is a risk that if remedial works are not acted upon and implemented, where RAAC is discovered, our patients, staff and visitors could be at risk from building fragility.

4.7 There is significant risk of negative media interest although it is noted that overarching media communication is being handled on a national level.

5 Risk Register

- 5.1 A Risk Assessment is currently being compiled for the overall risks associated with the detail contained within this report. Upon completion this will be added to the Estates and Facilities Risk Register for oversight and regularly updated to include the results of the pending discovery surveys.
- 5.2 A Safety Action Notice (SAN), reference SAN2302, has been issued by the Health Facilities Scotland IRIC. The overall actions to resolve the SAN has been placed with NHS Scotland Assure however within NHS Lothian agreement has been made to manage this process via the NHS Lothian Alerts Team.

6 Impact on Inequality, Including Health Inequalities

- 6.1 Initial desktop surveys have been carried out in relation to the potential impact of RAAC across NHS Lothian. The output of this is detailed within Appendix 1.
- 6.2 Further survey work is to be carried out in the form of discovery surveys across the NHS Lothian estate. It is anticipated that this work will begin on the 31st July 2023.
- 6.3 No other impact assessment work has been carried out at this stage.

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

- 7.1 This section must be completed where appropriate: For all papers proposing strategies/ policies or service change, evidence must be presented on how legal duties of involvement have been met and how the outputs from informing, engaging, and consulting have been used.

8 Resource Implications

8.1 Labour

- 8.1.1 There are no anticipated additional labour resource implications at this stage. Survey work resource will come in the form of Currie & Brown who will act as our specialist lead through-out the process. Review of the detail and further engagement surrounding potential remedial works will be resourced via the current Estates and Facilities Hard FM team.

8.2 Commercial

- 8.2.1 The commercial implications of any remedial works resulting from the survey work outlined in this report are not yet known however it is noted that there will be a requirement on the Board to ensure risks highlighted are actioned within appropriate timescales.
- 8.2.2 Funding for works associated with the content of this report have not been included in any current financial programme.
- 8.2.3 It is not yet known, as of the date of this report, if funding will be made available via Scottish Government. It is understood that the Scottish Government will await the output of the discovery survey process prior to making any funding decisions.

Alexander Crawford

Business Manager – Estates and Facilities

15th August 2023

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List of Appendices

Appendix 1: NHS Lothian RAAC Desktop Survey List

Appendix 2: NHS Lothian Discovery Survey Programme

Appendix 1: NHS Lothian RAAC Desktop Survey List

NHS Board	Site Code	Site Name	Block No.	Block Name	Block GIA (m2)	No of Floors	Const Date	Construction	Likelihood Category
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	2B	OLD INCINERATOR	40	1	Unknown	Masonry	Medium Likelihood of RAAC
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	1Y	Booster House	44	1	possibly 1950-60's	Masonry	Medium Likelihood of RAAC
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	2A	Laundry	64	2	possibly 1950-60's	Masonry	Medium Likelihood of RAAC
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	1N	Building Workshops	104	3	possibly 1950-60's	Masonry	Medium Likelihood of RAAC
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	1Z	North Generator House	127	2	possibly 1950-60's	Masonry	Medium Likelihood of RAAC
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	1J	Children's Crèche	200	1			Medium Likelihood of RAAC
NHS Lothian	S201H	ASTLEY AINSLIE HOSPITAL	1F	Charles Bell Pavilion	2448	5	1960's	Precast concrete	Medium Likelihood of RAAC
NHS Lothian	S311H	BATHGATE HOUSE	01	BATHGATE HOUSE	184	1	1965	Masonry	Low Likelihood of RAAC
NHS Lothian	S302B	BLACKRIDGE HEALTH CENTRE	01	BLACKRIDGE HEALTH CENTRE	402	1	1961	Masonry and timber	Medium Likelihood of RAAC
NHS Lothian	S203B	BONNYRIGG HEALTH CENTRE (OLD)	A1	BONNYRIGG HEALTH CENTRE (OLD)	2500	1	1970	-	High Likelihood of RAAC
NHS Lothian	S309B	CARMONDEAN MEDICAL GROUP	01	CARMONDEAN MEDICAL GROUP	1680.52	1	1961	Masonry	Medium Likelihood of RAAC
NHS Lothian	S639W	COMELY BANK CENTRE	1A	COMELYBANK CENTRE	3043	2	1985		Low Likelihood of RAAC
NHS Lothian	S126C	CRAIGROYSTON HEALTH CENTRE	A1	CRAIGROYSTON HEALTH CENTRE	1170	2	1980	Masonry	Low Likelihood of RAAC
NHS Lothian	S304B	CRAIGSHILL HEALTH CENTRE	01	CRAIGSHILL HEALTH CENTRE	330.66	2	1960		Medium Likelihood of RAAC
NHS Lothian	S313B	DEDRIDGE HEALTH CENTRE	1A	DEDRIDGE HEALTH CENTRE.	1589	3	1976	Masonry	Low Likelihood of RAAC
NHS Lothian	S374C	LAURISTON BUILDING	01	LAURISTON BUILDING	25627.66	11	1963		High Likelihood of RAAC
NHS Lothian	S209H	LIBERTON HOSPITAL	1J	CHANGING ROOM BLOCK	162	2	1968?	-	Medium Likelihood of RAAC
NHS Lothian	S209H	LIBERTON HOSPITAL	1N	BOILERHOUSE	249	1	1968?	-	Medium Likelihood of RAAC
NHS Lothian	S209H	LIBERTON HOSPITAL	1C	XRAY CONSULTING ROOMS ETC	387	1	1968?	-	Low Likelihood of RAAC
NHS Lothian	S209H	LIBERTON HOSPITAL	1F	KITCHEN BLOCK	549	2	1968?	-	Medium Likelihood of RAAC
NHS Lothian	S209H	LIBERTON HOSPITAL	1B	PARAMEDICAL BLOCK	577	1	1968?	-	Medium Likelihood of RAAC
NHS Lothian	S209H	LIBERTON HOSPITAL	1E	PHARMACY & DINING RM	650	2	1968?	-	Medium Likelihood of RAAC
NHS Lothian	S310C	LINLITHGOW HEALTH CENTRE	1A	LINLITHGOW HEALTH CENTRE	1166.47	2	1961	Unknown, possibly masonry	Medium Likelihood of RAAC
NHS Lothian	S113C	NEWTON PORT CLINIC	A1	NEWTON PORT SURGERY	1114	2	1970	Masonry and cavity construction with slate and tiled roofs.	Low Likelihood of RAAC
NHS Lothian	S104B	NORTH BERWICK HEALTH CENTRE	1B	NORTH BERWICK HEALTH CENTRE	720	2	1973	Unknown	Medium Likelihood of RAAC
NHS Lothian	S316H	PRINCESS ALEXANDRA EYE PAVILION	01	PRINCESS ALEXANDRA EYE PAVILION	5935	9	1969	Framed - likely concrete based on GF columns and cladding	High Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	C1	CONTAINER	26	1	Unknown	Steel Container	Low Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	H0	Sewing Room	138.41	1	Unknown	Unknown	Low Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	A3	VERANDAH CLUB & LINK CORRIDOR	302.84	1	Unknown	Unknown	Medium Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	BC	CULLEN/RIVER CENTRE EXTENSION	351.26	1	Unknown	Masonry + PC Slabs	High Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	N4	LINK CORRIDOR/ X RAY	351.87	1	Unknown	Masonry + PC Slabs	High Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	HH	GREENHOUSES REH	460.97	1	Unknown	Masonry + PC Slabs	Medium Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	M2	LECTURE THEATRE	530.78	3	1929	Masonry + PC Slabs	Low Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	00	MERCHISTON/MEADOW	1697.46	2	1965 circa	Masonry + PC Slabs	Low Likelihood of RAAC
NHS Lothian	S217H	ROYAL EDINBURGH HOSPITAL	N1	ANDREW DUNCAN CLINIC	8581.85	5	1965	Masonry + PC Slabs	Low Likelihood of RAAC
NHS Lothian	S305H	ST. MICHAELS HOSPITAL	1E	30 BED UNIT AREAS.	1000	1	Varies by block (1880-1980)	Unknown, however asbestos report shows masonry construction, possibly lightweight monopitch roof.	Medium Likelihood of RAAC
NHS Lothian	S102B	STOCKBRIDGE HEALTH CENTRE	1A	Stockbridge Health Centre	1357.99	3	1975	RC Frame and masonry. Pitched possibly slate roof.	Medium Likelihood of RAAC
NHS Lothian	S306B	STONEBURN HEALTH CENTRE	1A	STONEBURN HEALTH CENTRE	426.79	1	1960's	Brick	High Likelihood of RAAC
NHS Lothian	S132B	TRANENT MEDICAL PRACTICE	A1	TRANENT MEDICAL PRACTICE	1135	2	1972 & 1994	brick	High Likelihood of RAAC
NHS Lothian	S116H	WESTERN GENERAL HOSPITAL	1G	Laundry Loading Bay 2	1	1		Brick and Steel Clad	Medium Likelihood of RAAC
NHS Lothian	S116H	WESTERN GENERAL HOSPITAL	1A	GAS STORE	2	1			High Likelihood of RAAC
NHS Lothian	S116H	WESTERN GENERAL HOSPITAL	1E	Laundry Bay 1	33	1			Medium Likelihood of RAAC
NHS Lothian	S116H	WESTERN GENERAL HOSPITAL	1B	Microbiology	1200	3		Precast	Medium Likelihood of RAAC
NHS Lothian	S116H	WESTERN GENERAL HOSPITAL	1D	Boiler house	1390	1		Traditional	Medium Likelihood of RAAC
NHS Lothian	S116H	WESTERN GENERAL HOSPITAL	1F	Main Laundry	5356	1		Brick and Steel Clad	Medium Likelihood of RAAC
NHS Lothian	S310B	WHITBURN HEALTH CENTRE	1A	WHITBURN HEALTH CENTRE	1659.92	1		Traditional	Medium Likelihood of RAAC
NHS Lothian	S312B	WINCHBURGH HEALTH CENTRE	1A	WINCHBURGH HEALTH CENTRE	402	1		Traditional	Low Likelihood of RAAC

Appendix 2: NHS Lothian Discovery Survey Programme

Beginning 12th October 2023	Beginning 22nd November 2023	Beginning 6th December 2023
Whitburn Health Centre	Astley Ainslie Hospital	Liberton Hospital
Blackridge Health Centre	Princess Alexandra Eye Pavilion	Newton Port Clinic
Carmondean Medical Group	Lauriston Building	North Berwick Health Centre
Linlithgow Health Centre	Stockbridge Health Centre	Tranent Medical Practice
Craigshill Health Centre	Western General Hospital	
Stoneyburn Health Centre	Royal Edinburgh Hospital	
St Michaels Hospital		

Meeting Name: Board Meeting date: 23 August 2023

Title: JUNE 2023 FINANCIAL POSITION AND YEAR-END FORECAST
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Purpose and Key Issues of the Report:

This paper provides an update to the Board on the financial outturn position at period 3 and the Quarter 1 forecast for 2023/24 for NHS Lothian Board.

DISCUSSION		DECISION		AWARENESS	X
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The paper details the following key points:

Lothian is overspent by £13.9m for the first 3 months of 23/24.

The Quarter 1 forecast is projecting an overspend of £27.5m at year end compared to a £52m projection previously shared in the Financial Plan.

The pro-rata improvement on the outturn reflects additional funding of £33m from the Scottish Government which was not in the Plan or in the year-to-date position.

The Quarter 1 review meetings with service areas will start from August to review the forecast position at a business unit level and agree actions to support achievement of efficiency schemes at 3%. Further work will be progressed to reduce the gap further, including ongoing discussion with the Scottish Government to ensure all uplift resources are received.

Recommendations:

The Board is asked to accept that:

- The Finance and Resources Committee has considered the Quarter 1 forecast report and accepted limited assurance on NHS Lothian's ability to deliver a breakeven position in 2023/24.

Author: Andrew McCreadie Date: 10 August 2023	Director: Craig Marriott Date: 10 August 2023
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NHS Lothian

Board Meeting
23 August 2023

Director of Finance

JUNE 2023 FINANCIAL POSITION AND YEAR-END FORECAST

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position for NHS Lothian. As well as an update on the Month 3 position, the paper sets out the current year-end forecast based on information at Quarter 1.
- 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** that based on information available at this stage, the Finance and Resources Committee has considered the year-to-date position at Month 3 and the Quarter 1 Forecast and is content that NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2023/24, based on assumptions around additional funding.

3 Discussion of Key Issues

Financial Position as at 30th June 2023

- 3.1 At Period 3, NHS Lothian reported a year to date overspend position of £13.9m against the Revenue Resource Limit. A summary of the position compared to the Financial Plan is shown in Table 1 below with further detail subjectively in Appendix 1 and by operational unit in Appendix 2.

Table 1: Year to Date position compared to Financial Plan

	FP	FP est. Mth 3	YTD Mth 3	M'ment from FP Est
	£m	£m	£m	£m
Operational Position	(118.1)	(29.5)	(27.9)	1.6
Efficiencies	41.4	10.4	7.0	(3.4)
Gap before Reserves	(76.7)	(19.1)	(20.9)	(1.8)
Reserves/ Flexibility	24.7	6.2	7.0	0.8
Overall Gap	(52.0)	(12.9)	(13.9)	(1.0)

- 3.2 The year-to-date reported position reflects a net £1m adverse movement from the estimated plan at this stage.

Existing Pressures

- 3.3 The current overspend is largely based on cost pressures which are historical and anticipated in the Financial Plan.
- 3.4 Acute Drug expenditure is currently showing a £6.5m overspend. This is despite an additional £5m of funding allocated this year as part of additional availability of New Medicines Funding.
- 3.5 The financial plan estimated a pressure of £15.5m for GP prescribing for 23/24. Currently, due to a delay in receiving actual GP Prescribing detailed information, the month 3 position reports a position in line with the financial plan expected pressure, adjusted upwards by a pro-rata share of £1.5m (full year) for an additional tariff increase communicated by the Scottish Government at the start of this financial year. Therefore, as at month 3 a £4.3m overspend is reported. The IJBs have agreed to invest £5.7m of their available uplift reserve against GP Prescribing pressure and this will be released from month 4.
- 3.6 In the financial plan, Energy was highlighted as a key pressure area, and it was agreed to support the expected increase in costs with an additional £10m non-recurring funding as part of the Financial Plan Board paper. As at month 3, Energy is currently reporting a position in line with expectations and within budget, however it remains a risk.
- 3.7 Medical & Dental Pay continues to be an area of pressure in 23/24, with no reduction in trend. Junior Medical staffing expenditure continues to extend beyond available budget as gaps in rosters and ongoing restrictions of NES funding transfers the financial risk to NHS Lothian.

Efficiency Savings

- 3.8 The Financial Plan identified £41.4m of efficiency schemes, £13.4m short of the 3% target of £54.8m. Since the Financial Plan was approved, a further £3.3m of new schemes have been identified totalling £44.7m of schemes.
- 3.9 At period 3, £7m of savings have been achieved against a year-to-date plan of £10.4m, leaving a £3.4m shortfall. This position is shown by Business Unit in table 2.

Table 2: Efficiency Savings - Achieved

	3% Efficiency Target	Schemes Identified	YTD Planned	YTD Achieved	YTD Shortfall
	£'000	£'000	£'000	£'000	£'000
Acute Services Division	24,004	21,458	3,559	2,246	(1,313)
East Lothian Partnership	2,384	1,977	394	194	(200)
Edinburgh Partnership	10,024	4,563	1,081	651	(431)
Midlothian Partnership	2,122	1,708	427	178	(249)
West Lothian Hsc Partnership	3,916	3,767	784	816	33
Directorate Of Primary Care	139	739	185	166	(19)
Reas	3,044	1,995	499	488	(11)
Corporate Services	4,897	4,028	2,193	696	(1,497)
Facilities	3,865	4,077	1,288	1,542	254
Inc + Assoc Hlthcare Purchases	387	387	0	0	0
Grand Total	54,782	44,700	10,410	6,978	(3,432)

- 3.10 A review of scheme delivery will form a key part of the Quarter 1 review meetings with Service areas. The discussions will look to understand any schemes that are behind delivery target to date and what other potential opportunities may be available to achieve the 3% efficiency target delivery. Efficiency delivery will also be closely monitored by the Financial Improvement Group (FIG) as part of the escalation process. To achieve financial balance, it is key that services deliver against the full £54.7m target identified.

4 Quarter 1 Review

- 4.1 The 2023/24 Financial Plan was approved by the NHS Lothian Board on April 6th 2023 with a £52m gap forecast. In recognition of the challenge to deliver financial balance this year and sustainably, the Corporate Finance Objective is defined as follows:

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, whilst managing the risks inherent in achieving the £52m forecast. Reduce the organisational recurring deficit of £104m to improve long term financial sustainability.

- 4.2 To reduce that gap and achieve financial balance, in year financial performance requires to be measured against four dimensions, per the corporate finance objective:

1. Preventing deterioration of the £52m gap;
2. Improve that £52m gap to breakeven;
3. Deliver against an efficiency target of 3% in support of (2) above;
4. Reduce the £104m recurring gap.

- 4.3 Following the first quarter of the year an updated year-end forecast has been prepared to establish progress towards a balanced outturn. Based on the work

to date through the Quarter 1 review process, The Finance and Resources Committee were content to accept limited assurance on the achievement of breakeven at year end. The improved assurance rating reflects the receipt of the additional Scottish Government funding, recognising that a significant number of risks remain at this stage.

- 4.4 Table 3 below shows that the forecast gap has reduced from £52m in the Financial Plan to £27.5m, an improvement of £24.5m. However, there are assumptions within this that remain at risk, the most significant being full delivery of the currently identified efficiency plans. The main areas of movement in the forecast position compared to the Financial Plan are set out below.

Table 3: Quarter 1 Forecast

	FP £m	Q1 Forecast £m	Movement £m	Notes
Operational Position	£(118.1)	£(133.6)	£(15.5)	New Pressures previously not shown in FP/ increased level pressures
Reserves & Flexibility	£24.7	£28.0	£3.3	Additional Reserves identified
Gap Before Efficiencies	£(93.4)	£(105.6)	£(12.2)	Increased Gap in Operational Position
Efficiencies	£41.4	£44.7	£3.3	Increased level of efficiencies identified
Overall Gap	£(52.0)	£(60.9)	£(8.9)	Q1 Forecast
Additional SG Funding	£0.0	£33.4	£33.4	New Funding Allocated by SG - New Medicine Fund & Sustainability
Revised Overall Gap	£(52.0)	£(27.5)	£24.5	Revised Q1 Forecast

- 4.5 The overall improvement of £24.5m is principally due to new allocations being received on the initial SG allocation letter previously not notified or anticipated. From the New Medicines Fund (NMF) an additional £15m has been released to Boards along with an additional £18m for Sustainability.
- 4.6 The allocation of sustainability funding weighted towards Boards behind NRAC parity, bringing those Boards to 0.6% from parity. The SG will review the NRAC position with the intention to make incremental reductions in parity distance in the coming years.
- 4.7 Business Units overall are showing a deterioration in forecast from the Financial Plan by £12m, offset by an additional £3m of Reserves/Flexibility compared to the Financial Plan estimate.
- 4.8 As indicated earlier, following Quarter 1 discussions with the Business Units a plan for distribution of available corporate flexibility will be drawn up for approval to offset the operational pressures. This also includes a plan to for the distribution of the new government allocations received.
- 4.9 Table 4 below summarises progress against key financial objectives to delivery financial balance and sustainability for future years. Ongoing forecasting work

and quarterly reviews will allow regular updates to be reported to highlight progress or otherwise against key targets.

Table 4 – Progress against Dimensions of Corporate Financial Objectives

Financial Objectives	Q1 Update
Managing against the forecast £52m gap	Cost pressures continue to impact on our ability to manage to this position.
Improving the £52m gap to breakeven	Scottish Government funding has reduced the gap. Further delivery of efficiency savings critical to further reduction as well as identification of other opportunities to reduce spend or increase available resource.
Deliver against an efficiency target of 3%	Currently £10m gap in identified schemes to achieve 3%. Further work to deliver this in support of the 3% achievement and delivery of breakeven.
Reduce the £104m recurring gap	The Q1 review focuses on in-year financial performance. A fuller assessment will be made on the recurring gap at mid-year. Actions to deliver improvements recurrently will have a consequential favourable impact for 24/25.

Next Steps

- 4.10 Whilst improvement is evident compared to the Financial Plan, this has fundamentally been a consequence of additional resources allocated by the SG which were not available at the time of the Financial Plan.
- 4.11 The next steps will be to:
- Work with the Scottish Government to agree additional pay award funding due;
 - Agree the SLA uplift with other boards for the current financial year;
 - Progress the Quarterly review discussions to establish risks to financial forecast and mitigation;
 - Continue the work to ensure full delivery of the 3% efficiency requirement, with supplementary schemes to manage the risk for shortfalls in delivery for schemes identified;
 - Discuss the key cost pressures across services and agree how any corporately held flexibility already within Reserves may be deployed to support these cost pressures either recurrently or non-recurrently.

5 Risk Register

- 5.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

5.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

5.3 An updated risk register, as at quarter 1, is shown at Appendix 3.

6 Impact on Inequality, Including Health Inequalities

6.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

7.1 The implementation of the financial plan and the delivery of a breakeven outturn 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.

8 Resource Implications

8.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

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Director of Finance

10th August 2023

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Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th June 2023

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2023

Appendix 3 – Updated Risk Register

Appendix 1 - Lothian Income & Expenditure Summary to 30th June 2023

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	323,252	80,843	85,654	(4,811)
Nursing	608,213	152,195	153,026	(831)
Administrative Services	191,379	55,718	54,884	834
Allied Health Professionals	108,649	27,452	27,867	(415)
Health Science Services	51,602	13,499	13,506	(7)
Management	8,053	1,981	1,868	113
Support Services	94,756	23,696	25,201	(1,505)
Medical & Dental Support	17,496	4,463	4,505	(42)
Other Therapeutic	60,944	15,098	15,118	(21)
Personal & Social Care	3,741	756	657	99
Other Pay	(13,289)	(13,352)	(13,526)	174
Emergency Services	0	0	8	(8)
Vacancy Factor	(677)	(169)	0	(169)
Pay	1,454,119	362,181	368,769	(6,588)
Drugs	124,355	29,240	35,752	(6,512)
Medical Supplies	89,763	24,661	29,478	(4,817)
Maintenance Costs	5,628	1,630	3,101	(1,471)
Property Costs	53,752	11,714	11,130	584
Equipment Costs	33,138	5,004	6,940	(1,936)
Transport Costs	8,212	2,110	2,704	(593)
Administration Costs	169,029	12,097	13,919	(1,822)
Ancillary Costs	11,904	2,941	4,071	(1,130)
Other	(28,937)	(17,029)	(17,136)	107
Service Agreement Patient Serv	25,061	(1,231)	(1,640)	409
Savings Target Non-pay	83	75	0	75
Resource Trf + L/a Payments	114,420	28,802	28,926	(124)
Non-pay	606,406	100,014	117,245	(17,231)
Gms2 Expenditure	124,639	36,778	37,245	(466)
Ncl Expenditure	(72)	(18)	226	(245)
Other Primary Care Expenditure	87	22	17	4
Pharmaceuticals	153,715	38,470	42,923	(4,453)
Primary Care	278,369	75,252	80,412	(5,159)
Other	(1,381)	(372)	(287)	(85)
Income	(320,560)	(85,747)	(94,009)	8,262
Extraordinary Items	0	0	79	(79)
CORE POSITION	2,016,953	451,328	472,209	(20,881)
Reserves/ Flexibility	7,000	7,000	0	7,000
TOTAL	2,023,953	458,328	472,209	(13,881)

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th June 2023

YTD Variance	Acute Services Division	East Lothian Partnership	Edinburgh Partnership	Midlothian Partnership	West Lothian Hsc Partnership	Directorate Primary Care	Reas	Corporate Services	Facilities	Strategic Services	Research + Teaching	Inc + Assoc Hlthcare Purchases	Gap Before Reserves	Reserves	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Medical & Dental	(4,061)	(73)	(163)	(41)	28	(176)	(265)	141	(15)	(157)	(29)	0	(4,811)	0	(4,811)
Nursing	(1,734)	624	1,329	130	590	(59)	(480)	(1,036)	(26)	(130)	(39)	0	(831)	0	(831)
Administrative Services	(1)	41	289	(72)	26	110	(118)	533	75	99	(149)	0	834	0	834
Allied Health Professionals	(721)	86	249	(27)	189	(7)	(163)	(33)	14	0	0	0	(415)	0	(415)
Health Science Services	(252)	0	389	(6)	2	6	0	(131)	(9)	0	(7)	0	(7)	0	(7)
Management	(39)	(13)	3	5	0	(5)	3	53	(1)	105	2	0	113	0	113
Support Services	15	0	23	4	1	(49)	42	(25)	(1,545)	29	0	0	(1,505)	0	(1,505)
Medical & Dental Support	(325)	32	2	0	0	206	2	40	0	0	0	0	(42)	0	(42)
Other Therapeutic	0	89	76	10	(49)	7	138	(288)	0	0	(3)	0	(21)	0	(21)
Personal & Social Care	(9)	3	26	0	0	4	15	60	0	0	0	0	99	0	99
Other Pay	66	0	7	0	0	9	14	79	0	0	0	0	174	0	174
Emergency Services	0	0	0	0	0	0	0	0	(8)	0	0	0	(8)	0	(8)
Vacancy Factor	(6)	0	(184)	0	0	21	0	0	0	0	0	0	(169)	0	(169)
Pay	(7,066)	789	2,045	3	788	66	(812)	(608)	(1,514)	(54)	(225)	0	(6,588)	0	(6,588)
Drugs	(5,537)	(119)	(291)	(93)	(6)	(128)	(275)	98	(1)	(162)	0	0	(6,512)	0	(6,512)
Medical Supplies	(3,858)	(111)	(466)	(20)	(193)	(125)	(37)	82	(88)	0	0	0	(4,817)	0	(4,817)
Maintenance Costs	(206)	(43)	(61)	(90)	(43)	(106)	(64)	(35)	(823)	0	0	0	(1,471)	0	(1,471)
Property Costs	(4)	31	(4)	63	(25)	82	(3)	(23)	467	0	0	0	584	0	584
Equipment Costs	(1,066)	(78)	(244)	(46)	(84)	55	(74)	(35)	(387)	(1)	(0)	0	(1,936)	0	(1,936)
Transport Costs	(228)	(73)	(58)	(34)	(34)	(16)	(5)	(12)	(110)	5	(1)	(4)	(593)	0	(593)
Administration Costs	346	21	259	100	169	699	(68)	(348)	(440)	(2,682)	114	9	(1,822)	0	(1,822)
Ancillary Costs	(147)	(5)	11	3	8	16	15	(198)	(833)	0	(0)	0	(1,130)	0	(1,130)
Other	(72)	(0)	(2)	0	(0)	(1)	98	96	(13)	0	0	0	107	0	107
Service Agreement Patient Serv	52	(44)	39	16	(14)	(4)	502	41	(8)	0	0	(170)	409	0	409
Savings Target Non-pay	(0)	0	0	0	0	0	0	75	0	(0)	0	0	75	0	75
Resource Trf + L/a Payments	(15)	(10)	(68)	(3)	(6)	0	(26)	13	(8)	0	0	0	(124)	0	(124)
Non-pay	(10,736)	(432)	(884)	(104)	(228)	473	63	(246)	(2,244)	(2,839)	113	(166)	(17,231)	0	(17,231)
Gms2 Expenditure	(5)	(151)	(205)	(134)	48	(5)	(3)	(8)	(2)	0	0	0	(466)	0	(466)
Ncl Expenditure	0	0	0	0	0	(245)	0	0	0	0	0	0	(245)	0	(245)
Other Primary Care Expenditure	4	0	0	0	0	0	0	0	0	0	0	0	4	0	4
Pharmaceuticals	0	(606)	(2,100)	(462)	(970)	(314)	0	(0)	0	0	0	0	(4,453)	0	(4,453)
Primary Care	(1)	(757)	(2,305)	(597)	(922)	(563)	(3)	(9)	(2)	0	0	0	(5,159)	0	(5,159)
Other	(0)	0	(5)	0	(9)	0	(0)	0	0	0	0	(71)	(85)	0	(85)
Income	1,136	7	(22)	8	45	16	3	337	265	2,180	105	4,182	8,262	0	8,262
Extraordinary Items	0	0	0	0	0	0	0	0	0	(79)	0	0	(79)	0	(79)
CORE POSITION	(16,666)	(394)	(1,172)	(690)	(326)	(8)	(750)	(525)	(3,495)	(792)	(8)	3,944	(20,881)	0	(20,881)
Reserves/ Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	7,000	7,000
TOTAL	(16,666)	(394)	(1,172)	(690)	(326)	(8)	(750)	(525)	(3,495)	(792)	(8)	3,944	(20,881)	7,000	(13,881)
FP est. Mth 3 -	(14,184)	(371)	(965)	(168)	(408)	13	(20)	(617)	(2,949)	(586)	(464)	1,590	(19,128)	6,182	(12,946)
Estimated YTD movement from FP	(2,482)	(23)	(207)	(522)	82	(22)	(730)	92	(546)	(206)	456	2,355	(1,753)	818	(935)

Appendix 3 – Updated Risk Register

Key Assumptions / Risks	FP Risk rating	Impact	Q1 Risk Update	Updated Risk rating
SGHD Allocations	High Risk	There is a high degree of uncertainty relating to SG allocations both core and covid related leaving services uncertain around ongoing funding for delivery plans and recruitment and also uncertainty over the availability to cover the additional costs of Covid.	SG are trying to pass out allocations earlier than in previous years and a number have already been received.	Medium Risk
Covid Activity	High Risk	There is a high degree of uncertainty relating to the future activity levels of Covid. Therefore, the additional costs as identified are based on a set of assumptions around activity levels which may change.	Still a level of uncertainty about ongoing covid services and their requirement going forward in terms of testing and vaccination and public health input.	Medium Risk
Pay Award	High Risk	There is a risk that the pay settlement finally agreed results in an additional cost burden to the board which is not fully funded by the SG. Current assumptions made are that pay awards will be fully funded.	Pay Award funding now received for 22/23& 23/24 for AFC staff on baseline recurring funding, but still uncertainty on uplift in relation to n/r allocations. Also still awaiting receipt of some covid service allocations.	Low Risk
Energy	High Risk	An assessment of an increase in the costs of energy has been made. However, energy costs have been volatile and there is a risk that costs may increase beyond that anticipated.	Energy costs are in line with predictions.	Medium Risk
Access/Urgent Care	High Risk	There requires to be continued management of the financial exposure on elective capacity pressures. The risk is that the current investment plans are revised to improve performance, without additional funding.	Ongoing High Risk	High Risk
Delayed Discharge	High Risk	There is a requirement to manage the volume of delayed discharges - the estimate for 23/24 does not consider any further deterioration in this area.	Ongoing High Risk	High Risk
Winter Costs	High Risk	The costs of winter in 23/24 are expected to be within normal tolerance levels. There is a risk that the financial impact of winter exceeds that currently planned.	Ongoing High Risk	High Risk
Unfunded Beds	High Risk	There is a requirement to reduce the number of unfunded beds open across the system in 23/24 due to the non-recurring nature of funding in 22/23. The risk is that the operational pressures within the system will be adversely impacted, or a financial risk that these beds cannot close.	Ongoing High Risk. Beds and funding for beds being reviewed on a regular basis.	High Risk
Efficiency Savings	High Risk	There is a very real risk that Directorate Management will not have the opportunity to provide sufficient focus to the Efficiency programme next year due to in year challenges around Covid.	Ongoing High Risk	High Risk
Capital Funding	High Risk	The level of available Capital Funding in 23/24 and beyond poses operational risk for supporting infrastructure both planned and unplanned.	Ongoing High Risk	High Risk
Integration	Medium Risk	The assumption is that any flexibility from NHS resources at an IJB level will stay within Lothian. The IJBs may wish to consider other options for utilising any flexible resource	Currently all IJBs are forecasting an overspend position, so there is no flexible resource identified at Q1.	Medium Risk
IJB Performance	Medium Risk	As IJBs attempt to deliver financial balance across health and social care portfolios, there is a risk that an additional operational and subsequent financial burden is placed on the health board.	Ongoing Risk	Medium Risk
GP Prescribing	Medium Risk	The Financial Plan has been reviewed in line with current unit cost and activity, but these elements remain highly volatile.	Upgraded to High Risk based on lack of updated information and ongoing issues.	High Risk
Acute Medicines	Medium Risk	There is a risk that the level of growth exceeds that estimated in the Financial Plan. The impact of any additional growth or additional spend on high cost drugs remains an issue.	Ongoing Risk, but with additional New Medicines Funding being received, the level of overspend predicted is reduced.	Medium Risk
Availability of trained staff	Medium Risk	The availability of trained staff, particularly in light of guidance and regulations relating to the pandemic, has resulted in supply issues which has seen an increased use in agency staff and the associated costs.	Ongoing Risk	Medium Risk
Backdated pay claims	Low Risk	NHSL no longer has a provision for backdated pay claims, therefore any further claims will be an unplanned in year cost.	Ongoing Risk, currently focussed on CSW Band 2-3 regrading as biggest risk area.	Low Risk