

Agenda

10:30 - 10:35 **1. Welcome**
5 min
Verbal John Connaghan

10:35 - 10:37 **2. Apologies for Absence**
2 min
Verbal John Connaghan

10:37 - 10:40 **3. Declaration of Interests**
3 min
Verbal John Connaghan

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

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

Items for Approval or Noting

10:40 - 10:45 **4. Items proposed for Approval or Noting without further discussion**
5 min
Decision John Connaghan

4.1. Minutes of Previous Board Meeting - 04 October 2023

For Approval John Connaghan

 4.1 04-10-23 Public Board Minutes (draft to mtg).pdf (9 pages)

4.2. Staff Governance Committee Minutes - 26 July 2023

For Noting Bill McQueen

 4.2 Staff Governance Committee Minutes- 26.07.2023.pdf (10 pages)

4.3. Finance and Resources Committee Minutes - 09 August 2023

For Noting Angus McCann

 4.3 Finance & Resources Committee Minutes - 09.08.2023.pdf (5 pages)

4.4. Audit and Risk Committee Minutes – 21 August 2023

For Noting *Martin Connor*

 4.4 Audit & Risk Committee Minutes - 21.08.2023.pdf (6 pages)

4.5. Healthcare Governance Committee Minutes - 26 September 2023

For Noting *Fiona Ireland*

 4.5 Healthcare Governance Committee Minutes - 26.09.2023.pdf (7 pages)

4.6. Midlothian Integration Joint Board Minutes - 24 August 2023

For Noting *Val de Souza*

 4.6 Midlothian IJB Minutes 24.08.2023.pdf (13 pages)


4.7. West Lothian Integration Joint Board Minutes - 19 September 2023

For Noting *Bill McQueen*

 4.7 West Lothian IJB Minutes 19.09.2023.pdf (7 pages)

4.8. East Lothian Integration Joint Board Minutes - 21 September 2023

For Noting *Shamin Akhtar*

 4.8 East Lothian IJB Minutes 21.09.2023.pdf (9 pages)

4.9. Edinburgh Integration Joint Board Minutes - 21 September 2023

For Noting *Katharina Kasper*

 4.9 Edinburgh IJB Minutes 21.09.23.pdf (7 pages)

4.10. Appointments of Members to Committees and Integration Joint Boards

For Approval *Darren Thompson*

 4.10 Board Appointments Report (06.12.23).pdf (4 pages)

4.11. Drug Related Deaths Annual Report

For Noting *Dona Milne*

 4.11 NHS Lothian Drug Related Deaths Report (06.12.2023).pdf (31 pages)

Items for Discussion

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

5 min

Verbal *John Connaghan*

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

10 min

Discussion *Calum Campbell*

 6. Board Executive Team Report - 06 December 2023.pdf (15 pages)

11:00 - 11:05 7. Opportunity for Committee Chairs or IJB Leads to Highlight Material Items for Awareness

5 min

Verbal *John Connaghan*

11:05 - 11:25
20 min

8. Capital Prioritisation Process

Discussion *Colin Briggs & Craig Marriott*

 8. Board Capital Prioritisation Process (06.12.2023).pdf (7 pages)

11:25 - 11:45
20 min

9. Corporate Objectives and Lothian Strategic Development Framework Mid-Year Review

Discussion *Colin Briggs*

 9. Corporate Objectives and LSDF Mid-Year Review (06.12.2023).pdf (9 pages)

11:45 - 11:55
10 min

10. NHS Lothian Annual Delivery Plan 2023/24

Discussion *Colin Briggs*

 10. Board Annual Delivery Plan (06.12.2023).pdf (14 pages)

11:55 - 12:05
10 min

BREAK

12:05 - 12:15
10 min

11. NHS Lothian Child Poverty Activity Report

Discussion *Dona Milne*

 11. NHSL Board Child Poverty Activity Report.pdf (6 pages)

12:15 - 12:45
30 min

12. NHS Lothian Board Performance Paper

Discussion *Jim Crombie*

 12. NHSL Board Performance Paper (06.12.2023).pdf (21 pages)

12.1. RIE: Unscheduled Care Diagnostic Review

Discussion *Michelle Carr*

 12.1 RIE - Unscheduled Care Diagnostic Review (inc Appendix) (06.12.23).pdf (17 pages)

12:45 - 13:05
20 min

13. September 2023 Financial Position and Year-End Forecast Update

Discussion *Craig Marriott*

 13. NHS Lothian 2324 finance Report (06.12.2023).pdf (7 pages)

13:05 - 13:15
10 min

14. Corporate Risk Register

Discussion *Tracey Gillies*

 14. Corporate Risk Register Board Paper (06.12.2023).pdf (26 pages)

14.1. Corporate Risk - Royal Infirmary of Edinburgh Fire Safety

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

5 min

Verbal

John Connaghan

13:20 - 13:25 **16. Reflections on the Meeting**

5 min

Verbal

John Connaghan

13:25 - 13:30 **17. Date of Next Meeting**

5 min

For Noting

John Connaghan

07 February 2024

Minutes of the meeting of Lothian NHS Board held at 09.30am on Wednesday 04 October 2023 in the Carrington Room, Inverleith Building, Western General Hospital, Edinburgh EH4 2LF.

Present:

Non-Executive Board Members: Mr P. Murray (Vice Chair) **Chairing**; Cllr S. Akhtar; Ms N. Akta; Mr P. Allenby; Cllr H. Cartmill; Mr A. Cogan; Mr M. Connor; Mr A. Fleming; Ms E. Gordon; Mr G. Gordon; Prof J. Innes; Cllr S. Jenkinson; Mr P. Knight; Mr B. McQueen; and Ms V. de Souza.

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

In Attendance: Mr J. Crombie (Deputy Chief Executive); Ms J. Butler (Director of Human Resources & Organisational Development); Ms M. Campbell (Director of Estates & Facilities); Ms M. Carr (Chief Officer, Acute Services); Dr J. Long (Director of Primary Care); Ms J. Mackay (Director of Communications & Public Engagement); Ms T. McKigen (Services Director, Royal Edinburgh Hospital & Associated Services); Ms M. Barrow (Chief Officer, Midlothian IJB); Ms L. Berry (General Manager, East Lothian Rehab Service & Chief AHP attending for Ms F. Wilson); Mr D. Thompson (Board Secretary) and Mr C. Graham (Secretariat Manager, minutes).

In Attendance for Item 47: Ms L. Hutchison, Head of Equality & Human Rights, NHS Lothian; Ms C. Maitland Francis, Education Facilitator, Theatres & Anaesthetics, RIE; Dr S. Buck, Independent Researcher on Project Team and Ms J. Ferguson, NHS Lothian Charity Director

Apologies for absence: Prof. J. Connaghan (Chair); Ms T. A. Miller (Employee Director and Non-Executive Board Member); Mr A. McCann (Non-Executive Board Member); Ms K. Kasper (Non-Executive Board Member); Miss F. Ireland (Non-Executive Board Member); Cllr D. Milligan (Non-Executive Board Member); Mr C. Briggs (Director of Strategic Planning) and Ms F. Wilson (Chief Officer, East Lothian IJB).

42. Declaration of Interests

42.1 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

43. Items proposed for Approval or Noting without further discussion

- 43.1 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.
- 43.2 Minutes of Previous Board Meeting held on 23 August 2023 – Minutes were approved.
- 43.3 Healthcare Governance Committee Minutes – 18 July 2023 – Minutes were noted.
- 43.4 Audit and Risk Committee Minutes – 19 June 2023 – Minutes were noted.
- 43.5 Midlothian Integration Joint Board Minutes – 22 June 2023 – Minutes were noted.
- 43.6 East Lothian Integration Joint Board Minutes – 22 June 2023 – Minutes were noted.
- 43.7 Edinburgh Integration Joint Board Minutes – 08 August 2023 – Minutes were noted.
- 43.8 West Lothian Integration Joint Board Minutes – 08 August 2023 – Minutes were noted.
- 43.9 Pharmacy Practices Committee Decisions Quarterly Report – The Board noted the report and the intention that future reports on Pharmacy Practices Decisions would be provided to the Board on a quarterly basis.
- 43.10 NHS Lothian 2024/5 Board and Committee Meeting Dates – The Board approved the submitted meeting dates for 2024/5
- 43.11 Appointment of Members to Committees and Integration Joint Boards – The Board agreed the recommendations in the paper, as follows:
- **To 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.
 - **To 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.

ITEMS FOR DISCUSSION

44. Board Chair's Report – August 2023

44.1 The Chair gave a verbal update, highlighting the following:

- NHS Lothian Celebrating Success Awards – September 2023 – This had been a professional and enjoyable event and it had been a joy to see the happiness of staff, both nominees and award winners.
- NHS Lothian Ministerial Annual Review – This had been scheduled for 18 October but had now been cancelled by Scottish Government and would be rescheduled to take place in March 2024.
- City of Edinburgh IJB Chief Officer Appointment – To note Mr Pat Togher's appointment to the post. Mr Togher would be starting in early November. The Chair thanked Mr Massaro-Mallinson for his contributions in undertaking the interim Chief Officer role.
- IJB Chairs and Vice Chairs Event Glasgow – The Chair mentioned the recent event which had been useful for information sharing around areas such as the proposed establishment of a National Social Work Agency.

45. Board Executive Team (BET) Report – October 2023

45.1 The Chief Executive presented the report. Discussions and questions from Board members highlighted more detail on the following points:

- Capital Reprioritisation – The Board noted that a Scottish Government decision is still pending around availability of funding for capital projects. The Deputy Chief Executive confirmed that a report on the results of the Board's most recent prioritisation of capital projects would be brought to the December Board Meeting.
- Healios Funding (CAMHS) – The reduction in Healios funding from Scottish Government, three weeks prior, had been greater than expected. The second tranche of funding was not expected until December. This would mean a shortfall, stopping the use of the Healios system. Modelling was underway to analyse and understand the impact of this. An expected impact was that CAMHS waiting times would reduce more slowly than previously anticipated.
- Bed System and Capacity Model – The Deputy Chief Executive reported on the ambition to have the model in place earlier, but this was now expected to be the start of November 2023. A mobilisation session had already taken place and the development of appropriate governance arrangements around access to data was progressing.
- Strategic Review of Analytics – This was part of the overall approach to big data and what to do going forward. Following the report commissioned in 2022 by NHS Lothian and the need to review the current SLA with Public Health Scotland (PHS), progress would now be made, with support from Partnership, oversight from the Executive Leadership Team and the equivalent oversight structure in PHS.
- Nursing & Midwifery Workforce Supply & Demand – The improving numbers in the update were noted. The initiative around offering one shift/week to final year student nurses was welcomed.

- Lothian Clinical Academic Research Gateway Awards – This good news story was noted. There was discussion around publicity of such achievements. The Executive Medical Director reported that an R&D Office Annual Report is produced detailing such achievements and last year’s report would be circulated for the Board’s interest.
- Open University Programme Pilot – The Executive Nurse Director confirmed this programme would continue but noted that numbers were restricted due to the funded places available to the Open University. Discussions with other universities on a similar approach were taking place.
- Consort and RIE – The Director of Finance highlighted the Audit Scotland infrastructure report and capital liability against PFI projects. The current primary focus with Consort remained on resolving key fire safety issues at the Royal Infirmary of Edinburgh.
- Emergency Access Standard (EAS) Improvement Programme - The Chief Officer for Acute Services outlined progress with the programme. The Board noted that the 70% access target had not been achieved but there had been a number of demonstrated safety and patient flow improvements, as well as a reduction in patient waits. The introduction of the “Manchester Triage System” was also noted. The Improvement Programme had now been extended to end of December 2023, with external partners now involved to assist the programme widening out to pathways in RIE and out to the HSCPs.
- Wellbeing Strategy ‘Work Well’ – The Director for HR & OD explained that the Wellbeing Strategy was in its third year and that progress continued to be monitored via the Staff Governance Committee.

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

- Midlothian IJB – Ms de Souza reported on a recent meeting between the IJB, senior civil servants and COSLA. This had been to discuss £1.4M of Scottish Government funding that had not been transferred across to the IJB from the local authority. It had been clear from the meeting that the intent of the funding letter from Scottish Government had been interpreted differently by the local authority/COSLA and the IJB. Unfortunately, the Scottish Government had not provided clarification on its original intent. Concerns had been raised by the IJB Chair with the Cabinet Secretary, in writing. The Director of Finance commended Ms de Souza for taking these issues forward as the number of contentious areas between local authorities and IJBs was growing. Board members acknowledged the need to continue highlighting amongst all stakeholders and partners the projected future population growth in Lothian and the significant resource impacts this was expected to have for health and social care delivery.
- Healthcare Governance Committee - Mr Fleming provided an update from the September committee meeting (having chaired the meeting on behalf of Ms Ireland):
 - The committee had received annual reports from all four HSCPs, reporting on the systems and activities in place to deliver safe effective and person-centred care. As part of this, the Edinburgh HSCP annual report and risk mitigation plan on Bed occupancy and delayed discharges had been discussed. In light of the performance and workforce pressures, the Committee had agreed to take only limited assurance that Edinburgh HSCP had appropriate systems in place to manage safe, effective, and person-centred care at this time. The Executive Medical Director emphasised that this assurance level was in relation to the systems in place to deliver patient care and in balancing care in patients’ own homes against those in hospital waiting

to come out. This was of particular concern moving into the winter months. A further report would come back to the January 2024 HGC meeting.

- It was noted that the HGC planned to simplify and standardise its assurance reporting. This would make it easier for officers to prepare the reports but also easier for the Committee to assess the assurance level and draw appropriate comparisons across HSCPs and different service areas.

47. Independent Advisory Group on NHS Lothian's Historical Connections to Transatlantic Slavery: Recommendations to NHS Lothian Board

47.1 The Deputy Chief Executive introduced the Report to the Board. This included a number of recommendations, based on the work of an Independent Advisory Group, through which the Board might acknowledge and respond to the Royal Infirmary of Edinburgh's historical connections with slavery and further progress the Board's commitment to be an anti-racist organisation. He acknowledged that everyone involved in the underpinning research and in the drafting of the final report and recommendations had approached the complex and challenging subject matter with a great deal of careful thought and balance. It was noted that the initial research behind the recommendations had been funded by the NHS Lothian Charity.

47.2 The Head of Equalities and Human Rights was welcomed to the meeting and she introduced two members of the Independent Advisory Group (Ms Maitland Francis and Dr Buck). Together, they explained the background to the Independent Advisory Group's work, its research findings, and the reasons for the recommendations presented to the Board. They each reflected upon their personal contributions and experiences during the project. The Head of Equalities and Human Rights commended the proposed recommendations to the Board, as a suitable means of acknowledging the past and offering non-financial reparative actions.

47.3 Board members welcomed this important piece of work and offered thanks to everyone involved with the Independent Advisory Group for their time, expertise, and commitment to engaging with complex and challenging issues in order to develop the recommendations presented.

47.4 In scrutinising the Report's content and its recommendations, Board members discussed and sought greater understanding on a range of issues, including:

- Comparative approaches taken by other public and private institutions with similar historical connections, and the extent and scope of their resulting actions.
- The potential format and content of a public apology, as called for by one of the Report's recommendations, and how this could be made in a meaningful way.
- The likely composition and leadership of the proposed Implementation Group, and how this might continue to harness expertise from within the previous Independent Advisory Group.

47.5 It was agreed that any Implementation Group should be chaired by a non-executive member of the Board. Proposed actions would first be considered through the Corporate Management Team, particularly those requiring any additional resources, and governance and assurance oversight would be provided by the Healthcare Governance Committee. The Group's first priority should be to consider the format and content of an apology.

47.6 The Board offered its thanks to all involved in the Independent Advisory Group and particularly to the members who had come to present the Report. Noting that the specific

details of delivery would be subject to further planning and consideration by the proposed Implementation Group, the Board agreed to accept the recommendations within the paper.

48. Winter Planning

- 48.1 The Deputy Chief Executive introduced the paper, updating the Board on progress with winter planning and highlighting the proforma responses made to Scottish Government on the current NHS Lothian position.
- 48.2 The Board noted previously reported resilience initiatives for winter, around discharge without delay, hospital to home, ringfencing of orthopaedic care and delayed discharge patients support. There would also be additional capacity in place from 06 November 2023, with the opening of the new vanguard unit.
- 48.3 Another part of the Board's resilience had been the introduction of whole system pressures leadership meetings which had been brought during the previous winter.
- 48.4 The Board acknowledged the completed winter planning checklist submitted to Scottish Government, using the template provided. The desire to offer an accurate and honest reflection of the anticipated challenges for the Board had resulted in the inclusion of a number of "No/Partial" responses to sections of the questionnaire. It was felt this was the appropriate and right thing to do.
- 48.5 It was noted that the format of the template checklist had not been the subject of consultation prior to its issue by the Scottish Government. The Board acknowledged and endorsed the Chief Executive's view that a transparent response, such as the one provided, was the most appropriate and useful approach for planning purposes. The Board noted that there had been no response from Scottish Government on the submitted checklist and, as of yet, no opportunity for discussion as Scottish Government had cancelled several scheduled meetings.
- 48.6 The Board also discussed the potential for late funding from Scottish Government for areas such as interim beds, business continuity planning and resilience exercises. The Director of Public Health reported that an annual assurance report on resilience planning is provided to Healthcare Governance Committee. It was agreed that there would be further discussion on this scheduled for one of the Strategy, Planning and Performance Committee meetings, to ensure a shared awareness amongst all non-executive Board members.
- 48.7 There was consideration around the risks on the Board's Corporate Risk Register and the high levels these were at which meant little room for adjustment or manoeuvre with mitigation plans. New covid variants were also mentioned and the Director of Public Health confirmed there had been a variant of interest identified but this was a variant of not concern but was being monitored. The National IMT had been stood up for weekly meetings and then stood down again. Currently there were no significant concerns, and the new vaccine was now being used.
- 48.8 The Board agreed to note the submission of the winter planning checklist to the Scottish Government and the major risks identified within this submission.

49. NHS Lothian Board Performance Report

- 49.1 The Deputy Chief Executive presented the Board Performance Paper, highlighting key messages around primary care activity; population and demographic challenges to primary care and GP out of hours (LUCS) performance.
- 49.2 The Board noted that the report had used July data, as the most up to date validated information and whilst there was an improvement against previously reported waiting times, current management information was showing a significant increase in delayed discharges. The Scottish Government's decision not to replace interim care bed funding was likely to add to the acute sector backlog.
- 49.3 The updates around the Emergency Access Standard (EAS) Improvement Programme and REAS situation as previously referred to under the Board Executive Team report, were noted.
- 49.4 The Board discussed the flatlining of the 12 weeks 1st Outpatient appointment chart, improvement actions, timescales and when improvements may be seen. The Deputy Chief Executive explained that the activity profile was now up to and beyond pre-pandemic levels, using both face-to-face and virtual appointments to drive that performance. However, changes to referral urgencies had seen allocation of first appointments going to the most prioritised patients, with more routine patients having to wait longer. It was recognised that there was not sufficient context to explain the graph, and a further deep dive could be picked up in Strategy, Planning and Performance Committee (SPPC) as the Board's committee structure allows for. Discussion at SPPC should also consider the Performance Overview coversheet and whether this could be adapted to better highlight immediate performance concerns for focus to the Board.
- 49.5 There was further discussion on trends, stability, and significant challenges within primary care. The Director for Primary Care explained that activity remained stable and in line with normal variation. However, data measured activity, rather than demand. Some indication of demand was provided where practices had to close their lists and eight practices in Lothian were operating with closed lists. As such, whilst the position was stable overall, there were pockets of relative instability that needed to be managed and these areas of heightened risk had been recognised in risk mitigation plans.
- 49.6 Discussion also covered access to additional capacity from NHS Fife's National Treatment Centre for orthopaedics and the Golden Jubilee National Treatment Centre. The Chief Officer for Acute Services confirmed that the process for using Fife had started, with the first patients expected to be treated in November. However, these numbers were small, around fifty per month. In relation to Golden Jubilee the Chief Executive indicated his intention to raise with Scottish Government the fact that additional resources appeared to have been allocated without full and fair consideration of the needs of each Board.
- 49.7 The Board agreed to note the performance across NHS Lothian in relation to the metrics included in the paper. Assurance levels for expected delivery against key national standards and local trajectories by the end of 2023/24 were noted and the Board acknowledged that deeper analysis regarding the mitigation plans, or assurance provided for the corporate risks would be addressed via existing governance channels and designated board sub-committees.

50. Corporate Risk Register

- 50.1 The Executive Medical Director presented the paper. The Board noted that there were no new risks or risks being de-escalated for discussion. There were several risks sitting at the highest level which, as previously discussed by the Board, meant that the impacts of additional risk mitigation were constrained with less opportunity for manoeuvre.
- 50.2 There was discussion on the improved narrative in the report. The Executive Medical Director explained that it was important for the Board to have an indication of the number of Board risks that remain at the highest level of risk overtime and were not able to be reduced.
- 50.3 The Chief Executive added that, in the face of such sustained and extremely high risks, it was likely that significant and difficult decisions would need to be considered at both national and local levels around revenue funding, capital infrastructure, and staffing. The Board discussed the mechanisms available to consider its choices locally and in concert with other boards, recognising that it was challenging to do so without clarity, at a national level, on strategic direction and available resources. The current approach to developing Board Annual Delivery Plans was insufficient for this purpose. It was acknowledged that the coming winter would be especially challenging and would exacerbate existing risks even further.
- 50.4 The Board accepted the August 2023 updates provided by leads concerning the risk mitigations, as set out in the assurance table in Appendix 1 of the paper.

51. NHS Lothian 2022/23 Financial Position

- 51.1 The Director of Finance provided an update to the Board on NHS Lothian's financial position at Month 5. Although the position was ahead of trajectory, the year-end forecast remained unchanged as the impact of winter, fuel and inflation was still to work through. There was also sustainability funding received that had not been allocated out yet. Allocation decisions would go through the Corporate Management Team.
- 51.2 There was discussion on recurrent and non-recurrent pay award funding; the 3% efficiency target; concerns around the delays with GP prescribing data which can have a significant financial impact; nurse agency use and the need to switch off agency use over the next couple of months with a lot of staff coming in. Mid-year reviews and year end forecasting was progressing with a view to thinking about 2024/25 and financial planning for the year ahead.
- 51.3 The potential cost impact of unused prescribed medication was raised and considered, based on the anecdotal experience of one non-executive Board member. The Executive Medical Director explained that legislation in this area, including the Medicines Act, imposed restrictions on how unused medicines must be disposed of, once prescribed. However, there were protocols in place to try and prevent oversupply and manage resources efficiently. She agreed to provide further detail if required. It was also noted that the Finance and Resources Committee was planning to hold a development session on prescribing within NHS Lothian, where this issue would be covered.
- 51.4 The Board accepted that based on information available at this stage, only limited assurance could be agreed on NHS Lothian's ability to deliver a breakeven position in 2023/24, based on assumptions around additional funding.

52. Any Other Business

52.1 No other items of competent business were identified.

53. Reflections on the Meeting

53.1 The Chair reflected on the excellent work by the Transatlantic Slavery Independent Advisory Group and looked forward to the Implementation Group phase. The stark position around winter planning and the difficulties staff on the frontline would face this winter were of concern to the Board. The likely need for difficult decisions, indicated by the current levels of performance and highly graded risks, was also acknowledged.

53.2 The Chair highlighted the need for non-executive Board member representatives to attend the following meetings/events:

- Edinburgh IJB – 16 November 2023: Mr Connor agreed to attend this meeting as a proxy voting member.
- Astley Ainslie Hospital 100 years celebration – 28 October 2023: Mr Innes agreed to attend this event which the Executive Nurse Director would also be attending.

54. Date of Next Board Meeting

- 06 December 2023

Vice Chair’s Signature

Date

Mr Peter Murray
Vice Chair – Lothian NHS Board

STAFF GOVERNANCE COMMITTEE

Minutes of the meeting of the Staff Governance Committee held at 9.30 on Wednesday 26 July 2023 via Microsoft Teams.

Present:

Mr W. McQueen, Non-Executive Board Member (Chair); **Mr C. Campbell**, Chief Executive; **Mrs J. Butler**, Director of Human Resources and Organisational Development; **Miss T. Gillies**, Executive Medical Director; **Mrs A. MacDonald**, Executive Nurse Director; **Mr J. Crombie**, Deputy Chief Executive; **Ms K. Kasper**, Non-Executive Board Member and **Mr M. Connor**, Non-Executive Board Member (attending as a substitute), **Ms H. Fitzgerald**, Partnership Representative;

In Attendance:

Mrs R. Kelly, Deputy Director of HR; **Mrs M. Carr**, Chief Officer, Acute Services; **Mrs A. Langsley**, Associate Director of OD & Learning; **Mr D. Thompson**, Board Secretary; **Ms C. McDowall**, Work Well Specialist Lead / Speak Up Ambassador; **Ms M. Campbell**, Director of Estates & Facilities; **Mrs L. Barclay**, The Whistleblowing Programme and Liaison Manager; **Mrs N. Clancy**, Head of Employee Relations (Item 7.1); **Mr N. McAlister**, Head of Workforce Planning, Human Resources (Item 7.3) and **Mr G. Ormerod**, Committee Administrator (minutes).

Guests:

Ms K. Crowe, Renal Consultant

Apologies:

Ms N. Akta, Non-Executive Board Member; **Ms T. Miller**, Employee Director; **Ms J. Clark**, Partnership Representative and **Mr S. Chandran**, Non-Executive Board Member.

CHAIR'S WELCOME AND INTRODUCTIONS

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

12 Declaration of Conflicts of Interest

12.1 No interests were declared.

13 Presentation – Staff Wellbeing

13.1 The Work Well Specialist Lead presented an update on the Staff Wellbeing two-year delivery plan, focusing particularly on the implementation of Work Well Champions.

13.2 The Work Well Champion role had been rolled out on a trial basis within West Lothian HSCP over the last year, with appropriate support and resources in place, including:

- 13.2.1 a documented role description to ensure that those undertaking the position had clear expectations about their local and regional responsibilities;
 - 13.2.2 the deployment of a part-time Facilitator post to help coordinate the work required;
 - 13.2.3 a dedicated Microsoft Teams channel to support communication and engagement with staff; and
 - 13.2.4 regular meetings between the delivery team.
- 13.3 Podiatry and Oral Health were highlighted as areas where Work Well Champions had been particularly welcomed due to the range and geographical spread of the services. Over the course of the trial period, Oral Health had increased the number of its appointed Champions to meet the specific needs of staff in this area.
- 13.4 Feedback gathered from those undertaking the Champion role had indicated that they felt valued and that they had the time necessary to undertake the role effectively, which was felt to be key to achieving the objectives of the initiative.
- 13.5 The Champions had been instrumental in supporting a number of other initiatives delivered under the Work Well Strategy, all aimed at improving and encouraging staff wellbeing.
- 13.6 The Work Well Specialist Lead explained that, based on lessons learned from this trial initiative, there were plans to roll out the Work Well Champions within other areas, including REAS, Facilities and within the Western General Hospital site.
- 13.7 The Committee welcomed the update provided and the evidence of a successful trial exercise. Members commented that they would like to see similar resource being deployed across the other HSCPs. It was noted that priority was being allocated to areas that had actively approached the Work Well Team, on the basis that these would be the services most receptive and committed to delivery.
- 13.8 During further discussions, members asked if additional resources had been sought from NHS Lothian Charity to support the roll out of the Champion role. It was explained that the Charity had been very supportive of wellbeing initiatives but that financial resource was less of a barrier than staff capacity. Both the Work Well Champions and the wider staff had to have the time, alongside their substantive roles, to engage in the activity.
- 13.9 Members asked if staff were comfortable in approaching Work Well Champions and discussing issues. It was noted that the Champions offered an opportunity to improve signposting and access to other, more formal employee support services, without needing to become too involved in specific and potentially sensitive issues.
- 13.10 The Committee expressed its appreciation to the Work Well Specialist Lead for the presentation and welcomed the positive developments described. It was confirmed that further progress updates would come through the existing quarterly reports.

14 Minutes and Action Note of the Previous Meeting of the Staff Governance Committee held on 31 May 2023

14.1 The Minutes of the previous meeting were approved as an accurate record. The Chair confirmed that he had provided feedback on some minor amendments and the Committee was content for the Chair to finalise these.

14.2 It was noted that all actions were up to date.

15 Matters Arising

15.1 In response to a question from the Chair, the Director of HR and OD advised that an update on the East Region Recruitment Service would come to the next meeting of the Committee.

15.2 The Chair asked that more non-executive board members be offered the opportunity to attend "Coffee Roulette" sessions. The Director of HR and OD agreed to take this forward.

JB

STAFF EXPERIENCE

16 Advancing Equalities Action Plan 2023/24

16.1 The Deputy Director of HR provided an update on the 2023/24 Advancing Equalities Action Plan, which had been considered and endorsed by the Committee at its previous meeting in May. Whilst the Plan was in its early stages of implementation, progress had been achieved in several areas.

16.2 In particular, the creation and introduction of a Carer's Passport had been advanced following discussions with the Carers' Network and a first draft had been produced. It was expected that this would be discussed with the Lothian Partnership Forum in August and then launched in October. A similar passport scheme for disabled staff was being explored, with a range of options to be considered by the Disabled Employees' Network.

16.3 Further work on disability included the gathering and preparation of evidence to support a submission seeking Disability Confident Employer Level 3 status. This work had been discussed at a recent meeting with Disability Confident Scotland (DCS). A submission was planned for September and a further update would be provided to the Committee in October.

16.4 The Committee sought clarity on whether the responsibilities for delivery of the various aspects of the Plan were clearly understood. The Deputy Director of HR confirmed that actions and responsibilities were well understood. She explained the significance of green, amber and red ratings within the update, noting that "red" did not necessarily indicate a delay in action but simply that it had not yet commenced.

16.5 Members asked how successful delivery of the plan would be measured and specifically whether there were any key performance metrics that would enable progress to be tracked and understood more readily. They also wished to understand how the

Advancing Equalities Action Plan related to the Board's wider and recently approved Equalities and Human Rights Strategy.

- 16.6 In response, it was explained that much of the work was qualitative and not always easy to measure directly with specific metrics. However, improvements in the collection of staff equality and diversity data were a useful means by which to measure general success and positive impact. Recent data had shown a welcome improvement in disclosures by staff. Further improvements were expected as initiatives, such as the passport schemes, were rolled out.
- 16.7 Other ways of measuring success and positive impact included changes in the workforce KPIs included as part of Board performance reporting and the qualitative evidence gathered through staff networks. The Director of HR and OD acknowledged the need to consider how these potential measures of success could be collated and presented to the Committee in future and to demonstrate linkages with the overarching Strategy.
- 16.8 The Committee welcomed the updated provided and accepted moderate assurance in relation to the progress with the delivery of the actions contained in the Advancing Equalities Action Plan 2023/24.

17 Whistleblowing Report

- 17.1 The Director of HR and OD presented the Whistleblowing Report, which included the quarterly Whistleblowing Performance report, the associated monitoring data for Whistleblowing concerns, and a summary of recent learning and improvement activity related to Whistleblowing investigations.
- 17.2 It was noted that concerns had been discussed amongst the Scottish HR Directors about the significant amount of time and resource required to implement the Independent National Whistleblowing Office (INWO) standards, as well as the response times from the INWO which impacted upon the reported performance within boards. Follow-up conversations would be held with the Scottish Government in this area and the Committee would be updated on any developments.
- 17.3 The Director of HR and OD reported on staff feedback in relation to Whistleblowing. Recently added iMatter questions had provided some early and indicative results (covering only Corporate Services and REAS at this stage) suggesting that 70% of staff were confident in the ability to safely raise concerns and 56% were confident that their concerns would be followed up and responded to. A fuller analysis was awaited, and a separate, local survey had been developed to support follow up in the wake of each Whistleblowing case.
- 17.4 The Non-Executive Whistleblowing Champion welcomed the generally positive position set out in the Report. She reported that she had seen improvements in the processing of Whistleblowing concerns and in the reporting of details to her. She welcomed improvements in the communications to staff and in the levels of transparency around cases reported.
- 17.5 The Committee asked how the levels of performance reported, including response timescales, compared to other boards. It was reported that all boards were contending with similar complexities in the cases presented to them, which brought challenges when

trying to adhere to set timescales. It was acknowledged that the 20-work day timescale was particularly challenging but that those raising concerns are kept informed throughout the process, including when standard timescales are unlikely to be achieved.

- 17.6 The Committee sought to understand how issues or concerns might be addressed at an earlier stage, in order to prevent the need for the use of formal Whistleblowing processes. The Director of HR and OD confirmed that this was a clear aim of the Speak Up service but that, sometimes, a concern was not fully addressed locally and that this might lead to an escalation via the Whistleblowing process.
- 17.7 The Chair welcomed the report, noting that the level of reporting allowed the Committee to develop a strong and detailed appreciation for this important area. The Committee agreed to accept the recommendations in the paper, including:
- 17.7.1 Approving the Q1 Whistleblowing to be presented at the Board meeting on 23 August;
 - 17.7.2 Accepting moderate assurance that systems and processes are in place to create a culture in NHS Lothian which ensures staff have confidence in the fairness and objectivity of the procedures through which their concerns are raised and are assured those concerns raised will be acted upon.

18 Work Well Strategy Delivery Plan – Evaluation of Year 2 and Delivery of Year 3

- 18.1 The Work Well Specialist Lead provided an update on the Work Well Strategy Delivery Plan. Within the second year, the key deliverables had been established and there was a focus on new staff support services, wellbeing coaching and peer support. The prioritisation of providing cost of living support for staff had led to increased timescales for elements of the Plan. Despite this, there had been significant development of key workstreams including “Energise You”, the Weight Management Programme and the Work Well campaign.
- 18.2 Those elements of the Delivery Plan which had been delayed due to re-prioritisation would be rolled forward into the 2023/24 delivery year. The third year of delivery would focus on women’s health and on upskilling leaders and services to support sustainable local delivery.
- 18.3 The Committee welcomed the encouraging levels of engagement from staff and the public health focus of the work. Members also acknowledged that current efforts were supported by non-recurring funding and this therefore limited what might be delivered in future years.
- 18.4 Members discussed potential options for alternative funding sources, including the NHS Lothian Charity. It was noted that the Charity had already provided significant support, alongside the Scottish Government funding.
- 18.5 The Committee approved the recommendation in the paper, accepting moderate assurance that NHS Lothian (with the support of NHS Lothian Charity) are committed to and progressing a strong focus on supporting staff wellbeing via our Work Well Strategy and that evaluation indicates a positive impact and focus on staff wellbeing.

ASSURANCE AND SCRUTINY

19 Corporate Risk Register

19.1 Corporate Risk 3455 – Management of Violence and Aggression

- 19.1.1 The Executive Nurse Director provided an update on the risk mitigation plan to manage the Management of Violence and Aggression risk. She explained that, although the overall level of assurance was currently limited, this was only due to the pending completion of the training strategy. All other aspects of the mitigation plan had been delivered and each was considered to provide a moderate level of assurance.
- 19.1.2 It was now intended that the training element of the plan would be in place by the end of August, including the required risk assessments. Pending this development, the training team had continued to deliver training in those areas deemed to represent a higher risk, thereby managing the risk effectively.
- 19.1.3 In response to specific assurances sought by the Committee, the Executive Nurse Director confirmed that there was appropriate staffing resource and capacity in place to provide the required training and that training needs had been appropriately prioritised based on risk.
- 19.1.4 The Committee welcomed the updated and noted the progress achieved, also noting that effective scrutiny had been provided by the Audit & Risk Committee via internal audit reports and follow-up.
- 19.1.5 The Committee accepted the recommendations in the paper including the following assurance levels for each aspect:
 - 19.1.5.1 Policy – moderate assurance
 - 19.1.5.2 Purple Pack – moderate assurance
 - 19.1.5.3 Training – limited assurance
 - 19.1.5.4 Lone Working – moderate assurance
 - 19.1.5.5 Roles and Responsibilities – moderate assurance
 - 19.1.5.6 Data & Assurance – moderate assurance

19.2 Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels

- 19.2.1 The Executive Nurse Director provided an update on the risk mitigation plan to manage the nursing and midwifery staffing risk on the Corporate Risk Register.
- 19.2.2 This work was overseen by the Nursing & Midwifery programme Board and aligned with the overall Workforce Programme. Efforts were impacted by challenges in workforce supply and the continued existence of a significant vacancy gap. Nonetheless, the Executive Nurse Director described a significant range and volume of activity aimed at mitigating ongoing challenges. This included:
 - 19.2.2.1 Effective processes in place for international recruitment, although this had a limited overall impact;

- 19.2.2.2 Successful “grip and control” efforts to reduce and more effectively manage the use of off-contract agency staff, which was having a significantly positive impact;
 - 19.2.2.3 Increasing access to nursing training on an “earn as you learn” basis and developing a distinctive NHS Lothian approach;
 - 19.2.2.4 Efforts to attract final year nursing students, including offering weekly shifts to those still in training; and
 - 19.2.2.5 Rolling recruitment drives to address specific vacancy challenges at St John’s Hospital.
- 19.2.3 The Executive Nurse Director pointed to specific assurances offered within the paper on the level of preparation for the anticipated implementation of the Health and Care (Staffing) (Scotland) Act 2019. A letter from the Scottish Government was provided that confirmed the existence of robust systems and processes to support compliance.
- 19.2.4 During discussion, it was confirmed that the results of ongoing internal audit work around nursing workforce recruitment would be shared with the Committee. Similarly, the final “break glass” criteria for off-contract agency use would be shared, once finalised. It was also suggested that the development and deployment of ancillary staff might be the subject of a future development session for the Committee. It was confirmed that this issue would be addressed as part of the “Model Ward” work being undertaken currently.
- 19.2.5 The Committee noted that the level of risk remains very high. It also noted the work on the cessation of the use of off-contract agency staff and supported the actions and timelines as detailed within the paper.
- 19.2.6 Based on the information provided, the Committee accepted moderate assurance concerning the mitigation of Corporate Risk 3828 – Nurse Workforce – Safe Staffing Levels.

19.3 Corporate Risk 5020 – Water Safety

- 19.3.1 The Medical Director provided the Committee with a verbal update on the water safety risk. She noted that the risk arose due to a limited ability to demonstrate compliance with relevant legislation. This was linked to challenges in ensuring water quality at third-party sites and sites that had been underused during Covid.
- 19.3.2 It was noted that the Water Safety Policy was being updated to reflect more strongly the need for mitigation of risks at both NHS Lothian and third-party provider sites. Executive ownership of this area, including the relevant risks, was currently being transferred to the Deputy Chief Executive.
- 19.3.3 The Medical Director informed the Committee that high counts of Legionella had been detected in two LINAC machines in Radiotherapy in the old building at the Western General Hospital site. She confirmed that patients who were receiving care had been moved and rebooked onto another LINAC machine supplied from a different water system and tank. Resultant remedial work is expected to take three months to complete.
- 19.3.4 The Water Safety risk was being updated to reflect the emerging issues and no updated level of assurance was being sought at this time.

19.4 Corporate Risk 3328 – Traffic Management

- 19.4.1 The Director of Facilities provided a verbal update on the Traffic Management Risk. She explained that a quote for the new car park barrier at the Royal Edinburgh Hospital (REH) is still outstanding due to delays on the part of the PFI provider. Depending on the outcome, a proposal will either go through the Lothian Capital Investment Group (LCIG) for financial approval or, if no funding is available. The risk will require to be accepted and mitigated. The risk assessment will be updated to reflect this decision.

20 **Junior Doctor Industrial Action – update**

- 20.1 The Director of HR and OD provided an update on the Junior Doctor Industrial Action. Following a revised offer being made to the British Medical Association (BMA) and its members, the outcome of a ballot was awaited. The deadline for responding was 17 August.

SUSTAINABLE WORKFORCE

21 **Workforce Report**

- 21.1 The Deputy Director of HR introduced the Workforce Report for June 2023, which provided performance data on a range of areas, including the current establishment gap, numbers of staff leavers and retirements, in addition to Whistleblowing and Speak Up numbers. The June 2023 Report had a particular focus on sickness absence. Although absence levels had increased slightly compared to the previous reporting period, NHS Lothian continued to have the second lowest level of sickness absence, relative to other Scottish territorial boards.
- 21.2 The Committee discussed the Report's content. Members sought to understand the reasons for higher short- and long-term absence rates within Facilities. It was considered that this pattern was consistent with previously reported data and might be influenced by both the physical nature of the role and by the relatively lower levels of flexible working opportunities. However, it was also noted that a high number of absences are linked to mental health issues, for which some staff may be less likely than others to seek assistance and which can be brought on by both personal and work-related stresses.
- 21.3 Both the Head of Employee Relations and the Director of Estates and Facilities confirmed that sickness absence in Facilities was being effectively and closely managed.
- 21.4 Committee members commented upon the relatively low proportion of staff, overall, that had completed an annual appraisal (48% against a target of 80%).
- 21.5 The Committee noted the updated Workforce Report for June 2023 and the actions being taken to address the issues raised within it.

22 Leadership and Management Development Plan

- 22.1 The Director of HR and OD explained the genesis of this item, reminding members of an action from the last Committee meeting that a draft plan should be brought in advance of the launch event in October. The Associate Director of OD & Learning presented an update on a range of activity to support leadership and management development.
- 22.2 Following the success of the Talent Management and Succession Programme for senior leaders at Band 8a, work was underway to ensure similar provision for staff below this level. It was anticipated that provision would focus more on functional management and leadership.
- 22.3 On this basis, a “Passport to Leading and Managing in NHS Lothian” covering several development and progression pathways was planned for a pilot launch in October.
- 22.4 The Committee discussed the potential to make greater use of multi-source feedback mechanisms. Whilst the relative merits of this tool were understood, the Associate Director of OD & Learning explained that delivery was resource intensive, particularly for large cohorts. It remained an available tool for those who requested it.
- 22.5 It was confirmed that participation in the new programme would initially be through self-selection and line manager referral. In time, it was expected that there would sign-posting for staff to useful resources, enabling greater coverage and communication of best practice approaches.
- 22.6 It was agreed that a further update should be provided to the Committee in 12-18 months’ time.

23 Nursing and Medical Training Pipelines

- 23.1 The Head of Workforce Planning presented a paper detailing the current challenges and inequities in nationally controlled medical and nursing training pipelines and the range of activities underway to influence decision-making in this area. This was presented within the context of Lothian, which was projected to have the highest growth in population of any region in Scotland over the next decade. The paper set out in detail some of the capacity and workforce challenges this was likely to create, along with some proposed responses.
- 23.2 Committee members asked if the future staff numbers projected were linked to workforce supply factors and whether NHS Education for Scotland (NES) had accepted that numbers entering nursing training during the preceding period were likely to be inadequate for the needs of the population. In response, it was explained that there needed to be further shifts and developments in this area to ensure a sustainable local pipeline.
- 23.3 Members reflected that, on current projections, the local university output of nurses in 2026 was forecast to be lower than in 2024, indicating that numbers were going in the wrong direction.
- 23.4 It was noted that the content of the paper and the activity described within it were likely to be helpful in supporting current local efforts to identify alternative pipelines. For

example, university applications for registered nursing were down by 30% whilst demand for an apprenticeship model of nursing appeared to be significant, with people preferring the “earn as you learn” option.

- 23.5 It was confirmed that the next stage for this paper would be submission to the Scottish Government for further discussion of the proposals, which would include colleagues across South East Scotland.
- 23.6 The Committee agreed to accept the recommendations within the paper and to support the actions set out there.

FOR INFORMATION AND NOTING

24 Staff Governance Work Plan 2023/24

- 24.1 The Committee noted the Staff Governance Work Plan for 2023/24

25 Staff Governance Assurance Statement – 2023/24

- 25.1 The Committee noted the Staff Governance Statement of Assurance Need for 2023/24.

26 Any other Competent Business

- 26.1 There was no other business.

REFLECTIONS ON THE MEETING

27 Matters to be highlighted at the next Board meeting

- 27.1 The Committee agreed to highlight to the Board: the successful work on cessation of the use of off-contact agency, the anticipated internal audit on nursing recruitment and the Committee’s discussions of current challenges with the Nursing and Medical Training Pipelines.

28 Matters to be highlighted to another Board Committee

- 28.1 There were no matters to be highlighted to other Board Committees.

29 Date of Next Meeting

- 29.1 The next Committee meeting would be held on Wednesday 11 October 2023 at 9.30am

Signed by Chair 11/10/2023

FINANCE AND RESOURCES COMMITTEE

Minutes of the meeting of the Finance and Resources Committee held at 9.30 on Wednesday 9 August 2023 via Microsoft Teams.

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

In attendance: Mr R. Aitken, Associate Director of Operations, Facilities (items 12.2 and 12.3); Mr C. Campbell, Chief Executive; Ms M. Carr, Chief Officer, Acute Services; Mr A. Cogan, Non-Executive Board Member (observing); Mr J. Crombie, Deputy Chief Executive; Ms S. Cowan, Board Member, NHS Ayrshire and Arran (observing); Ms T. Gillies, Medical Director; Mr I. Graham, Director of Capital Planning and Projects; Dr J. Hopton, Programme Director, Facilities; Mr C. Kerr, Programme Director (item 12.4); Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Ms B. Pillath, Committee Administrator (minutes); Mr. G. Whyte, Senior PFI Estates Lead (items 12.2 and 12.3).

Chair's Welcome

The Chair welcomed members to the meeting.

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

10. Minutes and Actions from Previous Meeting (7 June 2023)

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

11. Committee Business

11.1 Finance and Resources Committee Development Session Proposals

- 11.1.1 Mr McCann invited suggestions from members for subjects for future development sessions. It was agreed that a session would be arranged on the process for prioritising efficiency projects, considering how priorities were set, demonstrating that actions were being taken to ensure services were the best in class. Mr Marriott and Mr McCreadie would discuss details with Mr McCann and Mr McQueen before arranging a session.

CM / BMcQ

12. Capital

12.1 Property and Asset Management Investment Programme

- 12.1.1 Mr Graham presented the previously circulated paper. The dates for post project reviews were included in the project tracker. It was expected that a paper would come to the Committee at regular intervals covering the themes and lessons learned from these reviews. **IG**
- 12.1.2 With regard to business cases currently with the Scottish Government for approval, Mr Marriott advised that all approval for all capital projects was paused pending a review. Since then, approval for Monklands Hospital in NHS Lanarkshire had been announced. Mr Marriott would meet with Scottish Government Finance Directors to understand what this meant for NHS Lothian's projects. NHS Lothian had three projects with project teams in place awaiting approval, the holding position was not economically efficient. Mr Marriott advised that the Scottish Government had a number of funding models to consider for large scale capital projects and there were a number of pressures both in health and in other services.
- 12.1.3 It was noted that the service level agreement from NHS Assure had not yet been completed. It would be useful to calculate how much the delay would cost as prices rose in the construction industry affecting workforce and some supplies.
- 12.1.4 In response to a question about risk to building integrity as during the Cancer Centre enabling works walls had been found without the correct fire proofing, Mr Graham advised that there were risks across the site due to the age of the estate, with the risk that further necessary works would be required and the risk that decant of patients to enable works to take place could be required.
- 12.1.5 Mr Marriott advised that the capital prioritisation process was based on the formula allocation of £25 million each year, plus specific funding for approved business cases. The formula allocation was used for ongoing costs including backlog maintenance, eHealth, equipment, and projects costing less than £250,000.
- 12.1.6 Regarding implementation of the assurance framework, Mr Graham advised that the aim was to increase the competencies of the project management resource. Skilled recruitment was challenging, as was maximising clinical input without taking staff time away from clinical roles. All project managers were currently working towards accreditation, although due to workload it was a challenge to take time out for training.
- 12.1.7 Members accepted the recommendations laid out in the paper.

12.2 Hospital Sterilisation and Decontamination Unit (HSDU) Capacity (risk 5388)

- 12.2.1 The chair welcomed Mr Aitken to the meeting and he presented the previously circulated paper. It was noted that the HSDU re-provision was now tied to the National Treatment Centre capital project. It was agreed that it was sensible to use this as a means of prioritising the re-provision, and that it would be fundamental to the National Treatment Centre, although it was noted that the other sites also needed a robust HSDU system.

- 12.2.2 Mr Aitken explained that the contract with a private provider for additional HSDU capacity was a national programme and that the cost depended on the quantity and complexity of trays processed, up to 250 trays.
- 12.2.3 It was noted that if two boards required the additional capacity simultaneously then there was a risk that it would not be sufficient. Mr Crombie advised that trays had previously had to be sent to private companies in England for processing as the local resource was not sufficient, and that resilience in Scotland was highly compromised.
- 12.2.4 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 12.3 Royal Infirmary Facilities update (risk 5189)
- 12.3.1 Mr Aitken presented the previously circulated paper. Mr Crombie advised that the electrical infrastructure was improved but there remained concerns about the three generators on site, two of which were reaching their replacement dates. There was ongoing discussion about this and it had been escalated as a risk. A resilience plan was in place that would ensure that in the event of a generator failure power would be maintained in the most critical areas.
- 12.3.2 Members accepted the recommendations laid out in the paper and accepted limited assurance.
- 12.4 Regional and Local Authority Capital Planning / Primary Care Developer Contributions
- 12.4.1 The chair welcomed Mr Kerr to the meeting and he presented the previously circulated paper. It was noted that there had been good engagement with local authorities. The contributions that would be received under the scheme were relatively small, at around 5% of the total cost.
- 12.4.2 There was discussion as to whether the Board should object to all housing proposals where developer contributions were not included, since population based funding was not being received, but noted that it may be more effective for there to be discussion with Scottish Government planning and health departments regarding the fact that funding was not provided to the health service to cover population growth. Mr Marriott noted that even if developer contributions were received with every housing project it would not be enough to make a difference when providing services for these populations. It was also noted that smaller developer companies may not be able to contribute.
- 12.4.3 It was agreed that a paper would be submitted to the Committee outlining the advantages and disadvantages of a policy of objecting to housing proposals which did not include developer contributions, and of how there could be better engagement with the Scottish Government on planning for population growth. **CM**
- 12.4.4 Members accepted the recommendations laid out in the paper, and accepted moderate assurance.

13. Revenue

13.1 June 2023 Financial Position and Year End Forecast

- 13.1.1 Mr McCreadie presented the previously circulated paper. It was noted that the additional Scottish Government funding was for the whole of NHS Lothian, including the Integration Joint Boards. The money would be allocated according to existing processes, and some would go to delegated functions delivered by the Integration Joint Boards. The Scottish Government had allocated the money for specific purposes and it would not be enough to close the financial gap identified. The allocation would be for existing services to alleviate current pressures and would be prioritised as part of quarter one reviews. This would take into account financial and operational targets as well as capacity and other resources.
- 13.1.2 It was noted that the report showed efficiency savings falling behind what was planned for quarter one. Mr McCreadie advised that more schemes were being developed which would highlight more efficiencies. Some of the shortfall was due to timing at this early stage in the year, and some about a change in the assessment of how much saving can be delivered by the schemes identified.
- 13.1.3 There would continue to be discussion with the Scottish Government as to how financial balance could be achieved. Even with the additional funding NHS Lothian would not be at NRAC parity, but the move in this direction was welcomed.
- 13.1.4 Mr McCreadie advised that an extra £10 million had been allocated for energy cost rises and this was on track at this stage.
- 13.1.5 Members accepted the recommendations laid out in the paper and accepted limited assurance.

14. Scottish Hospitals Inquiry

- 14.1 Mr Marriott presented the previously circulated paper. Members expressed their thanks to current and former members of staff for their contributions to the Inquiry hearings. It was noted that a paper would go to the Private Board on advice received from the Central Legal Office and McRoberts.
- 14.2 Members accepted the recommendations laid out in the paper and accepted significant assurance.

15. Sustainability

15.1 Climate Change and Sustainability Update

- 15.1.1 Dr Hopton presented the previously circulated paper. Dr Hopton advised that waste was a small proportion of carbon emissions but a large part of the cost associated, and that this was an area that mattered to staff. Work was in progress on a report on segregating clinical waste to reduce costs of disposal.

- 15.1.2 Dr Hopton advised that options of working with the Millerhill Recycling and Energy Recovery Centre and other similar opportunities were being considered, and the Lothian Capital Investment Group had been briefed on this.
- 15.1.3 Dr Hopton advised that the difficulty in recruiting specialist skilled staff was that there was sustainability expertise in other industries but not in health, though employees could work with existing staff who were experts in the specifics of the working of the health services. A case was being written up for resourcing in this area.
- 15.1.4 Dr Hopton advised that working the Director of Public Health was keen to work on collecting public health data relating to climate change, for instance on the impact of the low emissions zone.
- 15.1.5 In response to a question on active travel for outpatients and GP patients, Dr Hopton advised that there was data on this and a case for further promotion but there were not the resources currently for working on this and deciding on the next steps. There was no baseline data on current patient travel, although data collected from other projects could be used to get some information.
- 15.1.6 It was noted that there had not been an update from eHealth on the score card in the report for some time. This was an important area both in causing and reducing emissions. Mr Crombie agreed to follow this up. **JCr**
- 15.1.7 It was noted that the report showed an increase in transport emissions. Dr Hopton advised that there had been an increase in the size of the fleet, but that more analysis was needed to identify whether the increase was in cost or in use, and if cost whether the matrix needed to be updated.

16. Reflections on the meeting

- 16.1 It was agreed that Mr McCann would update the Board on the lack of progress with capital projects and the discussion on developer contributions for housing projects.

17. Date of Next Meeting

- 17.1 The next meeting of the Finance and Resources Committee would take place at **9.30** on **Wednesday 25 October 2023**.

9. Further Meeting Dates in 2023

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

Signed by Chair 25/10/2023

AUDIT AND RISK COMMITTEE

Minutes of the Audit and Risk Committee meeting held at 9.30 am on Monday, 21 August 2023 via MS Teams.

Present:

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

In Attendance:

Mr C. Campbell, Chief Executive; Mr A. Cogan, Non-Executive Director; Mr J. Crombie, Deputy Chief Executive; Mr R. Hubert, Audit Scotland; Ms F. Ireland, Deputy Director - Corporate Nursing & Business Support; Mr M. Lee, Grant Thornton; Mr C. Marriott, Director of Finance; Mr A. McCreadie, Deputy Director of Finance; Mr S. Nugent, Audit Scotland; Mr J. Old, Financial Controller; Mr D. Thompson, Board Secretary; and Miss L. Baird, Committee Administrator.

Apologies: Ms C. Grant, Audit Scotland; Ms E. Mayne, Grant Thornton; Ms A. Macdonald; Mr S. McAllister.

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 August meeting of the Audit and Risk Committee. He specifically welcomed Mr Cogan, Non-Executive Director, Mr Hubert, and Mr Lee who were attending for the first time. He also thanked Ms Ireland for taking the time to attend and answer the Committee's questions on the Internal Audit Complaints Report.

27. Internal Audit Complaints Handling

- 27.1 The previously circulated report was presented. The internal audit of NHS Lothian's Complaints Handling Arrangements had identified 12 recommendations with an overall rating of limited assurance.
- 27.2 Attention was drawn to a relatively low level of compliance with the mandated timescales for responding to Stage 1 complaints, which was five working days, as well as the correct steps to be taken when compliance was not achieved. It was also found that actions identified in response to complaint investigations were not consistently followed up and implemented. Appropriate recommendations had been made and accepted by management. One particular recommendation, to include more complaint management information within the Datix system, had been assigned a long implementation timescale by management. The internal audit team had queried this and recommended that more detail be provided as to the reasons.
- 27.3 The Deputy Director - Corporate Nursing & Business Support explained that the timescales provided to achieve the required changes to the Datix system were realistic, given the scale of change required. The steps proposed were intended to ensure that solutions were implemented in the required order and that they were robust and sustainable.

- 27.4 The Committee accepted the report. The Chair requested that the Deputy Director - Corporate Nursing & Business Support provide feedback at the November Audit and Risk Committee meeting on progress made against the recommendations. **FI**
- 28. Minutes of the previous meeting held on 19 June 2023**
- 28.1 The minutes of the meeting held on 19 June 2023 were accepted as an accurate record and approved.
- 29. Running Action Note**
- 29.1 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.
- 29.2 Violence and Aggression – The Committee discussed previous requests for clarity around the protocols in place with Police Scotland and the Procurator Fiscal Service and the need to ensure that staff on front line were protected and that those who commit acts of violence against them are held to account. Members agreed that this matter had been discussed in depth at past meetings, but no resolution had been identified.
- 29.2.1 The Chief Executive agreed to use some of the time at the August Board to meet with Ms Ireland, Mr Allenby, Miss Gillies, and Mr McQueen to identify an appropriate way forward and address any remaining questions around violence and aggression. The Chair offered to join the meeting and provide support if required. **CC**
- 29.3 Counter Fraud Activity Update – The Committee discussed the action relating to civil recovery and advice received from the Counter Fraud Services (CFS) relating to this. The Board Secretary advised that an update from CFS was forthcoming. He agreed to follow-up with CFS on this matter and email out the response to Members when received. **DT**
- 29.4 Litigation Annual Report 2022/2023 – Instances where NHS Lothian was the pursuer and how this information is shared within future litigation reports was discussed. The Director of Finance took an action to confirm whether there were any other significant cases outstanding with the new Associate Director for Quality Improvement and Safety when they take up their post in September 2023 and feedback through the running action note. **CM**
- 29.5 Retirement of the Associate Director for Quality Improvement and Safety – The Chair expressed the Committee’s appreciation and thanks to Mrs Jo Bennett, who had recently retired from the post of Associate Director for Quality Improvement and Safety, and asked that this be formally recorded. It was acknowledged that Mrs Bennett had been a source of significant support and expert advice to the Committee, particularly in the revision of the Board’s approach to risk management. The Chair had written to Mrs Bennett and her former team to convey his personal thanks.
- 29.6 The Committee accepted the running action note and the information therein.
- 30. Risk Management**
- 30.1 NHS Lothian Corporate Risk Register (CRR) - the previously circulated report was received.

- 30.2 The Committee reviewed the June and July updates provided by the leads concerning risk mitigation as set out in the report and that the August 2023 Board would consider this.
- 30.3 The Committee noted that any materially worsening risks would be reviewed by the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 30.4 The Committee noted that the August Board would consider recommendations from the Corporate Management Team (CMT) to:
- 30.4.1 remove three risks from the CRR, namely 'COVID', 'Access to CAMHS' and 'Access to Psychological Therapies'; and
 - 30.4.2 accept a new risk onto the CRR regarding "Inappropriate and inadequate accommodation in the secure estate"
- 30.7 The Committee discussed the recommendation to remove the COVID risk from the CRR, particularly in light of recent comments made by the National Clinical Director around COVID case numbers. The Chief Executive explained that that the challenges in preparing for winter were multi-faceted and risk mitigations accounted for the continuing presence of COVID infections. The CMT did not feel it necessary for COVID to continue as a specific escalated risk on the CRR.

30.8 The Committee accepted the report and its recommendations.

31. Internal Audit

- 31.1 Internal Audit Progress Report – August 2023 – the previously circulated report was received. To date the internal audit team had completed 83.5 days, which equated to 20% of the overall plan.
- 31.1.1 It was noted that a draft paper on the patient funds follow-up audit had been prepared and would be taken through the internal audit review process soon. Field work had commenced for the top medical earners review and consultant job planning and the Edinburgh IJB audit and planning for the West Lothian IJB audit had started.
- 31.1.2 Planning briefs for medicines management, nursing workforce and payroll had been finalised with management and field work would start in September and October 2023.
- 31.1.3 Attention was drawn to the planned audit of Risk Management. It was noted that this audit would be deferred until quarter 4 of the plan to allow the new Associate Director of Quality Improvement and Safety to take up post and be fully embedded into their new role.
- 31.1.4 The IJB Direction Audit that would focus on processes in place within NHS Lothian that was scheduled to take place in quarter 1 of the financial year had been delayed. The Internal Audit Team and the Director of Finance would continue to work with IJB colleagues on finalising a scope for the audit.
- 31.1.5 The Committee noted the request to carry out an additional audit of Waiting List Management on the back of the previous audit. Planning for this audit was ongoing and discussions centred around sample testing, specialities to be covered and whether this

audit would come out of the contingency held or if a separate audit would be commissioned.

- 31.1.6 The Director of Public Health had commissioned two additional audits. The audits exceed the original budget therefore a request to use five days of the contingency held within the current plan had been approved by the Director of Finance
- 31.1.7 The Committee discussed concerns around the inclusion of additional audits to the plan and how they would be prioritised to ensure that some contingency was held for issues that may arise throughout the rest of 2023/24. Members received assurance that the Director of Finance and the Chief Internal Auditor had discussed this matter in depth and were confident that they would be able to accommodate additional audits by moving appropriate audits to the 2024/25 plan.
- 31.1.8 The Committee accepted the report.
- 31.2 Internal Audit Recommendation Tracker Report (August 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 times.
 - 31.2.1 Since the publication of the Internal Audit Recommendation Tracker Report (August 2023) the Water Safety action had been implemented and closed off, bringing the number of outstanding actions down to nine.
 - 31.2.2 Attention was drawn to one high risk outstanding action that was more than three months overdue. Members noted that despite the actions being overdue, regular updates were received from management and the action continued to progress.
 - 31.2.3 The Committee approved the extension to the violence and aggression action as outlined within the report.
 - 31.2.4 The Committee took assurance that all outstanding actions were scrutinised by the CMT at their regular meetings and violence and aggression had been brought to the attention of the Staff Governance Committee (SGC) in July 2023. Where the SGC had accepted progress continued to be made.
 - 31.2.5 The Committee accepted the report.
- 31.3 Internal Audit Public Health – SafeHaven Financial Governance Arrangements – The previously circulated report was received. The internal audit of the SafeHaven Financial Governance Arrangements had identified two medium areas of risk with an overall rating of moderate assurance. The key areas of concern related to the budget assigned to the SafeHaven in comparison to the actual spend.
 - 31.3.1 Internal audit advised that the lack of financial controls around the budget made it difficult to identify trends and forecast for spend in future years. They were concerned that this would leave the organisation exposed.
 - 31.3.2 The Committee were advised that the decisions taken were clinical in nature, therefore no matter what controls were in place there would still be some degree of uncertainty around spend. Members took assurance from colleagues within finance that they would continue

to monitor the position within the SafeHaven, forecast based on decisions taken and adapt the budget as required.

31.3.3 The Committee accepted the report.

31.4 Internal Audit Public Health – Quit Your Way (Smoking Cessation Service) – the previously circulated report was received. The internal audit of Quit your Way (Smoking Cessation Service) had identified four medium and three low rated findings with an overall rating of moderate assurance. Key areas of concern related to the heavy reliance on paper based systems, non-compliance with the guidance for contacting patients and variance in referral practices within acute services.

31.4.1 Member noted that Internal Audit had recommended that the implementation of an electronic system would address the concerns around the reliance on paper systems and increase the number of referrals received in Lothian, but this would require some financial investment.

31.4.2 Internal Audit were unable to provide information on how NHS Lothian's Smoking Cessation Service compared to their peers within NHS Scotland, however there were examples of successful electronic systems used within Trusts in NHS England.

31.4.3 It was noted that management actions within the report had committed to a service review and streamlining processes, but the implementation of an electronic system was dependent on financial investment into the service. Over the past several years there had been significant investment into Trak however there was a substantial backlog of changes and smoking cessation would be subject to review and prioritisation against the current issues logged with the Trak Programme Board.

31.4.4 The Committee accepted the report.

31.5 Internal Audit Property Transaction Monitoring Report - the previously circulated report was received. The annual audit on property transactions covering the period of 2022/2023, of which there were three, had been rated A. Key areas of concern identified related to certification of one transaction seven months after the transaction concluded and monitoring proformas were incomplete for one transaction. As a result of these findings Internal Audit had raised three medium and two low recommendations, providing an overall rating of moderate assurance.

31.5.1 The Committee accepted the report.

32. Counter Fraud Activity

32.1 The previously circulated report on counter fraud activity was received.

32.2 The Committee noted that Counter Fraud Services' (CFS) awareness products would be available to staff via TURAS going forward. Figures provided by CFS in respect of the number of staff who had completed the fraud modules had been unavailable at the time the report was produced. It was hoped that the figures would be available for the November report.

32.3 The Committee noted that five intelligence alerts had been received from Counter Fraud Services and disseminated to all relevant and interested parties within the organisation.

- 32.4 On fraud detection, the Committee noted the number of referrals and operations that were ongoing, and operations closed during the reporting period.
- 32.5 The Committee noted the inclusion of the annual fraud statement within the report. To date NHS Lothian was fully compliant with three standards, partially compliant with eight and non-compliant with one standard. This position consistent was with other Boards within NHS Scotland. Next steps would focus on improving compliance across all components of the fraud standards.
- 32.6 The Committee accepted the report as a briefing on the current status of counter fraud activity.
- 32.7 The Committee agreed that the report provided a moderate level of assurance that all cases of suspected fraud had been accounted for, and appropriate action had been taken.

33. Any Other Competent Business

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

34. Reflections on the meeting

- 34.1 The Committee welcomed the detailed discussions held and plans to discuss the issues around violence and aggression at the August Board. There were no other matters to raise with the Board with the exception of the annual accounts and assurance documents.

35. Date of Next Meeting

- 35.1 The next meeting of the Audit and Risk Committee will be held on Monday 20 November 2023 at 9.30 a.m. via Microsoft Teams.

Signed by Chair 20/11/2023

HEALTHCARE GOVERNANCE COMMITTEE

Minutes of the meeting of the Healthcare Governance Committee held at 13.00 on Tuesday 26 September 2023 by video conference.

Present: Mr A. Fleming, Non Executive Board Member (chair); Ms E. Gordon, Non Executive Board Member; Mr P. Knight, Non Executive Board Member.

In attendance: Ms L. Berry, Chief Allied Health Professional, East Lothian Health and Social Care Partnership; Ms H. Cameron, Chief Allied Health Professional; Ms L. Cowan, Interim Chief Nurse, East Lothian Health and Social Care Partnership; Mr S. Garden, Director of Pharmacy; Ms S. Gibbs, Quality and Safety Assurance Lead; Ms J. Gillies, Associate Director of Quality; Ms T. Gillies, Medical Director; Dr R. Green, Clinical Director, Midlothian Health and Social Care Partnership; Dr J. Hardman, Clinical Director, East Lothian Health and Social Care Partnership; Ms K. Howe, Senior Project Manager, Sustainability and Value Team (observing); Ms J. Long, Director of Primary Care; Ms L. Lynskey, Management Trainee (observing); Ms A. Lindsay, Edinburgh Health and Social Care Partnership; Ms G. McAuley, Nurse Director, Acute Services; Ms A. MacDonald, Executive Nurse Director; Ms J. Macrae, Chief Nurse, Edinburgh Health and Social Care Partnership; Mr M. Massaro-Mallinson, Edinburgh Health and Social Care Partnership Services Director; Ms J. Morrison, Head of Patient Experience; Ms B. Pillath, Committee Administrator (minutes); Ms F. Stratton, Chief Nurse, Midlothian Health and Social Care Partnership; Ms H. Tait, Hospital and Hosted Services Manager, Edinburgh Health and Social Care Partnership; Mr D. Thompson, Board Secretary; Ms M. Vernon-Stroud, Team Lead, Patient Experience Team; Ms A. White, Chief Officer, Chief Officer, West Lothian Health and Social Care Partnership; 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; Ms M. Carr, Chief Officer, Acute Services; Cllr H. Cartmill, Non Executive Director; Mr J. Crombie, Deputy Chief Executive; Ms D. Milne, Director of Public Health and Health Policy; Mr P. Murray, Non Executive Director; Ms L. Rumbles, Partnership Representative; Dr C. Whitworth, Medical Director, Acute.

Chair's Welcome and Introductions

In the absence of the Committee Chair, Members formally nominated Mr Fleming as chair of this meeting.

Mr Fleming 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.

29. Patient story

29.1 The chair welcomed Ms Vernon-Stroud to the meeting, and she presented the patient story. This was the first of a planned series of patient feedback videos, consisting of filmed statements from the charge nurse and the patient. Ms Morrison advised that

the plan for future feedback videos was to better link the patient and staff experience and improvements made as a result.

- 29.2 The patient had undergone a routine varicose vein operation and the wound had become infected due to a faulty dressing. The patient was admitted at the Emergency Department and then to the Burns Unit at St John's Hospital, and then was looked after at home by community nursing. The patient gave positive feedback about car at the Burns unit and by community nursing teams and noted how important it was to be able to leave the house and meet family while the wound was healing.
- 29.3 It was noted that the tissue viability clinic in Midlothian attended by the patient was a pilot service. A working group was working on establishing similar services in the other Health and Social Care Partnerships.

30. Committee Business

30.1 Minutes from Previous Meeting (18 July 2023)

- 30.1.1 The minutes from the meeting held on 18 July 2023 were approved as a correct record.
- 30.1.2 The cumulative action note would be updated following discussion at the meeting and would be circulated with the papers for the next meeting.

31. Matters Arising

31.1 Healthcare Improvement Scotland Follow Up Inspection – Royal Infirmary of Edinburgh

- 31.2 Ms McAuley reported that Healthcare Improvement Scotland had carried out a two day review at the Royal Infirmary, following the previous inspection. The focus of the review was on the Emergency Department, and the team also visited some other departments. Initial informal feedback had been positive and the team witnessed significant progress on some of the actions from the report. A couple of areas for further improvement had been highlighted, but there would be no further escalation.

- 31.3 Ms McAuley would report back to the Committee once the formal report and feedback discussion had been received.

GMcA

31.4 Assurance Reporting

- 31.4.1 Ms Gillies advised that she would work with Jill Gillies, new Associate Director for Quality, to develop a template and guidance to improve standardisation of assurance reporting to the Committee, to ensure the focus was on outcomes for patients in relation to safe, effective and person centred care standards, rather than on processes and process measures.

TG / JG

32. Emerging Issues

32.1 Hospital Standardised Mortality Ratio (HSMR) Report

- 32.1.1 Ms Gillies presented the previously circulated paper. A further paper would be submitted to the meeting in January 2024 with an update on progress. **TG**

33. Health and Social Care Partnerships Assurance Reports

33.1 East Lothian Health and Social Care Partnership

- 33.1.1 A paper had been previously circulated, and Ms Wilson gave a presentation. Regarding work to reduce the number of patients requiring a place in a care home or end of life care, it was noted that all options would be considered for the best support of patients.

- 33.1.2 The team was working with partners on a range of measures and performance data around service provision for population growth in East Lothian.

- 33.1.3 More than the commissioned bed base for mental health inpatients was being used; Ms Wilson advised that redesign options were being considered to reduce this.

- 33.1.4 Ms Cowan advised that there had been 53 complaints across the service in the past year with 75% responded to within the required 20 days. This was a reduction from 80% compliance the previous were. The reduction was due to more complex complaints covering multiple services. The fortnightly Patient Safety and Experience Action Group reviewed all adverse events along with a representative from the relevant service with improvement actions agreed. The group also had oversight of any themes and a report was submitted to all managers and to the monthly senior nursing group.

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

33.2 Riverside Medical Practice Review

- 33.2.1 Ms Long presented the previously circulated paper. Ms Long advised that lessons learned from the experience with this practice would inform negotiation of future similar contracts which should be transparent and have oversight arrangements agreed.

- 33.2.2 The contract with the Riverside Practice had not yet been resolved and the service level agreement was being reviewed.

- 33.2.3 Members accepted the recommendations laid out in the paper and accepted limited assurance. Further updates would be part of the General Practice and East Lothian Health and Social Care Partnership annual reporting, with any problems arising escalated as required.

33.3 Edinburgh Health and Social Care Partnership

- 33.3.1 A paper had been previously circulated and Mr Massaro-Mallinson gave a presentation. Ms Macrae advised that all complaints and adverse events for health and social work were considered at monthly Patient Safety and Experience Action Group meetings. LACAS standards were used in inpatient services and resource was being sought to also roll this out to mental health and community services. It was requested that LACAS, adverse events and complaints data and themes be included in the next annual report.
- 33.3.2 Mr Massaro-Mallinson advised that the Edinburgh Health and Social Care Partnership hosted services reported quarterly through the senior management team and improvement measures were considered at these meetings. Specific service reports were also given to the executive team.
- 33.3.3 Progress had been made on the improvement actions following the Healthcare Improvement Scotland Adult Support and Protection inspection and an update would be taken to the Integration Joint Board in November 2023. The report would be brought to the Healthcare Governance Committee at the November 2023 or January 2024 meeting. **MM-M**
- 33.3.4 Members accepted the recommendations late out in the paper but accepted limited assurance – refer to discussion in the next item.

33.4 Edinburgh Health and Social Care Partnership Bed Occupancy / Delayed Discharge Risk Mitigation Plan (Risk 3726: Hospital Bed Occupancy)

- 33.4.1 Mr Massaro-Mallinson presented the previously circulated paper. The funding for the interim care home beds was coming to an end. The Scottish Government had previously advised that further funding should be allocated by the Integration Joint Board. The Chair of the Integration Joint Board had made a request for funding to continue, but a response had not yet been received. In the meantime, no patients had been admitted to the interim beds since early September in order to reduce the number used.
- 33.4.2 The team was committed to carrying out improvement work at the front door. Key Performance Indicators were being used for 48 hour and 72 hour waiting times across all the partnerships and the plan in place showed that patient flow could be increased with a reduction to occupied bed days. Work was being done on long delays and over 8,000 bed days had been saved at the Western General Hospital and 4,556 at the Royal Infirmary between March and July 2023. A discharge to assess service was also being tested.
- 33.4.3 As part of winter planning, admissions from care homes to the Emergency Departments would be triaged, as it was known that a high percentage of admissions could be cared for in the care home.
- 33.4.4 Ms Gillies suggested that although it was clear that improvement activity was taking place, more narrative was needed to connect the bed occupancy risk and the mitigations in place with the overall Edinburgh HSCP assurance report, making it clear what the risks were for safe, effective and person centred care and where

resources would be focussed, and where the oversight was. Mr Massaro-Mallinson advised that several priorities were outlined in the improvement plan and that work was being done across the system on bed modelling.

- 33.4.5 Due to concerns about the overall service provision and the bed occupancy risk, it was agreed that limited assurance would be accepted for Edinburgh Health and Social Care Partnership. Members accepted the significant challenge to the service and commended the work of the team in carrying out actions to mitigate the risk and make improvements.
- 33.4.6 Members accepted the recommendations laid out in the Risk Mitigation Plan paper. A further update would be requested for the meeting in January 2024. **MM-M**
- 33.5 SMART Centre assurance update
- 33.5.1 Ms Tait presented the previously circulated paper. Members accepted the recommendations laid out in the paper. Further reporting would be part of the Edinburgh Health and Social Care Partnership annual assurance report, with escalation of any problems in carrying out the improvement plan set out.
- 33.6 Midlothian Health and Social Care Partnership
- 33.6.1 A paper had been previously circulated, and Dr Green gave a presentation. It was noted that the original business case for the hospital electronic prescribing system (HEPMA) did not include the Midlothian Community Hospital. As implementation of the system had now been closed, a second business case was required extend the system to this hospital. There was a similar position with the other community hospitals, which meant there was a risk when patients were transferred from acute to community hospitals. This was being discussed.
- 33.6.2 Members accepted the recommendations laid out in the paper and accepted moderate assurance.
- 33.7 West Lothian Health and Social Care Partnership
- 33.7.1 A paper had been previously circulated, and Ms Yule gave a presentation. LACAS standards had been implemented in some areas. The lowest scoring area was management; this was regarding rostering and work was ongoing to improve this.
- 33.7.2 There had been three Mental Welfare Commission inspections in the past year. There had been a positive report following the visit to the mental health inpatient care unit. Following the visit to ward 3, older adults and dementia ward, there had been recommendations around the shared admissions for mental health and dementia, although there was a limit to what could be done to improve this due to the layout of the area. There had also been a visit to ward 17 but the report was not yet out. It was agreed that the outcomes from Mental Welfare Commission reports including themes and improvement actions would be included in future annual reports.
- 33.7.3 Members accepted the recommendations laid out in the paper and accepted moderate assurance.

34. Effective Care

34.1 General Practice Sustainability (Risk 3829: Sustainability of model of general practice)

34.1.1 Ms Long gave a verbal update as a risk mitigation paper had been presented to the Committee in May 2023. She noted that the risk remained high and there was limited assurance on the risk mitigation plan due to risks outwith NHS Lothian's control including population increase, funding constraints, workforce shortages and aging premises. It was noted that additional funding had recently been announced by the Scottish Government to cover population increase, in the form of a General Medical Services contract uplift.

34.2 General Practice Out of Hours Service (LUCS) Annual Report

34.2.1 Ms Long presented the previously circulated paper. It was noted that the increase in adverse events reported in 2022-23 had been due to an outage of the Adastra patient management software which had lasted longer than expected.

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

34.3 Oral Health Services Annual Report

34.3.1 Ms Long presented the previously circulated paper. It was noted that concerns had been raised among dental practitioners about the statement of dental remuneration and that there may be a risk of dental practices ceasing to register more NHS patients or moving to private practice. Ms Long advised that dental practices had not yet moved away from the contracts but that a resilience plan was being worked on including using the public dental service to ensure access.

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

35. Exception Reporting Only – reports provided

35.1 Care Homes Annual Report

35.1.1 In response to a question about data collected by care homes, Ms MacDonald advised that the Care Academy worked in collaboration with both private and council care homes on improving records keeping and data submission to the Scottish Government. Each care home completed a national data submission tool which NHS Lothian had access to.

36. Other Minutes: Exception Reporting Only

Members noted the following previously circulated minutes:

36.1 Clinical Management Group, 9 May 2023, 13 June 2023, 11 July 2023;

36.2 Area Drug and Therapeutics Committee, 2 June 2023;

36.3 Organ Donation Sub Group, 4 May 2023;

36.4 Policy Approval Group, 7 March 2023.

37. Reflection on the Meeting

37.1 It was agreed that the following two items would be raised at the Committee Chairs' updates section of the next Board meeting: the Healthcare Improvement Scotland follow up inspection at the Royal Infirmary; and that limited assurance was accepted for Edinburgh Health and Social Care Partnership due to concerns about bed occupancy risk, and that the size of the challenge was noted.

38. Date of Next Meeting

38.1 The next meeting of the Healthcare Governance Committee would take place at **1.00pm on Tuesday 28 November 2023** by video conference.

39. Further Meeting Dates

39.1 Meeting dates for 2024 were to be confirmed.

Signed by Chair 28/11/2023

Midlothian Integration Joint Board

4.6



Meeting	Date	Time	Venue
Midlothian Integration Joint Board	Thursday 24 August 2023	2.00pm	Virtual Meeting held using Microsoft Teams.

Present (voting members):

Connor McManus (Chair)		
Val de Souza	Angus McCann	Cllr Derek Milligan
Cllr Kelly Parry	Cllr Pauline Winchester	

Present (non-voting members):

Morag Barrow (Chief Officer)	Grace Chalmers (Staff side representative)	Wanda Fairgrieve (Staff side representative)
Claire Flanagan (Chief Finance Officer)	Miriam Leighton (Third Sector)	

In attendance:

Keith Chapman	Grace Cowan (Head of Primary Care and Older Peoples Services)	Nick Clater (Head of Adult & Social Care)
Elouise Johnstone (Programme Manager for Performance)	Saty Kaur (Chief Officer Corporate Solutions – Acting)	Graham Kilpatrick (Service Manager Disabilities)
Gill Main (Integration Manager, NHS)	Jake Murray (Assistant Strategic Manager, NHS)	Akta Nadine
Jim Sherval (Public Health Practitioner, NHS)	Julie Lambert (Minute taker, Business Services)	

Apologies:

Joan Tranent (Chief Social Work Officer)	Claire Gardiner (Audit Scotland)	
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Midlothian Integration Joint Board

Thursday 24 August 2023

1. Welcome and introductions

The Chair, Connor McManus, welcomed everyone to this virtual Meeting of the Midlothian Integration Joint Board (MIJB).

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 22 June 2023 was submitted.

It was acknowledged that there were a few spelling errors in the previous minute and some items to be rectified. Angus McCann did not receive a copy of the invitation and documents.

ACTIONS:

Connor will advise the amendments to the previous minute for Democratic Services to amend. Democratic Services to ensure that Angus is added to the invitation and distribution lists.

4.2 The Minutes of Meeting of the MIJB Strategic Planning Group held on 22 June 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 Connor McManus Councillor McManus noted the Scottish Government are currently consulting on the revised statutory guidance for Strategic Commissioning Plans (SCP) and Annual Performance Reports (APR). The MIJB are planning to do	Board noted the Report		

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>a submission. With the Board approval it was planned to use the Performance Assurance and Governance Group (PAGG) to review the APR guidance and strategic planning group (SPG) to review the NCP guidance to take a draft response to the SPG on 28 September, then take to the Board in October for review. The Chair encouraged Board members to attend PAGG or SPG meetings in September. Any comments to be forwarded to Cllr McManus or Gill Main.</p> <p>The Chair spoke about the Scottish Government meeting tomorrow and referred this to Val. Val updated the meeting tomorrow is in relation to funding challenges. The Chair of MIJB at the time had written to the Cabinet Secretary and had been in contact with Senior Civil Servants. A number of letters have been sent and a response has been received from the Cabinet Secretary and Senior Civil Servants. Morag Barrow Claire Flanagan, Cllr McManus, Val de Souza, COSLA and Scottish Government will be in attendance and MIJB members will feedback in due course.</p>			
<p>5.2 Chief Officers Report – Presented by Morag Barrow, Chief Officer</p> <p>Morag presented the Chief Officer’s Report and highlighted the following:</p> <p>NHS Lothian are now fully funding a 20 bedded ward at Midlothian Hospital.</p> <p>Ongoing inspection of Integrated Care for physical disability. The inspection started in May and concludes in November.</p>			

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Additional funding has been secured to upgrade Primrose Lodge. This will allow the provision of additional respite accommodation for people with learning disabilities within Midlothian.</p> <p>Midlothian Local Development Plan – Gill and her team are leading on the 10 year plan.</p> <p>The two partners from Danderhall Medical Practice have retired. Newbattle Medical Practice have taken over Danderhall Practice. There have been significant improvements already in terms of access and waiting times.</p> <p>There are continued challenges around costs and volumes around prescribing.</p> <p>Morag informed today's meeting is Claire Flanagan's last meeting. Morag thanked Claire for everything she has achieved and wished Claire all the best in her future role.</p> <p>Cllr Parry raised concerns around the pressures on pharmacies regarding prescriptions and queried if there could be cross agency working. Cllr Parry has been inundated with constituent enquiries around pharmacies. Morag acknowledged these continued challenges. There have been some improvements. Morag advised they will continue to feedback to NHS Lothian but highlighted they have no control over pharmacies. Morag will take advice from the Director of Primary Care and feed back to the group.</p> <p>Angus asked about the partnership between Newbattle</p>			

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>and Danderhall Practices. Morag updated Newbattle Practice were pleased to take on Danderhall practice. Newbattle are a very forward thinking practice, they have a large primary care team and work very well with the HSCP, overall Morag said this is a good move. Angus asked if they would be taking on extra GPs. Morag does not have specific details of the medical workforce however she noted there has been improved waiting times already. Morag to feedback specific details in due course.</p> <p>Keith asked whether additional work is required to provide the information the Care Inspectorate require. Morag replied this will involve additional demands on staff. Nick agreed this will be a lot of extra work and noted a manager has been seconded in to carry out some of the work.</p> <p>Val asked whether we are delivering the care or commissioning the care for Primrose Lodge. Nick advised it will be commissioned care as the clients will have complex needs. A care provider has not been identified yet.</p>			
<p>5.3 Annual Performance Report Final Approval - Gill Main, Integration Manager</p> <p>Gill Main presented the Annual Performance Report 2022-23. Members are asked to note the content of this report, approve and grant delegated authority to Morag to publish before 31 August. This date is not in line with the Scottish Government deadline which was 31 July. This is due to the Scottish Government deadlines not taking into account the</p>	<p>Board approved Annual Performance Report</p>		

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>publication date of the PHS validated data.</p> <p>Gill provided two verbal updates to the report: Page 20 of the report, following feedback added in comment about nursing home beds in Midlothian in relation to other NHS areas. This will read “fewer nursing beds than other areas”.</p> <p>Page 30 of report relating to premature mortality. The proportion of deaths in Midlothian in regards to substance misuse. It is proposed the wording reads “a small proportion of premature deaths in Midlothian will be related to substance misuse. In 2022 the number of deaths relating to substance misuse has reduced by 82% to the previous year. More people are known to services and are less likely to die from substance misuse.”</p> <p>Nick commended all the teams involved noting the staff’s commitment to helping people is second to none and do a fantastic job.</p> <p>Cllr Winchester agreed to go with the percentage figure and agreed staff should be commended.</p> <p>Keith drew attention to Page 21 of the report in relation to volunteers. Keith suggested that it could be noted that there is also benefit to volunteers as well as the benefit to people receiving support from volunteers. Gill agreed to look into this further to reinforce this message.</p>			
<p>5.4 Finance Update - Claire Flanagan, Chief Finance Officer</p>	<p>Board noted the Report</p>		

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Claire presented the Finance Update – Quarter 1 2023/24. The report forecasts a £7.8 million overspend.</p> <p>Claire spoke about a significant overspend in relation to prescribing and explained the data from NHS Lothian is 3 months in arrears and a new IT system should provide updated data in September.</p> <p>Claire gave an overview of all overspend projections and recovery plans. In regards to the outstanding pay award, there is on-going dialogues regarding additional funding.</p> <p>Angus asked about the social care overspend. Claire explained the financial projections data are taken from the mosaic system which does not always reflect the reality of actual spending; this is currently being looked at.</p> <p>Keith raised a question around budgeting in relation to Resource Panel. Nick explained two Service Managers approve the funding on a weekly basis, one for adults and one for older people. The Learning Disabilities packages are the most expensive.</p> <p>Sickness levels and recruiting at Newbyres and Highbank are also being looked at.</p> <p>Angus asked about the degree of mitigation the family provide. Claire advised there is a historic trend where there is an initial high overspend which gradually comes down but there are financial pressures.</p>			

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Morag highlighted there is a paper further on in the agenda pack around an initial review of the Learning Disabilities and Resource Panel.</p> <p>Morag spoke about the complexities of the clients at Newbyres. There is an on-going review regarding the demands at Newbyres.</p> <p>Morag noted that as Claire is moving on to another post, she will keep the board updated regarding appointing a new Chief Financial Officer.</p>			
<p>5.5 IJB Performance Report - Elouise Johnstone, Performance Manager</p> <p>Elouise provided an overview of the IJB Performance Report. Members are asked to:</p> <ul style="list-style-type: none"> • Note the performance report against the IJB Improvement Goals for 2023/24 • Approve the proposed local Improvement Goal and test of associated measures • Note the additional meeting for scrutiny of the Annual Performance Report. <p>The delay in the MSG data is an ongoing issue.</p> <p>Elouise spoke about the following: A and E attendances: although there has been an increase in the last 3 months, this is still below average. Unplanned admissions: this is slightly higher but there has been a downward trend over the past quarter</p>	<p>Board noted the Report</p>		

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>Late discharge occupied bed days: last 3 months has shown a sustained improvement. Local Improvement Goal: update will be provided at next IJB</p> <p>Elouise thanked everyone who attended the APR meeting and also thanked the Performance Assurance Group members.</p> <p>Val commented on how much activity goes on in primary and community care.</p>			
<p>5.6 Learning Disability Service Review - Nick Clater, Head of Adult Services</p> <p>Nick provided an overview of the paper. Members are asked to:</p> <ul style="list-style-type: none"> • Note the contents of the Learning Disability Service Review report • Consider the recommendations outlined in the report, and • Approve recommendations within the report. <p>The IJB agreed a review was required on all Learning Disability Services within Midlothian. Carol Benington has been appointed to undertake the review. Nick spoke about the following: Eligibility criteria for Learning Disability. Overnight support needs to be reviewed. Respite service needs to be explored. Design and delivery of services needs to be looked at. External contractual services is around 85% of what is provided which also needs to be reviewed.</p>	<p>Board noted the Report</p>		

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>As previously discussed, the Resource Panel need to be reviewed to monitor the spending in this area. Better forecasting is required. An improvement plan around transition work, from children's services to adult services, is required. Aging carers are referred at crisis points therefore work needs to be done to forecast these issues. A review is required around transport spending.</p> <p>Angus queried the accuracy of the figures regarding learning disabilities, the data in relation to SDS and whether the mosaic system is being replaced. Nick explained the data was the best figures Carol was able to gather. Graham confirmed Mosaic is not being replaced but there are plans to upgrade the system. Graham explained the issues of the cost recording in relation to the SDS costs.</p> <p>Angus made the point that the report conveys the areas that generate costs rather than stating how the costs will be reduced. Nick acknowledged Angus' concerns and gave some examples that need to be explored to reduce costs. Nick had a meeting yesterday to discuss getting some of the finances under control and getting more realistic data from Mosaic. Nick will feedback in due course.</p> <p>Keith commented the budget has gone from 10% of overall spend to 15% overall. Keith worries about the report conveying how costs are going to increase but less about how these costs will be controlled.</p> <p>Val raised the point that there are two multi-disciplinary teams; Community Learning Disability Team and the Social Work Team. Nick acknowledged this point, noting there are</p>			

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
<p>two different management lines and stated there is scope to look at this in the future.</p>			
<p>5.7 Public Health Recommendations for Midlothian IJB in response to Director Of Public Health Report Jim Sherval, Public Health Consultant</p> <p>Jim provided an overview of the report noting the key recommendation, 2.1 in the report, employability and employment support for local people in health and social care employment.</p> <p>Angus asked if they are at a stage whereby they are able to determine the specific actions needed. Jim said they have a number of ideas but are not at a stage of presenting an action plan.</p> <p>Val suggested partnership working with people who have direct responsibility for employability, e.g. skillnet. Jim agreed. Cllr Parry has noted she is happy to help.</p>	<p>Board noted the Report</p>		
<p>5.8 IJB Self Development Plan - Duncan Stainbank, Chief Internal Auditor</p> <p>Due to technical issues Duncan was unable to join the meeting. Any questions to be raised with Duncan offline.</p>	<p>Board noted the Report</p>		
<p>5.9 IJB Performance Framework - Elouise Johnstone, Performance Manager</p>	<p>Board noted the Report</p>		

Midlothian Integration Joint Board

Thursday 24 August 2023

Report Title/Summary	Decision	Action Owner	Date to be Completed/Comments
Elouise had already left the meeting and advised the report was for noting and she is happy to take any questions by email.			
<p>5.10 Governance Position Overview - Gill Main, Integration Manager</p> <p>Gill noted three key areas for review:</p> <ul style="list-style-type: none"> • Records Management Plan • Scheme of Publication • Risk Register Policy <p>Gill stated the report is for noting and is happy to take any questions.</p>	Board noted the Report		
<p>5.11 Strategic Commissioning Plan 2025-28 Development Timeline - Gill Main, Integration Manager</p> <p>Gill anticipates there will be a paper presented to MIJB in the first part of 2024.</p>	Board noted the Report		

6. Private Reports

No items for discussion

7. Any other business

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

Midlothian Integration Joint Board

Thursday 24 August 2023

Chair gave a special mention to Claire. Chair thanked Claire for the time she has given to the MIJB partnership and everyone wished Claire all the best in her new position.

8. Date of next meeting

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

- Thursday 12 October at 2pm

(Action: All Members to Note)

The meeting terminated at 3.30 pm.

DRAFT

MINUTE of MEETING of the WEST LOTHIAN INTEGRATION JOINT BOARD held within COUNCIL CHAMBERS, WEST LOTHIAN CIVIC CENTRE, LIVINGSTON, on 19 SEPTEMBER 2023.

Present

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

Non-Voting Members – Steven Dunn, Hamish Hamilton, Alan McCloskey, Douglas McGown, Ann Pike and Alison White

Apologies – Damian Doran-Timson, David Huddlestone and Linda Yule

In attendance – Sharon Houston (Head of Strategic Planning and Performance), Karen Love (Senior Manager Adults Services & Acting Chief Social Work Officer), Mike Reid (General Manager for Mental Health and Addiction Services), Katy Street (Communication & Engagement Lead) and Lorna Kemp (Programme Manager, Mental Health and Workforce Planning)

1. DECLARATIONS OF INTEREST

No declarations of interest were made.

2. MINUTE

The IJB approved the minutes of its meeting held on 8 August 2023 as a correct record.

3. MINUTES FOR NOTING

- (a) The IJB noted the minute of the West Lothian Integration Joint Board Audit, Risk and Governance Committee held on 7 June 2023.
- (b) The IJB noted the minute of the West Lothian Integration Joint Board Strategic Planning Group held on 20 July 2023, subject to requesting the removal of a double entry for Ashely Goodfellow in the sederunt.
- (c) The IJB noted the minute of the West Lothian Integration Joint Board Health and Care Governance Group held on 11 July 2023.

4. MEMBERSHIP & MEETING CHANGES

The Clerk advised that there were no membership or meeting changes to be considered.

5. CHIEF OFFICER REPORT

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

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.

In addition to the information set out in the report, the Chief Officer also gave a verbal update on the progress of the new Care at Home contracts along with an update on the planned actions to address the findings of the staff experience survey that were of interest to IJB members.

Decision

1. To note the terms of the report.
2. To note that the Chief Social Worker would provide a progress update on the Care at Home contracts and determine the best way of reporting quality monitoring of the new contacts to the board.
3. To note that the Chief Officer would incorporate enhancing awareness of IJB members at a future development session.

6. AUDIT OF THE 2022/23 ANNUAL ACCOUNTS

The IJB considered a report (copies of which had been circulated) by the Chief Finance Officer advising of the conclusion of the audit of the Integration Joint Board Annual Accounts for 2022/23 and highlighting key points from the draft Annual Audit Report.

It was recommended that the IJB:

1. Considers the draft Annual Audit Report for 2022/23;
2. Notes that the Audit, Risk and Governance Committee reviewed the Annual Accounts and Annual Audit Report on 6 September 2023 and had no recommendations for the Board; and
3. Agrees that the Audited Annual Accounts 2022/23 for signature and for publication.

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

To approve the terms of the report.

7. 2023/24 MONTH 4 FORECAST OUTTURN

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 for the Integration Joint Board based on the outcome of the month 4 monitoring process.

It was recommended that the IJB:

1. Considers the forecast outturn for 2023/24 which took account of delivery of agreed savings;
2. Notes that NHS Lothian had not yet allocated additional funding from Scottish Government for sustainability and new medicines; and
3. Notes that further updates on the in-year budget position and progress towards achieving a balance budget position would be reported to future board meetings.

Decision

To note the terms of the report.

8. THE WEST LOTHIAN IJB COMMUNICATION AND ENGAGEMENT STRATEGY 2023-2026

The IJB considered a report (copies of which had been circulated) by the Communication and Engagement Lead presenting the new IJB Communication and Engagement Strategy 2023-26 which was set out in an appendix to the report and providing an update on the communication and engagement activity that was undertaken in 2022/23.

It was recommended that the IJB:

1. Notes the communication and engagement activity that had been undertaken during 2022/23; and
2. Approves the West Lothian IJB Communication and Engagement Strategy 2023-2026 and agrees to its publication.

Decision

To approve the terms of the report.

9. COMMUNITY HOSPITAL PROVISION

The IJB considered a report (copies of which had been circulated) by the Chief Officer seeking the agreement of the IJB that a Direction be issued to NHS Lothian to implement the decisions made by the Board on 8th August in relation to community hospitals in West Lothian.

It was recommended that the IJB agrees that the Direction, set out in the appendix to the report, relating to community hospital provision in West Lothian be issued to NHS Lothian.

Decision

To approve the terms of the report.

10. HSCP WORKFORCE PLAN ANNUAL UPDATE

The IJB considered a report (copies of which had been circulated) by the Head of Strategic Planning and Performance outlining progress made in taking forward the priorities of the Health and Social Care Partnership (HSPC) Workforce Plan 2022-25 and providing an update on the workforce planning priorities for the next year.

It is recommended that the IJB:

1. Note the progress against the HSCP Workforce Plan;
2. Note the priorities for the next year;
3. Note that a further review of the action plan and Workforce Planning Group governance structure would be undertaken in September 2023; and
4. Agree to the publication of the HSCP Workforce Annual Plan Annual Update on the HSCP website.

Decision

To approve the terms of the report.

11. WLHSCP AUTUMN/WINTER SEASONAL FLU AND COVID- 19 VACCINATION DELIVERY PROGRAMMEME 2023/24

The IJB considered a report (copies of which had been circulated) by the Head of Manager for Primary Care and Community Services outlining the West Lothian Health and Social Care Partnership's (WLHSCP) 2023/24 Autumn/Winter Seasonal Flu and Covid vaccination programme.

It was recommended that the IJ notes the content of the report and acknowledges the work of teams in development this year's plan, specifically in relation to the challenging re-phasing requirements in response to an emerging Covid-19 variant.

Decision

To note the terms of the report.

12. CHIEF SOCIAL WORK OFFICER – UPDATE REPORT

The IJB considered a report (copies of which had been circulated) by the Chief Social Work Officer providing an update on key social work and social care developments. The annual Chief Social Work Officer report for 2022-23 would be presented to the IJB in January 2024.

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

Decision

To note the terms of the report.

13. THE WEST LOTHIAN ALCOHOL AND DRUG PARTNERSHIP UPDATE

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services providing information to the IJB on the 2022 West Lothian Drug Related Deaths and Alcohol Specific Deaths and association actions.

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

Decision

To note the terms of the report.

14. PROBABLE SUICIDE REPORT 2022

The IJB considered a report (copies of which had been circulated) by the General Manager for Mental Health and Addictions Services noting the 2022 Probable Suicide figures for West Lothian and noting the progress towards a Suicide Prevention Plan in West Lothian.

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

Decision

To note the terms of the report.

15. WEST LOTHIAN CARERS STRATEGY PROGRESS UPDATE

The IJB considered a report (copies of which had been circulated) by the Senior Manager – Adult Services presenting members with a West Lothian Carer Strategy update which was requested on a 6-monthly basis.

It was recommended that the IJB:-

1. Notes the content of the report; and
2. Notes the progress made in the Carer Strategy action plan.

Decision

To note the terms of the report.

16. ADULT SUPPORT AND PROTECTION IMPROVEMENT ACTIVITY

The IJB considered a report (copies of which had been circulated) by the Senior Manager – Adult Services providing an update to members on progress of improvement activity following the Joint Inspection of Adult Support and Protection and subsequent publication of the report on 6th September 2022.

It was recommended that members:-

1. Note the content of the report; and
2. Notes the progress of work to date and ongoing actions being taken to address identified areas for improvement.

Decision

To note the terms of the report.

17. WORKPLAN

A workplan had been circulated for information.

Decision

To note the workplan.

18. DATES OF FUTURE MEETINGS

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

Decision

1. To note the dates of future meetings.
2. To note that the November 2023 and January 2024 would take place virtually.

19. CLOSING REMARKS

The Board heard that this would be Bill McQueen's last substantive meeting as the position of Chair would revert to the council to appoint for a 2-year period from November 2023. On behalf of the IJB, Councillor McGuire extended a huge vote of thanks to Bill for his service and dedication as Chair. He also thanked him for the welcoming way in which

he had helped new members fit into their roles on the IJB.



MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 21 SEPTEMBER 2023
VIA DIGITAL MEETINGS SYSTEM

Voting Members Present:

Councillor S Akhtar (Chair)
Ms E Gordon
Ms F Ireland
Councillor C McFarlane
Councillor G McGuire* (*substitute*)
Mr P Murray

Non-voting Members Present:

Ms M Allan	Mr D Aston
Mr D Binnie	Ms L Byrne
Ms C Flanagan	Dr J Hardman
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms F Wilson

Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms C Goodwin	Ms J Jarvis
Ms G Neil	Ms L Rowlinson

Clerk:

Ms F Currie

Apologies:

Councillor L Bruce*
Mr A Cogan
Councillor L Jardine**
Dr P Conaglen

Declarations of Interest:

None

*[**The substitute appointed by Councillor Jardine was unable to attend the meeting due to technical difficulties.]*

1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 22 JUNE 2023 (FOR APPROVAL)

The minutes of the IJB meeting on 22nd June were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 22 JUNE

The following matters arising were discussed:

Item 7 (2022/23 Draft Unaudited Annual Accounts) – The Chair noted discussion around ELC and Audit Scotland and expressed concern that the minutes did not accurately reflect what had taken place. Fiona Ireland confirmed that the question and the answer given at the meeting was that had been accurately reflected in the minutes.

The Chair wanted to highlight that the media coverage was factually inaccurate and she would like this reflected in the minutes.

Peter Murray suggested that the Chair's concerns could be recorded in the 'Matters Arising' from the minutes of this meeting and any further discussion could take place out with the meeting. The Clerk confirmed that the Chair's view could be recorded within 'Matters Arising' in the minutes of this meeting (21 September). Ms Ireland concurred with this suggestion.

Claire Flanagan stated that the main point from the last meeting had been whether the IJB should be concerned, or have the issue reflected in their accounts. She had clearly stated at that time that there was no need for concern. She had received letters of assurance from the partners, she was working through the audit process with Audit Scotland and there was no risk to IJB.

3. CHAIR'S REPORT

The Chair reported on a meeting of IJB Chairs/Vice Chairs which had included a helpful presentations, discussion and debate on the National Care Service (NCS), SSSC and funding for a national agency for social work. The meeting had also provided the opportunity to speak to the team dealing with governance and structures within the NCS and to feedback to them on the challenges from an East Lothian perspective.

Mr Murray indicated that a composite of presentations from the meeting had now been circulated to attendees and he said he would send to the Clerk for distribution to IJB members.

The Chair also informed members that further events were planned on the NCS, including in Edinburgh. This was an area which the IJB would need to keep in view, to ensure that the new body would offer the least level of bureaucracy and would strengthen and support the positive work already done by IJBs across the country.

The Chair also informed members of the following events:

A Dementia-friendly East Lothian event in Haddington which brought together groups from across county to reflect on the establishment of the new centre in Musselburgh and to provide the opportunity for them to contribute to the new dementia strategy for East Lothian.

The publication of the Census information which had highlighted that between 2011 and 2022 East Lothian saw a population increase of 12.6%; the second highest in Scotland.

A recent development session for IJB members on primary care and prescribing and the challenges facing both areas.

A very useful adult mental health wellbeing network event which had brought together groups from across East Lothian.

Meetings with Keep the Heid, a local mental health charity.

A Care and Repair Board meeting this morning to support people coming out of hospital.

The Chair invited members to contact her if they would like further information of any of the events/issues raised in her report.

4. QUARTER 1 FINANCIAL FORECAST FOR 2023/24

A report was submitted by the Chief Finance Officer laying out the results of the partner's (East Lothian Council and NHS Lothian) quarter one financial reviews and considering how these impact on the projected financial position of the IJB for 2023/24. It also reports on the quarter 1 monitoring of the IJB financial recovery plans and the current reserves position.

Before presenting her report Claire Flanagan informed members that the IJB's annual accounts for 2022/23 and the annual external audit report had been delayed. This was caused by resource issues within Audit Scotland's audit team and their desire to conclude testing within East Lothian Council before finalising the IJB's audit. John Boyd, audit director, had attended the recent Audit & Risk Committee meeting to inform members of the delay and the reasons for this.

Ms Flanagan then turned to her Quarter 1 financial report. She informed members that the IJB's forecast overspend for the year-end was currently £8.5M. The main drivers of which related to the prescribing and set aside budgets within health, and commissioned services within social care. She advised that some data had still to be fed into these forecasts and it was likely that these figures would be revised down, once this information was available. The figures would be further improved by the IJB receiving a share of additional Scottish Government funding to support sustainability and new medicines funding, and if East Lothian Council approved the passporting to the IJB of any additional Scottish Government funding to support the local authority pay settlement.

Ms Flanagan also drew attention to the financial recovery plans set out in the report and the general reserves position.

Ms Flanagan responded to questions from Mr Murray. She advised that the HSCP were looking at putting in place additional controls and escalation processes to address issues around care home beds and learning disability placements and bring these back within affordability levels. Regarding the set aside budget, she advised that while this was not managed by the HSCP, colleagues from NHS Lothian were routinely invited to present to the Board on the issues around the set aside budget.

Mr Murray acknowledged that there continued to be significant pressure on care home beds and it would be interesting to see what impact these actions would have. On set aside budgets, he agreed that additional insight would be helpful and may help the IJB to understand what opportunities it might have to influence things going forward.

Ms Flanagan agreed to request that a presentation be given to IJB members.

In response to a question from David Aston, Ms Flanagan confirmed that the delay in finalising the accounts and annual audit was a result of resource issue within Audit Scotland and that no issues had been raised following a review of the first draft of the accounts.

SA – met of chairs/vice chairs; finance office from Glasgow; engagement with SG around challenges; any advice from SG re use of reserves or clawing back of reserves?

Replying to questions from the Chair, Ms Flanagan advised that a lot of work had been done by CFOs to feedback to the Scottish Government on the financial challenges facing IJBs. A joint report had been prepared at budget time which had been shared with CoSLA, Directors of Finance and Scottish Government, and there was a shared ambition to produce a further iteration of this report. In addition, IJBs continued to submit quarterly returns to the Scottish Government.

On the issue of recovery plans, Ms Flanagan stated that these plans had been assessed and consideration had been given to whether impact assessments were required. At present, recovery plans focused mainly on operational changes but going forward it was likely that these plans would include strategic and policy changes which would require integrated impact assessments.

The Chair thanks Ms Flanagan for her report. She noted the importance of monitoring financial processes and of highlighting the challenges facing IJBs. She referred to the recent visit to east Lothian by the Deputy First Minister which had provided an opportunity to highlight the challenges faced by significant population growth within the county.

Decision

The IJB agreed to:

- i. Note the quarter one financial review undertaken by partners;
- ii. Note the update on financial recovery plans; and
- iii. Note the IJBs general reserve position.

5. INTERIM APPOINTMENT OF CHIEF FINANCE OFFICER

A report was submitted by the Chief Officer informing the IJB of the intention to temporarily appoint a Chief Finance Officer/Section 95 Officer (CFO) to cover the vacancy created by the departure of the current postholder, until such time as the substantive post is filled.

Paul Currie presented the report. He outlined the process for the temporary appointment of new CFO, while arrangements were put in place to appoint substantively to the vacancy created by Ms Flanagan's departure. The report also set out the regulations and requirements and highlighted that the CFO role was a joint appointment with Midlothian IJB. The recruitment process would be undertaken in conjunction with Midlothian IJB, as well as East Lothian Council and NHS Lothian.

The Chair thanked Ms Flanagan for her contributions as CFO over the past few years and wished her well in her new role.

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

Decision

The IJB:

- i. Agreed to the proposal to recruit, as an interim arrangement, cover for the Chief Finance Officer/Section 95 Officer vacancy, resulting from the departure of the previous postholder;
- ii. Delegated authority to the Chief Officer and Chair of the IJB to approve the interim appointment on the IJB's behalf after the recruitment process; and
- iii. Noted that an update on the outcome of this process will be provided at a future IJB meeting.

6. CHANGES TO THE IJB MEMBERSHIP

A report was submitted by the Chief Officer informing and seeking approval from the IJB regarding changes to its non-voting membership.

Fiona Wilson presented the report. She outlined the changes to the non-voting membership, as set out in the report.

The Chair thanked Lorraine Cowan for her contributions to the IJB and the HSCP and wished her well in her new role. She also welcomed John Hardman and David Hood to the IJB.

Dr Hardman apologised for missing the recent development session and said he looked forward to contributing to the work of the IJB going forward.

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

Decision

The IJB:

- (i) agreed the appointment of Dr John Hardman as a non-voting member of the IJB for the maximum term of office;
- (ii) agreed the appointment of Sarah Gossner as a non-voting member of the IJB, replacing Lorraine Cowan in the role of Chief Nurse, for the maximum term of office; and
- (iii) noted the appointment of David Hood as a non-voting member of the IJB, replacing Iain Gorman in the role of Head of Operations within East Lothian HSCP.

7. EAST Lothian IJB REVISED JOINT INTEGRATION SCHEME 2023

A report was submitted by the Chief Officer informing the IJB of the approval by Scottish Ministers of a revised Joint Integration Scheme, jointly developed by NHS Lothian and East Lothian Council.

Mr Currie presented the report. He reminded members of the need to review the Integration Scheme and outlined the background to the process which had been taken forward by NHS Lothian, in conjunction with the Council, during March 2023. He noted that although the IJB did not have a formal role in the review process, IJB members had been invited to offer views as part of a broader consultation exercise. The revised Scheme had now been approved and he commended it to members.

Mr Murray suggested that the IJB consider the aspirations set out in the Scheme, in particular around tackling health inequalities and investing the resources of the health and social care economy wherever it would have the greatest impact in meeting shared objectives; and addressing the significant challenges facing the HSCP.

The Chair echoed the remarks made by Mr Murray and noted some of the main changes to the Integration Scheme.

Decision

The IJB:

- i. Noted the process for the development of the revised Integration Scheme and the external factors causing delays to its completion;
- ii. Noted that although notification of the revised Scheme's approval was only formally received in July 2023, the revisions within have applied to the IJB from 15th May 2023;
- iii. Noted that the next review of the Integration Scheme would be in 2028, unless otherwise directed by Scottish Ministers; and
- iv. Noted that the revised Scheme was presented to the East Lothian Strategic Planning Group on 24 August 2023.

8. EAST LOTHIAN COMMUNITY HOSPITAL (ELCH) WARD 5 ORTHOPAEDIC REHABILITATION

A report was submitted by the Chief Officer informing IJB members of the development of NHS Lothian's use of Ward 5 of East Lothian Community Hospital (ELCH) for the provision of in-patient orthopaedic rehabilitation, as part of its Orthopaedic Recovery Plan. The Ward opened to the first 8 patients week beginning 4 September 2023.

Ms Wilson presented the report. She outlined the background to the development of the orthopaedic rehabilitation provision at ELCH and provided details of the anticipated type and number of procedures the service would be supporting. She noted that the development of this service would also provide the opportunity for the ELCH to become a centre of excellence.

Mr Murray offered his full support for the proposals and recognised the benefits for East Lothian residents.

Elizabeth Gordon echoed these sentiments and asked how many East Lothian residents were likely to use the service. Ms Wilson said it was a Lothian-wide service and allocation would be done on a list basis, involving those patients were ready first, rather than prioritising East Lothian residents. She added that there had already been some very good feedback from patients, and she hoped this could be shared with IJB members.

Replying to a question from Councillor McGuire, Ms Wilson explained that while ELCH was not equipped to carry out surgery it was very well designed to provide rehabilitation services for patients when they no longer needed acute care.

Jennifer Jarvis said she had provided members with links to feedback videos and further information on the service. This information had also been shared with patients and families prior to their use of service.

Dr Hardman said that clinicians were convinced that this was a positive step and a lot of work had been undertaken to ensure it was as safe as possible. He also commended the rehabilitation team for their proactive approach to delivering effective rehabilitation.

Replying to a question from the Chair, Ms Wilson acknowledged that workforce remained a challenge. A great deal of work had been done to produce a plan to recruit non-registered and trained staff to allow the expansion of the service up to the maximum of 24 beds.

The Chair added her support for the work being undertaken and thanked the team for their efforts in supporting this service and in helping patients to get home as soon as possible.

Decision

The IJB:

- i. Noted the development by NHS Lothian for orthopaedic rehabilitation in-patient provision at ELCH; and
- ii. Noted the positive impact of this development for East Lothian residents and for ELCH, and that funding would be through the Elective Recovery Programme, with no direct financial implications for the East Lothian IJB.

9. EAST Lothian IN-REACH PROJECT AT THE ROYAL INFIRMARY OF EDINBURGH

A report was submitted by the Chief Officer updating the IJB on ongoing development and delivery of the In-reach Programme.

Laura Rowlinson gave a presentation providing a brief overview of the In-Reach programme being run by the rehabilitation service within RIE. She outlined the overall approach, staffing resource, funding and project activity during Phase 1 and Quarter 1 of Phase 2. She advised that data gathered during Phase 1 had helped to refine services in Phase 2 and further support discharge planning, including the design of an early intervention assessment for patients in A&E. She concluded that the project had a data-driven ethos and a flexible approach which had allowed them to adapt and refine services and data would continue to be gathered and analysed to further improve services.

Mr Murray asked about identifying the anticipated savings that might accrue and whether this project could be submitted to the Scottish Government as an example of good practice, should the evaluation deem it to be successful and sustainable.

Ms Wilson said that the work had already been flagged to Scottish Government, and NHS Lothian were also keen to develop the project with a view to gaining a broader impact across Lothian. The project had challenged current roles and responsibilities and the culture of where rehabilitation and assessment could take place. She added that it

was important to take things a step further and have conversations about shifting the balance of care, getting better and earlier intervention and scaling up good practice.

Dr Claire Mackintosh commended the project from a 'front door' perspective but said that work was needed by clinicians to improve the consistency of approach for patients from different areas. She also particularly liked the assertive case finding approach adopted by the team.

Ms Wilson agreed with this comment and the need to influence shifts in roles and responsibilities and better support discharge planning, and good outcomes for patients.

Dr Hardman commended the project but said it was equally important to consider what can be learned from engagement with staff to date and how this can be used to improve service delivery in future.

Ms Rowlinson advised that there had been lots of learning gained and the general response within RIE had been very positive. She said that in East Lothian, staff were very innovative and liked change, however, not everyone had that approach and a significant amount of communication and relationship building had been required. Getting people invested was an ongoing process but improving buy-in would enhance profile of HSCP and improve the success of project going forward.

Maureen Allan said that it was also important to engage with the community and build capacity within community services to help support patients' rehabilitation journeys.

Lesley Berry acknowledged that it would not be possible to deliver this project without the third sector and other partners, and the support of the community in East Lothian. It had been difficult at the 'front door' and on the wards at times. However, her staff had agreed at beginning that they would be totally professional and would keep going despite the challenges. She complimented the team members on their ability to maintain their professionalism and she noted that things had started to improve.

In reply to a question from the Chair, Ms Rowlinson agreed that the case studies were good to read and there were many to choose from. She confirmed that new case studies would be added to the forthcoming six-monthly report.

Mr Murray referred to the comments made by Ms Berry and Dr Mackintosh relating to the challenges associated with the challenges resulting from staff working together on this project and how these can be reconciled going forward; and the need to improve consistency of this work across all 4 Lothian IJB areas. He hoped that the clear potential benefits for patients and staff should be sufficient to allow teams to navigate their way through individual challenges. He also hoped that the project could be promoted as good practice beyond the borders of East Lothian.

Ms Wilson said that as Unscheduled Care Programme Chair she was already trying to do this. There were significant cultural issues around bringing people along with the project and finding a pace people were comfortable with. However, the management team within NHS Lothian were very supportive and further development of this service was the shared ambition of all partnerships working across Lothian.

In response to questions from the Chair, Ms Wilson advised that unscheduled care monies had funded the project to date. Evaluation of the project had provided the data to support a wider conversation around set aside and this would be the next stage in the process. She also acknowledged that communication and engagement with communities was key to ensure people were aware of the service.

Ms Jarvis offered to create a press release, based on the information in Ms Rowlinson's report, and circulate widely to promote the positive outcomes from this work.

Decision

The IJB agreed to note the positive evaluation of Phase 1 of the In-reach Project and the agreement to continue delivery until March 2024.

Signed

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board



Minute

Edinburgh Integration Joint Board

Tuesday 21 September 2023

Hybrid meeting held in the Main Council Chamber, City Chambers, High Street, Edinburgh and via Microsoft Teams

Present

Board Members

Katharina Kasper (Chair), Councillor Tim Pogson (Vice-Chair), Bridie Ashrowan, Robin Balfour, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, George Gordon, Matthew Kennedy (substituting for Rose Howley), Peter Knight, Jacqui Macrae, Mike Massaro-Mallinson, Allister McKillop, William McQueen (substituting for Peter Murray), Councillor Claire Miller, Councillor Max Mitchell, Councillor Vicky Nicolson and Moira Pringle.

Officers

Lesley Birrell, Jacqueline Boyle, Colin Briggs, Hannah Cairns, Deborah Mackle, Brickchand Ramruttun and David Walker.

Apologies

Heather Cameron, Elizabeth Gordon, Ruth Hendery, Kirsten Hey, Rose Howley, Grant Macrae, Peter Murray and Emma Reynish.

1. Deputation – Unite Edinburgh Not for Profit Branch

A deputation was submitted in relation to item 6 - Finance Update.

The deputation made the following key points:

- Concerns that no solution had yet been identified to bridge the remaining £14.2m budget deficit noting that discussions with partners on this issue had been positive.
- Concerns that, as highlighted in the Chief Finance Officer's report, if no solution was identified to address the financial gap, a recovery plan would require to be presented to a future meeting of the Board which would result in service reductions leading to poor outcomes for people, worsened performance and endanger delivery of the improvement plan.
- There would also be poorer outcomes for staff – health and safety standards would be undermined and the deputation queried how the IJB could improve recruitment and retention of staff if further cuts were implemented.
- The deputation was concerned about the lack of planning, strategy and funding necessary to address the staffing crisis impacting social care across the city.

Decision

To thank the deputation for the presentation.

2. 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.

3. Rolling Actions Log

The Rolling Actions Log updated to September 2023 was presented.

Decision

- 1) To agree to close Action 3 – General Medical Services Provision in South-East Edinburgh – Liberton High School Campus.
- 2) Action 1 – System Pressures Update – to note that the briefing would be circulated by the end of September and that an update would also be included in the Improvement Plan Update report to the Board.
- 3) Action 2 – Chief Social Work Officer Annual Report – to note that the report was scheduled to be presented to the October Board meeting.

4) Action 4 – Bed Base Review Update – to note that an update on the reframed Frailty Pathways Programme and indicative timelines would be reported in the next Interim Chief Officer’s briefing paper.

5) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log September 2023, submitted)

4. Edinburgh Integration Joint Board Audited Annual Accounts 2022-23

The 2022/23 annual accounts for the Edinburgh Integration Joint Board were presented for approval and adoption. The Audit and Assurance Committee had considered the annual audited accounts in detail along with the external audit annual report and the internal audit annual opinion.

The external auditor had provided an unmodified opinion on the annual accounts and had highlighted significant findings and key audit themes together with details of the associated agreed management actions.

Decision

- 1) To note the “amber” rated internal audit opinion for the year ended 31 March 2023.
- 2) To approve and adopt the annual accounts for 2022/23.
- 3) To authorise the designated signatories (Chair, Interim Chief Officer and Chief Finance Officer) to sign the annual report and accounts on behalf of the Board.
- 4) To authorise the Chief Finance Officer to sign the representation letter to the auditors on behalf of the Board.

(References – Audit and Assurance Committee 13 September 2023 (item 6); report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

5. Committee’s Annual Assurance Report – referral from the Audit and Assurance Committee

The following committee assurance statements had been presented to the Audit and Assurance Committee for scrutiny – Clinical and Care Governance Committee – Performance and Delivery Committee, Strategic Planning Group and Audit and Assurance Committee.

The Committee agreed:

- 1) To note the moderate assurance following the review of the committee assurance statements.
- 2) To note there had been no suspension of the standing orders in 2022/23.

- 3) To note that no breaches of the code of conduct had been recorded in 2022/23.
- 4) To note the due date for recruitment of the Chief Risk Officer was December 2023.
- 5) To request that an appendix be added to the report prior to submission to the Edinburgh Integration Joint Board setting out definitions of assurance levels for the purposes of clarification.
- 6) To note the ongoing work with internal audit to align audit and assurance terminology used by the City of Edinburgh Council and NHS Lothian and that a paper detailing this work would be brought to the Audit and Assurance Committee for consideration at its next meeting scheduled for 13 December 2023.
- 7) To note that the Chief Finance Officer would revisit the committees' assurance returns and feedback on any further emerging themes, improvements or actions required.
- 8) To refer the report to the Edinburgh Integration Joint Board.

Decision

- 1) To note the report.
- 2) To ask officers to explore the possibility of making all IJB committees' meeting papers public and to provide an update in the Governance Arrangements report to the October Board meeting.

(References – referral report from the Audit and Assurance Committee 13 September 2023, submitted)

6. Finance Update

An update was provided on the financial performance of delegated services. The level of assurance provided of a breakeven position for 2023/24 was limited, given the remaining budget deficit. Should no resolution be identified over the coming weeks, a recovery plan would be presented to the October meeting of the Board.

Decision

- 1) To note the financial position for delegated services to 31 July 2023 and associated year end forecast.
- 2) To note the limited assurance provided by the Chief Finance Officer.
- 3) To note that the Council's Finance and Resources Committee, on 21 September 2023, had deferred consideration of the revenue monitoring report to a special meeting on 9 October 2023 (or suitable alternative date to be confirmed) to allow the report to be scrutinised in full with full understanding of each Directorate's pressure.

- 4) To note that, that, in the interim, briefing sessions would be arranged between the EIJB's Executive Management Team and Finance and Resources Committee members to understand and consider the reported EIJB budget pressure for 2023/24 and the planned mitigating actions.
- 5) To re-arrange the EIJB meeting scheduled for 10 October 2023 to 17 October 2023 (or such other alternative date to align with the Special Meeting of the Council's Finance and Resources Committee) to allow a further finance update and recovery plan to be provided for consideration.

(References – EIJB Performance and Delivery Committee 6 September 2023; report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted)

7. Membership Proposal – referral from the Strategic Planning Group

The Strategic Planning Group had referred a report proposing appointments to the membership of the Group to the Edinburgh Integration Joint Board for approval.

Decision

- 1) To approve the following appointments to the Strategic Planning Group:
 - Jean Gray, CEO Viewpoint (Registered Social Housing Representative)
 - Matt Kennedy, Principal Social Work Officer, Edinburgh Health and Social Care Partnership
 - Jane Perry, Director, Bluebird Care Ayrshire, Edinburgh & Glasgow South (Independent Provider of Social Care Representative)
- 2) To note the proposals to fill existing gaps in the SPG membership with immediate effect.

(Reference – referral report from the Strategic Planning Group 16 August 2023, submitted)

8. Chief Officer Appointment to the Edinburgh Integration Joint Board and Health and Social Care Partnership

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

Following the approved recruitment process, the Panel led by Edinburgh Integration Joint Board members together with members from the City of Edinburgh Council and NHS Lothian, had agreed to recommend the appointment of Pat Togher to the post of Chief Officer subject to satisfactory pre-employment checks.

Decision

To approve the appointment of Pat Togher to the permanent post of Chief Officer, Edinburgh Integration Joint Board and Edinburgh Health and Social Care Partnership.

(References – Edinburgh Integration Joint Board 13 June 2023 (item 9); report by the Service Director HR, City of Edinburgh Council, submitted)

9. One Edinburgh

The Board agreed, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, to exclude the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 6, of Part 1 of Schedule 7A of the Act.

Information was provided on the proposed implementation of a One Edinburgh approach for all homebased support services, to ensure equity of access to quality support across the city for people and their carers.

Decision

- 1) Detailed in the confidential schedule, signed by the Chair, with reference to this minute.
- 2) To note that a public version of the report would be made available following this meeting for distribution as part of the communications plan to all stakeholders.

(References – Edinburgh Integration Joint Board 21 August 2021 (item 11); report by the Interim Chief Officer, Edinburgh Integration Joint Board, submitted)

by virtue of paragraph(s) 6 of Part 1 of Schedule 7A
of the Local Government(Scotland) Act 1973.

Document is Restricted

Board
06 December 2023

Chair

APPOINTMENT OF MEMBERS TO COMMITTEES AND INTEGRATION JOINT BOARDS

1 Purpose of the Report

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

2 Recommendations

The Board is recommended to approve:

- 2.1 The appointment of Andrew Fleming as Vice Chair of the Board, with effect from 1 February 2024 and for a period of three years.
- 2.2 The appointment of Val De Souza as Chair of the Staff Governance Committee, with effect from 1 February 2024.
- 2.3 The appointment of Andrew Fleming as Chair of the Remuneration Committee, with effect from 1 February 2024.
- 2.4 The appointment of Andrew Cogan as a member of the Healthcare Governance Committee, with effect from 1 February 2024.
- 2.5 The appointment of Peter Knight as a co-Chair of the Pharmacy Practices Committee, with effect from 1 February 2024.
- 2.6 The appointment of Martin Connor as NHS Lothian's Lead Voting Member on the West Lothian Integration Joint Board, with effect from 1 February 2024.
- 2.7 The appointment of Andrew Cogan as NHS Lothian's Lead Voting Member on the East Lothian Integration Joint Board, with effect from 1 February 2024.

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.

- 2.8 The appointment of Philip Allenby as a Voting Member of the City of Edinburgh Integration Joint Board, with effect from 1 February 2024.

3 Discussion of Key Issues

Board Vice Chair

- 3.1 Regulations² dictate the requirement for each NHS Board to appoint a Vice Chair “for the purpose of enabling the business of a Board to be conducted in the absence of the chairperson”. According to the NHS Scotland Blueprint for Good Governance, the appointment of a Vice Chair should be made by the Board, following an open selection process and confirmation of the candidate’s suitability by the Cabinet Secretary.
- 3.2 The current Vice Chair of the Board, Mr. Peter Murray, is due to demit office at the end of January 2024, having completed the maximum permitted term of eight years as a publicly appointed non-executive board member.
- 3.3 Expressions of interest were sought from among the eligible non-executive Board members in July 2023 and an interview process was undertaken in September. The Interview Panel identified Mr. Fleming as the preferred candidate and a recommendation was submitted to the Cabinet Secretary for consideration and approval. Confirmation of the Cabinet Secretary’s approval was received on 26 September 2023.
- 3.4 With the final approval of the Board, Mr. Fleming will assume the role of Vice Chair from 1 February 2024. The proposed appointment term is three years and completion of this full term will be subject to Mr. Fleming being reappointed as a Non-Executive Board Member before his current term ends on 10 April 2026.

Chair of the Staff Governance Committee

- 3.5 This position is currently held by Bill McQueen, whose final term as a Non-Executive Board Member will end on 31 January 2024. Val De Souza has agreed to undertake this role and it is proposed that she be appointed.

Chair of the Remuneration Committee

- 3.6 This position is currently held by Peter Murray, whose final term as a Non-Executive Board Member will end on 31 January 2024. Andrew Fleming has agreed to undertake this role and it is proposed that he be appointed.

Healthcare Governance Committee

- 3.7 A non-executive member vacancy will arise on the Healthcare Governance Committee (HGC) when Peter Murray steps down from the Board. Andrew Cogan has agreed to join the Committee and it is proposed that he be appointed.

² [The Health Boards \(Membership and Procedure\) \(Scotland\) Regulations 2001 \(legislation.gov.uk\)](#)

Pharmacy Practices Committee

- 3.8 The volume and frequency of scheduled Pharmacy Practices Committee (PPC) hearing remain lower than previously forecast. However, with Bill McQueen's departure from the Board, it is felt to be useful to maintain the current number of non-executive board members who may be called upon to chair a hearing. Peter Knight has agreed to become a co-Chair and it is proposed that he be appointed.

West Lothian Integration Joint Board Lead Voting Member

- 3.9 This position is currently held by Bill McQueen, whose final term as a Non-Executive Board Member will end on 31 January 2024. Martin Connor is already a Voting Member of the IJB and has agreed to undertake this role. It is therefore proposed that he be appointed as the Lead Voting Member.
- 3.10 An additional Voting Member of the West Lothian IJB will be identified following the conclusion of the ongoing Non-Executive Board Member recruitment exercise.

East Lothian Integration Joint Board Lead Voting Member

- 3.11 This position is currently held by Peter Murray, whose final term as a Non-Executive Board Member will end on 31 January 2024. Andrew Cogan is already a Voting Member of the IJB and has agreed to undertake this role. It is therefore proposed that he be appointed as the Lead Voting Member.
- 3.12 An additional Voting Member of the East Lothian IJB will be identified following the conclusion of the ongoing Non-Executive Board Member recruitment exercise.

City of Edinburgh integration Joint Board

- 3.13 A Voting Member vacancy will arise on the Edinburgh IJB when Peter Murray steps down from the Board on 31 January 2024. Philip Allenby has agreed to join the IJB as a Voting Member and it is therefore proposed that he be appointed.

Future considerations

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

4 Key Risks

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

5 Risk Register

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

6 Impact on Inequality, Including Health Inequalities

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

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

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

8 Resource Implications

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

Darren Thompson
Board Secretary
22 November 2023

Director of Public Health and Health Policy

NHS Lothian Drug Related Deaths Annual Report 2022

1 Purpose of the Report

- 1.1 The purpose of this report is to recommend that the Committee approve the NHS Lothian Drug Related Deaths Annual Report for 2022. Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 It is recommended that ongoing support is provided to enable the three Alcohol and Drug Partnerships (ADPs) within Lothian to fully implement the Medication Assisted Treatment (MAT) Standards, as well as to deliver on the other actions within their local strategies, in alignment with the [National Mission on Drug Deaths Plan for 2022-26](#). More detailed recommendations for Lothian are set out in the Recommendations Box on page 25 of the Annual Report.

3 Discussion of Key Issues

- 3.1 Nationally, there is ongoing concern over the high levels of drug related deaths in Scotland. The most recent national report on [Drug Related Deaths in Scotland, 2022](#) was published in August 2023, and shows a significant overall decline in drug deaths in Scotland for the first time in the past two decades.
- 3.2 Health Boards are required to conduct local drug related death review and to report on these annually. Previous annual reports for Lothian are available [online](#). The Lothian Drug Related Deaths Annual Report for 2022 shows that overall drug related deaths reduced by 8.5% in Lothian between 2021 and 2022, from 200 to 183 deaths. This reduction was however driven by a reduction in one local authority area (Midlothian). While we welcome this local reduction, and its contribution to an overall reduction in drug related deaths in Lothian, the reduction cannot be directly attributed to any single change in treatment provision or other circumstances that can be isolated for replication elsewhere.
- 3.3 It is acknowledged that drug related deaths in Lothian have not reduced by the same extent as other large boards in Scotland, or the Scotland average. This is in spite of NHS Lothian's level of implementation of the MAT Standards being comparable to other boards, as shown in the [National Benchmarking Report](#). The implementation of MAT Standards in Lothian is however not yet fully complete, and we must continue to progress implementation work, recognising the challenges that we face in recruiting a sufficient workforce to do so. We must also recognise that wider work is required, in addition to MAT Standard implementation, and must continue to progress the development and delivery of all aspects of Lothian's three ADPs Strategies, in alignment with the National Mission on Drug Deaths Plan for 2022-26.

- 3.4 We must also recognise the significant relationship between levels of deprivation and levels of drug related deaths, and continue to address the primary causes of drug use. This includes through work with our four Community Planning Partnerships to reduce levels of poverty and increase access to employment and health and wellbeing-promoting environments across Lothian. Taking action in this way should not only impact on drug related deaths, but on deaths from other causes associated with deprivation, including deaths from alcohol use and suicide.
- 3.5 Data on the substances implicated in deaths in Lothian shows that we need to take action to reduce harm not only from opioid deaths, which the MAT standards are predominantly designed to support, but also to reduce harm from the use of benzodiazepines, including novel benzodiazepines; stimulants; and a range of prescription medications.
- 3.6 Positively, we have seen a slight decrease in the number of drug related deaths where an individual has previously suffered from a recorded non-fatal overdose, as well as a slight decrease in the number of deaths where an individual was in contact with police custody within the six months prior to their death. This may be a sign of the success of assertive outreach work and work within the criminal justice system, which means more people who come into contact with services in these ways are being supported to avoid future drug related deaths.
- 3.7 In line with previous reports, we see that most people die at home, many of whom live alone and / or are alone in their property or room at the time of death. Continued work to explore options to support safer drug consumption may help to address this.
- 3.8 Importantly, our review has identified that many of those who die from drug related deaths have children aged under 16, and that some people who have died from drug related deaths are found by children. It is essential that we continue our work to identify children and families affected by substance use at the earliest opportunity, as well as those bereaved by drug related deaths.
- 3.9 Scottish Government and Public Health Scotland are currently conducting a review of best practice processes in reviewing drug related deaths, and we welcome forthcoming national guidance to ensure our work to review drug related deaths in future is as impactful as possible.

4 Key Risks

- 4.1 Inability to recruit sufficient staff to work within substance use and mental health services presents a risk to the full implementation of the MAT standards and delivery of wider substance use work.

5 Risk Register

- 5.1 No new implications for the risk register.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment was not carried out on this report, however all work to reduce drug related deaths aims to reduce inequality, including health inequalities.

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

- 7.1 Service users have not been engaged in the preparation of this report, however they are routinely engaged in the work of the Lothian ADPs to ensure that services are designed in way that meets the needs of those who use them, their families and communities, in order to reduce drug related deaths going forward.

8 Resource Implications

- 8.1 There are no new resource implications associated with this report, however it is essential that existing resources remain focussed on addressing the issue of drug related deaths, in line with the recommendations set out in the Annual Report.

Flora Ogilvie
Consultant in Public Health
10.11.23
Flora.ogilvie@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: NHS Lothian Drug Related Deaths Annual Report, 2023



Drug Related Deaths Annual Report 2022: Department of Public Health and Health Policy

Report Authors: Niall Moloney, Drug Related Death Coordinator, Public Health & Health Policy; Flora Ogilvie, Consultant in Public Health, Public Health and Health Policy

Date: November 2023

Acknowledgements: With thanks to contributions from colleagues, including those in Lothian Analytical Services, who supported the preparation of this report.

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1. Overview of deaths

Key findings:

- There were 183 drug-related deaths recorded in NHS Lothian in 2022, an 8.5% decrease compared to 2021.
- This decrease was driven by a decrease within one area of Lothian (Midlothian) while number of deaths in City of Edinburgh, East Lothian and West Lothian remained the same, or rose slightly.
- There was a 21% decrease in drug related deaths in Scotland over between 2021 and 2022. Note the number of deaths in Lothian is measured using the local definition and the national number using the NRS definition, for a comparison between areas using the NRS definition see page 11.

1.1 Methods to ascertain number of drug related deaths in Lothian

Reports of suspected drug-related deaths are received throughout the year, with death reports forwarded by the pathology lab and recorded by the Lothian Drug Related Death Coordinator. The timely reporting of suspected drug-related deaths is valuable to monitor new trends and hotspots. Deaths are recorded to the locality where the person lived at the time of their death, with those of No Fixed Abode (NFA) included in the locality where they were staying at the time of their death. Deaths occurring in prison are categorised separately. There is difference in the definition used for drug-related deaths between NHS Lothian data and National Records of Scotland (NRS) data. NRS data includes deaths only where drugs were listed as the *first* primary cause of death whereas NHS Lothian data includes all primary drug-related deaths. The broader definition used by NHS Lothian capture more individuals and therefore gives a broader picture of individuals experiencing harm from the use of drugs. Further detail on the definitions of drug related deaths is provided in Annexes A, B and C.

1.2 Number of drug related deaths in Lothian

In the calendar year 2022, 183 primary drug-related deaths were recorded in NHS Lothian, this is a decrease of 17 deaths, or 8.5% compared to 2021 when 200 deaths were recorded. This compares to a decrease of 279 deaths, or 21%, nationally between 2021 and 2022, using the NRS definition of drug-related deaths. Numbers of deaths were not seen to change consistently across all four localities within Lothian, with the overall decrease in deaths driven by 17 fewer deaths in Midlothian and 2 fewer deaths taking place in prisons. Deaths in City of Edinburgh, East Lothian, West Lothian and amongst those with no fixed abode all remained the same or rose slightly. Midlothian has historically had a small number of deaths, and while we welcome this local reduction, it cannot be directly attributed to any single change in treatment provision or other circumstances that can be isolated for replication elsewhere. It may therefore be that the decrease in deaths in this area are simply due to random variation. Table 1 provides a breakdown for each locality within Lothian, as well as for the four geographical areas within Edinburgh.

Table 1. Number of primary drug-related deaths by locality in Lothian in 2022 with comparison to 2021, source: NHS Lothian data

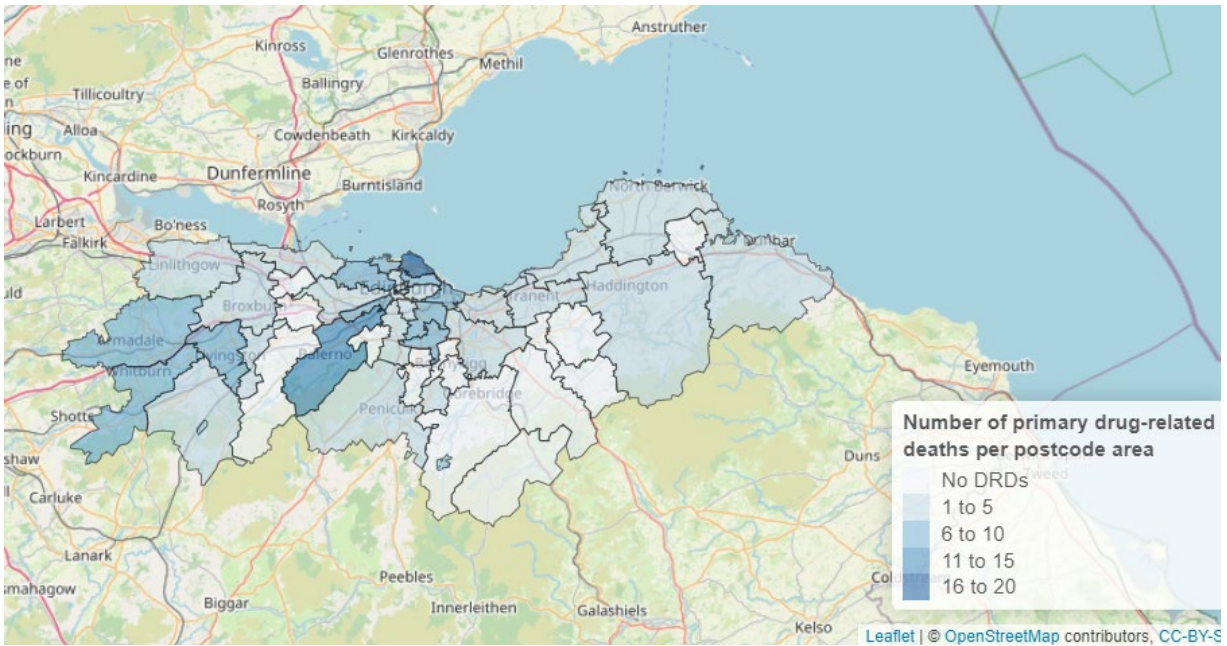
Area	Primary drug-related death 2022	Change 2021 to 2022	Primary drug-related deaths 2021
City of Edinburgh	121	↑	118
Edinburgh North-East	34	↑	32
Edinburgh North-West	25	↑	17
Edinburgh South-East	29	↓	33
Edinburgh South-West	21	↓	27
Edinburgh NFA	12	↑	9
East Lothian	18	↑	16
Midlothian	7	↓	24
West Lothian	35	–	35
HMP Edinburgh & Addiewell	2	↓	4
NHS Lothian	183	↓	200

While there was a slight increase of 3 drug-related deaths in Edinburgh overall, there was a fall in the number of deaths in the South of Edinburgh and an increase in the North, in particular in the North-West locality, containing Drum Brae, Granton, and South Gyle. In East Lothian there was an increase of 2 deaths while the number of deaths remained unchanged in West Lothian.

1.3 Location of drug-related deaths in Lothian

Drug-related deaths in 2022, as in previous years, were spread throughout Lothian. The postcode area with the greatest number of residents suffering from drug-related deaths was EH6 in the North-East locality of Edinburgh encompassing Leith and Newhaven. This was followed by postcode area EH14 in the South-West locality of Edinburgh encompassing Slateford and Wester Hailes and EH4 in the North-West locality of Edinburgh, encompassing Muirhouse. Intermediate datazones are small geographical areas containing a population of between 2,500 and 6,000 household residents. Four intermediate datazones recorded 5 drug-related deaths each. Three of these were located in the City of Edinburgh these include the zones Old Town, Princes Street and Leith Street, Murrayburn and Wester Hailes North, and Moredun and Craigour, with the final intermediate datazone with a high number of deaths being Blackburn in West Lothian.

Figure 1. Map of drug-related deaths in Lothian in 2022 by home postcode of deceased individual, source: NHS Lothian data. Note that deaths where the individual had no fixed abode are not included.



1.4 Trends in drug related deaths in Lothian

In all areas within Lothian deaths have been rising since 2014, however this trend appears to have levelled off in the most recent year.

Figure 2. Primary drug-related deaths in Lothian, 2014 to 2022, source: NHS Lothian data

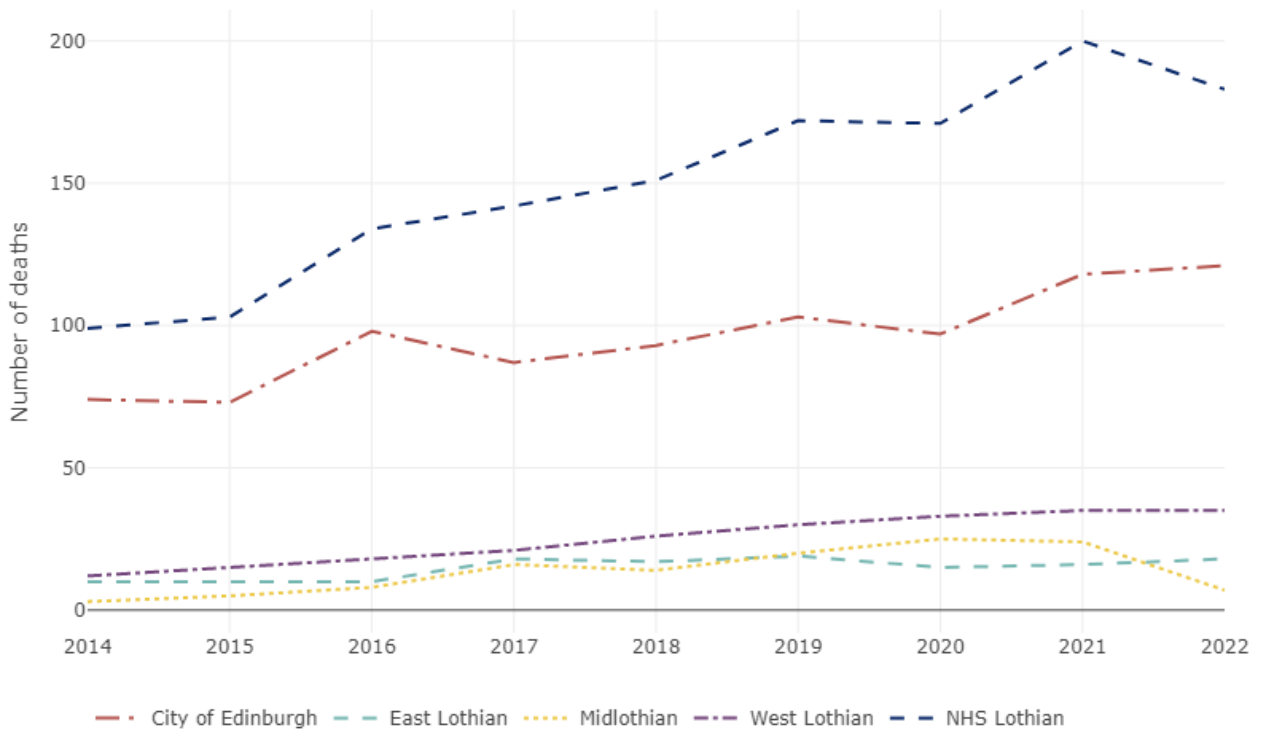
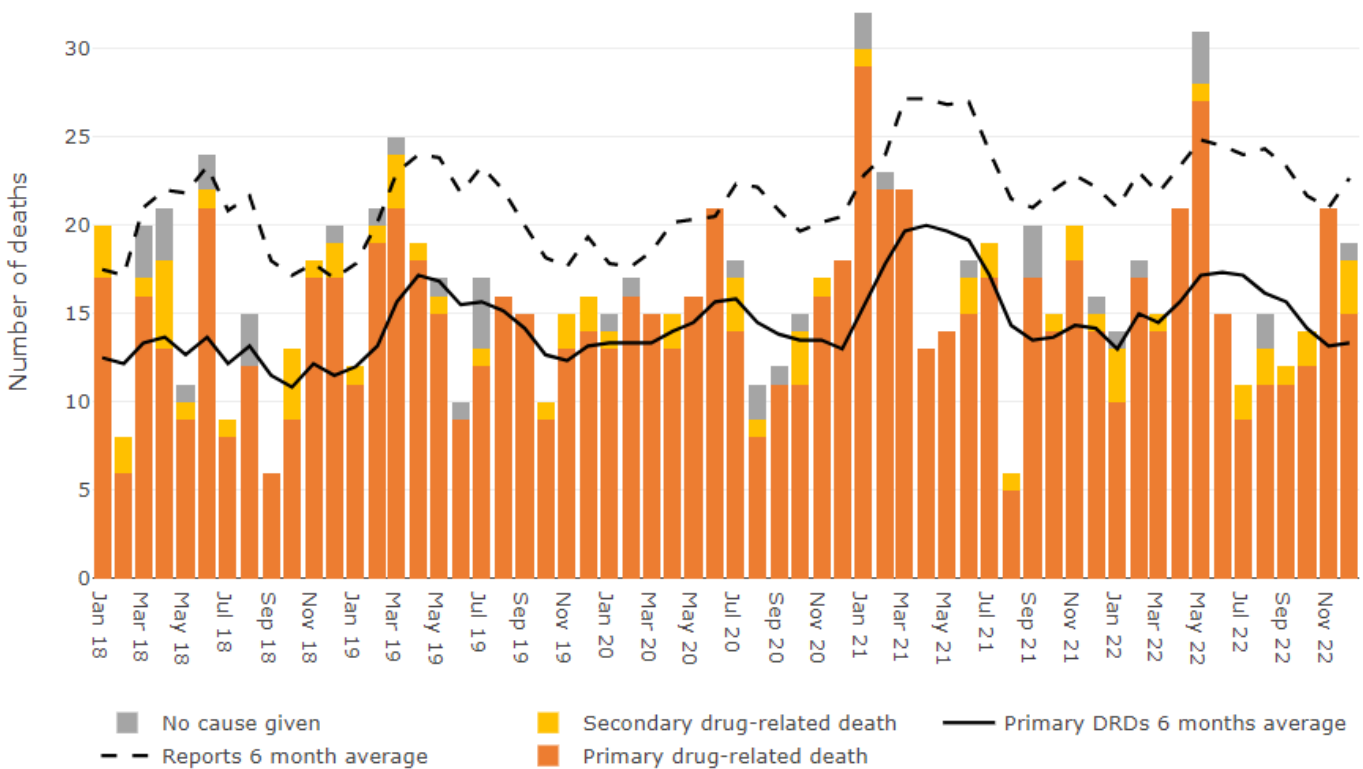


Figure 3 below shows the total number of reports of suspected drug-related deaths received per month and the outcome from January 2018 to December 2022. Note the possible outcomes; primary drug-related death, secondary drug-related death, and no cause given or unascertained. Due to the variable nature of the number of reports and outcomes over the period shown two rolling averages are included. These are the average number of reports received (dashed line) and the average number of primary drug-related deaths over the previous 6 months (solid black line). This smooths out the month-to-month variation to help reveal underlying trends.

Figure 3. Drug-related deaths in NHS Lothian by months: number of reports, outcomes and 6-month average of reports and primary drug-related deaths, between 2018 and 2022, source: NHS Lothian data



1.5 Drug-related deaths by cause of death in Lothian

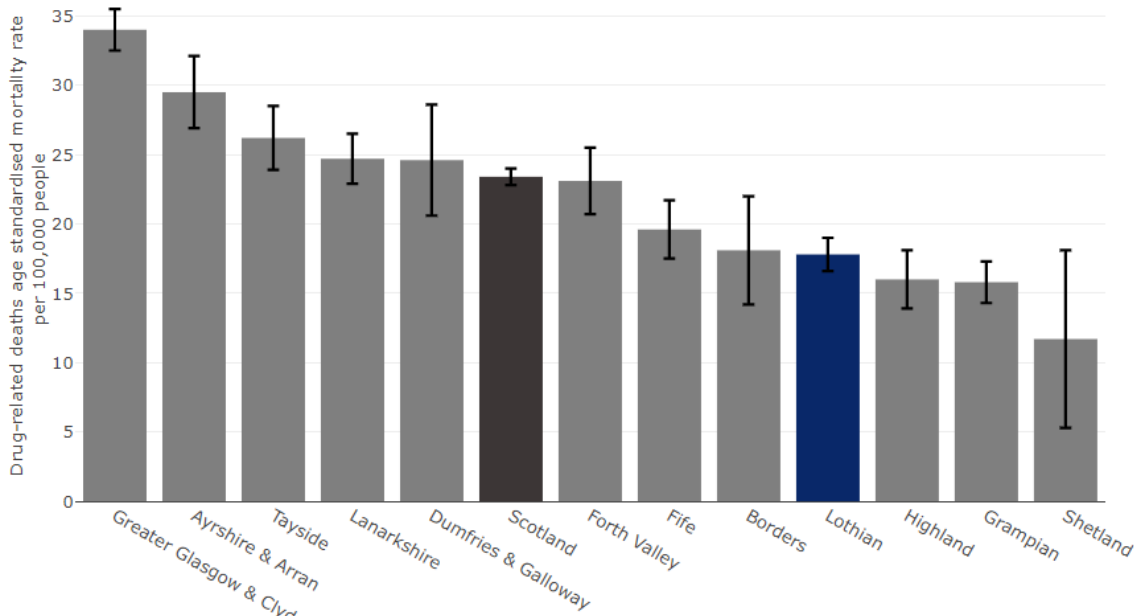
In 2022, in Lothian the majority (83.6%) of drug-related deaths were classified as accidental poisonings, 6.6% of deaths were classified as intentional self-poisoning. This breakdown is similar to national statistics of 89% and 7% respectively. There were a small number of deaths classed as mental and behavioural disorders due to drug use and assault by drugs. Lastly there were a group of deaths which were excluded by NRS (see Annex D) these include deaths coded for example as acute myocardial infarction where cocaine was implicated as playing a role in the death.

1.6 Comparison of drug related death numbers with other areas

In order to make comparisons between health board or local authority areas the definition of a drug-related death from the National Records of Scotland is used (see Annex B, C and D for more details). The rate of drug-related deaths varies substantially between Health Boards across Scotland. Figure 4 below compares age-standardised drug-related deaths per 100,000 people in the period 2018 to 2022. Greater Glasgow and Clyde has

the highest rate of drug-related deaths of all Scottish health boards with 34 deaths per 100,000 people, while Shetland had the lowest rate with 11.7 deaths per 100,000 people, over the period 2018-2022. In Lothian the age-standardised death rate in the period 2018-2022 was 17.8 per 100,000 people compared to the Scotland wide rate of the drug-related death rate was 23.4 per 100,000 people. We know that drug related deaths are more common in areas of higher deprivation, and Lothian's rates being lower than the Scottish average likely reflect the fact the Lothian has lower-than-average levels of deprivation compared to other Health Boards.

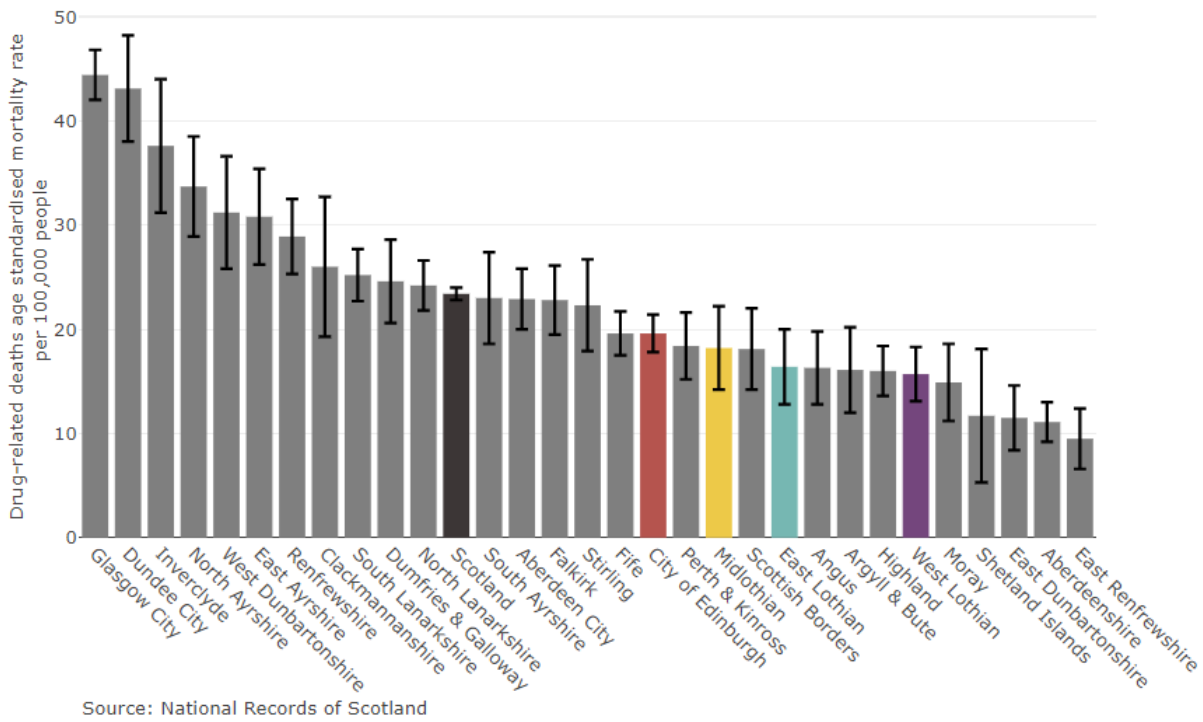
Figure 4. Drug-related deaths for selected NHS Board areas, age-standardised death rate per 100,000 people 2018-2022, source: National Records of Scotland



Source: National Records of Scotland

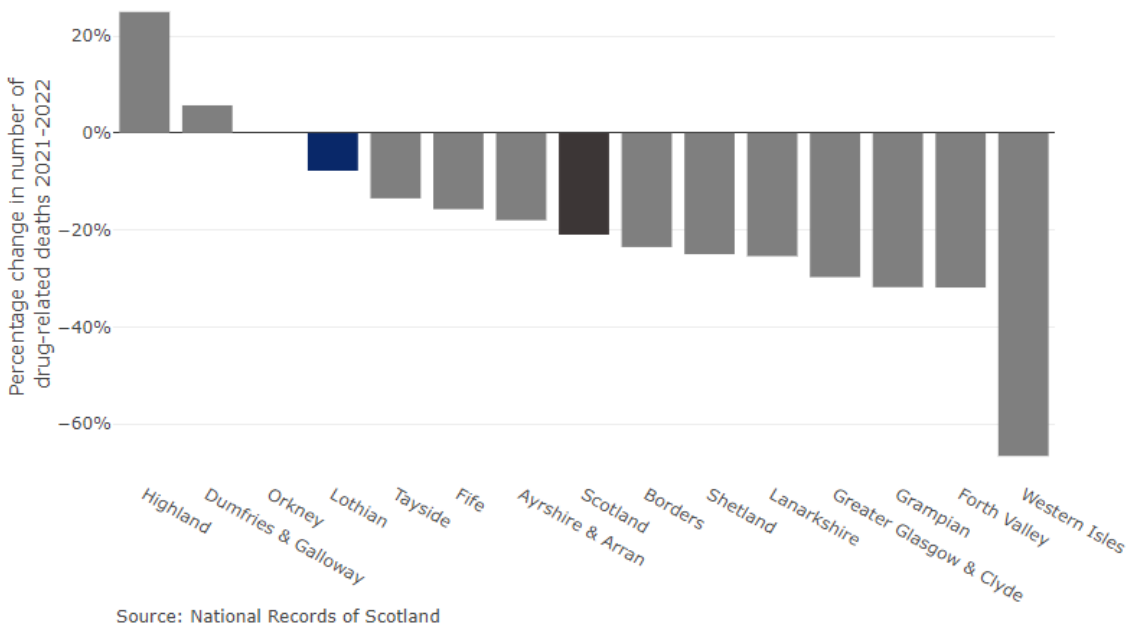
At a local authority level, between 2018 and 2022 Glasgow City had the greatest number of age-standardised drug-related deaths per 100,000 people at 44.4. Using Scotland as a benchmark with 23.4 age-standardised deaths per 100,000 people in the period 2018-2022, all local authorities in Lothian had a lower rate of age-standardised drug-related deaths than the national rate. Within Lothian, the City of Edinburgh reported the greatest rate of 19.6 age standardised deaths per 100,000 people, this was followed by Midlothian, East Lothian, and West Lothian with rates of 18.2, 16.4 and 15.7 respectively.

Figure 5. Drug-related deaths for selected council areas, age standardised death rate per 100,000 people 2018-2022, source: National Records of Scotland



In 2022 compared to 2021 there was a 21% decrease in the number of drug-related deaths in Scotland. Lothian recorded a lower decrease than other large health boards, with NRS data showing a 7.8% decrease in drug related deaths compared to decreases in Grampian; Greater Glasgow and Clyde; Lanarkshire: and Tayside of 31.8%; 29.7%; 25,4% and 13.5% respectively.

Figure 6. Percentage change in number of drug-related deaths per NHS Board, 2021-2022, source: National Records of Scotland



2. Demographics of those who suffered a drug-related death

Key findings:

- Of the 183 drug-related deaths in 2022 69% were male and 31% were female.
- The median age of those that suffered a drug-related death in 2022 was 46.
- People living in the most deprived areas of Lothian were 16 times more likely to die from a drug related death than those living in the least deprived areas.

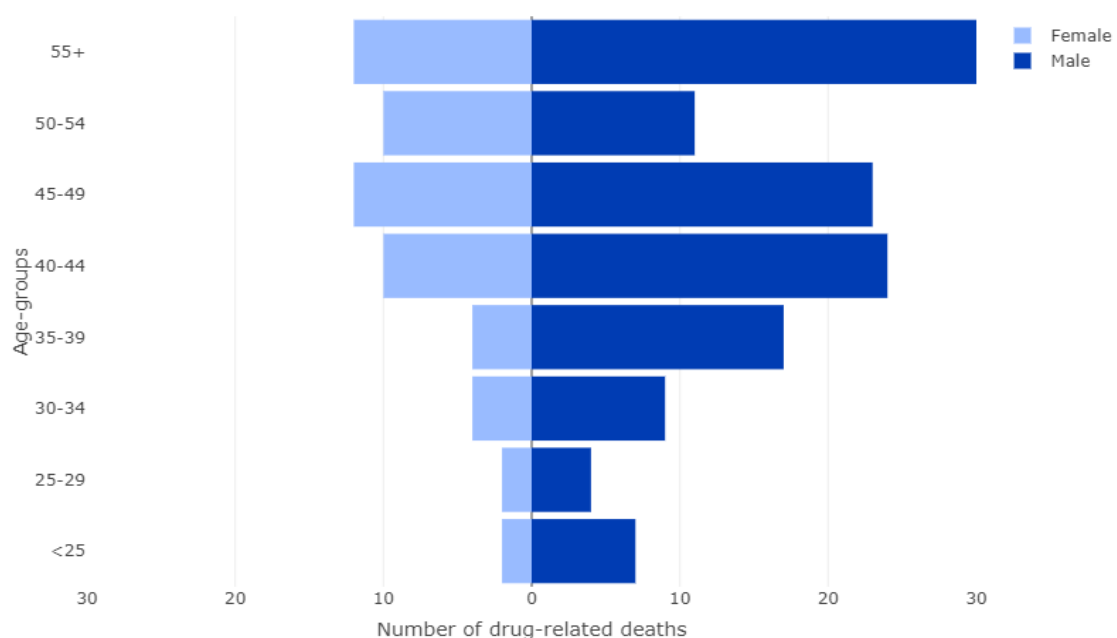
2.1 Sex

Of the 183 primary drug-related deaths recorded in NHS Lothian in 2022, 127 were male (69.4%) and 56 were female (30.6%). This is similar to data from 2021, when 69% of deaths were in males and 31% were in females. It is also similar to national data from National Records Scotland (NRS) where in 2022 65.8% of deaths were in males and 34.2% were in females. This does however represent a change from historical data, which shows that nationally, in the early 2000s, males were four or five times as likely to suffer a drug-related death than females, compared with being twice as likely to suffer a drug related death in 2022.

2.2 Age

In 2022, the age group with the most drug-related deaths was 55+ (44), followed by those aged 45-49 (35), and 40-44 (34), see figure 7 for a full breakdown of the number of deaths per age-group. This breakdown is similar to national statistics where these age groups also had the most deaths in 2022. In Lothian in 2022 there was an overall decrease of 17 deaths compared to 2021, however the decrease was not equally distributed across all age groups, for example there was a decrease of 13 deaths in those age 50-54 but an increase of 13 deaths in those age 55+.

Figure 7. Drug-related deaths in Lothian by age-group and sex 2022, source: NHS Lothian data



The average age of people who died from a drug-related death in Lothian in 2022 was 46, compared to 43.5 in both 2020 and 2021. This remains similar to the national average (using the NRS definition of drug-related deaths) of 45. In Lothian, the average age of females who suffer drug related deaths is slightly older than males.

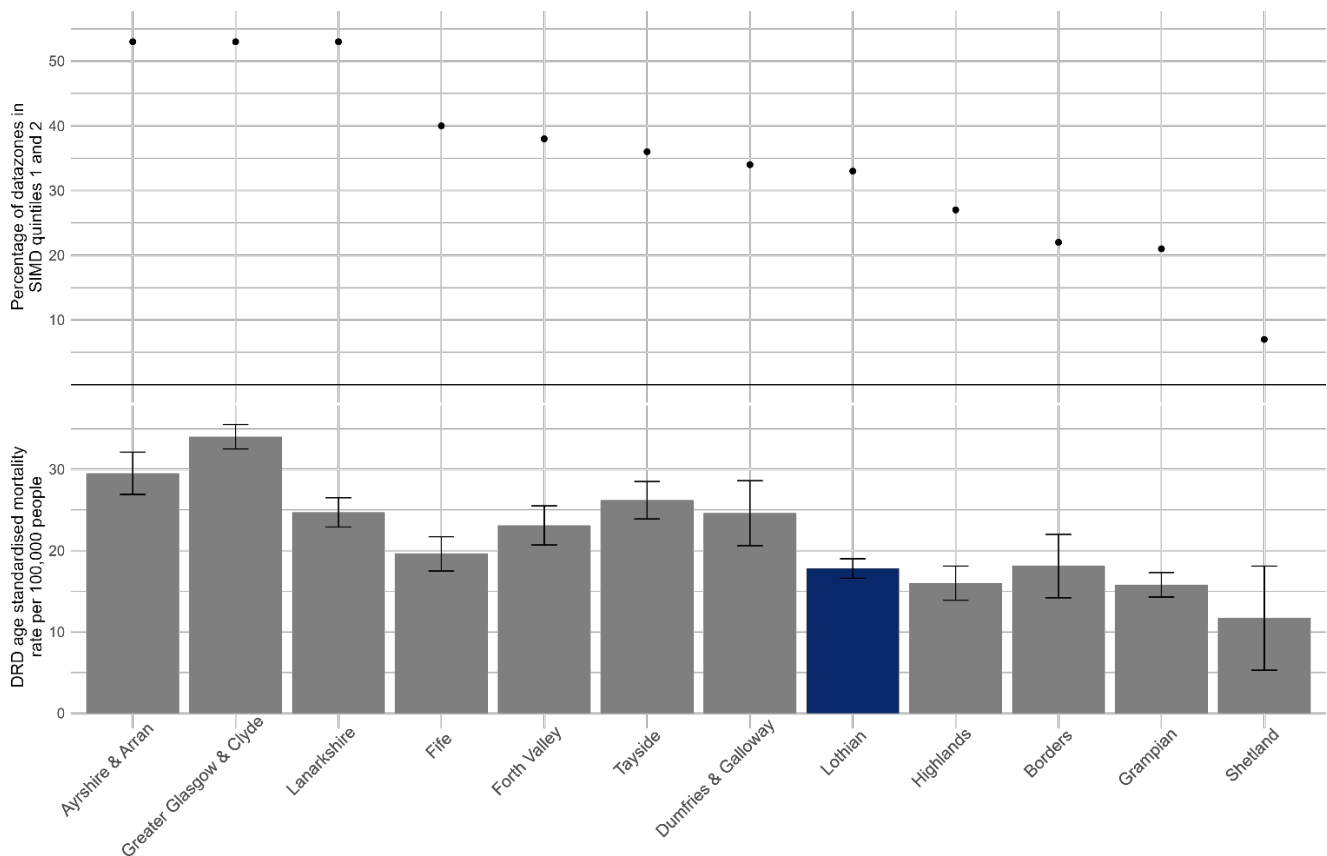
Table 2. Age distribution of drug related deaths in 2022, source: NHS Lothian data

Sex	Number	Mean (years)	Standard deviation	Minimum	Median	Max
Female	56	47.5	12.3	23	46	86
Male	127	45.7	12.1	16	45	79
All	183	46.2	12.2	16	46	86

2.3 Area-level deprivation-level of home postcode

In 2022, after adjusting for age, people in the most deprived geographical areas (SIMD Quintile 1) of Scotland were 15.9 times more likely to die of a drug related death than people in the least deprived areas (SIMD quintile 5). Figure 8 below compares the proportion of datazones per health board in SIMD quintile 1 and 2 to the drug-related death age standardised mortality rate per 100,000 people. The chart shows an overall correlation between boards with a high proportion of datazones in SIMD quintiles 1 and 2, and those with high rates of drug-related deaths. Some Boards, including Ayrshire and Arran; Greater Glasgow and Clyde and Lanarkshire's higher rate of drug related deaths could be potentially explained by the level of deprivation in those Health Boards areas.

Figure 8. Percentage of datazones in SIMD quintile 1 & 2 per health board and drug-related death age standardised mortality rates per 100,000 people 2018-2022, source: Scottish Government and National Records of Scotland



2.4 Ethnicity, disability and other protected characteristics data

Data was not adequately enough recorded on death reports in order to be able to provide any analysis of deaths by ethnicity, disability or other protected characteristics.

2.5 Mental health co-morbidities at time of death

Police and pathology reports for all suspected drug-related deaths were checked for their medical history, however medical history was not available for all deaths. Of those that suffered a drug-related death in 2022 in Lothian, 48% had at least one mental health condition described as part of their medical history in these reports.

3. Drugs implicated in deaths

Key findings:

- A total of 53 different drugs were implicated in 2022, compared to 46 in 2021
- More than one drug was implicated in the majority of deaths.
- Opioids remain implicated in the largest proportion of deaths (86%), followed by benzodiazepines (67%) and gabapentinoids (51%).
- Prescription drugs were significantly implicated in drug related deaths, but in many cases the drugs were not prescribed to the individual who died.

3.1 Methods to ascertain drugs implicated in deaths in Lothian

Drugs implicated in drugs-related deaths are those listed by the pathologist on the ME4 form. This form is specifically for the pathologist to confirm which drugs they believe were involved in each death. The level of implication of different drugs within each drug related death in Lothian is included in Annex D.

The number of drugs implicated in drug-related deaths varied significantly ranging from 1 to 11 different drugs. The median number of drugs implicated in drug-related deaths remained 4 (the same as in the previous 3 years) from a median of 3 classes of drugs.

3.2 Classes of drugs implicated

Fifteen different classes of drugs and 53 different drugs were implicated in at least one drug-related death in Lothian in 2022, this is compared to 55 in 2019, 42 in 2020, and 46 in 2021. Table 3 below provides a breakdown of the classes of drugs implicated including the number of drugs in each class, the number of deaths implicated in, and the total number of times implicated. Note that three primary drug-related deaths did not have toxicology available and are thus excluded from the following section.

Opioids remain the most commonly implicated class of drugs, implicated in 155 of the 183 primary drug-related deaths. Benzodiazepines are the second most commonly implicated class of drugs, implicated in 121 deaths, followed by gabapentinoids. This is a change from 2020 and 2021 when stimulants were the third most commonly implicated class of drugs.

Table 3. Classes of drugs implicated in primary drug-related deaths in Lothian in 2022, source: NHS Lothian data

Drug class	Number of DRDs implicated in	Percentage of DRDs implicated in	Total times implicated	Number of different drugs
Opioid	155	86.1%	222	11
Benzodiazepine	121	67.2%	192	15
Gabapentinoid	92	51.1%	106	2
Stimulant	82	45.6%	88	4
Anti-depressant	28	15.6%	40	8
Alcohol	17	9.4%	17	1
Atypical antipsychotic	10	5.6%	10	3
Non-benzodiazepine GABAergic	9	5.0%	9	1
NSAID	5	2.8%	5	1
Anti-histamine	4	2.2%	4	2
Beta blocker	4	2.2%	4	1
Anti-nausea	3	1.7%	3	1
Anaesthetic and NMDA receptor antagonist	2	1.1%	2	1
Anti-epileptic	1	0.6%	1	1
Non-opioid analgesic	1	0.6%	1	1
Total	180		704	53

3.3 Overview of commonly implicated drugs

The most commonly implicated drugs in drug-related deaths in 2022 resemble those of previous years with some changes. A full breakdown of the most commonly implicated drugs can be found below in Table 4. Methadone remains the most commonly implicated drug and is the most commonly prescribed form of opioid substitution therapy. Methadone is, however, rarely the only drug implicated in a death.

Benzodiazepines continue to be implicated in a high proportion of drug-related deaths, however the specific benzodiazepines most commonly implicated have continued to change through 2022, with etizolam being largely replaced by bromazolam. Bromazolam is a novel benzodiazepine first detected in Scotland in 2021, which produces strong sedative effects. A Rapid Action Drug Alerts and Response (RADAR) warning was issued by Public Health Scotland in July 2023 in relation to bromazolam. In 2022 there has also been a rise in the gabapentinoid implication in deaths.

Table 4. The most commonly implicated drugs in drug-related deaths in Lothian, source: NHS Lothian data

Drug class	Drug name	Percentage and number of primary drug-related deaths implicated in		
		2022	2021	2020
Opioid	Methadone	50.3% (92)	54.0% (108)	48.8% (84)
Gabapentinoid	Pregabalin	43.2% (79)	32.0% (64)	34.3% (59)
Stimulant	Cocaine	41.0% (75)	43.5% (87)	40.7% (70)
Benzodiazepine	Diazepam	35.0% (64)	30.5% (61)	40.7% (70)
Benzodiazepine	Etizolam	29.5% (54)	50% (100)	41.3% (71)
Opioid	Heroin derived morphine	18.6% (34)	27.5% (55)	16.9% (29)
Gabapentinoid	Gabapentin	14.8% (27)	9% (18)	15.7% (27)
Opioid	Morphine	14.2% (26)	13.5% (27)	9.9% (17)
Benzodiazepine	Bromazolam	11.5% (21)	-	-

3.4 Opioids

Opioids remain the most commonly implicated class of drugs, implicated in 155 of the drug-related deaths in Lothian in 2022, with 222 implications in total. A full breakdown of the opioids implicated in primary drug-related deaths can be found below in table 5 below. Methadone and buprenorphine are the two most frequently prescribed drugs in opioid substitution therapy, however they are not always prescribed to the person whose death they are implicated in. A full breakdown of the prescription drugs implication in drug-related deaths can be found Section 3.9, below.

In 2021 there was an increase in the number of deaths involving heroin compared to previous years, the number of implications for heroin in 2022 has fallen to above that of 2020. National Record of Scotland (NRS) data combines heroin and morphine into one drug 'heroin/morphine', resulting in a reduction in the granularity around this data at national level. Morphine implications have remained similar to previous years. There was an increase in codeine implications compared to 2021. One death in Lothian had the synthetic opioid protonitazene implicated.

Table 5. Opioids implications in 2022, source: NHS Lothian data

Drug name	Percentage (number) of primary drug-related deaths implicated in		
	2022	2021	2020
Methadone	50.3% (92)	54% (108)	48.8% (84)
Heroin derived morphine	18.6% (34)	27.5% (55)	16.9% (29)
Morphine	14.2% (26)	13.5% (27)	9.9% (17)
Dihydrocodeine	10.9% (20)	12% (24)	12.2% (21)
Codeine	9.3% (17)	5.5% (11)	2.9% (5)
Tramadol	9.3% (17)	6% (12)	8.1% (14)
Buprenorphine	6.0% (11)	9% (18)	8.7% (15)
Oxycodone	1% (2)	3% (6)	4.1% (7)
Tapentadol	0.5% (1)	-	-
Fentanyl	0.5% (1)	1% (2)	1.7% (3)
Protonitazene	0.5% (1)	-	-
Total	222	262	195

3.5 Benzodiazepines

Fifteen different benzodiazepines were implicated in drug-related deaths in 2022, an increase on the 11 implicated in 2021. Table 6 below provides a breakdown of the benzodiazepines and other drugs acting in a similar manner, along with their level of implication. Benzodiazepines were only implicated along with other drugs, however their inclusion potentially furthered the depressant effects of opioids and gabapentinoids, making drug-related death more likely than if only opioids or gabapentinoids had been taken.

Table 6. Benzodiazepines and GABAergic, and anti-epileptic drug implications in 2022, source: NHS Lothian data

Drug class	Drug name	Percentage (number) of primary drug-related deaths implicated in		
		2022	2021	2020
Benzodiazepine	Diazepam	35.0% (64)	30.5% (61)	40.7% (70)
	Etizolam	29.5% (54)	50.0% (100)	41.3% (71)
	Bromazolam	11.5% (21)	-	-
	Flubromazepam	8.2% (15)	2.0% (4)	-
	Alprazolam	4.4% (8)	3.5% (7)	2.3% (4)
	Flualprazolam	3.8% (7)	1.0% (2)	3.5% (6)
	Clonazolam	2.7% (5)	4.0% (8)	-
	Phenazepam	2.2% (4)	-	5.8% (10)
	Clonazepam	2.2% (4)	3.5% (7)	0.6% (1)
	Temazepam	1.6% (3)	-	-
	Midazolam	1.1% (2)	-	-
	Lorazepam	1.1% (2)	1.0% (2)	0.6% (1)
	Nitrazepam	0.5% (1)	1.0% (2)	-
	Flubromazolam	0.5% (1)	4.5% (9)	3.5% (6)
	Chlordiazepoxide	0.5% (1)	-	0.6% (1)
Non-benzodiazepine GABAergic	Zopiclone	4.9% (9)	-	2.3% (4)
Anti-epileptic	Lamotrigine	0.5% (1)	3% (6)	0.6% (1)

Diazepam was the most commonly implicated benzodiazepine in 2022. Etizolam continued to be commonly implicated in drug-related deaths in 2022 before bromazolam became commonly implicated towards the end of the 2022, a trend which has continued in 2023. Other benzodiazepines such as flubromazepam, alprazolam, and flualprazolam were implicated in small numbers throughout the year.

Public Health Scotland (PHS) has proposed that drug related deaths should be categorised to distinguish between those in which 'prescribable' and / or 'street benzodiazepines' are implicated (see Annex E). Prescribable benzodiazepines are benzodiazepines (or metabolites thereof) which are licenced for prescription in the UK, while street benzodiazepines (or metabolites thereof) are not licensed for prescription in the UK or thought to have originated from an illicit source (due to low overall prescribing in Scotland). Of the 192 benzodiazepines implicated in primary drug-related deaths in Lothian, 77 were prescribable and 115 could be classified as street benzodiazepines.

Using national data from NRS, Lothian recorded the highest rate of prescribable benzodiazepines implicated in drug related deaths amongst all health boards, with prescribable benzodiazepines implicated in 38% of deaths, compared to the national rate of 18%. Lothian recorded a lower rate of street benzodiazepine implications than the national rate, at 45.2% vs 48.1%. It is important to note that not all prescribable drugs were prescribed to the person whose death they were implicated in. More information is provided on prescription drugs in Section 3.9, below.

3.6 Gabapentinoids

Implications of both pregabalin and gabapentin have increased in 2022 after remaining stable in previous years. Gabapentinoids remain an important contributor to multi-drug deaths due to their depressant effects. Gabapentinoids are less frequently prescribed than other prescription medications implicated in drug related deaths in Lothian, however the rate of gabapentinoid implications in drug-related deaths is higher in Lothian at 51.2% of deaths (based on data from NRS) than other comparable health boards for example Greater Glasgow and Clyde and Lanarkshire at 31.7% and 27.4% respectively.

Table 7. Gabapentinoids implications in 2022, source: NHS Lothian data

Drug name	Percentage (number) of primary drug-related deaths implicated in		
	2022	2021	2020
Pregabalin	43.2% (79)	32% (64)	34.3% (59)
Gabapentin	14.8% (27)	9% (18)	15.7% (27)

3.7 Stimulants

Stimulants are often contributors to multi-drug drug related deaths, however they also have a higher prevalence of being the sole drug implicated in a drug-related death which includes another underlying pathology such as ischaemic heart disease. The chronic use of stimulants is also known to cause heart disease. There has been a slight decrease in the number of deaths in which cocaine was implicated (75 in 2022, compared to 87 in 2021 87). The number of deaths in which other stimulant drugs such as amphetamine, MDMA and methamphetamine has remained unchanged. Table 8 below provides a breakdown of stimulants implicated in primary drug-related deaths in 2022.

Table 8. Stimulant implications in 2022, source: NHS Lothian data

Drug name	Percentage (number) of primary drug-related deaths implicated in		
	2022	2021	2020
Cocaine	41.0% (75)	43.50% (87)	40.7% (70)
Amphetamine	4.4% (8)	3.50% (7)	6.4% (11)
MDMA (ecstasy)	2.2% (4)	1.50% (3)	7.0% (12)
Methamphetamine	0.5% (1)	0.50% (1)	1.2% (2)

3.8 Alcohol

Due to its depressant effects, alcohol can exacerbate the effects of other depressant drugs such as benzodiazepines and opioids. Alcohol is recorded as being implicated in drug related deaths in conjunction with other drugs, however deaths solely related to alcohol are

captured in separate [national statistics on alcohol-specific deaths](#). The level of implications of alcohol has remained similar to previous years.

Table 9. Alcohol implications in 2022, source: NHS Lothian data

Drug name	Percentage (number) of primary drug-related deaths implicated in		
	2022	2021	2020
Alcohol	9.3% (17)	11% (22)	15.1% (26)

3.9 Prescription drugs

Methadone is the most common prescription drug implicated in drug-related deaths. The proportion of methadone prescribed to the person whose death it was implicated in has remained stable since 2020 at around 65%. It is important however to note that a person being in receipt of a prescription for methadone does not necessarily mean that it was taken in the prescribed dosage. Other prescription opioids such as dihydrocodeine, codeine and buprenorphine are frequently prescribed to those whose death they were implicated in.

The gabapentinoids pregabalin and gabapentin are commonly not prescribed to the person whose death they are implicated in, with a prescription rate of 22% and 30% respectively. Diazepam, while not considered a street benzodiazepine, was found only to be prescribed to a third of those whose deaths it was implicated in.

Table 10. Prescription drugs implications in 2022, source: NHS Lothian data

Drug name	Total implications	Prescribed to the individual whose death it was implicated in	Prescribed to another individual	Unknown	% Prescribed to the individual whose death it was implicated in
Methadone	92	59	33		64%
Pregabalin	79	17	61	1	22%
Diazepam	64	22	41	1	34%
Gabapentin	27	8	18	1	30%
Morphine	26	4	22		15%
Dihydrocodeine	20	8	11	1	40%
Tramadol	17	10	7		59%
Amitriptyline	17	7	8	2	41%
Codeine	17	6	11		35%
Buprenorphine	11	3	8		27%
Mirtazapine	10	9	1		90%
Zopiclone	9	4	5		44%
Quetiapine	4	4			100%
Olanzapine	4	2	1	1	50%
Sertraline	3	2		1	67%
Cyclizine	3		3		0%
Temazepam	3		3		0%
Fluoxetine	3	2	1		67%
Citalopram	3	2	1		67%
Promethazine	3	1	1		33%

4 Social circumstances at time of death

Key findings:

- 35% of those that died of a drug-related death in 2022 were in contact with substance use services at the time of their death.
- 15% had experienced a previous non-fatal overdose.
- 16% had experienced recent contact with police custody.
- 82% lived in non-temporary accommodation.
- 57% lived alone.
- 19% had children under the age of 16.
- 48% had a mental health condition recorded in their police or pathology report.

4.1 Contact with substance use services

All drug-related deaths were checked for their contact with services in NHS Lothian only, including substance use services and the General Practitioner National Enhanced Service (GP-NES). A person was deemed as currently in contact with substance use services if they had not been discharged from the service. For GP-NES, where patients are never 'discharged', two data sources were used: records of appointments and prescription data. Persons with a history of GP-NES registration were classified as currently in contact with the service if they had an appointment or a prescription in the 60 days prior to their death. Table 11 below shows the service status for all primary drug-related deaths in Lothian in 2022.

Table 11. Number of drug-related deaths by status and engagement with substance use services – days since contact, source: NHS Lothian data

Service and status	Number of persons	Percentage of persons
Substance use service – in service at time of death	35	19.1%
Substance use service – discharged within 60 days of death	7	3.8%
Substance use service – discharged within 61 to 365 days of death	5	2.7%
Substance use service – discharged within > 1 year of death	19	10.4%
GP-NES – last contact with service within 60 days of death	29	15.8%
GP-NES – last contact within 61 to 365 days of death	17	9.3%
GP-NES > 1 year of death	11	6.0%
No known contact	60	32.8%
Total	183	

Over a third (34.9%) of those who suffered a drug-related death were in current contact (not discharged from substance use service or having been seen by GP-NES within the past 60 days at the time of their death). This is in keeping with the level seen in 2020 and 2021 36% and 37% respectively. A further 16% (29 persons) who suffered a drug-related death in 2022 were in contact with services in the year prior to their death, this is also similar to the level seen in 2021. Around a third, 33% (60 persons) had no history of contact with substance use services, which is similar to the level seen in 2021, but a decrease on the 53% of drug-deaths in Lothian that had no history of contact with services in 2020.

Males that died of a drug-related death were marginally more likely than females to be in contact with services at the time of their death – 37% versus 30.3% respectively. This mirrors the pattern of caseload of substance use services, with 64.3% of the caseload being male and 35.7% female. The younger age group 35-44 was the most likely to be in contact with services (GP-NES or substance use service) at the time of their death, followed by those aged 45 to 54, at 52.8% and 36.2% respectively. This also mirrors the demographics of the substance use service's caseload, with 70% of their caseload made up of those in the age-groups 35-44 and 45-54.

4.2 Previous non-fatal overdoses

Three data sources are used to determine previous non-fatal overdoses (NFO) in Lothian. This includes any mention in either police or pathology reports as well as the NHS Lothian dataset of near-fatal overdoses, which contains data from the Scottish Ambulance service (SAS) and TRAK (NHS Lothian patient records). Recent near-fatal overdoses are defined as having occurred within 6-months prior to death, as per the definition is used in national drug-related death reporting.

In 2022, 27 (15%) of those who died of a drug-related death in Lothian had a recent near-fatal overdose record, this compares to 19% in 2021. A small number, 8 (4.4%) of those who had a recent near-fatal overdose were in contact with services at the time of their death. Around a fifth, 21 (78%) of those who had a previous NFO recorded were male and 6 (22%) were female. Thirteen of those who died of a drug-related death had multiple previous near-fatal overdoses recorded.

Under the Medication Assisted Treatment (MAT) Standard 3 each drug treatment service should provide assertive outreach to those categorised as high risk of drug-related harm, including those who have experienced a near-fatal overdose. The decrease in the proportion of those who died from drug related deaths following a previous NFO may indicate that assertive outreach is helping to prevent those who experience an NFO from going on to experience fatal overdose.

4.3 Previous contact with police custody

Police reports for each person who suffered a drug-related death were checked to ascertain if individuals had had a recent (within 6-months prior to death) record of police custody. In 2022, 29 (15.9%) of those that suffered a drug-related death had recently been in police custody, compared to 22% in 2021. Males were more likely than females to have a record of recent police custody prior to their death. The decrease in the proportion of those who died from drug related deaths following a recent record of police custody may indicate that work within the criminal justice system is helping to prevent those who come into contact with the system from going on to experience fatal overdose.

4.4 Housing circumstances at time of death

The majority (82%) of those that died of a drug-related death in Lothian in 2022 lived in non-temporary accommodation. Non-temporary accommodation is defined as owned, privately rented, rented from a housing association or council, note that someone living long term with their parents or family is included here. Twenty (10.9%) of those that died lived in temporary accommodation defined as bed and breakfasts and hostels, 'sofa surfing' or staying short-term with friends or family. Eight people were defined as having no-fixed abode. Additionally, 3 people were living in supported accommodation at the time of their death, defined as accommodation for those with extra care needs with support staff. Two people died of a drug-related death while in prison.

Table 12. Accommodation status, source: NHS Lothian data

Accommodation type	Number of persons	Percentage
Non-temporary	150	82%
Temporary	20	10.9%
No fixed abode (NFA)	8	4.4%
Supported accommodation	3	1.6%
Prison	2	1.1%

4.5 Immediate circumstances at time of death

Understanding the immediate circumstances of drug related deaths is crucial given the success of interventions such as Take Home Naloxone (THN). Unfortunately, the vast majority of those that died of a drug related death in Lothian in 2022 were found dead (88%), meaning there was no opportunity for the person who found them to administer an intervention such as naloxone. This is in keeping with findings from previous years.

More than half (57%) of those that died of a drug related death lived alone, which is an increase on the 49% in 2021. Around half (48%) of those who died of a drug related death were alone within a property at the time of death, while two-thirds (68%) of those were alone in the room where they died. Two-thirds (68.9%) were found in their own homes, consistent with previous years. Others who died from drug related deaths were found in other's home (15.3%) or their own room in temporary accommodation (7.1%). Relatively few deaths were outside (4.4%) or in other locations. Table 13 below provides a breakdown of the immediate circumstances at time of death for death where opioids were implicated, given the potential for overdose reversal with naloxone.

Table 13. Immediate circumstances at time of death for deaths with opioids implicated, source: NHS Lothian data

	Yes	No	Unclear/ Unknown	Other	% Yes
Found dead	139	12	4	0	89%
Lived alone	89	52	4	10	57%
Alone in property at time of death	71	65	9	10	46%
Alone in room at time of death	99	39	1	16	64%

4.6 Family circumstances at time of death

The majority of those that suffered a drug-related deaths were found by their partner (24.6%), friends (24%), or family (16.4%). However, there were a number of deaths discovered by “others” (18.6%) which include hostel and accommodation staff, strangers, and the police including welfare checks (15.3%).

Not all of those who died of a drug-related death had complete family information available. Of those who had this information available 19% were known to have children under the age of 16. Of these, 10 had children living with them at the time of their deaths and 4 drug-related deaths occurred with children present. Additionally, 28 of those who suffered a drug-related death in Lothian had a young-person aged 16 to 25, of which 6 lived with them and 3 were present at the time of the death. Note that data is collected in line with the National Drug Related Death Database (NDRDD) in which children are defined as under 16. NHS Lothian otherwise classifies children as those aged under 18.

5 Conclusions and recommendations

Overall drug related deaths reduced in Lothian between 2021 and 2022, however the reduction was driven by a reduction in one local authority area (Midlothian). While we welcome this local reduction, and its contribution to an overall reduction in drug related deaths in Lothian, the reduction cannot be directly attributed to any single change in treatment provision or other circumstances that can isolated for replication elsewhere. It is known that drug related deaths are significantly patterned by deprivation. The fact that deaths from drug use have not continued to rise in Lothian, despite the increased pressure that we know our population are facing from the cost of living crisis, should be viewed positively. However we need to acknowledge that drug related deaths in Lothian have not reduced by the same extent as other large Health Boards in Scotland, or the Scotland average. We must continue to work to fully implement the MAT Standards, while also recognising that MAT Standard implementation alone is unlikely to be enough. The additional work that Lothian’s three ADPs will commit to as part of their new strategies from 2024, aligned with the priority areas set out in the National Mission on Drugs, will be crucial.

Looking at Lothian data specifically we see that men continue to account for around two-thirds of drug related deaths, with the average age at which deaths occurred remaining relatively stable over time. Poor recording of data on ethnicity, disability and other protected characteristics means we don’t have a full demographic picture of those who suffering from drug-related harms and / or being helped or missed by our interventions. We

need to improve data collection of these demographics and ensure services continue to be accessible and acceptable to all.

The fact that opioids are implicated in 85% of deaths, reinforces the importance of the full implementation of the MAT Standards, which focus particularly on the provision of opioid substitution therapy. However with benzodiazepines implicated in 67% of deaths we need to ensure we are supporting harm reduction in all people who use drugs, including through the cascade of relevant RADAR alerts to provide information to services and service users on the risks of novel substances. We also recognise the number of prescription drugs involved in deaths, including the fact that in many cases these drugs were not prescribed to the individual who died from using them. There is potential for medicines management work to be undertaken in this area, to reduce the extent to which individuals have access to excess or non-prescribed supplies of prescription drugs.

We have seen a slight decrease in the number of drug related deaths where an individual has previously suffered from a recorded NFO, as well as a slight decrease in the number of deaths where an individual was in contact with police custody within the six months prior to their death. This may be a sign of the success of assertive outreach work and work within the criminal justice system means more people who come into contact with services in these ways are being supported to avoid future drug related deaths.

We know that most people who suffer drug related deaths are living in non-temporary accommodation, and that most people die at home, many of whom live alone and / or are alone in their property or room at the time of death. Few people die in public places, meaning there are not obvious public 'hotspots' for us to tackle. We must therefore continue to find ways to engage with those living within stable, as well as temporary, accommodation and continue to emphasise the important harm reduction messages of encouraging people who use drugs to avoid doing so alone and to carry naloxone to be able to help reverse the effects of opioid overdose. Continued work to explore options to support safer drug consumption may also help to address these deaths.

We know that many of those who die have children and that some are found by children. We must therefore continue our work to support children and families bereaved by drug deaths as well as ensuring that substance use services fulfil public protection duties in asking about family circumstances of service users to identify children or young people in need of support at the earlier possible opportunity.

We are aware that Scottish Government and Public Health Scotland are currently conducting a review of best practice processes in reviewing drug related deaths, and we welcome future national guidance to ensure our work to review drug related deaths is as impactful as possible.

Recommendations

1. Alcohol and Drug Partnerships and Health and Social Care Partnerships in Lothian should continue to implement the MAT Standards, including ensuring they benefit non-opioid, as well as opioid users.
2. Alcohol and Drug Partnerships in Lothian should use learning from the areas in Scotland that saw the greatest reduction in drug related deaths to influence future work in Lothian.
3. Substance use services in Lothian should work to improve data collection on the protected characteristics of those in contact with them and ensure that services are accessible and acceptable to all demographics.
4. NHS Lothian's public health directorate should continue to monitor real-time suspected drug death reports, and to facilitate two-way sharing of information with Public Health Scotland, to identify and cascade information on risks from novel substances.
5. NHS Lothian's pharmacy directorate should explore opportunities to strengthen current activity around prescribing and medicines utilisation review, to support safe, appropriate and effective use of medicines and contribute to ambitions to reduce harm in the context of drug related deaths.
6. NHS Lothian's public health directorate and analytical services should ensure the continuation of work to identify vulnerable individuals and provide assertive outreach work to support them, including those who have experienced a non-fatal overdose and / or come into contact with police custody.
7. All services that work with people who use drugs should continue to promote harm reduction messages that encourage individuals to avoid being alone when taking drugs and to carry naloxone in order to reverse the effects of opioid overdose, including through the extension of community pharmacy provision of take-home naloxone to East, West and Midlothian.
8. Edinburgh Alcohol and Drug Partnership should continue work to explore potential options for safer drug consumption facilities in Lothian.
9. Alcohol and Drug Partnerships in Lothian should continue work to identify and support the children and families of substance users and those bereaved by drug related deaths.
10. NHS Lothian's public health directorate should await the publication of the Scottish Government and Public Health Scotland review of drug death review processes and implement relevant recommendations.

Annex A. NHS Lothian Drug-related death definition

Drug-related deaths in NHS Lothian are reported according to the cause of death as given by the pathologist in the detailed pathology and toxicology examination of deaths that are suspected to be drug related. These are classified into four possible overall outcomes:

Primary drug-related death:

A death in which controlled substances are included in lowest line of the primary cause of death. These are the causes that are directly related to death. It is possible that non-drug causes may also be included in that line such as ischaemic heart disease.

Secondary drug-related death:

A death in which controlled substances are included in the secondary cause of death (if one is present) but not in the primary cause of death. This secondary cause may include specific drugs or evidence that chronic drug abuse has contributed to death, although not directly.

Unascertained:

In these cases, no cause of death can be determined by the pathologists with any degree of certainty and the primary and only cause of death is "1a Unascertained". It is possible that drugs were detected in some, but this is not adequate to show how they or other causes might have been implicated.

Not a drug-related death:

In these cases, whilst a police report of a suspect drug related death was received, a cause not involving controlled substances has been determined to be the cause(s) of death, primary and where present) secondary.

Annex B. NRS definition of drug-related deaths

A2. The definition

Drug misuse deaths are defined as follows: (the relevant ICD10 codes are given in brackets):

a) deaths where the underlying cause of death has been coded to the following subcategories of 'mental and behavioural disorders due to psychoactive substance use':

- (i) opioids (F11);
- (ii) cannabinoids (F12);
- (iii) sedatives or hypnotics (F13);
- (iv) cocaine (F14);
- (v) other stimulants, including caffeine (F15);
- (vi) hallucinogens (F16); and
- (vii) multiple drug use and use of other psychoactive substances (F19).

b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act 1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):

- (i) accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);
- (ii) intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);

- (iii) assault by drugs, medicaments and biological substances (X85); and
- (iv) poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14).

A3. Deaths which are excluded

The NRS implementation of the definition excludes a small proportion of the deaths which were coded to one of the ICD10 codes listed in Section A2, specifically:

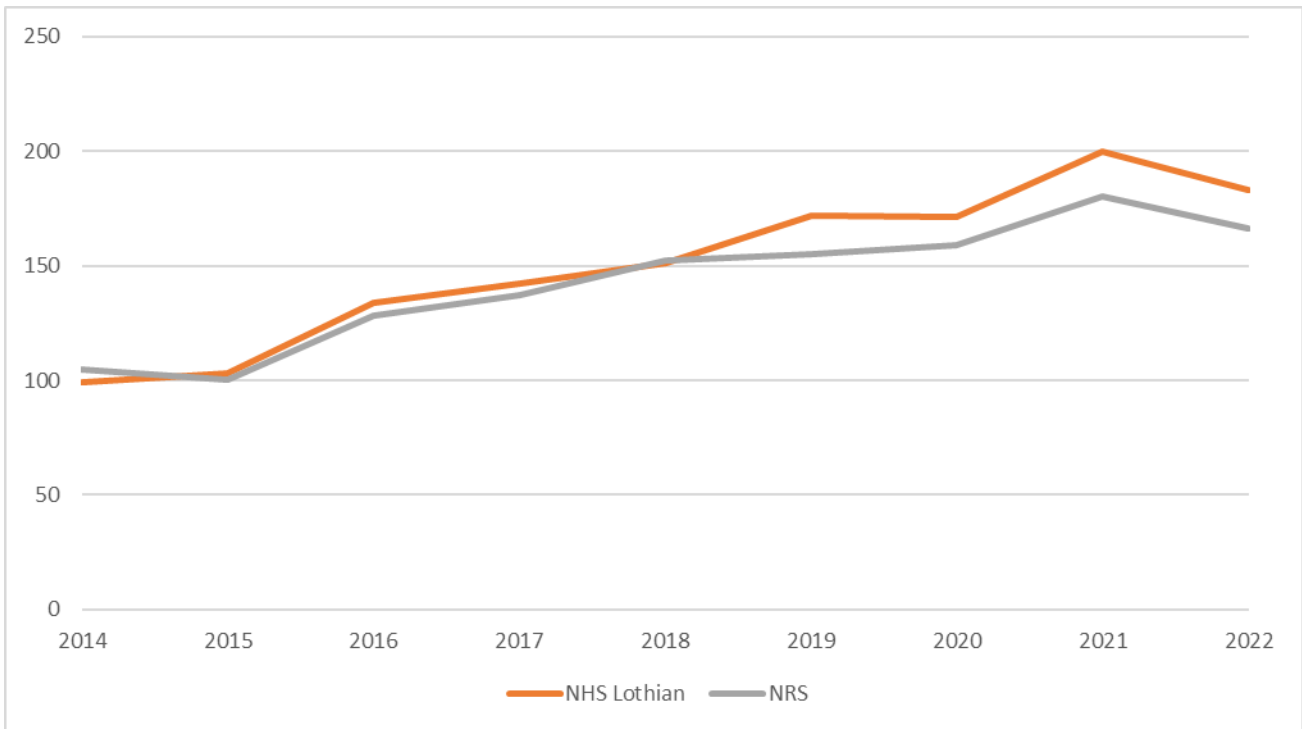
- deaths coded to drug abuse where the direct cause of death was secondary infections or later complications of drug use. The statistics therefore exclude deaths from:
 - secondary infections such as clostridium or anthrax infection resulting from the injection of contaminated drugs:
 - conditions which could be regarded as later complications of drug use, such as bronchopneumonia, lobar pneumonia, bilateral pneumonia, septicaemia or organ failure where drug misuse was not specified as the direct and immediate cause of death (even though it may have damaged greatly the person's health over the years - so reference to, for example, 'chronic' or 'long-term' drug abuse does not necessarily mean that it was the direct and immediate cause of death).
- deaths where a drug listed under the Misuse of Drugs Act was likely to be present only as part of a compound analgesic or cold remedy. For this purpose, identified the following compound analgesics and cold remedies when producing its statistics:
 - for 2018 and earlier years:
 - Co-codamol (paracetamol and codeine sulphate);
 - Co-dydramol (paracetamol and dihydrocodeine);
 - Co-proxamol (paracetamol and dextropropoxyphene); and
 - Dextropropoxyphene alone (as explained below).
 - for 2019 onwards:
 - Codeine and aspirin (co-codaprin);
 - Codeine and brompheniramine maleate;
 - Codeine and dextropropoxyphene;
 - Codeine and diphenhydramine hydrochloride;
 - Codeine and ibuprofen;
 - Codeine and paracetamol (co-codamol, as before);
 - Dextropropoxyphene and paracetamol (co-proxamol, as before);
 - Dextropropoxyphene alone (as before, as explained below);
 - Dihydrocodeine and aspirin;
 - Dihydrocodeine and dextropropoxyphene;
 - Dihydrocodeine and paracetamol (co-dydramol, as before);
 - Pholcodine;
 - Tramadol and paracetamol;

Source: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/22/drug-related-deaths-22-annex-A.pdf>

Annex C. Reasons for the difference in NRS and NHS Lothian figures

In previous years there has been a small difference in the number of drug-related deaths reported by National Records Scotland and NHS Lothian, however in recent years this difference has grown, see figure below. For example, in 2018 NRS reported 152 drug-related deaths and NHS Lothian reported 151. There are well understood reasons for this difference, for example due to the difference in definition (see Annex B and C) and due to NRS using the date of a death's registration as the temporal marker compared to NHS Lothian using the date of the death.

Figure A. Number of drug-related deaths recorded by NHS Lothian and NRS for Lothian 2014 to 2022



In 2022, NHS Lothian reported 183 drug-related deaths and NRS 166. In total between the two sets of cases. There is a total of 202 persons. 147 persons are included in both sets of cases. 19 cases are included in the NRS set of cases but not the NHS Lothian, with 36 included in the NHS Lothian but not NRS datasets.

Of the 19 cases in the NRS dataset but not the NHS Lothian seven died in 2020, of these 6 were included in the 2021 NHS Lothian reporting and one case was classified as unascertained, and thus not included. Seven deaths were classified as unascertained by the pathologist and included by NRS as the person had a history of drug use. Additionally, five deaths were of persons not living in NHS Lothian at the time of their death.

Of the 36 deaths included by NHS Lothian in 2022 but not by NRS, 18 were due to the order in which the cause of death was written due to the definition employed by NRS. Six deaths were not included due to missing the mid-December cut off and may be included in the list of deaths for 2023. A further seven deaths were defined by the pathologist as primary drug-related deaths but excluded by NRS all of which have at least one controlled substance implicated. Lastly, five deaths not included by NRS are thought to be due to the person's address history.

Annex D. Counts of implicated drugs

The extent that each drug was implicated in each primary drug-related deaths is coded as below. The level of implication is significant in understanding how different drugs contributed to each drug-related death.

- 10: The drug was probably the cause of death on its own
- 20: The drug could have caused death on its own but other drugs will or may have contributed
- 30: The drug was one of a number of drugs that, acting in combination, were responsible for the death

40: The drug was implicated in death alone or in combination with other drugs and with another non-drug related factor, for example COPD or ischaemic heart disease

Table A. Count of drugs implicated and level of implication

Drug class	Drug name	Level of implication				Total	Class total
		10	20	30	40		
Opioid	Methadone			79	13	92	222
	Heroin derived morphine			30	4	34	
	Morphine	1		16	9	26	
	Dihydrocodeine	1		9	10	20	
	Codeine	1		11	5	17	
	Tramadol	1	1	9	6	17	
	Buprenorphine			8	3	11	
	Oxycodone			2		2	
	Tapentadol			1		1	
	Fentanyl	1				1	
Protonitazene			1		1		
Benzodiazepine	Diazepam			49	15	64	192
	Etizolam			47	7	54	
	Bromazolam			18	3	21	
	Flubromazepam			14	1	15	
	Alprazolam			7	1	8	
	Flualprazolam			6	1	7	
	Clonazolam			5		5	
	Phenazepam			4		4	
	Clonazepam			4		4	
	Temazepam			2	1	3	
	Midazolam			1	1	2	
	Lorazepam			1	1	2	
	Nitrazepam				1	1	
	Flubromazolam			1		1	
Chlordiazepoxide			1		1		
Gabapentinoid	Pregabalin			69	10	79	106
	Gabapentin			20	7	27	
Stimulant	Cocaine	4	3	50	18	75	88
	Amphetamine			5	3	8	
	MDMA (ecstasy)		1	3		4	
	Methamphetamine			1		1	
Anti-depressant	Amitriptyline			15	2	17	40
	Mirtazapine			7	3	10	
	Sertraline			3		3	
	Citalopram			3		3	
	Fluoxetine			2	1	3	

	Venlafaxine			2		2	
	Dosulepin			1		1	
	Trazodone			1		1	
Alcohol	Alcohol			16	1	17	17
Atypical antipsychotic	Quetiapine			4		4	10
	Olanzapine			4		4	
	Aripiprazole			2		2	
Non-benzodiazepine GABAergic	Zopiclone			7	2	9	9
NSAID	Paracetamol			3	2	5	5
Anti-histamine	Promethazine			2	1	3	4
	Cetirizine				1	1	
Beta blocker	Propranolol	1		2	1	4	4
Anti-nausea	Cyclizine			2	1	3	3
Anaesthetic and NMDA receptor antagonist	Ketamine	1		1		2	2
Anti-epileptic	Lamotrigine			1		1	1
Non-opioid analgesic	Nefopam				1	1	1

Annex E. Prescribable and street benzodiazepines

'Prescribable' benzodiazepines (and metabolites): as classified by PHS in June 2023

Chlordiazepoxide
 Clobazam
 Clonazepam
 Chlorazepam
 Desmethyldiazepam
 Diazepam
 Librium
 Loprazolam
 Midazolam
 Nitrazepam
 Nordiazepam
 Oxazepam
 Temazepam

Valium
7-aminoclonazepam
7-aminonitrazepam

'Street' benzodiazepines (and metabolites): as classified by PHS in June 2023

Adinazolam
Alprazolam
Bromazepam
Bromazolam
Clonazolam
Cloxazolam
Delorazepam
Desalkylgidazepam
Diclazepam
Etizolam
Flualprazolam
Flubromazepam
Flubromazolam
Flunitrazepam
Lormetazepam
Phenazepam
Pyrazolam
8 aminoclonazolam

See additional notes for the classification of Lorazepam in section H3 of the annex retrievable from: <https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/22/drug-related-deaths-22-annex-H.pdf>

06 December 2023

Chief Executive

BOARD EXECUTIVE TEAM REPORT DECEMBER 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 **Scottish Government Performance Review Meeting** - The NHS Lothian Biannual Performance Review Meeting with the Scottish Government took place on the 18 October. The next meeting of the Biannual Performance Review will be held in April 2024.
- 1.2 **Northern Ireland Department of Health Visit** - On the 1 November, NHSL received a visit from the Northern Ireland Department of Health: this included the CNO, Deputy Secretary Strategic Planning & Performance Group and the Director of Performance, Safety and Service Improvement.
 - 1.2.1 The agenda was set by the NI Health Department and included a combination of topics: Governance, Strategic Delivery Framework (LSDF), Performance Management and Primary Care.
- 1.3 **RIE ED Review** - The RIE ED External Review came to completion on the 20 October. The findings from the review were discussed on the 15 November between the Chair, myself and Jo Dobson from the review team.
- 1.4 **Agenda for Change Pay Deal** - I chaired STAC on the 22 November to progress the 2023/24 Agenda for Change Pay Deal. The meeting discussed the four working groups recommendations to the Health Secretary on specific issues. These were:
 - Band 5 Review
 - Protected Learning Time
 - Pay and Reward
 - Reduced Working Week
 - 1.4.1 The recommendations have been passed to the Cabinet Secretary for NHS Recovery, Health and Social Care. These recommendations will now be fully considered before next steps are agreed.

2. Deputy Chief Executive

- 2.1 Capital Projects** – As described in October, many of the Capital Projects are currently within the national governance processes and NHS Lothian continues to apply the Board wide capital prioritisation process locally. No timelines for decision on key projects within 2023/24 and beyond have been confirmed by Scottish Government and there is a risk that if NHS Lothian's aspirations for these Capital Projects are further stalled, there would be a significant loss of planned future capacity for services with conditional plans modelled on this infrastructure. An update on key projects has been outlined below, with further delays likely if national governance processes do not progress within this year;
- **NTC-L**: The programme is estimated to be 14 months behind original plan.
 - **PAEP**: The programme is estimated to be 8 months behind original plan.
 - **ECC Reprovision**: The programme is estimated to be 12 months behind original plan.
- 2.2 “Advancing the use of Data and Analytics in NHS Lothian”** – A small working group has been established at the direction of CMT to consider the report recommendations, what the required outputs would be and the best way to engage with colleagues to design the implementation process. This will focus on the organisational recommendations shaping directions and outputs in the LSDF as a parameter.
- 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. The established SLWG is now exploring the options available and continues to progress with support from Partnership and oversight from the Executive Leadership Team and the equivalent oversight structure in PHS.
- 2.4 RAAC Update** - The information hub on NHS Lothian's website remains live and updated with the latest developments related to RAAC surveys and output within NHS Lothian. All sites on the initial priority list which had been noted as high and medium likelihood of containing RAAC have now had an inspection carried out. RAAC has been found in the following locations within NHS Lothian;
- Astley Ainsley Hospital – North Generator House.
 - Western General Hospital – Ward 1.
 - Western General Hospital – Boiler House.
- 2.4.1 Following a survey of Liberton Hospital results have been noted as 'inconclusive' and will require further analysis to confirm the presence of RAAC. Samples and photographs have been taken and we await a report from the surveyor.
- 2.4.2 Work is now underway to investigate remedial actions for those sites/areas listed as having RAAC present. These areas have not been highlighted as being of immediate danger to patients, staff, or visitors.
- 2.4.3 A desktop review has now been carried out on a further 96 areas, in buildings across 38 sites, within NHS Lothian to provide further assurance on the potential presence of RAAC. The initial results on likelihood are as follows:
- High Likelihood – 58 areas (with the majority of these at the Western General Hospital at 44 areas).
 - Medium likelihood – 9 areas.
 - Low likelihood – 32 areas.

2.4.4 Dates are currently being arranged to start the discovery surveys for the high and medium areas noted above which will confirm, or rule out, the presence of RAAC. Further updates will be shared on this where available and NHS Lothian's website updated accordingly.

3. Executive Medical Director

3.1 **GMC Regulation** - We were pleased to host a visit from the Chair and Chief Executive of the GMC to look at the work of Physician Associates in NHS Lothian. There was an opportunity to see colleagues in a workplace setting, understand the education and support provided as well as for us to demonstrate our clear supervision and governance processes ahead of regulation by the GMC. With Associate Medical Directors, I have been exploring systems and processes to support raising and acting on concerns.

4 Executive Nurse Director

4.1 **N&M Workforce Update - Supply & Demand** - Supporting the nursing and midwifery workforce remains a key focus. 406 new registered nurses have taken up posts since mid-September, and although these staff are still in their probationary periods, they are contributing to the delivery of patient care, reducing the requirement for supplementary staffing.

4.1.1 A further 63 new registrant candidates due to take up post in November/December, with 49 scheduled to start their employment in January 2024.

4.1.2 The recruitment of the new nursing and midwifery graduates will be reviewed for lessons learned, to improve the staff experience and to attempt to increase the yield in future years

4.1.3 The benefits of giving final year student nurses band 4 employment one day a week reported by the previous year cohort were positive and this opportunity has been taken up by 105 students starting in November, and another 113 commencing at later dates this contributes c70 wte to the workforce. A further cohort of Masters' students entering their final year will be offered this opportunity in early 2024 (in line with their programme).

4.1.4 There is continuous recruitment for Non-Registered staff with 191 candidates having taken up post since mid-September and a further 126 scheduled to commence in December and 45 in January. There are 260 applications under active recruitment across registered and non-registered nursing staff.

4.1.5 A new national contract for Nursing and Midwifery agency was implemented in October. Together with the controls this has resulted in a 95% reduction in the off-contract supply since June. Focus is now being directed to establishing greater control on the demand for Contract Agency.

4.2 **NMAHPPS Research Conference** - NHS Lothian hosted a major research conference on 7th November 2023 for the nursing, midwifery, AHP, pharmacy, psychology and healthcare science professions (NMAHPPS). The conference '[Achieving impactful healthcare research through clinical academic collaborations](#)' attracted 250 delegates and involved 63 oral concurrent presentations and 60 posters. It showcased the unique and successful strategic research collaboration between NHS Lothian and six academic partners, which is underpinned with a three year [NMAHPPS Research Strategic Plan](#). The academic

partners are University of Edinburgh, Edinburgh Napier University, Queen Margaret University, University of Stirling, Robert Gordon University and University of Strathclyde. Contributors to the conference were from all professions and at all levels of the research career pathway from NHS Lothian staff undertaking the NHS Lothian Charity-funded [First Steps into Research](#) Gateway Awards, to Masters and Doctoral students as well as internationally renowned research leaders from academic institutions.

4.2.1 Feedback from the event has been incredibly positive with 94% of delegates rating the event very good or excellent (61%). Much of the feedback highlighted the value of the interdisciplinary perspectives, the clear focus on impact for patients and the benefit of investing in research career pathways and further enhancing the research culture across NHS Lothian. Some examples of feedback on the evaluation survey include:

- *The concurrent sessions I was at were fantastic!!!! So impactful on patient care!!!!*
- *It is one of the best meetings I have attended on this scale. Felt world-class.*
- *The opportunity to get insights to the work being done by other professions and to make contacts and identify common areas of work and collaboration for the future. Interdisciplinarity is the way forward!*
- *Our team is taking back the importance integration of clinical research into the culture of clinical practice as key to moving forward.*
- *Realising how much research work is going on in NHS Lothian, how important sharing this work on 'local level' is important. Took with me lots of nuggets re research methodology and research design.*
- *Understanding how we can incorporate research into our daily clinical work in the NHS has always been a challenge. This conference highlighted very well how ideas can develop into projects which will improve our clinical practice. Structuring small research projects with big ideas, & how clinicians go about getting their ideas off the ground (knowing who to talk to in the first place is so important, & hearing everyone else's experiences is so valuable).*

5. Director of Finance

5.1 **Quarter 2 Financial Review** - The process has concluded in assessing the Board's ability to achieve financial balance this year. The health board continues to remain short of delivering a breakeven position at this stage but has improved from the Q1 forecast deficit of £27m, reducing to £22m, and efforts continue to close this gap. There is sustained focus in all Business Units to deliver their 3% financial recovery plan (savings) target plus opportunities to deliver further improvement to the forecast deficit position, as well as the board continuing to secure any additional resources where available. Moving into the last half of the financial year further work will ensure refinement of the year-end financial position based on the most up to date information.

5.2 **Capital Prioritisation** - The process is on the agenda for the December Board meeting. Progress continues to be constrained for all 3 key strategic capital projects (National Treatment Centre, PAEP, Edinburgh Cancer Centre) projects while we await feedback from the SG Capital Investment Group on the ability to progress to the next stage of the Business Case process.

5.3 **Royal Infirmary Edinburgh (RIE) Consort** - Contract mechanisms available to the Board continue to be applied to Consort at the 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 although progress has been slow. Focus continues to be on resolving the key fire issues.

5.4 RIE Replacement Vanguard Unit - An extension of the Emergency Department (ED) at the RIE for the observation of patients prior to their discharge from the ED, is nearly complete and ready for occupation. The upgraded units provide accommodation for 12 patients – an increase of 6 from the previous facility.

5.5 Royal Hospital for Children and Young People (RHCYP) - Further rectification works commenced at the RHCYP regarding the atrium flooring. These works will continue beyond January 2024 to accommodate the drying time. City of Edinburgh Council's Building Control Department has granted warrant application for enhanced cavity barrier works to the external facade. Works are expected to commence next year.

6. Director of Public Health and Health Policy

6.1 Screening & Early Detection - In November we held an interactive workshop to formally launch our Health Screening Easy Read website, raise awareness of the Head and Neck Cancer project and explore barriers to screening. 35 partners and stakeholders from primary care, voluntary / third sector, national screening partners, Scottish Government and academia attended the event and delegate feedback was positive.

6.1.1 The Health Screening Easy Read website ([Health Screening – NHS Lothian | Our Services](#)) was developed building on evidence from earlier initiatives and partnership work with people with a learning disability. It aims to reduce inequalities and support informed decision making across the screening pathway. The Head and Neck Cancer project is part of the Scottish Government's Detect Cancer Early Programme. It is a multiagency project working with primary care services, secondary care and the voluntary/third sector and aims to increase public awareness of Head and Neck cancers, improve early-stage diagnosis and reduce risk factors.

6.2 Healthcare Public Health - We recently appointed a GP Lead for Health Inequalities and Dr Nora Murray-Cavanagh started in post at the end of August. Nora is part of the Health Care Public Health team and will focus on identifying and utilising opportunities in Primary Care to address health inequalities. With a decade of clinical experience as an NHS Lothian GP in Wester Hailes, and as a prison GP, coupled with postgraduate medical education roles, she brings a wealth of experience to this new post and an enthusiastic energy for tackling deeply embedded health inequalities in a holistic way.

6.3 Public Health – Partnership and Place - There are currently welfare advice services being provided across six acute hospital sites in Lothian funded by the NHS Lothian Charity until 2027. The services, which are delivered by partners in the third sector, provide free, confidential advice and support on welfare rights issues including benefit entitlement and income maximisation, debt management, housing, and employment rights. The services are available to all patients, carers, and NHS Lothian staff across the hospitals.

6.3.1 During the first year of NHS Lothian Charity funding (Oct 22 – Sept 23) the services supported 1049 new clients. The number of client contacts during this time was 3216 which gives a rough indication of the work involved and complexity of the casework. The financial gains, which represent additional income in client's pockets, totalled £943,383.42.

7. Director of Human Resources and Organisational

- 7.1 NHS Lothian Workforce Plan 2022-25 - Year 2 Actions** - NHS Lothian in common with all other Health Boards and IJBs was required by the Scottish Government (SG) to produce a 3-year workforce plan covering November 2022 – October 2025 and publish it on the NHS Lothian website. This plan is in turn underpinned by 12-month action plans, which cover all professions and key strategic service groupings, in line with Lothian Strategic Development Framework. Professional and Service leads have been instrumental in developing and owning these actions. The year 2 actions have now received agreement and support from Corporate Management Team and were endorsed by Staff Governance Committee at its meeting in October and are now posted on the Workforce Planning Intranet site.
- 7.1.1 Progress will be tracked by the Workforce Planning and Development Programme Board throughout the year. Each service/profession will be scheduled to feed into the group during the course of the year, with structure and timelines approved at the Workforce Planning and Development Programme Board on 24th of October. At all subsequent meetings 3-4 areas will be scheduled to provide updates against actions, key successes, challenges, and areas where support may be required from WPDPB members.
- 7.2 New Care Experienced Staff Network** - In response to an identified need from staff, the Lothian Partnership Meeting at its meeting in October agreed a proposal to set up a Care Experienced Staff Network. This brings our Staff Networks to six. The network will provide an inclusive and safe platform to:
- Support and encourage Care Experienced Staff and to develop their own networks and careers.
 - Inform how NHS Lothian can support the needs of Care Experienced Staff and encourage them to engage and excel in the work place.
 - Provide feedback on our Corporate Parenting Plan and the implementation of programmes of work to improve services for care experienced children and young people.
- 7.3 Leadership Conference 2023 – Make it Happen, Make it Matter (NHS Lothian Leadership Conference)** - On the 25th of October NHS Lothian delivered its 5th annual leadership conference at the 02 Academy in Edinburgh. 120 people attended the event in-person on the day, and the event was also live streamed.
- 7.3.1 The event recording is also available for colleagues who were not in attendance on the day and were unable to watch the live stream real time. Topics covered on the day included NHS Lothian as an anchor institute, CMT Goldfish bowl, NHS Lothian's leadership strategy approach, the importance of kindness and finally a presentation from an ex-SAS officer on the synergies between SAS operations and SAS activity.
- 7.3.2 In line with our anchor's intentions, we chose to use Scran Academy (social enterprise) rather than a commercial company to provide the catering for the event. Feedback from the event was hugely positive with people feeling energised, inspired, and connected.

8. Chief Officer Acute Services

- 8.1 **Scheduled Care** - The priorities of long waits, urgent patients and those with suspected cancer remain the focus in Scheduled Care. Orthopaedics continues to have the largest number of long waiting inpatients however the ring fencing of theatre capacity at the Royal Infirmary is well under way. This, along with the use of additional capacity at Fife National Treatment Centre and at Golden Jubilee National Hospital, is helping to bring the service into balance and options are under review to tackle the remaining backlog. In Outpatients, challenges remain in Dermatology and Ophthalmology however, as in other areas, longer term sustainable plans are being developed. The first round of these have already been approved and implementation has commenced. Plans are underway for the capacity planning cycle for 2024/25.
- 8.1.1 We continue to embrace national work through the Centre for Sustainable Delivery Sub-Specialty Delivery Groups, and this month undertook our first Immediate Sequential Bilateral Cataract Surgery (ISCBS) list based on their learnings.
- 8.2 **Unscheduled Care** - Across Lothian, Acute Hospitals and HSCPs are working collaboratively to develop aims and improvement trajectories to improve discharge processes and enhance capacity of pathways in line with the Discharge without Delay Programme.
- 8.3 **Emergency Access Standard (EAS) Improvement Programme, Royal Infirmary of Edinburgh (RIE)** - The external review team presented a recommendation report with a focus on escalation processes, redirection, and front door operating models.
- 8.4 **Royal Hospital for Children and Young People (RHCYP)** - The Cabinet Secretary for Health and Social Care, Mr Michael Matheson, visited the RHCYP on 4th October 2023. Mr Matheson had the opportunity to meet with nursing and medical staff within outpatients, the emergency department and both medical and surgical wards. He welcomed the opportunity to meet with a parent whose child receives regular care within the hospital and to hear more about the high-quality care that is provided to families. Mr Matheson also met with the Play Specialists and was very interested in the important contribution they make during a child's inpatient stay in RHCYP.
- 8.5 **Changes in Leadership Roles** - The Flow Centre are delighted to welcome Dr Rebecca Cheesbrough as Clinical Lead and Philip Drummond as Lead Advanced Nurse Practitioner. At RIE Fiona Schofield has now joined the Senior Management Team as the General Manager for Surgical services taking over from David Hood.
- 8.6 **Significant Good News/ Positives** - Trauma and Orthopaedics services peer review took place in September 2023 highlighting areas of good practice around Quality Improvement in Hip Fracture care and frailty, leadership, and focus on improving quality of care. The review process also highlighted areas of opportunities to deliver further improvements in reducing waiting times and improving discharge processes.
- 8.7 **Endoscopy Unit at East Lothian Community Hospital** - In October 2023, our Endoscopy Unit at East Lothian Community Hospital became the first NHS Scotland endoscopy unit to achieve Joint Advisory Group (JAG) accreditation within a Territorial Health Board. This is an enormous achievement and recognition of the team's drive for excellence.

8.8 **Sue Pembrey Award** - Finally, congratulations to Gillian McAuley, Acute Nurse Director who has been awarded the Sue Pembrey award for Person Centred Leadership.

9. Director of Strategic Planning

9.1 **Key Priorities** - Since the last update provided in October the key priorities for the Strategic Planning Directorate have been the Capital Prioritisation Process, the mid-year review of progress against the LSDF and Corporate Objectives and finalising the ADP. All three are the subject of papers to this Board.

9.2 **Women's Health Plan & Type 1 Diabetes** - Rebecca Miller has continued to lead the development of the Women's Health Plan and has been supported by Lois Marshall in working through the implications of technology change in type 1 diabetes.

9.3 **Other Updates** - In the regional space, Peter McLoughlin has led the establishment of a programme board to implement SG-mandated changes to the configuration of neonatal intensive care. Sean Donaldson has closely supported the management team of the Edinburgh Cancer Centre in preparing to establish a new CAR-T service for the region.

9.3.1 I have continued to lead the property rationalisation programme, supported the development of proposals to implement PREVENT guidance, and worked closely with the Anchor Institutions Programme Board.

10. Director of Primary Care

10.1 **Director of Dentistry** I am delighted that we have successfully appointed a new professional Director of Dentistry and Graeme Wright will take up post in December 2023. Graeme is a Paediatric Dentist based at the Edinburgh Dental Institute and Royal Hospital for Children and Young People and has also spent some of his career working in the Public Dental Service in Forth Valley and within the General Dental Service in Glasgow.

10.1.1 Our current Director of Dentistry, Angus Walls, is retiring at the end of December having provided excellent leadership to the Oral Health Service and wider dental services in Lothian for more than 10 years. He will be very much missed, and we wish him all the best in his retirement.

10.2 **Revised Statement of Dental Remuneration (SDR)** – The SDR was implemented from 1 November 2023 as the first stage of the Chief Dental Officer's General Dental Service reforms. We will closely monitor the impact of this. Our regular monitoring of practices indicates a small upturn in October 2023 of the number of practices accepting new NHS patients which is positive but too early to tell whether this will be a longer-term trend.

10.3 **National Dental Inspection Programme (NDIP) 2023** - The report was published in October 2023. This outlined that in 2023, 82% of P7 children in Scotland have no obvious decay experience compared to 53% in 2005 when Childsmile was first implemented. The national target is 80%, and in NHS Lothian 89% of P7 children have no obvious decay experience. This reflects the significant efforts of the NHS Lothian Childsmile team. However, clear health inequalities persist, and oral health improvement remains a priority.

10.4 General Practices - There are currently five general practices with closed lists to new patient registrations. Four of these are in South East Edinburgh and one in North East Edinburgh. This is a dynamic process (there have been a maximum number of eight practices with closed lists over the past 12 months), regularly monitored, our website updated, and patients can continue to be registered with a general practice but this may be further away from their home than preferred. As I continue to highlight, population pressures are affecting many areas of Lothians which are already at capacity and cannot easily absorb increased demand.

11. Director of Communications, Engagement and Public Affairs

11.1 Paediatric Audiology - Renewed media interest in previous failures in paediatric audiology led to concerns raised at FMQs that 23,000 children were at risk and that therefore many may have been missed from our reviews of cases. This is not the case. This figure is the total number of children who were seen by audiology in the timeframe in scope for any type of hearing test. It is not the number of children who had the specific type of hearing test (ABR) in which errors occurred. An updated briefing, clarifying this point, has been sent to elected representatives and charities who support children with hearing impairment or loss, and their families.

11.2 Media

11.2.1 Slavery Links - There was widespread coverage in early October of the publication of the report into NHS Lothian's historical links to slavery. Reception was mixed, with a negative stance adopted by the Daily Telegraph and Daily Mail in particular.

11.3 Broadcast Media Work

11.3.1 This has included coverage in Oct across BBC radio, TV and online on Midlothian HSCP's Community Respiratory Team (CRT), and, in Nov a similar feature about the work of East Lothian HSCP's Hospital at Home team for STV.

11.3.2 We facilitated pieces about forthcoming winter pressures for the BBC and supported features about the orthopaedic rehab ward at East Lothian Community Hospital (ELCH) receiving patients from across Lothian and the award of prestigious 'JAG' accreditation – the gold standard award in quality endoscopy care - to the outpatient endoscopy unit at ELCH. copy unit there.

12. Services Director – REAS

12.1 REH Bed Occupancy - The bed occupancy across the Royal Edinburgh Hospital (REH) site remains very high with all specialities at or above 100%. Delays remain high. Work is going with Edinburgh HSCP to identify alternative pathways for patients; both to avoid admission, where possible, and to minimise delays to discharge. This work and the subsequent action plan are being monitored through the Performance Oversight Board. It has been agreed that the currently commissioned beds in Edinburgh are not adequate for the partnership at this time across adult acute and rehabilitation. It has also confirmed that the number of beds in old age is affected by the number of delays. An action plan is being developed to work towards managing within commissioned bed base and reducing delays.

12.1.1 As of mid-June 2023, the agreed safe adult acute capacity is 105 beds with a maximum tolerance of 110 patients using 5 contingency beds. Following agreement at CMT. There is daily focus to manage this involving HSCP partners and a continued requirement to utilised beds at SJH to remain within this fixed capacity.

12.2 Security Concerns - There have been a number of security incidents on site involving groups of youths coming on site, throwing stones and sticks at windows and cars. Additional security has been on site for the past month, and this is under review.

12.3 Award - REAS and the Open University were winners in the Innovation in Education category and overall winners in the Mental Health Nursing Forum awards. The newly developed CAMHS Tier 2 service were highly commended in their category.

12.4 Forensic High Secure Female Accommodation - Discussions are ongoing with the Minister for Mental Health around where female high secure accommodation should be located.

13. Director/Chief Officer, Edinburgh Integration Joint Board

13.1 Performance - Delayed discharges and the number of people waiting for a package of care have increased slightly in the last 2 months. This is due to the removal of Scottish Government funding for interim beds from 1 October 2023 and a medium-sized care at home provider withdrawing from Edinburgh. For both of these indicators we continue to see a marked improvement compared to the same period last year and are holding steady in our position when benchmarked nationally.

13.2 Medium Term Financial Strategy - At the City of Edinburgh Council meeting on 2 November 2023, it was agreed to allocate a non-recurring £14.2m towards the 2023/24 deficit of £16.7m. Plans are currently being developed to bridge the remaining gap. Focus has now returned to developing a medium-term financial strategy for the EIJB in advance of 24/25, working closely with wider NHS Lothian and City of Edinburgh Council colleagues to manage recurring financial pressures while ensuring the delivery of safe, effective, person centred services.

13.3 One Edinburgh - In September 2023, the EIJB agreed the One Edinburgh programme which is transforming our model of home-based care. One Edinburgh encompasses 3 key workstreams:

- Increasing capacity and improving performance of our internal Homecare Service through the rollout of the Total Mobile scheduling solution;
- Transitioning our internal homecare service towards a reablement model which will deliver better outcomes for the people we support, promoting their independence with less reliance on formal, traditional home care;
- Additional resource which has been secured to develop future commissioning plans, ensuring that we work with, and shape, the market to deliver appropriate services and supports at a fair price.

Work on all three workstreams are now underway to ensure full implementation.

13.4 Winter Planning - On 16 November 2023, the EIJB received an update on preparations that are being made for Winter 2023/24 including plans for enhancing service capacity. Winter plans have been developed in close consultation and coproduction with relevant parties through the NHS Lothian Director of Strategic Planning, the NHS Lothian Unscheduled Care Committee and the Edinburgh Health and Social Care Partnership Winter Planning Group.

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

14.1 Hosted Services - East Lothian HSCP is taking on management responsibility for a number of hosted services on behalf of NHS Lothian. Management is being transferred from Edinburgh HSCP to enable capacity to be created within the management team. The services involved make provision for the whole of the Lothians and are as follows:

- Astley Ainslie Hospital
- Robert Ferguson Unit of the Royal Edinburgh Hospital
- Chalmers Sexual Health Service
- Cardiac Rehabilitation

14.1.1 In terms of operational delivery of the services, all staff will remain in their current Edinburgh bases. The main change is in relation to management reporting lines at a senior level.

14.1.2 ELHSCP has been working closely with Edinburgh colleagues to ensure that the transition is as smooth and efficient as possible. Work in relation to the transfer of services is well underway and will continue into 2024.

14.1.3 The HSCP is acutely aware of the existing shared management lines and service / partnership links in place across Edinburgh's HSCP services and the wider NHS Lothian network and is committed to ensuring these relationships can be maintained. Open communication with staff across all teams is also recognised as key.

14.2 Orthopaedic Rehabilitation Ward at East Lothian Community Hospital - Ward 5 at East Lothian Community Hospital (ELCH) began to provide inpatient orthopaedic rehabilitation for patients from across the Lothians from early September 2023 as part of NHS Lothian's Elective Orthopaedic Recovery Plan.

14.2.1 The Ward opened initially with 4 beds and had increased capacity to 12 beds by mid-October. By the end of October, 15 patients had completed the Ward 5 pathway, with a mean length of stay of 23.1 days, performing well against the planned LOS target of less than 30 days. Patients to date have been residents of three HSCP areas – 47% from Edinburgh; 40% from East Lothian; and 13% from Midlothian (although open to West Lothian residents none have been admitted as yet). Recruitment to support the phased expansion of Ward 5 is ongoing (see below).

14.3 Workforce - The vacancy level for NHS staff within the HSCP currently sits at 11%, with around half of NHS vacancies being split between Bands 3 and 5 nurses. Most of these vacancies are in relation to the increase in Hospital to Home provision and the opening of Ward 5 (see above).

14.3.1 The phased increase in bed numbers for Ward 5 has been, and will continue to be, dependent on the recruitment of Band 5 nursing staff. At full capacity (24 beds) there is a requirement for 11.5 Band 5 nurses, and only 1.5 Band 5s have been recruited to date.

The Ward's current ability to operate at 12 beds is in part due to the support available from AHP staff and the wider multidisciplinary team onsite.

14.3.2 A risk has been logged in relation to the availability of nursing staff limiting the planned bed base expansion. Recruitment has been ongoing using the usual channels and through promotion in the local press. A further East Lothian Community Hospital job fair is planned for February 2024 (following a successful fair in July of this year), this will support recruitment across HSCP services, including Ward 5. There is also potential to look at the skill mix within the team if recruitment of Band 5s continues to be an issue.

15. Director/Chief Officer, Midlothian Integration Joint Board

15.1 Midlothian Adult Inpatient Bed Performance - Midlothian Intensive Home Treatment Team (IHTT) and Midlothian Community Mental Health Team (CMHT) are collocated and work in collaboration to provide wrap around support, care and treatment to individuals at home in the least restrictive method.

15.1.1 Midlothian continues to maintain an overall positive bed performance rate, on reviewing the data from April 2022 within Adult acute admissions the average bed usage is 5/8.

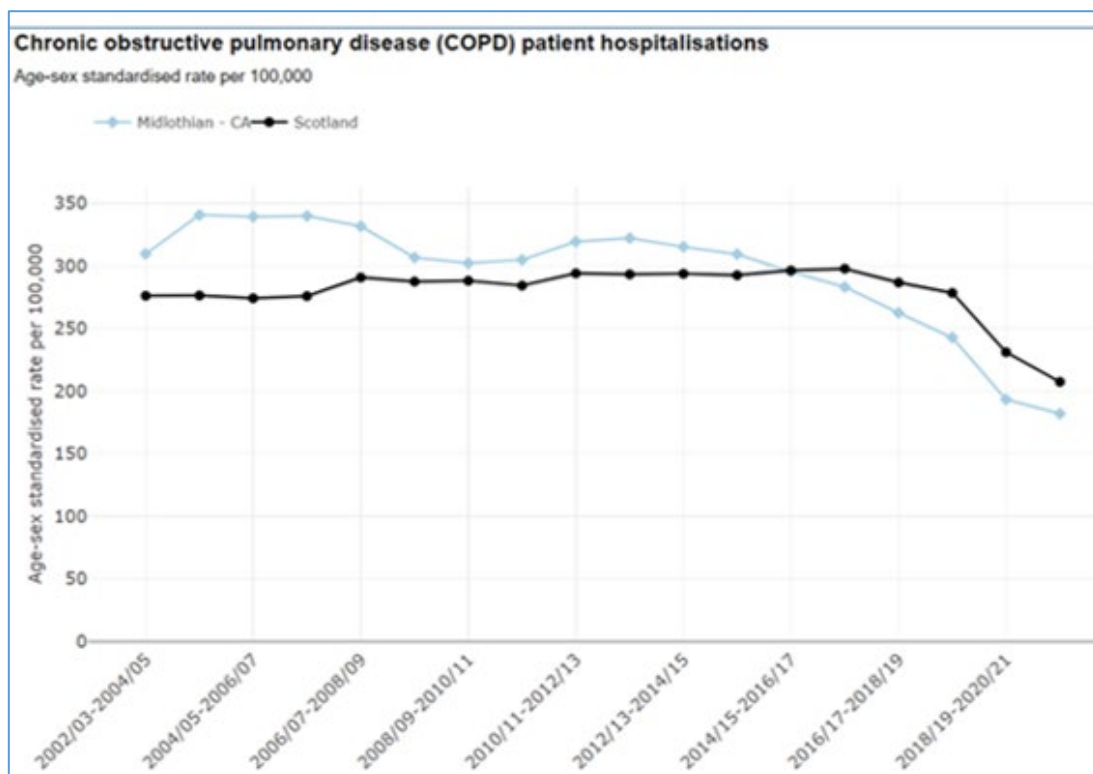
15.1.2 There are several factors which contribute to the positive bed performance in Midlothian, the main factors being Midlothian HSCP continuing to strive to improve access, early intervention, reduce barriers and choice:

- No 11 Recovery Hub
- Primary Care Model
- Development of the Mental Health and resilience Service (18-65 yrs, self-referral, 7 days a week, 8am-10pm)
- IHTT "in reach team" to acute sites to promote early discharge.

15.2 Midlothian Community Respiratory Team: Media coverage - Midlothian HSCP Community Respiratory Team featured on the BBC reporting Scotland programme highlighting the work being undertaken with Midlothian residents to facilitate self-management and avoidance of admission when they experience exacerbations of Chronic Obstructive Pulmonary Disease through direct referral to team for immediate support.

15.2.1 Since its creation in 2017, the Midlothian Community Respiratory Team has developed and now includes a broad range of staff and skills, including Advanced and Specialist Physiotherapy, Clinical Support, Dietetics and Psychology.

15.2.2 The Team provides person-centred care that keeps people living with COPD safely at home and supports early facilitated discharge when they need to stay in hospital. Despite the population increase in Midlothian, and the increase in prevalence of COPD, the Team have achieved a reduction in the number of admissions to hospital. This has been shown in national data from Public Health Scotland (chart below).



['This is the longest I've not been in hospital' - BBC News](#)

15.2.3 Midlothian HSCP Performance Team and the Midlothian Community Respiratory Team have been shortlisted as finalists in this year's Scottish Healthcare Awards. Winners in the 'Asthma/COPD Project of the Year' category will be revealed at the awards ceremony, which takes place on Wednesday 29th November.

15.3 National Improvement Framework for Adult Social Care and Community Health - Midlothian HSCP have been asked to contribute to the development of the National Improvement Framework for Adult Social Care and Community Health. An initial meeting was held on 10th November 2023 to share learning and discuss how the team can continue to support the national team better understand approaches to measuring personal outcomes.

15.4 Integrated Impact Assessments (IIA) - In Summer of 2023 Midlothian HSCP collaborated with NHS Lothian Head of Equality and Human Rights to devise a more comprehensive approach to Integrated Impact Assessment (IIA). This new approach aimed to better support those conducting IIAs, offer more detailed guidance, and help people take action to reduce inequalities as a result. This approach provides significantly greater assurance that statutory duties were being fulfilled to improve lives and experiences of people in our communities.

15.4.1 During development, a range of stakeholders were given the opportunity to offer feedback on the new IIA paperwork including trade unions, NHS Lothian Public Health Directorate, NHS Lothian Equality and Human Rights Group and NHS Lothian Corporate Management Team (CMT) and health and social care services. As part of this process, Midlothian HSCP trialled the new IIA documentation with two projects. Feedback on use was positive and noted that the new documentation supported those collaborating on the IIA to think broadly and practically about a full range of aspects relevant in supporting a human rights approach to impact assessment.

15.4.2 Midlothian HSCP continue to support the ambition to adopt a single process across all Lothian health and social care organisations.

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

16.1 Craigmail Update - As part of the IJB budget saving measures, Craigmail Interim Care facility closed to new admissions on the 1st September 2023. Craigmail provided care for 30 individuals on temporary basis whilst their care home of choice becomes available and is not considered a final care destination.

16.1.1 Since closing to admissions there are currently 15 residents remaining within the facility and plans being progressed to support their discharge. The remaining individuals have a range of support needs that are expected to require extended periods to accommodate. Full closure of Craigmail remains projected for 31st March 2024.

16.1.2 A Care Home Review Board has been established to ensure best value and future sustainability of the internal care home provision.

16.2 East Calder Medical Practice - East Calder Medical Practice continues to face pressures as a consequence of extensive house building in the area, population growth and premises challenges. It has been reported to the IJB that East Calder has been identified as having the greatest need for capital investment in primary care premises in West Lothian as the current premises are no longer fit for purpose.

16.2.1 NHS Lothian's Capital Investment Group (LCIG) considered a paper in August which provided an update on work undertaken over recent months to inform an updated outline business case for East Calder for submission to the Scottish Government. LCIG was supportive of progressing the case for a replacement health centre in East Calder but given that the financial value of the project as a whole exceeded NHS Lothian's delegated limit, agreed that a request required to be made to the Scottish Government for funding to allow the design process to progress to the next stage. NHS Lothian's Director of Finance wrote to the Scottish Government following the meeting, and a response to this letter is awaited.

16.2.2 It is recognised that even with funding, the project is likely to take a number of years to be concluded. In the meantime, the practice remains under considerable pressure as a result of space and building challenges. Staff from the Health and Social Care Partnership are continuing to work with the practice to offer support and explore interim solutions.

16.3 West Lothian Place Based Care & Support - West Lothian Health and Social Care Partnership is currently preparing for test of change to explore a place-based model of care for adult services in Broxburn. This will explore new ways of working through a multi-disciplinary, integrated team approach, aligned with primary care services to manage all aspects of planned and unplanned care. The test of change will build on learning from the implementation of Single Point of Contact (SPoC) and other service developments. The aim of this test of change is to improve access to community teams, reduce duplication in the system, shift the balance to prevention and early intervention and reduce reliance on formal support until absolutely necessary. The project will take place during the winter period.

16.4 West Lothian IJB Strategic Plan Delivery Plans - The Delivery Plans that underpin the IJB Strategic Plan were approved by the Board. The Delivery Plans are focused on taking forward the following priorities:

- Improving Health Inequalities in Partnership
- A 'Home First' Approach
- Enabling High Quality Care, Support and Treatment

16.4.1 The Delivery Plans can be accessed here: [IJB Strategic Plan & Delivery Plans - Health & Social Care Partnership \(westlothianhscp.org.uk\)](http://westlothianhscp.org.uk)

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
27.11.23

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CAPITAL PRIORITISATION PROCESS

1 Purpose of the Report

- 1.1 The purpose of this report is to brief the Board on the outcomes of the Capital Prioritisation process, and to seek approval.
- 1.2 Any member wishing additional information should contact the Executive Leads in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to;
 - **Note** that the process utilised to construct the capital prioritisation is that briefed to SPPC in January 2023 and agreed by the Board in February 2023
 - **Note** the direct links to the whole-system planning approach that is the Lothian Strategic Development Framework (LSDF)
 - **Note** the outcomes in categories A, B, and C
 - **Note** the requirement to submit the prioritisation to the Scottish Government by 31st December 2023
 - **Agree** to submit categories A, B, and C to the Scottish Government immediately after the Board meeting.

3 Discussion of Key Issues

Background

- 3.1 Members are aware of the broad background facing the Lothian Health and Care System, and the drivers for the way ahead mapped out in the Lothian Strategic Development Framework. These include, but are not limited to;
 - Demographic change within the Lothians over the last 15 years and over the next ten. The population of the Lothians has grown from c. 850,000 in 2008 to c. 950,000 now, with estimates that 80% of all Scotland's population expansion over the next ten years being in the Lothians.
 - The historic gap between the indicated share of NHS Scotland revenue funding and actual received by NHSL, which is calculated in the region of £150m over the last ten years.
 - The consequent capacity (and care) gap over the last ten years, as the ability to fund capacity required to meet demand has been curtailed by our financial position.
 - The parallel challenges to our IJB and local authority partners in both population and funding terms
- 3.2 Board members will recall the discussion, at its February meeting, of the need for a capital prioritisation process, and that NHSL had developed a robust approach over the last 7-8 years. Members will also recall that the Scottish Government had mandated that no uncommitted schemes would receive funding until all Boards had prioritised their capital asks for the next fifteen years. The deadline for submission is 31st December 2023.

- 3.3 The Board supported the process outlined in February and noted the link to the LSDF, and the need to ensure that partner Integration Authorities (IJBs) were supportive, recalling that IJBs do not hold capital and must request it from NHS Boards or local authorities.
- 3.4 Members will also recall that the Board approved a Corporate Objective on this work, with the Director of Finance and Director of Strategic Planning assigned to ensure delivery.
- 3.5 Finalisation of the outcomes from the process is within the purview of the Board, based on the recommendation of the Capital Prioritisation Panel. The Panel consists of the Chief Executive, Director of Finance, Executive Medical Director, Executive Nurse Director, Director of Public Health, and Director of Strategic Planning.
- 3.6 It is important to fully appreciate the level of population growth in Lothian that would be supported within the next 15yrs by the capital plan.

The table below indicates the National Records of Scotland (NRS)’s projected population growth to 2034 for the four local authority areas within Lothian. The projected increases below account for approximately 80% of the forecasted increase in Scotland in the same period.

HSCP	2018/19	2033/34	Projected Increase	% Increase
East Lothian	105,790	116,613	10,823	10.2%
Edinburgh	518,500	566,377	47,877	9.2%
Midlothian	91,340	109,707	18,367	20.1%
West Lothian	182,140	196,707	14,567	8%
Total NHS Lothian*	897,770	989,285	91,515	

*National Records Scotland (NRS) Board area projection

- 3.6 Looking ahead over the next ten years, not only do we have a significant backlog expressed as the care gap, but this will expand into other areas as we run out of physical space in which to provide treatment. The Edinburgh Cancer Centre is an excellent example of a facility which will exceed its boundaries at some point in the next 5-10 years.

Progress

- 3.7 The Prioritisation Process has now run twice, in late March and late September.
- 3.8 Service areas have been asked to outline the case for each project, including a risk assessment, a clear identification of the alternatives, and explicit explanation of how the project supports the implementation of the LSDF.
- 3.9 Projects were categorised according to the urgency of need – hence, primary care projects responding to immediate population pressure were placed in category A, whereas the full Edinburgh Cancer Centre project was placed in category B. This does not reflect the overall importance of each project, but rather when they would be required. Categorisation included consideration of a range of factors including Health and Safety, Compliance, Clinical risk, service failure risk and demographic change.
- 3.10 The categories can be seen in appendix 1. All projects within the prioritisation process are recognised to be important and a priority for the organisation in order to meet demand from population growth and increased capacity need from pressure on service provision. The process therefore supports consideration of the relativity of priority between each project.
- 3.11 Projects which were considered not ready to be taken forward were placed on a “paused” list, reflecting the need for further work-up of the case for each. It should be noted that many of these projects will have active development and resource in place.

- 3.12 After categorisation, each project was then scored by the panel individually, using the Scottish Capital Investment Manual (SCIM), and scores agreed by the panel in discussion. This allowed a relative prioritisation within the categories.
- 3.13 At the second cycle, the panel reviewed the output from the first cycle and considered whether new information had become available which would cause a reconsideration of either categorisation or scores. This led to, for example, the case for HSDU (instrument decontamination facility) to be adjusted upwards, given the recent difficulties in maintaining the current facility and the acute resilience challenges this gives the national system.
- 3.14 It is important to be clear that the projects in the first two cycles did not include substantial backlog maintenance requests funded from formula capital. The Director of Estates and Facilities is working on compiling all of these into a prioritised list for consideration by the panel at future cycles.
- 3.15 More broadly, the process so far has also not considered substantial requests from either Digital or medical equipment replacement, which have historically been funded from formula capital. The latter equates to c. £17m of the £25m available to NHSL this year, so is a substantial consideration. The Director of Finance and Director of Strategic Planning are reviewing how prioritisation is undertaken in the backlog maintenance, digital, and medical equipment spheres, so the organisation can be assured that similar rigour and strategic focus is being applied.

Output from second cycle

- 3.16 Projects placed in Category A (“required within 5yrs”) were
- HSDU
 - Enabling works for the Edinburgh Cancer Centre
 - Primary Care Projects (7)
 - National Treatment Centre – St John’s Hospital
 - Front Door Modular Build RIE
 - Royal Edinburgh Hospital Rehabilitation Unit
 - Royal Edinburgh Hospital Intellectual Disabilities Unit
 - Western General Hospital Critical Care Unit
 - Princess Alexandria Eye Pavilion replacement
- 3.17 Projects placed in Category B (“required within next 5-10yrs”) were
- Edinburgh Cancer Centre
 - Primary Care Projects (11)
 - Second biplanar suite RIE – thrombectomy
- 3.18 Projects placed in Category C (“required within 10-15yrs or more”) were
- Primary Care Projects (9)
- 3.19 NRS modelling suggests the Lothian population will continue to grow, reaching over 1M by 2043, an increase of 15% from 2018/19. Growth rate is projected to be 12% higher than the Scottish average with the highest rate of growth in the over 65yr age group. 2key examples to illustrate this are summarised in paras 3.19 and 3.20, below;

3.20 Edinburgh Cancer Centre

The Edinburgh Cancer Centre provides specialist oncology services for the people of Lothian, Fife, Borders, and Dumfries & Galloway, collectively known as SCAN. The population growth within SCAN is set to broadly mirror that of the projections for Lothian. The NRS projections cited above also show that the additional 20% of Scotland's population growth will be across these regions. Over the last decade the Centre has also supported the Highlands, Tayside, and Grampian, at various points.

The service modelling as part of the Oncology Enabling Programme Full Business Case projected that based on this, the ECC would cope with growing demand until 2025/26 where demand for inpatient beds will breach capacity.

3.21 Primary Care

The practice list population of Lothian has increased by c156,000 people between 2008 and 2023. This trend is expected to continue in line with the implementation of the Local Development Plans in East Lothian, Midlothian and West Lothian and the Edinburgh City Plan 2030. These plans indicate a further c90k increase in the population by 2034.

There are 26 projects covered by the NHSL prioritisation process which aim to meet this need through a combination of new provision and work to support existing. Most of the growth to date has been absorbed into existing primary care provision but this cannot continue indefinitely, and most practices have reached their threshold. Additional General Medical Services (GMS) and Primary Care Services (PCS) premises infrastructure is urgently required to ensure that the existing and new population will be able to access these services, and we can continue to fulfil our statutory obligation of ensuring Lothian residents can register with a GP practice. This will be at risk if we do not receive the required capital investment.

The breakdown of the Primary Care projects and population growth supported by them are shown, by area, in the tables in appendix 1.

Next steps

- 3.22 Audit Scotland published a briefing in September 2023 examining the capital investment situation for Scotland's public services. In sum, the briefing noted that the Scottish Government did not have sufficient resources to meet all of the public commitments it had made, and that prioritisation would be required. The briefing is available at [230928 Scotlands infrastructure \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk/230928-Scotlands-infrastructure)
- 3.23 The Strategy, Planning, and Performance Committee met in November and agreed to progress this paper to the Board for public discussion and agreement.
- 3.24 It is important to recognise that the individual cases identified above are being worked on by operational management teams, including substantial time and effort from clinical staff committed to improving the quality of care offered to patients. This engagement is possible due to the dedication and enthusiasm by our staff. There is a clear risk that this engagement and staff goodwill is dimmed if there is not a full commitment to carry forward these projects.
- 3.25 There is also, clearly, a financial implication to these projects, with significant teams and resources dedicated to advancing cases. With this, and the Audit Scotland briefing, in mind, the Chief Executive has written to the Director-General seeking clarity on the position and when NHSL is likely to see substantive feedback on its prioritised list.

4 Key Risks

- 4.1 All the projects described above are focussed on management of risk. The exact risk varies by project. So, for example, the National Treatment Centre would provide us with much-needed additional capacity to close the care gap which has grown as demographic change has affected the Lothians. The Princess Alexandria Eye Pavilion Project is partly associated with population growth, but at least as much with the poor state of the current facility.
- 4.2 There is a risk that the Scottish Government cannot fund all of these projects, in the long-term, and that the costs of case development are left as an NHSL liability which cannot be borne.

5 Risk Register

- 5.1 No implications per se.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment has not been carried out as yet.

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

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

8 Resource Implications

- 8.1 No specific implications for undertaking the process.

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24th November 2023

Appendix 1

Part 1 : Categorisation (urgency of need)

CATEGORY A	CATEGORY B	CATEGORY C
Very High Corporate Risk H&S / Compliance Clinical Risk Current Pts Demographic changes No alternate Facilitates other movement Realistic risk service failure <u>NEED / SPADE IN GROUND</u> <u><5YRS</u>	Planned change – facilitates major service change Medium risk of service failure Model could be redesigned (<u>inc</u> as interim to long term option) Demography pressure Excessive BLM <u>NEED / SPADE IN GROUND</u> <u>>5YRS</u>	Alternates MAY be possible Not as high priority as A or B <u>NEED / SPADE IN GROUND</u> <u>15YRS+</u> OR Additional specific formula funding can be allocated centrally

Appendix 2

Priority	HSCP	NHSL Category	Existing Service in Area	Anticipated Population Growth over next 10 -15 years	Population Increase per Category
<u>Danderhall / Shawfair</u>	Mid	A	No	14,000	
East Calder	West	A	Yes	4,000	
Edinburgh SE Outer	Edin	A	No	10,000	
<u>Liberton High School</u>	Edin	A	Yes	2,000	
Meadowbank	Edin	A	Yes	2,000	
Leith Waterfront	Edin	A	No	10,000	42,000

Priority	HSCP	NHSL Category	Existing Service in Area	Anticipated Population Growth over next 10 -15 years	Population Increase per Category
<u>Granton Waterfront</u>	Edin	B	No	10,000	
North Berwick	East	B	Yes	2,000	
Leith Central	Edin	B	No	2,000	
South Queensferry	Edin	B	Yes	1,500	
Stockbridge	Edin	B	Yes	4,000	
Rosewell / South Bonnyrigg	Mid	B	No	Tbc	
<u>Barbauclaw (Armadale)</u>	West	B	Yes	1,000	
<u>Winchburgh</u>	West	B	Yes	1,500	
Grange / Meadows	Edin	B	Yes	7,000	
Morningside / Hermitage	Edin	B	Yes	4,000	
<u>Blindwells Phase 1</u>	East	B	No	10,000	43,000

Priority	HSCP	NHSL Category	Existing Service in Area	Anticipated Population Growth over next 10 -15 years	Population Increase per Category
<u>Haddington</u>	East	C	Yes	3,000	
<u>Bangholm</u>	Edin	C	Yes	tbc	
<u>Brunstane / Seafield</u>	Edin	C	Yes	4,000	
East of Millburn Tower	Edin	C	No	12,000	
Sighthill	Edin	C	Yes	1,200	
Whitburn	West	C	Yes	1,500	
Howden	West	C	Yes	Tbc	
<u>Wallyford</u>	East	C	No	Tbc	
<u>Blindwells Phase 2</u>	East	C	No	Tbc	21,700 (known) 4 practices tbc

CORPORATE OBJECTIVES AND Lothian STRATEGIC DEVELOPMENT FRAMEWORK MID-YEAR REVIEW

1 Purpose of the Report

- 1.1 The purpose of this report is to report on progress during the 2023-24 financial year against the Corporate Objectives and Lothian Strategic Development Framework (LSDF).
- 1.2 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 progress reported in Appendix 1.

3 Discussion of Key Issues

- 3.1 Clear corporate objectives are essential to any large-scale organisation and should be clearly linked to the strategic direction of that organisation.
- 3.2 At its June meeting the Board agreed a significantly reduced number of corporate objectives, directly linked to the LSDF pillars and parameters. Three additional objectives covering patient safety, the public's health, and the management of the Royal Infirmary of Edinburgh, were added and it was agreed that the work would be brought back in accordance with the Lothian Planning Cycle.
- 3.3 The review of these electives was undertaken by a session of the Strategic Corporate Management Team, for which programme summaries were prepared by the relevant CMT leads. This review categorised each objective as;
 - Ahead of plan
 - On plan
 - Requires stocktake

In this formulation, "requires stocktake" indicates the CMT's assessment that the programme needs to review its progress and ensure that both its plan and execution are functioning appropriately.

- 3.4 The outcomes from this process were presented to the Strategy, Planning, and Performance Committee (SPPC) at its November meeting and the output is provided at appendix 1. Board members will note that;
 - 4 programmes are ahead of plan
 - 7 programmes are on plan
 - 3 programmes will be put through a stocktake – Unscheduled Care; Mental Health, Illness, and Wellbeing; Environmental Sustainability

3.5 The CEO and Director of Strategic Planning are undertaking these stocktakes with reference to available information and “gateway” best practice. The output from this process will be reported to the January meeting of SPPC. It is important to be explicit that this is not a simple “pass/fail” process, but rather is about identifying what can be done to bring greater clarity and focus, and a greater level of impact, in the context of a resource-limited service.

4 Key Risks

4.1 Both the Corporate Objectives and LSDF are intended to help the organisation effectively mitigate and manage down the risks to service delivery.

5 Risk Register

5.1 No implications per se.

6 Impact on Inequality, Including Health Inequalities

6.1 An impact assessment has not been carried out but will be considered as part of the stocktake process if necessary.

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

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

8 Resource Implications

8.1 No specific implications for undertaking the process.

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24th November 2023

Appendix

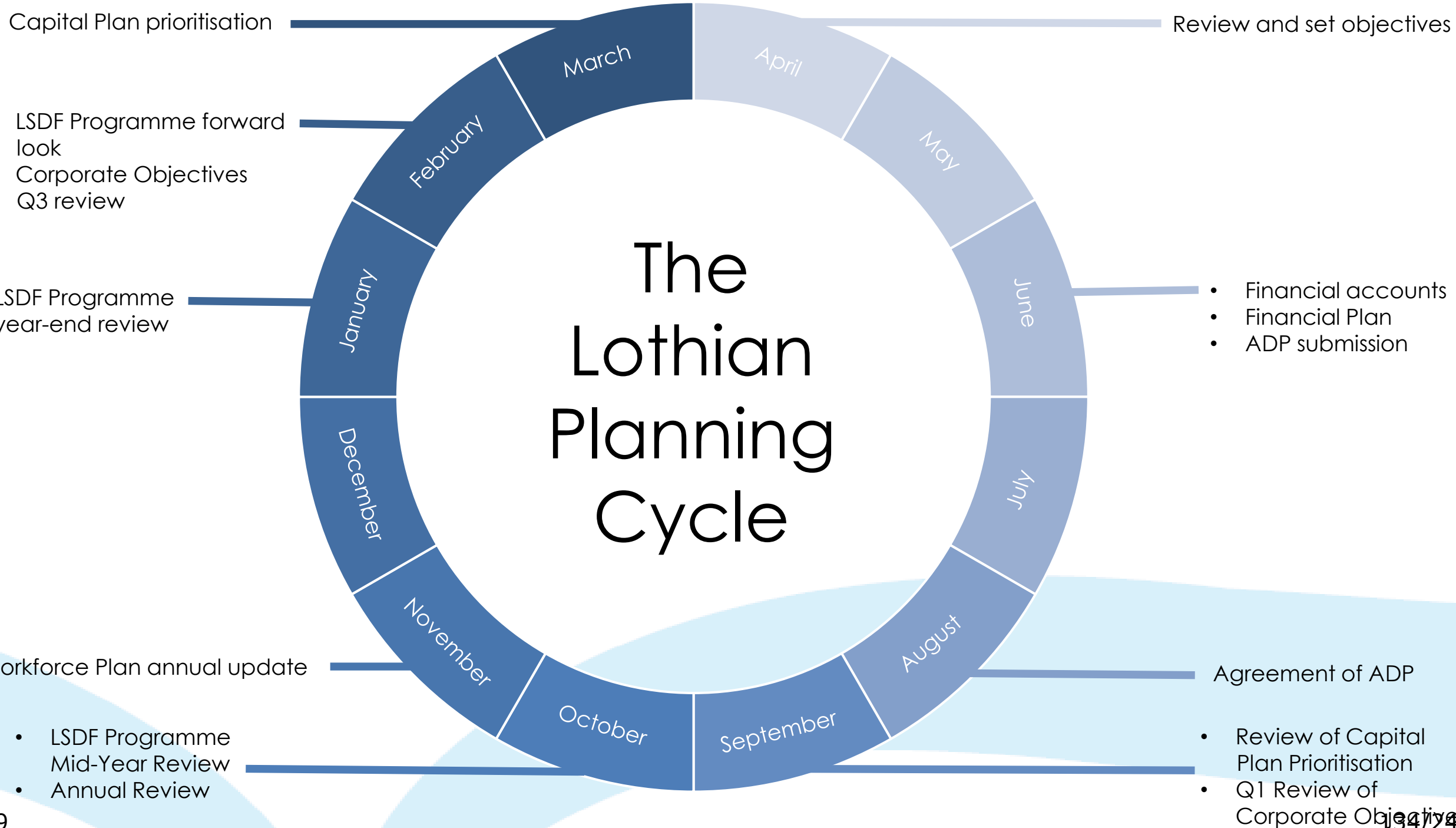
- Appendix 1 - Mid-year review summary

Appendix 1

Mid-year review – LSDF and Corporate Objectives

Strategy, Planning, and Performance
Committee, November 2023

The Lothian Planning Cycle



Process

- Lothian Planning Cycle seeks MYR for LSDF programmes this time each year
- Corporate Objectives now aligned tightly with LSDF programmes
- Simple pro-forma circulated to CMT leads (and programme leads)
 - What's gone well?
 - What's been more challenging?
 - What needs to change?
- In-depth discussion at SCMT

Corporate Objectives - pillars

Objective area	CMT lead	Objective	Status
Developing NHS Lothian as an Anchor Institution	Dona Milne	Implement the 2023-24 of the LSDF Anchor Institutions pillar Implementation Book, with a specific focus on meeting outcomes related to employability, procurement, land and assets and sustainability that demonstrate our role as an Anchor organisation in addressing inequalities.	On plan
Valuing our work with Children and Young People as the ultimate investment in prevention	Calum Campbell	Implement the 2023-24 step of the LSDF CYP LSDF pillar Implementation Book, with a particular focus on completing the drafting of the 4 new 2023-26 Children's Services Partnership Plans and ensuring there are appropriate linkages between these partnership plans/groups and NHSL's CYP Strategic Board and structure.	On plan
Ensuring that our Primary Care system remains robust and delivering high quality care	Jenny Long	Collectively agree the five-year LSDF Primary Care Implementation Book and implement the 23/24 step, with a particular focus on ensuring all residents can register with a GP practice and can access urgent dental care; further development of HSCP primary care improvement services; and roll-out of the Community Glaucoma Service.	On plan
Continuing to develop the provision of services for Mental Health, Illness, and Wellbeing , with an emphasis on preventing ill-health	Alison White	Implement the 23-24 step of the LSDF MHIWB Implementation Book, with a particular focus on implementing plans to reconfigure our bedded capacity in adult mental health and services for people with intellectual disabilities, reflecting the longer-term vision for people to live in communities and not institutions wherever possible.	Stocktake
A more effective Unscheduled Care system prioritising the delivery of care and support as close to the citizen's home as possible	Fiona Wilson	Implement the 23-24 step of the LSDF USC Implementation Book, with a particular focus on maintaining and improve our current 60% performance with the 4 Hour Emergency Access Standard (EAS). We will put in place the actions from the 2023-24 'step' of the USC Programme with the aim of consistently achieving 70% performance against the 4 Hour EAS by March 2024 for the RIE.	Stocktake
The recovery of our Scheduled Care services	Michelle Carr	Implement the 23-24 step of the LSDF SC Implementation Book, with a particular focus on delivering activity, cancer waiting times, long wait, and diagnostic trajectories and productive opportunities in line with Scottish Government Planned Care Guidance submission for 2023/24 within available resource.	On plan

Corporate Objectives - parameters

Objective area	CMT lead	Objective	Status
Working towards financial balance	Craig Marriott	<p>Maximise options to achieve break even in 2023/24 by reducing the opening financial plan deficit of £52m through delivery of 3% cash releasing efficiency programme and identification of corporate flexibility, whilst managing the risks inherent in achieving the £52m forecast.</p> <p>Reduce the organisational recurring deficit of £104m to improve long term financial sustainability</p>	Ahead of plan
Supporting and developing our Workforce	Janis Butler	Optimise workforce capacity and capability by delivering the Year 1 actions of the 3 Year Workforce Plan and its enabling frameworks (Work Well and Staff Engagement and Experience Framework) and agree the Year 2 actions in support of the 3 Year Workforce Plan.	On plan
A coherent and deliverable Capital plan	Craig Marriott/ Colin Briggs	Develop a coherent and credible capital plan based around the capital prioritisation process by 31 st December.	Ahead of plan
An ambitious approach to Digital working and systems;	Martin Egan	Agree Digital Implementation Book and deliver the 23/24 step and funded components thereof.	On plan
A clear commitment to Environmental Sustainability	Morag Campbell	Agree Environmental Sustainability Implementation Book and implement 23/24 step.	Stocktake

Corporate Objectives - other

Objective area	CMT lead	Objective	Status
Promoting, protecting, and improving, the people's health	Dona Milne	Develop collaborative strategies which address the social determinants of health, tackling poverty and inequality by taking a place and wellbeing approach and increasing our focus on prevention within the Lothian health and care system.	Ahead of plan
Working towards safe and quality service delivery resulting in safe and effective person-centred care.	Tracey Gillies and Alison MacDonald	Strengthen healthcare governance through reliable reporting of person centred and effective care in annual reports from services. · Ensure the voices of patients and families are clearly articulated · Implementation the Adverse Event improvement plan to enable high quality reviews, which inform service improvement plans.	On plan
Preparing RIE handback	Craig Marriott Jim Crombie Colin Briggs Michelle Carr	Agree mitigation measures to increase patient safety at the RIE with a specific focus on fire detection and control. Conclude a commercial agreement with Consort on the potential escalation of a Serious Issues Event and identify decant space to accelerate lifecycle maintenance works. Develop and agree a project plan with Consort to progress a handback survey	Ahead of plan

Outputs - risks

- Capital position
 - Highest risk currently
 - Would alter all aspects of the LSDF
- Workforce
 - Remains high risk, growing incrementally – all aspects
- National strategic direction remains unclear

ANNUAL DELIVERY PLAN

1 Purpose of the Report

- 1.1 The purpose of this report is to place the feedback from the Scottish Government regarding NHS Lothian's Annual Delivery Plan in front of the Board and note agreement to the plan.
- 1.2 Any member wishing additional information should contact the Executive Leads in advance of the meeting.

2 Recommendations

- 2.1 The Board is recommended to;
 - **Note** that feedback has been received on the submitted and modified Annual Delivery Plan

3 Discussion of Key Issues

Background

- 3.1 Board members will recall that NHS Lothian submits an annual plan outlining its intent and commitment for the financial year, and that this requires agreement from the Scottish Government.
- 3.2 This plan is usually in response to a commission from the Scottish Government which is in turn linked to the Programme for Government and the resources available within the Health and Care portfolio.
- 3.3 Board members are also aware that the Lothian Strategic Development Framework (LSDF) lays out the overall approach for the whole of the Lothian Health and Care System over the next five years, and beyond.
- 3.4 NHSL received two commissions for the 2023-24 financial year – an Annual Delivery Plan focussed on the financial year, and a Medium-Term Plan for the 2023-4, 2024-5, 2025-6 financial years. The former was for submission in June and the latter in July.
- 3.5 The Strategy, Planning, and Performance Committee agreed at its May meeting that the combined LSDF Implementation Books would be submitted to meet both asks.
- 3.6 Discussions were required during the summer and late summer months to help mutual understanding of plans, and a further summary was required from NHSL to “translate” some of our work.
- 3.7 The Chief Operating Officer of NHS Scotland wrote to the Chief Executive of NHS Lothian on 7th November indicating agreement with the final submissions, and the letter is appended to this paper.

- 3.8 Members will note that there are some specific points of feedback on ADP actions, and that in particular the environmental sustainability programme received some very specific points. These are being addressed.
- 3.9 NHSL will submit updates in December and February to cover quarters 1 and 2, and 3, respectively.
- 3.10 As of the writing of this paper, no feedback has been received on the response to the Medium-Term Plan ask. It is understood from informal conversations that the commission for 2024-25 will be much more in the mode of a longer-term transformation plan.
- 3.11 Board members will wish to consider this paper in the context of the mid-year review against the Corporate Objectives, which is also on the agenda for this meeting.

4 Key Risks

- 4.1 There is a risk that NHSL cannot deliver on nationally-prevailing targets and standards. This is unchanged by the Annual Delivery Plan, but this document does lay out how we will continue to improve our system.

5 Risk Register

- 5.1 No implications per se.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment has not been carried out as yet.

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

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

8 Resource Implications

- 8.1 No specific implications for undertaking the process.

Colin Briggs
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24th November 2023

Appendix

Letter from John Burns, Chief Operating Officer, NHS Scotland, 7th November



T: 0131-244 2480

E: John.burns@gov.scot

07 November 2023

Dear Calum,

NHS Lothian: Annual Delivery Plan 2023/24

Thank you for sharing your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your teams for the work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a clearly shared understanding between the Scottish Government and NHS Lothian regarding what is to be delivered in 2023/24.

There are a small number of areas where some further detailed work is required and these have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we will do this through strengthened engagement around the six-monthly joint Executive meetings, and the forthcoming quarterly ADP updates in November.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff, and ensure the best possible value for citizens. If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance (paula.speirs@gov.scot).

Yours sincerely

JOHN BURNS

NHS Scotland Chief Operating Officer

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1. Primary & Community Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.	There is potential to include detail on the preventative role of public health nursing services e.g Health Visitors, Family Nurses and School Nurses and how they might work across multidisciplinary teams in the community.	Noted	Content
1.2	Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.	<p><i>The following is noted to highlight good practice with no further action required at this stage.</i></p> <p>Policy team are encouraged by the narrative and note that it is helpful to be made aware that NHSL have completed Demand and Capacity Service Planning in June 23 with the single point of co-ordination to be agreed by December 2023 and implementation commencing December 23 through to March 24. It is also encouraging to note that the draft plan for nursing will be agreed by October 23 and then implemented over a 3 year period.</p> <p>In relation to supporting a motivated workforce it is noted that this work is ongoing and the service plan will detail specific actions and timescales. We will look to understand latest progress at ADP Q2 Review.</p>	Noted	Content
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	<p>This is referenced only in ADP1 but no clear outline of what Lothian will do exactly.</p> <p>We would ask that ADP2 is updated to reflect ADP1 narrative, including key actions and information on mitigations if funding not received.</p>	This is already embedded in what we do	Content
1.4	In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	None	Noted	Content
1.5	In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	None	Noted	Content
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients.	<p>The actions listed in the narrative reflect more of a 'watching brief' and we would ask for ADP2 to be updated with specific actions to support provision of NHS dental care in the event of significant GDS de-registrations.</p> <p>We would also ask that the risk column in ADP2 is updated to reflect how the identified risks of workforce (skills and availability) and finance will be managed or controlled. For example, the imminent retiral of Director of Dentistry is highlighted, however the control to address presented risk is 'recruitment' with no indication of approach/timescales.</p>	<p>Revised fee schedules now available.</p> <p>The Public Dental Service provides care for patients who cannot be registered with a GDP. Our daytime unscheduled service continues to provide urgent care for non-registered patients and we have been exploring options for how best we could improve access for patients in the event of significant GDS de-registrations, potentially</p>	Content



		In addition, although ADP2 maps directly to actions in narrative, we would ask, in the Q2 update, that milestones are more strongly defined and more clarity on how Board actions will be taken forward.	<p>creating outreach centres in areas of greatest need. Options are constrained by the funding for the service and recent conversations with SG policy leads have indicated, rightly, the priority is ensuring a robust General Dental Service and all focus is on the SDR and subsequent contract reform. We are mapping the areas of greatest need based on NDIP referrals and attendance at the PDS unscheduled care service, and will have further conversations with SG policy colleagues to seek to secure access to the SDAI for new GDPs in Lothian.</p> <p>The DoDs have taken a paper to the BCEs which clearly sets out the current situation, with a further paper on potential solutions coming to the September BCE meeting. NHS Lothian is contributing to the development of those papers.</p> <p>Director of Dentistry retires December. Advert imminent. To note that this is a professional advisor post. We have recently strengthened our leadership arrangements by introducing and filling two new Clinical Director posts.</p> <p>Noted re Q2 request</p>	
1.7	As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service.	Addresses the requirement.	Noted	Content
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice	<p>It is noted that NHSL Primary Care and IPC leads will undertake a gap analysis across Primary Care which will include GP, Dental, pharmacy and optometry). Reference is made to recommendation 3 in the IPC Workforce Strategy.</p> <p>We would ask for ADP2 to be updated with the timescale and outcome described.</p>	Addressed	Content

2. Unscheduled Care

No	Key Result Areas	Initial SG Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise.	As requested, further detail is requested in relation to plans to include mental health and paediatric pathways.	Mental Health pathways are already well-embedded with MHAS, for example. We will not be undertaking work on paediatric pathways in this year.	Content
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce self-presentation and prevent over-crowding.	We would ask for further details on plans to include mental health in the new pathway.	There may be some challenge in here in the interpretation of "new" mental health pathways. As it stands, we provide capacity within our Mental Health Assessment Service for NHS24 to book into. If NHS24 feel an out of hours GP appointment is more appropriate, then that is also available in the usual manner. Additionally, police and SAS are aware of our arrangements and can bring patients direct. We estimate that 25% of all referrals through these pathways are admitted without attendance at an ED. For self-presenters we have MHAS staff stationed in RIE ED to provide immediate capacity when required.	Content
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	References previous UC Implementation book, however, we no longer have access to this. It is encouraging to hear of the Boards plans to implement optimal specialty pathways for both in and out of hours. It would be helpful if the Board could provide more detail on this.	Access was provided in June to Implementation Book. This can be sent again if required.	Content
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	None	Noted	Content
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	None	We will not be introducing new pathways for paediatrics. On heart failure, we do have a design for a pathway but would require external funding to support, in the region of £300k. As we have already funded the highest level of OPAT/Respiratory/H@H capacity in the country at our own risk we do not have the financial flexibility to be able to do this further, and await confirmation of funding availability from SGHSCD.	Content

2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways.	None	Noted	Content
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	None	Noted	Content
2.8	Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.	We would ask for further detail in ADP2 on what will be implemented in 2023/24. Content with description of delivery and assurance oversight.	Neonates – we will undertake a baseline assessment against the new national model during Sept-Oct 23 and work to establish a regional group to develop an action plan by Dec 23. The major issue here is that we frequently take patients from FV and Tayside and will need to work on an inter-regional basis to understand how these pathways will work in future. We remain concerned that NNU nurse staffing remains in significant demand. We intend to open new community hubs for pre-natal care in Edinburgh and East Lothian in quarter 4 of the financial year. On continuity of care – we currently provide up to 50% continuity care	Content

3. Mental Health

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
3.1	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT	Further information is requested on tailored support, de-escalation and improvement plan and ADP2 to be updated with associated milestones. NHSL are asked to provide, as requested, PT trajectory.	To follow	Content, although would note challenges around the format in which information has been shared, and this will be addressed in quarterly updates.
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	We note the reference to previously submitted papers with new narrative to explain work in the Children and Young people mental health space, with associated milestones in ADP2. NHSL are requested to provide information in relation to the agreed Standards and Specifications and update ADP2 accordingly.	To follow	As requested, NHS Lothian are requested to provide requested information at ADP Q2 update.
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	We note the comment that NHSL are well-advanced with this work. NHSL are requested to provide the timetable to meet compliance and update ADP2 with these milestones.	To follow	Content – trajectories received and will follow up as part of quarterly reviews.

3.4	Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.	Although noting the plans for the four IJBs change the shape of mental health spending over the next five years, it would be useful, at the ADP Q2 Review, to understand any plans to increase mental health, including CYP, funding noting comments on NHSL current spend of approximately £175m.	Noted	See 3.1
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4. Planned Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a "hospital within a hospital" approach in order to protect the delivery of planned care.	<p><i>The following narrative is for noting only.</i></p> <p>The opening of the Gynae Ambulatory Care area at St John's in Spring 2023 will support transfer from day case theatre to Ambulatory Care Centre, releasing day surgery capacity as well as the ringfencing of 38 beds within Day Surgery Area.</p> <p>Ringfencing of 25 beds at the Royal Infirmary Edinburgh for Orthopaedics has been approved, following an option appraisal undertaken late April.</p> <p>Activity to treat Lothian patients at NTC-Fife will commence from November 2023.</p> <p>This ring fencing will provide better protection for planned care better but may not be enough to address the size of the problem.</p>	Noted	Content
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	<p>We note the commitment to maximise BADS opportunities and progress work to meet productive opportunity targets for arthroplasty and cataracts.</p> <p>We would ask, in the ADP Q2 Update, for information on plans for 23-hour surgery.</p>	Noted	Content Note that update is required for Q2 update.
4.3	Set out plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.	<p>Active engagement noted with CfSD, participating in Specialty Delivery Group workstreams and ongoing development of heatmaps in 2023/24. Forecasts provided.</p> <p>We would ask for ADP2 to be updated with actions and milestones relating to the Scan for Safety pilot, which is part of supporting NHS Boards with new regulatory requirements for Medical Device Regulation that they will be required to meet shortly and to significantly improve patient safety for the traceability of high risk implantables such as pacemakers, knee joints etc,</p> <p>NHS Lothian, Golden Jubilee and NHS GGC are piloting the roll out of the SG funded, national NHS Scotland Scan for Safety Programme in 23-24, being led by NSS. This work in the pilot Boards is integral to the rollout of the national programme for all other Boards in 2024 onwards.</p>	We await further information from NSS re Scan for Safety and can provide when available.	Content We will continue to monitor Scan for Safety through ADP process. Quarterly updates should include that Board started point of care scanning for high risk implantable on 28 August – pilot is now well underway.
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.	<p><i>The following is for noting only, with no further action required.</i></p> <p>AI assisted waiting list validation for outpatients to be rolled out across all specialties further to successful pilots undertaken in 22/23 & when funding is confirmed to support.</p> <p>Administrative waiting list validation in form of 'housekeeping' is undertaken as core business in all specialties.</p> <p>Patient administration through waiting list office will continue for all patients waiting over 2 years, with timeline reducing in line</p>	Noted	Content

		with reduction in long waits at 6 monthly intervals. Clinical validation including allocation of resource to support, in development for all specialties. Discussion ongoing with NECU		
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5. Cancer Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	No further action required.	Noted	Content
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	No further action required.	Noted	Content
5.3	Set out plans to achieve full adoption of <u>Framework for Effective Cancer Management</u>	No further action required.	Noted	Content
5.4	Outline plans to improve the quality of cancer staging data	No further action required.	Noted	Content
5.5	Confirm you have: <ul style="list-style-type: none"> Implemented or have plans to implement provision of single point of contact services for cancer patients Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways Embed the Psychological Therapies and Support Framework Signposting and referral to third sector cancer services embedded in all cancer pathways 	Although noting your confirmation, we would ask that ADP2 is updated with associated actions, deliverables and risks for each area in 5.5.	Our Head of Implementation is chairing the national oversight group for prehabilitation. These are all embedded already and so additional actions don't need to be described. We will, of course, continue to engage, support, and encourage data requests and advice from the NOTP.	Content

6. Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
6.1	Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report	Although there is no specific reference to the WHP in 6.1, we are content the needs of women and girls to lead healthy lives are a priority. This is expanded in 6.4 as regards specific work on the WHP	Noted	Content
6.2	Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions.	We note the outline in ADP1 of what will be done in this space, however ADP2 needs to be updated to reflect associated milestones/measurements, reflecting how NHSL will understand progress being made in this area.	This is slightly confusing as our teams are already in both HMP Edinburgh and HMP Addiewell and providing primary care support, accessing healthcare records as they do so. Within Standards for MAT care are already implemented for our teams –	Content

	<p>This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards.</p> <p>Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.</p>		<p>naloxone, BBV work, trauma-informed work, all in place.</p> <p>Where we have a challenge, it is around a) staff safety in acute incidents b) same-day prescription c) trauma-informed work in Addiewell prison. The latter is caught in the transition from one operating team to another, but we are optimistic these will be put in place consistently by Q4.</p> <p>On same-day prescribing, an action plan is in place based on PDSA and we believe we will reach 100% compliance by end of year.</p>	
6.3	<p>Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.</p>	<p>Lothian's performance against MAT standards in 2022/23 reveals specific areas of concern in implementation of MAT 1 in Edinburgh and Mid and East Lothian, which we have been advised is due to delays in recruitment.</p> <p>Further information relating to use of residential rehabilitation services is requested.</p> <p>At ADP Q2 Review, we would also welcome an understanding on how NHSL is monitoring and responding to changing trends and emerging harms within localities.</p>	<p>As described previously, this would through Alcohol and Drug Partnerships fall to IJBs to plan for. It would be helpful to clarify across the country what the accountability arrangements are.</p> <p>As discussed in the meeting, the specific concerns were regarding DTTOs in Edinburgh, which is an issue for the LA-led Alcohol and Drug Partnership.</p> <p>In terms of residential rehabilitation, we continue to provide LEAP and are picking up the Prison to Rehab pathway in this context.</p> <p>LEAP remains the model in the Lothians and we will not be implementing full residential care. It may be that there is some confusion on the definition of residential care.</p>	<p>Content</p> <p>It would be helpful to follow up issues raised around accountability arrangements at quarterly reviews.</p>
6.4	<p>Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.</p>	<p>The following is for noting only, with no action required.</p> <p>WHP lead in post and good relationships established with WHP team and WHC.</p> <p>Clear approach to women's health and women's health plan, with strong strategic approach</p>	<p>Noted</p>	<p>Content</p>
6.5	<p>Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.</p>	<p>None</p>	<p>Noted</p>	<p>Content</p>
6.6	<p>Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.</p>	<p>None</p>	<p>Noted</p>	<p>Content</p>

7. Innovation Adoption

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
7.1	Set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the benefits, which could include collaborative approaches to adoption.	We note the narrative in ADP1. At Q2 Review, we would want to understand the approach, and challenges, in adopting ANIA products into NHS Lothian, particularly noting reference in ADP1 to financially neutral approach.	Noted	Content
7.2	Work in collaboration with a range of national organisations to combine the right skills and capabilities across Scotland to reduce the barriers to national innovation adoption.	None	Noted	Content

8. Workforce

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
8.1	Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	We note the narrative in ADP1 and would ask, at Q2 Update for more detail to be added to ADP2 with any associated risks.	Noted	Content

9. Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
9.1	Optimising M365 Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include: Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365	Policy colleagues have noted that the Lothian plans to optimise M365 are unclear, noting that in 2023/24 the Office 365 programme is unfunded. Can you provide an update and/or update ADP2 with associated plans and actions.	The programme is currently unfunded due to resource constraints across NHSL. Through our workforce programme board, we are advancing plans to improve digital skills across the workforce.	Content It will be useful to discuss further at ADP quarterly reviews.
9.2	National digital programmes Boards to provide high level plans for the adoption/implementation of the national digital programmes	We note references in the digital implementation playbook that the national programmes are part of the strategy and plan eg eRostering, HEPMA, M365, Near Me	Noted	Content
9.3	Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority(ies).	Assessment has been submitted. At ADP Q2 Review, we would ask for an update on what NHSL will do once feedback received.	Noted	Content

9.4	Boards should outline: <ul style="list-style-type: none"> Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation 	Lothian are supporting the development of digital skills with teams Self-serve approach to advancing skills on-line for all staff. Targeted support is provided for particular applications and skills, such as HEPMA.	Noted	Content
9.5	Boards to demonstrate progress against the level of compliance with the <u>Refreshed Public Sector Cyber Resilience Framework</u> via the independent audit process. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	The Board is fully committed to meeting these requirements	Noted	Content

10. Climate

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	The Board's representation and involvement in the Transport Fleet & Travel Planning Group is very much welcomed and appreciated noting significant progress made. This is a strong strategic document, however, lacks the specifics around fleet decarbonisation in 23/24. The number or percentage of vehicles already decarbonised should be noted in addition to specific plans for 23/24, including infrastructure	These will be addressed in the Lothian Environment Sustainability Plan	Content, on the understanding that this will be followed up as part of the quarterly review process, and if necessary, direct engagement between the Lothian and Scottish Government climate teams.
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.	The resubmitted ADP does not reference waste targets as specified in DL38 (2021), it provides no information on current status, or the gap and related actions required to meet the target deadlines of 2025. The current ADP submission deadline is 11 years post The Waste (Scotland) Regulations and 6 years post the Waste Management Action Plan publication. There is therefore an expectation that Boards will have mature plans in place and systems to record waste in line with the targets. The ADP response suggesting the Board is waiting on Route Map work commissioned by Scottish Government is therefore not the response we would expect. The Route Map project was commissioned with Zero waste Scotland and NHS Assure to support the future national framework	These will be addressed in the Lothian Environment Sustainability Plan	As per 10.1

		<p>contract for waste services and to provide a national picture, it has collated information provided by Boards and not provided Boards with 'new' data on their own waste arisings.</p> <p>Actions relating to the targets to ensure compliance are required to be added to ADP2.</p> <p>The ADP response directs the reviewer to the NHS Lothian Sustainable Development Framework which contains a section titled 'Sustainable Use of Natural Resources'. Whilst this section has some useful information and highlights the Boards aspirations it provides no clear action plan with targets and timelines for delivery.</p> <p>The Plan lacks detail in relation to targets and does not reflect the activities which are being led on NHS Lothian sites. NHS Lothian has a robust data tool which is highlighted as exemplar and yet this is not mentioned nor is any data from the tool. Given that NHS Lothian has a relatively robust data set and has invested significant time in producing a tool, the ADP should highlight the actions required for each waste stream to meet the targets set out in DL3 (2017) and DL38 (2021).</p> <p>The current model in NHS Lothian is not reflective of good practice, the WMO does not appear to be responsible for basics being on site such as source segregation and this seems to be left to the site management team. It would perhaps be beneficial for the WMO new to post to take responsibility for this as it's a compliance and legal situation. NHS Lothian have engaged with NHS Assure and site visit/audit is planned for the 12th September, this is to provide support to the new WMO and also to have a look at various sites to ensure compliance.</p> <p>Comments made around the development of a route map are inappropriate, the Board should not require a route map on how to instruct them on what should be in place on site or how to manage waste. Given the amount of support that has been provided by the previous post holder in HFS at the time in detailing what the expectation was from the Board during the implementation of the waste scotland regs this is concerning. The Board was at this time also provided with a waste management action plan and SHTN3/segregations charts etc. The route maps are to support the national contract, not a guide on how to manage waste</p>		
10.3	Set out plan to reduce medical gas emissions – N2O, Entonox and volatile gases – through implementation of national guidance.	<p>NHSL are asked to:</p> <ul style="list-style-type: none"> Define project clinical lead for anaesthetic N2O per site and articulate time scale for closure of Phase 1 N2O manifold at RIE and Phase 1 at SJH. ie Q3 2023/24 Define clinical lead and plan to minimise and phase out desflurane at neuro at RIE - suggest timeframe. Define project lead for Entonox mitigation each site and threads of work at RIE and SJH including catalytic cracking and short life working group to deal with system loss. 	These will be addressed in the Lothian Environment Sustainability Plan	As per 10.1

10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	Provide comprehensive details of what they are doing in these areas limited reference to NGTP Actions directly but make reference to them in text.	These will be addressed in the Lothian Environment Sustainability Plan	As per 10.1
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Good strategic plan / document with well laid out longer-term aims and objectives. It is however unclear what objectives sit under 2023/24 and which are longer-term. NHS Lothian is well represented across several group including in Energy Transition related groups and have been very proactive and eager to move change. This is also reflected in this strategic document which now needs to specify objectives for the focus year	These will be addressed in the Lothian Environment Sustainability Plan	As per 10.1
10.6	Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.	Approach to implementing Scottish Quality Respiratory Prescribing guide set out, across all areas of HB, so that actions from the awaited guide should be able to progress once published.	These will be addressed in the Lothian Environment Sustainability Plan	As per 10.1
10.7	Outline plans to implement an approved Environmental Management System.	NHS Lothian have submitted a comprehensive 17-stage outline plan. For ADP reporting, from an outline point of view, all the main elements have been included. We are aware that much progress has been made with regards to setting up EMS, the Board should consider including its progress and timescales in the future. From a Plan, Do, Check Act (PDCA) perspective, some of the elements that should be under the 'Plan' section, specifically points that start with the word define, have been included in other sections. The 'Do' section should be about implementing actions and processes as identified in the planning stage. The 'Check' section should be about monitoring and measuring processes against policy, controls, and procedures; and 'Act' would be based on the results of the checking activities - to take action to improve. A slight amendment to the Board's full development/implementation plan could be made to ensure that all elements that need to be planned for happen in the correct phase of the PDCA cycle	These will be addressed in the Lothian Environment Sustainability Plan	As per 10.1

NHS Lothian Child Poverty Activity

1 Purpose of the Report

- 1.1 The purpose of this report is to provide the Board with updated information on action being taken to tackle child poverty in NHS Lothian.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

- 2.1 The Board is asked to note the update provided on child poverty activity.
- 2.2 The Board is asked to note ongoing national discussions about maximising the contribution of NHS Scotland to tackling child poverty and consider a further report on the system effort required in due course.

3 Discussion of Key Issues

- 3.1 The Child Poverty (Scotland) Act 2017 places a duty on local authorities and NHS Boards jointly to produce an annual Local Child Poverty Action Report (LCPAR). In addition to input to these local partnership reports, a set of common actions were agreed across healthcare services to increase our contribution to tackling child poverty. These actions were to:
 - Strengthen financial wellbeing pathways across midwifery, health visiting and Family Nurse Partnership services to increase identification of, and support to, those most in need.
 - Review current provision of income maximisation services to inform future provision, strengthen communication to front-line staff and service users, and improve reach and impact of income maximisation service provision, including in community health settings.
 - Ensuring NHS/HSCP staff and services have the knowledge and skills to support increased take-up of both Social Security Scotland's package of five family benefits and Early Learning and Childcare places for eligible two-year-olds.
- 3.2 These actions were in addition to the work NHS Lothian is progressing in relation to Anchor Institution status to further act on the three main drivers of poverty – income from social security benefits, income from employment and reducing the cost of living.

3.3 The End Child Poverty Coalition, in conjunction with Loughborough University, publishes annual data on children living in poverty in local authority areas.ⁱ These data show the proportion of children living in poverty, after housing costs, as well as how these proportions have changed over time. The data for 2021-2022 is presented below.

Local authority area	Children living in poverty 2021-2022 (%)	Percentage point change between 2015-2022 (%)
City of Edinburgh	19.5	0.9
East Lothian	21.1	-0.8
Midlothian	22.7	0.9
West Lothian	23.9	2.6
Scotland	22.0	3.0

3.4 National discussions are underway in relation to maximising the contribution of NHS Scotland to tackling child poverty. The actions agreed by NHS Lothian are foundational and serve as a basis for us to further increase our efforts in this area across a wider range of services and corporate functions. There is a statutory requirement to describe the measures taken by NHS Boards and local authorities to provide pregnant women and families with children with information and advice about eligibility for financial support and assistance to apply for financial support. Supporting sustainable implementation of income maximisation services and referral pathways across key NHS services which target priority families, e.g., maternity services and health visiting, is a vital part of this work.

3.5 Financial wellbeing pathways

3.5.1 Activity to develop financial wellbeing referral pathways across midwifery, health visiting, and Family Nurse Partnership teams has progressed less well than expected. Delays relate to completion of data protection impact assessments and information sharing agreements, not least in West Lothian given the planned use of the Fast Online Referral Tracking (FORT) system which required an IT security assessment. Planned changes to Maternity TrakCare to support data collection and reporting in relation to pathways has not yet commenced due to clinical changes being prioritised for change first. Any change to Community TrakCare will require to be part of a wider programme of change to health visitor and Family Nurse data collection fields. Currently, financial wellbeing information is not reportable from Community TrakCare. Capacity across both Public Health and front-line teams has been a limiting factor. Progress across the four partnership areas is summarised below.

Partnership area	Progress update
City of Edinburgh	<p>No city-wide service is available. A midwifery referral service was provided in conjunction with Granton Information Centre in a small part of North East Edinburgh on 1-day per week, however this service is no-longer funded. Work with stakeholders is planned to explore learning from Granton work and the scope of a city-wide service. Funding options are being explored.</p> <p>UK Shared Prosperity funding has been secured to increase capacity of the existing Health Visitor referral pathway to expand to other geographical areas.</p> <p>Options for Family Nurse Partnership pathways are being explored.</p>

Partnership area	Progress update
East Lothian	Limited progress due to staff capacity. Public Health team re-engaging with midwifery, health visiting and Family Nurse Partnership teams.
Midlothian	Short life working group of key stakeholders established to progress referral pathways from NHS to Citizens Advice Bureau (CAB) and address infant food insecurity. Data sharing implications being explored. Draft DPIA for automated referrals from Midwifery to Aim Hi project being reviewed due to uncertainty over continuation of Aim Hi service.
West Lothian	Data protection impact assessment and data sharing agreement awaiting sign-off. Pathways and Standard Operating Procedure developed for midwives, health visitors and Family Nurses on use of FORT.

3.5.2 To assess the impact of embedding financial wellbeing pathways across early years services, data is required on (a) whether money worries were discussed, (b) whether a referral was made to income maximisation services, and (c) client financial gain. The source of the first two outputs would be TrakCare systems, and the latter from local income maximisation services (of which there are numerous). TrakCare changes are required to allow reporting of the above, as existing data fields are not fit for purpose. These changes will be made to TrakCare after the current list of clinical priority changes have been made.

3.5.3 What can be seen from existing data in Maternity TrakCare is that between 1 September 2022 to 31 August 2023, 12.5% of women (n=1122) said yes to one or more of the current questions on money worries: financial capability support (n=185), money and debt advice (n=205), referral to income maximisation services (n=299), qualify for Healthy Start vouchers (now Best Start Foods) (n=867), and need for further advice on finances, benefits or housing issues (n=567). This is likely to be an underestimate of need given local child poverty rates. One hundred and five women said yes to all five money worries questions.

3.6 Community Income Maximisation Support

3.6.1 Acknowledging that the above work on financial wellbeing referral pathways is likely to generate increased demand for income maximisation services, local public health teams are working with partners to review community income maximisation provision, ensuring it remains responsive to need, including the rise in in-work poverty and cost of living crisis. Reviews of current provision are complete in Edinburgh, East Lothian and West Lothian. An independent review of provision is scheduled for completion in Midlothian at the end of January 2024. Recommendations from these reviews are being considered by relevant community planning partnership groups, and action plans developed to respond to identified need for change. Examples include West Lothian CAB now opening on a Saturday to increase accessibility for those in work Monday to Friday, and East Lothian Financial Inclusion Network creating a portal for frontline staff to increase awareness of available services. Progress across the four partnership areas is summarised below.

Partnership area	Progress update
City of Edinburgh	Independent review completed December 2022. Implementation of recommendations being overseen by Local Outcome Improvement Plan Priority 1 Strategy Group. Joint communications campaign delivered on cost-of-living crisis and Worrying about Money resources and the Edinburgh HSCP Crisis Guide have been updated.
East Lothian	Review completed and presented to the East Lothian Financial Inclusion Network. Some recommendations were actioned immediately e.g., East Lothian Financial Inclusion Network is creating a portal for front-line staff to increase awareness of the services available. Others require a longer-term implementation plan, such as developing a tiered training model to upskill volunteers and frontline staff to identify and provide support at relevant levels to reduce pressure on specialist services.
Midlothian	Rocket Science UK was commissioned to undertake an independent review by end January 2024. Plans to respond to review recommendations will be developed thereafter. An information leaflet on local services and referral processes was distributed across Midlothian. The Public Health team is working with local authority colleagues and the Poverty Alliance to develop and deliver a series of local child poverty training sessions for staff.
West Lothian	Review completed and presented to the West Lothian Tackling Poverty Taskforce. Implementation plans being agreed. Health Improvement Fund used to fund CAB support specifically for pregnant women and families with young children. A directory of local services is being developed by the local authority Anti-Poverty Service which will be available on FORT for both practitioners and service users. National training materials are being adapted for local use.

3.7 Workforce development

- 3.7.1 A range of workforce development activity is planned and taking place across the four partnership areas to develop staff knowledge and confidence in identifying and supporting clients with money worries, as well as orientation to new referral pathways. Training is provided in conjunction with relevant partners e.g., local authority or third sector money advice services. Money Counts (Edinburgh) Tier 1 training is a 30-minute online session which can be viewed at any time and will be made available to all health and social care staff. Further Tier 2 and Tier 3 training is currently being planned.
- 3.7.2 Information on financial wellbeing referral pathways across the four partnership areas has been disseminated to Community Paediatric staff. Training to support the information provided has been offered, with date for delivery to be agreed.

3.8 The Director of Public Health and Health Policy was previously given delegated authority to approve the four Local Child Poverty Action Reports (LCPARs) on behalf of the NHS Board. These reports are completed at different timepoints in the year due to differing partnership arrangements. The status of the 2022-2023 reports is outlined below for information.

- The West Lothian report was completed in August 2023 and can be found on the West Lothian Council webpage - [Tackling Child Poverty - West Lothian Council](#)
- The City of Edinburgh report was completed in November 2023 and can be found here - [End Poverty in Edinburgh Annual Progress Report](#)
- Reports for East Lothian and Midlothian are going through the approval process and scheduled for publication in December 2023.

4 Key Risks

4.1 The main risks identified by the paper are detailed below.

4.1.1 Progress with embedding financial wellbeing referral pathways across NHS early years services has been slower than expected. There is a statutory requirement to provide income maximisation support for pregnant women and families, and a need to ensure that families at greatest risk of poverty are prioritised. There is a risk that we are not adequately meeting this requirement. There is a risk that timescales for TrakCare changes are protracted.

4.1.2 As financial wellbeing referral pathways embed, there is a risk that community income maximisation services become overwhelmed given the current cost crisis. There is a lack of resource to invest in these services currently and demand often outstrips available capacity.

5 Risk Register

5.1 None at this stage.

6 Impact on Inequality, Including Health Inequalities

6.1 Integrated impact assessments are undertaken by partnership areas on Tackling Poverty Strategies, LCPARs, and/or new actions or activity to tackle child poverty. The actions detailed in this paper form part of local tackling poverty strategies and/or child poverty plans, therefore an additional impact assessment is not required for this report.

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

7.1 Lived experience is a basic requirement of LCPARs so each report is informed by local populations, and this is detailed in each of the partnership reports. In relation to the specific actions detailed above, key staff groups have been engaged i.e., midwives, health visitors and Family Nurses, to inform development of referral pathways and identify learning needs.

8 Resource Implications

- 8.1 There are no specific resource implications at this time, however, staff capacity is required to ensure successful implementation of the actions outlined above, whether that be for development, evaluation or attendance at training. There may be a future need for further investment in income maximisation services.

Ashley Goodfellow

Deputy Director of Public Health

21 November 2023

Ashley.Goodfellow2@nhslothian.scot.nhs.uk

List of Appendices

N/A

ⁱ Local Indicators of Child Poverty After Housing Costs 2021-2022. Centre for Research in Social Policy, Loughborough University (June 2023). [Child Poverty Statistics - End Child Poverty](#)

Meeting Name:	Board
Meeting date:	06 December 2023
Agenda item:	12

Title: NHS Lothian Board Performance Paper

Purpose of the Report:

DISCUSSION	X	DECISION		AWARENESS	X
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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.

There are several related corporate risks with corresponding action plans for the issues noted in this paper, with assurance and reporting structures in place for these across the Boards existing Sub-Committees.

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

Recommendations:

This report is being provided to facilitate Board Member oversight across agreed metrics and an executive summary has also been included. To note;

- Local trajectories are being met for the following KPI's:
 - 31 Day Cancer Performance
- National standards are being met for the follow KPI's:
 - IVF Waiting Times Performance
 - Early Access to Antenatal Services
- The following KPIs **are not meeting** the national standard agreed at the latest reporting point:
 - 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

Author: Wendy Reid Date: 21/11/2023	Director: Jim Crombie Date: 23/11/2023
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NHS Lothian

Board Meeting
06 December 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 in advance of the meeting.

2 Recommendations

- 2.1 The Board members are asked to **acknowledge** 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 Discussion of Key Issues

As the winter season approaches, monitoring NHS performance continues to be critical. The following key metrics provide insights into the system's readiness for winter pressures.

- 3.1 **Workforce:** The next workforce report will be available from Staff Governance Committee in December 2023.
- 3.2 **Primary Care:** General Practice activity across Lothian shows that activity across Lothian remains stable. In October 2023 there was an estimated 19,400 patient consultations a day. While activity appears stable, there remains a significant challenge across primary care to meet patient demand with existing capacity, especially with increasing population pressures. There are currently five general practices with closed lists to new patient registrations.

- 3.3 **Flow and Unscheduled Care:** Both Mental Health and Acute Services adult bed occupancy levels remains a concern, as detailed in the two related Hospital Bed Occupancy corporate risks shared at relevant Board subcommittees. There continues to be a lasting impact on patient flow from the pandemic, leading to challenges in discharging patients to the community, and in October there was an average of 262 delayed discharges across the Lothian sites against a target trajectory of 173 by March 2024. The average number of delayed discharges has remained below the two-year average for the last nine months and NHS Lothian in recent months has accounted for approximately 14% of Scotland's total delayed discharges¹. Improvement plans are outlined in the 23-24 step of the LSDF USC Implementation book and focus on each acute site and HSCP improving discharge processes and enhancing capacity of pathways with gaps. Performance Support & Oversight Board (PSOB) continues to oversee improvement plans from Edinburgh HSCP focused on Mental Health delays. In October, the average 4-hour % performance across Lothian was 62.9%, with performance at the Royal Infirmary of Edinburgh (RIE) remaining challenging at approximately 46%. The RIE continues to progress the 'RIE ED Improvement Programme Phase 2' with ongoing support from the external reviewers described in the previous Board update. These proactive measures are crucial to address some of the existing issues prior to further winter pressures and to reach 70% performance by the end of the financial year. The collaborative efforts and timely interventions described in the main body of this paper are essential to deliver quality care during the challenging months ahead.
- 3.4 **Scheduled Care:** As NHS Lothian approaches the winter season, maintaining scheduled care activity is crucial to maintain current waiting times and deliver effective services. 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.
- 3.4.1 As there has been no confirmation from the Scottish Government on approval for our three Acute, capacity linked, capital projects to date, there is now an emergent risk of a significant loss of planned scheduled care capacity expansion for these services to meet the current and as importantly, future population needs for both scheduled care and oncology services. Members will also note the current challenges in reducing our backlog of patients waiting for outpatient services as well as inpatient and day case treatment.
- 3.4.2 Work with key services is ongoing to consider alternative capacity opportunities, alongside the existing efforts to maximise the use of available capacity by driving efficiency and productivity measures.
- 3.4.3 The latest Scottish Government target to have no outpatients waiting over 52 weeks by March 2023 remains unmet. There were 5,898 patients waiting over 52 weeks in September and this has increased each month since March 2023, with the highest numbers of patients waiting in Ophthalmology and Dermatology. In October 2023 (latest available published data), NHS Lothian had a 7.6% proportion of outpatients waiting over 52 weeks: slightly less than the Scotland average of 7.9%.

¹ (At census point)

- 3.4.4 The target to have no TTG patients waiting over 104 weeks by September 2022 remains unmet, with 813 patients waiting in September, although there continues to be an improving trend. In October 2023 (latest available published data), NHS Lothian had a waiting list proportion of 3% of inpatients and day cases waiting over 104 weeks, lower than the Scotland average of 4.7%. The ring fencing of Orthopaedic capacity reported in the last Board paper at the Royal Infirmary continues, with 12 beds currently open in East Lothian Community Hospital for Orthopaedic Rehab patients. Further improvement work has been included in the main body of this paper.
- 3.4.5 NHS Lothian 62-day cancer performance remained below the local trajectory of 82.9% and the 95% national standard with performance at 78.1% in September 2023 compared to Scotland's 62-day performance which was 71.2%. 31-day cancer performance remains just below the 95% standard but has exceeded the 90.9% local trajectory agreed, with 93% performance in September 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.
- 3.5 **Public Health:** Smoking cessation numbers for Q4 2022-23 showed an increase on previous quarters. But overall successful quit numbers 2022/23 were below target.
- 3.6 **REAS:** The moderate assurance level provided to the delivery of Psychological Therapies (PT) and CAMHS trajectories remain dependent on recruitment to posts within the service and the management of demand. Overall, NHS Lothian's PT waiting list profile continues to perform better and improve more rapidly compared to the overall Scottish profile. In particular, the longest waits (52+ weeks) have reduced from 15.7% in July 2022 to 2.9% in June 2023, a greater reduction than the national average of 6.2%. In CAMHS, the number of patients who have been waiting more than 52 weeks for treatment has fallen from 935 in March 2021 to 16 (end Sept); 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.

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 & Business Unit

23/11/2023

Wendy.reid3@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Performance Metrics Appendix



NHS Lothian Board Performance

December 2023

APPENDIX I

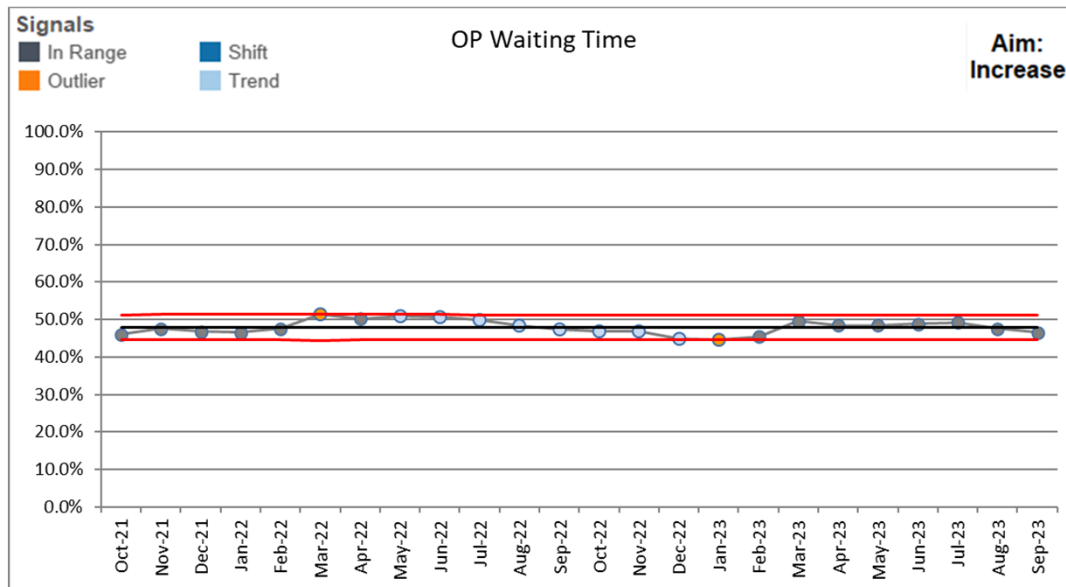
OVERVIEW 23-24 NHS Lothian Board Indicators

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	46.5%	95%	Not Met	Limited	Sep-23
Treatment Time Guarantee <i>(Local Delivery Plan (LDP) Standard)</i>	4	5185 – Access to Treatment	54.1%	100%	Not Met	Limited	Sep-23
18 Weeks Referral to Treatment <i>(Local Delivery Plan (LDP) Standard)</i>	5	5185 – Access to Treatment	73.8%	90%	Not Met	Limited	Sep-23
31 Day Cancer Performance <i>(Local Delivery Plan (LDP) Standard)</i>	6	5185 – Access to Treatment	89.5%	95%	Not Met / Met Local Trajectory	Limited – National Significant - Local	Oct-23
62 Day Cancer Performance <i>(Local Delivery Plan (LDP) Standard)</i>	7	5185 – Access to Treatment	76.7%	95%	Not Met/ Not Met Local Trajectory	Limited – National Limited - Local	Oct-23
Accident and Emergency 4 Hour Performance <i>(Local Delivery Plan (LDP) Standard)</i>	8	5186 – 4 Hours Emergency Access Target	62.9%	95%	Not Met/Not Met Local Trajectory	Limited	Sep-23
Delayed Discharges <i>(Internal Target)</i>	9	3726 – Hospital Bed Occupancy	261	173	Not Met	Moderate	Oct-23
IVF Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	10	N/A	95.5%	90%	Met	Significant	Aug-23
Early Access to Antenatal Services <i>(Local Delivery Plan (LDP) Standard)</i>	11	N/A	92.3%	80%	Met	Significant	Sep-23
Psychological Therapies Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	12	N/A	84.6%	90%	Not Met	Moderate	Sep-23
CAMHS Waiting Times Performance <i>(Local Delivery Plan (LDP) Standard)</i>	13	N/A	69.5%	90%	Not Met	Moderate	Sep-23
Smoking Cessation Performance <i>(Local Delivery Plan (LDP) Standard)</i>	14	N/A	54.9%	(100%) 295 per quarter	N/A	Moderate	Jan – March 2023

12 WEEKS FIRST OUTPATIENT APPOINTMENT

Reporting Month:	September 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:	SPPC (Nov23) – Access to Treatment Corporate Risk Update
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 (Sep- 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).	46.5%	Internal Management	Limited



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

- There is a continued focus on cancer, urgent referrals and long waiting patients for outpatients 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 5,898 patients waiting over 52 weeks in September
 - this has increased each month since March 2023
 - highest numbers in Ophthalmology and Dermatology
 - increase due to demand / urgency of referrals resulting in conversion of routine capacity to Urgent/USOC.
- At end October, NHS Lothian had 7.6% of outpatients waiting over 52 weeks, slightly less than the Scotland average of 7.9%.

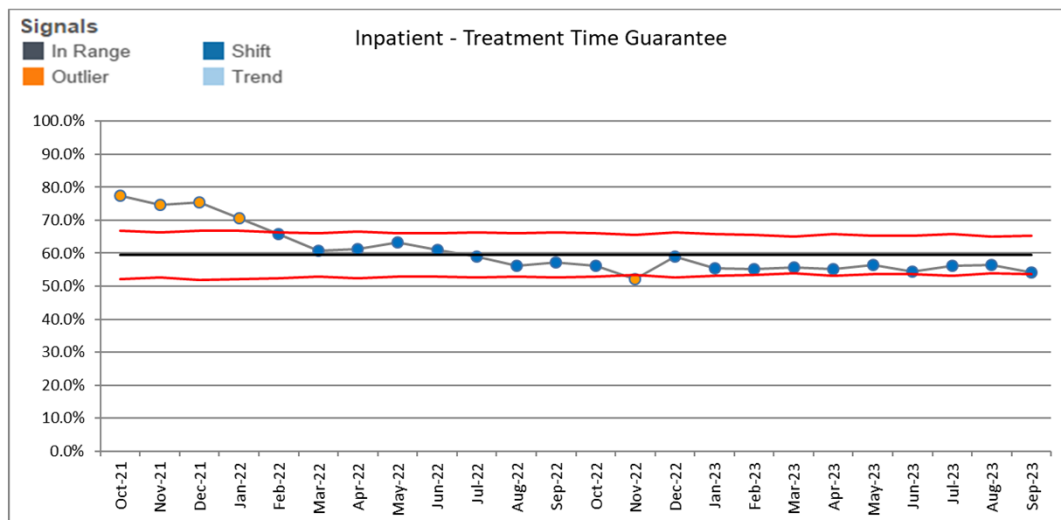
Improvement actions planned, timescales and when improvements will be seen:

- Direction of ~18 longest waiting CT Cardiograms to GJNH per month – ongoing action - no planned end date
- Continued use of Locum Sonographer increasing capacity by ~330 per month. Locum use will reduce from December 23 with introduction of 2 new trainees and 1 new sonographer.
- MRI DCAQ work to maximise current resource - expected completion by end November 2023.
- Continued external NHS and commercial MR support providing ~443 additional slots per month (123 external NHS /320 commercial) – ongoing action - no planned end date
- Scheduled Care bid submitted to request expansion of MR rotas over 7 days to increase scanning capacity – if approved could be in place from April 24.

TREATMENT TIME GUARANTEE (TTG)

Reporting Month:	September 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:	SPPC (Nov23) – Access to Treatment Corporate Risk Update
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 (Sep- 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).	54.1%	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 2022 is not being met, with 813 in September, although there continues to be an improving trend.
- At end October 23, NHS Lothian had 3.0% of inpatients and day cases waiting over 104 weeks, whilst the Scotland average was 4.7%.

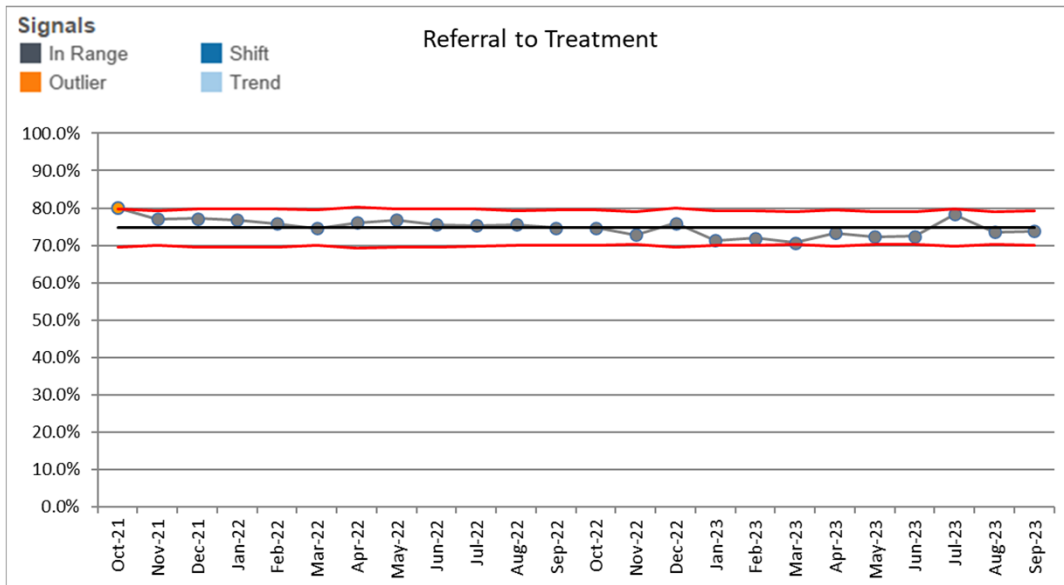
Improvement actions planned, timescales and when improvements will be seen:

- The ring fencing of Orthopaedic capacity at the Royal Infirmary continues.
 - 12 beds currently open in East Lothian Community Hospital for Ortho Rehab patients
 - Theatre 24 currently operational 2 days per week
 - Phased approach continues with the aim to be fully operational (24 beds) by end of January 2024.
- All available capacity for Orthopaedics at Fife National Treatment Centre and Golden Jubilee National hospital is being fully utilised (655 joints up to end of March 2024).
- Improvement works continue in Ophthalmology with 10 consultants now routinely delivering 8 cataracts per session and the first bilateral list completed early November.
- Additional funding approved for non-recurring activity while longer term plans are developed for review in the November Recovery Board cycle. This includes an additional 330 Urology inpatients.
- Recruitment underway to move of flexible cystoscopy activity from theatres to an outpatient setting. This will start on a phased move from December 2023.

18 WEEKS REFERRAL TO TREATMENT (RTT)

Reporting Month:	September 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:	SPPC (Nov23) – Access to Treatment Corporate Risk Update
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 (Sep 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not met	90% of planned / elective patients to commence treatment within 18 weeks of referral.	73.8%	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 9 November 2023 there were:
 - CT – 20 cases over 26 weeks (slightly deteriorating position)
 - MRI – <10 cases over 26 weeks (maintaining position)
 - General US – 33 cases over 26 weeks (improved position)
- Increase in referrals demonstrated across all modalities throughout 2023.

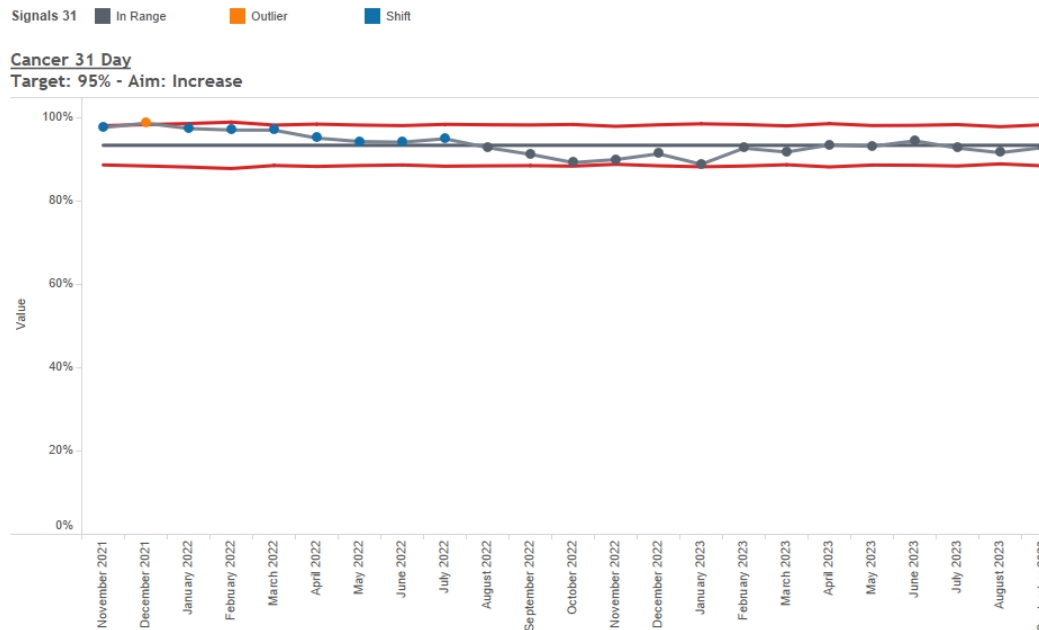
Improvement actions planned, timescales and when improvements will be seen:

- Direction of longest waiting CT Cardiograms to GJNH.
- Continued use of Locum Sonographer to increase capacity.
- Focused MRI DCAQ work to maximise current resource, with expected completion by end November.
- Continued external NHS and commercial MR support.
- SCRB submission to request expansion of MR rotas over 7 days to increase scanning capacity – if approved in December could be in place for next financial year.

CANCER WAITING TIME PERFORMANCE – 31 DAY

Reporting Month:	September 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:	SPPC (Nov23) – Access to Treatment Corporate Risk Update
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 (Sep 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	93%	Internal Management	Limited
Met	90.9% Local Trajectory	93%	Internal Management	Significant



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

- NHS Lothian performance of 93% in September remains above the local trajectory of 90.9%.
- Scotland September 2023 performance was 94.7%.

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

- Funding agreed in August to support Urology to reduce surgical backlog. Additional funding allocated at SCRIB to increase capacity by expanding core workforce.
- 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:
 - Review functioning of all tumour group MDTs throughout Q4 23/24.-Q1 24/25
 - Primary Care referral audits to be carried out throughout Q4 23/24.
 - Development of cancer-specific capacity and demand modelling Q1 24/25.

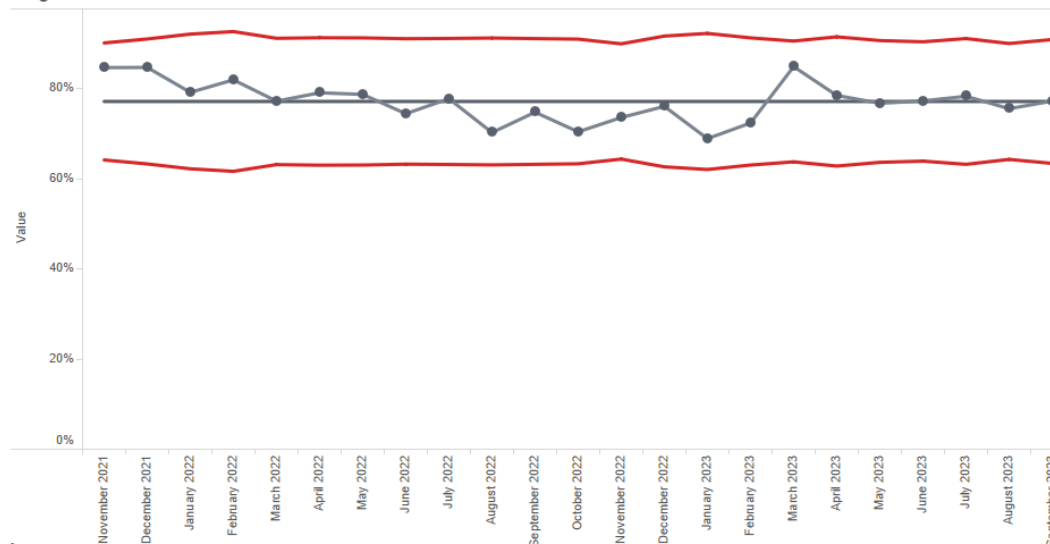
CANCER WAITING TIME PERFORMANCE – 62 DAY

Reporting Month:	September 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:	SPPC (Nov23) – Access to Treatment Corporate Risk Update
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 (Sep 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.	78.1%	Internal Management	None
Not met	82.9% Local Trajectory	78.1%	Internal Management	Limited

Signals 62 ■ In Range

Cancer 62 Day
Target: 95% - Aim: Increase



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

- NHS Lothian performance of 78.1% in September remains below the local trajectory of 82.9%.
- Scotland September 2023 performance was 71.2%.
- There has been an increase in referral volumes (100-150 more a week compared with 2022/23) impacting diagnostic and triage demand.
- Urology Prostate pathway remains challenging to deliver in 62-day timeframe (reflected by National Prostate Performance).
- Reduction in Endoscopy capacity due to staff retirement and sickness significantly impacting Colorectal diagnostic times. Position improved over last quarter and average waits coming down.
- Breast performance impacted by temporary unplanned reduction in first appointment capacity, high demand for theatre capacity and number of complex patients.

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

- Ongoing recruitment and capacity strategy in Endoscopy
- Funding agreed in August to support Urology to reduce surgical backlog. Additional funding allocated at SCRB to increase capacity by expanding core workforce.
- 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:
 - Review of all tumour group MDTs throughout Q4 23/24 – Q1 24/25
 - Primary Care referral audits to be carried out throughout Q4 23/24.
 - Development of cancer-specific capacity and demand modelling – Q1 24/25.

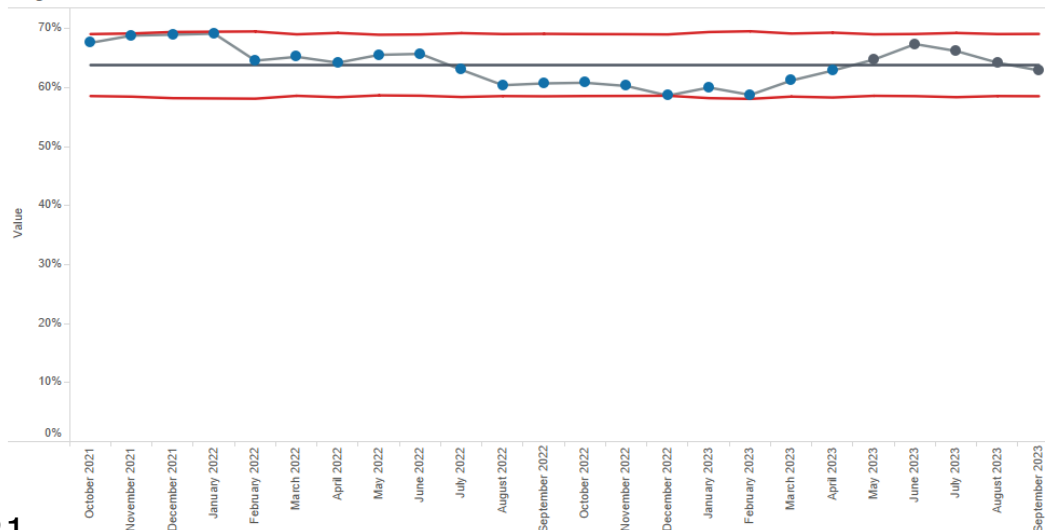
A&E 4 HOUR PERFORMANCE

Reporting Month:	September 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 (Sept 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%.	62.9%	Internal Management	Limited
Not met	70%+ (local trajectory)	62.9%	Internal Management	Limited

Signals ■ In Range ■ Shift

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 deteriorated month on month to 62.9% in September. 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):** Manchester training continues to be embedded within RIE ED with supporting comms. Direct scheduling of re-direct patients from ED to LUCs pilot successful and agreement from SLWG to transfer to BAU.
 - **Transition Lothian Flow Centre to a Flow Navigation Centre (March 2026):** 1st FNC programme board meeting completed. Detailed plans are progressing to finalise the scope and aims for each workstream.
 - **Scheduling Minor Injuries (March 2024):** Overview of project plan discussed and agreed with SLWG which will to be achieved via 3 workstreams- FNC virtual consultations, minor injuries criteria and scheduling process and options appraisal of self-presenter flow
 - **Create robust urgent clinical pathway guide to ensure patients are referred via optimal pathway (March 2025):** Colorectal and COPD have been reviewed and endorsed. Frailty and Cauda Equina pathways currently being reviewed with specialty teams.
 - **Support ED Frequent Attenders (March 2024):** Funding requirements from 1st of April'24 discussed by the SLWG group. Work continues and is on track with the plan.
 - **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. A first draft of a Business Case incorporating the DCAQ was presented to the group and is currently being refined
 - **Delivering a consistent expanded Hospital at Home (H@H) across each HSCP (Oct 2024):** Funding application supported by HIS and PM post out to advert. A new project brief has been developed outlining the key aims - to optimise efficiencies and reduce variation from pre-referral to discharge and to implement point of care ultrasound scanning within each team.
 - **Enhancing OPAT Services Pan Lothian (March 2024):** OPAT team experiencing challenges with Elastomeric pump usage, ongoing discussions with company to resolve these. Further interface care funding bid submitted to SG for winter expansion and ongoing discussion with SG regarding recurring funding requirements.
 - **Enhancing Respiratory Services Pan Lothian (March 2024):** Further interface care funding bid submitted to SG for winter expansion and ongoing discussion with SG regarding recurring funding requirements. Current expansion continuing to embed, and planning underway to develop LUCs to Resp hot clinic pathway for urgent assessment.

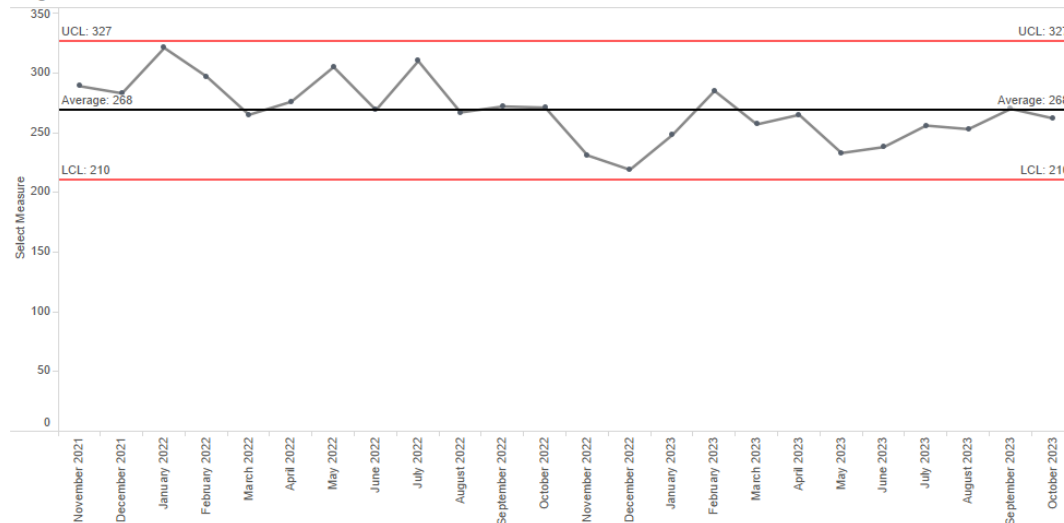
DELAYED DISCHARGES

Reporting Month:	October 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 (Oct 2023)	Data Source	Assurance Level – Delivery by 2023/24
Not Met	173 by March 2024	262	Internal Management	Moderate

Signals ■ In Range

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.
- Since the second half of 2022 onwards reductions in the number of delayed discharges for both RIE and WGH have been noted. The trend has however been upwards at SJH and for West Lothian patients.
- Occupied Bed Days for patients aged 75+ and delayed in their discharge continues to increase in West Lothian.
- Edinburgh partnership has made improvements in delays over this time in Adult Acute (excl. mental Health).
- Complex delays were higher in 2022 than historically and this continues during 2023.

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:
 - 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 continues at the RIE with Health and Social Care teams to develop a process that focuses on expediting the discharge of medically fit patients within the first 72hrs of patient attendance (March 2024)

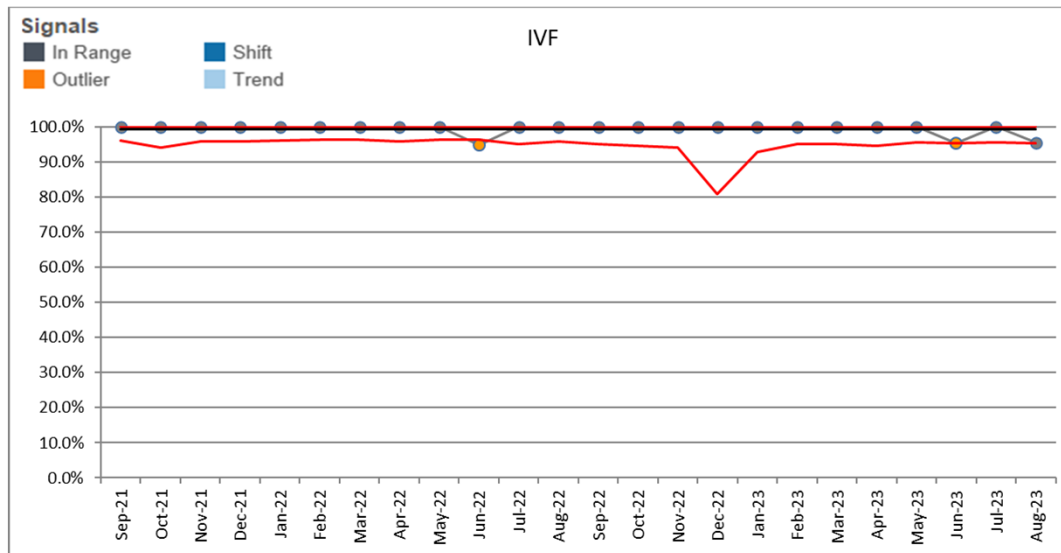
IVF WAITING TIMES PERFORMANCE

Reporting Month:	August 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 (Aug 2023)	Data Source	Assurance Level – Delivery by 2023/24
Met	90% of eligible patients to commence IVF treatment within 12 months of referral.	95.5%	Tableau	Significant



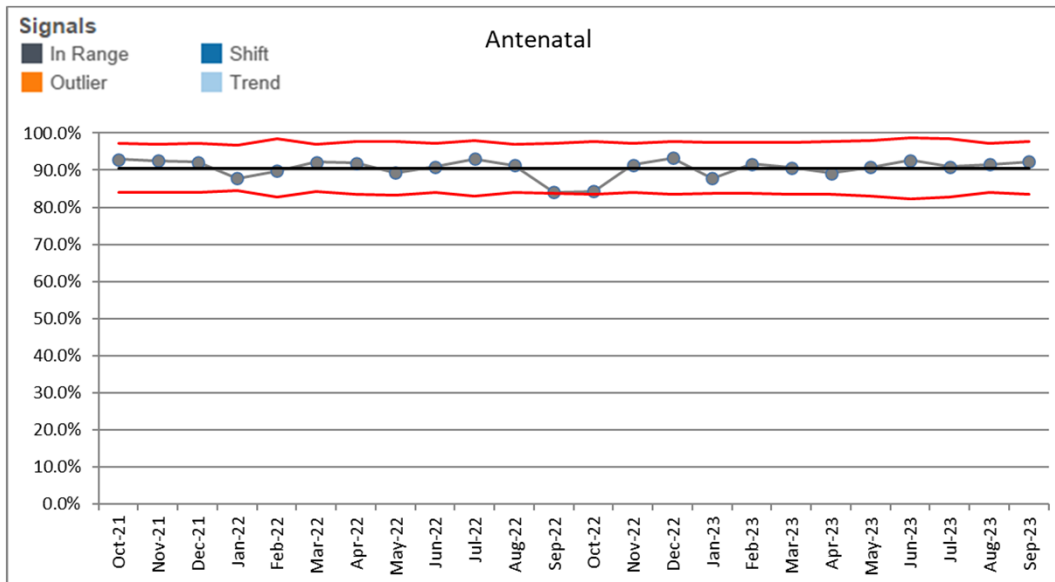
EARLY ACCESS TO ANTENATAL SERVICES

Reporting Month:	Sept- 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

Performance Against Standard/ Trajectory	Standard/ Trajectory	Latest Performance (Sept 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.	92.3%	Trak	Significant

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

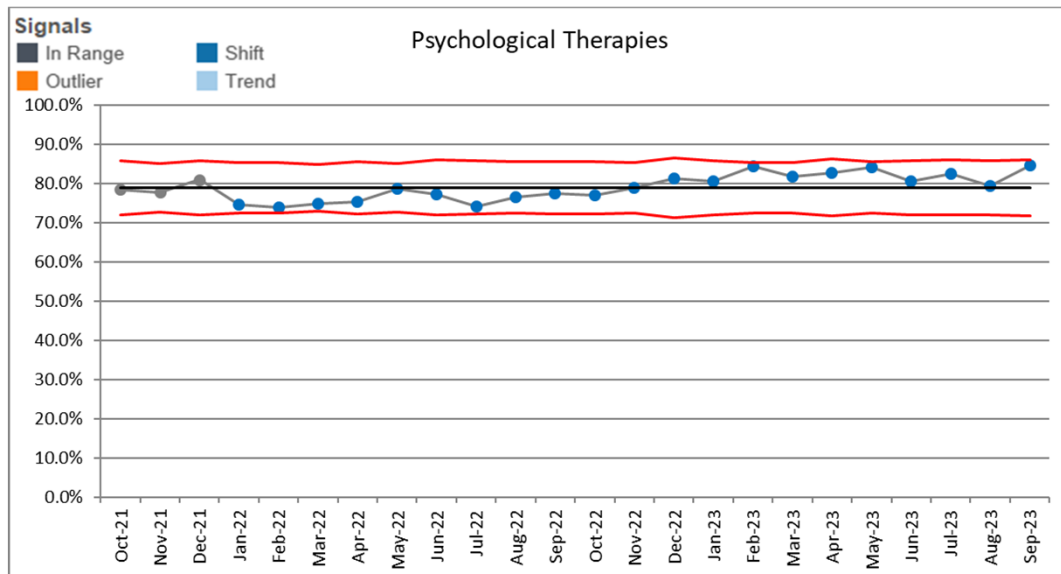
- The target of 80% of pregnant women in each SIMD quintile being booked for antenatal care by the 12th week of gestation continues to be met.
- In the last 24 month rolling period, no quintile has dropped below the target, with a minimum of 84.51% of patients in quintile 2 being booked in October 2022.
- 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.



PSYCHOLOGICAL THERAPIES

Reporting Month:	September 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 (September 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.	84.6%	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 84.6% currently; the expectation previously was that NHS Lothian, based on current assumptions, would meet the LDP standard of 90% by June 2024. This has now been forecast to be met by July 2025. The treatment waiting list has reduced from a peak of 4,655 in August 2020 to 1,466; a 68% reduction. This reduction is predicted to continue but at a slowed pace.

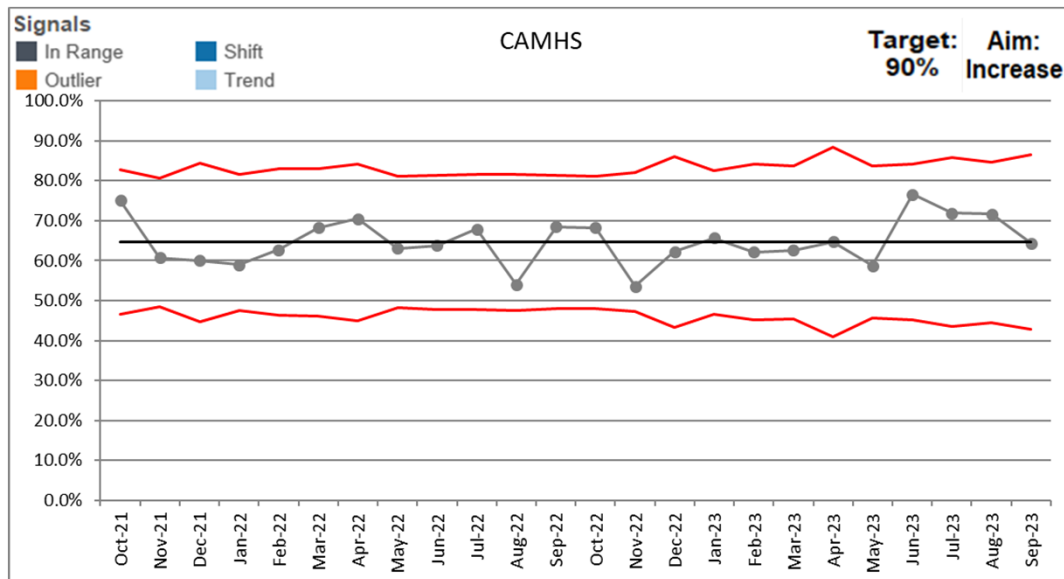
The primary reason waits are higher than forecast is that the staffing level across the AMH General Services has reduced from 70.4 WTE at the beginning of 2023 when the previous forecast was produced to 58.1 WTE in September 2023 (the level required for the original trajectory was 78.8 WTE). Being able to retain staff to sustain capacity remains a 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.

Overall, NHS Lothian's waiting list profile continues to perform better and improve more rapidly compared to the overall Scottish profile. In particular, the longest waits (52+ weeks) have reduced from 15.7% in July 2022 to 2.9% in June 2023, a greater reduction than the national average of 6.2%. 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.

CAMHS

Reporting Month:	September 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 (Sept- 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.	69.5%	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 69.5% (end Sept position). The treatment waiting list has reduced from 2,748 in March 2021 to 1,663 (end Sept). Of the 1663 patients on the waiting list, 1299 (78%) have waited <18 weeks, and 364 (22%) were waiting >18 weeks. In March 2021 the number of patients who waited more than 18 weeks was 1,684. The number of patients who have been waiting more than 52 weeks for treatment has fallen from 935 in March 2021 to 16 (end Sept); 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 September is 21.08 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:	Jan-March 2023	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

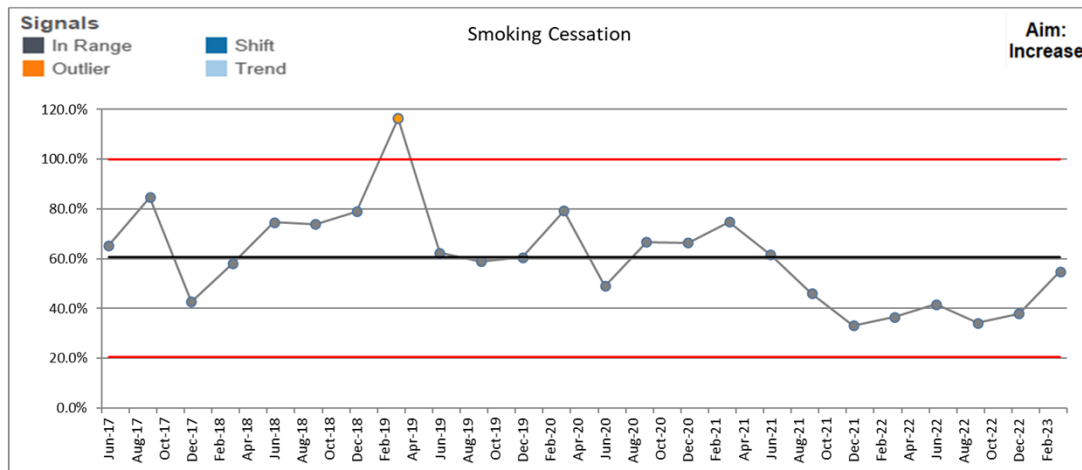
Background, what the data is telling us, underlying issues and risks:

Smoking cessation numbers for Q4 2022-23 showed an increase on previous quarters. But overall successful quit numbers 2022/23 were below target.

Most areas of the service did not meet target but the decline in Community Pharmacy quit numbers for the previous six quarters was stopped in part due to piloting of working model for the proposed new Pharmacy Assist Team. Community Pharmacy quits accounted for 22% of projected annual target and non-pharmacy successful quits contributed 63% of the 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).	54.9% of target quit attempts 162 Quit Attempts	PHS	Moderate

Q2 2017 to Q4 2022-23 NHS Lothian Performance %



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

- For sustained improvement for community pharmacy, the new Pharmacy Assist Team is essential. But recruitment to the team has been delayed by job evaluation.
- Action Plan in response to Internal Audit – actions in place by end February 2024.
- Referral to Quit Your Way from community settings via SCI-Gateway scheduled to be operational from late November 2023.

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	

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

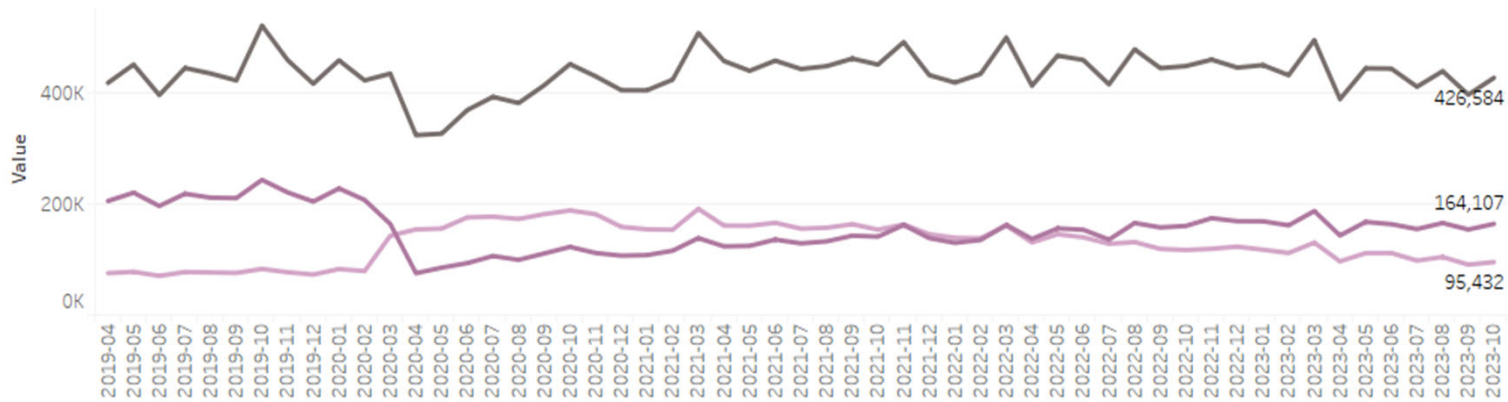
- Chart A provides an indication of General Practice in-hours (8am-6pm, Monday-Friday) activity across Lothian based upon a sample of 32 practices where data reporting is robust. This data shows that recent activity is fairly stable within normal variation. In October 2023 there was an estimated 426,584 patient consultations across the 116 General Practices in Lothian, the equivalent of around 19,400 consultations a day.
- While activity appears stable, 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 average weekly activity in October 2023 was 2,350 patient consultations.

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.

PRIMARY CARE (2)

A

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



Measure

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

Measure

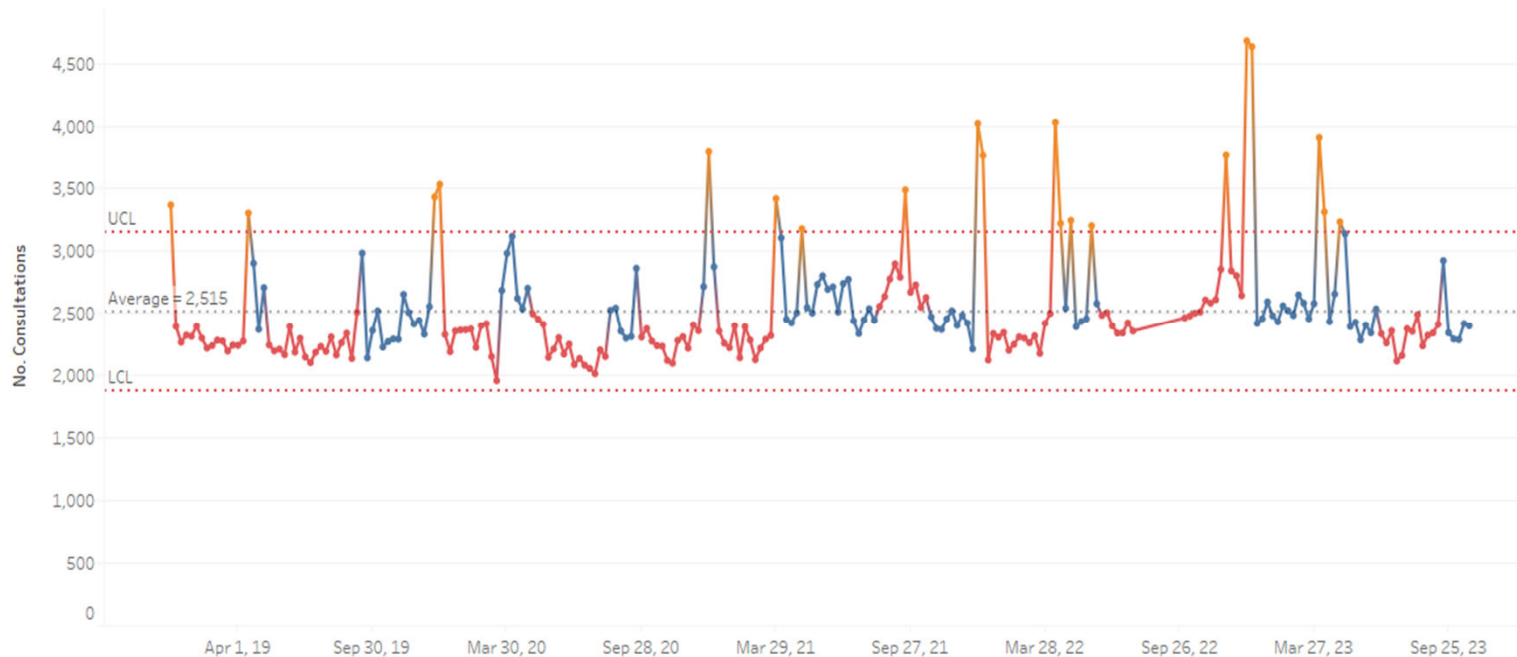
- GP Surgery Consultation
- GP Telephone Consultation
- Total Direct Encounters

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



NOTES:

There was an outage of the clinical management system (Adastra) over August to September 2022. Data for that period is not available in this format.

RIE: UNSCHEDULED CARE DIAGNOSTIC REVIEW**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board note the Royal Infirmary of Edinburgh (RIE) Unscheduled Care Diagnostic Review report.

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

2 Recommendations

- 2.1 To **note** the receipt of the external report ahead of a fuller discussion at Strategy, Planning and Performance Committee (SPPC) in January 2024.
- 2.2 Initial reflections or queries relating to this report should be submitted to the responsible lead by 31 December 2023 to allow for these to be addressed at SPPC.
- 2.3 To **note** that the external review recommendations have been accepted in full. Any proposal to deviate from achieving all actions from the review will be considered only by NHS Lothian's Board.

3 Discussion of Key Issues**3.1 Background**

- 3.1.1 Following a sustained period of inadequate 4-hour performance at the RIE Emergency Department, a diagnostic review led by external field experts was commissioned by NHS Lothian.
- 3.1.2 The external team have carried out a review of the unscheduled care pathway across NHS Lothian with a focus on the Royal Infirmary of Edinburgh (RIE). The review team adopted a mixed methodological approach including observations, in-depth interviews, analysis of available data and a series of reports that were provided by NHS Lothian as background and context of the situation.
- 3.1.3 The external review noted that the Emergency Department and the wider operational team have worked hard to make and sustain improvements following the report from Healthcare Improvement Scotland (HIS) after an unannounced inspection on the site in February 2023. The improvement work included the provision of alarm buzzers, implementing Manchester Triage, embedding intentional rounding and maintaining nutrition.
- 3.1.4 The recommendations have been developed to primarily address the safety concerns identified and provide safe care to patients throughout the 24-hour period.

3.2 Recommendations

- 3.2.1 The report includes several recommendations that were agreed in full at the Performance Support & Oversight Board (PSOB).
- 3.2.2 Five recommendations detailed below have been identified as high priority and must be delivered at pace.
- Development of an RIE Clinical Leadership Forum
 - Review of Emergency Department's Operational Delivery Model
 - Refresh Escalation Framework

- Review GP Flow onto RIE site (Interface) with a view to relocating from RIE Emergency Department
- Refresh performance report to ensure progress can be tracked.

3.3 Oversight

- 3.3.1 Oversight of this programme is provided by Performance Support and Oversight Board (PSOB). The RIE leadership team, as well as the Acute triumvirate, attend on a 4 weekly cycle to provide updates on progress, escalate issues as required and receive guidance from PSOB members.
- 3.3.2 The RIE Emergency Access Standard Programme Board (EASPB) meets weekly, to oversee progress against the improvement plan, receive escalations from the workstream leads and mitigate risks related to the programme.
- 3.3.3 Updates to the Corporate Risk Register in relation to the compliance against the Emergency Access Standard are received by the Healthcare Governance and Strategy, Planning and Performance Committees.

4 **Key Risks**

- 4.1 There is a current risk that the Royal Infirmary of Edinburgh will fail to deliver safe and timely care to patients presenting to the Emergency Department due to the volume and complexity of patients, challenges in managing flow across the site, especially with the limited availability of admission beds, leading to a delay in first assessment, diagnosis and subsequent treatment for patients. Thereby, increasing the likelihood of patient harm, poor experience of care and unsatisfactory staff experience. Implementing the external review's recommendations will seek to reduce the likelihood and impact of this risk.

5 **Risk Register**

This review is linked to two corporate risks:

- 5.1 Risk 5186 – 4-Hours Emergency Access Target (via HGC & SPPC)
- 5.2 Risk 3726 – Hospital Bed Occupancy (via HGC & SPPC)

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

- 6.1 An impact assessment has not been carried out. Any assessments will be carried out as required via the assigned workstreams.

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

- 7.1 Staff have been engaged throughout the review and wider public engagement will be considered as required where any significant changes may arise.

8 **Resource Implications**

- 8.1 The resource implications will be considered through the oversight structures described in this paper.

Wendy Reid

Head of Performance & Business Unit

01/12/2023

Wendy.Reid3@nhslothian.scot.nhs.uk

List of Appendices

Appendix 1: Unscheduled Care Diagnostic Review Final Report



Unscheduled Care Diagnostic Review

NHS Lothian Board

Final Report - V1.2

1st December 2023

Report Authors:

Joanne Dobson	Senior Responsible Officer
Gill Carton	Senior Consultant, NECS Consultancy
Gemma Swan	Programme Lead, NECS Consultancy
Dr Adrian Clements	External Medical Director and Emergency Medicine Consultant
Gursharan Kaur	Principal Consultant, NECS Consultancy

Report Sponsor:

Michelle Carr	Chief Officer, Acute Hospital Services
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Date of Report:

Revised 1st December 2023

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1. Executive Summary

This report sets out findings of the diagnostic external review of the unscheduled care pathway.

The external team have carried out a review of the unscheduled care pathway across NHS Lothian with a focus on the Royal Infirmary of Edinburgh (RIE). The review team adopted a mixed methodological approach including observations, in-depth interviews, analysis of available data and a series of reports that were provided by NHS Lothian as background and context of the situation.

The report includes several recommendations that have been agreed in full at the Performance Support & Oversight Board (PSOB) on 10th November. The following five recommendations have been identified as high priority and must be delivered before the end of December 2023.

High priority recommendations:

- Development of an RIE Clinical Leadership Forum
- Review of Emergency Department's Operational Delivery Model
- Refresh Escalation Framework
- Review GP Flow onto RIE site (Interface) with a view to relocating from RIE Emergency Department
- Refresh performance report to ensure progress can be tracked

The challenges across the unscheduled care pathway at RIE are significant and require a strong cohesive leadership team to provide oversight and appropriate challenge to ensure delivery of the high priorities within agreed timescales.

2. Introduction

NHS Lothian provides a comprehensive range of primary, community-based and acute hospital services for Edinburgh, Midlothian, East and West Lothian and employs 26,000 staff. NHS Lothian provides services for the second largest residential population in Scotland – circa 800,000 people, of which approx. 135,000 are over 65.

The Royal Infirmary of Edinburgh is a large tertiary hospital in central Edinburgh with 911 beds. The hospital is one of five hospitals including mental health, and four local health and social care partnerships.

The site has a Level 1 Emergency Department with over 118,000 attendances per year, approximately 700 trauma cases, 330 attendances per day and admitting 30% per day.

The site provides hyper specialised tertiary services including transplant as well as core district general and inpatient medicine, surgery, cardiology, gynaecology, intensive care, paediatrics and maternity services. There is also day surgery, endoscopy and a wide range of outpatient services.

Performance against the 4-hour Emergency Access Standard (EAS) has deteriorated since May 2019 and has not recovered post pandemic, despite several interventions. In February 2023, Health Improvement Scotland (HIS) conducted an unannounced inspection of NHS Lothian with a follow up visit to areas of concern in March 2023. Thereafter, formal concerns regarding the Emergency Department (ED) at the Royal Infirmary Edinburgh (RIE) were escalated to the Chief Executive, RIE.

The HIS report identified several serious patient safety concerns as well as issues relating to the current operating model, leadership, co-ordination of care and staff wellbeing. As a result of the inspection, NHS Lothian initiated an EAS Programme Board with an overall aim to address the patient safety concerns and achieve a target of 70% for all patients to be seen and treated within 4 hours of attendance at RIE ED. The board developed and agreed a 26-week improvement plan in February 2023.

A further report was received in May 2023 from NHS Education for Scotland. They visited the RIE ED following concerns raised by trainees. The report highlighted areas of good practice including the induction process, supervision provision and strong consultant presence. However, the report also identified concerns relating to patient safety and the workload of trainees. It specifically recognised that 'emergency medicine trainee doctors are routinely managing patients that have been assessed and accepted by another speciality.' Additionally, the report highlighted a 'problematic culture' noting trainees 'find it difficult to raise concerns; when they do, they are not addressed or actioned in a timely manner.'

In September 2023, ED Consultants wrote to NHS Lothian Chair to 'formally state the loss of confidence in the ability of NHS Lothian's Executive Board to respond to the sustained and worsening patient safety issues within the emergency department.'

Compliance with the 4-hour emergency access standard has remained low and despite several improvement initiatives co-ordinated through the EAS programme board, there has been no significant improvement in performance. Accepting the 4-hour emergency access standard contributes to the overall patient experience and quality of care provision, NHS Lothian commissioned an external diagnostic review of the unscheduled care pathway with a focus on the RIE.

3. Scope & Deliverables

The external team comprised of the following independent senior managers and clinicians who have extensive urgent and emergency care subject matter expertise.

- Joanne Dobson - Independent Consultant and Senior Responsible Officer, Registered Nurse
- Dr Adrian Clements - Independent Medical Reviewer (Medical Director and Emergency Medicine Consultant, North Cumbria Integrated Care NHS Foundation Trust)
- Gill Carton - Senior Consultant (NECS), Registered Nurse
- Gemma Swan - Programme Lead (NECS)

The external team were commissioned to undertake a diagnostic review of unscheduled care pathways, with a focus on the RIE. The areas detailed below formed the scope of the work:

- Processes in the Emergency Department to support the 4-hour emergency access performance standard.
- 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 Emergency Department. This included a check and challenge process across the unscheduled care pathway, including pre-hospital admission avoidance, Same Day Emergency Care (SDEC) provision at the Western General, patient flow, and discharge.

As the review progressed, it became clear that governance arrangements supporting the EAS Programme Board were not sufficient to deliver the complex change that was required to deliver sustainable improvement. After discussion with Michelle Carr, Senior Responsible Officer (SRO), this was added to the scope of the review.

4. Analytical Methodology

The findings and recommendations are based on observations, departmental visits, structured interviews, reports and available data. The following reports were cascaded to the external team, reviewed, and formed part of the diagnostic process:

- Two previous whistleblowing reports and action plans
- Two previous external reviews
- Trainee Letter - January 2023
- HIS Report and action plan - February 2023
- Trainee report and recommendations - May 2023
- Letter of concerns from the Consultants to the Chair and the response - September 2023

The information collated was triangulated to form themes and recommendations. A series of validation checks were built into the process between members of the external team and key stakeholders at the RIE and NHS Lothian to ensure findings and assumptions had been interpreted accurately.

The recommendations were prioritised based on the PICC benefits model (figure 5.1). This model provides a visual insight into which tasks should be completed first. It is utilised to make it easy to compare and rank the recommendations based on benefits realisation, including those that would have an immediate impact on patient safety.

Fig 5.1



The final prioritised recommendations were presented to the EAS Board on 30th October 2023 for agreement and ratification. Each recommendation was mapped to an existing workstream and a workstream specifically to deliver the recommendations for the ED was added to the work programme.

The team applied a robust programme management office (PMO) approach, including a benefits realisation exercise with the staff to evaluate the impact of each recommendation. An overall EAS Improvement Plan was developed by the team to support the implementation of the recommendations. This was approved by the EAS Programme Board on 6th November 2023. As a priority, the EAS Board tasked the workstreams to develop milestones for each deliverable in the improvement plan by 13th November 2023.

To ensure compliance with information governance requirements from both organisations and external partners, no patient identifiable data has been accessed during the diagnostic review and in the development of this report. Where required, patient level data (non-identifiable) has been accessed at an aggregate level.

5. Review Findings and Recommendations

The findings and recommendations have been categorised into the following six themes:

- Theme 1 - Flow Centre
- Theme 2 - Emergency Department
- Theme 3 - Acute Medical Unit
- Theme 4 - Patient Flow
- Theme 5 - Leadership
- Theme 6 - Programme Governance

5.1 Theme 1: Flow Centre

The following are observations captured during the diagnostic process and relate specifically to the Flow Centre, which supports access to services across NHS Lothian. The Flow Centre helps to navigate GP referrals to the most appropriate service, which can be in a community or acute hospital setting.

GP urgent referrals are managed through the pan-Lothian Flow Centre. The GP will in the first instance speak to a member of the administrative team, who in discussion with the GP will direct the patient to the most appropriate service. The team works on protocols and unless the conversation triggers a 'red flag' there is no clinical input prior to admission. Patients who have a minor injury are referred to a clinician within the Flow Centre and there is further virtual clinical triage prior to attendance.

There are opportunities to strengthen the clinical model, increasing clinical assessment and triage, resulting in a greater number of patients being navigated to alternative services.

There is strong clinical engagement between the Flow Centre and St John's Hospital which results in positive communication and greater pathway redirection. There is limited communication with ED staff at the RIE, which reduces the opportunity to redirect patients, create opportunities for learning and enable continuous improvement.

The Flow Centre has an element of electronic visibility of capacity and demand across NHS Lothian. However, this is limited within each hospital and largely relies upon paper-based processes. A lack of near real time visibility of hospital capacity and demand including discharges limits the opportunity to optimise patient flow within and across the organisation.

5.2 Theme 2: Emergency Department

This theme should be caveated with the requirement for the 4-hour emergency access standard to be a whole organisation approach. The recommendations for the ED are to address patient safety concerns first and foremost, but crowding within the department makes it difficult to consistently deliver a safe level of care. In conjunction with safety and crowding, it is widely acknowledged that culture is paramount in the delivery and development of sustainable services. Based on observations and the evidence provided, the external team formed a view that the ED at the RIE does not always have the ability to provide safe care to patients accessing the service.

The emergency department recommendations have been split into three sub-themes, as detailed below:

- Safety
- Crowding
- Culture

It is essential to deliver these three elements of improvement in order to deliver safe and effective care.

5.2.1 Safety

The issues detailed below are impacting on the delivery of safe services within the department.

There is insufficient senior and experienced band 7 nurses to provide adequate support to the wider nursing workforce and to deliver safe care, considering the acuity and complexity of emergency presentations.

Recommendation: The ED at the RIE should have a minimum of two band 7 nurses on shift 24/7. To effectively implement enhanced navigation, a minimum of three band 7 nurses would be required 24/7.

Due to general staffing fragilities and very high turnover rates, the department often has a poor nursing workforce skill mix to support the safe delivery of emergency care. At times, there is a significant proportion of the nursing workforce who are yet to obtain the appropriate competencies to work safely in an ED.

Recommendation: There is an urgent requirement to review the staffing model, provide greater support and defined training to create a stable and experienced workforce and reduce the number of agency nurses present on shift. A short-term solution would be to have agency nurses with emergency competencies.

There is no job planned emergency consultant available between 2.00am and 7.30am, seven days a week. The rationale for consultant presence would be to provide cover to support acuity out of hours but this would also be in line with the requirement of providing 24-hour cover as a Major Trauma Centre (MTC)¹.

Recommendation: The RIE ED should have 24/7 consultant presence which will significantly enhance the safety of the care provided and will provide increased support to the wider multi-disciplinary team. There are sufficient ED consultants to provide a 24/7 rota.

There is no limit to the number of patients on trolleys/beds that can be accommodated outside of the cubicles, nor a maximum number of patients that can be safely accommodated in the ED out with the defined cubicle spaces. This contributes to a significant fire escalation risk.

Recommendation: An agreement of the maximum number of patients who can be safely accommodated on a trolley or bed out with the defined cubicles should be agreed.

When a decision to admit a patient has been made the patient should be transferred to a bed as soon as possible. Patients requiring ongoing care within the ED while waiting for a bed to be allocated effectively results in ED consultants working out with their defined competencies and in breach of both RCEM guidance² and GMC standards³.

¹ <https://www.nice.org.uk/guidance/ng40/chapter/Recommendations#transferring-patients-with-major-trauma>

² https://res.cloudinary.com/studio-republic/images/v1636634757/RCEM_Consultant_Workforce_Document_Feb_2019/RCEM_Consultant_Workforce_Document_Feb_2019.pdf?i=A

³ https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf

Recommendation: There should be clear ownership of the patient by the parent specialty at a defined point after a decision to admit. The ED team would still be responsible for any deteriorating patient.

There is no current automated method to identify a deteriorating patient. The first observation is input into TRAC but thereafter recorded on paper.

Recommendation: Roll out of the electronic solution available to ward areas should be prioritised within the ED considering the current number of medical patients waiting long periods for beds.

By addressing these, this will not only reduce the safety concerns but also resolve some of the issues raised in the Health Improvement Scotland report and the NHS Education for Scotland trainee report.

5.2.2 Crowding

The risk to patient safety increases with overcrowding. Further work is required to improve operational delivery, which will further enhance the safety of the department and support more effective working, which could also improve the 4-hour standard. The observations below relate to crowding in the department.

There are very few patients who are being appropriately navigated/ re-directed away from the ED internally. Externally there is some redirection via the Flow Centre but as detailed earlier in the report, this could be enhanced further. The cohort of patients who could be redirected are generally low acuity and therefore triaged as low priority. Following triage, these patients are placed in the ED waiting area and therefore contribute to crowding. Due to their low acuity, they are more than likely to breach the 4-hour standard.

Recommendation: A rapid review of the emergency care pathways currently in place is essential. A good model of delivery would see a band 7 nurse navigate patients.

Front ended diagnostics post triage of patients would improve the efficiency and productivity of the department and contribute to the 4-hour emergency standard.

Recommendation: A small working group should review how these investigations could be completed earlier in the patient journey as a direct follow on from their identification at triage. This would not compromise the triage standard.

The current operational delivery model is based on a POD system that is functional only when flow is available. Given the ongoing pressures within the department, this is not a sustainable operating model.

Recommendation: A review of the current operational delivery model and an understanding of the requirement for appropriate clinical areas is essential. Considerations to include a major and minor areas, GP interface re-location and an area for ambulatory patients. Part of this review should include an appraisal of the Emergency Physician in Charge (EPIC) and Emergency Nurse in Charge (ENIC) roles.

The GP Interface service is located in a POD within the ED A significant proportion of patients seen by the GP stream breach due to the way in which they are processed i.e., clerked prior to decision making.

Recommendation: The GP directed patients should be assessed in an alternative location to create capacity for ambulatory patients.

Patient pathways are not developed in an appropriate forum and/or ratified within a clear governance structure. This results in a lack of acceptance and inefficiency as these pathways are not followed. There are many clinical pathways that appear to be written between individual departments that have not been ratified at an appropriate level. This creates significant gaps in internal stakeholder engagement with other relevant

departments, robust governance for review and approval of pathways and subsequently, timely and successful implementation across the organisation. This creates inefficiency of process and failure to comply with the 4-hour emergency access standard.

Recommendation: A task and finish group should identify and review the top ten high impact emergency care pathways with the relevant services and ensure sign off at the appropriate level to facilitate accountability.

5.2.3 Culture

Culture plays a significant role in the safe delivery and development of sustainable services. A clear governance structure indicates that lessons are learnt and embedded as part of a positive learning culture. The issues detailed below relate to culture within the emergency department.

There is a lack of professional standards between services and no clinical leadership forum to facilitate decision making. A clinical leadership forum would facilitate decision making and enable concerns to be raised in an open and transparent manner, creating an opportunity for clinical staff to work with managers to shape operational policies. The senior leadership team must challenge and ensure that professional standards are maintained when teams are interacting.

Recommendation: A clinical leadership forum with clear expectations around roles and behaviours should be developed to support professional standards between services.

Governance processes within the ED and the promotion of a continuous learning culture that enables the escalation of risks outside of the department appear to be limited. There is a concern of under reporting incidents due to lack of time to report and minimal feedback, which limits learning as a result. The departmental meeting structure, lead roles and opportunities for engagement should be improved.

Recommendation: A review of the governance processes, the meeting structures and the roles and responsibilities within the department is required.

The wellbeing and education of staff to maintain and sustain the workforce should be a priority. A wellbeing strategy should be developed which specifically identifies how support is offered to all members of the team with clear opportunities identified to check the psychological wellbeing of the more junior members of the team.

Recommendation: Consider the development of a wellbeing strategy.

There is no clear education package for newly qualified and more senior members of the nursing team. This should include a clearly defined education package which will encourage retention and an ability to grow a skilled and experienced workforce.

Recommendation: Consider the development of a wellbeing strategy.

5.3 Theme 3: Acute Medical Unit

The following observations and findings relate to the Acute Medical Unit (AMU) at the RIE.

There are several specialty patients at any one time that are managed in the AMU and not on the specialty wards. This approach raises patient safety concerns due to patients not being managed by the appropriate specialty and could ultimately result in delayed care. Further work is required to understand the AMU model and how this could be improved for all patients accessing the service.

Recommendation: The operating model, functionality and purpose of the AMU would benefit from a review. This should be led by the Site Director and Associate Medical/Nursing Directors with input from the Centre for Sustainable Delivery (CsFD).

Some patients currently attending the AMU could be assessed in the Same Day Emergency Access (SDEC) facility at the Western General. These pathways should be analysed to release potential capacity in the AMU.

Recommendation: Identify pathways that could be admitted through the SDEC facility.

5.4 Theme 4: Patient Flow

The Trak system is not consistently updated by the wards which leads to delays in identifying available beds, thus, delaying the flow of patients through the unscheduled care pathways. For the system to be effective, the Trak system should be mandated, and performance should be monitored to improve accountability.

Recommendation: Mandate the timely utilisation of Trak across the organisation and hold staff to account for completion. This should be built into staff objectives.

The Site Capacity team are not empowered to proactively manage flow, thus, increasing delays already in the system.

Recommendation: Redefine roles and responsibilities of the site capacity team ensuring they have delegated authority to lead patient flow across the organisation.

There is no evidence of an embedded approach to escalation including the revised Flowthian model. There is inconsistency in its delivery, and it can be person dependent. There should be clear roles and responsibilities at each level of the organisation when the site is under pressure. Each level of pressure should be clearly defined so the organisation understands when to react and which actions, they should enact.

Recommendation: Review and revise the organisation's escalation framework with clearly defined roles and responsibilities at each level of escalation. This needs to reflect current RIE risk assessments to identify triggers for breaching ring-fenced orthopaedic beds, consistent implementation of Flowthian and an agreed number of patients that can be safely accommodated in a non-clinical area e.g., on a corridor as opposed to a designated cubicle.

The senior team regularly attend the daily 'huddle' meeting. This is inadvertently fostering a culture of dependency in relation to flow and escalation, which delays decision making and inappropriate escalation of issues that could be resolved by junior members of the team. A further example is the daily pan Lothian call at 9.30am and 4.30pm, which is chaired by a director which devalues the site capacity team and does not foster a culture of accountability.

Recommendation: Review roles and responsibilities of staff attending the daily 'huddles', the site capacity team should chair these meetings.

The discharge lounge is underutilised and requires revised communications to the wider organisation, particularly on criteria and availability.

Recommendation: Implement phase one of the discharge lounge improvement plan with the aim of increasing utilisation. This work commenced on 16th October and has already seen an improvement in utilisation rates.

There is no real time data to support oversight of capacity and demand across the organisation, which makes it extremely difficult to manage a large complex site. There are a number of command-and-control centre models across England that have proved to be very effective in supporting the management of patient flow. Bradford Teaching Hospital NHS Foundation Trust is one such organisation that has an award-winning approach.

A fully functioning command and control centre would focus on the competing demands of unscheduled and scheduled care as well as tracking wider capacity across the system, including, but not limited to, NHS24, Primary Care, Intermediate Care, Social Care and Mental Health. Near real time data is used to proactively support flow management and reduce the risk of patient harm.

Recommendation: Implement a command and control centre with supporting electronic visual data to support flow. **NB** A visit to Bradford NHS Foundation Trust and North Tees & Hartlepool Foundation Trust has been arranged for early December.

Policies are not approved at the correct level within the organisation or shared widely. There is no evidence of the following policies: Repatriation, Boarding, Mutual Aid, Extremis management e.g., Full Capacity Protocol.

Recommendation: All policies relating to patient flow should be approved as soon as possible,

5.5 Theme 5: Leadership

The senior leadership team within the RIE do not appear to function as a single team with a shared vision and purpose. At times, the external team witnessed a lack of clear direction and delays in decision making, which resulted in frustration and strained relationships. The team witnessed senior leaders whose behavior is not always corporate and reinforces a culture of negativity.

There are three Associate Medical Directors, but it is unclear who has the overall decision-making responsibility, particularly when a contentious issue needs to be resolved without consensus.

Recommendation: Senior leaders would benefit from clarification on their roles and responsibilities across all disciplines, empowering staff to lead.

There is a lack of clear direction, leadership and communication within and across the senior team. There is a perception that decisions are imposed without discussion and when a decision has been made with members of the team this can sometimes be over-turned without any further discussion with relevant individuals.

Recommendation: The senior team would benefit from creating opportunities to communicate changes within and across the organisation, ensuring all members of the workforce receive a consistent message. This would reinforce the cohesiveness of the senior team and reduce the diluted messages and misinterpretation of information. It should be noted that a senior leadership team meeting has been instigated with a renewed focus on operational issues.

Staff appear to operate in a culture of 'learned helplessness' resulting in escalation that is often not appropriate. Issues are inappropriately escalated to the Site Director, which reinforces a culture of dependency and a reluctance from more junior members of the team to take responsibility and accountability for actions that could be resolved at ward or service level. Senior leaders need to allow teams to lead and escalate only when there is a requirement for more senior decision making.

Recommendation: A considered reduction in senior input into business-as-usual meetings would allow the teams to take responsibility and act with a level of authority.

5.6 Theme 6: Programme Governance

The EAS Programme Board has limited governance which does not support a mature approach to delivering complex change. Authority of the Programme Board to act and make decisions is not explicit and representatives are unclear about their roles and responsibilities therefore, there is a lack of accountability. There is evidence of agreed actions being unpicked which leads to frustration and disengages representatives to actively participate. The governance to support a policy being approved is convoluted and time consuming, which leads to lack of clarity around boarding, repatriation, mutual aid and extremism management.

Recommendation: A review of the EAS Programme Board's governance structure would be beneficial with programme management office support. **NB** To note, this recommendation has been implemented and a programme management approach has been adopted. The discipline around programme governance needs to be embedded and further strengthened. The governance structure has also been developed and will be presented to the EAS Board on 13/11/23.

The performance report presented at the EAS Programme Board does not triangulate metrics and key actions from the workstreams have not been quantified to establish their contribution to the improvement of the emergency access standard.

Recommendation: Review and revise the EAS Programme Board performance report to effectively monitor the impact of improvements.

6. Summary

In summary, the findings and recommendations in this report have been accepted in full and formally signed off at the Performance Support Oversight Board on 10th November 2023. Five high priority recommendations have been identified and a critical path agreed. A comprehensive EAS Improvement Plan incorporating all recommendations has been developed and work is in progress to populate milestones against the planned actions. Weekly project team meetings have been refreshed and stakeholder mapping has been recommended for the UEC pathway and each individual workstream. This will ensure all relevant internal and external stakeholders are fully engaged and the workstreams are able to make progress at pace.

The EAS Programme Board governance has been refreshed and a comprehensive suite of documents have been adopted to support implementation of all the recommendations. It is essential that the discipline underpinning the programme management approach is adopted by all members of the EAS Programme Board. There is a risk that agreed actions will not be implemented and some of the behaviour around decision making highlighted in this report will continue.

As the EAS programme moves to the implementation phase, it is essential that the senior leadership team works collectively and cohesively to deliver in full the recommendations highlighted in the report.

SEPTEMBER 2023 FINANCIAL POSITION AND YEAR-END FORECAST UPDATE

1 Purpose of the Report

- 1.1 This paper provides an update to the Board on the financial position at month 6 and an update of the year-end forecast for NHS Lothian.
- 1.2 Any member wishing additional information on the detail behind this paper should contact the Director of Finance prior to the meeting.

2 Recommendations

- 2.1 The Board is recommended to:
 - **Accept** that based on information available at this stage, the Finance & Resources Committee has considered the year to date position at Month 6 and the Quarter 2 financial forecast and has accepted that NHS Lothian is only able to provide **limited assurance** on its ability to deliver a breakeven position in 2023/24.

3 Discussion of Key Issues

Financial Position as at September 2023

- 3.1 The month 6 financial position was considered at the Finance & Resources Committee on the 25th October 2023. At this meeting the overall NHS Lothian position was reported as a year to date overspend position of £7.5m 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.
- 3.2 The financial pressures driving the above position continue to be Medical and Dental pay costs, Medical Supplies expenditure and Drugs spend. These pressures are offset by underspends in Nursing pay costs.
- 3.3 £23.2m of corporate reserves flexibility has now been phased into the overall position. This equates to a pro-rata share of reserves flexibility identified as part of the Q1 review available to offset operational pressures, including the £18.3m Sustainability Funding received.

Table 1: Year to date Financial Position as at Month 6

	Year to date Financial Position as at Month 6
	£m
Pay	0.3
Non Pays	(43.8)
Income	12.8
Operational Position	(30.7)
Corporate Reserves / Flexibility	23.2
Total	(7.5)

- 3.4 Acute drugs expenditure is showing a year to date overspend of £6.7m. This is despite a further £15m of in year New Medicines funding received recently from the Scottish Government and distributed against existing pressures.
- 3.5 The year to date position on GP Prescribing is currently reporting a £8.5m overspend despite IJBs releasing £5.7m of their residual IJB uplift funding for the year. This position, however, is still based on only 1 month of data on actual expenditure being received. Ongoing national delays and issues in reporting and processing actual GP Prescribing information continues with problems remaining in releasing information for May prescribing. The lack of available information for NHS Lothian (and all Boards) presents a significant financial risk and is reflected in the risk register. The issue has been escalated nationally.
- 3.6 Medical & Dental pay continues to be an area of financial pressure in 2023/24, with no reduction in expenditure trends. Junior Medical staffing costs continues to extend beyond available budgets as gaps in rosters and ongoing restrictions of NES funding transfers the financial risk to NHS Lothian. The 2023/24 pay uplift for Medical & Dental staff has been paid in September with arrears paid in October. Full funding has been anticipated for the Medical and Dental pay uplift as the allocation will not be confirmed or received until November.

Financial Recovery Plans

- 3.7 An update on Financial Recovery Plans was also reported through the Finance & Resources Committee during October. This included £41.4m of Financial Recovery Plans identified within the Financial Plan, £13.4m short of the 3% target of £54.8m. Since the Financial Plan was approved, a further £6.2m of new schemes have been identified totalling £47.6m of schemes, however the forecast delivery against these schemes is £7.1m short based on assessment at month 6.
- 3.8 At month 6, £19.6m of savings have been achieved against a year to date plan of £22.2m, leaving a £2.6m shortfall. This position is shown by Business Unit in table 2 along with the forecast delivery against planned.

Table 2: Financial Recovery Plans - Achieved

	3% Efficiency Target	Schemes Identified	CY Forecast Delivery	Forecast against Schemes Identified	YTD Planned	YTD Achieved	YTD Shortfall
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Acute Services Division	24,004	22,191	17,533	(4,658)	9,551	8,339	(1,213)
East Lothian Partnership	2,384	1,977	1,977	0	788	667	(121)
Edinburgh Partnership	10,024	5,367	4,880	(488)	2,637	2,612	(25)
Midlothian Partnership	2,122	1,708	1,737	29	854	1,002	148
West Lothian Hsc Partnership	3,916	3,767	3,829	62	1,759	1,961	202
Directorate Of Primary Care	139	739	739	0	370	370	0
Reas	3,044	2,835	2,847	12	1,118	1,053	(65)
Corporate Services	4,897	4,122	2,391	(1,731)	2,583	1,094	(1,489)
Facilities	3,865	4,077	4,089	12	2,388	2,503	115
Inc + Hlthcare Purchases	387	774	387	(387)	194	0	(194)
Grand Total	54,782	47,558	40,409	(7,148)	22,241	19,599	(2,642)

3.9 Financial Recovery Plan delivery was discussed as part of the Quarter 1 review meetings with Service areas, with specific focus on those plans that are behind target to date and the other potential opportunities available to achieve the 3% Financial Recovery Plan delivery.

3.10 Financial Recovery Plan 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 Following the Quarter 2 forecast update, the projected overspend has reduced to £22m compared to £27.5m at Quarter 1. The Finance & Resource Committee considered this as part of their October financial update and have acknowledged the improved outturn position.

4.2 Improvements in some operational forecast positions have been offset by an increase in the primary care prescribing forecast based on the very limited information that is currently available. In addition, £4.3m of Other Health Board SLA income has been assumed to support the overall position.

4.3 The collation of key cost pressures from the Quarter 1 review has been undertaken, with a significant level of costs identified. A paper has been presented to the Corporate Management Team with a proposal on the allocation of £18m Sustainability funding across service areas. This exercise will have no impact on the overall financial position for Lothian, as all resources are already factored into overall forecast projections.

4.4 Quarter 2 review meetings with the service teams will commence in November, a key focus point will be the need to improve on the £22m forecast overspend and continue to achieve planned savings to achieve a balanced financial position and avoid any brokerage requirements. Plus, an early discussion around the 2024/25 Financial projections and Financial Recovery Plans.

4.5 An ongoing review of remaining commitments and any further in year funding flexibility will also allow for additional resources to be allocated to support the operational overspend position.

5 Next Steps

5.1 As we commence Quarter 2 meetings, the next steps and focus for the remaining six months will be:

- Continue to progress the output from the quarterly review discussions, establishing risks to the forecast and options for mitigation;
- Continue the work to ensure full delivery of the 3% Financial Recovery Plan requirement, with supplementary schemes to manage the risk for shortfalls in delivery for schemes identified.

5.2 Overall, the challenge of delivering financial balance in the current year is impacted by a series of financial issues including:

- Balancing financial priorities with service delivery and operational priorities;
- Our current estimate that NHS Lothian is short by up to £10m on NRAC funding to reach parity;
- No additional resource available to support non-pay cost growth in a year of on-going and unpredictable inflationary pressure. There is significant additional spend forecast from medicines (particularly Cancer) and higher charges from contractual commitments such as PFIs;
- The unknown financial risk in relation to Primary Care prescribing position;
- The legacy of a reduced recurring delivery in the Financial Recovery Plan programme in recent years impacting in 2023/24.

5.3 As well as those challenges in the current financial year, these issues are mainly recurring in nature and will impact the 2024/25 position and beyond.

5.4 Work will continue to be progressed to understand ongoing risks and opportunities to deliver financial balance this year, including the quarterly discussions with Business Units and updates at Financial Improvement Group.

6 2024/25 Financial Outlook

6.1 The initial outlook for 2024/25 was presented to the Finance and Resources Committee at its October meeting and presented an increasingly challenging financial position moving into 2024/25. A further update based on assumed percentage uplift estimates and funding options will be presented to the Finance and Resources Committee at its December meeting. Further key planning information will be made available to boards following the Scottish budget on the 19th of December.

7 Risk Register

7.1 The corporate risk register includes the following risk:

Risk 3600 - The scale or quality of the Board's services is reduced in the future due to failure to respond to the financial challenge. (Finance & Resources Committee)

7.2 The contents of this report are aligned to the above risk. At this stage there is no further requirement to add to this risk.

8 Impact on Inequality, Including Health Inequalities

8.1 There are no new implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

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

9.1 The implementation of the financial plan and the delivery of a breakeven outcome may require service changes. As this paper does not relate to the planning and development of specific health services there was no requirement to involve the public in its preparation. Any future service changes that are made as a result of the issues raised in this paper will be required to adhere to the Board's legal duty to encourage public involvement.

10 Resource Implications

10.1 The financial results deal principally with the financial governance on operational management of existing resources and no resource implications arise specifically from this report.

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23rd November 2023

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Appendix 1 - NHS Lothian Income & Expenditure Summary to 30th September 2023

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th September 2023

Appendix 1 – NHS Lothian Income & Expenditure Summary to 30th September 2023

Description	Annual Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Medical & Dental	344,672	166,962	176,199	(9,237)
Nursing	616,162	309,303	301,506	7,797
Administrative Services	195,868	99,204	97,342	1,861
Allied Health Professionals	111,031	56,010	55,634	376
Health Science Services	52,593	27,133	27,030	103
Management	8,158	4,024	3,723	301
Support Services	95,375	47,588	50,094	(2,506)
Medical & Dental Support	17,990	9,072	9,065	7
Other Therapeutic	63,734	31,559	30,190	1,370
Personal & Social Care	3,154	1,513	1,288	225
Other Pay	(13,651)	(13,636)	(14,013)	377
Emergency Services	0	0	17	(17)
Vacancy Factor	(677)	(338)	0	(338)
Pay	1,494,409	738,394	738,075	319
Drugs	143,380	72,451	79,134	(6,683)
Medical Supplies	96,961	51,786	60,077	(8,291)
Maintenance Costs	6,040	3,325	6,617	(3,292)
Property Costs	53,849	23,951	24,964	(1,012)
Equipment Costs	32,759	11,026	15,766	(4,740)
Transport Costs	8,562	4,461	5,743	(1,282)
Administration Costs	165,769	28,952	35,404	(6,452)
Ancillary Costs	11,893	5,876	8,458	(2,582)
Other	(5,152)	(19,527)	(19,558)	31
Service Agreement Patient Serv	32,444	17,617	17,469	149
Savings Target Non-pay	83	75	0	75
Resource Trf + L/a Payments	123,222	67,070	67,448	(378)
Non-pay	669,811	267,063	301,521	(34,458)
Gms2 Expenditure	160,383	80,329	81,088	(759)
Ncl Expenditure	813	406	459	(53)
Other Primary Care Expenditure	87	44	40	4
Pharmaceuticals	159,469	79,603	88,076	(8,473)
Primary Care	320,752	160,382	169,662	(9,280)
Fhs Non Discret Allocation	(426)	(164)	(164)	0
Bad Debts	0	0	18	(18)
Other	(426)	(164)	(147)	(18)
Income	(352,313)	(186,019)	(198,831)	12,812
Capital Charges	0	0	0	0
Revenue Resource Limit	0	0	0	0
Extraordinary Items	0	0	76	(76)
CORE POSITION	2,132,233	979,656	1,010,357	(30,701)
Reserves/ Flexibility	23,246	23,246	0	23,246
TOTAL	2,155,479	1,002,902	1,010,357	(7,455)

Appendix 2 - NHS Lothian Summary by Operational Unit to 30th September 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	(7,622)	(60)	(405)	(88)	7	(152)	(626)	127	(46)	(314)	(59)	0	(9,237)	0	(9,237)
Nursing	1,114	1,485	3,765	428	1,657	366	(298)	(291)	(27)	(260)	(143)	0	7,797	0	7,797
Administrative Services	495	151	751	(32)	154	(77)	(211)	680	68	177	(296)	1	1,861	0	1,861
Allied Health Professionals	(1,157)	212	772	83	529	(12)	(64)	(23)	30	0	6	0	376	0	376
Health Science Services	(172)	(0)	563	(12)	7	(4)	(1)	(247)	(20)	0	(11)	0	103	0	103
Management	(74)	8	0	11	0	(9)	5	148	(2)	210	3	0	301	0	301
Support Services	22	0	49	15	2	(36)	95	(26)	(2,685)	58	0	0	(2,506)	0	(2,506)
Medical & Dental Support	(543)	57	12	0	0	395	4	81	0	0	0	0	7	0	7
Other Therapeutic	28	187	537	13	50	7	373	185	(5)	0	(6)	0	1,370	0	1,370
Personal & Social Care	(15)	6	64	0	0	18	16	136	0	0	0	0	225	0	225
Other Pay	21	0	18	0	0	19	7	96	0	0	217	0	377	0	377
Emergency Services	0	0	0	0	0	0	0	0	(17)	0	0	0	(17)	0	(17)
Vacancy Factor	(11)	0	(368)	0	0	41	0	0	0	0	0	0	(338)	0	(338)
Pay	(7,913)	2,045	5,758	419	2,406	556	(699)	867	(2,703)	(129)	(289)	1	319	0	319
Drugs	(4,898)	(230)	(538)	(165)	(22)	(238)	(493)	388	(1)	(486)	(0)	0	(6,683)	0	(6,683)
Medical Supplies	(6,071)	(255)	(1,006)	(80)	(327)	(231)	(45)	(134)	(141)	(0)	0	0	(8,291)	0	(8,291)
Maintenance Costs	(425)	(62)	(86)	(82)	(108)	(12)	(119)	(20)	(2,378)	0	(0)	0	(3,292)	0	(3,292)
Property Costs	(3)	61	(24)	122	(11)	(1)	3	(9)	(1,150)	0	0	0	(1,012)	0	(1,012)
Equipment Costs	(2,272)	(238)	(416)	(101)	(198)	68	(197)	(472)	(909)	(2)	(3)	0	(4,740)	0	(4,740)
Transport Costs	(550)	(207)	(86)	(66)	(50)	(30)	(13)	(14)	(267)	10	(2)	(8)	(1,282)	0	(1,282)
Administration Costs	(1,511)	156	306	75	124	71	(90)	(1,171)	(780)	(3,648)	4	15	(6,452)	0	(6,452)
Ancillary Costs	(328)	(18)	2	(1)	(2)	(10)	(29)	(658)	(1,540)	0	(0)	0	(2,582)	0	(2,582)
Other	(13)	(0)	(3)	0	(0)	(2)	0	70	(20)	0	0	0	31	0	31
Service Agreement Patient Serv	(179)	(34)	14	(23)	(97)	(17)	1,001	(50)	(19)	0	1	(448)	149	0	149
Savings Target Non-pay	0	0	0	0	0	0	0	75	0	(0)	0	0	75	0	75
Resource Trf + L/a Payments	(8)	(175)	(93)	(27)	(6)	0	(19)	(34)	(15)	0	0	0	(378)	0	(378)
Non-pay	(16,259)	(1,001)	(1,932)	(348)	(698)	(402)	(2)	(2,029)	(7,219)	(4,126)	(0)	(442)	(34,458)	0	(34,458)
Gms2 Expenditure	(5)	(208)	(414)	(169)	61	6	(8)	(16)	(5)	0	0	0	(759)	0	(759)
Ncl Expenditure	0	0	0	0	0	(53)	0	0	0	0	0	0	(53)	0	(53)
Other Primary Care Expenditure	4	0	0	0	0	0	0	0	0	0	0	0	4	0	4
Pharmaceuticals	0	(1,118)	(3,447)	(806)	(2,092)	(1,009)	0	(0)	0	0	0	0	(8,473)	0	(8,473)
Primary Care	(1)	(1,326)	(3,862)	(975)	(2,032)	(1,056)	(8)	(17)	(4)	0	0	0	(9,280)	0	(9,280)
Fhs Non Discret Allocation	0	0	(9)	0	10	0	0	0	0	0	0	0	0	0	0
Bad Debts	(0)	0	0	0	0	0	(0)	0	(118)	0	0	101	(18)	0	(18)
Other	(0)	0	(9)	0	10	0	(0)	0	(118)	0	0	101	(18)	0	(18)
Income	1,600	15	15	9	70	(18)	0	(91)	619	2,393	278	7,922	12,812	0	12,812
Capital Charges	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Extraordinary Items	0	0	0	0	0	0	0	0	0	(76)	0	0	(76)	0	(76)
CORE POSITION	(22,573)	(266)	(30)	(895)	(244)	(921)	(709)	(1,270)	(9,425)	(1,938)	(11)	7,581	(30,701)	0	(30,701)
Reserves/ Flexibility	0	0	0	0	0	0	0	0	0	0	0	0	0	23,246	23,246
TOTAL	(22,573)	(266)	(30)	(895)	(244)	(921)	(709)	(1,270)	(9,425)	(1,938)	(11)	7,581	(30,701)	23,246	(7,455)

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.
- 1.2. 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 September/October 2023 updates provided by the executive leads concerning risk mitigation, as set out in the assurance table in appendix 1.
- 2.2. Note the overview of the changes in the CRR over the past 2 calendar years.
- 2.3. Note that any new or materially worsening risks will be presented to the Strategic Planning and Performance Committee (SPPC) prior to submission to the Board.
- 2.4. Accept a new risk relating to fire safety on the RIE site onto the CRR.

3. Discussion of Key Issues

3.1. Role of the Corporate Management Team (CMT)

- 3.1.1. It was agreed at the February 2021 CMT that the CRR would be managed through the CMT and subject to review every two months, with the risk manager in attendance to ensure proactive management, including timely feedback from assurance committees and alignment of assurance levels and risk grading. A process has been established to meet executive leads prior to each CMT to inform the CMT risk paper.
- 3.1.2. The CMT then make recommendations to the Board with respect to new and/or amended risks, with a clear articulation of the risk that cannot be managed at an operational level, explicit plans to mitigate the risk along with associated measures to assess the impact of these plans. This collective oversight strengthens the NHS Lothian risk management system including our assurance system.

3.2. Escalation of Risks – Divisional Very High/High Risks

- 3.2.1. Understanding the very high and high risks at divisional and corporate level is a key component of Lothian's risk management system and an area identified for improvement in the Risk Management Internal Audit 2021. The current very high and high risks at Acute, REAS, HSCP level as well as corporate single system risks registers such as Public Health, Nursing and Pharmacy were reviewed at the July 2023 CMT.
- 3.2.2. There is a requirement that all very high and high divisional and corporate risks have plans in place to mitigate the risk which are monitored proactively. If the risk cannot be managed by a director, it will be escalated to CMT for discussion.

3.3 Summary of risk profile

An overview of changes to the CRR over the last 2 calendar years is provided in the table 1 below.

Table 1

Risk Grading Overview Table											
Risk Title	Board meetings in 2022 and 2023										
	Feb. 22	April 22	June 22	Aug. 22	Oct. 22	Dec. 22	Feb. 23	April 23	June 23	Aug. 23	Oct. 23
3600 - Finance	20	20	20	20	25	25	25	25	25	25	25
5186 - 4 Hours EAS	20	20	20	16	20	20	20	25	25	25	25
3726 - Hospital Bed Occupancy	20	20	20	15	20	20	20	25	25	25	25
3829 - Sustainability of GP	20	20	12	12	12	12	12	12	12	12	12
5185 - Access to Treatment	20	20	20	20	20	20	20	25	25	25	25
5388 - HSDU Capacity				20	20	20	20	20	20	20	20
3828 - Nursing Workforce	20	20	20	20	20	20	20	20	20	20	20
5020 - Water Safety and Quality	12	12	12	12	12	12	12	12	12	12	12
5189 - RIE Facilities	15	15	15	15	15	15	15	15	15	15	15
3455 - Violence & Aggression	15	15	15	15	15	15	15	15	15	15	15
3328 - Roadways/Traffic Man.	12	12	12	12	12	12	12	12	12	12	12
1076 – HAI	16	16	16	16	16	16	16	16	16	16	16
5322 - Cyber Security		12	12	12	12	12	12	12	12	12	12
5510 - Royal Edinburgh Bed Occupancy							25	25	25	25	25
5687 Inappropriate and Inadequate Accommodation in the Secure Estate							New risk approved by Board August 2023				25
5187 - Access to Psychological Therapies	20	20	20	20	20	20	20	16	16	16	*
5188 - Access to CAMHS	20	20	20	20	20	20	20	16	16	16	*
5360 - Public Health (Covid-19) (previously 4984)		20	15	15	15	15	15	15	15	15	*
3189 - Facilities Fit for Purpose	12	12	12	9	Risk Closed						
3454 - Timeliness and Learning from Complaints	9	9	Risk Closed								
5034 - Care Homes	9	Risk Closed									

*Risk closed August 2023

3.4 Proposed Change – Acceptance of a new risk

Royal Infirmary of Edinburgh Fire Safety - Executive Lead Calum Campbell

Context

Both NHS Lothian as the building occupier and the PFI Provider as the building owner are individually designated Duty Holders under the Fire (Scotland) Act 2005 and must work in collaboration to ensure fire precautions are being maintained to a satisfactory standard and that the requirements of the legislation are being met. Additionally, the Facilities Management provider contracted by the PFI Provider is the third designated duty holder. Each organisation has distinct responsibilities to ensure the safety of occupants from harm caused by fire, with the building owner required to provide assurance on the infrastructure and maintenance of the building. NHS Lothian must provide assurance on separate operational requirements including evacuation plans, staff training and housekeeping measures.

Risk Description

There are two components to this risk:

1. There is a risk that the technical standards of the building provided by the PFI are not adequate and do not meet current fire safety standards.
2. There is a consequential risk that NHS Lothian has inadequate fire safety arrangements in place at the Royal Infirmary of Edinburgh (RIE) following the recent identification of risks and issues.

This may lead to enforcement action by the Scottish Fire & Rescue Service, disruption to services/facilities where remedial work is identified and finally serious reputational damage.

Governance

Staff Governance Committee (SGC) will be the principal committee for oversight of this risk and will receive assurance on the implementation of agreed mitigation plans relating to NHS Lothian's responsibilities as building occupiers. Any associated clinical risk will also be considered by the Healthcare Governance Committee.

Finance & Resource Committee (F&RC) will receive assurance on the key measures relating to the building owner and infrastructure mitigation plan.

Management

NHS Lothian

The NHS Lothian RIE Fire Safety Improvement Group (chaired by the CEO / DCEO) provides Executive oversight and acts as the mechanism by which improvement for NHS Lothian responsibility areas is driven. This reports into the NHSL Lothian Corporate Management Team (CMT).

Issues of Fire Safety relating to the Royal Infirmary of Edinburgh are also reported to the Estates & Facilities Senior Management Team and to the Royal Infirmary of Edinburgh Health & Safety Group.

Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) will be convened as required to respond to any issues which may arise.

Building Owner

The PFI Provider is an external organisation and NHS Lothian has mechanisms in place by which they seek to improve the overall risk position with the building owner. The Site RIE Fire Safety Group is chaired by the NHS Lothian Senior PFI Estates Lead and includes key stakeholders from the NHS Lothian Estates & Facilities directorate, the NHS Lothian PPP Contract team, NHS Lothian Fire Safety team and PFI providers Consort and EQUANS.

Adequacy of controls

Weak - The controls in place have not made any material difference and the level of risk cannot be reduced.

NHS Lothian – Building Occupiers

Mitigation plans have demonstrated improvement however not at optimal level.

PFI Provider – Building Owners

Controls have not made much difference and the level of risk cannot be reduced.

Due to recently identified risks and issues, further controls and measures are required from all Duty Holders to respond to these new risks and issues. In addition, efforts to collate documentary evidence of compliance with legal requirements from the PFI provider and NHS Lothian continue.

Grading

Very High (20) – Extreme Impact / Likelihood - Likely.

On the basis that significant gaps have been established in the current fire safety infrastructure/provision on the Royal Infirmary of Edinburgh site. The event of a fire remains unlikely.

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.

Jill Gillies

Associate Director of Quality

22 November 2023

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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>August 2023 Update</u></p> <ul style="list-style-type: none"> No change to June/July update, quarter 1 review is currently in progress. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> Quarter 1 review now complete with a reduction in the overall deficit. Additional funding sources received from Scottish Government. Continued focus on achieving 3% efficiency savings. Increased risk of deterioration as we approach winter and the financial impact of inflation. 2024/25 planning underway both efficiency programme and financial plan for next year. 	
	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>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.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p>September/October 2023</p> <ul style="list-style-type: none"> • RIE Emergency Access Improvement Programme has entered Phase two with input from external reviewers (multi-disciplinary) with previous experience in Emergency Care improvement and clinical expertise. • Oversight of the improvement programme is via the Performance Support oversight Board (PSOB). • HIS re-visited the RIE in September and a formal report is awaited, although no escalations of concerns have been made to date. • Winter planning progress continues, increasingly built around a business continuity approach which has been well-tested during the period of the Covid-19 pandemic. Each operational unit therefore has a coherent and robust approach to business continuity which will roll out well before the winter ahead. • The vaccination programmes, cover plans for four-day weekends, and enhanced information including capacity and flow within system at operational level will also assist in managing winter pressures. 	
	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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<ul style="list-style-type: none"> • September 2023 – HGC accepted limited assurance on Edinburgh risk mitigation plan to manage their component of this corporate risk . <p><u>Strategic Planning and Performance Committee – Performance</u></p> <ul style="list-style-type: none"> • June 2021 – Board agreed to downgrade risk from very high to high. • April 2022 – Board agreed re-framed risk (previously timely discharge) with grading very high (20). • September 2022 – Limited assurance accepted. • Paper to May meeting of SPPC to agree assurance level on the risk mitigation plans with respect to performance in the context of increase in the grading to very high (25) deferred from the March SPPC due to the critical incident. • 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>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. <p><u>September/October 2023 update</u></p> <ul style="list-style-type: none"> • Risk assurance updates will be provided to SPPC and HGC in November. • There is ongoing risk that EHSCP has insufficient sustainable capacity across the health and care sector to avoid unnecessary delays. • Winter planning progress continues, increasingly built around a business continuity approach which has been well-tested during the period of the Covid-19 pandemic. Each operational unit therefore has a coherent and robust approach to business continuity which will roll out well before the winter ahead.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> The vaccination programmes, cover plans for four-day weekends, and enhanced information including capacity and flow within system at operational level will also assist in managing winter pressures. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		Very High 20	Very High 25
3829	<p>Sustainability of Model of General Practice</p> <p>There is a risk that the Board will be unable to meet its duty to provide access to primary medical services in and out of hours for its population due to increasing population with multiple needs combined with difficulties in recruiting and retaining general practitioners, other staff and premises issues (e.g., leases or constraints on space), which will impact on patient care and experience and have a negative impact on other parts of the health and social care system.</p> <p>Executive Lead: Tracey Gillies</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> July 2020 – HGC continued to accept limited assurance. Acknowledged that risk needs to be re-evaluated. Deferred from January 2021 agenda. Update paper went to HGC May 2021 - No assurance level of assurance proposed or agreed as paper setting out the current position. May 2022 – HGC accepted moderate assurance. September 2022 – HGC accepted moderate assurance on LUCs and all HSCP annual reports, with the exception of EHSCP which was limited. 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. September 2023 – HGC confirmed the decision in May 2023 regarding this risk continued to be extant. HGC accepted moderate assurance for LUCS annual report, and moderate assurance for the HSCP annual reports, with the exception of Edinburgh which was limited. <p><u>Outcome of Executive Lead Discussions</u></p> <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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> Seven practices currently have closed lists to new patients. <p>September/October 2023 Update</p> <ul style="list-style-type: none"> Strategic IA for GMS/PMS premises infrastructure, including design statement, complete and has been submitted to Scottish Government. No change with PCIP trackers – continues to be on track. SG confirmed the GMS 2023/24 uplift on 22 September 2023 – a 7% uplift to the Global Sum will be applied, providing a 6% uplift for GP earning and a 6.5% uplift for practice staff earnings commensurate with the average AfC uplift. In addition, a further £8.3 million will be added to the Global Sum for population growth in 2022/23. Eight practices currently have closed lists to new patients. 	
	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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date
		<p data-bbox="969 229 1720 256"><u>Strategic Planning and Performance Committee – Performance</u></p> <ul data-bbox="969 293 2029 635" style="list-style-type: none"> <li data-bbox="969 293 2029 379">• 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. <li data-bbox="969 387 2029 443">• September 2022 – paper delayed allowing discussion of plans at the Scheduled Care Recovery Board (SCRB) in October. <li data-bbox="969 451 2029 475">• November 2022 – levels of assurance agreed by service as noted in previous papers <li data-bbox="969 483 2029 569">• 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 <li data-bbox="969 577 2029 635">• May 2023 - SPPC provided limited assurance to HGC on performance aspects of this risk. <p data-bbox="969 671 1487 699"><u>Outcome of Executive Lead Discussions</u></p> <p data-bbox="969 730 1234 758"><u>August 2023 Update</u></p> <ul data-bbox="969 762 2029 1074" style="list-style-type: none"> <li data-bbox="969 762 2029 849">• 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. <li data-bbox="969 857 2029 912">• It is noted that Scheduled Care is also tracked through the Performance Support Oversight Board. <li data-bbox="969 920 2029 976">• 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. <li data-bbox="969 984 2029 1074">• 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. <p data-bbox="969 1110 1386 1137"><u>September/October 2023 Update</u></p> <ul data-bbox="969 1142 2029 1356" style="list-style-type: none"> <li data-bbox="969 1142 1435 1169">• August update remains relevant. <li data-bbox="969 1177 2029 1294">• 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. <li data-bbox="969 1302 2029 1356">• Scheduled Care have now deployed the remaining external funding for 2023/24 to support key priority areas, including ring-fenced capacity noted above.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> 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. Winter planning progress continues, increasingly built around a business continuity approach which has been well-tested during the period of the Covid-19 pandemic. Each operational unit therefore has a coherent and robust approach to business continuity which will roll out well before the winter ahead. 	
	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 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>	<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. August 2023 – Limited assurance accepted. <hr/> <p><u>Outcome of Executive Lead Discussions</u></p> <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 2023/24. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> No significant changes - Risk Mitigation Plan remains the same following August update. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<ul style="list-style-type: none"> There have been further steam generation failures (leaks). This is being programmed now for repair work to commence, although there may be a requirement for a shut-down period. E&F are working with the service and PFI provider to explore alternative options to shut down. 	
	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>Executive Lead: Alison MacDonald</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> July 2020 - Significant assurance that there is a robust mobilisation plan and mechanism to co-ordinate the responses across the nursing and midwifery workforce. Limited assurance that there is sufficient capacity in the event the pandemic requires that the Board delivers a full surge plan in acute and community, including supporting the NHS Louisa Jordan. October 2020 – verbal update provided no new level of assurance agreed. December 2020 – increase in grading to very high agreed. Significant assurances accepted that robust corporate oversight to co-ordinate and prioritise responses across workforce. Limited assurance regarding capacity to respond to increased demand due to Covid activity and increase in staff absence due to Covid isolation. May 2021 – Staff Governance accepted grading reduced from very high to high. Paper went to Private Board August 2021 and agreed to increase grading from high to very high. Follow up paper to go to September 2021 Board. December 2021 – Staff Governance accepted Moderate Assurance. March 2022 – Staff Governance accepted Moderate Assurance. The June 2022 Staff Governance accepted moderate assurance. The October 2022 Committee accepted moderate assurance in relation to the risk mitigation plan in place acknowledging that the risk remains very high. Verbal update given to December Committee and paper will be submitted to the February 2023 meeting. February 2023 - moderate assurance accepted. July 2023 - moderate assurance accepted. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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. • 218 new HCSWs appointed. • Advert for band 4 final year students starts 8 August. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> • 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. • Band 4 recruitment to offer 1 shift/week to final year student nurses received 295 applications. Applicants matched into posts will commence end Sept, adding c90 wte to workforce. • 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. 	
	Risk Grading:	CMT March 2023 Very High 20	CMT July 2023 Very High 20

Datix ID	Risk Title & Description	Committee Assurance Review Date	
5020	<p>Water Safety and Quality</p> <p>There is a risk that Legionella may be present in water supplies to healthcare premises due to reduced or no usage of water in some areas during Covid pandemic, seasonal increase in water temperature and incomplete implementation of existing plans to improve systems of control around water safety and provide assurance through documented evidence.</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>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. 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. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> A review of water safety control systems, governance and compliance with SHTMs/policy is now underway. Plan in place to refresh the corporate risk entry in Q4 of 2023/24 following approval by the Staff Governance Committee. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		High 12	High 12

Datix ID	Risk Title & Description	Committee Assurance Review Date
5189	<p>RIE Facilities</p> <p>There is a risk that facilities in the RIE are not fit for purpose because of a failure to carry out required Life cycle Works and maintenance of the estate including:</p> <ul style="list-style-type: none"> • Infrastructure (lifts, electrical systems, heating, ventilation, water, medical gases) • Water quality and management of water systems (flushing, temperature control, periodic testing) • Window safety and maintenance • Fire Safety <p>Leading to interruption to services, potential harm to patients and staff and significant remedial costs.</p> <p>New risk approved by Board June 2021.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Finance & Resources Committee</u></p> <ul style="list-style-type: none"> • New risk approved by Board June 2021. • Paper due to go to F&R August 2022. • October 2022 – Limited assurance accepted. • F&R December meeting received and supported a paper on Scottish fire and rescue services (SFRS) audit action plan. • August 2023 – limited assurance accepted. <hr/> <p><u>Outcome of Executive Lead Discussions</u></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. <p><u>September/October 2023 update</u></p> <ul style="list-style-type: none"> • No further significant changes. Reporting and oversight continues via Executive Steering Group. • Generator resilience has been improved, however, further work is required before Black start protocol can be tested.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
	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. • 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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> • Deadline for completion of ‘Purple pack’ (risk assessment) for all teams is September. • Training framework to be presented Staff Governance (December 2023) with a supplementary paper to Audit and Risk Committee (November 2023). 	
	Risk Grading:	CMT March 2023	CMT July 2023
		High 15	High 15
3328	<p>Roadways/Traffic Management</p> <p>There is a risk that the road traffic infrastructure on the 4 acute sites (RIE, St John’s, WGH, REH) is inadequate, due to the volume of traffic as a result of increased demand for parking plus construction projects causing interruption to traffic flow. This impacts on access to services, increasing levels of staff abuse and the potential physical harm to staff, patients, and the public.</p> <p>Executive Lead: Jim Crombie</p>	<p><u>Staff Governance Committee</u></p> <ul style="list-style-type: none"> • October 2020 – limited assurance accepted regarding safe traffic management at the acute sites. • December 2020 – limited assurance accepted regarding safe traffic management at acute, East and Midlothian sites. Moderate assurance accepted for REH and community sites. • June 2021 Board – Governance and Management remain the same as does grading and adequacy of controls. • March 2022 – accepted following levels of assurance: <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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>August 2023 Update</u></p> <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. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> No significant change. Risk assurance paper to be presented to Staff Governance Committee in October. 	
	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. 	

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>August 2023 Update</u></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 endorsed 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. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> • Work is being led by Scottish Government on developing national role descriptors. Progression is slow with concerns from infection control leads (medical, nursing and management) that there will be a potential detrimental impact on current and future staffing. • Some continuing issues with staffing, particularly in recruitment of qualified staff. • 2 additional surveillance practitioners are now in post. • Information analytical support (0.4 w.t.e.) is now in place which will improve surveillance reporting, however, there are some challenges in I.T. system capability. • LDP performance is on target, with continuous review and monitoring of events. • Risk mitigation plan due to be presented to HGC in October. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		High 16	High 16

Datix ID	Risk Title & Description	Committee Assurance Review Date
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. <p><u>Board</u></p> <ul style="list-style-type: none"> • August 2023 - Private Board accepted Moderate assurance. <p><u>Outcome of Executive Lead Discussions</u></p> <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. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> • Detailed plans were presented to private session of the Board in August 2023. • Private Board accepted moderate assurance and there were no additional actions requested as the NIS audit includes detailed actions and an annual review cycle. • The NIS audit is a legal requirement and is additional to Digital daily business resourcing cyber tools both in currently in place and planned enhancements to adapt to constantly changing threat/risk landscape. • It was noted in the Private Board that potential reduced resource for Digital in the cyber and infrastructure refresh areas was a potential risk to maintaining and/or improve our position.

Datix ID	Risk Title & Description	Committee Assurance Review Date	
		CMT March 2023	CMT July 2023
	Risk Grading:	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>Executive Lead: Calum Campbell</p>	<p><u>Healthcare Governance Committee</u></p> <ul style="list-style-type: none"> A local operational group is in place with membership from REAS and the HSCPs. Performance and plans are reviewed every 2 weeks at REAS SMT. Assurance paper going to January 2023 Healthcare Governance Committee. Annual report submitted to January 2023 meeting, which included mitigation plans for REH bed capacity – moderate assurance accepted for the annual report. 	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>August 2023 Update</u></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. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> HSPC locality staff continue to come together with REAS acute managers on a daily basis to look at who we may be able to be supported at home so that we always have some capacity for admissions. EHSCP are currently reviewing number of commissioned beds in REH due to increased requirement compared to originally commissioned bed base. Bed numbers in St John’s are under review with intention to decrease from 23 to 20 when stability in REH is achieved. 	
	Risk Grading:	CMT March 2023	CMT July 2023
		Very High 25	Very High 25

Datix ID	Risk Title & Description	Committee Assurance Review Date	
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 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>	<u>Healthcare Governance Committee</u>	
		<p><u>Outcome of Executive Lead Discussions</u></p> <p><u>August 2023 Update</u></p> <ul style="list-style-type: none"> • New risk approved by Board August 2023. <p><u>September/October 2023 Update</u></p> <ul style="list-style-type: none"> • Meeting with Scottish Government due to take place in September was cancelled – awaiting new date. • Feedback from Scottish Government on capital programmes expected December 2023 at the earliest. 	
	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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				issues. The financial risk has been addressed, a new contractor is in place and any residual service risk is being managed at an operational level with clear management oversight.
3527	26/07/13	Medical Workforce	Board approved closing the risk as per 7 April 2021 Board Corporate Register Paper	Aspect of the Medical Workforce within our control are being managed at an operational level and captured on operational risk registers.
4693	04/04/2019	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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				for complaints management as part of the wider Patient Experience Strategy reporting.
3189	16/02/2012	Facilities Fit for Purpose	Board approved closing the risk 3 August 2022 Board Corporate Register Paper	Formal risk mitigation plan now in place and accepted by F&R committee and CMT. F&R accepted moderate assurance at the 31 May 2022 meeting. Ongoing monitoring of risk mitigation plans will be through facilities operational management structures. The June 2022 CMT agreed reduction of grading to medium (9) likelihood – possible, impact moderate.
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

Risk ID	Opened	Risk Title	Recommendation	Rationale
				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 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.

CORPORATE RISK – ROYAL INFIRMARY OF EDINBURGH FIRE SAFETY**1 Purpose of the Report**

- 1.1 The purpose of this report is to recommend that the Board note that the Corporate Management Team are now formally adding a Fire Safety risk relating to the Royal Infirmary of Edinburgh (RIE) to the NHS Lothian Board Corporate Risk Register.
- 1.2 Any member wishing additional information should contact the Executive Lead in advance of the meeting.

2 Recommendations

Members are asked to;

- 2.1 **Acknowledge the assigned** risk rating of Very High (20) following the initial review of this risk by the Corporate Management Team.
- 2.2 **Accept** a Limited assurance level.
- 2.3 **Agree** that this risk has principal oversight by the Staff Governance Committee.
- 2.4 **Acknowledge** and **accept** the Risk Mitigation Plan outlined within this report.
- 2.5 **Acknowledge** the dependency of compliant fire safety measures at the Royal Infirmary of Edinburgh in order to ensure the safety of patients, staff, and visitors of the site, as well as ensuring compliance with current fire safety standards.
- 2.6 **Note** the link to the RIE Facilities Corporate Risk ID 5189 and that as the Fire Safety component of this risk has been separated, this risk will now be revised via the appropriate governance processes.

3 Discussion of Key Issues**3.1 Background**

- 3.1.1 Ahead of the Royal Infirmary of Edinburgh's PFI contract coming to an end in 2027, we have been working with our PFI provider, to develop a detailed log of remedial work that must be undertaken throughout the building. As our PFI providers, Consort, and their delivery partners Equans, are responsible for everything from structure to flooring, water to electrics.
- 3.1.2 Large buildings, like the RIE, include design elements such as compartmentalisation that help to slow the spread of fire. These elements form a crucial part of any Fire Safety regime. We have made multiple requests to PFI Provider to be provided with detailed plans of the building, which would outline the in-built fire precautions across the site.

- 3.1.3 Through these discussions, it has become evident that in some areas the PFI Provider has not delivered to the standards we would expect or has failed to provide us with the assurances we need to manage perceived risks. Of particular note, are the fire detection and prevention measures throughout the building.
- 3.1.4 In the light of the lack of assurance from our PFI providers, NHS Lothian commissioned an independent fire safety report which we shared with Scottish Fire and Rescue Service (SFRS). This report highlights an extreme risk to building users (staff, patients, public) in the event of a fire.
- 3.1.5 SFRS identified a number of issues in a routine site audit and have indicated that they share our concerns over the lack of progress made by PFI Provider to address their fire safety responsibilities. As a result, we anticipate that SFRS will place an enforcement notice on the building.
- 3.1.6 As joint Duty Holders, this would require PFI Provider, Equans and NHS Lothian to evidence that appropriate fire safety measures are in place. We welcome this step as we believe this would require PFI Provider to take immediate action on a range of recommendations that are their responsibility, to ensure optimal safety for patients, staff, and visitors.
- 3.1.7 NHS Lothian is now formally adding this risk to the NHS Lothian Board Corporate Risk Register on 6 December 2023.
- 3.2 A summary of the risk is detailed below:

Corporate Objective: Protect and Improve the Health of our Population.

Key* - Building Owner: PFI Provider
Building Occupier: NHS Lothian

Risk Description	Linked Key Risks	Controls	Key Measures
<p>Two components:</p> <p>1. There is a risk that the technical standards of the building provided by the PFI are not adequate and do not meet current fire safety standards.</p> <p>2. There is a consequential risk that NHS Lothian has inadequate fire safety arrangements in place at the Royal Infirmary of Edinburgh (RIE) following the recent identification of risks and issues.</p> <p>This may lead to enforcement action by the Scottish Fire & Rescue Service, disruption to services/facilities where remedial work is identified and finally serious reputational damage.</p>	<p>Royal Infirmary of Edinburgh Facilities (Risk ID: 5189).</p> <p>Associated Plans Internal NHS Lothian Mitigation plans for Risk ID 5189 External PFI Provider Plans.</p> <p>Grading Very High (20) – Extreme Impact / Likelihood - Likely.</p> <p><i>On the basis that significant gaps have been established in the current fire safety infrastructure/provision on the Royal Infirmary of Edinburgh site.</i></p> <p><i>The event of a fire remains unlikely.</i></p>	<p>Governance Staff Governance Committee (SGC) will receive assurance on the implementation of agreed mitigation plans relating to NHS Lothian’s responsibilities as building occupiers, following oversight from the relevant Health & Safety committee. Any associated clinical risk will also be considered through the appropriate governance structure.</p> <p>Finance & Resource Committee (F&RC) will receive assurance on the key measures relating to the building owner and infrastructure mitigation plan.</p> <p>Management Both NHS Lothian and the PFI Provider are individually designated Duty Holders under the Fire (Scotland) Act 2005 and must work in collaboration to ensure fire precautions are being maintained to a satisfactory standard and that the requirements of the legislation are being met. Additionally, the Facilities Management provider contracted by the PFI Provider is the third designated duty holder. Each organisation has distinct responsibilities to ensure the safety of occupants from harm caused by fire, with the building owner, required to provide assurance on the infrastructure and maintenance of the building. NHS Lothian must provide assurance on separate operational requirements including evacuation plans, staff training and housekeeping measures.</p> <p>NHS Lothian The NHS Lothian RIE Fire Safety Improvement Group (chaired by the CEO / DCEO) provides Executive oversight and acts as the mechanism by which improvement for NHS Lothian responsibility areas is driven. This reports into the NHSL Lothian Corporate Management Team (CMT). Issues of Fire Safety relating to the Royal Infirmary of Edinburgh are also reported to the Estates & Facilities Senior Management Team and to the Royal Infirmary of Edinburgh Health & Safety Group. Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) will be convened as required to respond to any issues which may arise.</p>	<p>PFI Contract & Performance Management – (F&RC) Agree a Risk Mitigation plan with the PFI Duty Holder for building and infrastructure actions.</p> <p>Implementation of the above risk mitigation plan.</p> <p>Building Occupier (NHSL) – (SGC) Mitigation plan for areas which NHS Lothian as a duty holder is solely responsible for are fully implemented.</p> <p>Appropriate feedback and engagement with the Scottish Fire & Rescue Service.</p> <p>Documented evidence of compliance with all aspects of the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006 for the Royal Infirmary of Edinburgh site.</p> <p>The above may take the form of current Fire Risk Assessments and some aspects are dependent on PFI Contract & Performance Management processes.</p>

Risk Description	Linked Key Risks	Controls	Key Measures
<p>In the unlikely event of a fire, this may lead to an extreme risk of harm to patients, staff, and the general public, along with the potential for prosecution under the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006.</p>		<p><i>Building Owner</i> The PFI Provider is an external organisation and NHS Lothian has mechanisms in place by which they seek to improve the overall risk position with the building owner. The Site RIE Fire Safety Group is group is chaired by the NHS Lothian Senior PFI Estates Lead and includes key stakeholders from the NHS Lothian Estates & Facilities directorate, the NHS Lothian PPP Contract team, NHS Lothian Fire Safety team and PFI providers Consort and EQUANS.</p> <p>Plans An overarching Fire Safety Improvement Plan has been drafted as the core mitigation plan for NHS Lothian responsibilities, and this features priority actions relating to Fire Detection, House Keeping, Signage, Equipment and Compartmentation. This plan seeks to control and reduce the current risk profile associated with fire safety at the RIE.</p> <p>Residual risk will remain until the technical standards of the building provided by the PFI are confirmed as adequate and in line with the appropriate fire safety standards. NHS Lothian will continue to cooperate with the building owner in their plans to improve the overall risk position.</p> <p>Adequacy of controls</p> <p><i>NHS Lothian – Building Occupiers</i> Some weaknesses –mitigation plans have demonstrated improvement however not at optimal level.</p> <p><i>PFI Provider – Building Owners</i> Weak – controls have not made much difference and the level of risk cannot be reduced.</p> <p>Due to recently identified risks and issues, further controls and measures are required from all Duty Holders to respond to these new risks and issues. In addition, efforts to collate documentary evidence of compliance with legal requirements from the PFI provider and NHS Lothian continue.</p>	

3.3 Mitigation Plan

3.3.1 The Risk Mitigation Plan, including detail of the key actions associated with the management of this risk, rationale and potential impact on the risk will be subject to review by the relevant Board subcommittees. This combines both the NHS Lothian Fire Safety Improvement Plan and actions relating to the residual risk, which will remain until the technical standards of the building provided by the PFI are confirmed as adequate and in line with the appropriate fire safety standards. NHS Lothian will continue to cooperate with the building owner in their plans to improve the overall risk position.

3.4 Monitoring Oversight and Implementation of the Action Plan

3.4.1 In response to the risks and adequacy of the controls in place, NHS Lothian established an executive led improvement group reporting to the Corporate Management Team (CMT) to rapidly develop plans and oversee the implementation of key mitigating actions for the Healthboards areas of responsibility.

3.4.1.1 This has seen an immediate re-direction of NHS Lothian training resource to the site, a revised Fire Safety Plan for the building and commencement of the process to work through and update each local service areas Emergency Fire Action Plans (EFAP). In addition, NHS Lothian is launching a campaign focused on fire safety and the steps we all can take to minimise the risk of fire.

3.4.1.2 Separately, a programme of general lifecycle and maintenance work is already underway that includes fire safety measures and collaboration with the PFI Provider.

3.4.2 The key measures status for the effectiveness of the controls and mitigations in place for this risk have been summarised in **Appendix 1**.

3.4.3 Measurement of the implementation and impact of the Fire Safety action plan relating to the Royal Infirmary of Edinburgh are also reported to the Estates & Facilities Senior Management Team and to the Royal Infirmary of Edinburgh Health & Safety Group.

3.4.4 There is further monitoring, where required, within the Estates and Facilities governance structure. This includes at site management level, via local operational meetings between NHS Lothian and the PFI provider, and senior management level, via Heads of Service meetings.

3.4.5 Problem Assessment Groups (PAGs) and Incident Management Teams (IMTs) will be convened as required to respond to any issues which may arise.

3.5 Governance

3.5.1 The Staff Governance Committee currently oversees all health and safety topics, including fire safety and is therefore the most appropriate forum for receiving assurance on NHS Lothian's responsibilities.

3.5.2 The Finance & Resource Committee will receive updates on the progress being made by the PFI Provider in their responsibilities and our collaboration efforts.

3.5.3 There is likely to be complexity with this approach due to the reporting lines and work will need to be undertaken with committees to be clear on the separation.

4 Key Risks

- 4.1 There is a significant risk of NHS Lothian receiving an enforcement notice from Scottish Fire and Rescue Service because they have been unable to demonstrate compliance with fire safety regulations within the Royal Infirmary of Edinburgh. Reducing this risk relies on the if the actions detailed within this report, via the Risk Mitigation Plan, being conducted.
- 4.2 While the risk of a fire remains unlikely, it has been noted that in the event of a fire there may be an extreme risk of harm where the actions contained within the risk mitigation plan of this report are not implemented.
- 4.3 Collaboration and impactful communication between NHS Lothian and the PFI provider are crucial. There is a risk that if communication is not robust then works to complete actions may be significantly delayed. This will impact the risk mitigation activities and impact efforts to collate documentary evidence of compliance with legal requirements.
- 4.4 There is a risk of disruption to services/facilities where remedial work is identified and as a result, serious reputational damage.
- 4.5 NHS Lothian have committed to funding of circa £2M to support additional resource associated with the risk mitigation plan, relating to the Incident Response Fire Watch Team. It is proposed that this funding is recovered via the PFI provider, however this is not guaranteed and may leave NHS Lothian with a recurring spend.

5 Risk Register

5.1 Corporate Risk 5189 – Royal Infirmary of Edinburgh Facilities

- 5.1.1 This risk is linked to Risk 5189 – Royal Infirmary of Edinburgh Facilities. The Finance and Resources Committee have oversight of this risk.
- 5.1.2 Due to the nature of the risks identified, Corporate Management Team agreed to separate the Fire Safety component of the overarching 5189 risk.
- 5.1.3 Fire safety - in particular, fire stopping - forms as part of a control area action within the Risk Mitigation Plan for the RIE Facilities risk.

6 Impact on Inequality, Including Health Inequalities

- 6.1 An impact assessment has not been conducted. An Impact Assessment Checklist will be completed, and documented, to ascertain if further assessment will be required.

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

- 7.1 Key stakeholders involved and named within the Risk Mitigation Plan continue to be aware of their responsibilities as relates to this risk.
- 7.2 Clinical colleagues will be engaged, at site level, if any works pertaining to this Mitigation Plan are to impact on patient care or services provided.
- 7.3 The clinical and non-clinical Senior Leadership Team for the Royal Infirmary of Edinburgh continue to be engaged through the Site Director.

8 Resource Implications

- 8.1 NHS Lothian is only able to provide limited assurance on its ability to deliver a breakeven position in 2023/24, excluding the additional investment required to support the mitigating action plan.
- 8.2 There will be financial implications for NHS Lothian as a result of deploying some of the actions in this paper.
- 8.3 Separately, any commercial or contractual impact resulting from the mitigation plan, will follow the required governance procedures.

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24th November 2023

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List of Appendices

Appendix 1: Control Area/ Key Factors

Appendix 1 – Control Area/ Key Factors

Control Area / Key Factors	Action	Owner (NHS Lothian / PFI Provider)	Update	Impact on Grading
Fire Safety Measures proposed external Fire Safety specialists.	<ol style="list-style-type: none"> 1. Addressing actions from prior Fire Risk Assessments. 2. Establishment of an additional resource in the form of an Incident Response Team with a key purpose of continually reviewing and enforcing fire reducing measures and assisting with evacuations. 3. Assess the fire evacuation protocols on the site. 4. Provision of fire safety information to employees. 5. Provision of information to the Scottish Fire & Rescue Service. 6. Planned preventative maintenance of the automatic fire detection and alarm system. 	<p>NHS Lothian</p> <p>NHS Lothian</p> <p>NHS Lothian</p> <p>NHS Lothian</p> <p>NHS Lothian</p> <p>NHS Lothian / PFI Provider</p>	<ol style="list-style-type: none"> 1. A dedicated fire risk assessment tracker has been established for the site. Actions coming from fire risk assessments are now assigned to relevant managers for implementation. Work is currently ongoing around the completion of these. 2. Incident Response Team Job Descriptions have been drafted and approved via Estates & Facilities and RIE governance routes. Job Descriptions now submitted to Banding for evaluation. 3. Following an assessment, the Fire Evacuation Plan for the site has now been updated and has been submitted to the Royal Infirmary of Edinburgh Health & Safety Group for consideration during their meeting of week commencing 27th November 2023. 4. A formal communication plan is currently in draft with key colleagues from the NHS Lothian Communications Team. 5. The updated Fire Evacuation Plan along with the Mitigation Plan have been shared with the Scottish Fire & Rescue Service. 6. Review is currently ongoing. 	<p>Upon completion of the actions the grading and overall risk will be reduced.</p>

Control Area / Key Factors	Action	Owner (NHS Lothian / PFI Provider)	Update	Impact Grading on
<p>Fire Safety Measures identified with the NHS Lothian Fire Safety Team.</p>	<ol style="list-style-type: none"> 1. Review automatic fire detection and alarm protocols. 2. Install battery charging fire resisting cabinets for each ward where non-compliant hazard rooms are being used for charging. 3. Fire Safety Management / Housekeeping. 4. Replace heat detection with smoke detection. 5. Replace heat detection with multi-criteria detectors in regen kitchens. 6. Survey of concealed voids and provision of void detection. 7. Prepare and deliver a prioritised plan for Passive Fire Protection (PFP) remediation. 8. Decant programme to be established to allow works within the Risk Mitigation Plan to be conducted. 	<p>PFI Provider & NHS Lothian</p> <p>NHS Lothian</p> <p>NHS Lothian / PFI Provider</p> <p>PFI Provider</p> <p>PFI Provider</p> <p>PFI Provider</p> <p>NHS Lothian</p>	<ol style="list-style-type: none"> 1. This action is documented, and an initial review is pending. 2. A survey is now underway covering all wards and departments on site to establish what is required for battery charging. It is noted that this survey is for NHS Lothian assets only. Private assets should not be charged within the workplace. 3. Processes are in place to check stairwell and basement areas for general housekeeping. A 'bed store' area is being established to ensure corridors are kept clear. 4. A change order has been raised with PFI provider for specific heat detectors to be replaced with smoke detectors, as highlighted by the Scottish Fire & Rescue Service. 5. Scoping work is currently ongoing. Date for completion to be established. 6. PFI provider are arranging sample surveys of voids to be undertaken which will enable an L1 fire alarm provision to be costed. 7. A ward decant programme is now underway enabling compartmentation works to be completed. It is noted that these works will be conducted on a 4 / 5 year rolling programme. 	<p>Upon completion of the actions the grading and overall risk will be reduced.</p>

Control Area / Key Factors	Action	Owner (NHS Lothian / PFI Provider)	Update	Impact Grading on
		NHS Lothian	8. One ward has now been decanted. A short life working group has now been established to review further decant options.	
Compliance with all aspects of the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006 for the Royal Infirmary of Edinburgh site.	<ol style="list-style-type: none"> 1. Documented evidence available in order to achieve and evidence compliance. 2. Fire Risk Assessments in place for all areas of the site and maintained ensuring any actions following assessment are documented and acted upon. 3. Documented evidence of Fire Safety training for all staff on the site being complete and up to date. 	<p>PFI Provider/ NHS Lothian</p> <p>NHS Lothian Fire Safety Team</p> <p>NHS Lothian Fire Safety Team</p>	<ol style="list-style-type: none"> 1. A Fire Risk Assessment, which covers the entire Royal Infirmary of Edinburgh site, is in place and current. This provides the health board with compliance to the Fire (Scotland) Act 2005 and Fire Safety (Scotland) Regulations 2006. 2. Fire Risk Assessments are in place for the site. An action plan has been established on the back of the assessments and will be monitored and tracked via the NHS Lothian Fire Safety Team and the Senior PFI Estates Lead in order to ensure a robust response and action. 3. Fire safety training is underway on a rolling programme. Training sessions are being documented. 	Upon completion of the actions the grading and overall risk will be reduced.
Evidence that compartmentation walls are compliant throughout building.	<ol style="list-style-type: none"> 1. Documented evidence, via auditing, of compartmentation being fully compliant with the relevant fire safety standards. 2. Where instances of non-compliance are discovered, actions are to be created and implemented in order to achieve compliance. 	<p>PFI Provider</p> <p>PFI Provider & NHS Lothian</p>	<ol style="list-style-type: none"> 1. This action is being captured and addressed during the ward lifecycle programme of works. There is currently a 4 / 5-year timeline for completion. 2. Within the two wards now completed, previously installed compartmentation materials (not labelled) are being removed and replaced to ensure they are logged and evidenced. This process will continue throughout the overall programme of works. 	Upon completion of the actions the grading and overall risk will be reduced.

Control Area / Key Factors	Action	Owner (NHS Lothian / PFI Provider)	Update	Impact on Grading
An L1 fire alarm system in place throughout building.	Implementation a compliant L1 fire alarm system which extends through-out the RIE building.	PFI Provider	1. External contractor now appointed to provide design and specification for these works.	Upon completion of the actions the grading and overall risk will be reduced.
Issues around cladding resolved to the satisfaction of the Head of Fire Safety / NHS Lothian Board.	Issues around cladding resolved to the satisfaction of the Head of Fire Safety / NHS Lothian Board.	PFI Provider & NHS Lothian	1. Work has now commenced with an initial batch of fourteen areas inspected. Recommendations following these inspections have been documented in order to form an action list. Inspection work will continue.	Upon completion of the actions the grading and overall risk will be reduced.