

Agenda

09:30 - 09:35 **1. Welcome**
5 min
Verbal Peter Murray

09:35 - 09:37 **2. Apologies for Absence**
2 min
Verbal Peter Murray

09:37 - 09:40 **3. Declaration of Interests**
3 min
Verbal Peter Murray

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 Peter Murray

4.1. Minutes of Previous Board Meeting - 23 August 2023

For Approval Peter Murray

 4.1 23-08-23 Public Board Minutes (draft to meeting).pdf (8 pages)

4.2. Healthcare Governance Committee Minutes - 18 July 2023

For Noting Fiona Ireland

 4.2 Healthcare Governance Committee Minutes 18-07-23 (final).pdf (8 pages)

4.3. Audit and Risk Committee Minutes – 19 June 2023

For Noting Martin Connor

 4.3 Audit and Risk Committee Minutes 19-06-2023 (final).pdf (9 pages)

4.4. Midlothian Integration Joint Board Minutes - 22 June 2023

For Noting *Val de Souza*

 4.4 Midlothian IJB Minutes - 22 June 2023.pdf (20 pages)

4.5. East Lothian Integration Joint Board Minutes - 22 June 2023

For Noting *Shamin Akhtar*

 4.5 East Lothian IJB Minutes - 22 June 2023.pdf (8 pages)

4.6. Edinburgh Integration Joint Board Minutes - 08 August 2023

For Noting *Katharina Kasper*

 4.6 Edinburgh IJB Minutes - 08 August 2023.pdf (5 pages)

4.7. West Lothian Integration Joint Board Minutes - 08 August 2023

For Noting *Bill McQueen*

 4.7 West Lothian IJB Minutes - 08 August 2023.pdf (6 pages)

4.8. Pharmacy Practices Committee Outcomes Q1 and Q2 2023/24

Information *Jenny Long*

 4.8 PPC Progress report to Board - October 2023_.pdf (2 pages)

4.9. NHS Lothian 2024 Board and Committee Meeting Dates

For Approval *Darren Thompson*

 4.9 Schedule of Board and Committee Dates 2024-25 (final).pdf (5 pages)

4.10. Appointments of Members to Committees and Integration Joint Boards

For Approval *Darren Thompson*

 4.10 04 October 2023 - Board Appointments Report.pdf (3 pages)

Items for Discussion

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

5 min

Verbal *Peter Murray*

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

10 min

Discussion *Calum Campbell*

 6. Board Executive Team Report - 04 October 2023.pdf (14 pages)

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

5 min

Verbal *Peter Murray*

10:05 - 10:30 8. Independent Advisory Group on NHS Lothian's Historical Connections to Transatlantic Slavery: Recommendations to NHS Lothian Board.

25 min

Discussion *Jim Crombie*

📄 8. NHS Lothian Board Paper - Legacies of Slavery Advisory Group Recommendations (Final - 22 Sept 2023).pdf (14 pages)

10:30 - 10:55 **9. Winter Planning**

25 min

Discussion *Colin Briggs*

📄 9. Winter Planning to Board 04.10.23 (final).pdf (2 pages)

📄 9 (a). Lothian winter checklist response.pdf (8 pages)

10:55 - 11:05 ***BREAK***

10 min

11:05 - 11:35 **10. NHS Lothian Board Performance Paper**

30 min

Discussion *Jim Crombie*

📄 10. Board Paper Performance October 2023 Final.pdf (5 pages)

📄 10 (a). Public Board Performance Paper Appendix October 23 FINAL.pdf (16 pages)

11:35 - 11:55 **11. Corporate Risk Register**

20 min

Discussion *Tracey Gillies*

📄 11. Board Corporate Risk Register Paper 04 October 2023 (final).pdf (24 pages)

11:55 - 12:15 **12. NHS Lothian August 2023 Financial Position**

20 min

Discussion *Craig Marriott*

📄 12. NHS Lothian August 2023 Financial Position to October Board.pdf (7 pages)

12:15 - 12:20 **13. Any Other Business**

5 min

Verbal *Peter Murray*

12:20 - 12:25 **14. Reflections on the Meeting**

5 min

Verbal *Peter Murray*

12:25 - 12:30 **15. Date of Next Meeting**

5 min

For Noting *Peter Murray*

- 06 December 2023

LOTHIAN NHS BOARD

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 23 August 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Prof. J. Connaghan (Chair); Ms N. Akta; Mr P. Allenby; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Ms E. Gordon; Mr G. Gordon; Ms F. Ireland; Ms K. Kasper (from 10.20am); Mr P. Knight; Mr A. McCann; Mr B. McQueen; Cllr D. Milligan; Mr P. Murray 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) and Mr C. Marriott (Director of Finance).

In Attendance: Mr J. Crombie (Deputy Chief Executive); Ms J. Butler (Director of Human Resources); Ms M. Carr (Chief Officer, Acute Services); Ms J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Dr R. Gill (Lead Consultant – Health Care Public Health); Mr S. McAllister (Participant in the NHS Scotland Aspiring Chairs Programme); Mr M. Massaro-Mallinson (Interim Chief Officer, City of Edinburgh IJB); Ms F. Wilson (Chief Officer, East Lothian IJB); Mr O. Campbell (Strategic Programme Manager: Maternal & Child Health); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes);

Apologies for absence: Cllr S. Akhtar (Non-Executive Board Member); Mr A. Fleming (Non-Executive Board Member); Prof J. Innes (Non-Executive Board Member); Cllr S. Jenkinson (Non-Executive Board Member); Ms T. A. Miller (Employee Director and Non-Executive Board Member); Ms D. Milne (Director of Public Health and Health Policy); Mr C. Briggs (Director of Strategic Planning); Ms M. Barrow (Chief Officer, Midlothian IJB) and Ms A. White (Chief Officer, West Lothian IJB).

31. Declaration of Interests

31.1 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**32. Items proposed for Approval or Noting without further discussion**

32.1 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.

32.2 Minutes of Previous Board Meeting held on 21 June 2023 – Minutes were approved.

32.3 Healthcare Governance Committee Minutes – 23 May 2023 – Minutes were noted.

32.4 Healthcare Governance Committee Revised Terms of Reference – The revised terms of reference were approved.

- 32.5 Finance and Resources Committee Minutes – 07 June 2023 – Minutes were noted.
- 32.6 Staff Governance Committee Minutes – 31 May 2023 – Minutes were noted.
- 32.7 Audit and Risk Committee Minutes – 17 April 2023 – Minutes were noted.
- 32.8 Midlothian Integration Joint Board Minutes – 16 March & 13 April 2023 – Minutes were noted.
- 32.9 East Lothian Integration Joint Board Minutes – 25 May 2023 – Minutes were noted.
- 32.10 Edinburgh Integration Joint Board Minutes – 21 March, 13 & 27 June 2023 – Minutes were noted.
- 32.11 West Lothian Integration Joint Board Minutes – 21 March, 18 April & 27 June 2023 – Minutes were noted.
- 32.12 National Whistleblowing Standards - Performance Report Quarter 1 2023/24 – The Board noted the report.
- 32.13 Appointment of Contractor Pharmacist Member to Pharmacy Practices Committee – The Board agreed the recommendations in the paper, as follows:

- **To 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).

ITEMS FOR DISCUSSION

33. Board Chair's Report – August 2023

- 33.1 The Chair gave a verbal update, highlighting the following:
 - **Board Vice Chair** - Expressions of interest had been sought from eligible non-executive members for the expected vacancy in the Board Vice-Chair role. This was open until the end of August.
 - **Board's Ministerial Annual Review 2023** - This had been scheduled for Wednesday 18 October 2023, at the Western General Hospital. This marked a return to the format of previous years (pre-Covid), with stakeholder sessions and a public session with Q&A from members of the public. The Review would be conducted by the Cabinet Secretary and the Chief Operating Officer, NHS Scotland. Planning arrangements were underway. The outcome would be formally presented to the Board in the form of the Cabinet Secretary's follow-up letter, which was expected to follow 4-6 weeks after the Review meeting. **It was agreed that a high level summary of key performance data for public consumption would be produced in slide format to supplement the Chair's presentation at the Public Session.**

JC/CB

- **Royal Visits** - Successful Royal Visits had been held on 4 and 5 July, respectively. Their Majesties the King and Queen had visited the Royal Infirmary of Edinburgh on 4 July, in celebration of 75 years of the NHS and HRH The Princess Royal had officially open the Royal Hospital for Children and Young People (RHCYP) and Department of Clinical Neurosciences (DCN) on 5 July.

- **Scotland Organ Donation Group** – The Chair congratulated Mr George Gordon on his appointment as “chair of chairs” for Scotland’s local Organ Donation Sub-Committees.
- **NHS Lothian Performance & Relative Position** – The Chair had recently attended a meeting with the Cabinet Secretary where a range of performance issues had been discussed in detail.
- **Lucy Letby Case** – It was noted that, following the verdict in the Lucy Letby criminal case, the Cabinet Secretary would be writing to boards to seek assurance that appropriate systems were in place relating to how patient safety concerns were raised and addressed. The Director of HR & OD briefly reminded the Board of its current arrangements for dealing with Whistleblowing concerns, which aligned with the national standards set by the Independent National Whistleblowing Officer (INWO). The Executive Medical Director added that the Board participated in EMBRACE, the UK-wide benchmarking exercise on neonatal deaths, with trend data also monitored by Public Health Scotland and reviewed internally by the Board’s Healthcare Governance Committee.

34. **Board Executive Team (BET) Report – August 2023**

- 34.1 The Chief Executive presented the report, and the Board was briefed in more detail on the following points:
- 34.2 **Allegations of Inappropriate Removal of Patients from Waiting Lists** - The Chief Executive commented on recent media around this issue. He confirmed that an internal review had taken place immediately and that no concerns had been identified. It was considered that the Board was fully compliant with current requirements but an independent review had also been commissioned to ensure an appropriate level of assurance. The results of this would be presented at an executive level initially, via the Access Compliance and Assurance Group.
- 34.3 **Hospital Standardised Mortality Ratio (HSMR)** – The Chief Executive alerted the Board to a recent variation in the HSMR recorded at the Royal Infirmary of Edinburgh (RIE). An initial review of fifty cases had been carried out in response but no issues had been identified. Further work would be undertaken with Public Health Scotland and any relevant findings would be shared via the Healthcare Governance Committee.
- 34.4 **4-hour wait in Emergency Department** – The Chief Executive referred to recent media reports that had suggested a rise in deaths amongst patients who had waited for more than four hours in Scottish emergency departments (EDs). He highlighted several issues with how the data, provided in response to Freedom of Information requests, had been interpreted and reported, particularly in relation to NHS Lothian. Firstly, several large boards in Scotland had not provided data and therefore NHS Lothian’s figures appeared to have a disproportionate impact on the whole. Secondly, some headlines included the cumulative figures for years 2018 to 2023 and therefore risked giving an inaccurate impression. Finally, the reports had failed to compare the number of deaths with the number of patients presenting to the ED, which had also increased over the period. Doing so would have demonstrated that there had been no significant increase in the ratio of deaths to presentations. The Board expressed its disappointment that data had not been interpreted and presented appropriately.
- 34.5 **Bed System and Capacity Model** – The Deputy Chief Executive confirmed that the procurement process had now concluded and was into the formal appointment stage. Discussions were ongoing as to what the Lothian team would look like that would be supporting this work. The Chair added that this was an important piece of work for the Board and that capacity requirements against anticipated demand was also being looked at nationally.

- 35.1 There was also conversation around the connections with other services that would help to support the bed system and capacity model. The Vice Chair referred to the local authorities' "care and repair" services and their impact on the wider system, including delayed discharges. He noted that funding for such services was being reduced. The Board noted that it was planned to hold an IJB Development Session for Board Members after the SPPC meeting on 8 November 2023 where such issues could be discussed. The detail around this session would be issued to Board members in the coming weeks.
- 34.6 **Recruitment & Workforce** – The Director for HR & OD outlined the differences between the NHS Scotland and NHS England workforce plans. The Board noted that the NHS England plans were long term in nature (10-15 years) with clear projections, however, this was not available yet in Scotland with the Scottish Government still considering how to undertake projections to understand what the future numbers may look like. One of the key issues to consider was investment in the training pipeline, which was not sufficient to meet the projected workforce demands, particularly in nursing. A detailed report on the workforce pipeline for the East Region had recently been discussed by the Board's Staff Governance Committee and subsequently shared with the Scottish Government, to highlight the significant challenges and support the discussion of potential solutions.
- 34.7 **Perinatal Intensive Care Unit** – The Board noted that a new intensive care model for the highest risk pre-term babies had been agreed nationally. Three specialist intensive care neonatal units for babies born at highest risk would be based in Aberdeen Maternity Unit, Edinburgh Royal Infirmary and Queen Elizabeth University Hospital. The Chief Executive had accepted the position of South-East Scotland lead for the new model.
- 34.8 **Associate Director of Quality** – The Board noted that Ms Jill Gillies would be starting in this role in September, following the recent retirement of Ms Jo Bennett.
- 34.9 **NHS Lothian Leadership Conference – 25 October 2023: 'Make It Happen, Make it Matter'** - The Board noted that the event would be held both in person and live streamed. The Chair would discuss the event further with the Director for HR & OD outside the meeting.
- 34.10 Whilst acknowledging a range of ongoing challenges, Board members also noted a number of positive developments highlighted within the circulated Report. The Chair offered his thanks, on behalf of the Board, to all staff who continued to give their best efforts in delivering high quality services.
- 35. Opportunity for committee chairs or IJB leads to highlight material items for awareness**
- 35.1 **Healthcare Governance Committee** – The Chair of the Healthcare Governance Committee reported to the Board that following the investigation into concerns with the NHS Lothian audiology service, work had been commissioned to look at all physiology services and an interim paper had now been received and reviewed at the recent Healthcare Governance Committee meeting. The outcome had been satisfactory and there was follow up work to do with the services.
- 35.1.1 The Board also noted that the Healthcare Governance Committee continued to monitor the delivery of the HIS/RIE action plan following the Healthcare Improvement Scotland Inspection in March 2023 and there would be further detail coming to a subsequent Healthcare Governance Committee meeting. The Chair sought assurance that any learning from the RIE report has been applied to the other acute hospital sites.

- 35.2 *Finance and Resources Committee* - The Chair of the Finance and Resources Committee highlighted the ongoing monitoring of capital plans in relation to the Edinburgh Cancer Centre and Princess Alexandra Eye Pavilion. The Board was reminded that the Scottish Government intends on reviewing capital spend over the coming years and completion dates and costs may change. The Finance and Resources Committee continued to review the potential to maximise developers' contributions related to healthcare.
- 35.3 *Staff Governance Committee* – The Chair of the Staff Governance Committee reported on recent updates around agency staffing use. The Executive Nurse Director confirmed that the position remained steady for June, July, and August due to the large vacancy gap, but there had been increased recruitment and staff bank availability. There had been a significant recruitment campaign resulting in one thousand new recruits starting between July and October. The exit plans for agency use remained ongoing with the most expensive agency not being used since June. There were also plans to bring 130-140 final year students into the pipeline. In relation to forty overseas recruits, the Director of HR & OD confirmed this was a result of ethical recruitment practices, aligned with the UK Code of Practice for International Recruitment.
- 35.4 *Midlothian Integration Joint Board* – The Chair of the Midlothian IJB advised that the IJB had written to the Cabinet Secretary regarding funding challenges and there was to be a meeting on 25 August between IJBs and the Scottish Government to discuss the awareness of the funding challenges of the whole system and to strengthen the expectation that local government should pass allocated funding over to IJBs fully and timeously. Further updates would come back to the Board.

36. NHS Lothian Board Performance Report

- 36.1 The Deputy Chief Executive presented the Board Performance Paper, highlighting key messages around workforce; primary care; flow and work with IJBs around delayed discharge performance trajectories; 4-hour emergency access performance; Royal Edinburgh Hospital occupancy levels and actions being taken to support the corporate risk; scheduled care performance; capital development prioritisation and improvement in cancer performance.
- 36.2 The suitability of the Report's comparison between February and June emergency department performance was questioned given the expected seasonal variation. The Deputy Chief Executive clarified that pressures were now ongoing and less restricted to the winter period but acknowledged that data points should generally compare like-for-like points in time.
- 36.3 In relation to the current mitigating actions being taken by HSCPs on delayed discharge performance, these were expected to provide stability and potentially moderate improvements, rather than significant reductions.
- 36.4 The Board noted that activity levels for unscheduled care were now demonstrating similar levels to that of pre-Covid. Levels for inpatients and day cases were at around 90% of pre-Covid levels.
- 36.5 The Chief Officer for Acute Services updated on ongoing work within orthopaedics to address waits which involved ring-fencing starting in September with procedures taking place within the East Lothian Community Hospital.
- 36.6 Board members asked if data existed to show whether challenges in primary care provision may be driving increased presentations in emergency departments and if this might strengthen the case for increased primary care investment in Lothian. It was noted that the

available primary care data mainly showed activity, rather than demand. The Chief Executive and Executive Medical Director agreed to discuss outside the meeting the best way to understand and highlight any primary care gap and its potential impact on unscheduled care at the upcoming Annual Review. This should also be a subject for consideration by the Healthcare Governance Committee.

CC/TG

36.7 The Board agreed to accept the recommendations in the paper.

37. Corporate Risk Register

37.1 The Executive Medical Director presented the previously circulated paper. The Board reviewed the June/July 2023 updates provided by leads concerning risk mitigations, as set out in the assurance table in Appendix 1 of the paper.

37.2 There was discussion on the request to remove three risks from the Corporate Risk Register (CRR). These new risks were #5360-COVID; #5188-Access to CAMHS and #5187-Access to Psychological Therapies. The Board was also invited to accept the Corporate Management Team recommendation, to add the 'Inappropriate and inadequate accommodation in the secure estate' risk onto the CRR. The Executive Medical Director explained that patients or their carers were entitled to seek legal intervention if they believed that they had been placed in a level of security that was inappropriate to their health needs. This therefore increased the impact of the risk of being unable to provide the correct level of secure accommodation.

37.3 The Vice Chair sought information on the process of how new risks were proposed for escalation to the CRR, including consideration by the Board's governance committees. The Executive Medical Director agreed to discuss the operation of this process in more detail outside the meeting.

TG

37.4 In relation to 'Inappropriate and inadequate accommodation in the secure estate', the Board noted that the steps required to mitigate this risk were dependent on decisions taken at a national level and an outcome was awaited from Scottish Government considerations. The Minister for Mental Health had asked Board Chief Executives to revisit where female high secure accommodation could be provided. There was an initial agreement with Scottish Government with respect to low secure accommodation, as part of phase 2a for the Royal Edinburgh Hospital re-provision and this was included in NHS Lothian capital prioritisation. However, any further progress was dependent on capital allocation from Scottish Government.

37.5 The Board approved the CMT recommendations to remove the three risks from the register (#5360-COVID; #5188-Access to CAMHS and #5187-Access to Psychological Therapies).

37.6 The Board also approved the CMT recommendation, to accept the risk regarding 'Inappropriate and inadequate accommodation in the secure estate' onto the CRR and noted that there would be further discussion on this risk following receipt of the option appraisal plans from Scottish Government.

38. Estates & Facilities Reinforced Autoclaved Aerated Concrete (RAAC) Briefing

38.1 The Deputy Chief Executive presented a briefing paper setting out the NHS Lothian Estates and Facilities Directorate's response to the Safety Action Notice (SAN2302) issued in

February 2023 by Health Facilities Scotland relating to the potential for Reinforced Autoclaved Aerated Concrete (RAAC) presence within NHS Lothian buildings.

- 38.2 He explained that the current evaluation of NHS Lothian's estate, set out in the paper, was based on an initial desk-top exercise undertaken to assess the *likelihood* of RAAC being present in a building. This assessment had been conducted by Currie and Brown; a specialist surveyor engaged at a national level by NHS Scotland Assure.
- 38.3 The Deputy Chief Executive emphasised that the "high risk" rating assigned to eight NHS Lothian buildings indicated a high likelihood of RAAC being present somewhere in those buildings but did not relate to their overall risk profile. This was an important distinction to make so as not to add to the anxiety of staff.
- 38.4 It was noted that, following the drafting of the paper, an updated approach to the undertaking of more detailed, onsite discovery surveys had been agreed. Instead of taking each board in turn, Currie and Brown would now prioritise the surveys of those buildings deemed to be at highest risk. It was expected that survey reports of individual buildings would be received as they became available, ensuring that boards were aware of any issues as soon as possible.
- 38.5 The implications associated with any potential operational disruption to the work at Princess Alexandra Eye Pavilion and Lauriston Building were discussed, as these were both active outpatient hubs. Any reinforcement or structural support requirements could lead to disruption and if RAAC was present to a significant level then the buildings may be required to close quickly to allow for remedial works. Any such instance would require the enactment of appropriate resilience and contingency plans. The Chief Executive stated that all Site Directors had been asked to review their existing contingency plans and appropriate risk assessments would be conducted.
- 38.6 The Board noted that local authorities would also be going through this same process and as yet there had been no indication of funding from Scottish Government to address the financial implications of any required works. The Director of Finance confirmed there was awareness around this issue nationally.
- 38.7 The Board accepted the recommendations in the paper and noted that a further update would come to the Board in December 2023, following completion of physical surveys by Currie and Brown.

39. NHS Lothian 2022/23 Financial Position

- 39.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position at Month 3 and also the current year end forecast based on Quarter 1 information.
- 39.2 There was discussion on the current deficit position at Month 3; ongoing work to deliver the required efficiency savings schemes; two additional funding allocations received from Scottish Government in relation to sustainability and new medicines fund; delivery against the corporate finance objectives and the flexibility and risks associated with removal of ring-fencing.
- 39.3 It was noted that the current financial projections did not include the in-year impact of recent pay awards, which it was understood would be fully funded by the Scottish Government.
- 39.4 The Board noted that the Finance and Resources Committee had considered the year-to-date position at Month 3 and the Quarter 1 Forecast, and accepted that at this stage, NHS

Lothian was only able to provide limited assurance on its ability to deliver a breakeven position in 2023/24, based on assumptions around additional funding.

40. Any Other Business

40.1 No other items of competent business were identified.

41. Reflections on the Meeting

41.1 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.

41. 2023 Board Meeting Dates

41.1 The remaining Board meeting dates for 2023 were noted:

- 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 18 July 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; Ms L. Rumbles, Partnership Representative.

In attendance: Ms J. Bennett, Associate Director for Quality Improvement and Safety; Ms S. Blair, Dementia Nurse Consultant; Ms L. Bream, Associate Medical Director for Quality and Safety; Ms H. Cameron, Chief Allied Health Professional; Ms M. Carr, Chief Officer, Acute Services; Mr A. Cogan, Non Executive Board Member (observing); Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr A. Davie, Medical Physicist; Ms K. Dee, Deputy Director of Public Health and Health Policy; Ms A. Dixon, General Manager, Royal Edinburgh Hospital and Associated Services (item 21.2); Ms S. Gibbs, Quality and Safety Assurance Lead; Ms T. Gillies, Medical Director; Ms J. Haenow; Ms J. Long, Director of Primary Care; Ms G. McAuley, Nurse Director, Acute Services; Mr S. McBurney, Associate Director of Pharmacy; Ms A. MacDonald, Executive Nurse Director; Ms L. Mackenzie; Ms T. McKigen, Services Director, Royal Edinburgh Hospital and Associated Services; Ms A. Milburn, Interim General Manager, Women's and Children's Services (item 19.1); Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms L. Reilly, Deputy Associate Nurse Director, Royal Hospital for Children and Young People (item 19.1); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Dr C. Whitworth, Medical Director, Acute; Ms C. Wyllie, Director of Public Protection; Mr P. Wynne, Director of Community Nursing; Ms L. Yule, Chief Nurse, West Lothian Health and Social Care Partnership.

Apologies: Mr C. Campbell, Chief Executive; Mr S. Garden, Director of Pharmacy; Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director.

Chair's Welcome and Introductions

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

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

The Chair noted that this would be Ms J Bennett's last meeting and offered, on behalf of the Healthcare Governance Committee thanks for all her services and wished her well in her retirement.

16. Patient story

- 16.1 The chair welcomed Ms Reilly to the meeting and she read out feedback received on Care Opinion from the parent of a child with autism who was treated for appendicitis

at the Royal Hospital for Children and Young People. The parent praised for their communication and person centred care but also suggested improvement was needed for staff awareness of the specific needs of children with autism. The senior charge nurse had responded to the feedback on Care Opinion agreeing to take on the suggestions made including autism training for staff.

17. Committee Business

17.1 Minutes from Previous Meeting (23 May 2023)

- 17.1.1 The minutes from the meeting held on 23 May 2023 were approved as a correct record.
- 17.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

17.2 Revised Committee Terms of Reference

- 17.2.1 Mr Thompson presented the previously circulated paper. Changes had been made to rationalise the list of regular attendees, with others required to attend only for specific items. It was agreed that the Director of Pharmacy would be added as a regular attendee as in the previous version of the Terms of Reference.
- 17.2.2 Ms Dee agreed to provide a sentence at 2.2 about achieving equality and diversity aims, taking into account that this was a governance rather than an operational group. It was also agreed to check the revisions against the revised Blue Print for Good Governance.
- 17.2.3 Mr Thompson would make the changes outlined to be signed off on behalf of the Committee by the chair, before submitting to the Board in August 2023 for formal approval. **DT**

18. Matters Arising

18.1 SMART Services assurance gap – outcome of discussion

- 18.1.1 Ms Gillies presented the previously circulated paper. It was noted that the programme of improvement work agreed was overseen by the East Region Programme Board, but that NHS Lothian was responsible for the delivery of the service hosted in NHS Lothian for patients across all three Boards.
- 18.1.2 It was also the responsibility of NHS Lothian to discuss the impact of funding decisions made by the other Boards in the region. Even if funding decisions meant patients from different Boards had different waiting times, once the patients were in the service they would receive the same level of care.

18.2 Royal Edinburgh Hospital 36 Hour Closure to Admissions

- 18.2.1 Ms Gillies gave a verbal update. Following a recent temporary closure to admissions at the Royal Edinburgh Hospital Management actions had been put in place to prevent future over-crowding. Contingencies would be put in place so that patients

who required admission could always be admitted, using West Lothian mental health beds, expediting discharges with community support and seeking mutual aid from other Boards. An update on progress would be provided in the next Mental Health Assurance Report to the Committee.

- 18.2.2 In response to questions it was noted that the Health and Social Care Partnerships also had a role in mental health support and preventing the need for admissions, including the Intensive Home Treatment service and home care packages.
- 18.3 Oncology Support to NHS Highlands
- 18.3.1 Ms Gillies gave a verbal update. NHS Lothian had agreed to provide ongoing support in NHS Highlands Oncology for the next year. This highlighted the precarious position of oncology workforce in Scotland. A service plan was in place and this should have no impact on service delivery in NHS Lothian.
- 18.4 Junior Doctors Industrial Action
- 18.4.1 Ms Gillies advised that the planned junior doctors strike action for the previous week had been cancelled following a revised offer from the British Medical Association which would be voted on. Work had been completed on contingency planning.
- 18.5 Healthcare Associated Infection
- 18.5.1 Ms MacDonald advised that there had been two instances of *legionella* found in water systems, one at the Western General Hospital and one at a health centre in Midlothian. There had been no patient cases of infection. Water sampling and monitoring were being managed by an Incident Management Team and a Problem Assessment Group.

19. Children's Services Assurance Report

- 19.1 The chair welcomed Ms Milburn to the meeting and she gave a presentation. She advised that there were currently over 160 quality improvement programmes being lead by clinical directors and clinical nurse managers. The Senior Management Team commissioned pieces of work according to priorities both in building capacity and making improvements in the service. In addition there were projects linked to clinical standards proposed by clinical teams. These also improved the ability of teams to recognise areas for improvement and implement improvement plans.
- 19.2 Some work was being done on children's pathways for older children where the line between children's and adult's services may be differently defined for different conditions, the first focus was on the oncology pathway. There would be an update on this in the next annual report.
- 19.3 Some themes in complaints received included waiting times, as well as some around staff attitude and behaviours. Work was ongoing to ensure staff were trained and aware but this had not yet translated into complaints numbers. Patient feedback was received on online surveys, social media and Care Opinion as well as complaints. More information on these would be included in the next report.

- 19.4 The medical rotas were highlighted as a risk recorded on the local risk register. This was related to anaesthetics and the Emergency Department, which only had consultant cover until midnight. The impact of the anaesthetics risk was that there was a waiting list of more than 52 weeks for low acuity patients, currently numbering 84.
- 19.5 The staffing position in St John's Children's ward was noted to be more robust than previously had been the case. Consultant appointments had been made on a pan Lothian basis.
- 19.6 Staff feedback on the new children's hospital was positive overall following the settling in period. A more formal feedback report could be included in the next report. The problem with poor mobile telephone signal in the building was with non NHS Lothian devices only as NHS Lothian devices automatically connected to the Wi-Fi system. The signal for personal devices was dependent on the provider.
- 19.7 The Chair noted that the presentation and papers focussed on processes and process measures and asked that future papers address the outcomes for patients in relation to the safe, effective and person centred care standards.
- 19.8 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

20. Person Centred Care

20.1 Patient Experience Strategy

- 20.1.1 Ms Morrison presented the previously circulated paper. This paper followed a discussion at the Board meeting about being more explicit about the ways in which the organisation received patient feedback.
- 20.1.2 Members agreed that this paper showed that the Patient Experience 5 year Strategic Plan was in place. It was noted that this was the first time the Board had agreed such a strategy and that it was important that the priorities for action within this should be worked through and given time to show results.
- 20.1.3 In response to questions about the aggregation of data across the organisation with respect to the national surveys it was noted that there was no national guidance and that Boards continued to be encouraged to use Care Opinion as the tool of choice.
- 20.1.4 Ms Morrison noted that Children's Services had done positive work on Care Opinion and encouraging patients and parents to use this as a method of feedback and supporting staff in responding to feedback on Care Opinion, which was different to responding to a formal complaint. There was still considerably more feedback through the formal complaints process than through Care Opinion.
- 20.1.5 Members accepted the recommendations laid out in the paper.

21. Safe Care

- 21.1 Edinburgh Health and Social Care Partnership Joint Inspection and Audit Support and Protection reports
- 21.1.1 Ms Wyllie presented the previously circulated paper on behalf of Edinburgh Health and Social Care Partnership. In response to the inspection report Ms Wyllie had convened an Improvement Group to work through the recommendations.
- 21.1.2 Members accepted the recommendations laid out in the paper.
- 21.2 Addiewell Prison inspection report and actions
- 21.2.1 Ms McKinley and Ms Dixon presented the previously circulated paper. The positive work done so far in response to the inspection report was noted. It was also noted that the pharmacy provider for the prison had ended its contract in 2022. A new tender and contract due to start would help to improve the overall position, although this was not directly related to the outcomes of the inspection report. It was expected that the inspection team would carry out a follow up review in September 2023, and they were also due to inspect Edinburgh Prison in October 2023.
- 21.2.2 Specific support was in place for prison healthcare staff including psychological and other support. There was an 89% retention rate of newly qualified staff across all of REAS, which was an improvement on the previous year.
- 21.2.3 In response to questions there was clarification from Ms Gillies that the inspection had been raised verbally as an emerging issue at a previous Healthcare Governance Committee meeting prior to the publication of the formal report.
- 21.2.4 It was agreed that a verbal update on the outcome of the follow up review would be given at the meeting in October 2023 and that the formal update including the outcome of the Edinburgh Prison inspection would be part of the annual assurance update in January 2024. **TMcK**
- 21.3 Healthcare Improvement Scotland Report – Royal Infirmary of Edinburgh (associated risk 5186 Four Hours Emergency Access Target)
- 21.3.1 Ms McAuley presented the previously circulated paper. The inspection covered the Royal Infirmary as a whole, but the majority of the recommendations made were associated with the Emergency Department.
- 21.3.2 Ms McAuley noted that the level 2 and level 3 assurance visits to the Royal Infirmary of Edinburgh Emergency Department had been stepped down. In response to questions about the sustainability of the improvements and in particular the alignment between performance against measures such as the 4, 8 and 12 hour delays in the Emergency Department which have known impact on patient outcomes it was suggested that the Healthcare Improvement Scotland interventions should be part of strategic responses to the concerns raised in the report. It was acknowledged that much of what was reported were symptoms of system wide problems of patient flow that could not all be solved within the Emergency Department alone.
- 21.3.3 The inspectorate found that fundamentals of care were not always met; members required evidence that the actions put in place had led to improvement. Ms

MacDonald advised that it had been a particular focus to ensure that this was done, and that evidence would be available but had not yet been collated. This could be provided to members. LACAS standards had not previously been implemented in the Emergency Department, but this was now being put in place which would give a source of outcome measures.

- 21.3.4 In response to concerns from members around the level of assurance being sought Ms Gillies noted that it was still within the 18 week response time allowed by Healthcare Improvement Scotland for the Board to provide an update to Healthcare Improvement Scotland therefore it was too early to be able to provide formal assurance to the Committee that the recommendations would be met, as there had not yet been enough time to see evidence that the actions agreed had been successful in making improvements. Ms McAuley noted that the paper did seek to give assurance that an action plan and processes were in place.
- 21.3.5 The Chair asked that the risk register entry and mitigation plan were formally brought to the next Healthcare Governance committee meeting to allow the committee to consider the assurance level. **MC**
- 21.3.6 Members accepted the recommendations laid out in the paper and accepted moderate assurance that an action plan was in place only. A further update would be brought to the next meeting, specifically focussing on outcomes which would evidence that the processes in place would ensure safe, effective and person centred care. **MC**
- 21.4 Blood Transfusion Incident Review and Policy
- 21.4.1 Ms Gillies presented the previously circulated paper. Members accepted the recommendations laid out in the paper. Further updates would be included in the annual Acute Assurance paper. **TG**
- 21.5 Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation Plan (associated risk 3726 Hospital Bed Occupancy)
- 21.5.1 Ms Gillies gave a verbal update. The management team was working on the indicators which the Chief Executive had asked for to improve monitoring of patient flow. Due to the pressures in the team there had not been the capacity to provide a formal report at this meeting, but a formal update would be included in the risk mitigation reports as part of the Health and Social Care Partnership reporting at the next meeting.
- 21.5.2 Members noted the importance of this work and that there was management oversight on bed occupancy on a weekly basis.
- 21.6 Prescription Locker Boxes
- 21.6.1 Ms Gillies advised that the judicial review had not yet taken place, so the update was deferred.

22. Effective Care

22.1 Physiology Services update

- 22.1.1 Ms Bennett presented the previously circulated paper. It was noted that there was a move towards mandating professional registration by service leads, although this was not required by law. Historically this had been mandatory for some professions and voluntary for others.
- 22.1.2 Member welcomed this proactive piece of work and noted that it provided an example of good practice in identifying an area of risk and taking action to make improvements.
- 22.1.3 It was noted that there were 3 areas of continuing limited assurance.
- 22.1.4 The recommendations laid out in the paper were accepted. Further reporting would be part of the Acute Services Annual Assurance Report.

22.2 Bowel Cancer Screening

- 22.2.1 The previously circulated paper was introduced by the Chair . Members accepted the recommendations laid out and accepted moderate assurance.

22.3 Abdominal Aortic Aneurysm (AAA) Screening update

- 22.3.1 The previously circulated paper was introduced by the Chair. The percentage of men with an aneurysm treated within 8 weeks was a key performance indicator where performance was below the standard throughout Scotland, including in NHS Lothian. A national service had been suggested as Boards did not have capacity to meet this standard. The other standards were being met.
- 22.3.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

23. Exception Reporting Only – reports provided

Members noted the following previously circulated papers for information:

- 23.1 Litigation Annual Report;
- 23.2 Scottish Blood Transfusion Service Annual Update Report 2022/23

24. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

- 10.1 Clinical Management Group, 23 May 2023;
- 10.2 Area Drug and Therapeutics Committee, 14 April 2023;
- 10.3 Health and Safety Committee, 22 February 2023;
- 10.4 Public Protection Action Group, 13 February 2023.

25. Corporate Risk Register

25.1 Ms Bennett presented the previously circulated paper. It was noted that the risk updates in the paper were from March 2023. The delay was due to the process of the updates going to the Corporate Management Team meetings and then the Board. Risk mitigation update should be part of the assurance papers coming to the Committee rather than relying on the updates in the Corporate Risk Register. This also allowed the Committee to ask for further updates when required.

26. Reflection on the Meeting

26.1 The work on physiology services would be highlighted to the Board as an example of good practice in identifying a risk and putting in place actions for improvement.

27. Date of Next Meeting

27.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 26 September 2023** by video conference.

28. Further Meeting Dates

28.1 A further meeting in 2023 would take place at 13.00-16.00 on the following date:
- 28 November 2023.

Signed by the Chair: 26/09/2023

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 19 June 2023 via MS Teams and in Meeting Rooms 8 & 9 Waverley Gate.

Present:

Mr M. Connor (Chair), Non-Executive Board Member; Mr P. Allenby, Non-Executive Board Member; Councillor S. Jenkinson, Non-Executive Board Member; Mr W. McQueen, Non-Executive Board Member.

In Attendance:

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

Apologies: Councillor H. Cartmill, Non-Executive Board Member; Ms K. Kasper, 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 to the June meeting of the Audit and Risk Committee. He thanked Mr McQueen for stepping in to ensure that there would be a quorum.

11. Minutes of the previous meeting held on 17 April 2023

11.1 The minutes of the meeting held on 17 April 2023 were accepted as an accurate record and approved.

12. Running Action Note

12.1 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.

12.2 Counter Fraud Activity Update – The Committee agreed to reinstate the action regarding civil cases. Based on advice from the CLO, it was acknowledged that a civil case should normally only be considered once the potential for a criminal case had been exhausted. However, the Committee wished further clarity on the potential for boards to make use of the “Simple Procedure” within the Scottish Courts when seeking the recovery of funds. The Board Secretary had posed this query to Counter Fraud Services colleagues and any further advice received would be shared with the Committee. **DT/CFS**

12.3 Violence and Aggression – The Chair and Mr McQueen would continue to pursue a meeting with Ms Ireland and Mr Allenby to consider how he might inform the violence and aggression project.

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

13. Risk Management

- 13.1 NHS Lothian Corporate Risk Register (CRR) - the previously circulated report was received.
- 13.2 The Committee reviewed the March 2023 updates provided by the leads concerning risk mitigation set out in the assurance table which will be considered by the June 2023 Board.
- 13.3 The Committee noted that any materially worsening risks will be set out in the CRR paper which will be submitted to the Strategy, Planning and Performance Committee (SPPC) prior to its submission to the Board.
- 13.4 The Committee noted the February 2023 Corporate Management Team increased the grading for the 4-Hr emergency access risk, the hospital bed occupancy risk and access to treatment risk from very high (20) to very high/extreme (25) due to worsening performance and impact on patient experience and outcome of care. Risk mitigation plans were to be presented to the May SPCC from a performance perspective and the May Healthcare Governance Committee from a person-centred safe, effective care perspective. Both committees had accepted limited assurance that the plans in place would mitigate the risks.
- 13.5 Good progress made against Psychology Therapies and Child and Adult Mental Health Services (CAMHS) was welcomed by the Committee. Members recorded their thanks to staff who had supported this work.
- 13.6 Members acknowledged that a significant number of risks described challenges around the availability of resources required to support the recovery plans.
- 13.7 The Committee accepted the report.

14. Litigation Annual Report 2022/23

- 14.1 The previously circulated annual report that provided assurance on the management of litigation in NHS Lothian was received.
- 14.2 The report did not provide the total number of litigation cases brought against NHS Lothian, the volume that was settled, the cost to the organisation and how Lothian compared to its peers. This information would normally be extracted from the CNORIS report. However, the CNORIS report for 2022/23 was not available at the time the annual report was written. The Committee received verbal assurances that NHS Lothian was not an outlier, nor had it been in the past. The Associate Director for Quality Improvement & Safety took an action to share the CNORIS report with the Non-Executive Directors when it was published for their information. **JB**
- 14.3 It was noted that all cases of litigation were taken to the Medical Director to review and make recommendations on, prior to their final sign off with the Corporate Management Team and the Chief Executive.
- 14.4 Litigation trends and where they were reported in the governance structure was discussed. It was noted that the Audit and Risk Committee was the only governance committee of the Board that received trends on litigation. Healthcare Governance Committee had oversight

of falls and would continue to monitor that under their remit. Violence and Aggression was a key risk on the Staff Governance Committee agenda.

- 14.5 Members agreed that more could be done to share information on risk trends with the Non-Executive Directors who do not attend the Audit and Risk Committee. Mr McQueen would liaise with the Chief Executive outwith the meeting to determine appropriate parameters for the report on risk trends.

WMcQ/ CC

- 14.6 The Committee discussed the programme of improvement and learning within the organisation. It was reported that NHS Lothian's approach was constantly evolving and taking account of developments at a national level.

- 14.7 The Committee accepted this report as an annual update on litigation processes and activity in terms of numbers, financial impact and recurring themes.

- 14.8 The Committee accepted significant assurance for the effectiveness of the processes and adherence to expected standards regarding the litigation process.

- 14.9 The Committee accepted moderate assurance in terms of evidence of learning after cases are closed based on programmes of work in place to improve management of and the response to adverse events. It should, however, be recognised that events resulting in a claim are not always part of an adverse process and that claims can take a considerable time to reach completion.

- 14.10 The Committee accepted the report.

15. Internal Audit

- 15.1 Internal Audit Remobilisation and Recovery of Scheduled Care – The final report from the 2022/23 Internal Audit Plan was received. The report provided a moderate level of assurance with two medium and four low rated findings.

- 15.1.1 The report concluded that that there was a good structure in place but there were areas within the risk management and governance structure that that could be improved upon.

- 15.1.2 Management had agreed all recommendations. Actions were attributed to several Chairs but the oversight and final responsibility for the completion of the actions had been assigned to the Chief Officer, Acute Services to ensure action was taken.

- 15.1.3 The Committee accepted the report.

- 15.2 Internal Audit Progress Report – June 2023 – the previously circulated report was received. It was noted that the future format of the summary of progress report would be expanded to provide more assurance and align with the Internal Audit Standards.

- 15.2.1 The Committee thanked the Internal Audit Team for the dedication and hard work that led to the completion of the 2022/23 Internal Audit Plan.

- 15.2.2 The Committee accepted the report.

- 15.3 Internal Audit Recommendation Tracker Report (June 2023) – The previously circulated report was presented. The report outlined work that Internal Audit had done in respect of the long standing actions that had not been implemented within their allotted timeframes.
- 15.3.1 The Committee was content for the violence and aggression action to remain on the tracker. Members agreed that this would bring the action in line with the revised violence and aggression programme.
- 15.3.2 The Committee noted that actions regarding Water Safety had taken time to complete but that the actions would be closed off soon.
- 15.3.3 The Committee received assurance that longstanding management actions were reviewed regularly at the Corporate Management Team (CMT) to ensure that timescales and the recommendations remained appropriate for the organisation. Where necessary, matters were escalated to the Chief Executive and relevant Directors to pick up with individual services.
- 15.3.4 Members agreed that the Committee was fortunate that the Deputy Chief Executive and the Chief Executive regularly attend meetings and they had been invaluable in escalating and progressing actions that had stalled during the pandemic.
- 15.3.5 The Committee agreed that future Tracker Reports should be clear on which governance committee was responsible for seeking and receiving assurance on the delivery of each audit action. This responsibility should not sit with the Audit and Risk Committee. The reports should also clearly state the senior officer responsible for providing assurance to the relevant committee in each case. The Board Secretary and the Head of Internal Audit agreed to work together to update this information for future reports. **DT/ EM**
- 15.3.6 The Committee accepted the report.
- 15.4 Internal Audit Annual Report and Opinion 2022/23 (June 2023) – the previously circulated report was received. The report summarised the work that had been undertaken by Internal Audit throughout the year and provided the annual internal audit opinion.
- 15.4.1 The Head of Internal Audit drew the Committee’s attention to her opinion for the period 1 April 2022 to 31 March 2023, that based on the scope of reviews undertaken and the sample tests completed during the period, moderate assurance could be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.
- 15.4.2 The Committee accepted the report, noting that Internal Audit had concluded that there were sufficient arrangements in place, in the areas Internal Audit had reviewed, to promote value for money and secure regularity and propriety in the administration and operation of NHS Lothian controls.
- 16. Counter Fraud Activity**
- 16.1 Counter Fraud Activity for the year 1 April 2022 to 31 March 2023 – The Committee received a verbal overview of the previously circulated paper.

- 16.1.1 Committee members asked how “information only” referrals from CFS were dealt with. The Fraud Liaison Officer explained that these types of referrals usually indicated irregularities but with no clear evidence of fraud having occurred. However, NHS Lothian would follow up each case to verify that the information was correct, to understand the potential irregularity and to be assured that there was no evidence of fraud.
- 16.1.2 The Committee discussed a formatting error that had obscured Lothian’s placement in terms of counter fraud activity performance. It was noted that Lothian was currently ranked second, closely after NHS Greater Glasgow and Clyde.
- 16.1.3 Staff was one of the largest categories where instances of fraud occurred. The majority of these cases related to those with secondary employment and a lack of understanding around what they were allowed to do in their second job when off sick from their primary role in NHS Lothian. The Committee received assurances that Human Resources was working nationally with colleagues in Scottish Government and Counter Fraud Services on the agile working policy given the increased trend of fraud in this setting.
- 16.1.4 It was noted that as part of the work to implement the new counter fraud standards a counter fraud policy would be developed and implemented within Lothian. The Counter Fraud Action Group would review and recommend the adoption of a policy based on a national template currently being developed by CFS.
- 16.1.5 It was noted that from November 2022 TURAS modules on procurement were mandatory for all new members of staff added to the Authorisation Signatory Database. The Counter Fraud Action Group continue to work their way back through existing members to ensure that staff are completing the TURAS module and re-applying when accreditation expires.
- 16.1.6 In response to concerns around the current numbers of staff who had achieved accreditation to the TURAS modules on Procurement, the Fraud Liaison Officer agreed to provide updated completion figures to the Audit and Risk Committee via the running action note. **JO**
- 16.1.7 The Committee accepted the report as a summary of the counter fraud activity within the year.
- 16.1.8 The Committee accepted a moderate level of assurance that the Board was raising awareness of the counter fraud strategy/ policy through communications and training and that all cases of suspected fraud were accounted for and acted upon appropriately.

17. Corporate Governance

- 17.1 National Services Audit Reports 2022/23 – The previously circulated report was received.
- 17.1.1 The Committee noted an assurance gap highlighted by Audit Scotland. Due to the changes to the Audit Standard, the external auditors were required to investigate IT systems to get a deeper understanding of how they work. This work had identified that none of the audit reports consider the general controls that support the e-Financial and disaster recovery systems. Audit Scotland had recommended that Ayrshire and Arran and NSS work together to resolve this matter.

- 17.1.2 The External Auditors recognised that the potential gap around system backup and recovery was not a risk for the 2022/23 Annual Accounts, but it would be something they would consider moving forward.
- 17.1.2 The Committee accepted these reports from the service auditors as a source of significant assurance that there were adequate and effective systems of internal control relating to the National Single Instance financial ledger, practitioner services and the National IT Services contract.
- 17.2 SFR 18.0 - Schedule of Losses and payments for the year ended 31 March 2023 – The previously circulated report was received.
- 17.2.1 The Committee discussed the potential to approach the Foreign Commonwealth Office for support in recovering funds from overseas patients. It was felt that such an approach was unlikely to be successful. There were standard processes in place to recover these funds through the Private and Overseas Patient Team that linked closely with Scottish Government. Despite significant effort made some individuals were very difficult to trace once they had returned to their own country. In these instances the Board reports the individuals to the Home Office, and this may prevent them from returning to the country.
- 17.2.2 It was noted that the recovery of significant funds relating to overseas patients was also dependent on their status, for example if they had entered the country without a visa but subsequently obtained one, the debt is no longer upheld.
- 17.2.3 The Committee discussed information relating to the overpayment of salaries in 2022/23 and the extent to which these funds could be recovered. It was noted that previous decisions had been taken, through the appropriate governance channels, to write off some overpayment amounts. Despite this, the Committee was assured that the Board continued to actively pursue recovery of all salary overpayments and that a write off of any amount would only be considered when all reasonable recovery options had been exhausted.
- 17.2.4 The Internal Audit Plan 2023/24 would also include a review of the controls in place around overpayment of salaries. The Committee agreed to defer discussion on this matter until the final audit report was available.
- 17.2.5 The Committee were assured that the store discrepancies detailed within the report related to damaged and expired medicines or instances where a loss was incurred due to faulty fridges. Members accepted that the controls in place around medicines were robust and inevitably there would be an aspect of write-off within pharmacy for these reasons. Comprehensive reports requesting the formal write off of any significant loss requiring Board or Scottish Government approval would first be brought to Audit and Risk Committee.
- 17.2.6 The Committee accepted this report as source of significant assurance that the Board had adequate and effective systems of control relating to losses and special payments, and that management was continually reviewing and evaluating changes to improve those systems.

18. Edinburgh and Lothians Health Foundation Annual Report and Annual Accounts 2022/23

18.1 The Committee noted that there had been a review of the charitable funds and that they were found to be a clean set of accounts, and there had been no issues raised.

18.2 The Committee accepted the report as a source of significant assurance that management had prepared the Annual Report and Financial Statements of the Charity for 2022/23, Azets had carried out an external audit of the accounts and provided an unqualified opinion.

19. NHS Lothian Annual Accounts

19.1 2022/23 Governance Statement – The previously circulated report was presented.

19.1.1 The Committee accepted the report as a significant source of assurance that the process to develop the 2022/23 Governance Statement was consistent with the associated instructions and good practice.

19.1.2 The Committee reviewed the report and the draft 2022/23 Governance Statement and did not identify any additional disclosures and agreed it should be included within the 2022/23 annual accounts.

19.2 Strategy, Planning & Performance Committee Annual Report 2022/23 – The Committee accepted the Strategy, Planning & Performance & Development Annual Report 2022/23 as a source of assurance.

19.3 Finance and Resource Committee Annual Report 2022/23 – The Committee accepted the Finance and Resources Committee Annual Report 2022/23 as a source of assurance.

19.4 Staff Governance Committee Annual Report 2022/23 - The Committee accepted the Staff Governance Committee Annual Report 2022/23 as a source of assurance.

19.5 Healthcare Governance Committee Annual Report 2022/23 – The Committee accepted the Healthcare Governance Committee Annual Report 2022/23 as a source of assurance.

20. Audit Scotland: Cover Letter and NHS Lothian Draft External Audit Report for the year to 31 March 2023

20.1 The Committee received a brief overview, highlighting how the cover letter and report was collated, key findings and the unmodified opinion therein.

20.2 The External Auditor received confirmation from those charged with governance that there had been no instances of any actual, suspected, or alleged fraud; any subsequent events that had occurred since the date of the financial statements, or material non-compliance with laws and regulations affecting the entity that should have been brought to their attention.

- 20.3 It was noted that several outstanding items listed within the cover letter would be concluded in the next couple of weeks. These would be addressed through updating the narrative of the Annual Report. Any changes made to the Annual Report would not affect the opinion provided and the External Auditors were comfortable that the Audit and Risk Committee take the External Audit Report along with the Annual Accounts to the Board in June 2023.
- 20.4 The Chair thanked the External Auditors and Finance Team for the comprehensive report and achieving the deadlines despite the late start to the process.
- 20.5 The Committee noted that the External Auditors had identified that improvements should be made around the utilisation of the budget monitoring reports produced from the financial ledger. Currently NHS Lothian had the ability to monitor who downloads the reports from the dashboards, but further work was required to ensure that managers were scrutinising the data appropriately. External Audit had recommended that NHS Lothian should enhance its processes to ensure that budget holders' regularly access and review the reports effectively on a monthly basis.
- 20.6 The Finance Team recognised the importance of utilising this data and would work on engaging with budget holders and improve processes in place via a programme of training.
- 20.7 The Director of Finance and the Deputy Director of Finance agreed to identify a suitable date for a development session on the finance dashboards for the Non-Executive Directors. The session would provide Non-Executive Directors some insight into information held on the dashboards, how it should be used and what action was being taken to promote the use of the dashboard with managers with budgetary responsibility.

AMcC/CM

- 20.8 The Committee accepted the report.

21. NHS Lothian Annual Accounts for the year ended 31 March 2023

- 21.1 The Committee reviewed the draft Annual Accounts for the year ended 31 March 2023.
- 21.1.1 The Committee agreed to recommend to the Board that it adopt the Annual Accounts for the year ended 31 March 2023.
- 21.1.2 The Committee agreed to recommend to the Board that it should authorise the designated signatories to sign the Accounts on behalf of the Board.
- 21.1.3 The Committee noted that the accounts would not go into the public domain until Parliament adopts them later in the year.

22. Management Representation Letter

- 22.1 The Committee reviewed the draft Representation Letter to the External Auditors.
- 22.2 The Committee agreed that the statements properly represented confirmation to the External Auditors on matters arising during the course of their audit of the annual accounts for the year ended 31 March 2023. The Committee also agreed to recommend to the Board that the letter be signed by the Chief Executive of NHS Lothian.

23. NHS Lothian Patients' Private Funds Annual Accounts 2021/22

- 23.1 The previously circulated report was presented.
- 23.2 The Committee accepted the management letter from Azets as a significant source of assurance in relation to the draft Patients' Private Funds annual accounts and the underlying systems of internal control.
- 23.3 The Committee agreed to recommend to the Board that the Chief Executive and the Director of Finance sign the "Statement of Lothian NHS Board Members' Responsibilities" on behalf of the Board.
- 23.4 The Committee recommended to the Board that, following the Board's consideration, the Director of Finance and the Chief Executive sign the "Abstract of Receipts and Payments" (SFR19.0).
- 23.5 The Committee recommended to the Board that the Board approve the draft Patients' Private Funds accounts for the year ended 31 March 2023.

23. Committee Business

- 23.1 Audit and Risk Committee Annual Report and Assurance Statement to the Board 2022/23 – The Committee reviewed its Annual Report for 2022/23, noting that this had been prepared in line with the Scottish Government's Audit and Assurance Committee Handbook.
- 23.2 The Committee approved its 2022/23 Annual Report for submission to the Board.

24. Any Other Competent Business

- 24.1 There were no other items of competent business for consideration.

25. Reflections on the meeting

- 25.1 The Committee welcomed the detailed discussions held. There were no other matters to raise with the Board with the exception of the annual accounts and assurance documents.

26. Date of Next Meeting

- 26.1 The next meeting of the Audit and Risk Committee will be held on Monday 22 August 2023 at 9.30 a.m. via Microsoft Teams.

Signed by the Chair: 22/08/2023

Midlothian Integration Joint Board

4.4



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 22 June 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

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

Present (non-voting members):

Morag Barrow (Chief Officer)	Joan Tranent (Chief Social Work Officer)	Claire Flanagan (Chief Finance Officer)
Cllr McManus	Wanda Fairgrieve (Staff side representative)	Grace Chalmers (Staff side representative)
	Miriam Leighton (Third Sector)	

In attendance:

Andrew Fleming (NHS Lothian)	Nick Clater (Head of Adult & Social Care)	Grace Cowan (Head of Primary Care and Older Peoples Services)
Peter Knight	Fiona Stratton (Chief Nurse)	Matthew Curl
Kevin Anderson	Elouise Johnstone (Programme Manager for Performance)	Jim Sherval

Apologies:

Cllr Colin Cassidy	Rebecca Green (Clinical Director)	

Midlothian Integration Joint Board

Thursday 22 June 2023

1. Welcome and introductions

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

2. Order of Business

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

3. Declarations of interest

No declarations of interest were received.

4. Minute of previous Meetings

4.1 The Minutes of Meeting of the MIJB Board held on 13 April 2023 was submitted.

A debate took place regarding the savings option that was discussed during the previous minute due to the different interpretations understood by the committee as to whether this was a recruitment pause or a savings paused. It was suggested that we finalise this in item 5.4 to make sure that all voting members are happy with this correction from this discussion.

It was highlighted that Andrew Flemming is mentioned twice in the previous minutes as present voting members and in attendance, can this be corrected?

Could it be clarified which section of the report the minutes is in?

4.2 The Minutes of Meeting of the MIJB Strategic Planning Group held on 27 April 2023 were submitted and noted.

5. Public Reports

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
5.1 Chair's Update - Presented by Val de Souza Val began by commending the Chief Officer's report on the agenda, noting the comprehensive detail and numerous	To note the Chair's update	All To Note	

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<p>awards that highlighted significant progress in the partnership. Val appreciated the report's breadth of topics, expressing gratitude to Morag and the entire team for their efforts.</p> <p>There was a mention of a chair review regarding proposed meeting dates from the Chair's report on the agenda. A correction was made to a previous report concerning the adjustment of February school dates for the 2024 calendar.</p> <p>A change in leadership roles was discussed via email correspondence. Cllr McManus was confirmed as the new chair for IJB, with Val moving to Vice Chair. Cllr McManus will chair the upcoming meeting on August 24th, while Val will temporarily take over the chair of the audit and risk committee.</p> <p>Val provided an update on a response received from the cabinet secretary in relation to challenges and discussions at the IJB. A meeting plan with civil servants from the Scottish government's policy and finance departments was shared. No updates have been received since the response, prompting Val to consider reaching out to the cabinet secretary for clarification on the engagement with civil servants. COSLA's involvement in the discussion was mentioned, and Val intends to contact COSLA to determine their preferred approach and representative, possibly Cllr Paul Kelly, Chair for Health and Social Care. Val plans to arrange a meeting inviting all IJB members to attend.</p> <p>In conclusion, Val will write to the cabinet secretary to inquire about Scottish government representatives and will</p>			

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<p>reach out to COSLA. Another IJB meeting is scheduled, and all members are encouraged to participate.</p>			
<p>5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer</p> <p>The report indicated that while system pressure had slightly eased in recent weeks, there was an increase in demand for acute services. The Midlothian area showed improved performance in reducing delayed discharges, with ongoing reporting to the Scottish government and collaboration with Cllr Parry and Dr. Grace Vickers to monitor delayed patients.</p> <p>The IJB hosted a visit by Marie Todd, focusing on the contribution of rehabilitation, particularly allied health professionals. The visit, held in May, received positive feedback and recognition. Thanks were extended to Peter for initiating this visit.</p> <p>A strategic inspection with the care inspectorate commenced in May, focusing on integrated inspections, specifically related to physical disability. Nick is leading this effort, and updates will be provided as feedback is received.</p> <p>Four nominations were received from the NHS for the Celebrating Success Awards, acknowledging outstanding performance within Midlothian Council across various categories.</p> <p>The standards 1-5 for medication-assisted treatment were successfully submitted, with work underway on standards</p>			

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<p>6-10, due for completion by March next year. Appreciation was expressed to Nick and the team for their efforts.</p> <p>Cllr Parry commended the well-organised and structured visit by Marie Todd, acknowledging the positive impression it left.</p> <p>Cllr Derek raised concerns about the takeover of Lloyds pharmacy by the same company that acquired Cobines in Bonnyrigg. He urged caution about reliance on a small number of companies and highlighted objections raised by Lloyds regarding additional pharmacies in the area.</p> <p>Cllr Derek emphasised the need to plan for the growth of Midlothian over the next 10 years, ensuring that facilities and services match the increasing demand. He proposed collaborative discussions between council planners and board members to identify required facilities and funding sources for development.</p> <p>Morag and Cllr Mulligan agreed that there is a need to assess the capacity for a specific piece of work related to health facilities. Cllr Mulligan suggested further discussions offline to explore potential support for this endeavour.</p> <p>Cllr Mulligan emphasised the need to address the consistent lack of health facilities in planning applications. The opportunity for the IJB to set out requirements for health facilities and lead in this regard was discussed, with the willingness of various members to contribute.</p>			

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<p>Angus raised a question about the reduction in discharge days from 55 to 27 and its significance. Morag highlighted the substantial effort behind this improvement, including process changes, audits, and collaboration with Acute colleagues. The sustainability of this improvement was acknowledged, while recognising the volatility of the system leading to occasional spikes in delays.</p> <p>The volatility of the system was noted, with spikes in delays being possible due to pressures in other parts of the system. While the improvement was praised, it was understood that challenges and fluctuations may persist.</p> <p>Cllr McManus discussed the departure of Lloyds Pharmacy and highlighted the positive impact of independent pharmacists who bring a more personalized approach to healthcare services. Appreciation was expressed for the dedication of staff in the sector.</p> <p>Cllr McManus commended the achievement of targets, particularly mentioning a visit to number 11 and the positive impact of substance use services. The commitment of the team in providing assistance and advice was acknowledged, with a focus on potential improvements and infrastructure for future discussions.</p> <p>Gill assured the group that efforts are underway to plan for future health facilities in collaboration with the local development planning team of the council. Progress was made in engaging with various stakeholders, and a review of gathered information and needed input from health and social care was planned for the SPG meeting on July 6th.</p>			

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<p>Congratulations were extended to the team for their participation in the award process.</p> <p>Andrew sought more details about the issues with the Bonnyrigg health centre and asked about mitigation strategies.</p> <p>Concerns about the national control zone and the impact of agency staff were raised. Morag and Fiona provided insights into the measures taken to address the situation and ensure the sensitivity of agency staff utilisation.</p> <p>A question was posed about whether Midlothian could implement a system similar to East Lothian, where someone at the Royal Infirmary diverts patients to the most appropriate care. Grace explained the efforts to redirect patients and the role of the Emergency Access Standards meeting.</p> <p>The use of different nursing categories and the role of senior nurses were discussed. Grace shared that data-driven decisions were being made to address hot spots and control costs associated with agency staffing.</p> <p>Morag provided an update on the Legionella issue at the Bonnyrigg health centre, highlighting the measures taken and ongoing testing and remediation efforts.</p> <p>Fiona: The approach to agency staffing was discussed, emphasizing the move towards framework agencies and staff banks for temporary staffing.</p>			

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Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>5.3 Draft Annual Accounts - Paper presented by Claire Flanagan, Chief Finance Officer</p> <p>This discussion covered the draft unaudited accounts for the financial year 22-23. The main focus of the accounts was on the management commentary, which highlighted the operations and key developments of the IJB during the year. The presentation outlined the following key points:</p> <p>The management commentary began with the context of the Covid exit and referenced the new IJB strategic plan for 22-25. The infrastructure supporting the strategic plan through the strategic planning group was also mentioned.</p> <p>The discussion highlighted the operations of the IJB throughout the year, covering core, hosted, and set aside services. The key areas discussed included primary care, mental health, justice, home care, disability, and falls-related services.</p> <p>The discussion noted ongoing work within the dietetic service, hosted by Midlothian on behalf of all four IGBs. It also referenced the support provided for the Royal Edinburgh Campus redevelopment, which faced delays due to financial and funding challenges.</p> <p>The pressures within acute hospitals were highlighted, along with the support provided by the health and social care partnership's intermediate care services. Successful initiatives like the same-day emergency care program were mentioned.</p>			

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<p>A summary of the year-end financial position was provided, indicating a deficit of £10.3 million. This deficit was explained as the IJB incurring expenditures against its earmarked reserves. The IJB's financial performance against its in-year delegated budget and the significant movement in reserves were also discussed.</p> <p>An overview of the financial position was presented by service area, emphasizing operational underspend despite significant financial challenges in areas like prescribing, general medical services, learning disabilities, and set aside.</p> <p>The challenges faced by the IJB, including population growth, workforce challenges, and financial landscape difficulties, were explained, along with external factors impacting the financial position.</p> <p>The presentation covered the statement of responsibilities, highlighting the roles of the Chair (Val) and Chief Finance Officer. The remuneration report and annual governance statement were noted, with the latter to be included in the audit and risk committee version due to scheduling changes.</p> <p>The unaudited accounts document was described as comprehensive and included sections for independent auditors and the accounts themselves, which would be completed after the external audit. The accounts presentation provided an overview of the IJB's financial performance and key developments during the financial year, highlighting challenges, successes, and ongoing</p>			

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initiatives.			
<p>5.4 2022 Financial Recovery Options Report - Paper presented by Morag Barrow, Chief Officer & Claire Flanagan, Chief Finance Officer</p> <p>During the meeting, a proposal was presented to address the funding gap resulting from not receiving the full allocation from Midlothian council. The proposal included options to manage the additional funding gap and support for extra care housing:</p> <p>A change in approach was proposed for the extra care housing recovery action. Instead of withdrawing completely, the proposal suggested supporting Midlothian council by allocating older people currently on the waiting list to these properties while continuing to provide care at home services. This would allow the extra care housing to be utilised when a budget allocation becomes available.</p> <p>Discussions were held regarding securing capital funding as a non-recurring one-off benefit to support the transition from analogue to digital. This decision was deferred to the June council meeting.</p> <p>The recommendations included a split of recurring and non-recurring options. Option 2 involved a slight shift (8%) towards external care at home provision. The proposal was to utilize the general reserve, with a minimum of</p>	<p>The board accepts the recommendations into the report.</p>		

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<p>£100,000 or more depending on the funding gap and support from council members.</p> <p>Concerns were raised about the allocation of extra care housing and the possibility of council tenants or RSL tenants being excluded. The reassurance was provided that the focus would be on ensuring fair allocation.</p> <p>The impact of the changes on vacancies and the care at home team was discussed. It was noted that the use of agency staff would mitigate significant changes in this regard.</p> <p>Meeting participants expressed support for the adjusted housing options and flexibility in reallocating resources. The use of reserves to cover financial gaps was approved.</p> <p>The costs associated with the analogue to digital transition were discussed, including the initial costs for equipment and ongoing expenses. The importance of council support for capital planning was highlighted.</p> <p>Questions were raised about ensuring effective reserve management and mechanisms to prevent similar funding gaps in the future. It was acknowledged that while reserves offer a buffer, caution is necessary given the ongoing financial challenges.</p> <p>The proposal was well-received, and participants expressed support for the measures presented to address the funding gap and ensure the effective allocation of resources for housing and digital transition.</p>			

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<p>5.5 Analogue to Digital Transition - Paper presented by Matthew Curl, Digital Programme Manager</p> <p>Matthew Curl highlighted the need to update the existing analogue telecare alarms to digital telecare due to the switchover in the analogue to digital network. He emphasised the importance of ensuring that analogue alarms on the digital network receive proper signals to avoid potential risks in emergency situations. The goal is to commit to the new technology and avoid wasting resources on outdated analogue alarms.</p> <p>Moving forward with digital alarms requires engaging with suppliers and considering potential impacts on the supply chain. The opportunity to establish a digital foundation for alarms is presented, enabling the use of core information as data. This shift to digital technology also offers the ability to identify and address alarms that may pose a risk if they are not functioning properly.</p> <p>The anticipated costs for the transition to digital telecare alarms may exceed the previously mentioned budget of £1,000,000. The implementation timeline is set to begin with the procurement process going live in September. The transition is planned to be completed over a 70-week period, with around 25-30 installations per week. However, there are potential risks and challenges related to external supplier support and technical capabilities.</p> <p>The new model of telecare involves using a sim card within the alarm unit, allowing clients to communicate with the</p>			

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<p>alarm receiving centre through a mobile network. This new approach comes with a monthly revenue cost ranging from £3 to £5 per client.</p> <p>Matthew mentioned that the full switchover of approximately 1,800 clients to digital telecare alarms is targeted for December of the following year. The team faces challenges in ensuring timely installations and confirming external supplier support for the transition.</p> <p>Attendees of the meeting sought clarification on delivery times for implementation and the transition's impact on clients. The discussion emphasised the need for a successful transition to digital telecare to enhance efficiency, safety, and communication in emergency situations.</p>			
<p>5.6 Integrated Impact Process Approval - Paper presented by Gill Main, Integration Manager</p> <p>Gill provided an overview of the paper, which addresses the need to improve compliance with equality duties in response to the HR freeze request. Given the board's role as the strategic commissioning group, Gill explained that the integrated impact process (IIA) would be applied to board activities, including the strategic commissioning plan and policies. The goal is to ensure operational delivery and provide assurance to the board.</p> <p>The IIA process aims to enhance compliance with equality duties and provide assurance to the board regarding operational delivery. This process will be applied to various</p>			

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<p>board activities. The paper proposes rolling out the IIA process to operational areas. Board activities requiring an IIA will be identified and referenced in the relevant board papers. The IIA process has received approval and scrutiny, and it has been successfully applied in the past, including the recovery actions paper.</p> <p>Angus raised a point about ensuring that the board papers are well-organised and coherent when the IIA process is applied. He suggested having someone review the board papers to ensure clarity and organisation.</p> <p>Conclusion: The board expressed support for proceeding with the integrated impact process and applying it to various board activities. Angus's suggestion to review and improve the organisation of board papers was noted for future considerations. The implementation of the IIA process was considered beneficial for enhancing compliance and providing assurance in relation to equality duties.</p>			
<p>5.7 IJB Performance Report – paper presented by Eloise Johnstone, Performance Manager</p> <p>Eloise provided an overview of the management data report, which outlined the goal of shifting care from hospital to the community.</p> <p>The report outlined the aim of achieving a percentage shift in advance of care from hospitals to the community. Process measures were identified to support this goal.</p>	<p>The board accepts the recommendations into the report.</p>		

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<p>The report specified the schedule for reviewing the data. The Assurance and Performance Review (APR) was discussed in the Strategic Planning Group (SPG) meeting. The Promise Assurance Group would also analyse validated data, with a dedicated session scheduled for this purpose once the data is published in the week commencing 3rd July. The analysis would be completed by 20th July.</p> <p>Angus inquired about the determination of the specific amount of care shift. Eloise explained that additional process measures had been suggested during discussions, with a focus on length of stay in both acute and community hospitals. The process measures are being refined based on this feedback, and the revised measures will be shared with the Promise Assurance Group for further input.</p> <p>Conclusion:</p> <p>The board acknowledged the importance of shifting care from hospital to the community and discussed the data review schedule. Eloise clarified the process for refining process measures and highlighted the commitment to continue working towards the outcome goal.</p>			
<p>5.8 Integrated Assurance Report – Paper presented by Fiona Stratton, Chief Nurse</p> <p>Fiona presented the updated version of the Clinical Assurance, Risk, and Resilience Report, which is circulated twice a year. The report combines clinical assurance with risk and resilience information. Appendices include details</p>	<p>The board accepts the recommendations into the report.</p>		

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<p>about the governance and assurances framework, as well as the annual report submitted to the NHS Lothian Health Care Governance Committee.</p> <p>Fiona explained that the report provides a comprehensive overview of clinical assurance and risk and resilience matters. It includes updated data and relevant documentation.</p> <p>Andrew raised a query about the indication of escalated accounts and types of issues raised in complaints, including those from elected members and MSPs. Fiona clarified that while there is currently no thematic analysis of all complaints, themes often revolve around communication and involvement. Complaints are managed by managers according to standards set by the Public Standards Ombudsman.</p> <p>Fiona highlighted that risk and resilience are tested through exercises, including test callouts. She cited an example of a real-life incident involving a boat capsizing in Leith, which demonstrated the effectiveness of local systems in responding to emergencies.</p> <p>Andrew sought clarification on the process of analysing escalated complaints and whether there were desktop exercises conducted for resilience and major incident planning.</p> <p>Conclusion:</p> <p>The board acknowledged the content of the report, which provides valuable insights into clinical assurance, risk, and</p>			

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<p>resilience matters. Fiona addressed inquiries related to complaints and inquiries, as well as risk and resilience testing. The board expressed satisfaction with the report's comprehensive approach to these critical areas of focus.</p>			
<p>5.9 Midlothian Response to Director of Public Health Annual Report - Paper presented by Jim Sherval, Consultant in Public Health</p> <p>Jim presented the Public Health Annual Report, which focuses on preventing ill health and addressing health inequalities through a health and equalities lens. The report emphasises primary prevention and socio-economic factors. Collaborations with various departments aim to prevent future mental health challenges, and strong prevention sections have been integrated into planning areas.</p> <p>Jim highlighted that Midlothian is experiencing an increase in population, particularly among individuals aged 75 and over. The report acknowledges the challenges posed by austerity and financial difficulties, emphasising the need for generating greater social value through collaborative efforts between large organisations like the council and health board.</p> <p>Val inquired about the theme of employability and its relation to the workforce gap. Jim mentioned the appointment of a Head of Workforce Development in Midlothian and highlighted the strengthened operational development across various departments.</p>			

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<p>Andrew questioned the decline in male life expectancy at birth shown in Figure 8 of the report, specifically in the context of Midlothian. Jim explained that premature mortality, drug-related deaths, and smaller population numbers could contribute to this trend. Further analysis will be conducted to delve into early intervention and rehabilitation efforts.</p> <p>Angus raised concerns about headache disorders affecting different age groups and emphasised the need for early intervention. Jim acknowledged the vague burden of ill health in the population due to various factors.</p> <p>Val requested information on Midlothian's actions and key milestones over the next year, seeking tangible outcomes from the report. Jim committed to providing more details on employability in August and discussing the level of detail to be delivered.</p> <p>Conclusion: The board discussed various aspects of the Public Health Annual Report, including population growth, employability, life expectancy, and specific health issues. Jim provided insights into the challenges and strategies highlighted in the report. The board requested further analysis and tangible actions, and Jim committed to addressing these points in future discussions, particularly regarding employability.</p>			
<p>5.10 Interim Learning Disability Review - Paper submitted by Nick Clater, Head of Adult Services</p> <p>Nick presented an interim update on the Learning Disability Review. The review was prompted by an increasing</p>			

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<p>number and complexity of learning disabilities, budgetary pressures, and the transition of young people from children's services. The final report is expected to be presented in August.</p> <p>The review is addressing the growing challenges related to the rising number and complexity of learning disabilities. Financial pressures within learning disability services and the transition of young people from different services are contributing factors.</p> <p>Nick highlighted the long-standing budgetary pressures within learning disability services, particularly concerning the cost of care. These financial challenges are exacerbated by the higher number of young people transitioning between services.</p> <p>The transition of individuals from Joans services and Nicks services within the disability and spectrum disorders has become more complex and challenging. This has led to increased financial pressures and risk management considerations.</p> <p>The report provides an interim update on the ongoing review and outlines the steps being taken to address the issues. A final report is anticipated to be presented in August, which will provide a comprehensive overview of the findings and recommendations.</p>			

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<p>Conclusion:</p> <p>The board discussed the challenges posed by the increasing number and complexity of learning disabilities, budgetary pressures, and the transition of young people between services. Nick provided an interim update on the Learning Disability Review, and the board is expected to receive a final report in August. The importance of addressing the financial pressures and ensuring effective risk management was highlighted during the discussion.</p>			

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 24 August 2023 2pm

(Action: All Members to Note)

The meeting terminated at 4.00 pm.

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

**THURSDAY 22 JUNE 2023
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

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

Non-voting Members Present:

Ms M Allan	Mr D Aston
Ms L Byrne	Dr P Conaglen
Ms L Cowan	Ms C Flanagan
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms F Wilson

Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms M Burton
Dr J Hardman	Ms J Jarvis
Ms C Johnston	Mr M Kennedy
Ms L Kerr	Mr A Main

Clerk:

Ms F Currie

Apologies:

Ms E Gordon*
Mr D Binnie

Declarations of Interest:

None

**1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 25 MAY 2023
(FOR APPROVAL)**

The minutes of the IJB meeting on 25th May were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 MAY

There were no matters arising.

3. CHAIR'S REPORT

The Chair said she would be meeting individually with all IJB members to get their feedback on what had been working well and on areas for improvement. The feedback to date had suggested that members might benefit from development sessions focusing on Directions and financial matters.

She also updated members on the following:

The launch of the East Lothian Rehabilitation Service annual report at Queen Margaret University. The report provided details of the important and varied work being undertaken by the partnership. The Chair provided a brief overview of the work and commended the report to members.

Carers Week – the Chair had met with representatives of caring groups and organisations across the county to get feedback on the level of support they received from the HSCP.

East Lothian Foodbank AGM – the Chair highlighted the increase in referrals and levels of support provided to individuals with long-term conditions. She suggested that this might be an area for future involvement by the IJB.

Day Centres – the Chair reported on her recent meetings where she had heard how day centres were increasing their outreach across their communities.

The Chair met with members of the Care and Repair Board to hear about their work and how relatively small adjustments could help people get back into their homes.

The Chair also touched on the continuing work around the dementia strategy being prepared by the Scottish Government. She updated members on the delays to work on the National Care Service, confirming that there would be no further action during 2023/24 on the removal of residential charging.

Peter Murray highlighted the recently published Chief Medical Officer's annual report which covered 4 key areas, including health inequalities and value-based healthcare. He commended it to members as a useful and informative read.

Mr Murray also reminded members of the paper produced by Chief Officers on the financial pressures being faced by IJBs across Scotland, as a result of significant funding gaps. The Chairs and Vice Chairs Group had decided to work with the Chief Officers to examine the impact of these reductions and to feedback to the Scottish Government as part of their budget planning for 2024/25.

The Chair said that the reports mentioned by Mr Murray would be circulated to members for information.

4. EAST LoTHIAN IJB ANNUAL PERFORMANCE REPORT 2022/23

A report was submitted by the Chief Officer presenting the East Lothian Integration Joint Board Annual Performance Report for 2022-23.

Fiona Wilson presented the annual report which she said demonstrated the continued success of the ELHSCP in delivering health and social care services across the county. This was a very detailed report; and a summary report would also be prepared. Ms Wilson invited members to review the report and recognise the achievements of staff and services during 2022-23; to note that there may be minor changes once some of the data was finalised; and to formally approve the annual report.

Mr Murray thanked all staff involved for an excellent report which was easy to read and very informative. He asked whether, going forward, it would be possible to provide a clearer correlation between specific Directions and the work outlined in this report. He felt that this would provide greater clarity on the role of the IJB.

Ms Wilson acknowledged this and agreed to take this on board for the future.

Councillor Jardine said she had a number of comments and asked if there was still time to feed these into the final report. Ms Wilson said that there may still be time to make minor adjustments and she asked Councillor Jardine to submit her comments to Claire Goodwin as soon as possible.

Andrew Cogan said that, as a new member, the report had given him an excellent overview, particularly of the good and innovative work, but core services seemed to be less obvious within the report. He also noted that there were many small references to digital innovation but there was no clear strand which showed how digital innovation was being taken forward across all services.

Ms Wilson thanked him for his feedback and acknowledged the need to strike a balance on the information provided in the report. She also encouraged him, and other members, to contact officers if they wanted more information on any area of work.

In response to a question from the Chair on the relevance of some indicators in the report, Laura Kerr advised that the National Indicators were set by the Scottish Government and applied to all areas across Scotland.

The Chair also asked about reflecting the contributions of other partners, such as the voluntary sector, and whether information could be sought from VCEL or others.

Maureen Allan said she would be happy to contribute information to future reports.

The Chair commended the report and the range and significance of the work highlighted within it. She moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB:

- i. Reviewed the report, and in doing so, recognised the achievements of East Lothian Health and Social Care Partnership and individual services during 2022-23, and commended the contribution made by staff, volunteers, and partner organisations throughout the year.

- ii. Noted that there may be changes to the National Integration Indicators data once the final data set was published by Public Health Scotland at the start of July, and that a final version of the APR, incorporating any changes, would be sent to IJB members for information prior to publication at the end of July.
- iii. While noting that there was no requirement within the statutory guidance for IJBs to formally sign-off APRs, the IJB approved the publication of the 2022-23 APR, subject to any minor changes as noted in recommendation ii above.

5. CARERS' STRATEGY

A report was submitted by the Chief Officer presenting the East Lothian HSCP Carers Strategy (2023-26), summarising work done over the previous financial year and giving details of how funding would be utilised over 2023/24 to develop carer support.

Maria Burton presented the report. She outlined the background to the development of the strategy and its purpose. She explained that this draft strategy was the second local strategy for East Lothian and had been put together following consultation with carers', carers' groups and other representatives. The draft strategy set out plans to improve support over the next three years and had been shared widely for consultation, including comments from the Strategic Planning Group (SPG). Ms Burton drew members' attention to the 7 outcomes included in the strategy and provided details of current and proposed actions under each of these headings and confirmed that new initiatives and funding would be considered by the Change Board going forward.

George Gordon welcomed the wide consultation on the strategy and commended officers for an excellent piece of work.

Councillor Jardine also commended the work and the recognition of the very valuable role of carers. She asked about the comparison between East Lothian and the national average on the gender split for carers and whether this had impacted the strategy.

Ms Burton said she had not picked up a significant difference from the figures but acknowledged that it had long been recognised that women were more likely to have a role in unpaid caring.

Mr Murray also wished to recognise the good work demonstrated by this strategy. He asked about reporting on outcomes and whether there was confidence in the level of funding available.

Ms Burton confirmed the intention to report annually on progress to carers' groups and the SPG. Mr Murray said that he would like to see progress reported to the IJB to ensure that funding remained appropriate to support the delivery of the strategy.

Ms Kerr acknowledged the challenges associated with securing and maintaining appropriate resources, and of adjusting plans based on what was deliverable. She advised that spending on the strategy was monitored very closely by the Change Board and that this would continue to be the case.

Marilyn McNeill asked if there was any support available for carers where the person being cared for was reluctant to accept outside help.

Ms Burton advised that Carers of East Lothian were the best people to advocate for those involved, as this was quite a common problem.

The Chair asked about the level of support from partners for respite opportunities and how this service was being delivered.

Ms Burton said that people were very aware of the need for respite and she felt that appropriate support was there from partners. She also outlined alternatives being considered for the way in which these services could be accessed, e.g. using self-directed support.

The Chair passed on comments from IJB member and carer representative, David Binnie, who was not present at the meeting. He had commended the work undertaken on the strategy and the engagement with carers' groups and representatives. The Chair added her own remarks on the importance of the strategy and of acknowledging the role and contributions of carers.

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

Decision

The IJB:

- i. Approved the draft Carers Strategy for implementation; and
- ii. Noted the funding agreed for 2023/24.

6. EAST LOTHIAN HEALTH & SOCIAL CARE PARTNERSHIP COMMISSION COMMUNITY SUPPORT 2023/24

A report was submitted by the Chief Officer informing the IJB of the budget and proposed commissioning arrangements for 2023/24 in relation to commissioned community support.

Christine Johnston presented the report and reminded members that this paper related specially to the voluntary sector budget. The approach was underpinned by the commissioning strategy previously approved by the IJB, which focussed on personal outcomes, and took account of relevant regulations. She drew members' attention to key points within the report and appendices, including services such as Community First, the post-diagnostic support service for people with dementia, and day centres. She also highlighted organisations which had been identified for an uplift in funding.

Ms Johnston responded to questions from Mr Murray providing further detail on the arrangements for longer-term commissioning for day centres and the quality assurance processes being put in place. She acknowledged the severe financial pressures facing providers and advised that proposed uplifts had been aligned with Scottish Government adult social care uplift levels while also taking account of affordability.

Ms Kerr provided further detail on options for individuals receiving services and the associated mechanisms for commissioning, funding and delivery to ensure that services met the needs of clients. Matthew Kennedy added that there was a distinction between groups of service users, and that those who arranged services through self-directed support may have more complex needs than those who accessed collectively commissioned services.

Claire Flanagan replied to a question from Mr Cogan on the governance around financial reporting. She acknowledged that there were risks, however the HSCP had their own internal resource to augment the standard financial reporting arrangements.

Councillor Jardine asked about older peoples' day centres and the support for trustees. Ms Johnston confirmed that all trustees had received training through VCEL on their roles, responsibilities and charitable law. As part of the commissioning process they were also required to prepare a trustee development plan identifying strengths and weaknesses.

Maureen Allan advised that VCEL had been working with day centres to support business planning and develop health checks on governance arrangements which would include conversations on training programmes, policies and procedures and HR support available through VCEL and other organisations.

In response to questions from the Chair, Ms Johnston confirmed that those organisations who had received a one year grant were aware that funding had ceased, and that they had had the opportunity to apply for further funding but had not done so. However, she understood that these groups had received funding from other sources and that they were continuing to deliver the same level of service.

Ms Kerr confirmed that grant applications were for a set period or piece of work and these outcomes were monitored closely. However she accepted that, due to budget constraints, the grants programme no longer had the same flexibility.

Ms Allan confirmed that VCEL was providing support to these organisations and that there were other funding sources open to them. She outlined some of the assistance provided to identify alternative funding sources and added that organisations had to take some responsibility when funding was year on year.

In response to further comments from the Chair on Macmerry Men's Shed and Pennypit, Ms Allan reiterated that these organisations were receiving continuing support and had access to alternative funding. The Chair indicated that she would like to discuss this issue further with Ms Allan and Ms Johnston outwith the meeting.

Ms McNeill asked about the arrangements for organisations to approach Area Partnerships for funding.

Ms Allan advised that VCEL representatives attended all Area Partnership meetings and she would encourage organisations to sign up to the VCEL newsletter which contained detailed information on funding opportunities.

Ms Kerr referred to the new One Council fund and outlined the process through which organisations could approach the HSCP for funding on a commissioned or one off basis.

The Chair thanked officers for their work and the importance of funding and support for local groups and communities. She moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

Decision

The IJB:

- i. Noted the commissioned community support budget and agreed uplifts for providers for 2023/24 as set out within appendix 1;

- ii. Noted the budget for 2023/24 for Older Peoples Day Centres within appendix 2. This now included funding to commission a new day centre in Musselburgh.
- iii. Noted the budget for 2023/24 for Housing Support within appendix 3 including the removal of funding from Abbeyfield and the transfer of the NCH Scotland and Blue Triangle budget to East Lothian Council Housing Department within 2023/24.
- iv. Noted the short-term funding arrangements for the East Lothian Sexual Abuse Service delivered by Edinburgh Rape Crisis Centre.

7. 2022/23 DRAFT UNAUDITED ANNUAL ACCOUNTS

A report was submitted by the Chief Finance Officer presenting to the IJB its draft (unaudited) Annual Accounts for 2022/23.

Ms Flanagan presented the report. She outlined the content of the draft annual accounts including the management commentary, remuneration report, annual governance statement and financial statements. She set out the year-end position - a deficit of £10.1M – which had occurred as a result of a surplus from 2021/22 and the IJB incurring expenditure against its earmarked reserves. She noted that the performance against the in-year budget had resulted in a £282,000 surplus in social care and a very small, £31,000, overspend in the health budget; however, non-recurring financial support had been provided by NHS Lothian to balance the health budget. Ms Flanagan said there had also been significant movement in the Reserves position during year, however, this had been anticipated. She highlighted the continuing pressures on Set Aside and Prescribing budgets and challenges resulting from external issues, such as the proposed National Care Service.

Fiona Ireland confirmed that the draft accounts had been reviewed at the Audit & Risk Committee meeting on 6th June. She then referred to recent media coverage around the standard of financial controls in East Lothian Council, and asked whether the concerns expressed by Audit Scotland should be reflected in the commentary or annual governance statement within the IJB's accounts.

Ms Flanagan said she was aware of this issue although she did not know the detail behind the report. She advised that the IJB relied on letters of assurance from both NHS Lothian and East Lothian Council regarding the IJBs financial position held by Partners and their financial controls. These letters were required as part of the audit process.

In response to further questions from Ms Ireland, Ms Flanagan said that she had yet to receive the Council's letter of assurance for 2022/23 but would follow this up as part of the audit process. She confirmed that she would only expect the letter to reflect the comments made by Audit Scotland, if anything related to or would impact the IJB.

The Chair advised that a paper on the Audit Scotland report would be presented to the next full Council meeting and that this could be shared with IJB members. She added that the Council's Finance Team had put appropriate checks and balances in place to address the issues highlighted by Audit Scotland.

Cllr Jardine informed members that this had also been raised at recent meetings of the Council's Audit & Governance Committee and its Policy & Performance Review Committee, and Councillors were very mindful of this issue.

The Chair asked whether it would be possible to receive more information so members could better understand East Lothian's use of services covered by the Set Aside budget. She referred to previous work around this issue and asked if there had been any recent progress. She felt it would be useful for members to get a better understanding of the IJB's use of these services.

Ms Flanagan advised that this work had been paused during pandemic and she was not sure of its current status on the work plan. However, it should be possible to gather some data locally and provide this to members.

Ms Wilson acknowledged the point. She advised that some information was contained within the annual performance report, however, it would be useful to see further data on the use of acute services and how this might impact future Direction-setting. She agreed to explore the possibility of a presentation to IJB members on acute service finances.

The Chair thanked Ms Flanagan and other finance colleagues for their work on the annual accounts. She noted the small overspend and said that this demonstrated how hard staff were working to deliver services within budgets. She recognised the continuing pressures faced through population growth within the county, and other factors, and how these impacted on delivering the best possible outcomes for local communities.

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

Decision

The IJB:

- i. Noted the draft unaudited annual accounts were considered at the Audit & Risk Committee on 6th June 2023; and
- ii. Agreed that the draft annual accounts could be published and presented for audit.

Signed

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board



Minute

Edinburgh Integration Joint Board

Tuesday 8 August 2023

Virtual Meeting via Microsoft Teams

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Elizabeth Gordon, George Gordon, Kirsten Hey, Peter Knight, Jacqui Macrae, Mike Massaro-Mallinson, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray, Councillor Vicky Nicolson and Moira Pringle.

Officers

Tony Duncan, Andrew Henderson (Clerk), Dr Ramon McDermott, Susan McMillan, Katie McWilliam and David White.

Apologies

Robin Balfour, Ruth Hendery, Rose Howley, Grant Macrae, Allister McKillop and Emma Reynish.

1. Minutes

The minute of the Edinburgh Integration Joint Board of 13 June 2023 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Rolling Actions Log

The Rolling Actions Log updated to August 2023 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 3 - Bed Based Review – Public Consultation on the Future Provision of Older People’s Care
 - Action 4 - EIJB Risk Register
 - Action 5 - Access to the ModernGov app for External Members
 - Action 7 - Rolling Action Log – Correspondence with the First Minister
 - Action 8 - Chief Officer Appointment for the Edinburgh Integration Joint Board and Health and Social Care Partnership
 - Action 9 - Medium Term Financial Strategy and 2023/24 Financial Plan Update
- 2) To otherwise note the remaining outstanding actions.
(Reference – Rolling Actions Log August 2023, submitted)

3. Edinburgh Integration Joint Board and Committee Dates 2024

The proposed schedule of meeting dates for the Edinburgh Integration Joint Board, committees, development workshops and associated working groups for 2024 was presented.

Decision

To agree the proposed schedule of meeting dates for 2024.

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

4. The Joint Edinburgh Carer Strategy Refresh 2023-26

An overview of the draft Joint Edinburgh Carer Strategy Refresh 2023-26 was provided. Members took the opportunity to thank officers for the latest version of the report and acknowledged that consultation had been undertaken with carers’ representatives and stakeholders and that specific areas of concern had been referenced.

Decision

To approve the draft Joint Edinburgh Carer Strategy Refresh 2023-26 for publication and implementation.

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

Declaration of Interests

Christine Farquhar made a transparency statement as an unpaid carer and the carer representative on the EIJB.

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

5. Primary Care Improvement Plan (PCIP) 6.0 Tracker Submission

Members were provided with an update in relation to the progress of the report which had been submitted to the Scottish Government as part of the governance process for Primary Care Improvement Plan (PCIP) funding.

The report had initially been approved for submission by the EIJB Performance and Delivery Committee on 12 April 2023 and thereafter agreed at the Lothian GP Sub-Committee of the Lothian Medical Committee on 24 April 2023.

Decision

- 1) To note the summary of progress and associated issues as of March 2023 and the end of the Primary Care Improvement Plan investment period.
- 2) To note a new requirement for this (6.0) tracker to be agreed by the NHS Lothian Chief Executive.
- 3) To recognise the disconnect between population growth and Primary Care Improvement Plan share.
- 4) To agree to progress analysis to cost the impact of not closing the gap in primary care investment and to continue to press the Scottish Government around the specific issues for primary care investment for the City.
- 5) To note with concern that the outstanding investment into mental health capacity remained a critical gap as highlighted in the report and to note the assurance from the Interim Chief Officer this issue would be raised for consideration at the Thrive Programme Board.

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

6. Revised EIJB Directions Policy

An overview was provided of the work that had taken place to refresh the Directions Policy, with reference being made to lessons learned over the last four years and feedback from the Strategic Planning Group and Performance and Delivery Committee.

Decision

To approve the revised draft policy on directions.

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

7. Annual Performance Report 2022/23

The Annual Performance Report 2022/23 was submitted for approval.

Decision

To approve publication of the annual performance report for 2022-23.

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

8. Finance Update

An update on the financial performance of delegated services was provided. It was acknowledged that given the relatively early point in the financial year, further work was required to refine the assumptions which underpinned the initial set of results.

It was also highlighted that the level of assurance provided of a break-even position for 2023/24 was limited, given the remaining budget deficit.

Decision

- 1) To note the financial position for delegated services to 30 June 2023 and associated year-end forecast.
- 2) To note the limited assurance provided by the Chief Finance Officer.

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

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

The Annual Review of Directions referred from the Performance and Delivery Committee to the Edinburgh Integration Joint Board for consideration with the Committee's recommendations was presented.

Decision

- 1) To approve the recommendations for retaining, varying, closing or superseding existing directions set out in Appendix 1 of the report.
- 2) To approve the varied direction set out at Appendix 2 of the report.

(References – Performance and Delivery Committee 2 August 2023 (item 5.2); Report by the Service Director – Strategic Planning, EHSCP, submitted)

10. Chief Officers Update

A summary was provided of key areas of activity that supported the delivery of the EIJB's strategic priorities. It was highlighted that the report had been developed with the objective of providing board members with a comprehensive update on key issues.

Decision

- 1) To note the content and format of the update report.
- 2) To agree to receive future update reports in the form of briefings for members noting that no items included in the briefings would be for decision.
- 3) To note that strategic performance and performance relating to high-level operational matters were already reported through the Performance and Delivery Committee.

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

11. Committee Update Report

An update on the business of the Committees Edinburgh Integration Joint Board from June to August 2023 was provided.

Decision:

- 1) To note the work of the Committees.
- 2) To agree that the report is sufficient in raising awareness of the Board's awareness of committee activity.

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

12. Valedictory remarks

Board members took the opportunity to thank Tony Duncan and Colin Beck for their work with the Edinburgh Integration Joint Board.

13. Date of Next Meeting

Decision

To note that the meeting in September would be rescheduled with a date being issued to members in due course.

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within MS TEAMS VIRTUAL MEETING ROOM, on 8 AUGUST 2023.

Present

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

Non-Voting Members – Lesley Cunningham, Steven Dunn, Hamish Hamilton, David Huddleston, Alan McCloskey, Douglas McGown, Ann Pike, Alison White and Linda Yule

Apologies – Damian Doran-Timson and Jo MacPherson

In attendance – Neil Ferguson (General Manager Primary Care and Community Services), Sharon Houston (Head of Strategic Planning and Performance), Fiona Huffer (Chief Allied Health Professional), Yvonne Lawton (Head of Health), Karen Love (Senior Manager Adults Services & Acting Chief Social Work Officer), James Millar (Standards Officer), Mike Reid (General Manager for Mental Health and Addiction Services), Kenneth Ribbons (Audit, Risk and Counter Fraud Manager), Kerry Taylor (Project Officer) and Jeanette Whiting (Strategic Programme Manager)

1 ORDER OF BUSINESS

The Chair had requested, in terms of Standing Order 5.10, that an additional appendix (correspondence with Fiona Hyslop, MSP regarding community hospital provision) to report under item 9 (*Community Hospital Provision in West Lothian*) be circulated to members and added to the agenda

2 DECLARATIONS OF INTEREST

George Gordon stated that he was a member of the NHS Lothian Finance and Resources Committee and of the Edinburgh IJB. As there was no conflict of interest and there was specific legislation allowing participation, he would participate in all items of business.

Bill McQueen stated that he was a member of the NHS Lothian Finance and Resources Committee. As there was specific legislation allowing participation, he would participate in all items of business.

Ann Pike stated that she was a member of COSLA Health and Social Care Board.

Alison White stated during agenda item 9 (*Community Hospital Provision in West Lothian*) that she was a member of NHS Lothian's Anchor Board as IJB representative.

3 MINUTES

The IJB approved the minutes of its meeting held on 27 June 2023 as a correct record.

4 MINUTES FOR NOTING

- a The IJB noted the minutes of the West Lothian Integration Joint Board Strategic Planning Group held on 1 June 2023.

5 MEMBERSHIP & MEETING CHANGES

The Clerk advised that the September IJB meeting would be held in person at the Blackburn Partnership Centre.

6 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.

It was agreed that the report to be presented at the next meeting would include a short appendix indicating vaccination locations and other relevant details. The carers representative was asked to advise Carers of West Lothian of efforts being made to ensure consideration of more vulnerable people regarding vaccination locations.

Decision

1. To note the terms of the report.
2. To include a short appendix in the next Chief Officer report indicating vaccination details.

7 INITIAL FORECAST OUTTURN 2023/24

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer providing an update on the 2023/24 budget forecast position based on the outcome of the initial month 3 monitoring process.

It was recommended that the IJB:

1. Consider the initial forecast outturn for 2023/24 which was based on high level information available as at the end of June;

2. Note that NHS Lothian had been allocated additional funding from the Scottish Government for sustainability and new medicines which had not been taken account of within the initial forecast;
3. Note the initial status of budget saving measures agreed as part of the revenue budget plan for 2023/24; and
4. Note that further updates on the in-year budget position and progress towards achieving a balanced budget position would be reported to future board meetings.

The IJB requested that a further update be provided at the next meeting and to continue to provide updates as often as possible thereafter.

Decision

1. To note the terms of the report.
2. To provide a further update at the next meeting and to continue to provide updates as often as possible thereafter.

8 COMMUNITY HOSPITAL PROVISION IN WEST LOTHIAN

Douglas McGown 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 seeking a decision on the options available to achieve the budget savings measures agreed in relation to community hospital provision in West Lothian.

It was recommended that the IJB:

1. Note the contents of the report;
2. Note the efficiencies agreed as part of the IJB's Medium Term Financial Plan that related to community hospital provision;
3. Note the potential impact on the front-line delivery of services should the proposed community hospital efficiency not be achieved and the impact of delaying a decision on the current budget;
4. Note that decisions relating to estates and capital investment were within the remit of NHS Lothian and West Lothian Council;
5. Agree that the data provided demonstrated that only one Hospital Based Complex Clinical Care (HBCCC) complex dementia ward was required;
6. Agree that the data provided demonstrated that only one HBCCC frail elderly ward was required;

7. Consider the options and recommendations set out in section 6 of the report and agree that officers progress option 3 recommended in section 9 of the report;
8. Agree that the current arrangements in place for St. Michael's Hospital continue and instruct the Chief Officer to engage with NHS Lothian's Anchor Board to explore potential options for alternative use of the site with the Linlithgow community; and
9. Agree that Directions reflecting the Board's decisions be issued to NHS Lothian.

During discussion, members requested regular updates on the implementation of decisions taken under this item of business, including updates on NHS Anchor Board's considerations. Members also requested updates on transportation issues raised. It was agreed that further details on the implementation of decisions would be discussed at upcoming development sessions.

Decision

1. To approve the terms of the report.
2. The Chief Officer to provide regular updates on the implementation of decisions to the IJB, including updates on NHS Anchor Board's considerations.
3. To further discuss details of implementation of decisions at development sessions.
4. The Head of Health to explore and provide updates on transportation issues.

9 CARE HOME PROVISION

The IJB considered a report (copies of which had been circulated) by the Chief Officer seeking agreement that a Direction be issued to West Lothian Council to implement the decisions made by the Board on 27 June in relation to council run care homes in West Lothian.

It was recommended that the IJB agree that the Direction (Appendix 1 of the report) relating to council run care homes in West Lothian be issued to West Lothian Council.

Decision

To approve the terms of the report.

10 RISK MANAGEMENT POLICY AND STRATEGY

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

Chief Officer advising members of the IJB's revised Risk Management Policy and Strategy.

It was recommended that the IJB approve the revised Risk Management Policy and Strategy.

Decision

To approve the terms of the report.

11 EQUALITY MAINSTREAMING REPORT AND EQUALITY OUTCOMES PROGRESS REPORT

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance presenting the draft Equality Mainstreaming Report which detailed progress against the IJB Equality Outcomes for 2021–2025.

It is recommended that the IJB:

1. Note the contents of the report and progress against the Equality Outcomes; and
2. Approve the draft report for publication.

Decision

To approve the terms of the report.

12 ANNUAL REVIEW OF RECORDS MANAGEMENT PLAN

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance seeking approval of the recommended changes to the Records Management Plan following its annual review and assuring the Board that its Publication Scheme had been reviewed and updated.

It was recommended that the IJB:

1. Note that the Records Management Plan was required to be reviewed annually;
2. Note that a new element was included in the revised model records management plan and that guidance for IJBs was still awaited;
3. Note that a review had been carried out and agree the recommended changes to the Plan;
4. Note that a Progress Update Review would be submitted to National Records Scotland on approval of the changes; and
5. Note that the Board's Publication Scheme had been reviewed and

updated.

Decision

To approve the terms of the report.

13 COMING HOME DYNAMIC SUPPORT REGISTER

The IJB considered a report (copies of which had been circulated) by the Senior Manager, Adult Services advising of the work being progressed in relation to the implementation of the Coming Home Dynamic Support Register. This report had been considered by members of the IJB Strategic Planning Group on 21 July 2023.

It was recommended that the IJB:

1. Note the contents of the report; and
2. Note that update reports would be provided to the Board on a 6-monthly basis.

Decision

To note the terms of the report.

14 WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

15 DATES OF FUTURE MEETINGS

A list of dates of future meetings had been circulated for information.

Decision

To note the dates of future meetings.

Board Meeting
04 October 2023

Jenny Long, Director of Primary Care

PHARMACY PRACTICES COMMITTEE OUTCOMES Q1 AND Q2 2023/24

1 Purpose of the Report

- 1.1 The purpose of this report is to advise the Board on outcomes of Pharmacy Practices Committee hearings held in Q1 and Q2 2023/24.

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

2 Recommendations

- 2.1 This information is for noting and will be provided to the Board on a quarterly basis with an annual report provided following the end of the financial year. The full minutes from all Pharmacy Practices Committee hearings can be found on the NHS Lothian website via the following link - [Previous Decisions – Pharmacy Application Process](#)

3 Discussion of Key Issues

3.1 Outcomes

The following hearings have taken place since April 2023:

- The **Haddington** hearing took place on 20th April 2023 (**application rejected**). The applicant has lodged an appeal. This was forwarded to the National Appeals Panel (NAP) in May 2023; we await the outcome.
- The **Winchburgh** hearing took place on 18th May 2023 (**application rejected**). The applicant has lodged an appeal. This was forwarded to the NAP in June 2023; we await the outcome.
- The **Bathgate** hearing took place on 24th August 2023 (**application rejected**). The applicant has until 29th September 2023 to lodge an appeal.

3.2 Upcoming hearings

- The **Linlithgow** hearing is scheduled to take place on 26th September 2023.

4 Key Risks

- 4.1 There is a risk that PPC hearings are delayed due to the challenges in providing quorate panels, leading to delay in processing pharmacy applications.
- 4.2 There is a risk that the reform of the current regulations (National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended) is further delayed and the challenges with the current procedures continue, leading to an unsatisfactory process for both applicants and health boards.

5 Risk Register

5.1 Risks relating to the pharmacy application process are held on local risk registers.

6 Impact on Inequality, Including Health Inequalities

6.1 Each PPC hearing considers the impact on inequality as part of their discussion and decision-making.

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

7.1 As part of every pharmacy application there is a consultation exercise with the public.

8 Resource Implications

8.1 The key resources are PPC members' time and the time of the primary care contracts team to administer the process which are managed within existing resources.

Jenny Long

Director of Primary Care

22 September 2023

Jenny.long@nhslothian.scot.nhs.uk

Board Secretary

SCHEDULE OF NHS Lothian Board and Committee Meetings 2024/25**1 Purpose of the Report**

- 1.1 Lothian NHS Board's Standing Orders state: "The Board shall meet at least six times in the year and will annually approve a forward schedule of meeting dates". This report is presented for that purpose.
- 1.2 Any member wishing additional information should contact the Board Secretary in advance of the meeting.

2 Recommendations

- 2.1 It is recommended that the Board approves the schedule of Board and Committee meeting dates for 2024/25.

3 Discussion of Key Issues

- 3.1 In preparing the schedule of Board and Committee meeting dates, the competing demands upon members' time has been considered as far as possible. The dates of Integration Joint Boards, national and local management meetings, etc., have been accounted for, where these are available. The proposed schedule accommodates the required minimum of six meetings of the Board.
- 3.2 In a change to previous years, we have scheduled Board and Committee meetings across the entirety of the financial year, rather than just the next calendar year. This better aligns with the Board's governance and assurance reporting, which is based on the financial year. It also provides meeting dates over a longer period, better supporting both strategic and operational planning efforts and individual diary management.
- 3.3 Once approved, the schedule of dates will be circulated to the Board's integration partners with a request to ensure that, as far as possible, the scheduling of future IJB meetings and committees avoids any clash with NHS Lothian Board or Committee meetings.
- 3.4 The schedule of dates is provided at **Appendix 1**.

4 Key Risks

- 4.1 The Board or one of its committees does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board's governance activities.
- 4.2 Poor or insufficient scheduling of meetings means that the members cannot carry out their responsibilities in other roles that they may have.
- 4.3 The need to respond to emerging events may lead to the need for additional meetings, which not all members may be able to attend.

5 Risk Register

5.1 There is no need to add anything relating to this matter to the Corporate Risk Register.

6 Impact on Inequality, Including Health Inequalities

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

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

7.1 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. As part of the process of developing the timetable, we have considered the published timetable of board meetings of integration joint boards. However due to the complexity, the process did not consider the scheduling of any integration joint board committees or sub-groups.

8 Resource Implications

8.1 The key currency is members' time and the availability of suitable calendar slots.

Darren Thompson

Board Secretary

22 September 2023

Darren.Thompson@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Proposed list of NHS Lothian Board and Committee Dates 2024/25

NHS Lothian Board and Committee Dates 2024/25

Red text indicates a meeting falling within the 2023/24 Financial Year

Lothian NHS Board 9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
07 February 2024	
10 April 2024	
26 June 2024 *	
14 August 2024	
09 October 2024	
04 December 2024 *	
05 February 2025	

* 10.30am start due to preceding NHS Lothian Charity Board of Trustees meeting

Strategy, Planning & Performance Committee 9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
24 January 2024	
20 March 2024	
22 May 2024	
04 September 2024	
13 November 2024	
22 January 2025	
19 March 2025	

Finance & Resources Committee 9:30am – 1:00pm

Meeting Date	Paper Submission Deadline
14 February 2024	
27 March 2024	
05 June 2024	
21 August 2024	
23 October 2024	
18 December 2024	
12 February 2025	
26 March 2025	

HEALTHCARE GOVERNANCE COMMITTEE
1:00pm – 4:00pm

Meeting Date	Paper Submission Deadline
23 January 2024	
26 March 2024	
28 May 2024	
23 July 2024	
17 September 2024	
22 October 2024 *	
19 November 2024	
28 January 2025	
18 March 2025	

** Extra meeting date to accommodate consideration of HSCP Annual Reports*

STAFF GOVERNANCE COMMITTEE
9.30am – 1:00pm

Meeting Date	Paper Submission Deadline
06 March 2024	
29 May 2024	
31 July 2024	
30 October 2024	
11 December 2024	
12 March 2025	

AUDIT & RISK COMMITTEE
9:30am – 12:30pm

Meeting Date	Paper Submission Deadline
19 February 2024	
15 April 2024	
17 June 2024	
19 August 2024	
18 November 2024	
17 February 2025	

REMUNERATION COMMITTEE
2:00pm – 4:00pm

Meeting Date	Paper Submission Deadline
26 February 2024	
08 April 2024	
29 July 2024	
07 October 2024	
02 December 2024	
24 February 2025	

LOTHIAN PARTNERSHIP FORUM
 (Pre-Meetings @ 10.00am)
12:00pm – 3:00pm

Meeting Date	Paper Submission Deadline
05 February 2024	
22 April 2024	
01 July 2024	
26 August 2024	
28 October 2024	
09 December 2024	
10 February 2025	

NHS Lothian Charity, Board of Trustees
1:00pm – 3:00pm

Meeting Date	Paper Submission Deadline
13 March 2024	
19 June 2024 *	
11 September 2024	
4 December 2024 *	
11 March 2025	

** 09.30am start, preceding the NHS Lothian Board meeting*

NHS Lothian Charity, Charitable Funds Committee
1:00pm – 3:00pm

Meeting Date	Paper Submission Deadline
6 February 2024	
11 June 2024	
13 August 2024	
5 November 2024	
4 February 2025	

Draft Version: 22.09.2023

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS**1 Purpose of the Report**

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

2 Recommendations

The Board is recommended to:

- 2.1 *Appoint* Dr Donald Noble as a non-voting member of the West Lothian Integration Joint Board and specifically as the "*registered medical practitioner who is not providing primary medical services*" with immediate effect and until 3 October 2026.
- 2.2 *Appoint* Sarah Gossner as a non-voting member of the East Lothian Integration Joint Board and specifically as the "*registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract*" from 27 November 2023 and until 26 November 2026.

3 Discussion of Key Issues***West Lothian and East Lothian Integration Joint Boards***

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

"(f) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with

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

Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

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

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

- 3.2 The Order provides that the term of office for members of integration joint boards is not to exceed three years (this does not apply to the Chief Officer, Chief Finance Officer, and the Chief Social Work Officer). At the end of a term of office, the member may be re-appointed for a further term of office.
- 3.3 Dr Karen Adamson previously held the position at (h) above on the West Lothian IJB. **Dr Donald Noble**, Clinical Director at St John’s Hospital, has been nominated to this vacant position. On the advice of the NHS Lothian Executive Medical Director, it is therefore recommended that the Board approve Dr Noble’s appointment as a new non-voting member of the IJB and specifically as the “...*registered medical practitioner whose name is on the list of primary medical services performers...*”, with immediate effect and until 03 October 2026.
- 3.4 Lorraine Cowan previously held the position at (g) above on the East Lothian IJB. **Sarah Gossner** was recently appointed as the new Chief Nurse for East Lothian Health and Social Care Partnership and will take up her role on 27 November 2023. On the advice of the NHS Lothian Executive Nurse Director, it is therefore recommended that the Board approve Ms Gossner’s appointment as a new non-voting member of the East Lothian Integration Joint Board and specifically as the “... *registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract*” from 27 November 2023 and until 26 November 2026

4 Key Risks

- 4.1 A committee or an IJB does not meet due to not achieving quorum, leading to a disruption and delay in the conduct of the Board’s governance activities.
- 4.2 The Board does not make the most effective use of the knowledge, skills and experience of its membership, leading to the system of governance not being as efficient and effective as it could be.

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Darren Thompson
Board Secretary
25 September 2023

BOARD EXECUTIVE TEAM REPORT OCTOBER 2023

Aim

This report updates 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 the 24 August 2023, I was part of the interview panel for the Edinburgh Chief Officer HSCP interviews. The successful candidate was Pat Togher. Pat currently works for Glasgow City Council as Assistant Chief Officer, Public Protection and Complex Needs. Pat officially starts as the Chief Officer of the Edinburgh IJB on the 6 November 2023.
- 1.2 Attended the 'Improving the Cancer Journey' event hosted by the Thistle Foundation. This event took place on the on the 31 August 2023, and also incorporated a visit from the Macmillan Chief Operating Officer and Chief Nursing Officer. Also in attendance was colleagues from NHS Lothian, the Thistle Foundation and CEC.
- 1.3 On the 1 September 2023, Exercise Pentland took place, this was a scheduled Major Incident Exercise for NHS Lothian. The mock incident was well handled and the learning from it will be used to update our Major Incident procedures.
- 1.4 The NHS Lothian Celebrating Success Awards took place on the evening of the 7 September 2023 in the Kimpton Hotel, Edinburgh. As in previous years, these awards are always a great success and very humbling to hear about the efforts made by staff.
- 1.5 On the 12 September 2023, a meeting with the Consort Lenders at the Royal Infirmary of Edinburgh. took place. A joint session with the Lending Group and Consort / NHSL Representative's followed this. A follow up meeting in approximately 2 months' time to review progress on the issues of concern that NHS Lothian raised.
- 1.6 The NHS Lothian Annual Review was scheduled to take place on the 18 October 2023 with the Cabinet Secretary. On the 19 September 2023 this event was cancelled by the Scottish Government, a new date will be scheduled for Spring 2024.
- 1.7 Attended the NHS Staff Council Joint Plenary meeting on the 25 September 2023. This meeting took place in the Unison Centre, London.

2. Deputy Chief Executive

- 2.1 **Capital Projects** – Many of the Capital Projects are within the national governance processes and NHS Lothian continues to apply the Board wide capital prioritisation process locally. Capital costs are expected to increase due to the external challenging construction market environment. No funding increases have been confirmed for 2023/24 and beyond by Scottish Government. An update on key projects has been outlined below;
- **NTC-L:** The latest programme indicates possible slippage, with the programme currently 12 months behind original plan. The project team have continued to develop the design, the construction methodology and the programme within the team resource available.
 - **PAEP:** The latest programme indicates we are now in delay, with the programme currently 6 months behind original plan. In Q1 of 2023/24 the project was fully mobilised to re-engage on the project in accordance with the target programme. A key area of focus is the requirement to build a multi-story carpark and the planning risk associated with this.
 - **ECC Reprovision:** The latest programme indicates definite slippage, with the programme currently 10 months behind original plan. Initial agreements have not been approved by the national Capital Investment Group and we have been unable to progress the Preparation project, which would detail demolition and service diversion plans critical to the project.
- 2.2 **Bed System and Capacity Model** – Following conclusion of the procurement process to select a Healthcare Planner, an initial mobilisation meeting has taken place to formally launch the Programme. As described previously, this project seeks to understand the suitability of our bed base to better plan the future health and social care needs of the population. NHSL anticipates the need for a first phase model in autumn to deploy for testing during the 2023/24 Winter Planning approach.
- 2.3 **Strategic Review of Analytics:** Board members should note the Service Level Agreement (SLA) in place between NHS Lothian and Public Health Scotland's predecessor, ISD, for the supply of analytical staff to Lothian, is due for its regular review. Conscious of the Strategic Review of Analytics review commissioned by NHS Lothian in 2022, it was agreed we would review the arrangement in line with the recommendations made. This will now progress with support from Partnership and oversight from the Executive Leadership Team and the equivalent oversight structure in PHS.

3. Executive Medical Director

- 3.1 I attended the opening day of Preliminary hearings for the Scottish Covid Inquiry on 28 August at Murrayfield. Lord Brailsford and Counsel for the Inquiry set out their approach.
- 3.2 I was pleased to be asked to interview Rosemary Agnew, the INWO, for Speak Up week to reflect on the progress in learning from concerns raised in Scotland. This certainly has helped me reflect on our own progress in this area.

4. Executive Nurse Director

4.1 **N&M Workforce Update - Supply & Demand** - The reduction in off contract agency use has been sustained, the reduction over is 86%. Controls and mitigating actions continue. As of 18th September, 175 new registered nurses have taken up posts in 2023 with a further 541 due to take up posts over the remainder of September through to December. A further 431 applications are currently under active recruitment for registered and non-registered nursing staff.

4.1.1 The band 4 recruitment is underway to offer 1 shift / week to final year student nurses. A total of 295 applications were received. All applicants have been matched into posts and commence in post from the end of September, adding c90 wte to the workforce. NHS Lothian were the only Board to offer this in 2022/23 and it was very highly received by those students who took up the offer. A further recruitment event is planned for February 24 to capture Masters' students entering their final year.

4.1.2 41 new band 3 recruits were appointed into trainee nurse posts to undertake OU nurse training and took up post at the beginning of September. All core nursing and midwifery posts are recruited under the principles of "One Interview, One offer, One Decision".

4.2 **Lothian Clinical Academic Research Gateway Awards NHS** - Lothian is the only Board in Scotland that offers a comprehensive clinical academic research pathway for nurses, midwives, AHPs, pharmacists, psychologists and healthcare scientists. Funded by the NHS Lothian Charity, the Lothian Clinical Academic Research Gateway Awards offer 5 different types of awards from First Steps in to Research (Internship) to Post-Doctoral Bridging Awards. The second cohort commenced their awards at the beginning of September, with 12 new recipients from nursing, physiotherapy, speech and language therapy, pharmacy and healthcare science. This takes the total number of recipients to 26 during 2023.

4.2.1 There have been significant outcomes for the 14 recipients in Cohort 1, who are due to complete their awards at the end of 2023, including a PhD studentship, acceptance on to a Master's in Research Programme and a new post working in clinical research.

4.3 **Infection Prevention & Control – June-Aug 23** - In June the Scottish Government launched their Healthcare Associated Strategy 2023-2025. This 2-year strategy is focused on Post Pandemic recovery and Infection Prevention and Control in its broadest sense, and not solely on reduction of Healthcare Associated Infections. There are no new objectives for NHS Boards in Year 1 of the Strategy, and existing local delivery plan targets for reduction of *Staphylococcus aureus* bacteraemia (SAB), *Clostridioides difficile* infection (CDI) and *Escherichia coli* bacteraemia (ECB) have been extended for 2023-2024.

5. Director of Finance

5.1 The Quarter 1 financial review process has concluded in assessing the Board's ability to achieve financial balance this year. The health board remains short of delivering a breakeven position at this stage but has improved from an opening forecast deficit of £52m to a restated forecast deficit of £27m, all efforts continue to be reviewed to close this gap. A specific focus has been ensuring all Business Units deliver their 3% efficiency target and opportunities to deliver further improvement to the forecast deficit position from here remain, as well as the board continuing to secure additional resource where available. Moving into the mid-year review, further work will ensure refinement of the year end position based on the latest information.

- 5.2 The three key strategic capital projects, National Treatment Centre, PAEP and the Edinburgh Cancer Centre remain constrained while we await feedback from the Scottish Government Capital Investment Group on the ability to progress to the next stage of the Business Case process.
- 5.3 Contract mechanisms available to the Board continue to be applied to Consort at the Royal Infirmary Edinburgh (RIE) 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. Focus continues to be on resolving the key fire issues.
- 5.4 Initial fire stopping, and lifecycle works to Ward 203 at the RIE have been completed and Ward 101 has been decanted to this area. Works have now progressed in Ward 101 and include fire stopping, flooring and internal decoration to make suitable for patients with dementia, and replacement of nurse call alarm system. Once completed Ward 101 will move back to its original location and Ward 201 will take residence in Ward 203. Further additional decant options continue to be under review with Consort to accelerate lifecycle investment.
- 5.5 Further rectification works commenced at the Royal Hospital for Children and Young People with regard to the atrium flooring. These works will continue until January 2024. The scope of cavity barrier works continues to be formalised with City of Edinburgh Council's Building Control Department via clarifications on the warrant application. We await the outcome of this application.
- 5.6 Notice has been issued to Community Health Services Limited, the PFI operator of Toppethill Hospital, that the Board wishes to negotiate an extension of the Project Agreement for a period of two years from the current 2025 expiry date. The parties have six months to reach agreement on this extension or continue to termination in 2025.

6. Director of Public Health and Health Policy

- 6.1 **Covid and Flu Vaccination Programmes** - The 2023-24 flu vaccination campaign began for those eligible from 4 September 2023 and for those eligible for both flu and COVID-19 vaccination from 18 September as planned. On 31 August 2023, Public Health Scotland (PHS) and the Scottish Government requested NHS Boards re-phase and bring forward winter vaccination plans for those at highest risk i.e. care home residents, those aged over 75 years and those with a weakened immune system who were initially due to be offered vaccination from mid-October. The re-phasing request is due to a newly identified COVID-19 variant of interest. PHS have stated the re-phasing of the 2023 winter campaign should be a proportionate response to keep the most vulnerable safe. As a result of re-phasing, vaccination of care home residents was brought forward and began on 11 September (expected completion 15 October) and those aged over 75 from 19 September (expected completion 29 October). Work is on-going to confirm re-phasing plans for those with a weakened immune system.
- 6.2 **Covid Update** - The Scottish Government and Public Health Scotland are monitoring the Covid situation carefully. Public Health Scotland and local health protection teams are meeting weekly to consider information as it emerges. We still have a lot to learn about the newly identified variant of interest. Further information will be provided at the Board meeting if available. The latest update from Public Health Scotland is available here [Update on BA.2.86 in Scotland - News - Public Health Scotland](#)

7. Director of Human Resources and Organisational

- 7.1 **Speak up Week** - This week (2-6 October 2023) is the second national Speak Up week. The theme this year is Learning from Concerns. The aim of the week is to help raise awareness of both the importance of speaking up but also how to do it. During this week there are a range of activities happening across our sites led by local service representatives. A number of drop in sessions for staff have been organised to come and speak with managers about how to raise a concern and any barriers they may perceive about raising a concern. An interview with our Chief Executive about the importance of speaking up has been recorded and will be available to all staff, a reflective article on whistleblowing from our Whistleblowing Commissioners, investigators and also from staff who have previously raised a concern under the Whistleblowing policy will also be shared and there is a special Leadership Network event during the week. Tracey Gillies, Medical Director has also pre-recorded a session with Rosemary Agnew, the Independent National Whistleblowing Officer in Scotland where they will discuss the benefits of speaking up, building confidence to speak up and encouraging a good Speak Up culture and this will be made widely available during Speak Up week.
- 7.2 **Wellbeing** - In March 2021 NHS Lothian launched our first wellbeing strategy 'Work Well'. The strategy has three key objectives informed by what staff told us was important: a Work Well programme to support staff wellbeing, leaders committed to caring for themselves and others and proactive mental wellbeing support for all. The objectives are underpinned by four enablers: leadership, communication, infrastructure, and environment. The intent of the strategy is not only to create the conditions for our existing staff to 'Work Well' but also to attract our future workforce. The strategy is therefore hosted on both the internet and intranet: [Work Well Staff Wellbeing Strategy](#)
- 7.2.1 We are into year 3 of the strategy, some of the key deliverables in year 2 have been:
- Delivery of our monthly 'Energise You' wellbeing webinar programme with 791 staff accessing the webinars.
 - Continued focus on financial wellbeing with expanded access to income maximisation services for staff with a collective financial gain of £17,500 for staff.
 - Successful pilot of Second Nature weight loss programme with just over 350 staff being supported and an average weight loss of 6.4kg at 6 months.
 - Continued campaigns focused on hydration, nutrition and taking a break.
- 7.3 **Talent Management and Succession Planning Programme** - In Spring 2022 we launched the first cohort of our Talent Management and Succession Planning (TMSP) programme. We are currently on cohort 4 of our Talent Management and Succession Planning programme in partnership with the University of Edinburgh Business School. The programme delivers a combination of theoretical input, growing self-awareness and experiential learning. This is focused on 6 core domains: Strategic Responsibility, Corporate Governance, People Management, Clinical Governance, Financial Management, Performance and Quality Management. Each cohort has had 12 - 15 participants and so far, there have been 10 promotions. All participants have attributed the programme as a major contributory factor to their success.

8. Chief Officer Acute Services

- 8.1 **Scheduled Care** - The focus remains on the priorities of long waits, urgent patients, and those with suspected cancer. Ophthalmology and Dermatology remain the key areas of challenge in Outpatients. Extension of both internal and external short-term capacity have been approved with development of longer-term sustainable plans underway. Within Inpatients, Orthopaedics continues to have the largest number of long waiting patients. The ring fencing of Orthopaedic capacity described in previous updates started on 4th September 2023 which is a positive step forward. The first Orthopaedic test patients have also been identified for treatment from November 2023 at Fife National Treatment Centre and full use is being made of all available capacity at the Golden Jubilee National Hospital.
- 8.2 **Emergency Access Standard (EAS) Improvement Programme** - The 16-week RIE refreshed programme commenced from 4th September 2023. A team of external experts have been commissioned to work alongside the programme board and have been working on site with a focus on:
- Processes in the Emergency Departmental support of 4-hour performance
 - Best use of the available workforce and space across all disciplines in support of safe patient care and unscheduled care performance
 - Interactions with teams from other services both within the site and within NHS Lothian in support of safe and timely patient care in the ED.
- 8.3 **Healthcare Improvement Scotland (HIS) visit** – A follow up unannounced inspection took place at RIE on 19th & 20th September 2023. High level feedback following the visit confirmed that no serious patient safety concerns were identified, and improvements and work in progress was noted across several of the actions identified during the initial visit to ED in February 2023. Areas of opportunity which were identified include work required around fluid management and hand hygiene.
- 8.4 **Winter planning** – Acute Services are currently compiling our response to the Scottish Government's winter checklist. The business continuity response which was adopted during the COVID-19 pandemic means that we have well-rehearsed plans in place in each operational unit and across the system therefore much of our preparation is now business as usual. In addition, we are seeking to build our unscheduled care resilience, and this winter we will continue to optimise the NHS Lothian Flow Navigation Centre (FNC). The FNC plays a key role in ensuring patients receive the right care at the right place. For example, through our Professional-to-Professional pathways the FNC multi-disciplinary team are working with GPs to ensure appropriate patients are booked into our Rapid Assessment and Care Unit, whereby avoiding an inappropriate ED attendance. Access to additional bed capacity within and out with the NHS is more constrained as, leaving aside workforce availability, funding from previous years to purchase this capacity is not available.

9. Director of Strategic Planning

- 9.1 The Directorate of Strategic Planning has remained active across the full range of LHCS services.
- 9.2 Within Acute services, Sean Donaldson is providing close support to the development of South-East Scotland CAR-T services within Cancer Services, while Rhona Bain is driving forward Thrombectomy services, which are on the verge of expanding from Lothian to provide for residents of the Forth Valley.

- 9.3 In the multi-agency space, Rebecca Miller is close to finalising the Women's Health Plan, and working with Lois Marshall is moving forward the case for expanding access to diabetes technologies for those with type 1 diabetes mellitus. Within the Children's Services world, we have turned our attention to year one of the Children's Services Plans, as agreed by the Board in June, and Kelly Hayden has been an asset in this work. Meanwhile, Jess Miller is supporting the Best Start programme in maternity, and we will pick up actions to reconfigure the provision of neonatology services as part of the regional planning agenda.
- 9.4 The second round of capital prioritisation was held on September 29th and a huge amount of work has gone into this by Andrea MacDonald and our SPM team.
- 9.5 Personally, my time has been focussed on ADP issues, Winter planning, property rationalisation, and expanding the understanding of the prioritisation process within backlog maintenance, medical equipment, and eHealth, in order that the Board can have a clearer oversight in the way that it does with Capital Prioritisation. I'm also in the process of summarising the mid-year position for corporate objectives and the LSDF.
- 9.6 On the ADP, we expect final feedback from SGHSCD on the 3rd October. Initial feedback was reasonably positive. Board members may recall that funding for scheduled care was agreed on the basis of a separate process.

10. Director of Primary Care

- 10.1 I welcomed the Public Health Minister to Chalmers Dental Centre in August to provide her with an understanding of how we deliver the unscheduled dental care service for non-registered patients within the Public Dental Service in NHS Lothian. This provided an opportunity to highlight the quality care that the team provides for patients, as well as discuss the current challenges with accessing general dentistry.
- 10.2 I continue to contribute to the national dental task group, which presented to the Board Chief Executives and Chief Officers groups in September regarding future scenario planning to ensure access to NHS dental care. The Chief Dental Officer has recently established a wider national group to support roll-out of the revised Statement of Dental Remuneration from November 2023 and I have ensured NHS Lothian is well represented so we can support General Dental Practitioners as required.
- 10.3 I attended the Scottish Quality and Safety Fellowship (SQSF) cohort 14 graduation event in September where Emma Rankin, LUCS Assistant Clinical Director, successfully completed the fellowship, and shared her learning which she is already applying to LUCS.
- 10.4 As I continue to highlight, there remain 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 eight practices with closed lists. Information is regularly updated on our website [HERE](#)
- 10.5 I have agreed with the Board Secretary that a new quarterly report outlining the decisions of the Pharmacy Practices Committee regarding community pharmacy applications will be provided to the Board. A paper summarising Q1 and Q2 of this year is provided at Item 4.8 in the Board Papers, so I will no longer report on those outcomes here.

11. Director of Communications, Engagement and Public Affairs

- 11.1 **Celebrating Success** – Annual Staff Awards held at Kimpton Charlotte Square, Edinburgh on Thursday 7 September. Once again, there was a record-breaking number of entries and very high calibre of finalists. The Chairs Award this year went to the 'Green Theatre's Anaesthetists Team for their trailblazing work to reduce harmful emissions caused by anaesthetic gases. [Full story here](#) and [list of winners](#).
- 11.2 **RAAC** – [An information hub](#) has been set up on NHS Lothian's website to keep the public updated on developments. The site lists all building where the presence of RAAC is thought to be high or medium risk. NHS Assure's surveys of NHS Lothian's estate are due to begin in late November.
- 11.3 **MSP'S/MPS** – the quarterly meeting with Lothian parliamentary representatives took place with particular interest in the rise in psychiatric referrals, RAAC and scheduled care performance.
- 11.4 **Engagement** – Director of Comms, Engagement and Public Affairs and the Head of Strategy Development led a CMT development session on our system-wide approach to public involvement in service development, priorities and change.

11.5 Notable Media Coverage

- 11.5.1 **Celebrating Success** - We worked with the Evening News on a double page spread featuring the health hero finalists ahead of the ceremony and a double page spread, with front-page cover, highlighting the winners after the event. Both were in the print edition. Tailored press releases were issued to local papers. [West Lothian Courier](#), [North Edinburgh News](#) and Midlothian Advertiser featuring winners in the local area.



- 11.5.2 **Filming with BBC** - BBC Scotland filmed Midlothian's Community Respiratory Team in action to show how patients with chronic, long-term respiratory conditions are supported to self-manage and avoid hospital admission. The piece will air in early October.
- 11.5.3 **Organ and Tissue Donation Week** - Widespread coverage of a mother's decision to donate her daughter's organs when she died following a seizure. [The Independent](#), [Edinburgh Evening News](#), [Yahoo news](#), [Bristol Live](#), [Edinburgh Live](#), [Daily Record](#) and [Wales Online](#). [STV news](#), [Radio Forth](#). [Edinburgh Evening News](#) also ran a feature with Consultant Alastair Morgan and Specialist Nurse Lisa MacKinnon about their roles in Organ Donation.
- 11.5.4 **RAAC and the Eye Pavilion Reprovision** - continue to generate media coverage.
- 11.5.5 **Flooring at RHCYP** - Remedial work on the floor in the main atrium of the Royal Hospital for Children and Young People attracted media coverage in the Scotsman. The work is being carried out in small sections to prevent disruption to patients. Treatment times will not be affected.

12. Services Director – REAS

- 12.1 **Nursing/Agency** - REAS have convened a local Nursing Supplementary Staffing Grip and Control Group, mirroring the Lothian wide group, which is aimed at implementing the actions from the Scottish Government National Task Force of the same name. The overarching aim of the work of the group is to reduce the workforce drift towards, and reliance on, Agency and supplementary staffing and to reduce the associated patient and staff safety risks. From 1st June 2023 REAS has been implementing control measures developed by the corporate nursing team which has evidenced a significant reduction in the use of non-contract Agency and an increased use of the Nursing Bank staff. Agency and Bank staffing reliance will reduce further when 85 newly recruited qualified nurses come into post between September and December 2023. Assertive efforts to attract, recruit and retain registered and non-registered nursing staff has seen a reduction in the overall vacancy gap. The non registered nursing vacancy gap has been eradicated from 7.7% to -2%. This has been aided by the introduction of Band 4 Assistant Practitioners and recruitment of Mental Health Nurse Trainees into the HCSW nursing workforce.
- 12.2 **Occupancy** - 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 agree whether the commissioned bed base is correct both in the short and medium/long term and identify alternative pathways for patients. This work and the subsequent action plan are being monitored through the Performance oversight Board.
- 12.3 **Prison Healthcare** – HMP Edinburgh is due to be inspected by HMPS week commencing 6th November 2023. This inspection will be undertaken against HMPS’s set of pre-defined Standards as set out in the HMPS document [Standards for Inspecting and Monitoring Prisons in Scotland](#). The team are currently working on evidence collation as part of pre-inspection discussion which is scheduled for 27th October 2023 comprising of the inspection team and Board Leads (GM, CSM and HCM). Staffing remains a significant risk across both prisons, and it is anticipated this will be highlighted during the inspection however there has been a lot of work to improve recruitment to the prisons, open days, involvement in job fairs, sharing posts and videos of experienced staff via social media platforms as well as bespoke work via staff bank to recruit and train/induct more staff across NHS Lothian.
- 12.4 **Scottish Government Funding** - Overall, 77% of the total allocation has been received. This equates to a 2.3m shortfall. Scottish Government have said they hope to allocate tranche 2 in December so uncertainty remains until then
- 12.5 **CAMHS** –Demand within CAMHS has increased across June, July and August – compared to previous months and previous years and the expected level of dip in referrals over school holidays wasn’t as expected. We continue to have vacancies against expected wte, however recruitment is ongoing. There are concerns across the service in relation to the impact of reduced funding from Scottish Government. We have already seen an impact in that we have had to stop the use of Healios which helped both with neurodevelopmental appointments and also where vacancies exist.
- 12.6 **Psychology** - Current Specialist and Supervisory posts funding in Psychology have been frozen until further funding has been agreed with the Scottish Government. Those posts currently sitting as vacancies cannot therefore be recruited to and incur the likely risk of impacting wait time trajectories. This equates to 12.2wte.

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.
- 13.2 **Seasonal Flu Plan** - The City 2023 Autumn-Winter vaccination programme began on 4 September and aims to offer vaccination to all eligible citizens by 11 December 2023, with ongoing opportunities thereafter. Clinic capacity is available from 3 September across the city, via 3 larger main sites and 15 participating pharmacies. A dedicated team of vaccinators commenced care home vaccinations, w/c 11 September, with an estimated completion of 3-4 weeks. This team will then commence domiciliary visits for our housebound population.
- 13.3 **Update on progress on delivery of improvement plan** - Implementation of the improvement plan in response to the Joint Inspection of Adult Support and Protection and the Inspection of Social Work and Social Care continues to develop in line with expectations. This 'one plan' consolidated the actions identified to address the requirements raised in the 2 inspections and aligns with the medium-term financial strategy. Key points to note include:
- Principal Social Worker is now in post and focussing on the operational delivery of Adult Support & Protection and Social Work Governance arrangements.
 - A temporary review and assessment team is now live. The objectives of the team will include addressing the backlog of reviews and ensuring needs are being met.
 - A procurement exercise to secure an updated case management system is actively progressing.
 - Adult Support & Protection and Self-Directed Support policies have been drafted and ready for Committee approval.
 - A Commissioner has been appointed to lead on development of the Frailty Commissioning Plan (previously referred to as the bed-based review).
 - Work has begun on the development of an early intervention and prevention strategy with an engagement event planned for October.
- 13.4 **Managing Exit from Liberton Hospital Site** - A project initiation document and project plan has been developed to ensure that all clinical services are moved off the Liberton Hospital site by no later than 31 December 2024. A Project Group is established and data analysis work combining care home capacity modelling with demand data from HBCCC has commenced. This will be a significant focus of activity for 2023 and through 2024.
- 13.5 **Edinburgh Carer Strategy 2023-26** - The refreshed Edinburgh Carer Strategy 2023-26 was approved at EIJB on 8 August 2023 and was co-produced by the multi-agency Edinburgh Carers Strategic Partnership Group. It recognises that unpaid carer support is vital to how health and social care is provided, and that the value of the dedication and expertise of unpaid carers cannot be overstated. It sets out how support will be enhanced, with the vision being that Edinburgh's unpaid carers feel valued and well supported, with the actions taking a person-centred, early intervention, and preventative approach.

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

- 14.1 **Orthopaedic Rehabilitation Ward** - Use of Ward 5 at East Lothian Community Hospital (ELCH) for in-patient orthopaedic rehabilitation for patients from across the Lothians began on the 4th of September as part of NHS Lothian's Orthopaedic Recovery Plan. An initial 8 patients were admitted to the Ward, including residents from Edinburgh, Midlothian, and East Lothian (4, 2, and 2 patients respectively). It is anticipated that the number of beds will expand to 12 by around the 16th of October and up to 24 beds in the longer term. At present, recruitment of qualified nursing staff is the main limiting factor in terms of the number of beds that can be delivered. An action plan is in place to support recruitment and good progress has been made to date. Management of patient length of stay is a key focus, with the aim that this will be below 30 days. This target looks set to be achieved in relation to the 5 of the initial 8 patients, with work ongoing with other HSCPs to meet the Planned Date of Discharge for the remaining 3. Communication with patients / carers in advance of their move to ELCH has been recognised as important, particularly for patients from out with East Lothian. Video content has been developed, giving background and practical information in relation to ELCH, as well as video footage capturing patients' experience. iPads will be available so that videos can be shared in Wards at the RIE. Leaflets in plain English will also be provided. Anecdotal feedback from patients / carers to date has been extremely positive, and a feedback questionnaire is being developed to enable feedback to be gathered systematically.
- 14.2 **Older People Provisioning Project** - Work is ongoing on the 'Planning Older People's Services Project' following the report of the East Lothian Community Hospitals and Care Homes Provisioning Change Board to the IJB in February 2023. A project team is taking forward an extensive stakeholder engagement programme to inform the development of future service provision options / models for consideration by the IJB. It is anticipated that a full report with a refined set of options will go to the IJB in autumn 2024. This is a significant piece of work for the HSCP, with a strong emphasis on working collaboratively with local communities to inform the development of sustainable service provision that meet the needs of the growing older population in East Lothian.
- 14.3 **MSK** - East Lothian Rehabilitation Service (ELRS) launched face-to-face Musculoskeletal triage clinics in April 2023, and subsequently completed the rollout of clinics to all sites. The overall number of appointments delivered rose by 25%, with the percentage taking place face to face increasing from 26% in April to 74% in June. This contributed to a reduction in waiting times to 1 week (from 10 weeks at the end of Quarter 1 2022/23). The conversion rate for ongoing physiotherapy following a triage appointment fell from 80% (Q1 2022/23) to 44% at the end of Q1 2023/24.
- 14.4 **Workforce** - The vacancy level for NHS staff within the HSCP currently sits at 12%, with around half of NHS vacancies being at Band 5 level, mainly in nursing. A recruitment event held at ELCH in July helped to identify new recruits for posts within the Orthopaedic Rehabilitation Ward (see above). Eighty people turned up to the event and 60 were interviewed on the day. The absence rate for NHS staff in August was 7.23%, with the annual average sitting at 6.55% for 2023-24 to date. Absence rates have risen over the last 2 months due to staff contracting the new Covid variant.

15. Director/Chief Officer, Midlothian Integration Joint Board

- 15.1 **Midlothian Local Development Plan** - Supported by the Midlothian IJB Strategic Planning Group (SPG), Midlothian HSCP have completed a significant piece of work to understand the impact of the scale of predicted population and household growth in Midlothian between 2023 and 2036. This has included reviewing anticipated change in local demographics and impact on 20-minute neighbourhoods as a result of an additional 12,500 houses in Midlothian. Consideration is also being given to how any shift in demographic may influence changing needs for health and care services, highlighting the risk of reinforcing existing health inequalities.
- 15.2 **Measuring Personal Outcomes and Impact** - Midlothian HSCP were invited to share their work on relational performance and outcome measurement at the Oxford University Blavatnik School of Government in September 2023. This work has also been recently presented to Audit Scotland and Healthcare Improvement Scotland.
- 15.3 **Midlothian IJB Strategic Commissioning Plan 2025-40** - Following Midlothian IJB giving support to a longer-term strategic outlook for their next Strategic Commissioning Plan, the officers of the HSCP have launched the project plan for the development of the Midlothian IJB Strategic Commissioning Plan 2025-40. The initial phase of this work includes the launch of a significant scoping and stakeholder consultation period. Preliminary data and ideas for consideration and development will be shared with Midlothian IJB in January 2024. This plan will be refreshed every three years in line with legislation and take corrective action as required to improve health and wellbeing of Midlothian based on the data and intelligence generated from both national and enhanced local performance data resulting from improved local planning, performance, and governance structures.
- 15.4 **Annual Performance Report (APR) 2022-23** - Midlothian IJB's Annual Performance Report (APR) 2022-23 was presented to the IJB at the August Board meeting, and published here: [Midlothian Integration Joint Board Annual Report 2022-23](#).
- 15.5 **Substance Use Services** - Drug Misuse Deaths (DMD) and Alcohol Specific Deaths was recently published by the National Records of Scotland and both reports provide a detailed analysis of the drug and Alcohol deaths at national, health board and local authority level. In 2022 there was a significant reduction from 23 in 2021, to 4 in 2022, two male and two female a reduction of 19 on the previous year's figures. This total is the lowest for Midlothian since 2011. The Midlothian Substance Use Service [MLSUS] and Mid and East Lothian Drugs [MELD] as part of MELDAP services are meeting the Medication Assisted Treatment [MAT] Standards 1 to 5 as required by the Scottish Government by March 2023. The services continue to progress these standards along with Standards 6 to 10 focuses on the delivery of psychological support, advocacy and provision of treatment in Primary Care settings. Alcohol Specific Deaths reported for Midlothian 2022 reported a slight reduction in the numbers of deaths from 18 in 2021, to 17 in 2022. The Midlothian Substance Use Service [MLSUS] and Mid and East Lothian Drugs [MELD] provide direct access to treatment and support for those affected by their or others alcohol use. Alongside working collaboratively and in partnership with other partners to improve access, and to support individuals into treatment and recovery.
- 15.6 **Probable Suicides Report** - The Probable Suicide report published by The National Records for Scotland on September 5, 2023, presents a comprehensive analysis of probable suicides in Scotland for the year 2022. Scotland wide average suicide rate per 100,000 from 2018-2022 was 14.4, with Midlothian at the lower end of the range at 13.1. Midlothian was noted to have had higher average annual suicide rates compared to NHS

Lothian during the 2001-2005 periods. In the 2018-2022 period, Midlothian had the lowest average rate, indicating a potential downward trend. Midlothian has had fluctuations in yearly probable suicide numbers, with the highest count in 2018 (17) and the lowest in 2020 (8). Recent years show a trend of somewhat decreasing suicide numbers in Midlothian, with a median of 12 suicides per year during this period. Midlothian services recognise the consistent approach and targeted suicide prevention measures at the most vulnerable groups, which remains crucial for developing effective suicide prevention strategies.

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

16.1 **Senior People's Fair** - The West Lothian Health and Social Care Partnership hosted a Senior People's Fair in Blackburn Partnership Centre on Tuesday 12 September 2023. The aim of the event was to provide an opportunity for people to network and learn about different services available in West Lothian. A variety of partners engaged in the event including The University of the Third Age, Cyrenians - Older People Active Life (OPAL), Carers of West Lothian, Food Train and West Space. The event was well attended, with approximately 60 people from across West Lothian in attendance.

16.2 **Probable Suicides in West Lothian 2022** - On 5th September 2023, National Records of Scotland (NRS) published data for probable suicides in 2022. Despite a small increase in probable suicides across Scotland, West Lothian saw a decrease to 18, against 30 in 2021 and 23 in 2020. To deliver on the national and local strategic focus of reducing and preventing probable suicides and tackling the inequalities that contribute to this, a three-year Suicide Prevention Action Plan will be developed for West Lothian, by the West Lothian Suicide Prevention Leadership Group. While the long-term action plan is developed a short term 1-year action plan will be put in place focused on delivering 4 key areas for Suicide Prevention in West Lothian:

1. Workforce Development and Community Building - Training and Learning
2. Support for people affected or bereaved by Suicide.
3. Prevention and Postvention Response
4. Maintaining links with national and local developments

16.3 **Mental Health and Wellbeing Strategy** - A new Mental Health and Wellbeing Strategy was jointly published by COSLA and Scottish Government which lays out the long-term vision and approach to improving mental health and wellbeing for everyone in Scotland. The strategy is not time-limited in order to support a long-term whole system approach. The key priorities of the Strategy are grouped into three areas of focus: Promote, Prevent, Provide, and the strategy commits to laying out actions in a Delivery Plan, which have been developed to make substantial progress towards tackling mental health inequalities. The strategy highlights the impact of social determinants such as poverty, discrimination, loneliness, unemployment, lack of adequate housing, and lack of social and cultural opportunities on mental health. The strategy acknowledges that terms associated with mental health are often used interchangeably and makes the distinction between mental health, mental wellbeing and mental illness. The strategy has a strong focus on prevention, however, there is a lack of content around serious mental illness, and certainly beyond CAMHS and Psychological Therapies. Work has been ongoing to produce both the Delivery Plan and Workforce Action Plan to take the strategy forward and drafts of these documents are to be considered at the September meeting of COSLA Leaders.

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
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.

Calum Campbell
Chief Executive
27.09.23

Authors

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Morag Barrow	<i>Director/Chief Officer, Midlothian IJB/HSCP</i>

Meeting Name:	Board
Meeting date:	4 October 2023

**THE INDEPENDENT ADVISORY GROUP ON THE ROYAL INFIRMARY OF
EDINBURGH'S HISTORICAL CONNECTIONS TO TRANSATLANTIC SLAVERY
RECOMMENDATIONS**

Purpose and Key Issues of the Report: DECISION

NHS Lothian is committed to being an anti-racist organisation. To help eliminate racism and the discrimination that leads to inequalities in health outcomes across Black and Minority Ethnic (BME) groups in Scotland requires an understanding of the history that has shaped our society and institutions, and then using this understanding to take action that will create meaningful change.

NHS Lothian and NHS Lothian Charity have jointly demonstrated their commitment to understanding and learning from their historical connections with transatlantic chattel slavery. The Independent Advisory Group was tasked with considering the meaning of this history and making appropriate recommendations to the NHS Lothian Board. The purpose of this report is to recommend the NHS Lothian Board accept and support the recommendations of the Advisory Group.

Recommendations

The Advisory Group recommends NHS Lothian Board agree to:

1. Publish a public apology, statement, and official record.
2. Create an Implementation Group and Chair.
3. Deliver anti-racist interventions to tackle racial inequalities in employment and health.
4. Commission commemorative works and review current arts and culture activity.
5. Promote and deliver education about NHS Lothian's history and legacies of slavery.
6. Explore partnerships with organisations in Jamaica and West Africa.
7. Undertake further research into NHS Lothian's connections with slavery.
8. Encourage research partnerships on the impact of slavery on British medicine and healthcare systems.

It is recommended the work to deliver the recommendations is included within the remit and responsibilities of NHS Lothian Deputy Chief Executive, with support from the Equality and Human Rights Team. It must be grounded in an equality and human rights-based approach and a key feature of NHS Lothian's work to deliver their [Equality and Human Rights Strategy 2023 -2028](#). There should be annual action plans, developed using the advice of the Implementation Group and agreed by CMT and the Board. Performance should be included in the NHS Lothian annual equality and human rights progress report.

Author:	Laura Hutchison	Director:	Jim Crombie
Date:	22 September 2023	Date:	25 September 2023

THE INDEPENDENT ADVISORY GROUP ON NHS Lothian's HISTORICAL CONNECTIONS TO TRANSATLANTIC SLAVERY: RECOMMENDATIONS TO NHS Lothian Board

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend the NHS Lothian Board (the Board) accept and support the recommendations of the Independent Advisory Group to implement a Programme of Reparation, delivered under the direction and oversight of a newly created NHS Lothian Legacies of Transatlantic Slavery Implementation Group and Chair.
- 1.2 Any member wishing additional information should contact the Executive Lead or the Head of Equality and Human Rights.

2 Independent Advisory Group

- 2.1 The Advisory Group was created to hear and amplify the voices of Black people living and working in Lothian, while NHS Lothian and NHS Lothian Charity discovered more about their historical links with slavery and the legacies that remain today. People were deliberately invited to join from a wide range of familial and cultural backgrounds, but in particular Africa, the Caribbean and Scotland. [Terms of reference](#) for the Advisory Group were agreed, which set out their remit to consider carefully the meaning of this history and what might constitute an appropriate response to the findings. They explain that the final purpose of the Advisory Group is to make appropriate recommendations to the NHS Lothian Board. The Advisory Group has worked together, sometimes reconciling very different perspectives, to agree its recommendations.

3 Recommendations

- 3.1 NHS Lothian and NHS Lothian Charity are joint descendants of the legacies of donations and endowments that have direct and indirect connections to the enslavement of people of African descent.
- 3.2 We can only understand and overcome the significant challenges in the fight against racism and all forms of discrimination if we know and share the history that has shaped and legitimised these behaviours, practices, and inequalities. The research into NHS Lothian archival information about the donations and endowments that came directly and indirectly from transatlantic chattel slavery¹ and were solicited and received by the managers of the Royal Infirmary of Edinburgh has vastly improved our understanding. However, it is not a comprehensive examination of the past associations with transatlantic slavery.
- 3.3 [Initial research](#) funded by NHS Lothian Charity provides information about how profits from slavery shaped our early history. In particular, in 1750, 39 enslaved people of

¹ Chattel slavery is a specific type of servitude that legally defined and treated African and Indigenous people as moveable property who could be purchased, sold, loaned, mortgaged, used as collateral, and inherited.

African descent on Red Hill pen, a small estate in St-Thomas-in-the-East in Jamaica, came into the ownership of the Royal Infirmary of Edinburgh through the will of a Scottish surgeon in Jamaica, Dr Archibald Kerr. Over the next 143 years, the exploited labour of the people who worked on Red Hill pen - generations of enslaved people (and, after the abolition of slavery, 'apprentice' labourers) – would provide a considerable amount of wealth for the Infirmary. The Royal Infirmary of Edinburgh relied on this money to enable it to buy medicines, construct a new building, employ staff, and heal Edinburgh's 'sick poor,' and did so for longer than the NHS has currently existed. This means that a system of healthcare that was part funded by slavery was in place in Scotland for longer than our present system.

- 3.4 We know between 7 and 11 percent of the Royal Infirmary of Edinburgh's annual income came from its ownership of Red Hill pen in Jamaica and the enslaved people of African descent attached to it, and from donations from people with connections to slavery. So far, our research has uncovered that at least £28,000 (£39.1 million is an approximate modern-day value) that was directly and indirectly connected to the profits from slavery, flowed through the Infirmary's accounts in the eighteenth and nineteenth centuries.
- 3.5 NHS Lothian and NHS Lothian Charity must understand, accept and reckon with these historical facts. The Royal Infirmary of Edinburgh, a place of humanity, charity and healing, was, in part, built on and sustained by the horrific enslavement and cruel exploitation of enslaved peoples of the African continent, and their descendants, in Britain's colonies. Today, it is recognised that transatlantic chattel slavery was a crime against humanity, a gross violation of human rights and a human rights crime.
- 3.6 The Universal Declaration of Human Rights was adopted by the UN General Assembly in 1948 a result of the Second World War. The international community vowed to never again allow atrocities like those in that conflict to happen again. It was the start of a road map to guarantee the rights of people everywhere. Since then, there have been other substantial examples² of attempting to recognise and learn from past human rights violations and injustices that, in many cases, have been deliberately silenced. These examples are helpful because they show us that drawing a line under the past is not a viable option.
- 3.7 It is time now to publicly acknowledge and apologise to the people who suffered and implement a Programme of Reparation to recognise and address the legacy of slavery, to help remove racism and inequality and to shape a positive future. The Advisory Group is using the term reparation as defined in the [Oxford English Dictionary](#) as, 'the action of making amends for a wrong or harm done by providing payment or other assistance to the wronged party.'
- 3.8 The Advisory Group recognises that NHS Lothian and NHS Lothian Charity must operate within their statutory powers as set out in the National Health Services (Scotland) Act 1978. NHS Lothian's core purpose is 'to promote the improvement of the physical and mental health of the people of Scotland,' and it can do 'anything which is considered likely to assist in discharging this duty³.' Likewise, NHS Lothian Charity are governed by this duty and the purposes of the Charity are, 'the advancement of health, through:
 - a) improvement in the physical and mental health of the people of Scotland,

² For example, the South African Truth and Reconciliation Commission and the Northern Ireland Good Friday Agreement.

³ See section 2A National Health Service (Scotland) Act 1978

- b) the prevention, diagnosis, and treatment of illness,
- c) the provision of services and facilities in connection to the above, and
- d) the research into any matters relating to the causation, prevention, diagnosis or treatment of illness, or into such other matters relating to the health service as the Trustees see fit.

- 3.9 We know the effects racism has on health and on the social determinants of health. Discrimination and racism lead to the inequalities in many health outcomes that are evident across Black and Minority Ethnic (BME) groups⁴. We also know that unemployment rates in Scotland are still significantly higher for non-White minority ethnic groups compared to White ethnic groups, including the majority White population. There are also significant issues around career progression, pay and experiences at work including discrimination and racism in the workplace⁵.
- 3.10 The Advisory Group has agreed eight recommendations when taken as a whole create a meaningful Programme of Reparation to help to eliminate systemic discrimination and racism in Scotland. The recommendations ask NHS Lothian and NHS Lothian Charity to focus on using education, positive action measures, research, collaborations, and partnerships to make amends for past wrongs. More detail about each recommendation is included in section 4 in this paper.
- 3.11 The Advisory Group recommends NHS Lothian Board agree to:
1. Publish a public apology, statement, and official record.
 2. Create an Implementation Group and Chair.
 3. Deliver anti-racist interventions to tackle racial inequalities in employment and health.
 4. Commission commemorative works and review current arts and culture activity.
 5. Promote and deliver education about NHS Lothian's history and legacies of slavery.
 6. Explore partnerships with organisations in Jamaica and West Africa.
 7. Undertake further research into NHS Lothian's connections with slavery.
 8. Encourage research partnerships on the impact of slavery on British medicine and healthcare systems.
- 3.12 It is recommended the Programme of Reparation is:
- Included within the remit and responsibilities of NHS Lothian Deputy Chief Executive, with support from the Equality and Human Rights Team.
 - Delivered under the direction and oversight of an Implementation Group and Chair.
 - Grounded in an equality and human rights-based approach. This means participation, accountability, non-discrimination and equality, empowerment, and legality (the PANEL principles) are built into its development, implementation and governance arrangements.
 - A key feature of NHS Lothian's work to deliver their [Equality and Human Rights Strategy 2023 -2028](#) and achieve the [strategic priority to be an anti-racist organisation](#).
 - Delivered through short, medium, and long-term actions. Short and medium-term actions can be implemented within existing department staff and budgetary arrangements and taken forward as part of delivery of the NHS Lothian Equality and Human Rights Strategy. The purpose, scope, and funding of potential long-term actions, including partnerships with organisations in Jamaica and West Africa, will

⁴ Razai MS, Kankam HKN, Majeed A, Esmail A, Williams DR (15 Jan 2021) [Mitigating ethnic disparities in COVID-19 and beyond](#). BMJ 2021;372:m4921

⁵ Scottish Government (2016) [Race equality framework for Scotland 2016 to 2030](#)

need to be developed by the Implementation Group and then considered and decided on by CMT and NHS Lothian Board.

- For performance purposes, included in the NHS Lothian annual equality and human rights progress report to NHS Lothian Healthcare Governance Committee and shared with NHS Charity Trustees.

3.12 Adopting and implementing these recommendations will help NHS Lothian achieve the vision for the Lothian Health and Care System where everyone lives longer, healthier lives, with better outcomes from the care and treatment we provide⁶. This is because these recommendations seek to eliminate discrimination and reduce the significant and complex inequalities in health and employment outcomes that persist in our society and organisation. Fundamentally, implementation of the recommendations will help to prevent successive generations of people who are the victims of slavery from fading into obscurity and it reaffirms their human worth. If implemented, the recommendations will help guide everyone who works for NHS Lothian to shape the organisation and society we want to be part of, improve the health of everyone in Lothian. This will create long-lasting positive and trusting relationships between NHS Lothian, the people who work here, and the communities we serve.

4 Discussion of Key Issues

4.1 Historical research

4.1.1 In August 2021, NHS Lothian and NHS Lothian Charity jointly committed to ‘research, understand and acknowledge’ the history of Lothians’ hospitals ties to Atlantic slavery so they could ‘learn from it and act’. A research post was funded to review archival evidence to ‘compile a thorough documented history of the links between the old Royal Infirmary of Edinburgh and the Atlantic slave trade’. Between February and July 2022, the researcher investigated historical links using the records held by Lothian Health Services Archive. The historical report is available [here](#).

4.2 Public engagement

4.2.1 To better understand the significances of the research findings and how they relate to the legacies of slavery today, NHS Lothian and NHS Lothian Charity jointly commissioned a public consultation. The public consultation involved 11 Conversation Events for NHS Lothian staff and the public and a survey. The term Conversation was adopted at an Advisory Group meeting to describe these in-person and online sessions and to emphasise the importance of dialogue. In total, approximately 190 people attended at least one event. 22 people completed surveys, in addition to attending an event. The public engagement identified possible ways for NHS Lothian and NHS Lothian Charity to begin to come to terms with and redress the Royal Infirmary of Edinburgh’s links to slavery.

4.3 Learning from the experience and expertise of others

4.3.1 The Independent Advisory Group has benefited and learned from the experience of other organisations who are also taking steps to acknowledge their historical connections with, and legacies of, slavery and colonialism. These organisations include:

- City of Edinburgh Council [Edinburgh Slavery and Colonialism Legacy Review](#)
- Museums and Galleries Scotland [Empire, Slavery & Scotland’s Museums](#)

⁶ See the [Lothian Strategic Development Framework](#)

- University of Glasgow [Historical Slavery Initiative](#).

4.3.2 The Advisory Group has started to build relationships between NHS Lothian and people in Jamaica. In March, several members met with a senior employee from the University of West Indies. In June, senior employees from the University of West Indies and the University of Glasgow visited the Royal Infirmary of Edinburgh and met some members of the Advisory Group. They shared their experiences of working together to identify and address issues of relevance in the Caribbean and globally as part of the Memorandum of Understanding (MOU) between the two universities.

4.3.3 The Advisory Group commissioned independent expert advice about the recommendations from Professor Hakim Adi, Professor of the History of Africa and the African Diaspora at the University of Chichester and Professor Sir Geoffrey Palmer, Professor Emeritus and Chancellor of Heriot Watt University, who was involved in the City of Edinburgh Council, Museums and Galleries Scotland and University of Glasgow independent reviews.

4.4 Public apology, statement, and official record

4.4.1 It is recommended that NHS Lothian and NHS Lothian Charity issues a public apology and statement to articulate their understanding that the history of the Royal Infirmary of Edinburgh, and the wider history of slavery explains much about racism and why Scotland looks how it does today. The public apology is directed at the people of African descent who suffered because of enslavement and the people who are still suffering today. It should explain the purpose of the Programme of Reparation is to shape a positive future for everyone in Scotland. It should recognise that the inequalities that have been created still exist in the relationships between Scotland and Africa and the Caribbean, and within Scotland and Edinburgh. The City of Edinburgh Council issued such an apology on 27 October 2022 [Edinburgh apologises for the city's past role in sustaining slavery and colonialism](#).

4.4.2 NHS Lothian and NHS Lothian Charity should also produce an official record of their work to understand, acknowledge and learn from the Royal Infirmary of Edinburgh's connections with slavery. This includes academic articles, a short book and/ or formal report of the work of the Advisory Group. The [Empire, Slavery and Scotland's Museums Report](#) is a public record of the work of the Independent Steering Group for the Museums and Galleries Scotland's project.

4.5 NHS Lothian Implementation Group and Chair

4.5.1 It is recommended that NHS Lothian establishes an Implementation Group and Chair responsible for advising on and steering the delivery of the recommendations. This commitment should be announced as part of the public apology and statement.

4.5.2 This Group will advise the CMT and Board and will help to steer the implementation of the recommendations. It will not be a direct governance or decision-making body. There will be agreed terms of reference that will explain the role and remit of the Group and Chair.

4.5.3 The Implementation Group should include representatives from NHS Lothian Board, the BME Staff Network and the local community. The Equality and Human Rights Team and BME Staff Network will consider and make recommendations to the NHS Lothian Deputy Chief Executive and CMT about arrangements for the appointment of the Chair,

members of the Group, terms of reference and remuneration for members of the Group who are not part of NHS Lothian.

- 4.5.4 Significant thought has been given to what should happen next and the Advisory Group involved NHS Lothian staff and people from our local communities to develop recommendations about what repair is required and how it should be made. However, the Advisory Group was not able to involve people in Jamaica and West Africa in this decision-making process. The Implementation Group should prioritise building relationships with health centres and hospitals in Jamaica and West Africa with a view to holding online discussions with health workers and patients to hear their views. This will allow the Implementation Group to consider opportunities for potential formal partnerships with organisations in Jamaica and West Africa to achieve mutual goals.
- 4.5.5 The Implementation Group should also explore possible opportunities for collaborative work by continuing relationships with members of the [Decolonised Transformations Project at the University of Edinburgh](#) and NHS Grampian because both organisations are working to understand their historical links to slavery.
- 4.5.6 The Implementation Group will provide NHS Lothian CMT with a recommended action plan, including resource requirements, to deliver the Programme of Reparation. Performance on the delivery of the action plan will be reported to NHS Lothian CMT and Healthcare Governance Committee.
- 4.5.7 Other organisations, such as [the Edinburgh Slavery and Colonialism Legacy Review Implementation Group](#), can help NHS Lothian to identify the most effective approach to implementation, included staffing resource and public involvement.

4.6 Anti-racist interventions to tackle racial inequalities in employment and health

- 4.6.1 Racism includes racist ideologies, prejudiced attitudes, discriminatory behaviour, structural arrangements, and institutional practices that result in racial inequality.⁷ As explained by the UN Human Rights Chief, Michell Bachelet in 2020, ‘systemic racial discrimination extends beyond any expression of individual hatred. It results from bias in multiple systems and institutions of public policy, which separately and together perpetuate and reinforce barriers to equality.’⁸
- 4.6.2 Scotland’s population has become increasingly ethnically diverse. The 2021 Census results will provide greater clarity about the ethnicity of the Lothian population. Table 1 below shows the ethnicity of the population of Edinburgh and Lothian in 2011.⁹

	Edinburgh	East Lothian	Midlothian	West Lothian
White ¹⁰	91.8%	98.3%	98.2%	97.5%
BME ¹¹	8.3%	1.8%	1.8%	2.5%

⁷ United Nations Office of the High Commissioner of Human Rights [Declaration on Race and Racial Prejudice](#) (1978) Article 2 (2).

⁸ United Nations Office of the High Commissioner of Human Rights, [Seminal UN report offers an agenda to dismantle systemic racism](#) (2021)

⁹ Scottish Government (2011) [Scotland’s Census 2011, Area overviews](#)

¹⁰ The White ethnic group includes White- Scottish, White – Other British, White – Irish, White – Polish, White-Other

¹¹ The BME ethnic group includes Asian, Asian Scottish, or Asian British, Mixed or multiple ethnic groups, African, Caribbean or Black and Other ethnic group.

	All staff	Senior Managers	Senior Nurses
White	69%	68.3%	64.2%
BME	5.9%	0%	0%
Incomplete	25.1%	31.6%	35.8%

4.6.3 The most recent [NHS Lothian Equality and Diversity Monitoring Report for 2022 - 2023](#) (see table 2 above) tells us 5.9% of NHS Lothian staff are from BME ethnic groups and 69% are from White ethnic groups. There is no ethnicity data for 25.1% of staff. None of the 60 senior managers are from BME ethnic groups, 41 are from White ethnic groups and there is no ethnicity data for 19 senior managers. None of the 67 Band 8B and above senior nursing staff are from BME ethnic groups, 43 are from White ethnic groups and there is no ethnicity data for 24 senior nurses.

4.6.4 We need to take a new approach to solve the problem of systemic racism and the unnecessary harm it causes to our workplaces and communities. NHS Lothian needs to ask why there is an extreme lack of ethnic diversity at senior levels in the organisation, what is the cause and what can be done differently to achieve a diverse and inclusive organisation at the top, and across all parts of the organisation.

4.6.5 To increase ethnic diversity and reduce racial health inequalities, there is a need for a genuine commitment and action to understand and remove systemic racism that enables racism and creates racial inequalities. This means we must learn lessons from the past and not repeat them. We must take a stronger and more coordinated approach. It is recommended NHS Lothian develops a programme of anti-racist interventions that focus on achieving the following outcomes:

- Equal representation¹² of BME communities in NHS Lothian executive and non-executive leadership positions and across the organisation.
- NHS Lothian staff proactively and constructively challenge racial prejudice, bias, stereotypes, and negative and disrespectful attitudes.
- Racial health inequalities are reduced in Edinburgh and Lothian.

4.6.6 To achieve these outcomes, the anti-racist interventions must involve:

- NHS Lothian leaders and staff learning from experts, including people with lived experience, and taking personal responsibility for understanding racial biases and taking action to eliminate racism and institutionally racially discriminatory practices.
- Positive action in employment and services to remove disadvantage, meet the different needs and increase the participation of people from BME communities. This should include career progression and workforce development programmes and consideration of ways to increase the services provided by [NHS Lothian Minority Ethnic Health Inclusion Service \(MEHIS\)](#).
- Public engagement with local BME communities to understand the impact of discrimination and other social determinants of health on racial health inequalities.
- Creating monitoring and accountability mechanisms to ensure interventions are delivered and are effective.

4.6.7 The [NHS Confederation Commit, understand, act: our anti-racism strategy](#) provides examples of anti-racist interventions in NHS England.

¹² Equal representation relates to a comparison between the proportion of people from BME backgrounds employed by NHS Lothian across the organisation and in senior roles, and the proportion of people from BME backgrounds in Lothian.

4.6.8 NHS Lothian should continue to work with others, such as the Scottish Government Public Appointments Team, NHS Scotland and NHS Education Scotland (NES) to remove barriers, increase awareness and understanding and to take positive action.

4.7 Commission commemorative works and reviewing current arts and culture activities

4.7.1 A commemorative plaque, which will contribute to public education, should be installed at the Royal Infirmary of Edinburgh, respecting the people who suffered the horrors of chattel slavery to provide the financial funding that contributed to the operation of the hospital and the health services it provided to the population of Edinburgh. Consideration should be given to including the names of the people enslaved on Red Hill pen.

4.7.2 It is recommended that NHS Lothian Charity also prioritises commissioning new artwork to replace the timeline currently in the Royal Infirmary of Edinburgh to reflect ownership of Red Hill pen and the enslaved people on it. The George Drummond bust should be kept in its current place, at the Royal Infirmary of Edinburgh, and information explaining George Drummond's role in the ownership of enslaved people on Red Hill pen should be prominently displayed alongside it. A relevant example is [Guy's and St Thomas Foundation](#) which owns two statues of previous benefactors to their endowment, Sir Robert Clayton and Thomas Guy. Both men helped develop St Thomas' and Guy's hospitals, and both men were involved in transatlantic slavery. Following a public consultation, the Guy's and St Thomas Foundation decided to retain both statues in the public realm, provide fuller information explaining how both men made their wealth and subject to planning permission move one of the statues to a less prominent position. They also agreed to commission new artwork to tell the story of those involved in the hospitals story.

4.7.3 It is recommended that NHS Lothian Charity use the findings from the Advisory Group's public engagement to commission other commemorative works that represent people who opposed and fought against slavery.

4.7.4 It is recommended that NHS Lothian Charity:

- Reviews all existing artwork to understand any links to slavery.
- Provides information as part of, or next to, existing artwork that acknowledges and recognises any connections with slavery.
- Develops an acquisitions and commissioning of artwork strategy that ensures future acquisitions and commissioning of artwork is representative of our diverse ethnic communities.

4.7.5 NHS Lothian can learn from what other organisations have done, such as [Museums and Galleries Scotland Anti-racism Pledge and Action List](#), [National Museums Liverpool Anti-Racist Commitments](#) and [the Hunterian Curating Discomfort Process](#).

4.8 Education about NHS Lothian's history and legacies of slavery

4.8.1 It is recommended that education about the Royal Infirmary of Edinburgh's historical connections with slavery is included in induction, anti-racism and Equality, Diversity and Inclusion (EDI) training for all NHS Lothian staff. By teaching the history of slavery, NHS Lothian can help to unpick slavery's legacy of racism.

4.8.2 It is recommended that NHS Lothian develops race equality and anti-racist education resources for staff to use in team development sessions, CPD and personal learning

plans. [Education Scotland](#) explains why race equality and anti-racist education is important in schools, and this applies in the workplace too, especially in a workplace that is focused on helping everyone live longer, healthier lives. NHS Lothian should focus on delivering transformative employee education and support that:

- Empowers staff to develop an understanding of their own values, beliefs, and cultures and those of other staff and patients.
- Helps staff to understand and realise their own rights and the rights of others within NHS Lothian, within the community and globally.
- Helps staff to understand the harmful consequences of racism and encourages people to actively challenge it whenever it occurs.
- Promotes an inclusive learning environment, without racial inequality or racism.
- Helps staff to understand NHS Lothian and Scotland’s connections to transatlantic slavery, and to understand how this past continues to affect people today.
- Acknowledges the successes and impact of BME historical figures, in relation to Scottish and global health.
- Uses the most effective methods of anti-racist learning, and, as far as possible, is delivered in person.
- Requires the development of individual and team action plans.
- Includes a robust system for monitoring participation rates and evaluating feedback, which will be included in equality and human rights performance reporting.

4.8.3 It is recommended that NHS Lothian works with the Edinburgh Slavery and Colonialism Legacy Review Implementation Group to make sure information about the Royal Infirmary of Edinburgh’s historical connections with slavery is included in their work to develop and deliver teaching and learning materials. This information should also be shared with local community education programmes and third sector interfaces (TSIs) and partners responsible for health education policy and delivery.

4.9 Partnerships with Jamaica and West African countries

4.9.1 By learning from, although not necessarily replicating, the University of Glasgow and the University of West Indies Memorandum of Understanding (MOU), it is recommended that NHS Lothian works with relevant organisations in Jamaica to co-develop a MOU with one of these organisations. This could be done in partnership with another organisation in Scotland, such as the University of Edinburgh or another Health Board.

4.9.2 The purpose of the MOU must be to form a long-lasting relationship of equals, with mutual goals and that will contribute to achieving positive health outcomes in Jamaica and Scotland.

4.9.3 The University of Glasgow and the University of the West Indies negotiated and signed a MOU that fits the needs and requirements of University of the West Indies staff and students and aligns with the educational objectives of the University of Glasgow. The MOU took around 9 months to negotiate and was signed in summer 2019 in ceremonies in Jamaica and Glasgow. Key to the success of the MOU is co-development and co-delivery, and the MOU provides both organisations with the pathway to build capacity and make change happen. The MOU forged a partnership that includes the establishment of the [Glasgow-Caribbean Centre for Development Research](#), co-located in Glasgow and the Caribbean. The University of Glasgow committed to allocating resources to support the running of the Centre, scholarships, research, public engagement, and related initiatives. At the time of writing, they are about to launch a joint postgraduate degree in reparative justice. Both organisations

also committed to attract external funding for mutually agreed projects that will benefit the communities of the Caribbean islands and other parts of the world affected by slavery.

- 4.9.4 The historical research identifies that the most significant amounts of income with direct and indirect connections to slavery received by the managers of the Royal Infirmary of Edinburgh came from Red Hill pen in Jamaica. The people enslaved on Red Hill pen were African or of African descent. Over 11 million people were forcibly taken from Africa and transported across the Atlantic, with fewer than 9.6 million surviving the journey due to the inhuman conditions.¹³ Together with Portugal, Britain accounted for about 70% of all Africans transported as part of the transatlantic slave trade.¹⁴ In total it is estimated that up to 25 million people were forcibly removed from Africa. It was the only continent to be affected this way and the loss of population was a major factor leading to its underdevelopment and created conditions for subsequent colonial rule of Africa by European countries. It is recognised that Africa was significantly disadvantaged by its relationship with Europe while on the other hand, the resources taken from Africa contributed to the development of Europe, including Scotland.¹⁵ The [Scottish Code of Practice for International Recruitment of Health and Social Care Personal](#) partially recognises this legacy, and the need to protect the healthcare systems of lower income countries.
- 4.9.5 NHS Lothian cannot fix this problem on its own. However, there is a need to recognise that Scotland and NHS Lothian benefited directly and indirectly from slavery. It is recommended that the newly established Implementation Group also begins discussions with other organisations in Scotland who are developing programmes of reparation to explore new ethical approaches to partnership work in West African countries. These discussions should focus initially on building mutually beneficial connections between medical and healthcare students and leaders and supporting local health improvement projects in Scotland and West African countries.

4.10 Undertake further research into NHS Lothian's connections with slavery

- 4.10.1 The historical research focused mainly on the links between the Royal Infirmary of Edinburgh and transatlantic slavery. Further work is needed to understand more comprehensively the connections between other NHS Lothian hospitals and slavery and to continue to lead and support the generation of knowledge and interest in this subject.
- 4.10.2 The details of the management of Red Hill pen and what happened there are historically very important. We know from the archival information that in 1817, 45 of the 46 enslaved people on Red Hill pen were Creole.¹⁶ There is some information about the mothers of 29 of these enslaved people, but no information about their fathers. There is one exception. We know from documents in the Lothian Health Service Archives¹⁷ that in 1773 Dr John Moodie, a White Scottish doctor asked the managers of the Infirmary if he could, 'purchase a negro wench named Juliet belonging to the estate of Dr Kerr.' In 1793 Dr Moodie asked the managers of the Infirmary 'to grant freedom to John and William Moodie, two children born to Dr Moodie by a Negro woman belonging to the plantation called Red Hill Pen.' No manumission records have been found for Juliet, or for John and William Moodie. In 1801 the lease for Red Hill

¹³ Professor Hakim Adi (2012) Africa and the Transatlantic Slave Trade

¹⁴ The National Archives [Slavery and the British transatlantic slave trade](#)

¹⁵ Prof Hakim Adi (2012) Africa and the Transatlantic Slave Trade

¹⁶ Creole is someone of mixed African and European origin.

¹⁷ Buck, Simon (2022) Origins of Hospital Philanthropy: Report on Slavery and the Royal Infirmary of Edinburgh

stipulated that John and William Moodie, the ‘children of a female slave called Juliet’ were not to be included on the lease. This confirms that Juliet was the mother of the Moodie children.

4.10.3 At this time, we do not know any more about the relationship between Dr John Moodie and Juliet, or the choices Juliet made. However, historians¹⁸ have well established what we know about slave societies: ‘the vastly unequal power dynamics¹⁹’ and ‘that they are worlds in which women experienced pervasive sexual coercion, from their enslavement in Africa, through the decks and holds of slave ships, and on the plantations and in the towns of the Americas.²⁰’ Enslaved women had no legal ability to withhold consent because the crime of an enslaver raping an enslaved woman did not exist. Further studies²¹ emphasize that sexual access to enslaved women was the prerogative of all white men if the women’s owners did not object and that some enslaved women in these positions negotiated freedom for themselves and their children. Given this context, we must consider the available evidence which suggests that sexual coercion or violence may have occurred on Red Hill pen and the possibility that Juliet was sexually coerced.

4.10.4 At present, little is known about the lives of the enslaved women on Red Hill pen, particularly those who suffered sexual coercion and abuse in a system of slavery that was legal. It is recommended that NHS Lothian works with other organisations to find the resources required to ensure the further research into these areas is carried out. In doing so, it should also encourage and support researchers from BME communities to undertake further research in this field.

4.11 Research partnerships on the impact of NHS Lothian’s links with slavery

4.11.1 NHS Lothian is a highly research-active healthcare provider with a substantial research support infrastructure in place including its five teaching hospitals, Edinburgh Clinical Research Facility and Edinburgh Clinical Trials Unit. It has long-standing working relationships with a number of Scotland’s universities and is familiar with partnership working in this area.

4.11.2 It is recommended that NHS Lothian explores partnerships at the local, national and international level to allow further research on medicine, slavery and colonialism, and the impact of British medicine on enslavement. It is important that research does not further racialise people from BME communities and explores the causes of racial health inequalities, including medical and healthcare practices and the social determinants of health.

4.11.3 We recommend NHS Lothian starts discussions with other NHS institutions and Universities, particularly with researchers in the field of history and history of medicine, with legacies in this area, and with a view to creating a partnership that could take forward the creation of a joint centre of research on the history and impact of medicine

¹⁸ There is a large literature on sexual violence and coercion and slavery in the Caribbean. For Jamaica see: Brooke N. Newman, *Dark Inheritance: Blood, Race, and Sex in Colonial Jamaica* (New Haven and London: Yale University Press, 2018); Trevor Burnard, *Mastery, Tyranny, and Desire: Thomas Thistlewood and His Slaves in the Anglo-Jamaican World* (Chapel Hill: University of North Carolina Press, 2009); Sasha Turner, *Contested Bodies: Pregnancy, Childrearing, and Slavery in Jamaica* (Philadelphia: University of Pennsylvania Press, 2017)

¹⁹ Buck, Simon (2022) *Origins of Hospital Philanthropy: Report on Slavery and the Royal Infirmary of Edinburgh*

²⁰ Paton, Diana (2019) [Mary Williamson’s Letter, or Seeing Women and Sisters in the Archives of Atlantic Slavery](#), Royal Historical Society Transactions of the RHS 29 (2019) pp153 - 179

²¹ Peabody, Madeleine’s Children, 47 See also Fuentes, *Dispossessed Lives*, 49, in Paton, D (2019) above at footnote 18.

and slavery. This centre should be created in partnership with equivalent institutions in the Caribbean and West Africa.

5 Key Risks

- 5.1 The [United Nations Secretary General](#) emphasised as part of the UN 2023 Remembrance Programme that ‘the racist legacy of Transatlantic Slavery reverberates today in the harmful prejudices and beliefs which are still being perpetuated and continue to impact people of African descent across the world.’ Medicine, healthcare and global health continue to be entangled with colonial attitudes, structures and practices.
- 5.2 NHS Lothian and NHS Lothian Charity have already demonstrated their commitment to understanding connections with slavery. Many people in Edinburgh and beyond are waiting to see how the two organisations respond. If NHS Lothian and NHS Lothian Charity do not implement a meaningful and impactful Programme of Reparations, there is a risk to the organisations’ credibility and reputation. As part of meeting the Public Sector Equality Duty, NHS Lothian must give due regard to how it can help to eliminate discrimination, advance equality of opportunity and foster good relations. Committing to implement these recommendations will demonstrate compliance with the duty.

6 Risk Register

- 6.1 There are no risks linked to the risk register.

7 Impact on Inequality, Including Health Inequalities

- 7.1 The results of the impact assessment are that the recommendations should:
 - Not lead to any potential unlawful acts of discrimination or harassment, as long as we take steps to ensure that we make reasonable adjustments for disabled people to ensure they can participate and access activities and materials that are part of implementing the recommendations.
 - Not put any protected characteristic group that experiences disadvantage related to that protected characteristic, at further disadvantage.
 - Have a positive impact on advancing equality for BME communities, people in Muslim communities and BME women in relation to reducing health and employment inequalities.
 - Have a positive impact on fostering good relations between different ethnic groups and some religious groups.
- 7.2 The recommendations were amended, taking into account the results of the impact assessment and the views of one of the independent experts, to include carrying out further research into the lives of the enslaved women on Red Hill pen, particularly those who suffered sexual abuse in a system of slavery that was legal.

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

- 8.1 A series of public engagement Conversation Events and a survey took place in January and February 2023 to assist the Advisory Group make their recommendations.

9 Resource Implications

- 9.1 It has been assessed that short and medium-term actions can be delivered from existing departmental budgets and staffing as part of delivering NHS Lothian Equality and Human Rights Strategy. However, the resource implications for long-term actions, in particular exploring relationships with organisations in Jamaica and the West Indies, are unknown at this point and will need to be assessed and included in the development of the Implementation Group Action Plans, which will be brought to CMT and the Board for decision.

Laura Hutchison, on behalf of the Independent Advisory Group on NHS Lothian's historical connections to transatlantic slavery

Head of Equality and Human Rights

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22 September 2023

Board
4th October 2023

Director of Strategic Planning

WINTER PLANNING

1 Purpose of the Report

1.1 The purpose of this report is to update the NHS Lothian Board on progress with Winter Planning.

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

2 Recommendations

2.1 The Board is recommended to;

- **Note** the submission to the Scottish Government (appendix 1)
- **Note** the major risks identified in this submission (para 3.4)

3 Discussion of Key Issues

3.1 The Winter Planning Process is undertaken each year within the Lothian Health and Care System (LHCS). This has been increasingly built around a business continuity approach and this has been well-tested during the period of the Covid-19 pandemic stage.

3.2 Each operational unit therefore has a coherent and robust approach to business continuity which will roll out well for the winter ahead. Complimenting this will be the vaccination programmes, cover plans for four-day weekends, and heightened data availability and awareness.

3.3 The Scottish Government has sent a winter planning checklist to each Health Board asking that this checklist be filled in “by Boards and Health and Social Care Partnerships”, and within NHS Lothian each Partnership, Acute Services, and Primary Care Directorate have contributed to completing this checklist. This is provided at appendix 1.

3.4 Board members will note that there are a mix of responses to the Scottish Government’s questions, which is felt to reflect the realistic position of the system. Of particular note as major risks to us through the winter are:

- Surges in infectious disease
- Poor weather
- Cost of living impacts such as heating and food costs
- Fragility of the social care system
- Financial limitations making it impossible to action additional interim care beds in the system
- Financial limitations making it impossible to action additional NHS capacity in the system
- Reduction in capacity at RIE to facilitate fire safety works

- 3.5 Of these the most acute are probably the last three. Financial limitations are significant for this year across the Scottish Health and Care System.
- 3.6 It is highly likely that our winter will be characterised by a state of high alert throughout and an extreme level of leadership and management input to “firefighting”.
- 3.7 Board members will note that the language used in the statements made by Scottish Government as tests in the attached checklist are around “assurance” – for example, that NHS Lothian will not cancel elective procedures without agreeing in advance with SGHSCD, or that we will assure Scottish Government that we will manage “all possible Covid-19 surges”. Where appropriate, responses have been marked as “no” and support from the Board for this position is sought.

4 Key Risks

- 4.1 The key risks for this winter regard the quality and safety of patient care, and the impact on staff.

5 Risk Register

- 5.1 Significant implications throughout.

6 Impact on Inequality, Including Health Inequalities

- 6.1 This has not as yet been undertaken, but it would be not unreasonable to assume that inequalities in access to care will be exacerbated.

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

- 7.1 The Board has in place a commitment to continuous engagement. We will undertake our usual campaigns of awareness around winter generally and vaccination specifically, but much will depend on national campaign messaging.

8 Resource Implications

- 8.1 No specific implications for undertaking the process. There is no additional winter funding as yet available.

Colin Briggs
Director of Strategic Planning
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22nd September 2023

Appendices

- 1 – Winter Planning Checklist



WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS

Board	NHS Lothian
Board Chief Executive	Calum Campbell
Number of integration partnerships	4

Partnerships	City of Edinburgh, East Lothian, Midlothian, West Lothian
Chief Officers	Judith Proctor, Alison Macdonald, Morag Barrow, Alison White

Submitted by Colin Briggs, Director of Strategic Planning
Approved by Jim Crombie, Deputy Chief Executive
Date of approval 21st September 2023

ERROR - Joint Directors of Health and Social Care Partnerships
Fiona Wilson East Lothian
Mike Massaro-Mallinson Edinburgh (acting)

SUMMARY DASHBOARD

#	Area	Progress	Status	Partial	No	Yes	n/a
1	<u>Section 1</u>	Approved	Partial and/or No	1	1	8	0
2	<u>Section 2</u>	Approved	Partial and/or No	5	4	11	1
3	<u>Section 3</u>	Approved	Partial and/or No	4	0	13	0
4	<u>Section 4</u>	Approved	Partial and/or No	5	1	5	0

Section 1

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Progress Status	Approved
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Overall Status	Partial and/or No
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Subsection	#	Statement	Response	Rationale for response rating	Words
Overarching principles	1.1	There are sufficient mechanisms in place to support the collaboration and co-operation with other Boards and Partnerships in the delivery of health and care.	Yes		1
Overarching principles	1.2	Plans have been developed through joint working between the Board, associated HSCPs, and other key partners (i.e. Primary Care practitioners, SAS, Scottish Prison Service, care at home and care home providers etc.). It is clear to all parties how plans will be delivered through joint mechanisms.	Partial	As part of our Unscheduled Care Programme Board arrangements. Marked as partial due to mention of "Scottish Prison Service" in the question. We work closely with SPS through our two prisons and the provision of healthcare but are unaware of specific actions for SPS we should be undertaking over and above these elements.	53
Overarching principles	1.3	Winter Planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision).	Yes	In place as part of our unscheduled care programme arrangements. We continue to work on improving the visibility of capacity information across the system, including virtual and social care capacity.	30
Resilience preparedness	1.4	Planning for winter reflects identification of surge capacity to ensure capacity is made across the health and care system to allow new emergency admissions to be accommodated.	No	Surge capacity within the system is extremely limited. Urgent fire safety works within the Royal Infirmary of Edinburgh have meant that capacity in East Lothian Community Hospital and Midlothian Community Hospital that would previously have counted as "surge" capacity is no longer available. Interim Care Beds in East Lothian, Midlothian, and Edinburgh are not available this year due to lack of funding. This has been identified to SG and in particular the chair of Edinburgh IJB has identified this to the Cabinet Secretary. We await a definitive answer on this but beds will be closed on 30th September. We will of course continue to focus on H@H and associated.	109
Resilience preparedness	1.5	Business Continuity Management arrangements are in place and regularly reviewed, exercised, and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance including: NHS Scotland Standards for Organisational Resilience 2018. Preparing For Emergencies: Guidance for Health Boards in Scotland.	Yes	Tested regularly.	2
Resilience preparedness	1.6	Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from Winter 2022/23 in addition to concurrent risks. Resilience Teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity planning.	Yes	In place, tested regularly. Clearly infection rates and day-to-day planning remain significant risks.	13
Resilience preparedness	1.7	Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios.	Yes	Tested regularly.	2
Resilience preparedness	1.8	Business continuity plans include response(s) if a clinical system outage occurs and the steps required to ensure continuity of services.	Yes	Tested regularly.	2
Communications	1.9	Local communication plans: A review has been undertaken of communication channels to ensure that key messages about winter planning are clearly and consistently delivered to all parties, involved. This includes : Key partner communication protocols OOH information including four day festive period Surgery hours & access arrangements General practices contingency plans for respiratory disease outbreaks Signposting to Scottish Government assistance for households struggling to meet their energy bills.	Yes	As standard.	2
Step up / Step down care	1.10	Boards and HSCPs can evidence plans to increase the provision of intermediate care to impact positively on patients and services over the winter; and work towards building sustainability for the future.	Yes	Significant inpatient intermediate care is in place across all four partnerships. In addition, the rate of provision of Hospital at Home in Lothian appears to be the highest in Scotland.	30

Section 2

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Progress Status	Approved
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Overall Status	Partial and/or No
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Subsection	#	Statement	Response	Rationale for response rating	Words
Urgent & Unscheduled Care	2.1	To ensure Right Care is provided in the Right Place, a 24/7 Health Board Flow Navigation Centre is in place to offer rapid access to a senior clinical decision maker as well as the option of appointments via Near Me.	Yes		1
Urgent & Unscheduled Care	2.2	Effective communication protocols are in place to support whole-system situational awareness of emerging pressures. Monitoring of key indicators across the system forms the basis of huddle discussions. This 'early warning system' should highlight areas of concern and drive action to maintain or regain a balanced system.	Yes	Daily safety huddles are in place on all hospital sites and in community teams. Gold Command Structures are well-tested and a weekly "System Pressures CMT" will operate throughout winter, more frequently if required.	33
Urgent & Unscheduled Care	2.3	Robust communication processes are in place across each hospital site, following Discharge Without Delay (DWD principles) including morning hospital-safety huddles, focusing on the day's activity and current status, and afternoon huddles, setting Planned Date of Discharge and using this to predict capacity and demand for the next day.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.4	Emergency Physician in Charge (EPIC), Flow Co-Ordinator roles are in place where possible to provide dedicated leadership in Emergency Departments. A Discharge Co-ordinator is in place in each ED to act as a single point of contact (SPOC) to arrange rapid discharge from ED and take responsibility for co-ordinating community support.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.5	Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Out-patient Parental Antibiotic Therapy (OPAT); and supported by appropriate digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual/remote Monitoring.	Yes	Business as usual. It is our understanding that the Lothian system has the highest rate of provision of H@H and associated services in Scotland, and we continue to look to expand and maximise this.	34
Urgent & Unscheduled Care	2.6	Boards and Partnerships have effective organisation of care across between primary and secondary care so that patients receive high-quality care and the best use is made of clinical time and resources in both settings. This could be through a mechanism such as an Interface Group.	Yes	Business as usual	3
Urgent & Unscheduled Care	2.7	Escalation procedures are directly linked to a plan which encompasses the full use of step-down community facilities.	No	step-down community facilities are already fully utilised with no additional capacity available due to withdrawal of funding for interim care beds.	21
Urgent & Unscheduled Care	2.8	Boards and HSCPs have additional festive arrangements, over the four-day public holiday, planned in collaboration with partner organisations such as Local authorities, Police Scotland, SAS and the local Voluntary Sector and in line with recommendations from the Four Day Public Holiday Review.	Yes		1
Urgent & Unscheduled Care	2.9	Patients identified as being at high risk of admission from both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge	Yes		1

Urgent & Unscheduled Care	2.10	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take a lead on having these care planning conversations depending on the persons circumstances.	Yes		1
Urgent & Unscheduled Care	2.11	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.	Partial	Yes for respiratory. For cardiac we assume this relates to "heart failure" and we await confirmation of SG funding to support this. However, given the delay to this confirmation, it is unlikely that this will be fully up and running for this winter.	43
Urgent & Unscheduled Care	2.12	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those who are living with frailty should be given the opportunity to have an anticipatory or future care plan.	Partial	Business as usual for respiratory conditions and frailty. For Heart Failure we await confirmation of funding availability from SG.	19
Urgent & Unscheduled Care	2.13	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. Remote consultations via phone or Near Me video consultation should be available.	Partial	Near Me video consultation is not in place.	8
Urgent & Unscheduled Care	2.14	For Health Boards with Major Trauma Centres (Grampian, GGC, Lothian, Tayside), to incorporate into their winter surge plans, assurance of sufficient safe staffing on MTCs (both adult and paediatric) to ensure Scottish Trauma Network MTCs will continue to deliver high quality, integrated, multi-speciality care to severely injured patients. Further consideration is also required for those Boards with Major Trauma Units to similarly support safe staffing.	Partial	We will make every effort to ensure appropriate staffing in all clinical areas, but it is important to note that there can be no guarantees.	25
Urgent & Unscheduled Care	2.15	Where admission is necessary, ensure there is a mechanism and/or agreements in place with primary care and secondary care clinicians to minimise delays in pathway, and avoid multiple discussions that can lead to delays; recognising that in periods of increased demand, general practice may not have the functional capacity to follow the usual processes such as pathways for admission.	Yes		1
Planned Care	2.16	Plans are in place to maintain activity over winter for planned care, including outpatients and inpatient / daycase, diagnostics, imaging and cancer, with plans considering the impact of increased unscheduled admissions on planned care activity. Planned care activity will not be paused or cancelled routinely – if Health Boards need to consider this as part of their business continuity / escalation plans it needs to be discussed and agreed in advance with Scottish Government.	No	We have plans in place to ensure the maintaining of scheduled care activity, and this is built into the scheduled care plans submitted for agreement as part of the ADP process. We have marked this as "no" as while we will only pause elective activity when no other options are available, it is not in our plan to discuss every case with Scottish Government.	64
Planned Care	2.17	Health Boards are considering opportunities to maximise capacity through Pooled Lists - locally for high volume specialties and pooled lists regionally / nationally for those patients waiting the longest.	Partial	We have progressed pooled lists locally and shown good progress. However, pooled lists nationally/regionally would require levels of clinical governance which require careful national thought.	25
Planned Care	2.18	Health Boards are making use of the National Elective Coordination Unit (NECU) to support admin and clinical validation.	No	NHSL is in active discussion with NECU about how this can be effectively rolled out.	15
Planned Care	2.19	For those Health Boards with National Treatment Centres (NTCs), plans are in place to enhance and maximise use of the NTCs through winter and beyond.	n/a	We are streaming patients to NTC-Fife from October onwards. We continue to work on the OBC for the NTC at St John's Hospital, per the	30
Planned Care	2.20	Discharge – close partnership working is in place, including the third and independent sector, to ensure that adequate care packages are in place in the community to meet all discharge levels.	No	We would have to be clear that there is not the confidence to state that "adequate care packages are in place in the community to meet all discharge levels"	29
Digital assets	2.21	Plans are in place to support the availability of Near Me video consultations to optimise estate and workforce capacity.	Yes		1

Section 3

[Back to summary page](#)

Progress Status	Approved
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Overall Status	Partial and/or No
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Subsection	#	Statement	Response	Rationale for response rating	Words
Primary Care	3.1	Plans are in place to support General Practice (and where necessary other independent contractors) to manage provision of core General Medical Services (and sustainability more widely) over the winter period. Specific reference should be made to contingency arrangements where practices are unable to open (or provide General Medical Services) due to staffing or other reasons. Health Boards and HSCPs should ensure that where services are reduced or unavailable they support the practice with communications to patients including alternative arrangements.	Yes	Business continuity/resilience guidance already provided to independent contractors, and will be refreshed with recent learning. HSCPs supporting business continuity plans, however we are clear this is an independent contractor's responsibility. If services are significantly compromised then support will be provided with communication to patients.	44
Primary Care	3.2	Maximising Multi-Disciplinary Teams (MDTs) Plans explicitly reference the use of MDTs within OOH services; indicate where increased use of MDTs are in place. This includes increasing capacity of senior clinical and non-clinical leadership, use of multidisciplinary teams and availability of professional-to-professional advice across acute and community.	Yes	Lothian's GP Out-of-Hours Service (LUCS) is delivered through MDTs and we have a nominated Senior Clinical Decision Maker and clinical on-call in place at all operational times. For winter 23/24 we will have improved arrangements in place to better manage our flow to ensure timely access to care for patients. We have an existing prof-to-prof line in place for community professionals which is well used.	65
Primary Care	3.3	Executive level overview and oversight for Out of Hours (OOH) A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place. There is Board Executive level oversight of OOH to support resilience, explore other operational solutions and agree appropriate escalation plans during the winter period given its essential role as a "front door" service	Yes	Director of Primary Care has signed off escalation plans which have been updated with learning from public holidays over 2023. Escalation plan has been agreed with other services (EDs and flow centre) and additionally discussed and signed off at CMT level.	41
Primary Care	3.4	Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience. The plan puts Primary Care OOH within the context of winter readiness preparedness, as part of the urgent/unscheduled care landscape and whole system local planning, including community and social care responses through urgent care resource hubs/flow navigation centres (FNCs), or equivalent.	Yes	LUCS works closely with NHS24 and SAS. Established pathways in place from SAS GP advisors to LUCS, as well as pathways from FNC to LUCS, and ED to LUCS.	29
Primary Care	3.5	NHS Board Directors of Dentistry engage with NHS 24 to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours care during the winter period	Yes	NHS24 have confirmed their support for the festive public holidays for access to urgent dental out-of-hours care. Rotas in place for the dental out-of-hours service.	25
Primary Care	3.6	Provision of OOH dental services Plans reference provision of dental services; services are in place either via general dental practices or out of hours centres. This should include an agreed escalation process for emergency dental cases, i.e. trauma, uncontrolled bleeding and increasing swelling.	Yes	As above, in place.	4
Primary Care	3.7	Working with mental health services HSCPs should have clear arrangements in place to enable access to mental health crisis teams/services 24/7, including availability of professional to professional advice for out of hours services, particularly during the festive period	Yes	LUCS has agreed pathways to MHAS and to West Lothian Acute Mental Health services. HSCPs have community mental health services available.	21

Primary Care	3.8	Increased level of professional-to-professional advice Boards and HSCPs have increased, where possible, the availability of professional to professional advice across acute and the community to ensure the patient receives right care in the right place at the right time.	Yes	Prof-to-prof in place to access GP OOH service access via FNC for acute	13
Primary Care	3.9	Working with social care OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite, community alarm services and home care provision. OOH Plans will identify how Care Homes will be supported with timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home.	Partial	As detailed above, planning for social care services is robust within each HSCP. Care Homes can access professional support and clinical advice in the same way as the general public OOH. We do not have the financial or human resources to provide the level of support suggested in the statement and could not objectively evidence this.	56
Primary Care	3.10	Winter readiness plans consider the needs of those living with a mental health, learning disability, neurodiverse or dementia diagnosis, including the needs of carers.	Partial	Each HSCP has business continuity plans in place for mental health, learning disability, and dementia (and similar) conditions. We would very much welcome greater clarity on what the definition of neurodiverse relates to in this context and on what services are expected for those with a diagnosis fitting that definition.	50
Primary Care	3.11	Plans to ensure appropriate staffing levels include consideration of mental health services and the need to maintain support for service provision and patient rehabilitation (such as suspension of detention), including for forensic mental health patients.	Yes	This is business as usual.	5
Primary Care	3.12	The discharge partnership working plans include consideration of those requiring mental health supports and/or being discharged from a mental health setting, including the unique support package needs of those leaving forensic inpatient settings or with complex care needs.	Yes	This is business as usual.	5
Primary Care	3.13	Plans ensure continued access to dementia diagnosis services for both inpatients and those in the community, ensuring people have care and treatment appropriate to their needs and any potential dementia-related issues are recognised and addressed.	Yes	This is business as usual.	5
Primary Care	3.14	Plans are in place to ensure data is available to monitor the performance of mental health services throughout the winter.	Partial	We believe that this is business as usual and that we have a robust approach to the use of data. We would welcome greater clarity and objectivity in the statement, which could cover a very very broad series of datasets and definitions of performance.	44
Prisons	3.15	Plans are in place to ensure that the delivery of prison healthcare, including mental healthcare, is maintained and that there are appropriate levels of healthcare staff in prisons to deliver efficient and effective patient care.	Partial	We believe that this is business as usual and not sensitive necessarily to winter issues, but again it would be helpful to understand the precise definitions of "efficient and effective patient care" here.	33
Social Care	3.16	Care at home assurance boards and care home assurance arrangements are in place to ensure all risks in care provision are recorded and appropriate mitigating actions are put in place.	Yes	Each HSCP has a group overseeing this, meeting weekly, and an NHSL Programme Board chaired by the Nurse Director for Primary and Community Care which deals with these.	28
Social Care	3.17	Capacity to deliver key public protection functions is in place e.g. child and adult protection, MAPPA (Multi Agency Public Protections Arrangements)	Yes	This is business as usual.	5

Section 4

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Progress Status	Approved
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Overall Status	Partial and/or No
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Subsection	#	Statement	Response	Rationale for response rating	Words
Workforce	4.1	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed Term contracts (or a combination of these). Work undertaken with local college and HEI student workforce to offer holiday shifts and regular part time contracts can be evidenced.	Yes	Business as usual	3
Workforce	4.2	Boards and HSCPs are continuously deploying the range of tools available to them to support efforts aimed at staff retention. For Boards, this is including but not limited to those set out through DL (2022) 30: DL(2022)30.pdf (scot.nhs.uk) to enable those staff who have retired to return to work on a part time basis should they wish to do so.	Yes	Business as usual	3
Workforce	4.3	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, ensuring consistent effective discharge planning takes place over 7 days and the holiday periods. This requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications. For HSCPs, this includes sufficient social work staff and others associated with discharge planning.	Partial	Plans to deliver all of this are in place (including in our Hospital at Home programs) but there is a workforce issue with regard to social work staffing, where there are insufficient numbers in place to be able to provide 24/7 input.	42
Workforce	4.4	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established local and national partnerships. Investment in and funding of local voluntary and third sector organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.	Partial	Funding is in place for some elements, but we cannot confirm that we will fund all potential options.	18
Workforce	4.5	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.	Partial	Business as usual, for all NHSL-employed staff. Independent contractors can access small grants from our NHSL Charity and can access national resources. We note that independent contractors are their own employers.	31
Workforce	4.6	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL(2022)35.pdf (scot.nhs.uk). Staff are fully aware of the contingency plan.	Yes	Business as usual	3

Seasonal outbreak	4.7	<p>COVID -19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing</p> <p>All patient-facing Health and Social Care Staff (and this includes Primary Care independent contractor staff) have easy and convenient access to the Covid-19 and seasonal flu vaccines and that:</p> <p>clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations.</p> <p>drop-in clinics are also available for staff unable to make their designated appointment.</p> <p>peer vaccination is facilitated, where possible, to bring vaccine as close to the place of work for staff as possible.</p> <p>information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline.</p> <p>Information and guidance/ promotional materials are provided to staff specific to the benefits for HC staff in receiving the vaccine.</p>	Partial	We believe we have a robust program in place which meets the spirit of this statement, but two caveats are noted. Firstly, some elements of this require consistent national messaging and delivery, and secondly, it is not possible to be completely sure that our program meets some of the subjective definitions in the statement, such as "convenient locations".	58
Seasonal outbreak	4.8	<p>Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.</p>	Partial	In place, but we would note that forecasts of infectious disease do not cover all eventualities, and that inevitably these eventualities will also include staff sickness. The statement asks for assurance on an extremely broad range of unpredictable scenarios which we would not objectively be able to evidence.	48
Seasonal outbreak	4.9	<p>Adequate resources are in place to manage all potential increases in Covid-19 including possible new variants with increased severity, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p>Debriefs should be undertaken following significant outbreaks or end of season outbreaks to identify lessons and ensure system modifications to reduce the risk of future outbreaks</p>	No	The Lothian system would not be able to objectively evidence that it can "manage all potential increases in Covid-19 including new variants..." etc, and cannot give this assurance.	28
Seasonal outbreak	4.10	<p>To help detect early warnings of imminent surges in activity, Boards routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland, and PHS Whole System Model Winter outputs.</p>	Yes		1
Seasonal outbreak	4.11	<p>Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings</p>	Yes	Business as usual	3

Meeting Name:	Board
Meeting date:	04 October 2023

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 facilitate Board Member oversight across agreed metrics and an executive summary has also been included. To note;</p> <ul style="list-style-type: none"> • Local trajectories are being met for the following KPI's: <ul style="list-style-type: none"> ➢ 31 Day Cancer Performance • National standards are being met for the follow KPI's: <ul style="list-style-type: none"> ➢ IVF Waiting Times Performance ➢ Early Access to Antenatal Services • The following KPIs <u>are not meeting</u> the national 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 ➢ 62 Day Cancer Performance ➢ Accident and Emergency Waiting Times ➢ CAMHS Waiting Times ➢ Cancer Waiting Times ➢ Smoking Cessation ➢ Psychological Therapies Waiting Times 			
<p>Author: Wendy Reid Date: 21/09/23</p>		<p>Director: Jim Crombie Date: 21/09/2023</p>	

NHS Lothian

Board Meeting
04 October 2023

Deputy Chief Executive

NHS Lothian Board Performance Paper

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Board discuss and review the current performance position of key metrics relevant to NHS Lothian's performance against a range of national and local measures.
- 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.
- 1.3 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 assurance levels for expected delivery against key national standards or local trajectories by the end of 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.

3 Executive Summary: Key Messages

- 3.1 **Workforce:** The next workforce report will be available from Staff Governance Committee in October 2023.
- 3.2 **Primary Care:** General Practice activity across Lothian shows that activity has stabilised slightly above pre-pandemic levels. In August 2023 there was an estimated 436,000 patient consultations across the 117 General Practices in Lothian, the equivalent of around 19,000 consultations a day. There remains a significant challenge across Primary Care to meet patient demand with this existing capacity, especially with increasing population pressures. The Lothian GP Out-of-Hours (LUCS) service activity saw averages of 2,370 consultations per week in August 2023. The spikes in activity represent public holidays.

- 3.3 **Flow and Unscheduled Care:** 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, continue to contribute to challenges for patient flow through hospitals. The system is improving in its ability to move people on to their next care setting, with ~257 patients in July across Lothian's sites medically fit for discharge remaining in a hospital bed in July 2023; below the two-year average of 268. Delayed discharge performance trajectories have now been agreed with the four HSCPs until the end of 2023/24. These factors continue to have a detrimental impact on our performance against NHS Scotland's 4 Hour Emergency Access Standard which was 66.2% in July 2023. Across Scotland, the average 4-hour figure was 72.7% over the same time. RIE 4-hour performance in July was 55.3%, and alike the other sites remain consistently below the 95% standard with SJH at 72.5% and WGH at 65.3%. 4-hour performance at RHCYP remained close to the 95% standard at 93.3% in July 2023.
- 3.4 The 26-week improvement programme established in February 2023 at Royal Infirmary of Edinburgh (RIE) ended recently. While 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, the RIE still have not achieved their local target of 70% for Emergency Department (ED) performance.
- 3.5 As an extension to the above programme, a new format of the RIE Emergency Department review, led by external experts, has been commissioned and preparatory visits took place during the week commencing 14th August 2023. The review will officially commence from September 2023 with a focus on:
- Processes in the Emergency Departmental support of 4-hour performance
 - Best use of the available workforce and space across all disciplines in support of safe patient care and unscheduled care performance
 - Interactions with teams from other services both within the site and within NHS Lothian in support of safe and timely patient care in the ED.
- 3.5.1 Similarly, a proportion of Mental Health Acute Beds continue to host patients delayed in their discharge. The agreed 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. As stated before, there are a high proportion of delays in these three areas and work continues with Edinburgh HSCP to investigate alternative options for care for those patients delayed in their discharge. The Royal Edinburgh Hospital Bed Occupancy Corporate Risk remains at a Very High/Extreme grading with ongoing oversight from Healthcare Governance Committee.
- 3.5.2 **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 to have no outpatients waiting over 52 weeks by March 2023 remains unmet. In June 2023 (latest available published data), NHS Lothian had a 7.2% proportion of outpatients waiting over 52 weeks: in line with the Scotland average of 7.2%.

- 3.5.3 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.
- 3.5.4 In June 2023 (latest available published data), NHS Lothian had a proportion of 3.1% of inpatients and day cases waiting over 104 weeks on the waiting list, lower than the Scotland average of 4.6%. Orthopaedics remains an area of focus due to the higher proportion of long waiting patients and a number of actions are due to commence in September seeking to improve the position by ring-fencing capacity within Lothian and utilising National Treatment Centre Capacity in Fife.
- 3.5.5 Scheduled Care have now deployed the remaining external funding for 2023/24 to support key priority areas, including ring-fenced capacity for orthopaedics. Revised specialty level trajectories are now in development to adjust for the additional resource and will be subject to review and monitoring by the Executive Leadership Team.
- 3.5.6 NHS Lothian 62-day cancer performance remained below the local trajectory of 81.3% and the 95% national standard with performance at 80.1% in July 2023 compared to Scotland's 62-day performance which was 72.3%. 31-day cancer performance remains just below the 95% standard but has exceeded the 89.3% local trajectory agreed with 94.9% performance in July 2023. There is significant assurance provided to meet the local trajectories during this financial year in our improvement actions 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 **Public Health:** Please note the Abdominal Aortic Aneurysm Screening Programme Annual Report and Bowel Screening in Lothian Performance Report was presented to Staff Governance Committee in July. Smoking cessation numbers for 2022/23 were below target as detailed in the appendix.
- 3.7 **REAS:** The moderate assurance level provided to the delivery of Psychological Therapies (PT) and CAMHS trajectories will be dependent on recruitment to posts within the service and the management of demand. At end of July, 9% of patients on the PT waiting list were waiting more than 52 weeks for treatment; a reduction from our peak of 27% in February 2021. Compared to other Boards in Scotland, Lothian continues to make improvements in waiting times for assessment and treatment. In CAMHS, the number of patients who have been waiting more than 52 weeks for treatment has reduced by 98% compared to March 2021. The median wait for assessment across all teams was 7 weeks in July.

4 Key Risks

- 4.1 Please note data from April 2023 onwards is provisional for many of the metrics included in this paper and will be subject to national validation prior to publication on the Public Health Scotland website.
- 4.2 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 LSDF Implementation Books. 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 Capacity restrictions and waiting list delays may impact differentially on patient groups. 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 This paper has been previously considered by the Corporate Management Team as part of its development.
- 7.2 NHS Lothian Directors, IJB Chief Officers and their teams have supported the development of action plans which NHS Lothian is currently working to enact. Any public engagement and consultation relating to the contents of plans remains within the programme of work.
- 7.3 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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21/09/2023

List of Appendices

Appendix 1 – October 2023 NHS Lothian Board Performance



NHS LOTHIAN BOARD PERFORMANCE

October 2023

APPENDIX I

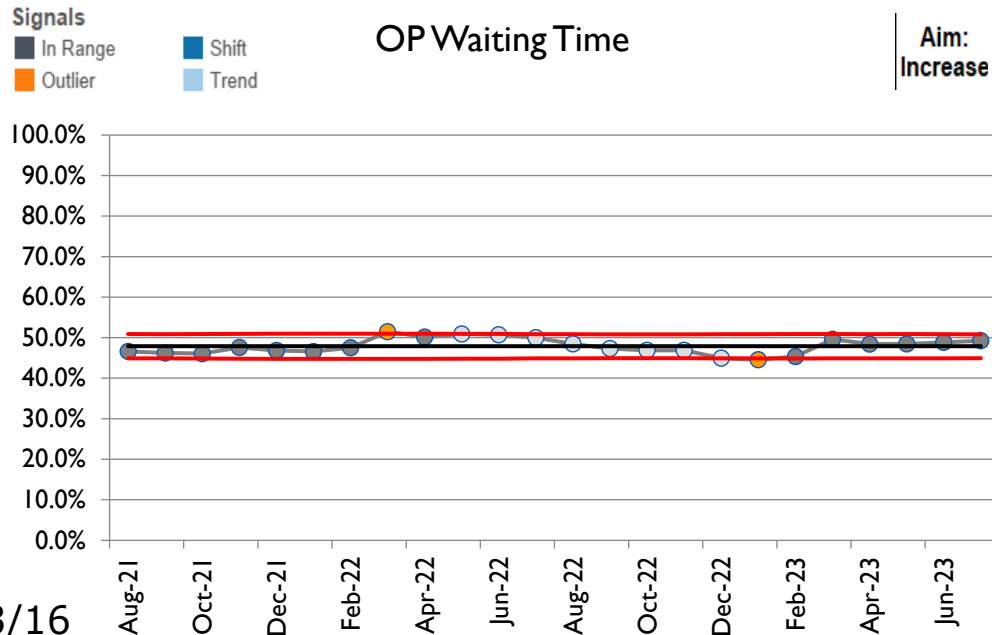
OVERVIEW 23-24 NHS Lothian Board Indicators

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 <i>(Local Delivery Plan (LDP) Standard)</i>	3	5185 – Access to Treatment	49.2%	95%	Not Met	Limited	Jul-23
Treatment Time Guarantee <i>(Local Delivery Plan (LDP) Standard)</i>	4	5185 – Access to Treatment	56.2%	100%	Not Met	Limited	Jul-23
18 Weeks Referral to Treatment <i>(Local Delivery Plan (LDP) Standard)</i>	5	5185 – Access to Treatment	78.3%	90%	Not Met	Limited	Jul-23
31 Day Cancer Performance <i>(Local Delivery Plan (LDP) Standard)</i>	6	5185 – Access to Treatment	92.9%	95%	Not Met / Met Local Trajectory	Limited – National Significant - Local	Jul-23
62 Day Cancer Performance <i>(Local Delivery Plan (LDP) Standard)</i>	7	5185 – Access to Treatment	80.1%	95%	Not Met/ Not Met Local Trajectory	Limited – National Limited - Local	Jul-23
Accident and Emergency 4 Hour Performance <i>(Local Delivery Plan (LDP) Standard)</i>	8	5186 – 4 Hours Emergency Access Target	66.2%	95%	Not Met/Not Met Local Trajectory	Limited	Jul-23
Delayed Discharges <i>(Internal Target)</i>	9	3726 – Hospital Bed Occupancy	257	173	Not Met	Moderate	Jul-23
IVF Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	10	N/A	95.2%	90%	Met	Significant	Jun-23
Early Access to Antenatal Services <i>(Local Delivery Plan (LDP) Standard)</i>	11	N/A	92.7%	80%	Met	Significant	Jun-23
Psychological Therapies Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	12	N/A	82.6%	90%	Not Met	Moderate	Jul-23
CAMHS Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	13	N/A	71.9%	90%	Not Met	Moderate	Jul-23
Smoking Cessation Performance <i>(Local Delivery Plan (LDP) Standard)</i>	14	N/A	112	295 per quarter	N/A	Moderate	Oct- Dec 22
General Practice Activity Measures <i>(Internal Target)</i>	15-16	3829 - Sustainability of Model of General Practice	-	N/A	N/A	N/A	Aug-23

12 WEEKS FIRST OUTPATIENT APPOINTMENT

Reporting Month:	July 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:	N/A
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 (July 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).	49.2%	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 with activity remaining higher than pre-COVID levels.
- The target of no patients waiting over 52 weeks by March 23 is not being met.
- There were 5,831 patients waiting over 52 weeks in July, and this number has increased each month since March 2023, with the highest numbers in Ophthalmology and Dermatology.
- In June 23 (latest available published data), NHS Lothian had 7.2% of outpatients waiting over 52 weeks, in line with the Scotland average of 7.2%.

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

- Outpatient WL validation continues with discussions underway to roll out digital solution across all areas.
- Outpatient redesign programme continues with key areas such as Ophthalmology. Dermatology and Urology currently underway.
- Ongoing implementation of improvements such as Patient Focussed Booking, text reminder and online booking through the redesign programme.
- Extension of access to additional capacity for areas under significant challenge such as Ophthalmology and Dermatology.

TREATMENT TIME GUARANTEE (TTG)

Reporting Month:	July 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:	N/A
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.	

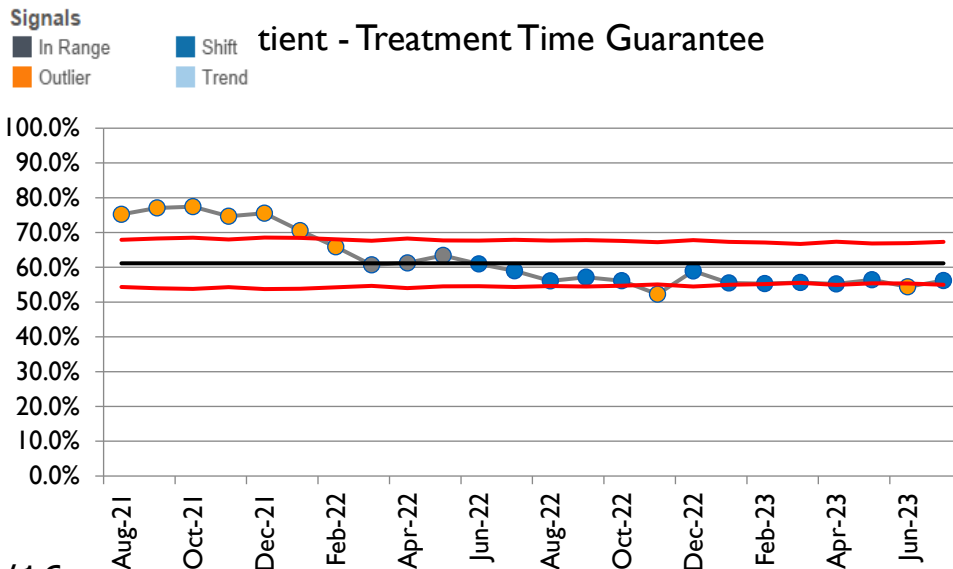
Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (July 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	100 per cent of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment for inpatient or day case treatment (Treatment Time Guarantee).	56.2%	Internal Management	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.
- The target to have no patients waiting over 104 weeks by September 22 is not being met, with 848 in July, although there continues to be an improving trend.
- In June 23 (latest available published data), NHS Lothian had 3.1% of inpatients and day cases waiting over 104 weeks, whilst the Scotland average was 4.6%.
- The number of patients waiting over 78 weeks has remained around 3,200-3,300 in the last two quarters, with the majority in Orthopaedics.

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

- Ring fencing of capacity in Orthopaedics at Royal Infirmary of Edinburgh started in September with additional rehabilitation capacity being developed.
- First Orthopaedics patients streamed to Fife National Treatment Centre in September 2023. This will deliver treatment for 48 patients per month from November 2023.
- Improvement work has allowed Ophthalmology to increase the capacity on many cataract lists to 8-9 per session.
- Funding approved to allow move of flexible cystoscopy activity from theatres to an outpatient setting & planning has commenced.



18 WEEKS REFERRAL TO TREATMENT (RTT)

Reporting Month:	July 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:	N/A
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 (July 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not met	90% of planned / elective patients to commence treatment within 18 weeks of referral.	78.3%	Internal Management	Limited

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

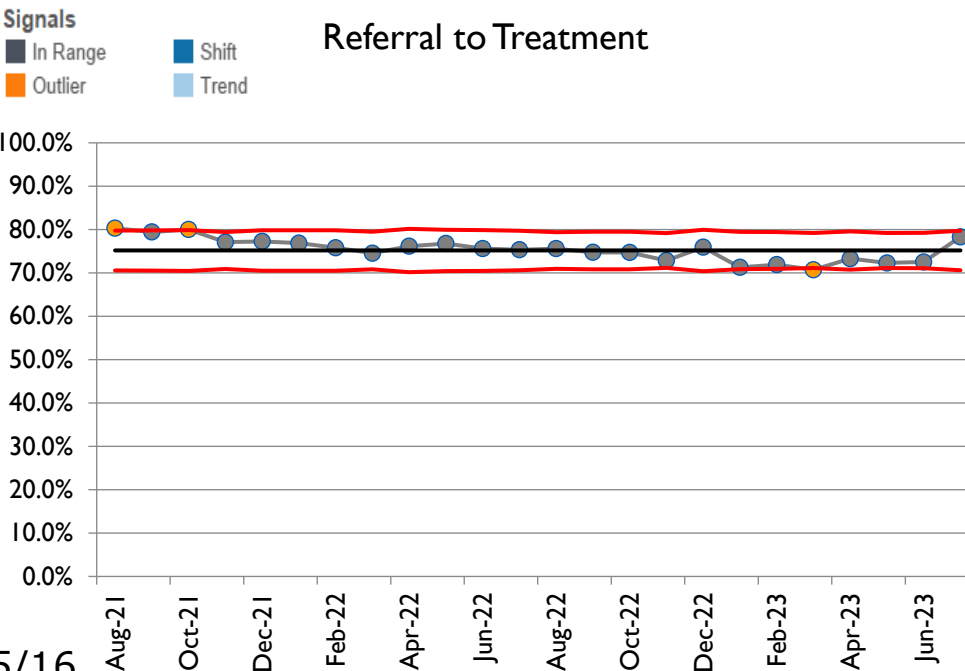
- 18-week performance is directly linked to performance against the other stages of Treatment Standards on slides 3 & 4.
- Actions described in previous slides for outpatients and inpatient/day cases will support an improvement in 18 weeks performance. There are no separate issues of note to mention.

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. As at end of July 2023 there were:
 - CT – maintaining position with <10 cases over 26 weeks.
 - MRI - maintaining position with <10 cases over 26 weeks.
 - General US – 83 cases
- Position expected to deteriorate through August due to peak holiday period and vacancy gaps
- Increase in referral rate demonstrated through 2023.

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

- Redirection of Ultrasound (US) Outpatients from WGH to RIE, with 80 additional appointment each week in Sept.
- Use of Locum Sonographer to increase capacity.
- Additional staffing from RIE to assist US at WGH to increase capacity during September 2023.
- Explore opportunities via National US Training Programme (NUTP)
 - Fast tracked staffing
 - Capacity allocation



CANCER WAITING TIME PERFORMANCE – 31 DAY

Reporting Month:	July 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:	N/A
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 (July 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	92.9%	Internal Management	Limited
Met	89.3% Local Trajectory	92.9%	Internal Management	Significant

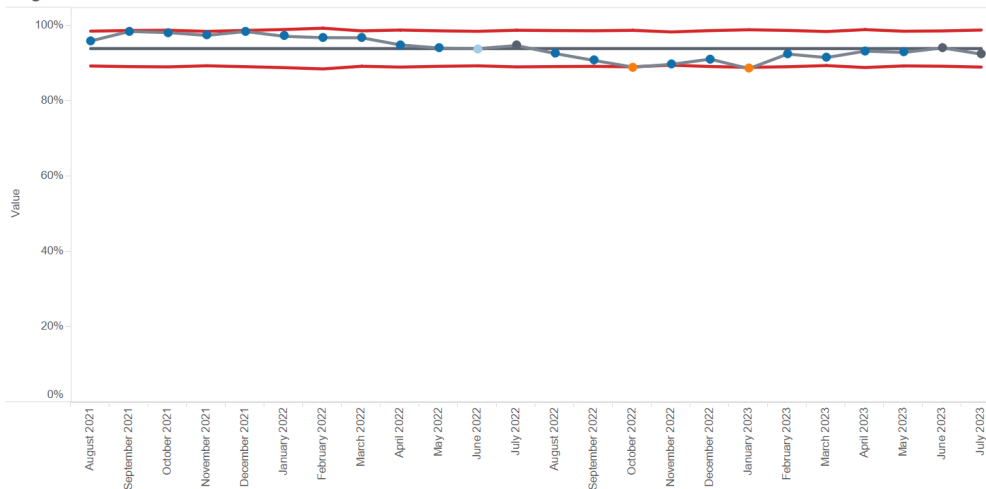
Background, what the data is telling us, underlying issues and risks:

- NHS Lothian performance dipped in July 2023 to 92.9% (PHS aggregated and validated) but met the local trajectory performance, however remained below national performance of 95.1% for July 2023.

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

- Funding agreed in August to support Urology to clear surgical backlog.
- 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, these include:
 - Creation of cancer waiting times governance documentation signed off by Cancer Recovery Board Sept 2023
 - Review of all tumour group MDTs throughout Q3/Q4 23/24.
 - Primary Care referral audits to be carried out throughout Q3/Q4 23/24.

Cancer 31 Day
Target: 95% - Aim: Increase

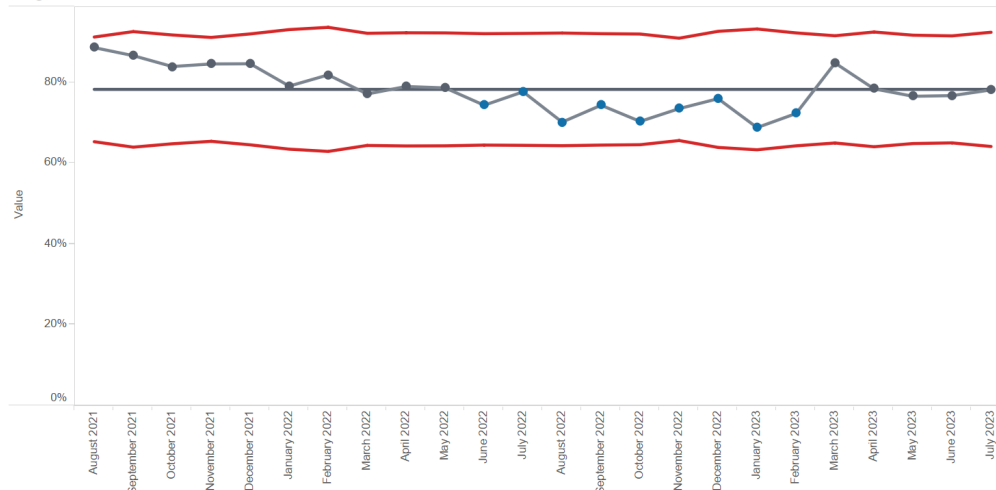


CANCER WAITING TIME PERFORMANCE – 62 DAY

Reporting Month:	July 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:	N/A
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 (July 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.	80.1%	Internal Management	Limited
Not met	81.3% Local Trajectory	80.1%	Internal Management	Limited

Cancer 62 Day
Target: 95% - Aim: Increase



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

- NHS Lothian performance of 80.1% (PHS aggregated and validated data) is above national performance of 72.3% for July 2023 and improved compared to June 2023. However currently lower than local trajectory.
- There has been an increase in referral volumes (100-150 more a week for April-June 23/24 compared with April-June 22/23) impacting diagnostic and triage demand.
- Urology Prostate pathway remains challenging to deliver in 62-day timeframe (reflected by National Prostate Performance).
- Disruption caused by Junior Doctor Strike planning, which impacted core capacity, particularly in Theatres.
- Colorectal performance impacted by loss of capacity in Endoscopy due to staff retirement.

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

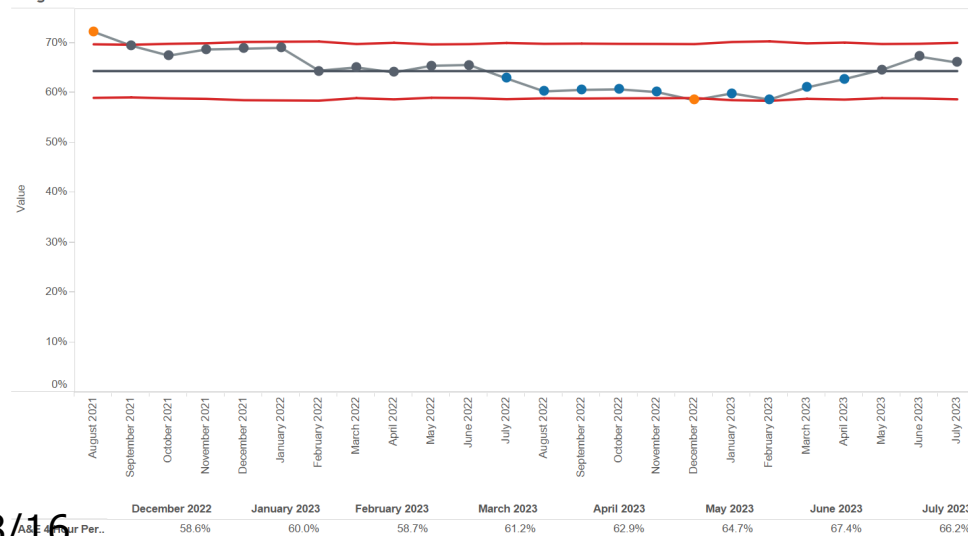
- Ongoing recruitment and capacity strategy in Endoscopy
- Funding agreed to support Urology to clear surgical backlog
- Implementation of the Framework for Effective Cancer Management (FECM) is ongoing and managed by the Cancer Recovery Board.
- Individual actions within FECM have been agreed for completion during 2023/24:
 - Creation of cancer waiting times governance documentation signed off by Cancer Recovery Board Sept 2023
 - Review of all tumour group MDTs throughout Q3/Q4 23/24.
 - Primary Care referral audits to be carried out throughout Q3/Q4 23/24.

A&E 4 HOUR PERFORMANCE

Reporting Month:	July 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):	Fiona Wilson Michelle Carr	Relevant Papers:	N/A
Corporate Risks:	(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 (July 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not met	95% 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%.	66.2%	Internal Management	Limited
Not met	70%+ (local trajectory)	66.2%	Internal Management	Limited

A&E Performance
Target: 95% - Aim: Increase



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. Performance was steadily improving from March 2023 to June 2023 however has slightly decreased in July 2023 from 67.4% to 66.2%. Variation remains within control limits.

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

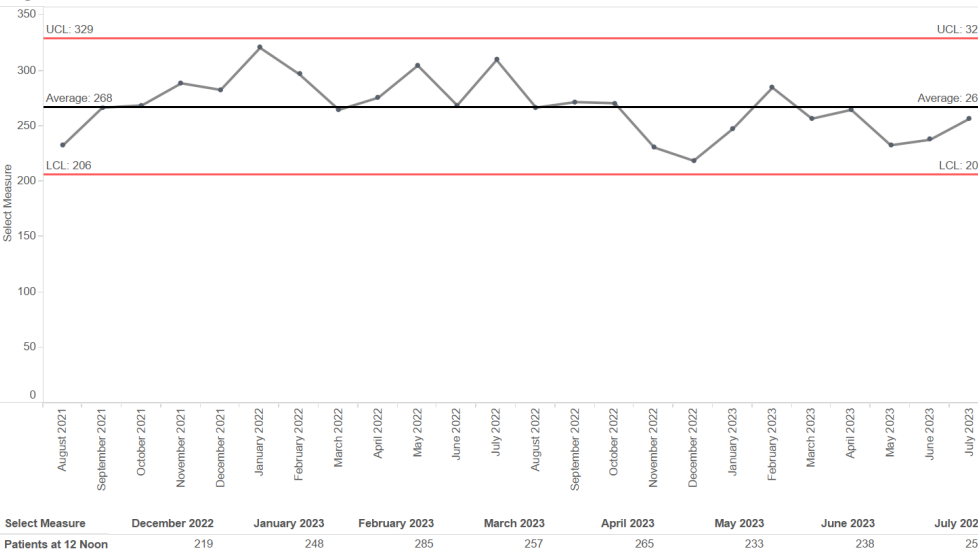
- **RIE Improvement Programme Phase 2** to continue to implement a range of improvements across the site (Sept 23 – March 24)
Improvement actions are outlined in the 23-24 step of the LSDF USC Implementation Book, as summarised below:
- **Implement Signposting and redirection at acute front doors (March 2024):** RIE signposting went live in June 2023. A pilot has also commenced to enable direct scheduling of patients directly to LUCs following triage.
- **Transition Lothian Flow Centre to a Flow Navigation Centre (March 2026):** Benchmarking complete and engagement session on optimal FNC held with key themes developed. Workforce model being finalised. FNC Programme Board in development.
- **Scheduling Minor Injuries (March 2024):** Scoping of current minor injuries processes finalised & agreement to re-convene SLWG to review and optimise patient referral pathways, scheduling of appointments and use of digital approved.
- **Create robust urgent clinical pathway guide to ensure patients are referred via optimal pathway (March 2025):** Pathways prioritisation for review commenced and process for pathway development and SOP developed for approval. Initial pathways to be presented for endorsement.
- **Support ED Frequent Attenders (March 2024):** SLWG is continuing to develop hybrid model to support ED FAs in the community.
- **Pan Lothian Rapid Assessment and Care Unit (RACU) previously (SDEC) (March 2024):** Test of change continuing to reduce attendance at RIE ED with all Edinburgh DVT/STP patients being seen WGH RACU. Scoping of pan-Lothian DCAQ work now in progress.
- **Delivering a consistent expanded Hospital at Home (H@H) across each HSCP (Oct 2024):** Phase 1 and 2 H@H expansion evaluation complete and an application to HIS for further funding has been successful with agreement to review and optimise pathways and processes Pan Lothian
- **Enhancing OPAT Services Pan Lothian (March 2024):** test of change to commence East Lothian HCP OPAT service. Use of elastometric pumps to enable multidose of antibiotics for complex infections to be piloted.
- **Enhancing Respiratory Services Pan Lothian (March 2024):** Recruitment ongoing and review of pathways and processes continuing to optimise patient flow consistently Pan Lothian

DELAYED DISCHARGES

Reporting Month:	July 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):	Fiona Wilson Michelle Carr	Relevant Papers:	N/A
Corporate Risks:	(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 (July 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	173 by March 2024	257	Internal Management	Moderate

Delayed Discharges at Census Point - Patients at 12 Noon
Target: N/A - Aim: Reduce



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.

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
 - Discharge without Delay – Phase 2
 - Each acute site and HSCP are developing their aim/improvement trajectory to improve discharge processes and enhance capacity of pathways with gaps (March 2024).
 - In line with the agreed Lothian Discharge Principles, collaborative work has commenced at the RIE with Health and Social Care teams to develop a process that focusses on expediting the discharge of medically fit patients within the first 72hrs of patient attendance (March 2024)

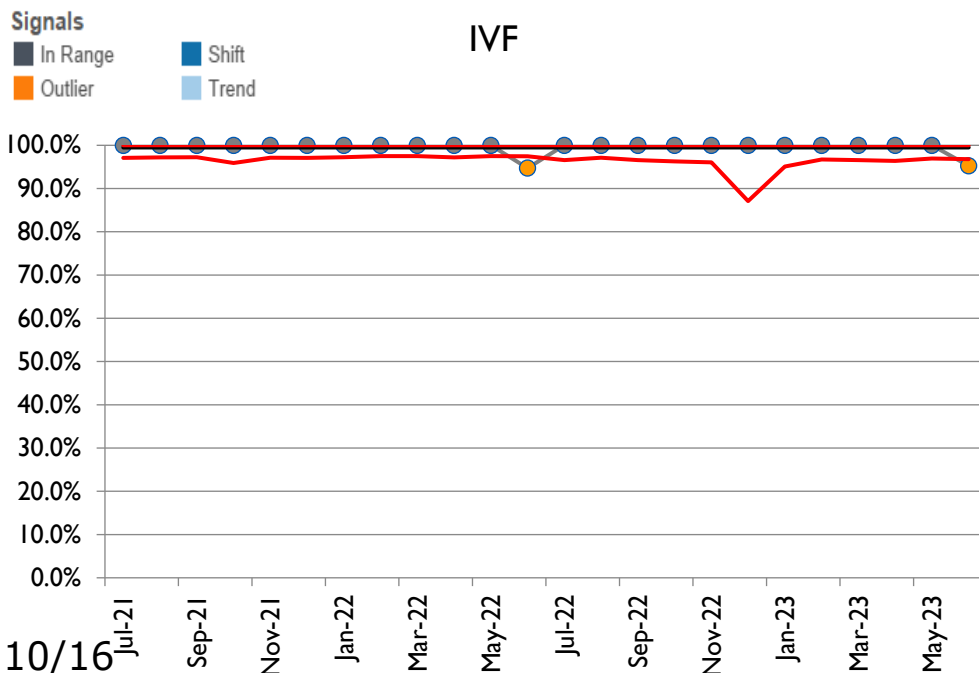
IVF WAITING TIMES PERFORMANCE

Reporting Month:	June 2023	Oversight Mechanism:	Acute Senior Management Group (SMG)
Responsible Director(s):	Michelle Carr	Relevant Papers:	N/A
Corporate Risks:	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% 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.	95.2%	Tableau	Significant



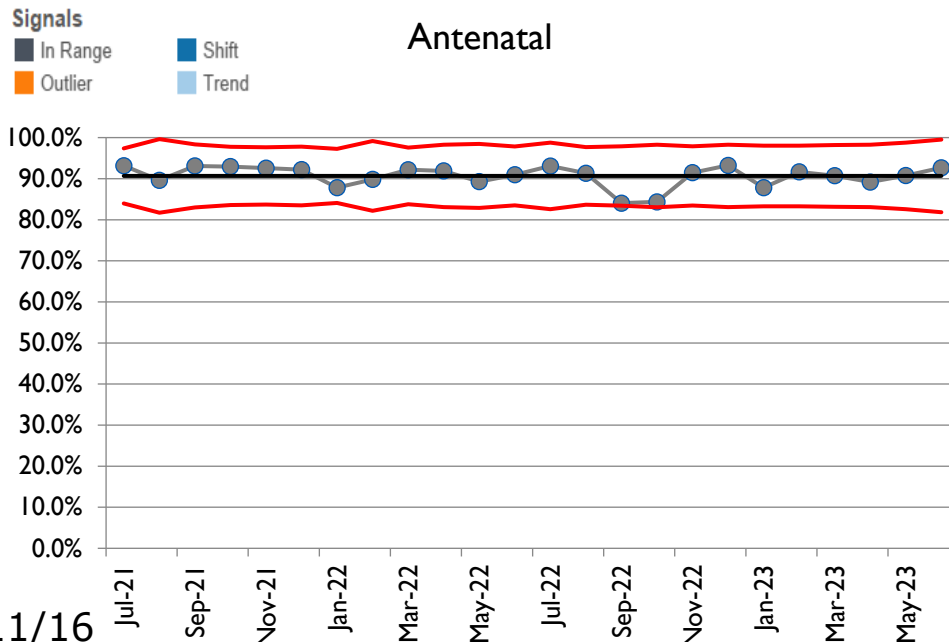
EARLY ACCESS TO ANTENATAL SERVICES

Reporting Month:	June 2023	Oversight Mechanism:	Acute Senior Management Group (SMG)
Responsible Director(s):	Michelle Carr	Relevant Papers:	N/A
Corporate Risks:	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 a minimum 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 12-24 months.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (June 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.	92.7%	Trak	Significant



PSYCHOLOGICAL THERAPIES

Reporting Month:	July 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.
Responsible Director(s):	Tracey McKigen	Relevant Papers:	N/A
Corporate Risk Grading (if applicable):	N/A	Corporate Risk(s) if applicable:	N/A – removed from CRR in August 2023

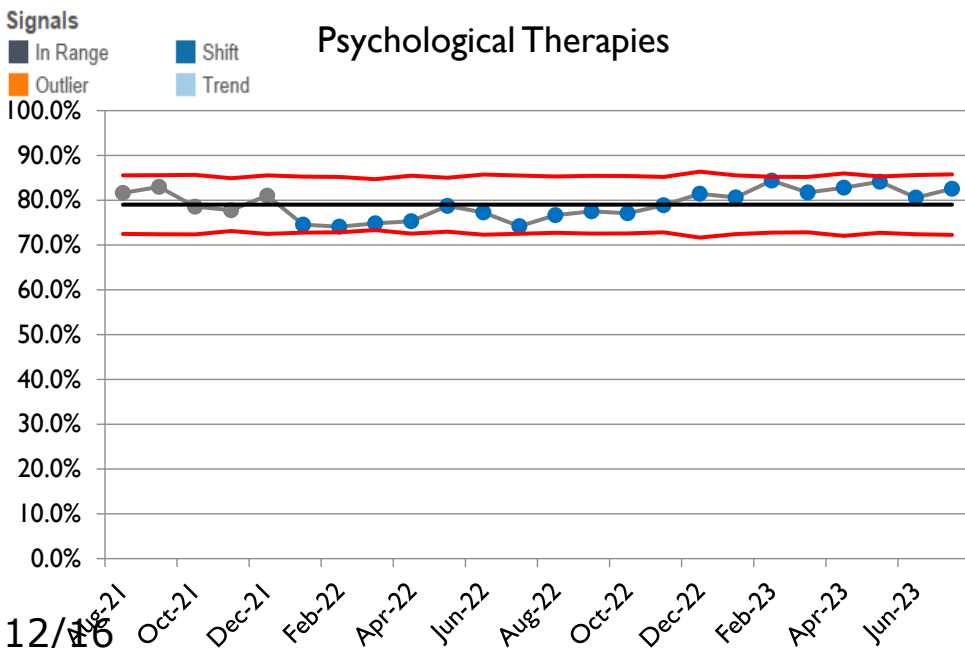
Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (July 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90 per cent of patients to commence Psychological Therapy based treatment within 18 weeks of referral.	82.6%	Internal Management	Moderate

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

Across Lothian, the assessment and treatment waiting lists for all psychology services have continued to reduce steadily. The overall performance for the LDP standard is at 82% currently; the expectation is that NHS Lothian, based on current assumptions, will meet the LDP standard of 90% by June 2024. The treatment waiting list has reduced from a peak of 4,655 in August 2020 to 1,465; a 68% reduction. The primary area with long waits continues to be General Adult Services which account for 61% of all treatment waits.

At present, 9% of patients have been waiting more than 52 weeks for psychological treatment, this is reduced from 27% in February 2021 when this number was at the highest level. Compared to other Boards in Scotland, Lothian continues to make improvements in waiting times for assessment and treatment; Lothian was recently taken off escalation for waiting times for psychological treatment by the Scottish Government as there was reassurance about the implementation of the improvement plan.

Recent improvements in waiting times in General Adult Mental Health Teams has slowed recently due to staff attrition, although there will be a net benefit reviewed each month. Being able to retain staff to sustain capacity remains critical factor for ongoing performance to meet the LDP standard, measures to support staff and to promote wellbeing for all teams are in place to balance performance expectations.



CAMHS

Reporting Month:	July 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.
Responsible Director(s):	Tracey McKigen	Relevant Papers:	N/A
Corporate Risk Grading (if applicable):	N/A	Corporate Risk(s) if applicable:	N/A – removed from CRR in August 2023

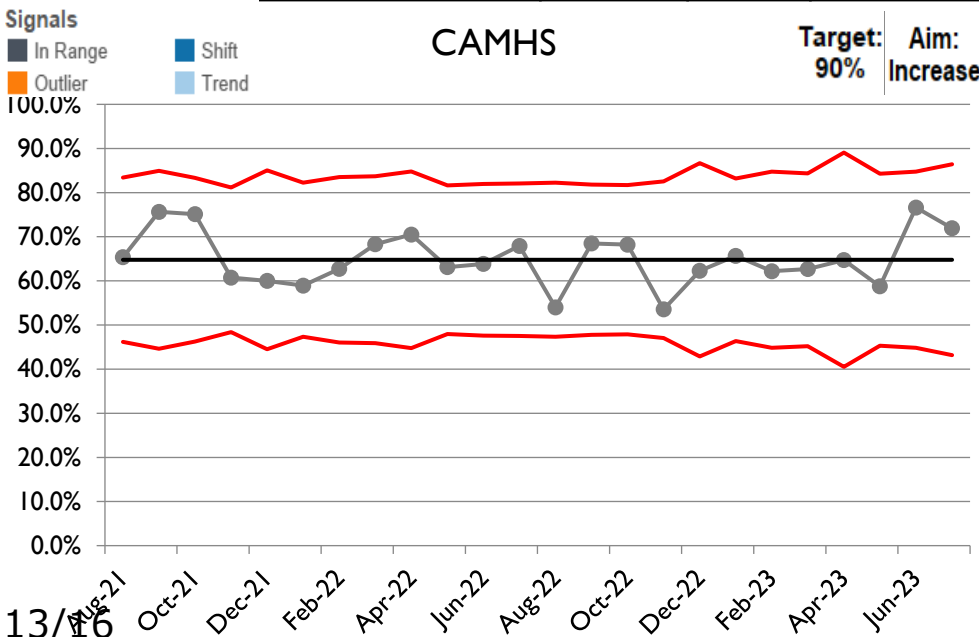
Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance (July 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	90 per cent of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.	71.9%	Internal Management	Moderate

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

Across all CAMHS Lothian, the overall performance for the LDP standard is at 71.9% (end July position). The treatment waiting list has reduced from 2,748 in March 2021 to 1,543 (end July); a 44% reduction. The number of patients who have been waiting more than 18 weeks for treatment has fallen from 1,684 in March 2021 to 300 (end July); a 82% reduction. The number of patients who have been waiting more than 52 weeks for treatment has fallen from 935 in March 2021 to 16 (end July); a 98% reduction. The current median wait for assessment across all teams is 7 weeks and the current median wait for treatment across all teams is 15 weeks.

The overall establishment gap for the 5 outpatient teams at end of July is 19.08 WTE against the staff projected to deliver trajectory. North, South and West teams have the biggest establishment gap; nursing and psychology have seen the largest reduction in staffing across the teams as staff leave to join the clinical doctorate training programme. Recruiting staff remains a priority and over the July-Sept quarter 9.0 WTE nursing staff across bands 3 to 7 are expected to join or return to the service. Team leads also continue to work with staff to identify opportunities whereby capacity can be increased; current actions include looking at and where appropriate, restructuring job plans to increase capacity as well as looking at length of treatment.

Being able to retain staff to sustain capacity remains critical factor for ongoing performance to meet the LDP standard and measures to support staff and promote wellbeing for all teams are in place to balance performance expectations.



SMOKING CESSATION

Reporting Month:	Oct-December 2022	Oversight Mechanism:	Public Health and Health Policy Core Senior Management Team
Responsible Director(s):	Dona Milne	Relevant Papers:	N/A
Corporate Risks:	N/A	Corporate Risk(s) if applicable:	N/A

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

Smoking cessation numbers for 2022/23 are below target.

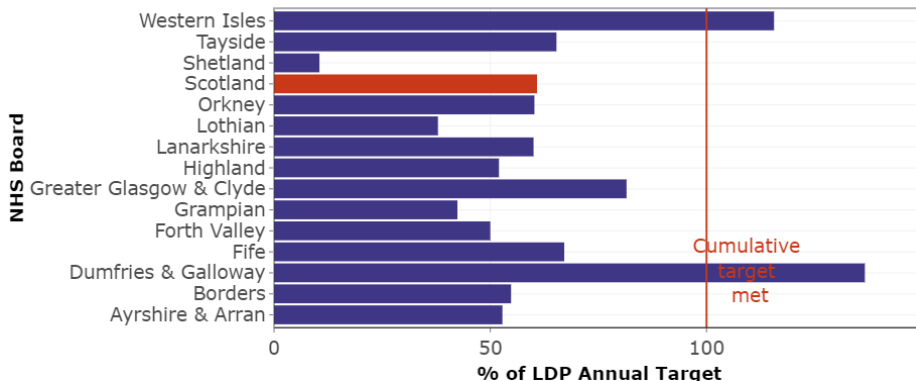
Most areas of the service continue to underperform but the decline in Community Pharmacy quit numbers continued during this period. Community Pharmacy quits accounted for 12% of projected quarterly target.

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (2022/23)	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).	112 Quit Attempts 2022/23	PHS	Moderate

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

- Recruitment to Pharmacy Assist Team to provide enhanced support for community pharmacy delayed by job evaluation.
- Action Plan in response to Internal Audit – actions in place by end February 2024.

Q3 2022-23 proportion of annual LDP target achieved



PRIMARY CARE

Reporting Month:	August 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:	High	Corporate Risk(s):	Risk 3829 - Sustainability of the model of general practice		
Performance Against Standard/Trajectory	Standard/ Trajectory	Latest Performance ()	Data Source	Assurance Level – Delivery by 2023/24	
N/A	Estimated General Practice (in hours) activity	N/A	DataLoch	N/A	
N/A	General Practice Out-of-Hours (LUCS) activity	N/A	Adastra	N/A	

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 of activity.

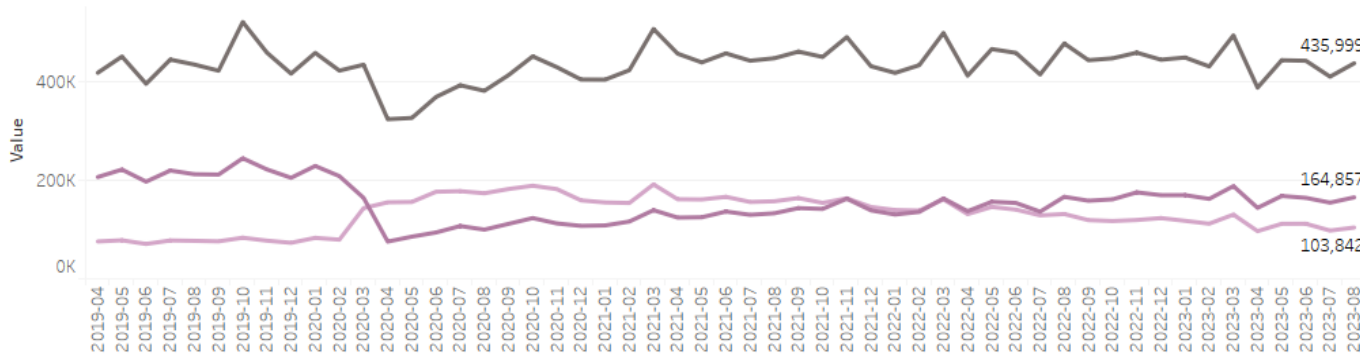
Background, what the data is telling us, underlying issues and risks:

- 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 recent activity is within normal variation, and is at a level slightly higher than that observed pre-pandemic. In August 2023 there was an estimated 436,000 patient consultations across the 117 General Practices in Lothian, the equivalent of around 19,000 consultations a day.
- There remains a significant challenge across primary care to meet patient demand with existing capacity, especially with increasing population pressures.
- 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 August 2023 was 2,370 patient consultations.

PRIMARY CARE (2)

Chart 1: Number of encounters in Lothian by month (ESTIMATE).

A



Measure

- GP Surgery Consultation
- GP Telephone Consultation
- Total Direct Encounters

Measure

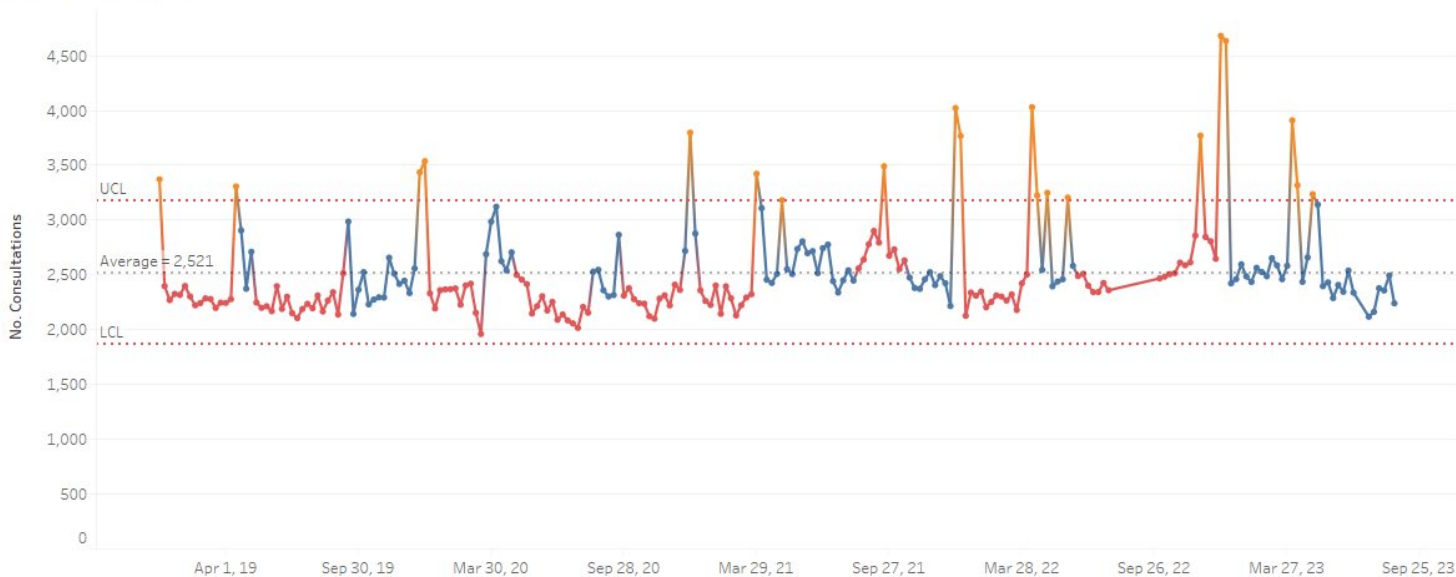
- GP Surgery Consultation
- GP Telephone Consultation
- Total Direct Encounters

NOTES:

1. Data are sourced from DataLoch.
2. An estimate of the number of encounters in Lothian is based on a sample of 32 practices

B

WEEKLY LUCS ACTIVITY - ALL



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 August 2023 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.

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 very high and high risks at Acute, REAS, HSCP level as well as corporate single system risks registers such as Public Health, Nursing and Pharmacy are therefore reviewed bi-annually by the CMT. The last review took place in July 2023.

- 3.2.2 There is a requirement that all very high and high divisional and corporate risks have plans in place to mitigate the risk which are monitored proactively. If the risk cannot be managed by a director, it will be escalated to CMT for discussion.

4. Key Risks

- 4.1. The risk register process fails to identify, control, or escalate risks that could have a significant impact on NHS Lothian.

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 & Safety Assurance Lead

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21 September 2023

List of Appendices

Appendix 1: Risk Assurance table

Risk Assurance Table – Executive/Director Updates

Datix ID	Risk Title & Description	Committee Assurance Review Date	
3600	<p>Finance</p> <p>There is a risk that the Board is unable to respond to the service requirements arising from the population growth in all age groups across NHS Lothian. This is because of a combination of the level of resource available both capital and revenue and uncertainty around future resource leading to inability to plan for, and deliver the additional capacity required.</p> <p>Executive Lead: Craig Marriott</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> November 2020 – F&R continued to accept limited assurance on the management of this risk. March 2021 – significant assurance accepted on the NHS Lothian ability to deliver a breakeven position in 2020/21 on the basis of the financial position as at 31 January 2021. Limited 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. August 2022 - 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. March 2023 - limited assurance accepted. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> No change to June/July update above, quarter 1 review is currently in progress 	
	Risk Grading:	CMT March 2023	CMT July 2023
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date
5186	<p>4 Hours Emergency Access Target</p> <p>There is a risk that NHS Lothian will fail to deliver safe and timely unscheduled care to patients presenting to EDs due to the volume and complexity of patients, challenges in managing flow through the department, especially when maintaining red Covid streams, and availability of beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients and therefore increased likelihood of patient harm and poor experience of care.</p> <p>New risk created from previous risks 3203 & 4688. Approved by June 2021 Board.</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"> • November 2020 - HGC accepted moderate assurance on the Winter plan which includes 4-hour performance in RIE ED • Unscheduled Care Winter Plan, May 2021 HGC accepted Significant Assurance with respect to the 4-Hr Emergency Access Target to March 2021 • Scheduled for review as part of acute service report at November 2022 meeting • May 2023 - HGC accepted limited assurance in relation to robustness of risk mitigation plans and likelihood of significant immediate impact. <p><u>Strategic Planning and Performance Committee</u> – Performance</p> <ul style="list-style-type: none"> • June 2021 – Board agreed downgrade of risk from very high to high • December 2021 – Board agreed upgrading from high to very high • 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. • May 2023 - SPPC provided limited assurance to HGC on performance aspects of this risk. <p><u>Outcome of Executive Lead Discussions</u></p> <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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>August 2023 Update</p> <ul style="list-style-type: none"> • An update on the performance aspects of the risk(s) will be provided to SPPC on 8 November to provide a level of assurance to HGC on performance aspect • A full update on the risk mitigation plans will be provided to HGC in November 2023 for assurance, alongside the Acute Services Annual Report. This will detail the effectiveness of the controls in place and actions deployed • Assurance walk-arounds are taking place, with outputs and learning from these being shared at the Acute Unscheduled Care Meeting to ensure there is Pan Lothian level sharing of knowledge across the sites and actions are rolled out as appropriate. 	
	Risk Grading:	CMT March 2023	CMT July 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 • May 2023 - HGC accepted limited assurance in relation to robustness of risk mitigation plans and likelihood of significant immediate impact. <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) 	

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		<ul style="list-style-type: none"> • September 2022 – Limited assurance accepted. • Paper to May meeting of SPPC to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25) deferred from the March SPPC due to the critical incident • May 2023 - SPPC provided limited assurance to HGC on performance aspects of this risk. <p><u>Outcome of Executive Lead Discussions</u></p> <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 <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • An update on the performance aspects of the risk(s) will be provided to SPPC on 8 November to provide a level of assurance to HGC on performance aspect. • A full update on the risk mitigation plans will be provided to HGC in November 2023 for assurance, alongside the Acute Services Annual Report. This will detail the effectiveness of the controls in place and actions deployed. • Assurance walk-arounds are taking place, with outputs and learning from these being shared at the Acute Unscheduled Care Meeting to ensure there is Pan Lothian level sharing of knowledge across the sites and actions are rolled out as appropriate. 	
	Risk Grading:	CMT March 2023 Very High 20	CMT July 2023 Very High 25

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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>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 being paused. A board-wide capital prioritisation exercise, including primary care requirements, has taken place PCIP trackers continue to be 'on track'. PCIP 6 trackers submitted May 2023 Five practices currently have closed lists to new patients <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> The design statement workshop is now scheduled for 31 August 2023 The delay continues on all capital projects due to SG decisions being paused PCIP trackers continue to be 'on track'. SG published a national summary of implementation progress in June 2023 Primary Care Improvement Plans: Summary of Implementation Progress at March 2023 - gov.scot (www.gov.scot) Primary Care Improvement Fund allocation letter received 9 August 2023 with confirmation of expected funding, however there is no additional funding provided to support Lothian's population growth Seven practices currently have closed lists to new patients

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	Risk Grading:	CMT March 2023	CMT July 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. • May 2023 - HGC accepted limited assurance in relation to robustness of risk mitigation plans and likelihood of significant immediate impact. <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 • May 2023 - SPPC provided limited assurance to HGC on performance aspects of this risk. 	

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		<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • There remains a continued focus on our clinical prioritisation approach (USoC, urgent and long waits). Further analysis and audits are underway to ensure we remain compliant with the priorities set • It is noted that Scheduled care is also tracked through the Performance Support Oversight Board • An update on the performance aspects of the risk(s) will be provided to SPPC on 8 November to provide a level of assurance to HGC on performance aspect. • A full update on the risk mitigation plans will be provided to HGC in November 2023 for assurance, alongside the Acute Services Annual Report. This will detail the effectiveness of the controls in place and actions deployed. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		Very High 20	Very High 25
5388	<p>HSDU Capacity</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</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 	

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	<p>appropriate competence to maintain and repair key equipment leading to closure of operating theatres and subsequent cancellation of patient operations impacting on quality of patient experience.</p> <p>New risk approved by Board June 2022.</p> <p>Executive Lead: Jim Crombie</p>	<ul style="list-style-type: none"> • August 2023 – Limited assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • No further failures noted with steam generation to date (as of 19th July 2023). • Service interruption occurred at the beginning of August which was successfully managed through our short-term resilience plan • Trial shift option SBAR with DCE Office for review prior to implementation which, if approved, may have a positive impact on potential output • IA development for new facility remains on track and will be presented to CIG in Q4 of 23/24. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		Very High 20	Very High 20
3828	<p>Nursing Workforce</p> <p>There is a risk that safe nurse staffing levels are not maintained as a consequence of additional activity, patient acuity and/or inability to recruit to specific posts. The subsequent high use of supplementary staffing to counteract shortfalls potentially leading to compromise of safe patient care impacting on length of stay and patient experience.</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. • Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan. • October 2020 – verbal update provided no new level of assurance agreed. • December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses 	

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	Executive Lead: Alison MacDonald	<p>across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation.</p> <ul style="list-style-type: none"> • May 2021 – Staff Governance accepted grading reduced from very high to high. • Paper went to Private Board August 2021 and agreed to increase grading from high to very high. Follow up paper to go to September 2021 Board. • December 2021 – Staff Governance accepted Moderate Assurance. • March 2022 – Staff Governance accepted Moderate Assurance. • The June 2022 Staff Governance accepted moderate assurance. • The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. • Verbal update given to December Committee and paper will be submitted to the February 2023 meeting. • February 2023 - moderate assurance accepted. • July 2023 - moderate assurance accepted. <p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • Implementation of plans to reduce off contract agency utilisation continues - reduction of 78% in month 1 • Further work is required on exit plans where block bookings are used • Revised recruitment processes are producing encouraging results with 751 new appointments, including 526 newly qualified registered nurses Recruitment process for newly qualified registered nursing staff has been amended to allow an unconditional offer to be made prior to completing training. In the very rare situation where a student does not qualify, they would be employed as band 4 until completed

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		<ul style="list-style-type: none"> • 218 new HCSWs appointed • Advert for band 4 final year students starts 8 August. 	
	Risk Grading:	CMT March 2023	CMT July 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>New risk approved by Board 12 August 2020.</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. • 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>June/July 2023 Update</u></p> <p>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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • All Legionella Risk Assessments and Water Safety Plans are now in place for NHS Lothian owned properties and PPP Estate

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		<ul style="list-style-type: none"> • Work remains for third-party sites to demonstrate full compliance with both Legionella Risk Assessments and Water Safety Plans • NHS Lothian Water Safety group has been established and is fully operational. The group oversees all aspects of water safety relating to NHS Lothian owned properties, the PPP Managed Estate, and third-party sites • Large scale re-mobilisation has taken place some time ago and it is suggested that this part of the overall risk is deemed as closed with all of our buildings now operating back under business as usual as relates to water safety management • Ownership of this risk has now transferred to deputy CEO to strengthen focus on mitigation plans through estates and facilities. The risk will be reviewed in the coming months to ensure that risk description conveys current residual risk. 	
	Risk Grading:	CMT March 2023	CMT July 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 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>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • New risk approved by Board June 2021 • Paper due to go to F&R August 2022. • October 2022 - Limited assurance accepted. • F&R December meeting received and supported a paper on Scottish fire and rescue services (SFRS) audit action plan. • August 2023 – limited assurance accepted. <p>Outcome of Executive Lead Discussions</p> <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. 	

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	<p>New risk approved by Board June 2021.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • Following the decant of ward 203 in late June, Consort has commenced fire containment works and some lifecycle works to make the ward suitable for decanting other wards into • A formal paper will be submitted to the Water safety Group detailing the requirement to align contractual standards with Health Protection Scotland guidance. This has now been drafted and awaits final costings from the PFI • Initial remedial works programme relating to window safety and maintenance is now complete. Full assurance and risk reduction cannot be offered until Capita, on behalf of NHS Lothian are satisfied with works complete. This will be ascertained via the current Audit programme underway. • Original distribution board electrical testing regime is now complete. We anticipate the Black Start Test to be undertaken in October 2023. • Measurement of the implementation and impact of the plan continues to come via the Executive Steering Group (ESG), RIE Estates & Facilities Improvement Group (EFIG) and key site stakeholders. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		High 15	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 poor patient and staff experience plus potential prosecution by HSE.</p> <p>Executive Lead: Alison MacDonald</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • October 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions. • December 2020 – moderate assurance accepted on processes in place, limited assurance on implementation of required actions, specifically on the use and provision of personal alarms. • May 2021 – Staff Governance accepted Limited Assurance re progress of actions to mitigate this risk and Moderate Assurance in terms of current staff safety. • December 2021 – Staff Governance Committee accepted reduction in the level of assurance to Limited assurance based on the internal audit findings. • March 2022 – verbal update provided to Staff Governance. • June 2022 - Staff Governance – accepted Moderate Assurance 	

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		<ul style="list-style-type: none"> • 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. • July 2023 - limited assurance accepted as training strategy not yet in place, however, positive feedback from members recognising significant work. Remaining workstreams received moderate assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <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 • 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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • The review of the risk assessment tool is complete and will be issued on 4 September 2023 • Communications around the new policy commencing August/September • The rollout of the Lone working devices is complete and is being monitored. Reminders are being sent to some areas in August.

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		CMT March 2023	CMT July 2023
	Risk Grading:	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 May 2023 – limited assurance accepted 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>June/July 2023 Update</u></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. 	

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		August 2023 Update <ul style="list-style-type: none"> July 2023 - verbal update provided to Staff governance committee, next risk update paper due October 2023 No other changes since July update. 	
	Risk Grading:	CMT March 2023	CMT July 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 leading to potential harm and poor experience for both staff and patients.</p> <p>Executive Lead: Alison MacDonald</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> January 2021 - Moderate assurance accepted. Standing item on HGC agenda. March 2021 – moderate assurance accepted overall, limited on ventilation systems in RIE theatres. May 2021 – HGC accepted Moderate Assurance against plans in place to deliver the standards. July 2021 and January 22 – HGC accepted Moderate Assurance against plans in place to deliver the standards. August 2021 Board received the HAI annual report and metrics continued to be monitored through the Board performance report. March 2022 – HGC accepted moderate assurance with respect to plans to mitigate this risk. July 2022 – HGC accepted moderate assurance. The risk mitigation plan is to report to HGC in the new year (23), with routine HAI reporting continuing to take place as per schedule. Risk mitigation paper to go to HGC in March 23. Next paper to HGC planned for April 23 as part of routine reporting. Risk mitigation paper to go to the May HGC Committee. May 2023 HGC moderate assurance accepted <p><u>Outcome of Executive Lead Discussions</u></p> <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 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Capacity of the central team remains a risk and is an issue across Scotland, including analytical capacity Surveillance posts are currently out to advert. <p>August 2023 Update</p> <ul style="list-style-type: none"> A SLWG is being convened to look at standard 1 (Governance and leadership, which includes workforce) of the HIS Infection prevention and control standards as agreed by the Infection control committee at the July meeting Paper to be presented to Nursing and Midwifery workforce programme board in September setting out current state and prioritisation of way forward – includes work force re-design Surveillance posts are now out to offer with expected start dates mid-September The CDI LDP target was met but not SAB or ECB, however, Lothian is performing better than other boards. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		High 16	High 16
5322	<p>Cyber Security</p> <p>There is a risk of cyber-attacks on clinical and business critical systems within NHS Lothian and interdependent third-party digital systems because of an increase in new threats including malware and ransomware which bypass most traditional defence systems, resulting in critical systems being unavailable, causing significant disruption to patient care, privacy and wider services.</p> <p>New risk approved by Board February 2022.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Finance and Performance Review Committee</u></p> <ul style="list-style-type: none"> Paper now planned to go to F&R May 2022 and for Board discussion May 2022. Paper presented to F&R 31 May 2022 and risk mitigation plans accepted. No specific level of assurance proposed or agreed. <p><u>Audit and Risk Committee</u></p> <ul style="list-style-type: none"> Agreed by the Board that the Audit & Risk Committee will now be the governance committee for this risk April 2023 - moderate assurance was accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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). SPPC 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. <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> Plans on target with progress regularly reported and monitored through management and governance structures Final NIS audit has now been received with no change to interim result (82%) Detailed plans will be presented to private session of the Board in August 2023 	
	Risk Grading:	CMT March 2023	CMT July 2023
		High 12	High 12
5510	<p>Royal Edinburgh Bed Occupancy</p> <p>There is a risk that patients do not receive safe and effective care due to high levels of bed occupancy, leading to increased risk of harm, poor patient and staff experience and impacting on flow, leading to overcrowding, patients having to be boarded overnight in other specialities, being placed out of area, or sleeping in areas within wards not designed for this purpose.</p> <p>New risk approved by Board December 2022.</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> A local operational group is in place with membership from REAS and the HSCPs. Performance and plans are reviewed every 2 weeks at REAS SMT. Assurance paper going to January 2023 Healthcare Governance Committee. Annual report submitted to January 2023 meeting, which included mitigation plans for REH bed capacity – moderate assurance accepted for the annual report. <p><u>Outcome of Executive Lead Discussions</u></p> <p><u>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>	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>Executive Lead: Calum Campbell</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. <p>August 2023 Update</p> <ul style="list-style-type: none"> • It has now been agreed that 110 is the maximum safe capacity. • HSPC locality staff still come together with REAS acute managers when 105 places are occupied to look at who we may be able to be supported at home so that we always have some capacity for admissions. The aim is to get to 90% occupancy. • St Johns Mental health beds continue to be utilised where necessary. • Difficulties with patients delayed in discharge are ongoing, particularly in Edinburgh. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		Very High 25	Very High 25
5687	<p>Inappropriate and Inadequate Accommodation in the Secure Estate</p> <p>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</p>	<p><u>Healthcare Governance Committee</u></p> <hr/> <p>Outcome of Executive Lead Discussions</p> <p>August 2023 Update</p> <ul style="list-style-type: none"> • New risk approved by Board August 2023 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	<p>staff as well as the potential for legal challenge against the level of security which is a risk to the organisation.</p> <p>New risk approved by Board August 2023.</p> <p>Executive Lead: Calum Campbell</p>		
	Risk Grading:		CMT August 2023
			Very High 25

Risks removed and rationale 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.

Risk ID	Opened	Risk Title	Recommendation	Rationale
4693	04/04/2019	Brexit/EU exit	Board approved closing the risk as per 1 December 2021 Board Corporate Register Paper	The potential risks have not materialised and will be kept under review nationally and locally.
3454	13/02/2013	Learning from Complaints	Board approved closing the risk as per 6 April 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review.
5034	29/06/2020	Care Homes	Board approved closing the risk 9 February 2022 Board Corporate Register Paper	The January 2022 Healthcare Governance accepted Moderate assurance with respect to management of complaints and the improvement plan that has recently been put in place along with the moderate risk grading. Given the level of grading and assurance, the CMT will be recommending to the Board that this risk be removed from the corporate risk register and be placed on the corporate nursing register for regular review. A paper in May 2022 will come to HGC setting out the proposed reporting schedule for complaints management as part of the wider Patient Experience Strategy reporting.
3189	16/02/2012	Facilities Fit for Purpose	Board approved closing the risk 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting.

Risk ID	Opened	Risk Title	Recommendation	Rationale
				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.
5187	23/06/2021	Access to Psychological Therapies	Board approved closing the risk 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed 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.
5188	23/06/2021	Access to CAMHS	Board approved closing the risk 23 August 2023 Board Corporate Register Paper	The grading of the risk was reduced to medium (8) and removal from the CRR agreed 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.
5360	06/04/2022	Public Health (Covid-19)	Board approved closing the risk 23 August 2023 Board Corporate Register Paper	It was agreed to stand down the COVID risk 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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				<p>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.</p>

NHS Lothian

Board Meeting
4th October 2023

Director of Finance

AUGUST 2023 FINANCIAL POSITION

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position for NHS Lothian as at Month 5.
- 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, 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 31st August 2023**

- 3.1 At Period 5, NHS Lothian reported a year-to-date overspend position of £6.5m against the Revenue Resource Limit. A summary of the year-to-date position 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 as at Month 5

	YTD £m
Pay	(2.0)
Non Pays	(35.3)
Income	11.4
Operational Position	(25.9)
Flexibility	19.4
Total	(6.5)

Year End Forecast

- 3.2 The year-to-date reported position of £6.5m is currently better than the pro-rata forecast position reported previously, largely as a result of additional funding to meet Agenda for Change cost increases within a number of in-year allocations which had not been hitherto assumed.
- 3.3 Further work will be carried out on the forecast as part of the mid-year review update to year-end projections. At this stage it is anticipated that there will be some improvement to the previous forecast overspend, however we still expect to retain a significant shortfall between projected spend and available resource. This update will be presented through the Finance and Resources Committee in the first instance.

Current Pressures

- 3.4 Against the year-to-date overspend, Acute drug expenditure is currently showing a year-to-date overspend of £5.8m. This is despite a further £15m of in-year New Medicines funding allocated recently by the Scottish Government and distributed against existing pressures.
- 3.5 The year-to-date position on GP Prescribing is currently reporting a £7.2m overspend despite IJBs releasing £5.7m of their residual uplift reserve. This position, however, is based on only 1 month of actual expenditure having been received, due to ongoing national delays and issues in reporting and processing actual GP Prescribing information. The lack of available information for NHS Lothian (and all boards) presents a significant financial risk.
- 3.6 Medical & Dental Pay continues to be an area of financial pressure in 23/24, with no reduction in expenditure trends. Junior Medical staffing costs continues to extend beyond available budget as gaps in rosters and ongoing restrictions of NES funding transfers the financial risk to NHS Lothian. The 23/24 pay uplift for Medical & Dental staff is due to be paid in September with arrears paid in October. Allocations for this uplift will not be confirmed or received until late October, after Month 6 reporting, and we will plan on full funding being received.

Efficiency Savings

- 3.7 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 £5m of new schemes have been identified totalling £46.4m of schemes, however the forecast delivery against these schemes is £6.4m short based on assessment at month 5.
- 3.8 At period 5, £14.5m of savings have been achieved against a year-to-date plan of £18m, leaving a £3.5m shortfall. This position is shown by Business Unit in table 2 along with the forecast delivery against planned.

Table 2: Efficiency Savings - Achieved

	3% Efficiency Target £'000	Cash Releasing Plans £'000	CY Forecast @ M05 £'000	CY Projected Shorfall £'000	Planned April - August £'000	Achieved April - August £'000	Shortfall April - August £'000
Acute Services Division	24,004	21,487	16,879	(4,607)	7,524	6,092	(1,432)
East Lothian Partnership	2,384	1,977	1,977	0	657	512	(145)
Edinburgh Partnership	10,024	5,367	4,880	(488)	2,215	2,084	(131)
Midlothian Partnership	2,122	1,708	1,744	36	712	700	(12)
West Lothian Hsc Partnership	3,916	3,767	3,579	(188)	1,447	1,609	162
Directorate Of Primary Care	139	739	739	0	308	308	0
Reas	3,044	2,835	2,829	(6)	831	825	(7)
Facilities	3,865	4,077	4,088	11	1,993	1,603	(391)
Corporate Services	4,897	4,082	3,298	(784)	2,293	805	(1,488)
Inc + Assoc Hlthcare Purchases	387	387	0	(387)	97	0	(97)
Total	54,782	46,427	40,013	(6,414)	18,076	14,536	(3,540)

3.9 Efficiency scheme delivery has been discussed as part of the Quarter 1 review meetings with Service areas, with specific focus on those schemes that are behind target to date and the other potential opportunities available to achieve the 3% efficiency delivery.

3.10 Efficiency delivery continues to 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 (3%) target identified.

4 Quarterly Review

4.1 Quarter 1 meetings with Business Units have now concluded. As well as discussing the progress of efficiency saving schemes, services were provided with an opportunity to highlight key cost pressures impacting on their ability to operate within available resource. This information has been collated, and a paper will be presented to the Executive Leadership Team with a proposal on how the £18m Sustainability funding received from the Scottish Government might be allocated against the pressures identified. An update will be reported back to the Board at its December meeting. This exercise will have no impact on the overall financial position for Lothian, as all resources are already factored into projections.

4.2 Following conclusion of the quarterly meetings, the next steps in anticipation of the mid-year update 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 output from Quarterly review discussions to establish risks to financial forecast and options for 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.

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 outcome 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.

Craig Marriott

Director of Finance

21st September 2023

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List of Appendices

Appendix 1 - NHS Lothian Income & Expenditure Summary to 31st August 2023

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st August 2023

Appendix 3 – Updated Risk Register

Appendix 1 - Lothian Income & Expenditure Summary to 31st August 2023

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	326,523	136,666	144,398	(7,732)
Nursing	611,803	255,191	251,661	3,530
Administrative Services	197,105	86,142	83,330	2,812
Allied Health Professionals	110,729	46,637	46,378	259
Health Science Services	52,276	22,619	22,479	140
Management	8,087	3,330	3,113	218
Support Services	95,204	39,947	42,190	(2,243)
Medical & Dental Support	17,785	7,477	7,543	(67)
Other Therapeutic	63,141	26,026	25,147	879
Personal & Social Care	3,595	1,249	1,084	165
Other Pay	(13,649)	(13,617)	(13,970)	353
Emergency Services	0	0	14	(14)
Vacancy Factor	(677)	(282)	0	(282)
Pay	1,471,921	611,386	613,367	(1,982)
Drugs	141,305	58,329	64,130	(5,801)
Medical Supplies	95,631	43,208	49,437	(6,228)
Maintenance Costs	5,974	2,828	5,754	(2,926)
Property Costs	53,901	19,863	20,235	(372)
Equipment Costs	32,216	9,146	13,270	(4,124)
Transport Costs	8,444	3,659	4,724	(1,065)
Administration Costs	181,115	24,011	28,820	(4,809)
Ancillary Costs	11,915	4,934	7,140	(2,206)
Other	386	(18,602)	(18,626)	24
Service Agreement Patient Serv	33,895	13,184	12,886	298
Savings Target Non-pay	83	75	0	75
Resource Trf + L/a Payments	114,718	56,514	56,870	(357)
Non-pay	679,581	217,148	244,640	(27,492)
Gms2 Expenditure	125,314	61,144	61,800	(655)
Ncl Expenditure	813	339	382	(43)
Other Primary Care Expenditure	87	36	30	6
Pharmaceuticals	159,469	66,374	73,539	(7,165)
Primary Care	285,682	127,893	135,751	(7,858)
Other	(486)	(172)	(293)	121
Income	(341,676)	(151,892)	(163,298)	11,406
Extraordinary Items	0	0	76	(76)
CORE POSITION	2,095,022	804,362	830,242	(25,880)
Reserves/ Flexibility	19,383	19,383	0	19,383
TOTAL	2,114,405	823,745	830,242	(6,498)

Appendix 2 - NHS Lothian Summary by Operational Unit to 31st August 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	(6,465)	(33)	(333)	(89)	24	(102)	(477)	85	(26)	(262)	(54)	0	(7,732)	0	(7,732)
Nursing	15	1,199	3,139	348	1,104	142	(337)	(1,715)	(47)	(217)	(102)	0	3,530	0	3,530
Administrative Services	245	129	587	(72)	115	(58)	(177)	2,121	75	144	(297)	0	2,812	0	2,812
Allied Health Professionals	(997)	189	649	92	398	(11)	(69)	(18)	25	0	0	0	259	0	259
Health Science Services	(137)	0	457	(10)	4	12	(1)	(189)	(16)	0	21	0	140	0	140
Management	(62)	6	1	9	0	(8)	4	91	(1)	175	3	0	218	0	218
Support Services	17	0	40	10	2	(29)	75	(47)	(2,358)	49	0	0	(2,243)	0	(2,243)
Medical & Dental Support	(504)	40	14	0	0	312	3	68	0	0	0	0	(67)	0	(67)
Other Therapeutic	20	148	444	16	35	3	307	(85)	(4)	0	(5)	0	879	0	879
Personal & Social Care	(13)	5	48	0	0	7	16	102	0	0	0	0	165	0	165
Other Pay	20	0	17	0	0	15	20	96	0	0	184	0	353	0	353
Emergency Services	0	0	0	0	0	0	0	0	(14)	0	0	0	(14)	0	(14)
Vacancy Factor	(9)	0	(307)	0	0	34	0	0	0	0	0	0	(282)	0	(282)
Savings Target Pay	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pay	(7,869)	1,684	4,757	303	1,682	317	(635)	508	(2,367)	(111)	(250)	0	(1,982)	0	(1,982)
Drugs	(4,214)	(193)	(435)	(137)	(18)	(270)	(421)	254	(1)	(366)	0	0	(5,801)	0	(5,801)
Medical Supplies	(4,427)	(200)	(834)	(63)	(282)	(216)	(45)	(79)	(83)	(0)	0	0	(6,228)	0	(6,228)
Maintenance Costs	(369)	(61)	(65)	(82)	(73)	(21)	(99)	(52)	(2,104)	0	0	0	(2,926)	0	(2,926)
Property Costs	(4)	51	35	101	(19)	85	8	(24)	(605)	0	0	0	(372)	0	(372)
Equipment Costs	(1,865)	(189)	(351)	(79)	(165)	22	(181)	(480)	(833)	(1)	(1)	0	(4,124)	0	(4,124)
Transport Costs	(453)	(104)	(60)	(56)	(42)	(23)	(22)	(41)	(265)	9	(1)	(8)	(1,065)	0	(1,065)
Administration Costs	(978)	(20)	372	113	296	39	(83)	(1,238)	(20)	(3,308)	6	12	(4,809)	0	(4,809)
Ancillary Costs	(274)	(13)	5	0	5	16	(25)	(502)	(1,419)	0	(0)	0	(2,206)	0	(2,206)
Other	(4)	(0)	(3)	0	(0)	(1)	0	43	(11)	0	0	0	24	0	24
Service Agreement Patient Serv	(49)	(37)	44	(24)	(37)	(16)	820	(41)	(17)	0	(1)	(346)	298	0	298
Savings Target Non-pay	(0)	0	0	0	0	0	0	75	0	(0)	0	0	75	0	75
Resource Trf + L/a Payments	(33)	(139)	(91)	(25)	(6)	0	(19)	(34)	(8)	0	0	0	(357)	0	(357)
Non-pay	(12,671)	(904)	(1,382)	(252)	(340)	(386)	(67)	(2,120)	(5,364)	(3,667)	3	(341)	(27,492)	0	(27,492)
Gms2 Expenditure	(2)	(164)	(384)	(139)	62	(3)	(4)	(16)	(5)	0	0	0	(655)	0	(655)
Ncl Expenditure	0	0	0	0	0	(43)	0	0	0	0	0	0	(43)	0	(43)
Other Primary Care Expenditure	6	0	0	0	0	0	0	0	0	0	0	0	6	0	6
Pharmaceuticals	0	(903)	(2,931)	(742)	(1,686)	(903)	0	(0)	0	0	0	0	(7,165)	0	(7,165)
Primary Care	4	(1,067)	(3,315)	(881)	(1,624)	(949)	(4)	(17)	(5)	0	0	0	(7,858)	0	(7,858)
Other	0	0	(8)	0	0	0	0	0	0	0	0	129	121	0	121
Income	1,464	25	(36)	16	38	24	(0)	336	764	2,393	245	6,138	11,406	0	11,406
Extraordinary Items	0	0	0	0	0	0	0	0	0	(76)	0	0	(76)	0	(76)
CORE POSITION	(19,073)	(263)	15	(815)	(244)	(994)	(706)	(1,292)	(6,972)	(1,461)	(1)	5,926	(25,880)	0	(25,880)
Reserves/ Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	19,383	19,383
TOTAL	(19,073)	(263)	15	(815)	(244)	(994)	(706)	(1,292)	(6,972)	(1,461)	(1)	5,926	(25,880)	19,383	(6,498)

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